FORGIVENESS AS THE FOCUS THEME IN GROUP COUNSELING

DISSERTATION

Presented to the Graduate Council of the
North Texas State University in Partial
Fulfillment of the Requirements

For the Degree of

DOCTOR OF PHILOSOPHY

By

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Denton, Texas
December, 1986
Schmidt, Mellis I., *Forgiveness as a Focus Theme in Group Counseling*. Doctor of Philosophy (Specialization), December, 1986, 147 pp., 18 tables, bibliography, 93 titles.

This study reviewed the literature regarding forgiveness and developed a structured group counseling format with the theme of forgiveness. The purpose of the study was to determine the effect of forgiveness as used in group counseling upon depression, generalized anxiety, dogmatism, relationships, guilt, and forgiveness in the participants.

Thirty subjects were selected to participate in one of three groups: an experimental group, a comparison treatment group, and a control group. The experimental group and the comparison treatment group participated in two-hour group sessions, once a week for ten weeks. The experimental group was didactic and experiential with the focus on forgiveness, whereas the comparison treatment group was problem solving using Redecision Therapy. All groups participated in pre and post test sessions.

The seven hypotheses in this study were tested with a multivariate analysis of covariance as well as univariate analysis of covariance for each hypothesis. Significance
in differences between means was tested at the .05 level of significance.

Only one of the hypotheses in this study was statistically validated. Guilt was statistically lowered in both the experimental group and the comparison treatment group. It was theorized that forgiveness as linked to guilt is important in counseling regardless of the method used.

Although the hypotheses were not statistically validated, a review of the means suggested that the group focusing on forgiveness lowered their dogmatism scores as well as moved in the direction of all the hypotheses except for state anxiety. This may suggest since forgiveness, as defined in this study, is a process, extending the group may prove effective in validating the hypotheses.

It was theorized that it is possible that the social sciences are limited in their methodology for securing data that would truly reflect the experience of participants regarding the effect of forgiveness. A recommendation in this regard may be to develop behavioral descriptions of forgiveness which could be observed.
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CHAPTER I

INTRODUCTION

The issue of forgiveness has primarily been the domain of theologians and individuals involved in religious circles. Rarely has the psychological field attempted to address this issue, with most psychologists regarding forgiveness as alien to psychotherapy. Pattison (1965b) reported that Hiltner and Rogers reviewed the literature on forgiveness and guilt and found it brief and lacking in unity of ideas or concepts. In two reviews of the literature on religion, mental health, and personality, the topic of forgiveness was blatantly missing (Pattison, 1978; Sauna, 1978).

Neill (1959) makes the following comment in regard to forgiveness:

When I read technical books on psychology, there is one word which I always look for in the index and rarely find. It is the word forgiveness. . . . If the absence of the word implies also an absence of this central idea from contemporary psychological thought, this may indicate a lacuna the filling of which would be greatly to the advantage of both psychological thought and psychiatric practice (p. 109).

Pattison (1978) pointed to the fact that there is a new, emerging multiple alliance blending psychiatric and religious thought into new, specialized views of the world.
and the human condition. However, even as these fields have begun to be allied, little has been written in regard to forgiveness.

One of the prominent works in the area of forgiveness is that of Tournier (1962). Although writing from a theological framework, he states that "guilt feelings, inferiority feelings, dependencies, shame, and judgement may find their solution in forgiveness" (p. 117).

Menniger (1973) writes about the need of humankind to take responsibility for its sins, which he defines partly as hate, alienation, and aggression. He states that these three sins could be conquered through love by confession and assurance of forgiveness.

Mowrer (1961) also asserts that confession and forgiveness are important ingredients to mental health. He proposes that guilt is the basis of psychological distress, and only through confession and forgiveness may one find psychological and emotional health. According to Menniger (1973) and Mowrer (1961), forgiveness may be an important component in one's mental health and interpersonal relationships.

Forgiveness seems to be a part of almost every human relationship, and it is not unusual to hear people relate the importance of forgiveness in their own relationships. How many broken relationships have been restored because people were willing to forgive and be forgiven? Is it
possible that through forgiveness, relationships could be greatly enhanced, allowing more intimacy and closeness? Forgiveness might bring about resolution to conflicts and provide a bridge to restoring a broken relationship. To date, there are no other known structured group counseling experiences that focus on the concept of forgiveness.

If it is possible that forgiveness is important to relationships as Menniger (1973) hypothesizes, does it not follow that forgiveness is important to the individual, as Tournier (1962) and Mowrer (1961) propose? Does forgiveness have an effect on one's emotional well being? If forgiveness does have an effect on a person, might feelings of guilt be alleviated, as Mowrer (1961) suggests? Could resentments toward others be diminished and possible feelings toward self be enhanced as a result of forgiveness? What is the effect of forgiveness on anxiety and depression? Is it possible that anxious or depressed individuals will have less symptomatic behavior by experiencing forgiveness toward others and self? It is questions such as these that make a formal study important in determining the effect of forgiveness on an individual's psychological adjustment and interpersonal relationships. Of equal importance is the use of group counseling as a facilitation dimension in dealing with the issue of forgiveness.
Related Literature

A survey of the related literature involved the review of forgiveness, other concepts related to forgiveness, and group psychotherapy. This review is organized and divided into the following areas: forgiveness; concepts related to forgiveness; counseling groups; and counseling groups as they are related to anxiety, depression, dogmatism, interpersonal relationships, and guilt.

Forgiveness

Klein (1975) was the first major theorist to consider the concept of forgiveness. She contended that reparation, a concept essentially synonymous with forgiveness, was the fundamental element of all human relationships. Klein hypothesized that the making of reparation begins in infancy with the child's initial struggle between love and hate. The baby's first object of love and hate, the mother, is both desired and hated with all the intensity and strength characteristic of the early stages of infancy. Alongside innate destructive impulses, feelings of love and gratitude also arise directly and spontaneously in response to the love and care of the mother. This conflict between love and hate, along with the fear of losing the loved one, propels the child toward an important developmental step that incorporates the feelings of guilt and distress as a new element in love.
Along with the destructive impulses that exist in the unconscious mind of both the child and the adult, Klein (1975) proposed that there also exists a desire to make sacrifices in order to help and mend people who had been harmed or destroyed in fantasy. This urge to make people happy is ultimately linked with feelings of responsibility and concern that manifest themselves in sympathy and understanding toward the loved one. To have genuine sympathy implies that people put themselves in the place of others, an act that Klein refers to as identification, a condition for real love.

In identification and in the desire to sacrifice for the loved one, an individual plays both the part of the good parent and the part of the good child toward the parent. By acting as the good parent in fantasy, the individual re-creates the wished-for love and goodness of the parent. This re-creation may also be a way to deal with frustration and sufferings of the past. By playing both the loving parent and the loving child in fantasy, one may resolve grievances toward parents, feelings of revenge and hate that have arisen in an individual, and the feelings of guilt and distress that originate when one has injured a loving parent. In the unconscious mind, the individual also makes restitution for the injuries done in fantasy and for which guilt is still felt. This making of
reparation is essential to all human relationships (Klein, 1975).

It appears from Klein's (1975) discussion that the essential elements of forgiveness, which include sympathy, understanding, reconciliation, and restitution, are present in her concept of reparation. This concept of forgiveness is also described by Pattison (1965b). Like Klein, he proposed that the need for forgiveness originates in the ambivalence of the early parent-child relationship. Parental restrictions frustrate the child, and fear of punishment for breaking parental rules leads to anger. Because the anger toward the parent may lead to punishment, the child deflects the anger to self. If the child breaks parental rules in pursuit of pleasure, fear of retaliation from the parent, reinforced by the child's own deflected anger, gives rise to anxiety. The child seeks forgiveness to relieve the anxiety. This type of resolution is considered a punitive model of forgiveness because the guilt is resolved by punishment. According to Pattison (1965b), the child sees the parent as an it that will punish and retaliate.

As the child gradually develops a relationship with the parent as a person rather than it, the anxiety that had stemmed from punishment now comes from fear of estrangement. The child begins to internalize parental expectations and fears ultimate abandonment. The child's previously
established self-condemnation leads him or her to anticipate punishment as necessary for forgiveness. However, no payment or sacrifice will bring forgiveness; one can seek only to reconcile the relationship. This concept is called the reconciliation model of forgiveness since it involves both the forgiver and forgiven consciously seeking a reunion (Pattison, 1965b).

In his study, Pattison (1965b) developed a systematic process of six steps that leads to a reconciliation style of forgiveness. The first step involves recognizing that guilt exists within an individual. Pattison suggests that there are three spheres of guilt: civil guilt, existential-religious guilt, and psychological guilt. Civil guilt is typically specific and relates to society. The resolution of this guilt depends on the punitive model of forgiveness: a certain infraction carries a certain penalty.

Existential-religious guilt is objective, proposing that humanity by definition is responsible for everything, therefore is guilty for everything. Psychological guilt is an affect; it is the guilt feeling. The resolution of these latter two types of guilt depends on the reconciliation model of forgiveness (Pattison, 1965b).

Confession is the second step that leads to reconciliation. Pattison (1965b) defines confession as acknowledging and accepting personal responsibility. Confession is both
the recognition of the estrangement in the relationship and the prelude to a reunion.

The third step is remorse, which includes the recognition of one's hostility toward another as well as the desire to be reconciled. Remorse is the feeling of sorrow for one's behavior, prompted not by self-condemnation but by an objective appraisal.

Restitution is the next step in Pattison's (1965b) process of forgiveness. It reestablishes the conditions for the reunion and involves returning to the person anything taken without regard to the other individual's wishes. Such an act of restoration is meaningful since it reflects the loving attitude of the one who seeks forgiveness. Restitution is based not on payment by the forgiven or expectation of payment by the forgiver; rather, love compels one to restore what belongs to another.

Mutual acceptance, the fifth step, asks the forgiver to forgive. To forgive, one must extend love and acknowledge the mutual separation, as well as share the guilt, anguish, and separation of the forgiven. This type of acceptance asks the forgiver to forgive out of love and respect rather than as a result of restitution.

The final step in Pattison's (1965b) process of forgiveness is reconciliation: the completed act of restoration. This step involves not only addressing the feelings of guilt by acknowledging them, but also reconciling the
existential estrangement. One deals with the existential-religious guilt by acknowledging that forgiveness is always present and acceptance is always available. In a religious context, one acknowledges the forgiveness of God. In the therapeutic environment, the therapist forgives the client and accepts him or her into a relationship without conditions. In the course of therapy, the client forgives the therapist for being ideal, and eventually the client and therapist come to a mutual acceptance.

Although Klein (1975) states that her hypotheses regarding reparation are based on observations of children, her writings, like Pattison's (1965b), have not been directly researched. In fact, full studies directly researching forgiveness have been non-existent. There are, however, a few studies, articles, and books that include forgiveness or some aspect of forgiveness as part of their research. Hunter (1978) presented a single case study to illustrate the process of forgiveness and its therapeutic power in relationship to parents.

A pretty, intelligent, hysterical girl of twenty-three entered analysis because of numerous conversion, sexual, social and depressive problems. Much time was spent justifying her plight and blaming her family, verbally, and in attitude and action. There was no doubt that she had suffered a series of actual traumata. . . . [In time] she began to accept . . . and to gain insight into her own motivations, affects. . . . She knew enough about her parents' background to be able to piece together the kinds of upbringing her parents must have had. With this she was able to . . . abandon blaming, appropriately accept responsibility
for her own behavior . . . forgive her parents (Hunter, 1978, pp. 168-169).

Hunter (1978) concluded that forgiveness undoes the belief that unjust injury was intended to cause suffering and harm. Successful psychotherapy is marked by reduction in bitterness and resentment held by the client toward the person thought to be responsible for the pain and suffering.

Two studies by Darby and Schlenker (1981) focused on the use of apologies in social interaction. One study was concerned with when and in what form apologies were used. Participants were asked to image themselves in a scene in which they bumped into someone. Both the subject's responsibility for the incident and the consequence of his or her behavior were manipulated by the experimenter. It was found that as the consequences became more severe, the subjects increased the apology component. When the subject experienced high responsibility and high consequence, they were more likely to castigate themselves and ask forgiveness. The authors conclude that "situations that involve doing harm typically generate remedial action when high personal responsibility exists" (Darby & Schlenker, 1981, p. 277). That is, it seemed important to some people to experience forgiveness for wrongdoing.

Similar results appear in a second study by Darby and Schlenker (1982) in which they used children as their
subjects. They found that apologies produce fewer negative repercussions and that the "more elaborate apologies produced less blame, more forgiveness, . . . more positive evaluations, attributions of greater remorse, and less punishment" (Darby & Schlenker, 1982, p. 742). One may conclude from these two studies that apologies with their attempt to obtain a pardon (forgiveness) are important to social interaction.

The matter of forgiveness also appears in the work of Simonton, Matthews-Simonton, and Creighton (1978). Although they primarily studied stress and its medical effects on the body, their work also involved relationships, particularly those that had existed in the past. They emphasized that the process of forgiving past wrong doing suffered by an individual may be a part of preventative medicine for the future. Overcoming resentments of the past through forgiveness is important to relieving present stress and possibly associated physical problems. It is their contention that people often carry resentments from the past for many years and continue to recreate the painful events in their heads. The holding on to these events and hurts may bring tremendous emotional and physical harm to the person. By using the concept of forgiveness in conjunction with positive imagery, an individual may gain insight and relieve damaging stress to the body.
Often using the process (positive imagery and forgiveness) repeatedly, our patients have shown . . . both through subjective reports and objective psychological testing . . . less tendency to repress and deny their feelings. They become able to deal with their feelings more effectively, and as a result, experience less stress and tension (Simonton, Matthew-Simonton, & Creighton, 1978, p. 174).

Although relatively new to psychotherapeutic efforts, forgiveness has often been closely associated with religion. Augsburger (1981) points to the belief that forgiveness brings healing both spiritually and psychologically. Three studies have treated the subject of forgiveness by combining its association with religion or God with other psychotherapeutic techniques. In a case study by Scott (1979), a combination of God's forgiveness and hypnosis was effectively used to help a patient with long-term, emotional turmoil. The patient had suffered from alcoholism and traumatic nightmares for twenty-five years. She was treated with several medications, long-term psychotherapy, and psychodrama at various times with no apparent effect. Using hypnosis and the reassurance of God's forgiveness, Scott successfully treated the individual. The patient returned after eight months and stated that she had experienced only fifteen nightmares in that period, compared to almost nightly trauma for twenty-five years.

Sexton and Maddock (1978) cite an instance of a case study in which compulsive hand washing and phobias related
to dust and germs were the presenting problem. The woman was treated with hypnosis, but showed only minimal improvement. She did, however, have a strong theological orientation. When a realization of God's forgiveness was combined with hypnosis directed to remove old fears, she began to show marked improvement.

Wilson (1974) studied the Christian principles of commitment, confession, forgiveness, and fellowship to supplement conventional psychiatric treatment. Twenty subjects with diagnoses ranging from Psychotic Depression Reaction to alcoholism participated in the study. Fourteen of the participants had experienced previous psychiatric treatment including electroshock, drug, and psychotherapy. Christian psychotherapeutic techniques including avowal of commitment, confession, forgiveness, and participation in selected Christian communities to produce spiritual awareness were part of the study. Patients were informed of the experimenters' views and were free to choose between traditional psychiatric care and psychiatric treatment which included the spiritual dimension.

Instruction in the Christian principles cited above as well as psychiatric treatment were administered to all participants. Two of the twenty refused any Christian guidelines, and no further reference about Christianity was made to them. A commitment to God by the participants was central to the experiment. Confession of repressed
memories, wrongs held against themselves and others, was elicited from the participants. An effort was made to help the patients forgive themselves as well as those who had done them hurt. In instances where a community was not part of the patient's life, some resources were found for him or her to increase a sense of community and to experience a union with others. The results from the observations of the experimenters and subjective reports of the participants showed symptomatic relief in 16 of the 18 who participated by accepting both Christian precepts and psychotherapeutic techniques.

Concepts Related to Forgiveness

This section of the review introduces a cluster of concepts connected to forgiveness: confession, reconciliation, responsibility, and restitution. None of these ideas taken singly is synonymous with forgiveness, but taken together they reflect the definition of the word as presently understood. They are important as they broaden and give meaning to the concept of forgiveness (Mowrer, 1972; O'Shaughnessy, 1967; Pattison, 1965b).

Confession is one of the key elements in forgiveness. In psychotherapy this technique is variously identified as self-disclosure or the revealing of repressed memories. Confession or self-disclosure may involve the feature of secrets, the telling or confessing of which can bring
healing (Mowrer, 1972). Ellenberger (1966) offers a narrative on the historical effect of the secret. He states that "the pathogenic effect of a heavily disturbing secret upon a bearer has been known from time immemorial and also the healing action of confession under certain circumstances" (Ellenberger, 1966, p. 29). Therefore, Ellenberger concludes that the confessional element of forgiveness is important to one's mental health.

Mowrer (1960, 1966, 1972) has made a significant contribution regarding aspects of forgiveness including confession, responsibility for behavior, restitution, and reconciliation. His theories are presented in the framework of Integrity Therapy. This particular theory encompasses the idea of forgiveness, although not directly stated, by including related concepts of responsibility, reconciliation, confession, and reconnection. Mowrer's theory parallels Pattison's (1965b) process model of forgiveness. The assumption of this therapeutic modality is that individuals become emotionally disturbed because they have been deviant or dishonest. Healing comes through returning to the community through improved communication with significant others and committing to a more responsible lifestyle. Three principles are involved in this therapeutic process: honesty, responsibility, and involvement.

The first step in Mowrer's (1972) process involves confessing, self-disclosing, and getting honest with
oneself and others. The individual speaks honestly about past as well as present problems and wrong doings. In some contexts confession is followed by acceptance and forgiveness without restitution. However, restitution is generally expected and follows confession as a means of restoring the relationship. Restitution is taken as the first aspect of responsibility by those who practice this type of therapy.

The second step of the process involves the individual's assuming responsibility to do something about his situation in several different ways. The individual assumes a responsibility to confess the intention or contemplation to do wrong in the future. Mowrer (1972) calls this confession seeking counsel to avoid wrong doings.

Another element of responsibility includes doing what one says he or she will do: keeping one's word. The final component of responsibility involves taking responsibility for self without blaming others. Mowrer (1972) claims the learning of honesty, restitution, and responsibility always occurs in a group situation that allows members to practice the principles of Integrity Therapy as well as to connect with others in a deeper emotional way.

Several authors have attempted to validate Integrity Therapy through research and case studies. Smrtic (1979) discussed a case in which Integrity Therapy was implemented with a positive outcome. A young woman was hospitalized
for attempted suicide because of a living situation with her boyfriend. When she confessed that she had violated her own personal moral precepts, she was able to assume responsibility for her behavior and lifestyle. She was released from the hospital with improved psychological functioning and eventually married.

Jessop (1972), in researching Integrity Groups, also found positive results. He conducted a study using three groups: graduate students in Integrity Groups, ongoing members of a Thursday Night community group using Integrity Group principles, and a control group. The Integrity Group students showed improved value judgment and a greater receptiveness to the concepts of self. The Thursday Night group showed positive movement toward improved self-perceptions and personal growth. The control group showed no shift toward improvement. Both the Integrity Group and the Thursday Night group demonstrated significant changes regarding concepts selected "as representing an internalizing of the values of integrity process" (Jessop, 1972, p. 36).

Mowrer and Veszelovszky (1980) give an account of two cases where individuals were disturbed by guilt. The application of principles of honesty with significant others and confession and restitution brought about dramatic results in the two clinical cases. According to the authors, those cases are supported by historical evidence. Mowrer and Veszelovszky agree with Ellenberger (1966) and conclude
that confession and restitution have been used as remedies for pathogenic secrets in almost all historic cultures.

Mowrer's (1960, 1966, 1972) Integrity Groups may infer a process of forgiveness similar to Pattison's (1965b) systematic model. Pattison's model includes such Integrity principles as confession, restitution, reconciliation, and reconnection. Therefore, it might be determined that Integrity Therapy is very similar to Pattison's forgiveness model. If that may be concluded, further evidence of the significance of forgiveness, through its related concepts as stated in Integrity Therapy, may be confirmed from the foregoing discussion.

Group Counseling

Moreno (1962) stated that "group psychotherapy means simply to treat people in a group" (p. 263). This section of the review will focus primarily on the efficacy of treatment for individuals in traditional group settings.

In an early review of group psychotherapy literature, Mann (1966) reported on 41 studies. The studies included met two criteria: (1) all studies employed a control group and (2) all studies measured changes that were of a fairly fundamental nature. Mann (1966) found that changes occurred in approximately 45% of the studies. He concluded that the "review clearly substantiates the fact that group psychotherapy does, indeed, produce objectively measurable
changes in attitude, personality, and behavior" (Mann, 1966, p. 145).

Bednar and Lawlis (1971) reviewed the group literature dealing with a population consisting of psychiatric patients with either psychoneurotic disorders or character disorders. They found constructive changes in self-adjustment, environmental adjustment, and mental functioning as a result of group therapy procedures. Based on their review, Bednar and Lawlis (1971) concluded that group psychotherapy is "effective with neurotics, psychotics, and patients with character disorders with positive results being reported on neurotic symptomology" (p. 821).

Liberman's (1976) review of the group literature focused specifically on the use of groups' meeting mental health objectives although he did consider a more general conception of group-based change. He surveyed the literature of experiential groups and self-help groups and asked the question: Does group counseling work? The forty-seven studies in Liberman's review were divided into two categories: (1) studies contrasting treatment conditions against control groups and (2) studies emphasizing comparative treatment groups.

Positive results were found in most of the studies in the first category. Of the fourteen studies directed toward college students, all but two indicated positive results. Studies reporting on encounter and sensitivity
groups with adults echo similar patterns of positive outcomes (Liberman, 1976).

Studies using comparative treatment conditions were divided along three lines: (1) comparative treatments using different techniques, focus, and communication; (2) variant treatment groups differing by leader-led or peer-controlled; and (3) groups with different time arrangements. Overall, Liberman (1976) found that structured groups produced results favoring the technique that was of interest to the researcher. Studies comparing treatment modalities reported no difference. However, it is possible that the measurements used were relatively insensitive to the different treatment contexts. Several studies showed evidence of the effectiveness of time-intensive groups.

Bednar and Kaul (1978) report that a large body of outcome literature indicates that group counseling and psychotherapy work. Furthermore, encouraging research suggests some treatment effects persist over extended time. The research indicates that group treatment helps individuals reach a positive evaluation of themselves and others. These changes are reported on instruments reflecting self-concept, change of attitude, and positive personality development.

The foregoing synopsis establishes the effectiveness of group counseling. Group counseling appears effective with neurotics and psychotics. Groups including T-groups,
encounter groups, growth groups, traditional groups associated with a specific theory, experiential groups, and self-help groups show positive outcomes for participants. Changes regarding self-esteem, attitude, personality, and behavior may be attributed to a group counseling experience (Bednar & Kaul, 1978; Bednar & Lawlis, 1971; Dies, 1979; Liberman, 1976; Mann, 1966; Parloff & Dies, 1977; Pattison, 1965a).

Group Counseling as Related to Anxiety, Depression, Guilt, Interpersonal Relationships, and Dogmatism

The group literature specifically addresses some variables associated with this study, including anxiety, depression, guilt, interpersonal relationships, and dogmatism. The following section reviews studies associated with these issues.

Haven and Wood (1970) studied the effects of group therapy in a psychiatric hospital unit. The subjects consisted of 68 males in a veteran's hospital. Twenty-one of the experimental participants carried a diagnosis of anxiety reaction. Of this group, 17 subjects had been discharged and not readmitted. Of the control group, including 12 patients with the same diagnosis, eight were discharged and readmitted. Using a chi-square, the investigator computed the expectancies within a matrix using these figures and found significant positive results.
Maxwell and Wilkerson (1982) investigated the effects of group instruction in Rational Therapy regarding anxiety provoking beliefs and thoughts. Twenty-four subjects participated in the group which met each week for ten weeks. The Sixteen Personality Factor Questionnaire was administered to the participants. The authors concluded that group Rational Therapy increased emotional stability, the ability to tolerate frustration, and the self-confidence to deal with everyday life. This therapy significantly reduced anxiety regarding achievement. The researchers concluded that the participants were able to recognize their own irrational anxiety provoking beliefs and thoughts. Such recognition enhanced their ability to cope with life.

Shapiro (1982) and his colleagues investigated a cognitive behavior therapy group and a process oriented group both involved with the treatment of depression and anxiety. Forty-four subjects were assigned to one of three areas: the behavior group, the process group, or individual therapy. The Beck Depression Inventory and the State-Trait Anxiety Inventory were administered pre- and post-treatment. The investigators found that all treatment modalities showed a significant reduction in depression, trait anxiety, and state anxiety (Shapiro, Sank, Shaffer, & Donovan, 1982).

Two other studies have considered the issue of interpersonal relationships or social attitude. Donovan and
Marvit (1970) investigated the effects of brief group therapy in reducing alienation. The subjects were divided into two treatment groups and a control group. The three instruments used to measure changes included the Hann Social Attitude Test, the Dean Alienation Scale, and the Rotter Internal-External Scale. Significant changes in contentment and social behavior were found in the two treatment groups. The investigators concluded that "brief group therapy does not modify negative social attitude . . . however, it enhances the individual's sense of contentment and facilitates social interaction both inside and outside the group setting" (Donovan & Marvit, 1970, p. 827).

Fine and Zimet (1955) studied the changes produced by a group experience among school administrators. They investigated the effects of a permissive environment on the individual, hypothesizing a movement toward greater warmth and understanding as a result of the group involvement. The group consisted of 15 New York school administrators who met for 16 weekly sessions, each five hours long. The sessions were divided into two sections. The first time period of two hours dealt with human relations problems in a content or lecture-style group. After an hour's dinner break, the second two hours focused on human relations in administration as well as dynamics of individuals in a client-centered type of group.
The group as a whole showed a change toward a more positive interaction. The researchers also concluded that positive change occurred in participants' attitudes toward themselves, other adults, and children. Changes in perception of authority also took place in the group. The subjects showed less need to be in command and more desire to understand, respect, and aid others (Fine & Zimet, 1955).

A study by Abramowitz, Abramowitz, Robuck, and Jackson (1974) was conducted to test participants for a sense of isolation, guilt, shame, and anxiety. To investigate matching treatment modalities, he assigned 26 subjects to a nondirective or one of three directive group counseling approaches. The result indicated that group counseling is effective in helping clients with alienation and guilt.

Walker (1977) examined the degree and direction of change among group participants regarding the variables of dogmatism, flexibility, and authoritarianism. Subjects included 100 graduate counseling/psychology students. The experimental groups were comprised of 22 students from a public university and 30 students from a private university. The control groups consisted of 22 students from a public university and 26 from a private university. Instruments used were the Rokeach Dogmatism Scale and the Omnibus Personality Inventory.
The experience of the group counseling in changing a student's attitude toward greater flexibility, lower dogmatism, and authoritarianism was only partially supported by this investigation. However, this investigation showed that "participating in group counseling does have some effect in changing personality variables of dogmatism, flexibility, and authoritarianism in group members" (Walker, 1977, p. 78).

Summary

Early theorists such as Klein (1975) believed that forgiveness was an essential element in human relations. Later theorists offered hypotheses that a systematic model of forgiveness based on reconciliation rather than on punishment could reestablish broken relationships as well as develop an acceptance of one's self. Presently, this theoretical work provides only working hypotheses on the importance of forgiveness. The research necessary to validate their ideas exists only in fragments. In related works, several authors have examined the effects of forgiveness through research and individual case studies. They have found that forgiveness may produce less resentment and bitterness, better relationships, and improved mental health.

Concepts related to forgiveness—such as confession, reconciliation, restitution, responsibility, and
reconnection—have been presented primarily through the work of Mowrer (1960, 1966, 1972). His theory states that guilt experienced by clients may be real. By adhering to the principles defined in Integrity Therapy, included in the above discussion, individuals have obtained relief from emotional difficulties. Mowrer's theory was examined by several investigators who reported positive results.

The review also considered the efficacy of group counseling in achieving positive results from participants. Summaries and reviews of this methodology have shown that group counseling from a number of theoretical orientations is effective with neurotics and psychotics. Individuals regularly gained positive results regarding self-esteem, attitude, personality, and behavior change. The review also examined group counseling related specifically with the issues central to this study: anxiety, depression, guilt, interpersonal relations, and dogmatism. The literature confirms that through this therapeutic approach individuals could obtain positive results for improved relationships and the lessening of dogmatism, as well as relief from anxiety, depression, and guilt. Therefore, group counseling was selected for this study as the therapeutic approach in which to include a specific structuring of information and discussion related to the issue of forgiveness.


Smrtic, J. D. (1979). Time to remove our theoretical blinders: Integrity therapy may be the right way. Psychotherapy: Theory, Research and Practice, 16, 185-189.


CHAPTER II

PROCEDURES

This chapter presents the purpose, hypotheses, and definitions of this study. It also describes the instruments, limitations, subjects, pilot study, experimental and comparative treatment groups, and procedures for the collection and analysis of data.

Purpose of the Study

The purpose of this study was to determine the effect of forgiveness as used in group counseling upon depression, generalized anxiety, dogmatism, relationships, guilt, and forgiveness in the participants.

Hypotheses

The following hypotheses served as the basis for this study.

1. Following participation in the experimental group, participants will obtain a significantly lower mean score than the comparison treatment group and the control group on the Beck Depression Inventory.

2. Following participation in the experimental group, participants will obtain a significantly lower standard
score than the comparison treatment group and the control group on the State Form of the State-Trait Anxiety Inventory.

3. Following participation in the experimental group, participants will obtain a significantly lower mean standard score than the comparison treatment group and the control group on the Trait Form of the State-Trait Anxiety Inventory.

4. Following participation in the experimental group, participants will obtain a significantly lower mean score than the comparison treatment group and the control group on the Rokeach Dogmatism Scale.

5. Following participation in the experimental group, participants will obtain a significantly higher mean standard score than the comparison treatment group and the control group on the Fundamental Interpersonal Relationship Orientation-Behavior Scales.

6. Following participation in the experimental group, participants will obtain a significantly lower mean score than the comparison treatment group and the control group on the Perceived Guilt Index.

7. Following participation in the experimental group, participants will obtain a significantly higher mean score than the comparison treatment group and the control group on the Forgiveness Questionnaire.
Definitions

The following definitions have been accepted for this study.

**Depression** may be defined in general terms as the inability to experience pleasure with the predominant mood being despair, hopelessness, and sadness (Schumer, 1983). According to Hamilton (1982), depression in its mildest forms appears to be a lowering of mood primarily manifesting itself as a lack of responsiveness to activities. Individuals may complain of flatness or loss of feelings. As the security of the depression increases, the lowered mood becomes continuous although it may fluctuate. When depression becomes severe, a person will manifest a depressed mood, feelings of guilt and suicidal ideation. Physical symptoms such as lack of energy and fatigability accompany depression along with sleep disturbances and loss of appetite. For the purpose of this study, depression was defined by objective scores on the Beck Depression Inventory.

**General anxiety** includes reactions ranging from just noticeable uneasiness to complete panic. Schumer (1983) states that anxiety is a distressing emotional state characterized by high levels of autonomic arousal and strong feelings of tension and apprehension. Tyrer (1982) states that primary symptoms of anxiety are of two kinds: psychic and bodily. Says Tyrer, there are "psychic symptoms of
dread and awareness of threat in the absence of known
danger and independent of external situation, and bodily
symptoms occasioned by increased sympathetic arousal and
including muscular, cardiorespiratory and gastrointestinal
components" (p. 61). Both symptoms are always present, but
they may vary in intensity and from person to person.
Spielberger, Gorsuch, and Lushene (1970) have divided
anxiety into two types: state and trait. State anxiety
may be described as the condition of an individual which at
any specific moment can range from uneasiness to panic.
Trait anxiety is characterological and predisposes the
individual to react to situations with worry and antici-
pation. For the purposes of this study, general anxiety was
defined by the objective scores on the State-Trait Anxiety
Inventory.

Dogmatism may be defined as a relatively closed belief
system that provides a framework for patterns of intoler-
ance and qualified tolerance toward others (Sexton, 1983).
Rokeach (1960) refers to ideological dogmatism as a closed
way of thinking, an authoritarian outlook, and an intoler-
ance toward those of differing beliefs. A person who is
dogmatic possesses a closed belief system characterized by
authoritarian, intolerant behavior. For the purpose of
this study, dogmatism was defined by the objective scores
on the Rokeach Dogmatism Scale.
Guilt may be defined from any of three different points of view: civil, existential-religious, and psychological. Civil guilt is objective, bearing no relationship to morality. Existential-religious guilt involves a violation of the relationship between two people. Psychological guilt arises from the subjective experience of one's self-condemnation. Psychological guilt, or guilt feelings, are primarily associated with violating the code of parental authority (Klein, 1975; Narramore, 1974; Pattison, 1965). Guilt in this study was measured by the objective scores on the Perceived Guilt Index.

Forgiveness is defined as a process by an individual of letting go of resentments and guilt, restoring love, and negotiating trust with the goal of reconciling a relationship (Augsburger, 1981). Pattison (1965) defined forgiveness as the completed act of reconciling the guilty party with the offended one. He conceptualized forgiveness as a six-step process including guilt, confession, remorse, restitution, mutual acceptance, and reconciliation. Thus forgiveness may be regarded as restoring a relationship through a definite process. For the purpose of this study, forgiveness was defined by the objective scores on the Forgiveness Questionnaire designed by the experimenter.
Instruments

The State-Trait Anxiety Inventory (STAI) is a 40-item measure theoretically based on the distinction between state anxiety, a transitory condition, and trait anxiety, a relatively stable condition of anxiety. This concept of a trait and state anxiety was first introduced by Cattell (1966) and later developed by Spielberger (1972, 1976). In general, anxiety states are characterized by apprehension, worry, nervousness, and an activation of the autonomic nervous system.

Trait anxiety refers to the condition of individuals predisposed to anxiety, that is, individuals who perceive stressful situations as threatening and respond to such situations with elevated intensity in their state anxiety reaction. These individuals have a tendency to perceive the world in a certain way and respond with predictable regularity in a more elevated anxious state than other individuals. Trait anxiety also refers to the frequency and intensity with which an individual has experienced anxiety in the past and the probability that state anxiety will manifest itself in the future. Trait anxiety infers that there are differences between individuals in a tendency to respond to stressful circumstances with differing amounts of state anxiety depending on to what extent each person perceives a specific situation as dangerous or threatening. State anxiety is simply a heightened
emotional state characterized by tension, worry, and an activation of the autonomic nervous system.

The STAI State Anxiety scale measures feelings of worry, apprehension, and nervousness at a present moment or "right now." In addition, it evaluates how a person felt in the recent past and how he or she expects to feel in a particular situation encountered in the future.

The State Anxiety scale test-retest reliability for high school and college students ranges from .16 to .62, with a median reliability coefficient of only .33. The low reliability is expected because a measure of state anxiety will reflect the unique situation factor that may exist at the time of testing. A more meaningful measure of reliability, given the fleeting nature of anxiety states, involves the use of alpha coefficients. Alpha coefficients for the State Anxiety scale were .86 to .95 with a median coefficient of .93 (Spielberger, 1983).

The STAI Trait Anxiety scale measures individual differences in anxiety proneness. The scale's test-retest reliability for high school and college students ranges from .73 to .86 (Anastasi, 1976; Spielberger, 1983). The alpha coefficient for the scale, like that of the State Anxiety scale, was consistently high, with a median coefficient of .90. Both the State Anxiety and Trait Anxiety coefficients remained high for working adults over the entire age range (Spielberger, 1983).
Construct validity of the STAI may be viewed by comparing mean scores from a variety of neuropsychiatric patient groups to those of normal subjects. The mean score for all the neuropsychiatric patients from eight veterans' hospitals was 47.74, as compared to the mean score for normal adult subjects, which was 35.72 for males and 35.20 for females. This comparison provides evidence that the Trait Anxiety scale discriminates between psychiatric patients and normal adults (Spielberger, 1983).

Construct validity for the State Anxiety scale was demonstrated by comparing the scores of military recruits who were tested shortly after they began a high-stress training program and those of high school and college students tested under normal conditions. The mean scores for the military recruits were 44.05 for males and 47.01 for females, as compared to those of high school and college students, which ranged from 36.47 for male college students to 40.54 for female high school students, with a combined mean score of 38.81.

Concurrent validity for the Trait Anxiety scale was demonstrated by correlations between the Trait Anxiety scale and three other trait anxiety measures. Correlations between the Trait Anxiety scale, the IPAT Anxiety scale, and the Manifest Anxiety scale ranged from .85 to .73 whereas the Affect Adjective Checklist correlated
moderately with its scores ranging from .41 to .58 (Spielberger, 1983).

The Beck Depression Inventory is a self-report measure designed to assess current depth of depression. It consists of 21 items corresponding to a specific category of symptoms and attitudes encompassing affective, cognitive, motivational, and physiological areas of depressive symptomology. For each of the 21 items, there is a graded range of alternatives that are scored from 0 to 3 to indicate the degree of severity. The scale provides a multiple choice situation for subjects who are asked to select the statement from each category that best describes them at the present time (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961).

The items used in the construction of the inventory were clinically derived by Beck (1961), who made systematic observations and records of the behavior, attitude, and symptoms of his patients. He selected certain attitudes and symptoms that appeared to be specific to depressed subjects and consistent with the description of depression in the psychiatric literature. From this procedure he developed 21 categories of depressive attitudes and symptoms to be incorporated into an instrument.

In an initial evaluation of internal consistency, 409 psychiatric patients were selected from two hospitals. Ninety-seven cases in this sample were selected, and a
corrected split-half reliability coefficient of .93 was obtained from this analysis. In another study regarding internal consistency, Reynolds and Gould (1981) obtained a reliability coefficient of .85 from a sample of 163 subjects in a methadone maintenance program.

Concurrent validity for the Beck Depression Inventory has been established by a number of correlations. Mayer (1978) reported a correlation of test scores with clinicians' global rating of depression that ranged from .61 to .73. Correlations with other measurements also demonstrated the concurrent validity. Beck and Beamesderfer (1974), citing other studies, reported the correlation between the Beck Depression Inventory and the MMPI scale to be .75. The correlation between the Hamilton Rating Scale for depression and the Beck Depression Inventory was .75 whereas the correlation with the Self-Rating Depression Scale was .76.

The Rokeach Dogmatism Scale is a 40-item response scale designed to measure individual differences in openness or closedness of belief systems. Dogmatism may be defined "as a relatively closed cognitive organization of beliefs and disbeliefs about authority, which, in turn provides a framework for patterns of intolerance and qualified tolerance towards others" (Sexton, 1983, p. 81). Dogmatism, therefore, may be conceptualized as closed-mindedness which, in turn, indicates intolerance.
Test-retest reliability on the Rokeach Dogmatism Scale ranged from .68 to .93 (Rokeach, 1960). Erlich (1961) reported a split-half reliability of .75, and Plant (1965) reported an odd-even, split-half reliability coefficient of .84 for 400 male college freshmen and .85 for 400 female college freshmen.

Rokeach (1960) reported validity studies using the Method of Known Groups and found that subjects chosen as dogmatic by friends and acquaintances scored significantly higher on the scale than did those rated less dogmatic. Rokeach (1960) also reported that authoritarian left-of-center and right-of-center groups scored relatively higher on the Rokeach Dogmatism Scale. By correlating the Rokeach Dogmatism Scale with the F Scale, an anti-Semitism scale, and a conservative scale, Peabody (1961) concluded that low scores on the Rokeach Dogmatism Scale represented low dogmatism whereas a higher score represented high dogmatism.

The Perceived Guilt Index is a self-report index that measures guilt as a feeling state at the moment and as a generalized self-concept. The measure was constructed using Thurstone's method of equal-appearing intervals and Osgood's semantic differential. An initial item pool was obtained by having a group of 80 undergraduate college students generate adjectives and phrases that they used to describe subjective feelings of guilt. The words and phrases were then examined for overlap and reduced to 324
descriptive words. Two sets of items were then administered to 85 undergraduate students. A modification of Thurstone's prescribed sorting technique was used to scale down the items. The students were asked to rate each item on a continuum from extremely guilty to not guilty.

Eighty-three items were selected from the original 324 adjectives and phrases (Otterbacher & Munz, 1973).

The 83 chosen items were then rated on the semantic differential by another group of students. These 83 items were randomly assigned to one of four booklets, with each administered to a separate group of 55 undergraduate students. Mean ratings on each of the nine scales comprising the semantic differential were computed for each of the 83 items and were intercorrelated. An analysis of these data produced two 11-item scales with the only difference between the scales being instructions. The trait scale instructs subjects to select items according to how they normally feel, and the state scale instructs subjects to select on the basis of how they feel at the moment (Otterbacher & Munz, 1973).

The validity of the measure was investigated through two separate studies. The first study was designed to evaluate the construct validity of the scale. The concept of Roman Catholic confession was selected by Otterbacher (1971) because he assumed that individuals who chose to confess experience guilt feelings, and experiencing
confession involves reducing affective guilt. Twenty-two males and 26 female college students attending a retreat volunteered for the study. The subjects were divided into four groups with group one taking the state scale immediately before and after confession. Group two took the scale immediately before and after a casual talk with the investigator. Group three was tested once after confession, and group four was also tested once following a talk with the investigator. An analysis of covariance was performed on the posttest scores of group one and group two with the covariate being the pretest scores. The analysis showed a significant difference between group one and group two at the .01 level (Otterbacher, 1971).

A second study was performed to determine the relationship between the trait and state scale of the Perceived Guilt Index. Twenty male and 25 female college students volunteered to participate in the study. The subjects were given the trait measure at the beginning and end of four weeks and the state scale three times weekly for the four weeks. The subjects were divided into two groups based on their scores. One group consisted of subjects whose trait scores increased over the four-week period, the hypothesis being that these subjects' fourth-week state scores would be significantly greater than their first-week state scores. A second group consisted of subjects whose trait scores decreased, the hypothesis being that their average fourth-
week state scores would be significantly lower than their first-week state scores. A summary of the data of this study strongly supports the suggestion that trait fluctuations are preceded by recent changes in state experience. However, not all shifts in state scores result in trait changes (Otterbacher, 1971).

An approximate test-retest reliability estimate was performed using the same subjects for the two scales. The correlation between the first week and the fourth week for the state scale was .02, and for the trait measure it was .30 (Otterbacher, 1971). Although the state scale by definition implies at the moment fluctuations and therefore low reliability scores, the trait measure should prove more stable. This indicates that the Perceived Guilt Index is weak in how it measures guilt.

The Fundamental Interpersonal Relations Orientation-Behavior (FIRO-B) Scale is a self-report questionnaire designed to assess a person's need for inclusion, affection, and control which the individual directs towards others and which he or she desires others to direct toward himself/herself. Inclusion may be defined behaviorally as the need to establish and maintain satisfactory relationships in regard to interaction and association. Control refers to the interpersonal need to maintain a relationship with respect to power and control, and affection involves the need to maintain relationships with
respect to love and affection (Schutz, 1978). Subscales assess each need separately for what is felt toward others and what is wanted of others (Buros, 1972).

Reliability was assessed by measuring the internal consistency and the coefficient of stability. Normally a split-half reliability is reported; however, reproducibility was the measure chosen to report internal consistency. The mean score for the scales was .94, which is above the usual criterion for reproducibility of .90. All of the reported test-retest reliability coefficients were over .70, with the mean coefficient of the six scales reported to be .76 (Schutz, 1978).

Validity studies suggest that the subscales are related to nontest interpersonal behavior along with other personality measures. Scale scores have been found to be correlated with rated creativity, freshman grades, production of good ideas in brainstorm groups, and diagnosis of schizophrenia (Schutz, 1978).

The Forgiveness Questionnaire (Appendix A) is a self-report, 27-item questionnaire designed to investigate the subject's perceived feelings and beliefs in regard to forgiveness. For each of the 27 items, there is a graded range of alternatives that are scored from 1 to 6 to indicate the amount of agreement or disagreement a subject has with the statement.
The questions or statements were derived by the investigator from the literature pertaining to certain concepts and ideas related to forgiveness. These concepts are broadly related to forgiveness with respect to forgiveness of self and others and beliefs and understanding of forgiveness.

Content validity for the questionnaire was determined by submitting it to a panel of judges consisting of a psychiatrist in private practice, a Licensed Professional Counselor with a Doctor of Education degree, a clinical member of the American Association of Pastoral Counselors, and a minister with a Doctor of Ministry degree. Suggestions were made by the panel and incorporated into the questionnaire. The instrument was also administered to 20 individuals to verify the clarity of the questions and statements.

Limitations

The following limitations apply to this study.

1. There was no standardized scale to measure forgiveness. Forgiveness is limited to the measure assessed from the Forgiveness Questionnaire.

2. There was no standardized scale to measure perceived guilt. Guilt is limited to the measure assessed from the Perceived Guilt Index.
Selection of Subjects

The subjects consisted of 30 adult volunteers from a large metropolitan area who responded to announcements (Appendix B) posted at two junior colleges and announcements (Appendix B) mailed to individuals from various mailing lists obtained from professionals from the fields of psychotherapy, finance, and business. The announcements did not contain any information regarding the experimental nature of the study. A general statement regarding the purpose of the groups was included in the announcements. Those individuals interested in participating in the groups were invited to use the telephone number listed to ask questions or seek an interview. Forty-four people inquired about the group. All the individuals came from the community at large with no student volunteers.

An initial interview was conducted to screen applicants regarding their experiences in psychotherapy and interest in the group. The purpose of the interview was to eliminate those individuals who were currently in psychotherapy or who had any history of psychosis. The interview was also designed to determine participants' interest level for the groups so that potential dropouts from the study could be eliminated. This information was obtained by asking the following questions.

1. Are you currently in psychotherapy or counseling?
2. Have you ever been hospitalized for emotional problems?

3. Have you ever been treated with psychotropic medication? What were the medications?

4. Have you ever considered seeking counseling before you saw the announcement for the group?

5. What are your reasons for participating in the group?

Subjects were rejected from the study if they were currently in counseling or had been in counseling in the last six months, had ever been hospitalized for emotional problems, or had been treated with any of the antipsychotic medications including Haldol, Prolixin, Navane, Trilafon, Moban, Loxitance, Thorazine, or Mellaril (Licney & Gordon, 1983).

Motivation for participating in the group was judged by the interviewer. A subject was considered motivated if he or she had been considering counseling prior to seeing the announcement. The final decision regarding a subject's participation in the group was made by the interviewer.

Thirty adults were selected to participate in the study.

Assignment to Group

The subjects were randomly assigned to one of three groups. The subjects consisted of 25 females and 5 males ranging in age from 24 to 52. The experimental group
consisted of 10 females. One member dropped the group after the third meeting, reducing the group to nine. The average age of this group was 32.1. The comparison treatment group consisted of 10 subjects, 7 females and 3 males. One female member dropped the group after the initial session. The average age of this group was 36.6. The control group consisted of 10 subjects, 8 females and 2 males with an average age of 35.2.

Pilot Study

It has been hypothesized that people who expect symptom reduction will respond favorably to a therapeutic situation (Friedman, 1963; Goldstein & Shipman, 1961). In order to account for this possibility, a pilot study was conducted to determine if participants would expect similar reduction in their symptoms due to involvement either in the experimental group or in the comparison treatment group.

A sample of 20 subjects was selected from a human development class at a junior college. Ten of the subjects were given a statement regarding the experimental group (Appendix C), and 10 were given a statement regarding the comparison treatment group (Appendix D). They were asked to rate from a scale of 1 to 6 their beliefs as to the effectiveness of this type of group counseling (Appendix E). Refer to Table I for the results of this
study. The analysis shows there was no significant difference between the two groups regarding expectation levels.

**TABLE I**

MEANS, STANDARD DEVIATIONS, AND t-TEST DATA FOR THE COMPARISON OF SCORES FOR THE PILOT STUDY GROUP

<table>
<thead>
<tr>
<th>Group</th>
<th>Number of Cases</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>Standard Error</th>
<th>F</th>
<th>2-tail Probability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comp.</td>
<td>10</td>
<td>4.6</td>
<td>1.647</td>
<td>0.521</td>
<td>1.10</td>
<td>0.885</td>
</tr>
<tr>
<td>Exp.</td>
<td>10</td>
<td>4.7</td>
<td>1.567</td>
<td>0.496</td>
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<td></td>
</tr>
</tbody>
</table>

The two treatment groups were also given the statements and asked to make the ratings (Appendix F). Refer to Table II for results of this analysis. The analysis shows there was no significant difference between the two groups regarding expectation levels. Therefore, it is concluded that both the experimental group and the comparison treatment group had similar expectations for symptom reduction.

**TABLE II**

MEANS, STANDARD DEVIATIONS, AND t-TEST DATA FOR THE COMPARISON OF SCORES FOR THE FORGIVENESS STUDY

<table>
<thead>
<tr>
<th>Group</th>
<th>Number of Cases</th>
<th>Mean</th>
<th>Standard Deviation</th>
<th>Standard Error</th>
<th>F</th>
<th>2-tail Probability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comp.</td>
<td>10</td>
<td>4.8</td>
<td>1.033</td>
<td>0.327</td>
<td>1.50</td>
<td>0.555</td>
</tr>
<tr>
<td>Exp.</td>
<td>10</td>
<td>4.6</td>
<td>1.265</td>
<td>0.400</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The Experimental Group

The experimental group followed a structured group counseling format incorporating materials organized by the investigator from information found in the literature relating to forgiveness (Appendix H). The general format for each session consisted of a brief didactic presentation by the group leader followed by structured exercises for group participants. The group experience was divided into 10 two-hour sessions occurring once a week. The following is a synopsis of each group session, which included a teaching portion followed by structured exercises.

1. Session I - Resentment, Guilt, and Forgiveness. The focus of this first session was on the meaning and nature of resentment and guilt, and how forgiveness may be meaningful in coping with resentments and guilt. The exercises included goal setting for the 10 weeks as well as answering questions on guilt and resentment.

2. Session II - Confession. This session began the process of understanding and experiencing forgiveness. Confession was viewed as recognizing personal responsibility and acknowledging any pain or resentments toward others or oneself. It also acknowledged joint participation of a problem in a relationship, neither taking nor giving full blame for the issues involved. Exercises in this session included talking about resentment toward others or oneself.
3. Session III - Remorse. Remorse is the recognition of the anger and hostility toward self or another and the desire to be reconciled with oneself or another person. The session also considered the concept of self-condemnation or self-punishment which is not remorse, a word more clearly defined as the willingness to reaffirm love for self and others. Group exercises included a discussion of love, reflections on what one might condemn oneself for, and a gestalt exercise.

4. Session IV - Restitution. Restitution was the third step in the process of forgiveness. It involved reestablishing the conditions for restoring the relationship. This session included a discussion of the conditions for restitution, among them not being in a one-up or a one-down position and expressing feelings. Group exercises involved discussion and a gestalt exercise. Participants discussed the things they experienced as guilt and undertook the gestalt exercise of visualizing the person resented in the empty chair and then expressing their feeling and thoughts to that person. A homework assignment of writing a letter to the person sharing feelings was given to the participants.

5. Session V - Restitution. This session was a continuation of Session IV since two sessions were necessary for all group members to complete the exercises of Session IV.
6. Session VI - Acceptance. Acceptance was the mutual recognition of the separation in the relationship and the yearning for a reunion. Two concepts important to acceptance included love and releasing of the past. This session included another discussion of love as the act of one's will as well as the importance of letting go.

Releasing the past involved sorting out its events and experiences, expressing the related feelings, and making appropriate new decisions. Exercises included reading letters from a homework assignment. This homework assignment followed the empty chair technique exercise in Session IV. The letters were used to express feelings of resentment or guilt. A relaxation exercise followed the readings to facilitate the expression of the feelings and to stimulate forgiving by encouraging the seeing of good things happening to the person who was the object of the resentment or guilt.

7. Session VII - Reconciliation. Reconciliation was the completed process of forgiveness. It was the willingness of the forgiver and forgiven to continue the process until the relationship with another or with oneself was restored. The session included a discussion of facing the pain, expressing the hurt, and letting go. Exercises included using forgiving statements toward the person being forgiven, followed by an imagery exercise.
8. Session VIII - Reconciliation. This was a continuation of Session VII designed to allow all members the time to complete their exercises.

9. Session IX - Grief and Love. Sometimes forgiveness, defined in this study as the restoring of a relationship, was not possible either because of death or the unavailability of the other individual. Therefore, this session included a discussion of alternative resolutions to problems when such restoration was not possible.

The first step was to follow the principles outlined in the first three steps of the forgiveness process, which included confession, remorse, and restitution. The second step involved letting go by expressing the feelings and allowing the emotional release necessary for grief. The final step was to look upon oneself and others as loving. Such recognition of loving may appear to be forgiveness, but the difference between grief and love and forgiveness was that forgiveness finally reconciles and reestablishes a relationship.

Exercises included reviewing the first steps and having group members share their thoughts and feelings. A second exercise was to visualize the person who was unwilling to participate and then to express feelings and say good-bye. The group participated in processing the experience.
10. Session X - Putting It All Together. This was a wrap-up session and included a general discussion of the steps used in forgiveness. Exercises included discussing any unfinished business, sharing experiences, and saying good-bye to group members.

The experimental group was conducted by the experimenter. She was a doctoral candidate in counseling at North Texas State University. She had completed three group counseling courses, including beginning group counseling, a doctoral level group counseling seminar, and a doctoral level practicum in group counseling. She had also participated in supervised practicum experience and internships that involved facilitating counseling groups. In addition, she had led several groups, including personal growth groups and a Master's level student counseling group.

The Comparison Treatment Group

The comparison group met for 10 two-hour sessions occurring weekly. The group leader and all group members were blind to the hypotheses. The focus of these group counseling sessions centered on the needs and goals of the participants. They were asked what they hoped to experience from the process or what goals they had for the group sessions. The group was conducted primarily using the theories and practices of Goulding and Goulding's (1979) model of redecision therapy. "In redecision therapy the
client experiences the child part of self, enjoys his (or her) childlike qualities, and creates fantasy scenes in which he (or she) can safely give up the constricting decision made in childhood" (Goulding & Goulding, 1979, p. 9). Gestalt techniques and Transactional Analysis education are incorporated into the model, as refined by the Gouldings. The client is asked to make a contract for change, and the therapist then helps the client fulfill the contract by using the gestalt techniques and TA education. The redecision process is facilitated by staying in the here and now and by avoiding talking about the past. If a client wants to talk about someone, whether in past or present, he or she is asked to pretend to bring the person into the therapy room. By being in the here and now, the client connects memory with affect and can deal more effectively with problems. This redecision process also includes the learning of giving and taking of strokes and the expressing of feelings.

The leader for the comparison treatment group was a doctoral candidate from North Texas State University who had completed three group counseling courses, a beginning group counseling course, a doctoral level group counseling seminar, and a doctoral level practicum in group counseling. She had led several counseling groups at North Texas State University and had received additional training
experience in Transactional Analysis and Gestalt techniques through the Western Institute.

Collection of Data

A pretest session was held for all participants in this study one week prior to the start of the groups. The testing instruments were randomly ordered and given in that order to all participants. All subjects participated in a posttesting session one week after the end of the groups. The control group was called one week prior to testing to assure attendance. The instruments were randomly ordered and given in that order to the subjects.

Procedure for Data Analysis

The study used the pretest-posttest control group design as shown in Huck, Comier, and Bounds (1974). The basic design is as follows:  

\[ R \ O \ X \ O \]

\[ R \ O \ 0. \]

With the comparison treatment group, the design would be revised as follows:  

\[ R \ O \ X \ O \]

\[ R \ O \ Y \ O \]

\[ R \ O \ 0. \]

Tests were hand scored, and the data were placed on Fortran Coding Forms. Keypunching and data analysis were performed by the North Texas State University Computing Department.

A single factor multivariate analysis of covariance was used to test the combined data. A univariate analysis
for each of the separate dependent variables with its respective covariate was also performed.

A multivariate analysis of covariance is simply an analysis of covariance with several dependent variables analyzed at the same time. This type of analysis was used to increase power, and because it adjusts the group means to account for initial differences between groups. In each analysis of covariance the pretest score was the covariate. Significance in differences between means was tested at the .05 level of significance.


CHAPTER III

RESULTS AND DISCUSSION

This chapter presents the results of the data analysis and includes a discussion of the findings and recommendations based on the findings.

Analysis of Data

A single factor multivariate analysis of covariance was used to test the combined data. It is important to use this type of analysis for the entire set of data for two reasons. First, there is a correlation between dependent variables, that is, people scoring high on one dependent variable generally score high on other dependent variables. "Under this condition of correlated dependent variables, application of univariate tests . . . will cause the probability of a Type I error to be higher than the level of significance that is used" (Huck, Cormier, & Bounds, 1974, p. 178).

The second reason for applying the multivariate analysis of covariance to the data relates to the fact that as the number of dependent variables increase, the probability of finding significance by chance alone also increases. Therefore, with seven dependent variables there
was a higher probability of finding significance by chance alone (Huck, Cormier, & Bounds, 1974).

A univariate analysis for each of the dependent variables with its respective covariate was also performed. In each analysis of covariance, the pretest score was the covariate. There were two reasons for using the analysis of covariance. First, it is a powerful statistical test. This means that it is sensitive to differences among groups. In this study with the covariates being the pretest scores, the use of covariate data is a more powerful or sensitive statistical analysis than simply using posttest scores. Second, the analysis of covariance adjusts the comparison group means to account for differences between the groups. This means it controls statistically any initial differences in the groups that might have been present (Huck, Cormier, & Bounds, 1974; Tabachnick & Fidell, 1983).

The data for the multivariate analysis of covariance for the entire set of data are presented in Table III. The obtained F-values were not significant at the .05 level of significance. This finding indicates that no significance was found between the experimental group, the comparison treatment group, and the control group on the entire set of data. Ordinarily a researcher would conclude the experiment when no significance was found on the multivariate analysis. However, in order to gain as much insight into and information about the data as possible, univariate
analysis for each dependent variable was performed. As Tabachnick and Fidell (1983) state, "making sense out of your data usually requires a judicious mix of multivariate and univariate statistics" (p. 8).

TABLE III
MULTIVARIATE ANALYSIS OF COVARIANCE FOR DATA OBTAINED ON THE SEVEN VARIABLES

<table>
<thead>
<tr>
<th>Test Name</th>
<th>Value</th>
<th>Approx. F</th>
<th>Hypoth DF</th>
<th>Error DF</th>
<th>Sig. of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pillais</td>
<td>.68316</td>
<td>.96345</td>
<td>14.00</td>
<td>26.00</td>
<td>.512</td>
</tr>
<tr>
<td>Hotellings</td>
<td>1.25744</td>
<td>.98799</td>
<td>14.00</td>
<td>22.00</td>
<td>.495</td>
</tr>
<tr>
<td>Wilks</td>
<td>.40426</td>
<td>.98193</td>
<td>14.00</td>
<td>24.00</td>
<td>.498</td>
</tr>
</tbody>
</table>

Hypothesis I

Hypothesis I was as follows: Following participation in the experimental group, participants will obtain a significantly lower mean score than the comparison treatment group and the control group on the Beck Depression Inventory.

The Beck Depression Inventory was used as a measure of general depression. The mean scores and the standard deviations obtained from the Beck Depression Inventory are presented in Table IV. The experimental group had a greater decrease in depression scores than did both the comparison treatment group and the control group.
The results of the analysis of the mean scores on the Beck Depression Inventory are presented in Table V. The obtained F-values were not significant at the .05 level of significance. Therefore, Hypothesis I was rejected, indicating that on the Beck Depression Inventory no significant

**TABLE IV**

MEANS AND STANDARD DEVIATIONS ON THE BECK DEPRESSION INVENTORY

<table>
<thead>
<tr>
<th>Group</th>
<th>Means</th>
<th>Standard Deviations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre-test</td>
<td>Post-test</td>
</tr>
<tr>
<td>Exp.</td>
<td>10.89</td>
<td>7.44</td>
</tr>
<tr>
<td>Comp.</td>
<td>11.22</td>
<td>10.00</td>
</tr>
<tr>
<td>Control</td>
<td>9.70</td>
<td>7.80</td>
</tr>
</tbody>
</table>

**TABLE V**

ANALYSIS OF COVARIANCE DATA FOR THE COMPARISON OF SCORES ON THE BECK DEPRESSION INVENTORY

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sum of Squares</th>
<th>DF</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig. of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within cells</td>
<td>946.81</td>
<td>24</td>
<td>39.45</td>
<td>.316</td>
<td></td>
</tr>
<tr>
<td>Group</td>
<td>24.94</td>
<td>2</td>
<td>12.47</td>
<td></td>
<td>.732</td>
</tr>
</tbody>
</table>

difference was found between the experimental group, the comparison treatment group, and the control group.
Hypothesis II

Hypothesis II was as follows: Following participation in the experimental group, participants will obtain a significantly lower mean score than the comparison treatment group and the control group on the State Form of the State-Trait Anxiety Inventory.

The State-Trait Anxiety Inventory was used as a measure of state or situational anxiety. The mean scores and the standard deviations obtained from the State Form of the State-Trait Anxiety Inventory are presented in Table VI.

**TABLE VI**

**MEANS AND STANDARD DEVIATIONS ON THE STATE FORM OF THE STATE-TRAIT ANXIETY INVENTORY**

<table>
<thead>
<tr>
<th>Group</th>
<th>Means</th>
<th>Standard Deviations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre-test</td>
<td>Post-test</td>
</tr>
<tr>
<td></td>
<td>Adjusted</td>
<td></td>
</tr>
<tr>
<td>Exp.</td>
<td>32.55</td>
<td>32.56</td>
</tr>
<tr>
<td></td>
<td>34.06</td>
<td></td>
</tr>
<tr>
<td></td>
<td>10.05</td>
<td>15.84</td>
</tr>
<tr>
<td>Comp.</td>
<td>43.89</td>
<td>30.78</td>
</tr>
<tr>
<td></td>
<td>29.11</td>
<td></td>
</tr>
<tr>
<td></td>
<td>17.51</td>
<td>10.59</td>
</tr>
<tr>
<td>Control</td>
<td>37.40</td>
<td>34.00</td>
</tr>
<tr>
<td></td>
<td>34.15</td>
<td></td>
</tr>
<tr>
<td></td>
<td>12.12</td>
<td>9.56</td>
</tr>
</tbody>
</table>

The comparison treatment group had a greater decrease in state anxiety mean scores than did both the experimental group and the control group.

The results of the analysis of the mean scores on the State Form of the State-Trait Anxiety Inventory are
presented in Table VII. The obtained F-values were not significant at the .05 level of significance. Therefore, Hypothesis II was rejected, indicating that on State Anxiety of the State-Trait Anxiety Inventory no significant differences were found between the experimental group, the comparison treatment group, and the control group.

Hypothesis III

Hypothesis III was as follows: Following participation in the experimental group, participants will obtain a significantly lower mean score than the comparison treatment group and the control group on the Trait Form of the State-Trait Anxiety Inventory.

The Trait Form of the State-Trait Anxiety Inventory was used as a measure of trait or generalized anxiety. The mean scores and the standard deviation obtained from the

### TABLE VII

ANALYSIS OF COVARIANCE DATA FOR THE COMPARISON OF SCORES ON THE STATE FORM OF THE STATE-TRAIT ANXIETY INVENTORY

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sum of Squares</th>
<th>DF</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig. of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within cells</td>
<td>3370.32</td>
<td>24</td>
<td>140.43</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group</td>
<td>138.50</td>
<td>2</td>
<td>69.25</td>
<td>.493</td>
<td>.617</td>
</tr>
</tbody>
</table>
Trait Form of the State-Trait Anxiety Inventory are presented in Table VIII. The experimental group had a greater decrease in trait anxiety mean scores than both the comparison treatment group and the control group.

The results of the analysis of the mean scores on the Trait Form of the State-Trait Anxiety Inventory are presented in Table IX. The obtained F-values were not

TABLE VIII

MEANS AND STANDARD DEVIATIONS ON THE TRAIT FORM OF THE STATE-TRAIT ANXIETY INVENTORY

<table>
<thead>
<tr>
<th>Group</th>
<th>Pre-test</th>
<th>Post-test</th>
<th>Adjusted</th>
<th>Pre-test</th>
<th>Post-test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exp.</td>
<td>43.78</td>
<td>37.33</td>
<td>36.30</td>
<td>10.06</td>
<td>13.80</td>
</tr>
<tr>
<td>Comp.</td>
<td>39.44</td>
<td>36.22</td>
<td>37.88</td>
<td>10.50</td>
<td>10.24</td>
</tr>
<tr>
<td>Control</td>
<td>43.00</td>
<td>41.20</td>
<td>40.64</td>
<td>10.70</td>
<td>11.99</td>
</tr>
</tbody>
</table>

TABLE IX

ANALYSIS OF COVARIANCE DATA FOR THE COMPARISON OF SCORES ON THE TRAIT FORM OF THE STATE-TRAIT ANXIETY INVENTORY

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sum of Squares</th>
<th>DF</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig. of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within cells</td>
<td>2606.84</td>
<td>24</td>
<td>108.62</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group</td>
<td>92.69</td>
<td>2</td>
<td>46.35</td>
<td>.427</td>
<td>.658</td>
</tr>
</tbody>
</table>
significant at the .05 level of significance. Therefore, Hypothesis III was rejected, indicating that on the Trait Form of the State-Trait Anxiety Inventory no significant difference was found between the experimental group, the comparison treatment group, and the control group.

Hypothesis IV

Hypothesis IV was as follows: Following participation in the experimental group, participants will obtain a significantly lower mean score than the comparison treatment group and the control group on the Rokeach Dogmatism Scale.

The Rokeach Dogmatism Scale was used as a measure of dogmatism or tolerance. The mean scores and the standard deviations obtained from the Rokeach Dogmatism Scale are presented in Table X. The experimental group had a greater decrease in mean scores for dogmatism than did either the comparison treatment group or the control group.

The results of the analysis of the mean scores on the Rokeach Dogmatism Scale are presented in Table XI. The obtained F-values were not significant at the .05 level of significance. Therefore, Hypothesis IV was rejected, indicating that on the Rokeach Dogmatism Scale no significant difference was found between the experimental group, the comparison treatment group, and the control group.
TABLE X
MEANS AND STANDARD DEVIATIONS ON THE
ROKEACH DOGMATISM SCALE

<table>
<thead>
<tr>
<th>Group</th>
<th>Means</th>
<th>Standard Deviations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre-test</td>
<td>Post-test</td>
</tr>
<tr>
<td>Exp.</td>
<td>140.33</td>
<td>131.11</td>
</tr>
<tr>
<td>Comp.</td>
<td>131.89</td>
<td>135.11</td>
</tr>
<tr>
<td>Control</td>
<td>148.20</td>
<td>157.40</td>
</tr>
</tbody>
</table>

TABLE XI
ANALYSIS OF COVARIANCE DATA FOR THE COMPARISON SCORES
ON THE ROKEACH DOGMATISM SCALE

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sum of Squares</th>
<th>DF</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig. of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within cells</td>
<td>9168.53</td>
<td>24</td>
<td>382.02</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group</td>
<td>1933.91</td>
<td>2</td>
<td>966.52</td>
<td>2.531</td>
<td>.101</td>
</tr>
</tbody>
</table>

Hypothesis V

Hypothesis V was as follows: Following participation in the experimental group, participants will obtain a significantly higher mean standard score than the comparison treatment group and the control group on the Fundamental Interpersonal Relationship Orientation-Behavior (FIRO-B) Scales.
The FIRO-B Scale was used as a measure to inventory a person's need for inclusion, affection, and control in relationships. The mean scores and the standard deviations obtained from the FIRO-B Scale are presented in Table XII.

**TABLE XII**

**MEANS AND STANDARD DEVIATIONS ON THE FUNDAMENTAL INTERPERSONAL RELATIONS ORIENTATION-BEHAVIOR SCALE**

<table>
<thead>
<tr>
<th>Group</th>
<th>Means</th>
<th>Standard Deviations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre-test</td>
<td>Post-test</td>
</tr>
<tr>
<td>Exp.</td>
<td>19.00</td>
<td>20.11</td>
</tr>
<tr>
<td>Comp.</td>
<td>20.22</td>
<td>20.00</td>
</tr>
<tr>
<td>Control</td>
<td>24.00</td>
<td>23.10</td>
</tr>
</tbody>
</table>

There were no differences in the mean scores between the experimental group, the comparison treatment group, and the control group.

The results of the analysis of the mean scores on the FIRO-B Scale are presented in Table XIII. The obtained F-values were not significant at the .05 level of significance. Therefore, Hypothesis V was rejected, indicating that on the FIRO-B Scale no significant difference was found between the experimental group, the comparison treatment group, and the control group.
TABLE XIII

ANALYSIS OF COVARIANCE DATA FOR THE COMPARISON OF SCORES ON THE FUNDAMENTAL INTERPERSONAL RELATIONS ORIENTATION-BEHAVIOR SCALE

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sum of Squares</th>
<th>DF</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig. of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within cells</td>
<td>671.76</td>
<td>24</td>
<td>27.99</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group</td>
<td>4.04</td>
<td>2</td>
<td>2.02</td>
<td>.072</td>
<td>931</td>
</tr>
</tbody>
</table>

Hypothesis VI

Hypothesis VI was as follows: Following participation in the experimental group, participants will obtain a significantly lower mean score than the comparison treatment group and the control group on the **Perceived Guilt Index**.

The **Perceived Guilt Index** was used as a measure of experiential guilt. The mean scores and the standard deviations obtained from the **Perceived Guilt Index** are presented in Table XIV. The experimental group had a greater decrease in guilt scores than did both the comparison treatment group and the control group.

The results of the analysis of the mean scores on the **Perceived Guilt Index** are presented in Table XV. The obtained F-values were significant at the .05 level of significance.
### TABLE XIV
MEANS AND STANDARD DEVIATIONS ON THE PERCEIVED GUILT INDEX

<table>
<thead>
<tr>
<th>Group</th>
<th>Means</th>
<th>Standard Deviations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre-test</td>
<td>Post-test</td>
</tr>
<tr>
<td>Exp.</td>
<td>8.33</td>
<td>4.28</td>
</tr>
<tr>
<td>Comp.</td>
<td>5.16</td>
<td>3.42</td>
</tr>
<tr>
<td>Control</td>
<td>5.23</td>
<td>8.69</td>
</tr>
</tbody>
</table>

### TABLE XV
ANALYSIS OF COVARIANCE DATA FOR THE COMPARISON OF SCORES ON THE PERCEIVED GUILT INDEX

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sum of Squares</th>
<th>DF</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig. of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within cells</td>
<td>519.98</td>
<td>24</td>
<td>21.67</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group</td>
<td>161.76</td>
<td>2</td>
<td>80.88</td>
<td>3.733</td>
<td>.039</td>
</tr>
</tbody>
</table>

A Duncan procedure was performed on the data indicating there was a significant difference between both the experimental and comparison treatment groups, and the control group. Hypothesis VI was partially supported, for it was found that on the Perceived Guilt Index there was a significant difference between the experimental group and the control group, but no significant difference between
difference between the experimental group and the comparison treatment group.

Hypothesis VII

Hypothesis VII was as follows: Following participation in the experimental group, participants will obtain a significantly higher mean score than the comparison treatment group and the control group on the Forgiveness Questionnaire.

The Forgiveness Questionnaire was used as a measure of understanding forgiveness. The mean scores and the standard deviations obtained from the Forgiveness Questionnaire are presented in Table XVI. The experimental group had a higher increase in forgiveness scores than did the comparison treatment group and the control group.

<table>
<thead>
<tr>
<th>Group</th>
<th>Means</th>
<th>Standard Deviations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre-test</td>
<td>Post-test</td>
</tr>
<tr>
<td>Exp.</td>
<td>108.00</td>
<td>117.89</td>
</tr>
<tr>
<td>Comp.</td>
<td>107.67</td>
<td>112.33</td>
</tr>
<tr>
<td>Control</td>
<td>108.89</td>
<td>111.90</td>
</tr>
</tbody>
</table>
The results of the analysis of the mean scores on the Forgiveness Questionnaire are presented in Table XVII. The obtained F-values were not significant at the .05 level of significance. Therefore, Hypothesis VII was rejected, indicating that on the Forgiveness Questionnaire no significant different was found between the experimental group, the comparison treatment group, and the control group.

TABLE XVII

ANALYSIS OF COVARIANCE DATA FOR THE COMPARISON OF SCORES ON THE FORGIVENESS QUESTIONNAIRE

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sum of Squares</th>
<th>DF</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig. of F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within cells</td>
<td>1418.80</td>
<td>24</td>
<td>59.12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group</td>
<td>221.51</td>
<td>2</td>
<td>110.75</td>
<td>1.873</td>
<td>.175</td>
</tr>
</tbody>
</table>

Summary of Results

In summary, Hypothesis VI regarding perceived guilt was partially supported. There was a significant difference between the experimental group and the control group on the Perceived Guilt Index, but no significant difference between the experimental group and the comparison treatment group. The other six hypotheses were rejected.

An examination of the mean scores showed some consistent, but nonsignificant, trends. The experimental group showed a greater decrease in mean scores on the instrument
measuring depression than did either the comparison treatment group or the control group. An examination of individual scores on the depression measure showed a decrease in 7 of the 9 participants for the experimental group as opposed to 4 of 9 for the comparison treatment group and 5 of 10 for the control group (Appendix G). The experimental group showed a greater decrease in mean scores on the instrument measuring trait anxiety than did either the comparison treatment group or the control group. The experimental group showed a greater decrease in mean scores on the instrument measuring dogmatism whereas the comparison treatment group and the control group scores increased. The experimental group showed a greater increase in mean scores on the instrument measuring understanding of forgiveness than did either the comparison treatment group or the control group.

Discussion

The concept of forgiveness in Western culture is historically based in Judaism and Christianity, with the Bible (Scofield, 1967) as the major source for ideas and beliefs associated with forgiveness. From the Biblical perspective, forgiveness is seen as an act of restoration and reconciliation, the restoring and reconciling oneself to God and others. Only the forgiveness of God brings healing for original guilt. By extension, human
forgiveness can bring healing to human relationships; forgiveness relieves anxiety and depression and creates a more giving and tolerant attitude within those who adopt the practice of forgiving (Klein, 1975; Jampolsky, 1970; Wilson, 1974).

Although these claims regarding the power of forgiveness have been expounded for thousands of years by theologians, philosophers, and most recently by psychologists (Klein, 1975; Pattison, 1965b; Tournier, 1962), no experimental evidence has been brought forth to concur with these beliefs. This present study is one of the first to measure the effect of a theme-structured group counseling approach on the issue of forgiveness.

The findings of this study did not support Hypotheses I, II, or III that participants in the experimental group would significantly decrease their depression and anxiety more than would the comparison treatment group or the control group. These findings contradict an earlier investigation by Shapiro (1982) and his colleagues who found that group treatment significantly reduced depression and anxiety. The difference in results may have been caused by differences in the recruiting of subjects involved in the two studies. All subjects participating in the Shapiro study sought relief for symptoms of anxiety and depression, whereas those recruited for the present study were not specifically seeking relief for depression and anxiety.
The expectations of the subjects and their particular symptomology might have led to the difference in the outcome.

Hypothesis IV stated that the experimental group would have lower dogmatism scores than would the comparison treatment group and the control group. Again this hypothesis was not statistically supported, and no conclusions may be drawn that individuals in a group focusing on forgiveness will become more tolerant and less dogmatic. However, an examination of the mean scores for dogmatism shows that the forgiveness group actually lowered their scores whereas both the comparison treatment group and the control group increased their scores. It may be that the focus on forgiveness decreased dogmatism in the group, thereby increasing tolerance toward others. Further, since forgiveness, as defined in this study, is a process, it is possible that a significant decrease in dogmatism would have occurred if the group had continued for a longer period of time. Although highly speculative, evidence of a trend toward a more open way of thinking does exist.

Theorists such as Klein (1975) and Pattison (1965), as well as popular writers such as Augsburger (1981) and Jampolsky (1970), predicted that forgiveness of others and a forgiving attitude would enhance relationships and mental health. This hypothesis suggesting enhanced social interaction was unsupported by this current study. There was no
increase in social interaction for any of the groups and very little change in the mean scores between the pretest and posttest. This lack of obvious change does not preclude the possibility that subtle changes in social interaction took place, but such enhancement was not indicated by the instrument used in this study.

Hypothesis VI suggested that participation in the experimental group would decrease guilt. This hypothesis was partially supported, for there was a decrease in scores on the guilt instrument for the experimental group. Guilt scores also decreased for the comparison treatment group; however, there was no significant change in the control group. That the comparison treatment group also showed a decrease in guilt may suggest that group therapy in general has an impact in reducing guilt. In fact, Mowrer's (1960, 1966, 1972) work regarding Integrity Groups hypothesized a reduction in guilt through group participation.

The consideration of guilt in an exploration of forgiveness is particularly relevant, for guilt and forgiveness are seen as two concepts dynamically linked together with one another (Pattison, 1965). Guilt is defined in several ways, one of which is psychological. Psychological guilt is affective and carries the guilt feelings. Forgiveness is regarded as helpful in alleviating these guilt feelings (Pattison, 1965; Tournier, 1962). Since it may be inferred that guilt and forgiveness are linked and that
gilt is reduced through group participation (Mowrer, 1961, 1966, 1972), then a reduction of guilt in the comparison treatment group may be associated with forgiving oneself or another without actually using the words guilt and forgiveness.

There was no significant difference among the groups on the Forgiveness Questionnaire. The results of this questionnaire suggest that most subjects had a fairly good understanding of the concept of forgiveness since the mean scores varied only 9 points for any of the three groups. One may account for this similarity among groups by assuming that people who share a Judeo-Christian heritage generally have a fairly good understanding of forgiveness as related in this model.

In the context of this study, it is interesting to note the amount of descriptive literature devoted to forgiveness. Although the professional psychological and counseling literature regarding forgiveness is nearly void, hundreds of books and articles from a religious and philosophical perspective have been written discussing the concepts, meaning, and healing powers of forgiveness. Some have argued that a real understanding and an experiencing of forgiveness will change one's life (Augsburger, 1981; Tournier, 1962). Although this conclusion was not validated by the present study, some important observations do arise regarding forgiveness. The most important
observation concerns the reduction in guilt for the experimental and comparison treatment groups. This change is significant to a study of forgiveness since guilt and forgiveness have been traditionally linked and studied, first by theologians and philosophers (Scofield, 1967; O'Shaunessy, 1967; Neblett, 1974) and later by psychologists (Mowrer, 1961; Pattison, 1965b).

In this study both counseling groups showed a decrease in their perceptions of their own guilt. This finding is in accord with those of Mowrer (1961), who contended that guilt was real and could be decreased through what he called Integrity Therapy. In Integrity Group Therapy, confession, honesty, responsibility, and involvement (all components of forgiveness as defined in this present study) are major tenets. The healing of emotional problems and guilt comes with the individual's returning to the community. This return is achieved through a renewed honesty to others and a commitment to a responsible lifestyle.

The experimental group focusing on forgiveness went through a similar integrating process including confession, remorse, restitution, acceptance, and reconciliation. Although not directly paralleling Integrity Groups, similar components existed in both the comparison treatment group and the experimental group, including confession, involvement, and responsibility. Redecision Therapy, used by the comparison treatment group, shares one important component
of Integrity Therapy. It stresses responsibility for one's behavior. Therefore, it may be that the use of similar methodology may account for the change in guilt for both groups. The process of forgiveness and its components of confession, honesty, acceptance, and responsibility may indeed have therapeutic value, although the actual word forgiveness is not being emphasized.

A final observation regarding guilt deserves note. In the field of behavior disorders, guilt is often associated with various psychiatric disorders, frequently correlating with depression (Harrow and Amdur, 1971). Redlich and Freedman (1966) state that guilt is an emotion related to anxiety. In this study these hypotheses were unsupported, although there was a decrease in the mean scores regarding depression for the experimental group. This decrease was not significant.

Based on the findings of this study, forgiveness as defined and practiced in this investigation did not significantly reduce depression, anxiety, or dogmatism, nor was there a significant increase in social interaction or understanding of forgiveness. There was a significant decrease in guilt for both the experimental and comparison treatment groups.

A closer observation of both the experimental group and the comparison treatment group may offer an explanation for the lack of significant findings in this study. Time,
or the lack of it, may have been an important factor for the experimental group. Time figured in at least two critical areas of this study: (1) the time for acclimation and (2) the time for accommodating all participants in the group exchange.

Since it is hypothesized that forgiveness is a process, time operates as an important variable. Ten weeks may not be long enough to both acclimate group members and process the information presented. With the experimental group, it took several sessions before group members felt enough rapport with the others to allow themselves to experience the feelings associated with forgiving: anger, resentment, and sadness. Some group members never developed the rapport necessary to express their feelings and thus remained withdrawn from some group activities and exercises. Had more time been allowed participants to experience the process of forgiveness as outlined in this study, the effect of the group might have increased proportionately.

The time factor also affected the fulness with which group members were able to participate. The exercises demanded more time than was initially allowed, thereby hurrying the process to accommodate all members. For instance, individual participants may have needed an hour to complete a certain exercise when only thirty minutes was available. Had the group met in an open-ended time frame,
all group members could have had the time to fully explore and process each activity and exercise, thus receiving the maximum benefit. It may be that longer sessions will increase the effect of forgiveness as defined by these hypotheses.

A third consideration concerning the lack of significant finding for the experimental group relates to the homework exercises. No group member consistently completed homework assignments. Homework assignments were designed to structure the group and to allow participants to gain more fully from the group. In addition, assignments served as a bridge to subsequent group activities. The lack of participation may have stunted the process and thus decreased the maximum benefit of the group. If the duration of the group project were extended to more than 10 weeks, then the homework assignments could be incorporated into the group activities.

Finally, the material used in the group sessions may not have been sufficient to produce a significant effect in group members. The material was designed to focus on forgiveness of self and others. However, the group focused more specifically on forgiving parents, spouses, and significant others. Since most of the parents and significant others were unavailable for interaction during the 10-week group, the full effect of forgiving others and being forgiven was not resolved. With the lack of emphasis on
the forgiveness of self, the individual dynamics of the participants were not fully addressed. Although individual member's goals for the group may account for the emphasis on relationships, the bias of the leader may have been an additional factor. A family systems theoretical orientation with an emphasis on family of origin and spouses may have inadvertently contributed to the lack of effect.

The lack of significant finding in the comparison group may be attributed to two identifiable factors. The first concerns group attendance and participation. It was reported that one group member remained very withdrawn during the entire time of the group experience while two others cited illness and business travel as reasons for irregular attendance. If the group had continued, perhaps the participation would have increased.

The focus of the participants may be another and more significant explanation for the lack of effect. The group leader reported that group member's focus was on specific problem solving issues such as career and relationships. Career issues centered around finding more meaningful and enjoyable employment. Group members worked on freeing the child and becoming more spontaneous, thereby finding more job satisfaction. Relationship issues dealt with specific problems in the relationship. Redecision work associated with being more responsible for oneself was the focus of counseling with these members. These specific issues may
not have been a source of depression, anxiety, intolerance, or problem interactions, thereby producing little effect relative to the hypotheses.

Although the data indicated no significant changes regarding these hypotheses, except for guilt, a broader exploration of the findings may prove worthwhile. A review of the means shows that the experimental group moved in the direction hypothesized for all hypotheses except one, which stayed the same. Similar findings may be found in the comparison treatment group, whereas the control group had very little movement. This may suggest that group counseling in general may have impact on participants, although no conclusive statement may be made from these findings.

Reports from participants, although subjective, suggested that the experimental group was impacted by the group experience. All members reported that the sessions were very helpful. Some reported that they had never allowed themselves to experience forgiveness for themselves whereas others reported that experiencing the feelings associated with forgiveness such as acceptance for others was new for them. For others, the group experience began a process for alleviating the resentful and anger feelings they experienced toward people from the past. Two direct quotations from group members may further illuminate the impact of the group on participants. One participant stated that she
really benefitted from this experience. The time limits of the group put pressure on me to talk. The homework forced me to put my guts into words and approach the problems I wanted to deal with from an angle different from any I had tried. Something else I like about this experience is that the process can be done over and over, as life goes on and outside the group therapy experience.

Another participant stated that she

... learned quite a bit about forgiveness, that forgiveness is a process in which one goes back and feels the actual resentment. At the beginnings of the group I thought I needed to be forgiven; at the end of the course I found I needed to forgive and, through that act, be forgiven. I felt free to expose my deep feelings, resentments, and guilts. I was able to see change in myself and others. I felt very honored that we shared one another's pain; that kind of closeness doesn't come easy, and I will feel an emptiness where that warmth used to be.

Although this type of discussion is not suggesting any conclusive evidence of the value of the experimental group's experience, it is suggesting the possibility that the group affected the participants beyond what is found in the data. Maybe it is possible that the social sciences are limited in their methodology to secure data that would truly reflect the experience of the participants regarding the effect of forgiveness. A recommendation in this regard may be to develop a behavioral description of forgiveness that then could be observed. One might develop a repertoire of forgiveness behaviors that then could be observed by the experimenter.

There are several other recommendations suggested regarding this study. Because it did support the
hypothesis of decreased guilt, it is recommended that further study of forgiveness and other group therapies be continued. It may be beneficial to use other instruments to measure guilt since the instrument used in this study to measure guilt was experimental. In addition, it is recommended that a self image scale be incorporated into future studies associated with forgiveness and guilt. Harrow and Amdur (1971) found a significant relationship between guilt and negative self image. Patients experiencing more guilt had a more negative image of themselves. It would be hypothesized that the lowering of guilt through forgiveness would produce a more positive image of self.

Finally, it appears that the mental health community has avoided the concept of forgiveness defined in this study, possibly because of its association with religion (Pattison, 1965). However, Bergin (1980) asserts that religious values have recently become a more striking issue in psychology and recommends a further study regarding values, particularly forgiveness. It is recommended, then, that an initial study be done regarding the importance of forgiveness to people and its significance for their lives. Is forgiveness part of fundamental human interaction? Do people practice forgiving attitudes toward others? Do people have difficulty forgiving themselves? These questions seem pertinent to the study of forgiveness.
Possibly the present study was premature in exploring the healing powers of forgiveness as related by others. It may be more beneficial to investigate how and when forgiveness is important to others in order to design a better model for processing forgiveness.
CHAPTER REFERENCES


APPENDIX A

Circle the appropriate number.

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<td>5. I forgive people in my past.</td>
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<td>7. To be forgiven, you are in debt to the forgiver.</td>
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<td>8. Forgiveness is a process.</td>
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<td>10. There should be conditions for restoring a relationship.</td>
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<td>11. Part of forgiveness is acknowledging mutual responsibility.</td>
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<td>13. Feelings are important in forgiveness.</td>
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<td>14. I forgive people today.</td>
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<td>15. I believe forgiveness is essential to human relationships.</td>
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16. I believe some people will not accept forgiveness.

17. I forgive myself.

18. Forgiveness is important to me.

19. I have resentments toward people.

20. Forgiveness is an event in time.

21. In order to forgive yourself, you must be punished.

22. It is helpful to me to forgive others.

23. I forgive and remember without bitterness.

24. I believe there are some people who should not be forgiven.

25. Forgiveness is a two-way process.

26. I am a forgiving person.

27. Even though forgiveness with another person is not possible, love can be expressed.
AN OPPORTUNITY FOR A GROUP COUNSELING EXPERIENCE

You have the opportunity to participate in a group counseling experience. The group will explore personal issues and seek to help individuals with their personal problems. The group will focus on self-awareness and understanding of personal difficulties and their development in our lives. The group will meet for two hours a week for 10 consecutive weeks. The day and time will be established at a later date. There will be no fee.

If you are interested in participating or want further information, please contact Mellis Schmidt at 369-7202 or write her at 8350 Meadow Rd., Suite 272, Dallas, TX 75231.
APPENDIX C

The purpose of forgiveness is to help people let go of guilt and resentment toward others and themselves. It is a process by which a person has the opportunity to restore love and trust in a relationship. It allows you to build greater self-worth toward yourself by letting go of bitter, angry, and hurt feelings that you may have accumulated over time. The group will explore the process of forgiveness in order to experience more satisfying feelings toward yourself and others.

How effective do you think this treatment will be?
Circle your answer.

Not at all  Very much

0  1  2  3  4  5  6
APPENDIX D

The purpose of psychotherapy is to explore and understand the problems of life. Through self-awareness and understanding of your current emotional problems and their development in your life, you will find resolution to your difficulties. The group will explore your current emotional problems and their development and, through sharing and communication, seek resolutions to your conflict.

How effective do you think this treatment will be?
Circle your answer.

Not at all                                          Very much

0       1       2       3       4       5       6
APPENDIX E

PILOT STUDY EXPECTANCY SCORES

Psychotherapy Group (Comparison Treatment)

Subject's Scores

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Forgiveness Group (Experimental)

Subject's Scores

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APPENDIX F

FORGIVENESS STUDY EXPECTANCY SCORES

Psychotherapy Group (Comparison Treatment)

Subject's Scores

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Forgiveness Group (Experimental Group)

Subject's Scores

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## APPENDIX G

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| Pretest | | | | | | |
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## APPENDIX G (continued)

### Posttest

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APPENDIX H

TO THE GROUP LEADER:

The information contained in each group session has been compiled by the author. The written material should be presented to the group in a brief, didactic mode at the beginning of each group session. The information provides a framework for the exercises experienced by the group members.
Forgiveness implies the existence of wrongdoing, guilt, and resentment. Narramore (1974) stated that "one cannot fully understand the dynamics of . . . problems in emotional living apart from the influence of the guilt emotion" (p. 105). Simonton and Simonton, in their book *Getting Well Again* (1978), implied that holding onto resentments and negative feelings may be antecedents to cancer and other possible illnesses leading to poor health. Therefore, it seems evident that both resentment and guilt may lead to emotional problems and sometimes even create physical difficulties.

Resentment is different from anger. Anger is generally a short-term emotion focused on a single event, whereas resentment is a long-term process (Simonton & Simonton, 1978). If one does not possess an outward action with which to express the anger and, therefore, obtain a resolution to the event, anger builds leading to continued restressing resentment. Many adults may carry such unresolved events from childhood into adulthood by recreating their painful events in their heads. The continued recreating acts as a stressing agent in their lives. Although the experiences from childhood may have been painful and even cruel, holding on to these events and
re-experiencing them takes a tremendous physical and emotional toll (Simonton & Simonton, 1978).

Guilt is another emotion that creates significant problems in daily living. In discussing the nature of guilt, Pattison (1965, 1969) describes four types of guilt: civil guilt, existential ego guilt, ontological guilt, and psychological guilt.

Civil guilt may be described as impersonal and objective. It arises from a violation of civil, objective rules and laws.

Existential ego guilt, according to Pattison (1969), relates to the violation of the relationship between people. This guilt is also objective in that it involves a condition of estrangement between two people. Buber (cited in Tournier, 1956) described this guilt as genuine guilt. It is the breakdown of the I-thou relationship. Therefore, one may describe it as guilt concerning others.

Ontological guilt reflects a person's awareness of him or her self. It belongs to the original state of humankind in the condition of inadequacy (Pattison, 1969) and is what the existentialist views as part of the human condition. Ontological guilt is not the result of negative learning of development but a necessary part of living. Boss (cited in Lindzey & Hall, 1970) stated it clearly when he said, "Man's existential guilt consists in his failing to carry out the mandate to fulfill all his possibilities" (p. 567).
The fourth sphere of guilt is psychological subjective guilt which is an affect or guilt feeling. It is the subjective experience of one's self-condemnation (Pattison, 1969).

The primary focus of this first session will be psychological guilt and genuine guilt. Freud's psychoanalytic theory describes the feelings of guilt as moral anxiety. The individuals who have a well-developed superego may feel guilty when they violate a moral code or even think of doing something contrary to the way they were raised. The implication is that if they violate the code of their parents, they will be punished (Hall & Lindzey, 1970).

The development of this conscience begins in infancy when parents decide it is time for the child to learn. The manner in which the parents respond to the child will begin to shape the child's behavior. During the first early years of development, the child idealizes the omnipotent parents. With their power to approve or disapprove of behavior, the child begins to incorporate parental expectations into his or her developing self. As the child begins to internalize the parental ideals, he or she also incorporates their attitudes toward his or her misbehavior. Just as the child begins to take on the behavior he/she "should" exhibit, he/she also takes on the manner and method of correcting the misbehavior. The child gradually inflicts upon his/herself similar punishment to that which
he or she received from his/her parents. This, according to Narramore (1974), is a forerunner of the guilt emotion.

In order to fully understand this process, let us take a closer look at what happens when a child misbehaves or does not meet parental expectations. The parents may (a) reject the child and withdraw or become angry, (b) punish the behavior, (c) shame the child, (d) ignore the child, (e) love the child and help him/her through talking, or (f) discipline the child in a loving manner. All of these options are available to the parent and can be exercised by the parent. The behavior most exercised will have a significant impact on the child's development. The first four options are the source of later guilt emotions and central to the formation of later emotional problems (Narramore, 1974). Even as the child grows up and leaves home, the incorporated standard continues in the child's mind. When the person falls short or violates the standard, he/she will respond in the manner incorporated from this parental model.

As one can see, most everyone enters adulthood with a fully developed conscience or moral system. This system may be conceptualized in the following manner. Within each individual there is the ideal self. When the self falls short of the standard, a corrective response is triggered. The response emanates from the early responses of the parents, either punitive or loving discipline. To the
degree of the response from the punitive self, one will express the emotion labeled either neurotic guilt or pseudo guilt (Narramore, 1974).

Using these definitions of resentment and guilt, one may look toward a resolution which is the process of forgiveness. Pattison (1965) defined forgiveness as reconciliation of a guilty one and an offended one. Augsburger (1981) defined forgiveness as love being restored and trust being negotiated until constructive relating is achieved. Simonton and Simonton (1978) implied forgiveness is a releasing of the past. Jampolsky (1970) stated that forgiveness becomes a process of letting go and a "vehicle for changing our perceptions and letting go of our fears, condemning judgments and grievances" (p. 65). Thus, forgiveness becomes a process by which one may endeavor to let go of resentments and guilt which hinder growth. Furthermore, forgiveness restores love and negotiates trust, with the goal of reconciling a relationship.

The process defined as forgiveness develops in five steps: confession, remorse, restitution, acceptance, and reconciliation, as adapted from the work of Pattison (1965, 1969). Although forgiveness is often thought of as an event or a particular event in time, it is hypothesized here that forgiveness does not take place at a moment in time. Rather it is a process which occurs over a period of
time and in which participants are active in the letting

go process.

Goal setting is a crucial element for change. It
involves the mind, emotions, and a willingness to look
toward the future. It takes great courage to take control
of one's life in order to make it worthwhile and meaningful.
The first step in this process is goal setting.

Group Exercises

To Group Leader: copy a list of these questions or
write on blackboard for group member to discuss.

When the 10 weeks are completed, how do you want to be
different in regard to forgiveness? To answer that
question, the following additional questions may be
helpful.

1. Have you felt guilt in your life?
2. Has someone hurt you, mistreated you, or abused
you in the past or present?
3. Have you hurt, mistreated, or abused someone else
and what were the consequences?
4. How did or do you seek to resolve guilt feelings?
5. Do you resent others in your life, past and
present?
6. How have the resentments affected your life--
emotionally, physically, and in relationships?
7. Do others resent you?
8. Who needs to forgive you?

9. Whom do you need to forgive?

10. Have you experienced forgiveness in the past?

Discuss these questions in the group. They will be subjects for reflection during the entire process of the 10-week sessions.

Homework

Make a list of your specific goals regarding forgiveness for the 10 weeks. Answer as many additional questions as possible.
SESSION II

CONFESSION

The first step in the process of forgiveness is confession. Confession may be defined as recognizing personal responsibility. It is the acknowledgement of the estrangement in the I-thou relationship. In this model, confession is also the acknowledgement of the resentments one has toward others or possibly the self. It is the prelude to the steps to re-establish a relationship or let go of the resentments (Pattison, 1965, 1969).

Resentment perpetuates the past anger and allows one to hold on to old events and feelings. This holding on creates continued stress on the emotions as well as the body, and we re-experience this stress each time we recall the experience or event (Simonton & Simonton, 1970).

The first step of confession allows one to acknowledge and recall these old experiences and acknowledge their pain and effect on our lives. Regarding guilt, this first step of confession involves the willingness to accept responsibility and a recognition of joint participation. Confession allows oneself and others to assess responsibility and accept it. However, in discussing the acknowledging of responsibility, one often blames, avoids, attempts magical ritual, or denies in order not to assume responsibility for self (Augsburger, 1981). Blame is a significant concept in
confession or acknowledgement, for to blame is to avoid responsibility.

The concept of blame may take two forms. An individual may totally blame others for his or her own actions, behaviors, or self-esteem. In this form the person neglects personal responsibility and has difficulty confessing participation in the process. The second form involves taking total blame and responsibility for the behavior and actions. In this form there is not room for mutual participation, for the individual creates self-condemnation and has difficulty with true confession. The individual's need to relieve personal neurotic guilt masks the true need to recognize the mutual responsibility. Often in self-blame, one distorts feelings through denial (Augsberger, 1981). Self-blame denies anger, hurt, and resentment and allows the individual to remain insulated and self-condemning.

Avoidance also keeps an individual from confessing or accepting responsibility. Denying a problem, a feeling, or behavior helps the person avoid responsibility which is the first step toward forgiveness. Magical ritual may be a form of avoidance as an individual attempts to counteract the guilt by simply saying, "I am sorry, please forgive me," with no attention to feelings or understanding. In this sense, the person attempts to avoid confession and responsibility by using the right words (Augsburger, 1981).
The following chart briefly describes the concept of true confession.

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<th>Absolute Personal Responsibility</th>
<th>Blaming others</th>
<th>Mutual Responsibility</th>
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<tr>
<td>Self Condemnation</td>
<td>Self-Righteousness</td>
<td>Constructive Understanding</td>
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Group Exercises

From the homework of last week, discuss:

1. More specific list of goals and expectations for the group.
2. Whom do I resent?
3. Is it important that I hold on to these resentments?
4. What will happen if I let go of these resentments and in a sense let these people off the hook?

After discussion, begin the relaxation exercises in order to be more fully in touch with the resentments.

Relaxation Exercises

To the group:

1. Become aware of your breathing. Take long, slow breaths from your diaphragm.
2. Take in a few deep breaths and as you let out each breath, mentally say the word relax.

3. Concentrate on your face and feel any tension in the muscles of your face and around your eyes. Make a mental picture of this tension—it might be a rope tied in a knot or a clenched fist—and then mentally picture it relaxing and becoming comfortable, like a limp rubber band.

4. Experience the muscles of your face and eyes becoming relaxed. As they relax, feel a wave of relaxation spreading through your body.

5. Tense the muscles of your face and around your eyes, squeezing tightly; then relax them and feel the relaxation spreading through your body.

6. Move slowly down your body—jaw, shoulders, back, upper-lower arms, hands, chest, abdomen, thighs, calves, ankles, and feet—until every part of your body is more relaxed. For each part of the body, mentally picture the tension; then picture the tension melting away, allowing relaxation.


8. Continue to picture yourself in a very relaxed state in this natural place for two or three minutes.

9. Now look at the events and experiences you feel the guilt and resentment about. Experience and allow the
feelings surrounding these events to surface. Be aware of your body and the effect of the feelings on your body.

10. Take a few deep breaths and allow yourself to relax.

Open the group for further discussion and exploration regarding the relaxation exercises.

Homework

Make a detailed list of resentments. I resent:

_________________________ for ____________________________.
Remorse can best be defined as the recognition of the anger and hostility to self or another and the desire to be reconciled with ourselves or the other person. It is not self-condemnation nor is it self-pity. If one operates from a punitive model of forgiveness, remorse brings depression; however, if one adopts a reconciliation model, remorse can be a motivation to restore a relationship, either to self or others (Pattison, 1965). In another sense, remorse may be the willingness to love again, to forgive, and to allow the restoration of the relationship (Curran, 1960).

One of the key variables to deal with here is the concept of self-inflicted punishment and its origin in the early relationship with the parents. The willingness of the person to begin to explore the early development and concept of self-condemnation is significant to the process of remorse (Narramore, 1974).

The concept of self-condemnation or self-punishment to relieve guilt and resentment in order to restore the relationship has inherent problems. First, when a person inflicts punishment upon him or herself, it always seems more intense in both severity and duration than if inflicted by another. The length of time of this
punishment is interminable (Sexton & Maddoch, 1978). The second implication is that self-punishment generally focuses on the behavior rather than the content. In this sense the individual seeks out the behavior and dwells on the wrongdoing or seeming wrongdoing instead of the broad concept. For example, an adult child may feel guilty for not calling his or her mother every day when, in fact, the mother was an alcoholic and severely neglected the adult as a child. The adult child may feel he or she could have done something to prevent the alcoholism and thus feels responsible for the alcoholic parent. This guilt feeling persists throughout the child's life, and an attempt may be made to relieve the guilt by continuing to reach out to the mother and take responsibility for stopping the drinking. The adult child continues to carry negative feelings about the self. He or she also may resent the neglect of his or her childhood, but it is buried beneath guilt and self-condemnation. The individual has never been allowed to feel the anger and sorrow for the childhood experiences.

Another example may involve a person's feeling guilty when he or she fails to do a particular job perfectly. This guilt may stem from the parental imperative of "If you cannot do the job well, then do not do it." Although the adult child attempts to do the best to his or her ability, when he or she does not fulfill perceived parental expectations, he or she may feel guilty and inflict
self-condemnation. Remorse, in this example, is the willingness to restore the individual's relationship to him or herself and to his or her perceived parent.

Remorse may be further defined as the willingness to reaffirm love for self and others. This second step in the process of forgiveness involves making decisions about one's own value and the value of others. "It begins with a choice to value self and others with equal regard" (Augsburger, 1981, p. 33).

The following steps help describe the concept of remorse as willingness not to condemn self or others but to value and love others and self.

Step 1--To see self and others as having worth regardless of wrongdoing.

Step 2--To see oneself and others as equally precious in spite of pain felt.

Step 3--To cancel the demands on the past, recognizing that changing the unchangeable is impossible.

Step 4--To see oneself as loving, thinking positive thoughts, and acting loving by supporting and encouraging oneself with positive thoughts.

Group Exercises

Love is expressed in each step of the cycle. Mark the steps that you find particularly difficult. Reflect on
difficulties experienced in each. Discuss these in groups of two.

___ a. Seeing. I find it hard/easy to see another as precious after an experience of pain.

___ b. Thinking. I think conflicting/critical thoughts about another which makes it hard to respect the other as a valued person after I have been hurt.

___ c. Feeling. I struggle with mixed feelings for a while before I can begin caring again.

___ d. Willing. I experience a divided well. One side wants to reach out, the other to withdraw or to get even.

___ e. Acting. I find it hard to put my caring into words, or to demonstrate it in action, or to return deeds of loving (Augsburger, 1981).

Also discuss:

I condemn myself for: ________________________________

______________________________

______________________________

Reflect on the following with your partner:

I will choose not to condemn myself but begin to see myself as a person of value.
Come back as a group.

Gestalt exercise: Put self in empty chair and tell self, I choose not to condemn you but begin to see you as a person of value.

Bring out your list of resentments. Have group members read their list of resentments.

Homework

Make a list of what you feel guilty about.
Restitution is the third step to complete forgiveness. Restitution involves re-establishing the conditions for restoring the relationship. Restitution of items or a behavioral response is only one reflection of the meaning of restitution. It also involves re-establishing the conditions of the relationship in regard to feelings. The condition for the restoration rests on the exchanging feelings, the owning of one's own and others' responsibility, and the willingness to love again. Restitution is not a magical ritual, nor is it equivalent to a sense of blame or self-condemnation. It is a restoring process.

What conditions are necessary in order to restore a relationship and complete the process of forgiveness? The first condition involves equal participation in the process. Augsburger (1981) stated that forgiveness offered from a one-up position is not true forgiveness. When a person in a one-up position forgives, he or she is really saying that the relationship in the future is based on his or her benevolence and goodness. "It puts the [forgiven] person in a subordinate position in the relationship. The person being permanently indebted to the other person must live to repay and restore the relationship" (Augsburger, 1981, p. 12).
A second condition also involves joint participation. It involves mutual forgiveness as opposed to a one-way, solo endeavor. "One-way forgiving seems generous, thoughtful, and self-sacrificial. It is generous, but not truly genuine" (Augsburger, 1981, p. 26). When forgiveness is one-way, reality is missing.

**GENEROUS BENEVOLENT**

- One-up
- Dominate
- Control
- Direct
- Help
- Rescue
- Serve

**EQUAL CONCERN FOR MUTUAL SOLUTIONS**

- One-to-One
- "We are forgiven"

**EQUAL REGARD FOR TWO-WAY FORGIVENESS**

- Submit
- Yield
- Depend
- Cling

**ONE-_DOWN**

- INDEBTED "GRATEFUL"

(Augsburger, 1981)

A third condition involves the feeling. Augsburger (1981) stated that one should not forgive when feelings are distorted. Generally, individuals distort feelings through one of the following means: suppression, isolation, or denial. Suppression involves burying feelings believing
that they really have no effect on the self. Denial may involve simple normal forgetting or more likely a detachment from the act. Isolating feelings involves separating thought from feelings in order to manage emotions which may be too painful (Schumer, 1983). Therefore, one may conclude that the third condition requires an acknowledgement of true and genuine feelings by those involved in the process.

A final condition involved in restitution focuses on anger. One must be willing to acknowledge anger in order to move forward in the process of forgiveness. Denial of the anger often results in alienation; therefore, acknowledging and expressing the anger are crucial to the restoration of one's relationship.

Demands are a part of anger. There are just and unjust demands. Often because of a child's fear of rejection or abandonment, he or she suppresses anger and demands. This suppression, as revealed in the first session, may lead to guilt. If one cannot be angry and demand from the parent, the consequences may be depression, guilt, and resentment (Narramore, 1974). It is essential to express the anger. The expression may be toward someone in the here and now or someone from the past. Discovering the source of anger is an important aspect in restitution. Anger may stem from childhood when just demands for attention and care went unmet. It may be in a current or past
love relationship when lack of attention shaped the relationship. The hurt and anger experienced in these relationships need to be discovered and expressed for an individual to complete fully the process toward forgiveness.

Inside All My Feelings of Anger

There are Demands
Demands
Demands
Demands
There are unjust demands
which can be owned, cancelled, forgotten


Group Exercises

Read the list of things you feel guilty about to one another.

To Group Leader: Have each group member do the following exercise individually.

Gestalt technique: Visualize the person you resent or that you feel the most guilt about. Begin to tell the person or persons the resentments or feelings of guilt. Let the feelings surface. If anger is apparent, use a pillow or bat to allow a safe expression of the anger. If sadness, allow the person to cry.
Have group members offer feedback and support to the group member.

Continue on with the next member in the group.

Homework

Write a letter to the person, sharing your feelings, anger, sadness, and so forth. Also share any resentments for feelings of guilt. Bring the letter to the next group session.

To Group Leader: If group members have trouble with this task, have them reflect on the following statements or questions:

Do you put yourself in a one-down position?

Have you put others in a one-down position? I will forgive them when they . . .

I have wronged another person in a situation that was totally my fault.

I have been wronged when it was totally the other person's fault.

It is hard for me to see how I sometimes ask for, contribute to, participate in a conflict even when I know it is, to some degree, my problem too.
SESSION V

RESTITUTION

Review briefly Session IV with the group and continue exercises in Group IV.
SESSION VI

ACCEPTANCE

Acceptance is the mutual recognition of the separation in the relationship of self and the yearning for a reunion (Pattison, 1965). It does not overlook the severity of the estrangement, nor does it retaliate as part of the payment, nor does it use the process for self-justification.

Two concepts important in acceptance include love and releasing of the past. Love, as well as releasing the past, are dynamic processes not static ventures.

As discussed in the session on remorse, the beginning of love is to value others and self with regard. Peck (1978) defined love as the "will to extend one's self for the purpose of nurturing one's own and another's growth" (Peck, p. 81). Peck further commented on the definition by noting that love involves a goal or purpose and helps extend oneself because love involves personal growth which includes self-love. Love is also demonstrable, requiring an effort to maintain a relationship to self and others. Finally, the will is the active ingredient of love, for the will is a desire of sufficient intensity to move to action (Peck, 1978). This type of love is found in forgiveness.

Holding on to the past may create resentment. It may hold one back from the future and keep a person from experiencing the here and now. Holding on to the past is being
emotionally involved with the past experience as though it were actuality. The painful experience of the past may create resentment and keep one from experiencing forgiveness. The process of releasing this past experience is the process of forgiveness and acceptance.

Painful times in the past must be accepted emotionally, not simply rationally. "The heart has a memory too, and it must be allowed to feel its pain fully before releasing its hold on the past" (Augsburger, 1981, p. 50). In regard to these painful memories, one makes demands in an attempt to cope with the pain.

The demands may include a demand to turn back and undo the situation which is impossible; a demand to change the unchangeable which is irrational; a demand to have the other suffer and make amends even in the unchangeable and impossible situation (Augsburger, 1981).

Forgiveness is letting go of the past and allowing what will come to be and experiencing what is now. In forgiving, one finishes the demands on the past and says good-bye with finality. Releasing the past involves sorting out the events and experiences and expressing the feelings and making appropriate new decisions. These events may include childhood hurts and pains inflicted on one as a child or the pain of a broken marriage or relationship. It is important for one to experience the feelings of these events as part of the emotional release. As these
feelings are experienced and allowed to brew into resentment, one can choose to let the past be part of history and embrace the present.

**Letting go** allows one's views, feelings, emotion-laden opinions to become fluid again. It is letting oneself be processed or to be in process. Resentment stops these processes cold and, with Joshua type anger, demands that the sun stand still, that time stop, that the anger of the moment be fixed and unchanging until it exacts its punishment, its total victory.

**Letting go** is accepting one's humanity and recognizing one's powerlessness to force another or coerce satisfaction from the other, or seduce the universe into functioning according to one's pretentious demands.

**Letting go** is relaxing one's grip on pain (Augsburger, 1981, p. 56).

There is power in saying good-bye. It is a clear separation from the past to a new beginning. Not to say good-bye often means to stay stuck in the conflicted feelings of love and hate. The fear of the flood of feelings released keeps the individual stuck in the past. To say good-bye is to feel both the joy and sadness of the separation, to accept both the love and hate in the memory, and to let go of the past without rewriting the history. It is as much of a grief process as a death, for it allows a person to move from a frozen emotional climate toward a future of living in the present.

**Group Exercises**

Read the letters as per the assignment from the last two groups.
Lie down and close your eyes. Be in touch with any feelings of resentment and guilt you might be feeling. Allow any residual feelings of anger and sadness to surface.

Relaxation process. Follow the steps in Group II on Confession.

Positive imagery exercise:
1. Create a clear picture in your mind of the person toward whom you feel resentment and feel guilty about. This person may be yourself.
2. Picture good things happening to that person. See him or her receive love or attention or money, whatever you believe that person would see as a good thing.
3. Be aware of your own reactions. If you have difficulty seeing good things happening to the person, it is a natural reaction. It will become easier with practice.
4. Think about the role you may have played in the stressful scene and how you might reinterpret the event and the other person's behavior. Imagine how the situation might look from the other person's point of view.
5. Be aware of how much more relaxed, less resentful you feel. Tell yourself you will carry this new understanding with you.
6. You may now open your eyes (Simonton & Simonton, 1978, p. 152).
Process the experience as a group, allowing each member to participate.

Homework

Use the positive imagery exercise every day.

Take a piece of paper and write to the person you need to forgive, including yourself. Follow these instructions:

In the left hand column, you are to write, "I forgive you for . . ." Whatever response comes after writing I forgive you for, write in the right hand column. This may be a statement that contradicts I forgive you.

I forgive you for not being around. Not really, you should always be there.

I forgive you for hurting. I wish you hadn't.

I forgive you for leaving Daddy. I really do forgive you.

(Adapted from Bloomfield, 1983, pp. 40-41)
SESSION VII

RECONCILIATION

Reconciliation is the completed process of forgiveness. It is the willingness of the forgiver and forgiven to complete the process until the relationship is restored either with another or with oneself (Pattison, 1965).

Repentance precedes the final process of reconciliation and forgiveness. Repentance is . . . owning what has been done, choosing new behavior, expressing clear intentions for the future. It is one step possible in an act of integrity which recognizes that wrongdoing has occurred, has been acknowledged, and has been dealt with responsibly. When repentance is overlooked, ignored, bypassed, or postponed, the appropriate response is love, not forgiveness (Augsburger, 1981, p. 68).

Love is basic to forgiveness, but it is only one step, not the completed process.

Repentance requires turning from the past and turning to the future. For one to let go of the past does not require denial of what has happened but a recognition that it has taken place and that it is past. This past situation, event, person, or feeling is now history to be accepted and owned, celebrated, or regretted. One cannot dismiss the past by avoiding without stifling emotional growth. "Change comes as one owns the past as one's own. I change not when I am attempting to be what I am not, but when I am owning what, where, who I truly am (and what I
feel). Then I am free to turn from, to change from, to grow" (Augsburger, 1981, p. 73).

If in forgiving one foregoes repentance or attempts to forget justice and integrity, do not trust it. The following chart best describes what may happen if one foregoes or forgets repentance.

<table>
<thead>
<tr>
<th>FOREGO Repenting</th>
<th>FORGIVE in Mutual Repentance</th>
<th>FORGET Repentance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accept the other no questions asked. It's not important.</td>
<td>Face the pain, own the injury, work with feelings, affirm intentions.</td>
<td>Ignore the hurt, smile, accept, be nice.</td>
</tr>
<tr>
<td>↓ Pessimism Resentment</td>
<td>↓ Patience Persistence</td>
<td>↓ Passivity Denial</td>
</tr>
<tr>
<td>↓ Turn off the other.</td>
<td>↓ Turn from past pain.</td>
<td>↓ Turn in on self.</td>
</tr>
<tr>
<td></td>
<td>↓ Turn to a forgiven future.</td>
<td></td>
</tr>
</tbody>
</table>

(Adapted from Augsburger, 1981).

In forgiving, one must be willing to risk. The willingness to move from withdrawing to risking is significant to genuine repentance and forgiveness. One must care enough to reach out to oneself and forgive and to risk again with others.
Group Exercises

To Group Leader: From the homework, have each group member go over his or her list in the following manner:

Use the "I forgive" statements for the people you need to forgive. Use the empty chair exercise and put the person in the chair you need to forgive: parent, self, spouse, and so forth. Have each group member complete the exercise.

Follow the exercise with positive imagery for that person.

Homework

Follow positive imagery steps every day. Also, if possible, go to the person whom you need to forgive or from whom you need forgiveness. Follow the steps, if possible, with the person.
SESSION VIII

RECONCILIATION

Review Session VII and continue with the exercises for group members who did not participate in Session VII.
SESSION IX

GRIEF AND LOVE

Some of the people in the group will find as they work through the first three steps (confession, remorse, restitution) that forgiveness with the other person is not possible. This inability may be due to the unavailability of the other person to work toward forgiveness, the death of the other person, or other extenuating circumstances. When this gap occurs, complete restoration of the relationship is not possible, and the process of forgiveness is thwarted at this juncture. However, resolving the problem of unavailability may be possible through following a process involving three steps.

The first step consists of following the first three steps in the process of forgiveness as outlined earlier: confession, remorse, and restitution. One must acknowledge mutual responsibility, express a willingness to love again, and experience the pain and anger accompanying the desire to restore a relationship. The second step involves the process of letting go. In this regard a person can express the resentments and guilt felt toward the other person. Therefore, one can complete the emotional release necessary for grief and allow him or herself to say good-bye. The final step in this aspect of grief is to look upon oneself and the other as loving. In following these three steps,
one can love the other person again without re-establishing the relationship. The following chart may be helpful in clarifying this process of grief and love.

<table>
<thead>
<tr>
<th>Step I</th>
<th>Step II</th>
<th>Step III</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Acknowledge personal and mutual responsibility.</td>
<td>1. Let go of the past by expressing the resentments and guilt.</td>
<td>1. Look upon self as good and loving.</td>
</tr>
<tr>
<td>2. Express willingness to love again.</td>
<td>2. Say good-bye.</td>
<td>2. Look upon the other person as good and loving.</td>
</tr>
<tr>
<td>3. Re-establish conditions for the relationship by acknowledging pain and anger.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The difference between grief and love and forgiveness is that forgiveness finally reconciles and re-establishes the relationship. One can love and accept the person, but the process of forgiveness is not completed without re-establishing the relationship.

**Group Exercise**

Review first three steps--have group members share their thoughts and feelings regarding the experience.

Visualize the person who is unwilling to participate in the process. You may want an empty chair to visualize.
Share feelings and thoughts. Express any anger you may have.

Visualize the person and say good-bye. Use the words good-bye, for the person is not willing to participate to restore the relationship.

Visualize good things happening and go through the positive imagery process.

Process the experience as a group.

If you are unable to follow the exercise,

... usually, this means you have a stake in continuing the resentment; you are getting something out of it. It might be that your resentment allows you to continue playing the victim, a role that permits you to feel sorry for yourself without having to take responsibility for changing your life. Or you may find that you have carried resentment over a long period of time because you have difficulty accepting the fact that you felt angry or hurt in the first place, and you continue to resent the other person for "making" you feel that way. To make peace with another person's behavior, then, requires that you take a close look at your own (Simonton & Simonton, 1978, p. 156).
SESSION X

PUTTING IT ALL TOGETHER

The five steps to complete forgiveness include confession, remorse, restitution, acceptance, and reconciliation. We have worked with our inner selves to forgive ourselves and others in our lives. The process is merely a prelude to a lifelong process which will be active in our lives daily. The following chart is a conceptual image of the process. This chart can act as a model for assessing and evaluating what is needed to act on the process of forgiveness. It provides a framework for "working through" the concepts presented in the model.

It is vital to remember that forgiveness is a process. It does not happen at a point in time. It is not an event, but a gradual awakening of feelings, responses, acknowledgement, and a willingness to persist toward a resolution.

Group Exercises

Review the model: confession, remorse, restitution, acceptance, and reconciliation. (Give each member a copy of the chart.) How has it worked for the group?

Have group members share their experiences, thoughts, and feelings regarding the group.
### Flow Chart---Forgiveness

<table>
<thead>
<tr>
<th>Forgiveness of Self</th>
<th>Forgiveness with Others</th>
<th>Acceptance Without Full Forgiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deals with genuine and false guilt Resentment towards others and self</td>
<td>Genuine guilt, use the 5-step process Unresolved guilt with others</td>
<td>Steps 1, 2, 3, and grief</td>
</tr>
</tbody>
</table>

**Questions**

1. **Is your guilt genuine?** Yes

2. **Have you violated someone?** Yes

3. **Do you have guilt feelings as a result of others' expectations?** Yes
   - Follow the 5-step process with self
   - a. Acknowledge your responsibility and the other responsible parties.
   - b. Acknowledge anger and willingness to love self
   - c. Re-establish conditions for yourself; acknowledge feeling and demands; own feelings
   - d. Express willingness to love self; release past by expressing feelings; use positive imagery towards self by thinking good things about and for yourself.
   - e. Reconciliation---acknowledge what has been done and own it; choose new behaviors

**Do you have unresolved resentments?** Yes

**Move toward the 5 steps:**
   - a.
   - b. If resentments are toward self, complete all steps.
   - c. If with other person attempts restitution If not possible Grief and acceptance
Is there anyone in this group you need to forgive? Is there anyone in this group you feel you need to ask for forgiveness?

Have group members say their good-byes and share with one another positive feelings and thoughts to one another.
REFERENCES


