Forgiveness is a significant intervention for healing interpersonal injury. Yet therapists do not often use forgiveness intervention. Employing a semantic perspective and a survey design (n = 307), this study investigated whether the language used to rationalize forgiveness intervention (set at five levels: personal growth, relationship reconciliation, spiritual issue, others’ growth, and pardoning/condoning) may affect its acceptability. Gender, problem type, and choice were also included in the analyses. Overall, forgiveness was found to be an acceptable intervention. A pardoning/condoning rationale led to significantly lower acceptability ratings. Other results are discussed. We conclude that therapists should be less apprehensive about using forgiveness, but need to inform themselves better concerning its purpose, process, and articulation.

Among a clinical population, interpersonal hurt in both past and present relationships is common. This hurt may produce depression, anger, bitterness, and/or conflict (McCullough & Worthington, 1994a). Without treatment, the client may suffer twice—once with the original offense and then again with the resentment harnessed toward the offender (Enright & The Human Development Study Group, 1991b). Forgiveness is one possible therapy intervention that may be useful in overcoming and resolving interpersonal hurt. Since the mid-1980s, the literature on forgiveness in psychotherapy has rapidly grown (Walrond-Skinner, 1998). Forgiveness has been reported to be an effective therapeutic intervention for a variety of different conditions and situations, including anger and depression (Fitzgibbons, 1986), catharsis and peace with cancer patients (Phillips & Osborne, 1989), guilt (Joy, 1985), family-of-origin issues (Hope, 1987), sexual abuse and compulsions (Freedman & Enright, 1996), and marital therapy (Worthington & DiBlasio, 1990). Forgiveness has also been identified as one of the top 10 characteristics of a long-term first marriage (Fenell, 1993). Thus, forgiveness appears to demonstrate clear potential to bring about individual and interpersonal healing, through removing emotional burdens, bringing peace, and in some cases restoring relationships (Enright & The Human Development Group, 1991b). Although there have also been criticisms of forgiveness intervention (Bass & Davis, 1988; Engel, 1989; Forward, 1989), there are yet no empirical studies supporting this presumptive position.

Surprisingly, although forgiveness has received empirical as well as theoretical, theological, and lay support, research indicates that forgiveness is still not widely used in therapy or widely researched (DiBlasio, 1992; DiBlasio & Proctor, 1993). This may be due in part to conceptual confusion regarding forgiveness. A variety of both lay and scholarly definitions for forgiveness contribute to ambiguity and confusion regarding what forgiveness is (DiBlasio, 1998), and perhaps to ambivalence regarding its use for...
personal and interpersonal healing.

Common definitions of forgiveness confound forgiving with issues of justice and consequences, and with other acts, such as pardoning or condoning the offense. For example, in *Webster’s New World Dictionary* (1990, p. 233), to forgive is “to give up resentment against or the desire to punish; pardon (an offense or offender).” North’s (1987, p. 502) interpersonally focused definition is a widely accepted definition of the forgiveness process:

If we are to forgive, our resentment is to be overcome, not by denying ourselves the right to the resentment, but by endeavoring to view the wrongdoer with compassion, benevolence, and love while recognizing that he has willfully abandoned his right to them.

DiBlasio and Proctor (1993, p. 179) reported that, although the majority of therapists they studied had a favorable impression of forgiveness, they yet reported a “deficit in the theoretical application of forgiveness techniques to their practices.” If therapists do not have well-articulated models of forgiveness at their disposal, they may be equally unprepared to articulate its purpose and process in therapy. Lay understanding of forgiveness may vary even more widely. Combined therapist-client confusion regarding forgiveness may handicap its perceived acceptability as a therapy intervention, even where the presence of a significant betrayal seems to recommend it.

Given reports on the benefits of forgiveness, the need for conceptual and clinical clarity is clear. Such efforts are needed to enable forgiveness to be used more often in therapy. Perhaps this lack of clarity is one reason that forgiveness intervention is neglected. Criticisms of clinical forgiveness work, noted by some researchers (Freedman & Enright, 1996; McCullough & Worthington, 1995), may arise from less acceptable or merely less articulate rationalizations of forgiveness intervention. For example, some have equated forgiveness with pardoning, condoning, and reconciliation (Enright & The Human Development Group, 1991b; Freedman & Enright, 1996; Veenstra, 1992; Worthington, 1998). Therapists so informed may present forgiveness intervention in a way that clients find less acceptable; hence, the therapists may experience “struggle” related to forgiveness intervention and set it aside (Butler & Bird, 2000). The purpose of our study was to examine whether different rationales given for forgiveness would be associated with differences in acceptability of forgiveness as a therapeutic intervention.

**REVIEW OF THE LITERATURE**

Although there have been a variety of nonempirical articles on forgiveness, including reviews and critiques (Enright, Eastin, Golden, Sarinopoulos, & Freedman, 1992; McCullough & Worthington, 1994a; McCullough & Worthington, 1994b; Sells & Hargrave, 1998); religious views (Pingleton, 1989; Rosenak & Harden, 1992; Wahking, 1992); conceptual models (Al-Mabuk, Dedrick, & Vanderah, 1998; Aponte, 1998; Enright and The Human Development Group, 1991b; Enright & The Human Development Study Group, 1994; Enright & The Human Development Study Group, 1996; Fitzgibbons, 1986; Hope, 1987; Walrond-Skinner, 1998); forgiveness scales and measures (Hargrave & Sells, 1997; Mauger et al., 1992; Pollard, Anderson, Anderson, & Jennings, 1998); and clinical models (Cunningham, 1985; DiBlasio, 1998; Enright & The Human Development Group, 1991b; Veenstra, 1992; Worthington, 1998; Worthington & DiBlasio, 1990), there are considerably fewer empirical studies.

**Empirical Studies**

Among the relatively few empirical investigations of forgiveness, only three have studied its clinical efficacy. Hebl and Enright (1993) examined the effectiveness of forgiveness in therapy through the use of a 17-unit process intervention for forgiveness with 12 elderly females who were angry with someone at that time. Participants discussed the meaning of forgiveness, specifying the things that forgiveness does not include, such as forgetting and pardoning. In comparison with a control group, the experimental group showed significantly less anger and negative emotions, with more love and positive affect toward the offender. The rationale given for forgiveness—that it is not pardoning, may have contributed to the clients’ acceptance and implementation of the forgiveness intervention. Freedman and Enright (1996) used the same 17-unit process intervention for forgiveness with incest survivors. Experimental group scores were signifi-
cantly lower on depression and anxiety, and significantly higher on forgiveness and hope, when compared to the control group and when compared to their own pretest scores. The effectiveness of forgiveness in these studies recommends investigating why forgiveness is not used more in therapy.

A recent study (McCullough & Worthington, 1995) suggests an explanation for underutilization of forgiveness in therapy. This study compared two group therapy interventions using forgiveness with a waiting-list control group. The only difference between the two experimental groups was the rationale for forgiveness work—forgiveness for relationship reconciliation or forgiveness for physical and emotional benefits for the forgiver. Subjects in both experimental groups reported more desire for reconciliation, more positive feelings toward the offender, and less desire for revenge than did the control group. Surprisingly, the personal-growth group was more effective than the relationship reconciliation group at reducing feelings of revenge, while also increasing affirming thoughts and feelings toward the offender. Clearly, the rationale for forgiveness may be an important part of forgiveness intervention. Further research is needed that examines the treatment acceptability of forgiveness using other common rationales.

Studies on Therapists and Forgiveness

Despite literature suggesting its therapeutic value, both individually and relationally, most therapists do not use forgiveness regularly (DiBlasio, 1991, 1992; DiBlasio & Proctor, 1993). Nor are religious therapists any more likely to use forgiveness intervention (DiBlasio & Benda, 1991). Diblasio and Proctor (1993, p. 179) found that “the majority of therapists had a favorable impression of forgiveness; however, they reported a deficit in the theoretical application of forgiveness techniques to their practices.” Perhaps therapists lack adequate conceptualization or a working model of forgiveness. This could, in turn, lead to problems and confusion in articulating a rationale for forgiveness intervention. In summary, most therapists view forgiveness as a beneficial technique, and studies have demonstrated the therapeutic effectiveness of forgiveness intervention in therapy, yet it is not being regularly used.

Rationales for Forgiveness and its Treatment Acceptability

As hypothesized, significant variability in therapists’ and clients’ conceptions of forgiveness may account for its underutilization. Poor articulation could lead to ambiguity, confusion (DiBlasio, 1998), or outright misrepresentation of forgiveness to clients as a possible therapy intervention, making it less acceptable. Enright and the The Human Development Study Group (1991a, p. 493) argue that “a therapist must have an adequate definition of interpersonal forgiveness before introducing the topic to clients.” Enright and The Human Development Study Group (1991b) assert that there are different ways in which forgiveness has been misconstrued, and Cunningham (1985) believes that many people have a difficult time forgiving because they learned and experienced ineffective notions of what it means to forgive. Many misconceptions of forgiveness appear to relate to its association with relationship reconciliation, pardoning, or condoning. Combined therapist–client confusion or inarticulate rationalization of forgiveness may lead to ambivalence on the part of clients, whereupon the therapist may determine that forgiveness intervention should be set aside, viewing the client as disinterested or unprepared for forgiveness work. Thus, the definition and specific wording of forgiveness in therapy may be critical.

Reconciliation. Freedman and Enright (1996) believe that the association of forgiveness with reconciliation has led to criticism of its use. Nevertheless, some authors believe that reconciliation and forgiveness are inseparable (Hargrave, 1994; Power, 1994). However, others assert that forgiveness and reconciliation are distinct, independent actions (Enright & The Human Development Study Group, 1991b, 1996; Worthington, 1998). In contrast to forgiveness, offered by the offended person, Freedman and Enright (1996) believe that reconciliation is the offender’s responsibility and occurs when the offender recognizes his or her wrong and takes actions to correct the offending behavior. They further argue that forgiveness takes place when the offended gives up feelings of hatred or resentment, but does not necessarily restore the relationship with the offender. Aponte (1998, pp. 43–44) also recognizes a difference between reconciliation and forgiveness, stating that “reconciliation [is] distinct from the moral decision to forgive. The choice to forgive [only] opens the door . . . to reconciliation, if safe, prudent, and right.”

Pardoning. A second misconstruing of forgiveness is when it is coupled or equated with pardoning
Pardoning may allow perpetrators to continue causing more damage. Freedman and Enright (1996) believe that a person can forgive and still expect justice to be served. Significantly, it is in fact probable that forgiveness and justice are in harmony with each other in representing invitation and provocations to change and growth.

**Condoning.** A third possible misconstruing of forgiveness is equating it with condoning (Worthington, 1998; see also Forward, 1989). Freedman and Enright (1996) again clarify conceptualization, asserting that when the offended condones an offense, he or she puts up with it—often coming to the belief that there was no real injury. Enright and the Human Development Study Group (1991b) hold that forgiveness overcomes the resentment with love and compassion, whereas condoning denies the resentment and the offense, an approach more likely to exacerbate and complicate than resolve the hurt and injury.

**Diverse Models and Conceptualizations of Forgiveness**

Some models of forgiveness also lend themselves to varying understandings of what forgiveness is. Such diversity among models suggests that the rationales given for forgiveness would vary, and perhaps in clinically significant ways. In a model presented by Fitzgibbons (1986), the therapist asks the client to spend time letting go of anger. The therapist may be unaware, however, of how the client receives this advice. The client may associate “letting-go-of-anger” forgiveness as a form of condoning or excusing the offender.

Rosenak and Harnden (1992), in a recent model of forgiveness, report that clients pass through hurt, anger, and information gathering stages. Subsequently, the client is ready for the forgiveness stage, which includes reframing, releasing desire to retaliate, and wishing the offender well. Articulating forgiveness as “wishing the offender well” may lead clients to misconstrue forgiveness as recommending reconciliation, pardoning, or even condoning. Just as McCullough and Worthington (1995) found that the simple substitution of the word “reconciliation” with “self-enhancement” made a difference in forgiveness scores, so it can be surmised that the careful and complete rationalization of forgiveness may affect its acceptability and effectiveness in therapy.

Hargrave’s (1994) forgiveness model appears to suggest that forgiving means a reestablishment of trust leading to reconciliation. He also asserts that if the client is not ready for this, “true forgiveness” will not take place. This may lead clients to feel frustrated, or worse, guilty, believing that they are not able to forgive (and thus, not heal) because they cannot reconcile with the offender. Forgiveness so construed may frequently be unacceptable to severely traumatized, victimized, or betrayed persons. Clearly, conceptualizations of forgiveness vary significantly across models. The potential for this variability to lead to diverse rationales for forgiveness work, with attendant clinically significant differences in treatment acceptability and outcome, is also evident.

Following extensive review of empirical literature on variables related to therapist–client struggle in therapy and subsequent clinical outcomes, Butler and Bird (2000) conclude that accommodation in therapy is related to reduced struggle and ultimately to successful outcomes. Accommodation occurs as therapists and clients negotiate a mutual and acceptable “world view”—including problem definition and understanding of the structure and shape of change and healing work. Clearly, therapy invokes a systemic therapist–client relationship that requires goodness of “fit” to function effectively (Wright, Watson, & Bell, 1996). Language profoundly influences clients’ perception of the “fit” of therapy as a whole and any intervention in particular. Ineffective, confusing, or problematic rationales for forgiveness intervention may negatively affect its treatment acceptability and lead to its exclusion from the therapy. This, in turn, could limit therapy, impair clients, and hinder attainment of desirable clinical outcomes. Investigation of clients’ perceptions of rationales for forgiveness may hint at the theoretical basis behind a treatment-acceptable model of forgiveness. But overall, it is not within the scope of our investigation to articulate a complete model of forgiveness. Our delimited purpose is to delineate the core rationale(s) that clients find acceptable for forgiveness work. The following questions were investigated: (1) Will acceptability of forgiveness intervention differ as a function of the rationale offered?; (2) Will overall or by-rationale acceptability of forgiveness differ as a function of respondent gender?; (3) Will acceptability of forgiveness differ as a function of the type of problem?; and (4) Will acceptability of forgiveness differ as a function of wording suggesting that forgiveness work is voluntary or mandatory?
METHOD

Participants
Participants were recruited using quota sampling (de Vaus, 1995), which attempts to construct a representative sample without random selection. Participants were recruited by university students with family homes throughout the United States. Recruiters each identified 5–10 couples who were married, were not from the same three-generational family, and half of whom were between 25 and 35 years old, and half of whom were 36 or older.

Participants in this study were 318 of 862 recruited spouses, yielding a response rate of 37%. Of the 318, 11 surveys had missing data, bringing the used sample size for analyses to 307. Participants were spouses married 1–67 years, with a mean of 17 years marriage. Of the total sample, there were 171 wives (54%) and 145 husbands (46%). Age of participants ranged from 21 to 82, with a mean age of 41 for wives and 43 for husbands. Participant spouses were from various parts of the United States. Ethnicity of participants was predominantly Caucasian (88.1%). Other participants were Asian (4.7%), Hispanic (1.9%), African American (1.6%), and Native American (0.6%). Religious affiliations included Catholic (6.0%), Protestant (8.5%), Church of Jesus Christ of Latter-day Saints (75.2%), Muslim (0.3%), Jewish (0.3%), Other (4.4%), and None (4.1%). The modal income range of participants was $40,000–$74,999 (44.7%), followed by $75,000+ (31.1%). Subjects’ levels of education varied from high school (16.4%), associate’s degree (24.2%), bachelor’s degree (33.0%), to graduate degree (24.2%).

Design and Procedures
A quasi-experimental survey design was used to investigate differences in reported acceptability of forgiveness intervention as a function of four independent variables: rationale, choice, problem type, and gender. The variable rationale was within subjects, whereas the other three variables were between subjects. The single dependent variable in this study was the reported treatment acceptability of forgiveness.

Each participant was randomly assigned one of three hypothetical problem types described in a brief vignette—domestic violence, sexual affair, or sexual abuse. One-half each of the participants also randomly received either the voluntary or the mandatory forgiveness wording condition. Participants were instructed to read the case vignette (problem type). Next, each participant read the first hypothesized therapist dialogue (rationale with mandatory or voluntary phrasing; see Appendix), and then rated the treatment acceptability of forgiveness as a clinical focus using the Treatment Acceptability Questionnaire (Hunsley, 1992). After rating the first rationale, each participant proceeded to read the second, third, fourth, and fifth rationales, rating each rationale according to its perceived treatment acceptability. To avoid any systematic biases, sequencing of the rationales (hypothesized therapist dialogue) was randomized across participants. Each participant spouse was asked to complete the questionnaire independently.

Independent and Dependent Variables, Quasi-Experimental Conditions, and Manipulations
Rationale. The first phrasing or wording variable, rationale—a nominal variable at five levels—was the explanation offered to a person for why forgiveness could be an important focus in therapy (see Appendix). A personal growth and healing rationale advocated clinical forgiveness work as beneficial for the offended person. A spiritual issue rationale advocated forgiveness work for the sake of the offended person’s spirituality and spiritual relationships (e.g., with deity). A relationship reconciliation rationale promoted forgiveness for relationship healing, such that the offender and offended could be reconciled. Another’s growth rationale advocated forgiveness to help the offender heal and grow. A pardoning and condoning rationale promoted forgiveness work as a process whereby the offending person is pardoned and the offended person works to “let go of their anger, forget, and move on.”

Choice. The second phraseology/wording variable, choice—a dichotomous nominal variable—suggested (as part of any of the five rationales) whether forgiveness work was a voluntary/optional or mandatory/essential aspect of treatment (e.g., “Forgiveness is imperative for personal growth and healing,” vs. “Forgiveness is a choice you can make for personal growth and healing”).

Problem type. The third independent variable, problem type, referred to the type of offense for which
forgiveness work was proposed. Problem type consisted of three hypothetical yet common issues in therapy. The first case depicted a couple who had experienced a single incidence of domestic violence sometime in the past. The second case described a couple who had been dealing with an on-going extramarital affair. The last case portrayed a client who had survived childhood sexual abuse. Each research participant received one case vignette and five rationales. One-half of the participants received rationales employing voluntary language and the other one-half of the participants received rationales containing mandatory language.

**Gender.** The final independent variable was the gender of the participant.

The single dependent variable in this study was participant-reported treatment acceptability of forgiveness intervention in therapy.

**Instruments**

Instruments used in this study were the Treatment Acceptability Questionnaire (Hunsley, 1992), three case vignettes, the rationales given for forgiveness, and a demographic questionnaire.

**Treatment Acceptability Questionnaire.** Hunsley’s (1992) Treatment Acceptability Questionnaire (TAQ) was used to evaluate the acceptability of forgiveness work in therapy. The TAQ is a 6-item, 7-point Likert-based scale developed to assess the acceptability of various treatments/interventions across different therapeutic modalities (Hunsley, 1992). The six questions focus on the following: treatment acceptability, how ethical the treatment is, the effectiveness of the treatment, any possible side effects from the treatment, how knowledgeable the therapist recommending the treatment is perceived to be, and how trustworthy the recommending therapist is perceived to be. The TAQ provides a reasonable index of the “mutuality” or “fit” attained for with therapist and for forgiveness intervention in consequence of the rationale offered for the intervention. The TAQ has proven to be an effective measure of treatment acceptability (Hunsley, 1992) with Cronbach’s $\alpha$ values ranging from $.74$ to $.81$, and a 3-week test–retest reliability value of $r = .78$. Correlational analyses of concurrent validity with the Treatment Evaluation Inventory (TEI; Kazdin, 1980) yielded an $r = .87$.

**Phrasing of forgiveness.** The wording of forgiveness conditions (i.e., rationales, choice, problem types) were developed for this study by the authors. No indications of their validity are currently available. Sequencing of rationales was randomized across participants.

**RESULTS**

**Treatment Acceptability of Forgiveness Work by Rationale, Problem Type, Choice, and Gender**

A repeated measures analysis of variance was conducted. The independent variables were rationale (within subjects), problem type, choice, and gender (all between subjects), and the dependent variable was the acceptability of forgiveness intervention (TAQ). For choice neither a statistically significant main nor an interaction effect was observed. This variable was thus dropped from the model and the overall multivariate analysis of variance (MANOVA) was run a second time. The overall $F$ for rationale was statistically significant ($F[4, 305] = 72.08, p = .000$). Thus, the rationale, wording, or phrasing of forgiveness significantly determined respondents’ judgment of the acceptability of forgiveness intervention in therapy. Although there were no main effects observed for problem type or gender, there were significant interactions observed between rationale and problem type and between rationale and gender. No interaction was observed for the three independent variables together (rationale x problem type x gender) or between problem type and gender.

To preserve the matched-sample design, separate paired-samples t-tests for rationale were conducted for each possible pair-wise comparison. There were no significant differences for any of the pair-wise comparisons between personal growth, spiritual issue, and relationship reconciliation. All other pair-wise comparisons were significantly different. Thus, personal growth ($M = 5.20$), spiritual issue ($M = 5.09$), and relationship reconciliation ($M = 5.08$) were all significantly more acceptable than others’ growth ($M = 4.31$) and pardoning/condoning ($M = 4.11$). Others’ growth was also significantly more acceptable than pardoning/condoning.
TABLE 1
One–way ANOVA of TAQ Scores by Problem Type for Forgiveness Rationales

<table>
<thead>
<tr>
<th>Forgiveness rationale</th>
<th>Problem type</th>
<th>n</th>
<th>M</th>
<th>SD</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal growth</td>
<td>Domestic violence</td>
<td>116</td>
<td>5.19</td>
<td>1.28</td>
<td>1.21</td>
<td>.300</td>
</tr>
<tr>
<td></td>
<td>Sexual affair</td>
<td>96</td>
<td>5.06</td>
<td>1.56</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sexual abuse</td>
<td>95</td>
<td>5.34</td>
<td>1.16</td>
<td></td>
<td></td>
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<tr>
<td>Spiritual issue</td>
<td>Domestic violence</td>
<td>116</td>
<td>5.15</td>
<td>1.46</td>
<td>.24</td>
<td>.785</td>
</tr>
<tr>
<td></td>
<td>Sexual affair</td>
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<td>5.08</td>
<td>1.43</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Sexual abuse</td>
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<td>5.02</td>
<td>1.24</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relationship</td>
<td>Domestic violence</td>
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<td>5.25</td>
<td>1.16</td>
<td>2.75</td>
<td>.065</td>
</tr>
<tr>
<td>reconciliation</td>
<td>Sexual affair</td>
<td>96</td>
<td>5.07</td>
<td>1.08</td>
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<td></td>
</tr>
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<td>4.87</td>
<td>1.24</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others’ growth</td>
<td>Domestic violence</td>
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<td>4.52</td>
<td>1.43</td>
<td>1.91</td>
<td>.150</td>
</tr>
<tr>
<td></td>
<td>Sexual affair</td>
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<td>4.20</td>
<td>1.41</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Sexual abuse</td>
<td>95</td>
<td>4.17</td>
<td>1.51</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pardoning/condoning</td>
<td>Domestic violence</td>
<td>116</td>
<td>4.52</td>
<td>1.45</td>
<td>6.45</td>
<td>.002**</td>
</tr>
<tr>
<td></td>
<td>Sexual affair</td>
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<td>3.80</td>
<td>1.61</td>
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</tr>
<tr>
<td></td>
<td>Sexual abuse</td>
<td>95</td>
<td>3.94</td>
<td>1.68</td>
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</tr>
</tbody>
</table>

* p < .05 ** p < .01 *** p < .001

Treatment Acceptability of Forgiveness and Problem Type

The absence of a main effect for problem type indicates that there was no difference in the acceptability of forgiveness intervention on the sole basis of the type of presenting problem: sexual abuse, sexual affair, or domestic violence. There was, however, a significant interaction effect between problem type and rationale ($F [8, 305] = 2.88, p = .004$). Separate one-way analyses of variance (ANOVA) across the five rationales were performed for problem type. Significant differences by problem type were observed for a pardoning/condoning rationale ($F [2, 307] = 6.447, p = .002$; see Table 1).

Post-hoc analysis, using Tukey’s HSD multiple comparison, revealed that when presented with a pardoning/condoning rationale, forgiveness intervention was rated as significantly more acceptable for domestic violence than for presenting problems of either sexual abuse ($p = .019$) or sexual affairs ($p = .002$). Thus, for sexual issues, both husbands and wives reported that forgiveness, as a focus in therapy, was marginally unacceptable when presented in terms of pardoning/condoning. For domestic violence, in contrast, forgiveness was reported to be somewhat acceptable as a focus in therapy when cast as pardoning or condoning.

Treatment Acceptability of Forgiveness and Gender

There was no main effect for gender. Overall, men and women view forgiveness as equally acceptable. There was, however, a significant interaction effect between gender and rationale ($F [4, 305] = 5.46, p = .000$). Independent-samples $t$-tests revealed that there were significant differences by gender for others’ growth and for pardoning/condoning rationales (see Table 2).

Husbands reported forgiveness work based on an others’ growth rationale as significantly more acceptable than wives did, although neither husbands nor wives found such a rationale any more than
somewhat acceptable. Notably, husbands viewed an others’ growth rationale as more acceptable than wives did regardless of the type of problem—sexual abuse, sexual affair, or domestic violence. Husbands also reported forgiveness work in therapy based on a pardoning/condoning rationale as significantly more acceptable than wives did, again irrespective of problem type. However, neither husbands nor wives approved very highly of a pardoning/condoning rationale.

Treatment Acceptability of Forgiveness and Religious Affiliation

Analyses were conducted to determine whether the high percentage of participants affiliated with The Church of Jesus Christ of Latter-day Saints influenced the results. Independent samples t-tests indicated that there was no significant difference on the overall acceptability of forgiveness between this group of participants (n = 232) when compared to those with another religious affiliation (n = 59; t [289] = –2.221, p = .303). Further analysis revealed that there was no significant difference between these two groups on the different rationales for forgiveness. Thus no difference in the acceptability of forgiveness by religious affiliation was observed.

By way of an aside, we also recognized that a large majority of the sample claimed some religious affiliation (n = 291). To determine whether the results are applicable only to religiously oriented clients, we compared this group to those participants claiming no religious affiliation (n = 13). Although the sample is small, the analysis revealed that there was no significant difference between these two groups on the overall acceptability of forgiveness interventions (t [302] = –1.078, p = .364). However, when looking at the separate rationales for forgiveness, there was a difference between the groups on the spiritual issue rationale (t [308] = –3.617, p = .007), and the others’ growth rationale (t [305] = –.074, p = .021), these two rationales being less acceptable for those participants who claimed no religious affiliation. It is important to note that these results may be spurious because of the small number of participants claiming no religious affiliation and, thus, need to be considered with caution.

Overall Treatment Acceptability of Forgiveness

It also seemed important to learn if, overall, participants found forgiveness to be an acceptable
therapeutic intervention regardless of the rationale given for forgiveness. An overall TAQ forgiveness score was calculated by combining scores from each of the rationales and dividing that number by 5 (the total number of rationales). To determine if the overall acceptability of forgiveness (the mean TAQ score for all rationales, for all subjects) was significantly different from the neutral value of 4, a single-sample t-test was run. The overall acceptability of forgiveness test was significant ($t_{307} = 13.12, p = .000$), with a mean value of 4.75, indicating that most respondents, regardless of rationale, choice, problem type, and gender, found forgiveness acceptable.

However, unequivocal endorsement of forgiveness work in therapy was not apparent. The range of values from 1.47 to 7.0 indicates that there was a significant subgroup who found a focus on forgiveness in therapy, at least with some types of wording or phrasing, unacceptable.

**DISCUSSION**

The purpose of this study was to gain a better understanding of why forgiveness is not used more frequently in therapy, given evidence of its therapeutic value. It was hypothesized that one possibility for its infrequent use might be that the language therapists use when describing forgiveness intervention may negatively affect its acceptability, as may be manifest in clinical struggle (Butler & Bird, 2000), leading the therapist to set aside forgiveness intervention. The current study investigated a portion of this hypothesized sequence in therapy, specifically, the relation between the therapist’s phrasing or rationale for forgiveness intervention and participants’ ratings of its acceptability. This hypothesis received some support.

Before discussing our findings, it is important to consider key limitations of the study. First, respondents were hypothetical clients only, and may or may not have had any experience with the problems presented in the vignettes. The acceptability of forgiveness intervention could be significantly different among clinical couples with actual experience of these offenses. Second, the homogeneity of the sample certainly may limit generalizability to religious couples. Third, the probability that wives would perceive themselves as the stereotypical victims and husbands the stereotypical perpetrators (or at least at reduced risk) of the described offenses (domestic violence, sexual abuse, sexual affair), could have affected the profile of responses by gender. Fourth, although the individual was the subject of analysis in the study and each participant was instructed to respond independently of his or her spouse, there may have been some systematic biasing of responses because of the lack of independence of data, given that in the majority of cases both husband and wife responded. Finally, the marginal response rate (37%) may have systematically biased the results in unknown ways. We interpret our results within this context of actual and potential limitations.

**Phrasing of Forgiveness Intervention and its Treatment Acceptability**

Significant differences were observed on the basis of the rationale for forgiveness work. The personal growth, spiritual issue, and relationship reconciliation rationales were rated as significantly more acceptable than others’ growth and pardoning/condoning rationales. Based on previous research (McCullough & Worthington, 1995), a significant difference in the acceptability of forgiveness intervention rationalized for personal growth versus relationship reconciliation was expected, but not found. McCullough and Worthington (1995) found that the group in their study which was encouraged to forgive for self-enhancement did better at increasing affirming thoughts, reducing feelings of revenge, and promoting conciliatory behaviors and thoughts than the group which was encouraged to forgive to help restore relationships with the offender.

One possible explanation for the discrepancy may be sampling differences. McCullough and Worthington’s (1995) was a college-aged sample, whereas ours had a mean age of 42 and 17 years marriage. Married couples with significant relationship histories and forgiveness opportunities may have developed more adaptive relationship attitudes and values, including understanding the role of forgiveness in preserving valued relationships. Thus, these couples may more readily perceive and value the use of forgiveness for relationship reconciliation than unmarried, college-aged young adults. This discrepancy highlights the need for research using participants of similar age and life and relationship experience as
might be expected for those presenting in therapy.

Although no empirical studies have investigated the spiritual issue rationale, there have been articles suggesting that therapists have not used forgiveness as an intervention because of its religious connotation (DiBlasio, 1992; Hope, 1987). Although this may be a concern for therapists, it does not appear to be so for these hypothetical clients. This study found that when forgiveness was worded as a spiritual issue, it was significantly more acceptable than others’ growth and pardoning/condoning rationales, and no less acceptable than personal growth or relationship reconciliation rationales. However, as would be expected, there was a significant difference in the acceptability of a spiritual issue rationale between religiously affiliated and nonreligiously affiliated participants. In the interests of appropriate accommodation in therapy, (Butler & Bird, 2000; Butler & Wampler, 1999) therapists should of course avoid a spiritual rationale with clients disinclined toward a theistic worldview.

**Phrasing of Forgiveness and Problem Type**

Problem type by itself had no effect on the acceptability of forgiveness intervention. However, in combination with a pardoning/condoning rationale, husbands and wives both rated forgiveness as more acceptable in conjunction with a domestic violence problem than with either a sexual abuse or sexual affair problem. People may be more accepting of a pardoning/condoning rationale if the offense was a one-time incident of domestic violence. Another possibility is that clients may find it easier to pardon or condone violence than sexual offenses. To the extent this suggests minimization of violence in our society, it warrants attention. In cases of recovery from domestic violence, or for any other offense, we ourselves do not recommend rationalizing or articulating forgiveness in terms of pardoning/condoning. Rather, we suggest that therapists explain to clients that forgiveness is not synonymous with pardoning or condoning an offense.

Problem type, however, needs to be interpreted cautiously. It is possible that the variable represented in problem type is not the problem itself, but perceived severity of the problem. It may be that people differentiated domestic violence from sexual abuse and sexual affair because domestic violence was described as a less severe, one-time, historical incident, whereas the sexual abuse vignette describes a severe problem, and the sexual affair vignette describes an on-going extramarital affair. Results might have been different if domestic violence had been described as a more severe, ongoing problem. We cannot conclude whether internal validity for the problem type variable is best reflected by its current nomenclature or as problem severity.

**Phrasing of Forgiveness and Gender**

This study found no significant differences in acceptability of forgiveness intervention based on the participant’s gender. But although gender by itself had no effect, in combination with rationales of others’ growth and pardoning/condoning, an effect was observed. Husbands found each of these rationales more acceptable than did wives. A potential confounding variable is the possibility that husbands viewed themselves as the stereotypic perpetrator and wives viewed themselves as the stereotypic victim in each of the three vignettes. Thus, it is difficult to interpret the constellation of both observed effects and absence of effects by gender.

**Clinical Implications**

The results of this study have several implications for therapists when working with couples, individuals, and families. First, the overall finding that, in general, respondents view forgiveness as an acceptable intervention in therapy allows therapists to be less apprehensive about using forgiveness in therapy. The results also imply that therapists should be selective about how they rationalize and articulate forgiveness intervention. The findings of this study suggest that forgiveness be phrased or worded, organized, and carried out as an intervention that will be personally beneficial to the clients (e.g., a personal growth, spiritual issue, and/or relationship reconciliation intervention). Therapists would want to avoid advocating, organizing, or carrying out forgiveness intervention solely as a benefit to the offender.

In light of our results, we must consider a view put forward by Enright and The Human Development...
Study Group (1991b) that forgiveness for self-help purposes alone may not be clinically complete forgiveness: “A counselor should resist interpreting forgiveness as exclusively or even primarily a self-help approach. Exclusive self-help and forgiveness are oxymoronic and such an emphasis on self may prove confusing to those clients who possess philosophical, religious, or historical knowledge of forgiveness” (Enright et al., 1992, p. 99). We concur with Walrond-Skinner (1998) that authentic forgiveness is both altruistic and self-regarding. Based on the findings here, however, we recommend that therapists include an articulation of personal benefits in their rationalization and implementation of forgiveness intervention in therapy. Developmentally speaking, it may be that Enright et al.’s and Walrond-Skinner’s philosophically and theologically informed view of forgiveness is illuminated and relevant to clients only later on in their forgiveness work, while the anticipation of personal benefits is relevant from the outset.

It would also be beneficial to know clients’ expectations and/or values before offering a forgiveness intervention, to decide both how to rationalize forgiveness and the framework within which it needs to be carried out in order to be acceptable. For example, if a client comes to therapy wanting to heal from an interpersonal hurt, the therapist needs to know if reconciliation is a desired outcome. If there were safety issues, the therapist would definitely want to challenge relationship reconciliation as a desired postlude to forgiveness. In addition, the results of this study suggest that therapists can offer a forgiveness intervention for a variety of presenting problems. In this study, participants found forgiveness acceptable for the presenting problems of sexual abuse, sexual affairs, and a single incident of domestic violence. These findings add to those of past studies that found success in using forgiveness with diverse client populations for various presenting problems: anger (Hebel & Enright, 1993), sexual abuse (Freedman & Enright, 1996), and interpersonal hurt (McCullough & Worthington, 1995). Further research is needed to look at forgiveness with other presenting problems. Finally, we suggest that therapists be mindful of both their own attitudes toward forgiveness and their own acceptance of forgiveness intervention.

Literature on the efficacy of forgiveness (DiBlasio, 1992; DiBlasio & Proctor, 1993) begs the question, “Why is forgiveness not used more often by therapists?” We hypothesized that the language therapists use when advocating or offering forgiveness intervention may negatively affect its acceptability with clients. This could lead to struggle over the issue, influencing therapists to set it aside (Butler & Bird, 2000). This study confirmed that different rationales or phrasing of forgiveness by therapists affects hypothetical clients’ ratings of the acceptability of forgiveness as a part of therapy. The degree to which these effects might be present in a clinical population remains to be determined.

Noncomparative Findings

Although we found support for the hypothesis that the phrasing or wording of forgiveness by therapists is related to the acceptability of clinical forgiveness work, the results did not support our speculation that some rationales would be outright unacceptable and could lead to therapist–client struggle and therapist retreat from a forgiveness focus in therapy. Overall, participants found forgiveness acceptable or neutral as a therapeutic intervention and did not react negatively to its use, no matter how it was worded. This could be a function of our nonclinical participant sample, and the hypothetical nature of the survey. However, this finding also raises the possibility that the problem of infrequent use of forgiveness intervention may reside more with therapists than with clients. Perhaps it is primarily that therapists lack adequate conceptual models of forgiveness and/or clinical protocols for its effective use (DiBlasio, 1992). Or perhaps therapists are generally unaware of its effectiveness and benefits. Or therapists may be concerned that forgiveness is too closely connected to religion to be addressed in therapy. Whatever the cause for the infrequent use of forgiveness intervention, the results of this study suggest it is not primarily a problem of rationale, articulation, or wording. Although some rationales are more acceptable than others, none proved to be significantly unacceptable. Therapists are encouraged to examine their attitudes toward forgiveness in therapy and consider whether, when working with longer-term married, religious couples, they can be more open to using forgiveness as a therapeutic intervention. We recommend broader inclusion and incorporation of forgiveness work in both individual and relationship therapies.
REFERENCES


**APPENDIX**

**Five Forgiveness Rationales (Voluntary Condition)**

**Personal Growth**

*The therapist recommends to you that therapy include working on forgiving:*

“Forgetting is an opportunity for you, _____ [your name]. Forgiving can bring important emotional and physical benefits to you. Forgiving will free you from being a prisoner of the past, a prisoner to what was done to you. You have the choice to forgive, and by so doing you can cease being a “victim” of the one that offended you. You’ll be free to move forward and grow, without carrying this burden. Forgiveness can help your personal growth.”

**Relationship Reconciliation**

*The therapist recommends to you that therapy include working on forgiving:*

“I think working on forgiving can be an important part of your therapy, _____ [your name]. Forgiving can help relationships heal. It breaks down the walls which stand between us. It opens the door to reconciliation and renewal for the offender and you, so that you, and your relationship, can grow beyond the past, beyond the pain and hurt. You have the opportunity to forgive so that this relationship can be healed and continue on.”

**Spiritual Issue**

*The therapist recommends to you that therapy include working on forgiving:*

“From what you’ve told me of your beliefs, _____ [your name], you believe that God gives us the opportunity to forgive one another, even as He has forgiven us. It sounds like forgiving will be very important to you spiritually—in terms of your relationship with your God, and your relationship with others.
Forgiveness seems like a chance for you to free yourself from hate and hostility, which could hurt you as much or more than the one who offended you. And it sounds like you believe forgiving pleases God.”

**Other Growth**

*The therapist recommends to you that therapy include working on forgiving:*

“Forgetting is an opportunity for you, ____ [your name]. Forgiving is an expression of human regard, a caring gift. If you can forgive, you can help open the door for the offender to change, to repair the person’s life. You have the choice to forgive and open space for their change and recovery.”

**Pardoning/Condoning**

*The therapist recommends to you that therapy include working on forgiving:*

“You have a chance, ____ [your name], to forget about what happened, to ‘let it go,’ to move past this. By forgiving the offender, and what happened, you keep this from getting blown out of proportion. You can’t let this consume your life or theirs. Forgiveness gives you the opportunity to just let go. Also, your pardon gives the offender permission to move beyond this. Forgiving keeps it all in proper perspective.”

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