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Enhancing Forgiveness: A Group Intervention for the Elderly¹

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Abstract

This paper describes a therapeutic model of forgiveness (Enright, 2001) and discusses its applicability to social work intervention with older adults. A total of 20 men and women aged 57–82 participated in two different forgiveness groups each of which met weekly for eight sessions with a four-month follow-up session. Measures of forgiveness as well as biopsychosocial functioning were collected before and after the group intervention. Results indicated that participants experienced long-term improvement with respect to forgiveness and depression, short-term improvement of physical health, and no change in relation to anxiety or social support. Clinical issues that emerged during the forgiveness group are discussed and suggestions for gerontological social workers are offered.

Keywords

forgiveness group; group therapy; intervention research; mental health; reminiscence

Introduction

Social workers are often involved with older people as they reminisce about the past. Powerful feelings of sadness, anger and betrayal may emerge when the discussion focuses on the pain inflicted by others. Indeed, these hurtful situations can be so traumatizing that the resulting mental health problems severely undermine an older adult's ability to function (Berry & Worthington, 2001; Graziano, 2003). One way in which social workers can help aging clients resolve their painful reactions is through the process of forgiveness. This paper describes a group approach to forgiveness and examines its effectiveness for older adults.

Forgiveness, in clinical terms, is defined as “an act of deliberately giving up resentment toward an offender while fostering the undeserved qualities of beneficence and compassion toward that offender” (Freedman & Enright, 1996, p. 983). Empirical evidence suggests that those who participate in forgiveness interventions experience salubrious effects including reduced levels of anxiety (Coyle & Enright, 1997) and depression (Freedman & Enright,

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1996). Additionally, those who engage in forgiveness fare better on multiple indicators of physical health (Lawler et al., 2005) and are more willing to forgive others (Al-Mabuk, Enright, & Cardis, 1995; Hebl & Enright, 1993). Forgiveness may also be linked to greater social support, in that it reduces negative emotions such as anger and hostility toward others (Worthington & Scherer, 2004).

Mental health practitioners use a number of different approaches to enhancing forgiveness (Al-Mabuk et al., 1995; Worthington, Sandage & Berry, 2000). One of the most well-defined approaches has been developed by Enright and his colleagues (Enright & North, 1998). They have constructed a comprehensive theoretical framework concerning the mechanisms associated with forgiveness (Enright & Colye, 1998) and have applied their forgiveness approach to different populations (e.g., Coyle & Enright, 1997; Enright, Santos, & Al-Mabuk, 1989; Hebl & Enright, 1993). In one study, Hebl & Enright (1993) evaluated a forgiveness group for older adults. When compared to a control group, those in the forgiveness group experienced fewer negative emotions as well as more positive thoughts and behaviors toward those who had been hurtful. However, their intervention was limited by its exclusive focus on older Christian women. Further, its effectiveness was not fully tested because participants' ability to forgive was assessed only at the end of the forgiveness group. Therefore, they obtained no measure of the extent to which participants experienced a change over time in their ability to forgive.

The forgiveness intervention described in this paper expands on the approach of Hebl and Enright (1993) in two significant respects. First, we adapted a self-help model of forgiveness developed by Enright (2001) to a group intervention for older men and women from different religious and non-religious backgrounds. Hence, our research examines whether Enright's approach to forgiveness yields similar positive outcomes when it is applied to a more diverse population. Second, we expanded on Hebl & Enright's (1993) evaluation of their intervention by examining changes in several outcome measures over time. By including measures of forgiveness as well as measures of biopsychosocial functioning before and after the intervention, we gain deeper insights into the effect of the intervention over time. Here, we highlight key elements of Enright's model, describe the forgiveness groups we conducted, and discuss findings from our evaluation of this intervention with older adults.

Enright's Model of Forgiveness

According to Enright (2001), forgiveness occurs when individuals who have been unjustly hurt are able to overcome their resentments and offer compassion to the wrongdoer. His approach focuses on changing feelings, thoughts, and behaviors towards those who have been hurtful. Individuals engaged in the forgiveness process are encouraged to begin by making very small changes such as refraining from making negative comments about the hurtful person. This small change in behavior may be accompanied by incremental changes in thoughts and feelings about the hurtful individual. Ultimately, this model of forgiveness attempts to reduce negative and increase positive affect, behaviors, and cognitions toward those who have been hurtful. In doing so, it will also hopefully bring relief and peace to the person who is able to forgive.

Enright's model is based on the notion that forgiveness is a process that entails gradual change in reactions to the offending person. His model conceptualizes the forgiveness process as occurring in four phases (Baskin & Enright, 2004). During the "uncovering phase", individuals confront their own anger toward the person who has injured them which includes exploring and expressing their hurt, bitterness, and resentment. Next, the "decision phase" entails making a choice to change one's stance toward the offender by making a commitment to begin the process of forgiveness. During the "work phase", individuals begin

to work on forgiveness by trying to understand the person who has hurt them and to develop compassion for them. Finally, during the “deepening phase”, individuals start to make adjustments in their perspectives as they forgive the offender and experience a release from their feelings of anger, hurt, and resentment.

According to this model, forgiveness involves a number of skills that can be learned. Enright suggests that individuals engaged in the process of forgiveness begin by identifying a single person who has been hurtful. The skills of forgiveness can be applied to one individual and later generalized to others who have been hurtful. Further, he suggests the use of a journal during the forgiveness process and provides numerous questions that individuals can use for reflection. As part of our intervention, we selected from the questions provided by Enright and asked our participants to respond to them during the group sessions and in their journals.

Design and Methods

Recruitment and Screening

We used multiple recruitment strategies to identify potential participants. Fliers describing the group were distributed throughout the community (e.g., libraries, hospitals, churches, synagogues, and agencies serving older adults). In addition, descriptions of the group were sent to professional e-mail groups and press releases were sent to local newspapers and radio stations. Further, we made direct contact with mental health professionals and religious personnel at churches and synagogues asking them to refer us potential participants.

Our screening process was conducted by an MSW research assistant. She spoke to potential participants on the phone to determine whether they met the eligibility criteria for the group. Specifically, we were interested in individuals aged 60 and older; those who had been emotionally hurt by someone; those who had something to forgive; and those who were not psychiatrically vulnerable (i.e., no diagnosis of dementia, no history of psychosis, and not at risk for suicide). We relaxed the age criteria for one individual who was 57 years old, but for any others who did not meet the criteria, we suggested individual counseling and provided referral information.

Characteristics of Group Participants

We conducted two forgiveness groups each of which had ten participants. Taken together, these 20 participants ranged in age from 57 to 82. They were all white and predominantly female (n=16). Their marital status was married or living with someone (n=8), widowed (n=5), or divorced (n=7). They had either attended college (n=10) or graduate school (n=10) and considered their own financial status as somewhat difficult to very difficult (n=8) or not at all difficult (n=12). Their religious backgrounds included Christian (n=14), Unitarian (n=2), Buddhist (n=1), and Spiritual but not religious (n=3). For most participants, the person who hurt them was alive (n=12), but for several their offenders were now dead (n=8). Most rated the degree of hurt they had experienced as a great deal (n=18), while a few rated their hurt as little to some (n=2). For many, the person who hurt them was a parent (n=9). Other people who had been hurtful were spouses (n=4), a child (n=1), other relatives (n=3), friends (n=2), or another person (n=1).

Study Design

To evaluate the effectiveness of our forgiveness intervention, we used a quasi-experimental design with one pre-test and two post-tests. A survey that included quantitative and qualitative questions was completed by participants before the first session, at the end of the final session, and at the four-month follow-up. By including two post-tests, we aimed to assess whether changes associated with the intervention were sustained over an extended

period of time. However, because our study did not have a comparison group, we were not able to control threats to internal validity, such as history, maturation, and testing effects.

Description of Forgiveness Groups

The sessions were conducted in a private room in a senior center sponsored by a University Geriatrics Center. The groups were facilitated by the first two authors of this article. The groups met for a total of 8 sessions. Initially sessions were 1.5 hours in length with a brief break for refreshments and informal conversation. However, the length of the sessions was later extended to 2 hours at the request of the participants who wanted more time for discussion. In addition, we incorporated a follow-up session four months after the final session during which we asked participants to provide an update on their forgiveness progress.

The sessions were organized around the four phases of forgiveness described by Enright (2001): Sessions 1 and 2 focused on exploring anger felt toward the offender; Session 3 emphasized making a commitment to forgiveness; Sessions 4 and 5 worked on developing compassion for the offender; and Sessions 6 through 8 focused on experiencing a release from hurt and resentment while moving toward forgiveness.

During the initial session, participants received a journal that included an outline of all the sessions, an overview of each session, and space for writing their reactions to their own forgiveness process. After the initial orientation session, the subsequent sessions followed the same format. At the beginning of each session, the leaders asked the group members to read from their journals based on questions about forgiveness that had been distributed the previous week. Next, the group leaders introduced a new topic and provided a mini-lecture followed by questions for general discussion. Each session ended with the distribution of journal questions for use before the next meeting. The topics, lecture material, discussion questions, and journal questions were from Enright's (2001) self-help book. Table 1 provides a description of each session.

The discussion and journal questions were designed to help participants explore their feelings toward those who had hurt them and develop skills related to forgiveness. Thus during the first two sessions, questions focused on the initial hurtful event. Participants were asked to write the story of this event in their journals and to describe their feelings for the person who had hurt them. For example, Mrs. C wrote about how frightened she had been by her abusive husband. Even though they were divorced long ago, her fears continued to permeate both her daily thoughts and her nightly dreams. She wanted desperately to let go of her obsessive ruminations about her former husband.

After sharing such stories with the group, participants were given another journal assignment to do at home that involved writing a letter that they would not send to the person who hurt them. For this assignment participants were asked to express why they were angry, the extent of their anger, the struggles they had endured following the hurt, and the learning they had gained from this hurtful experience. Mrs. C wrote in her journal and then shared with the group:

I have dreams about you at the house... and frequently I'm scared. There was at least one that bothered me all day. The accusations of competition confused me. I thought I was bad and worthless and you reinforced it.

In subsequent sessions, journal questions and group discussion focused on developing compassion for and forgiveness toward those who had been hurtful. One journal assignment asked participants to extend their focus beyond the hurtful event to consider the conflicts and complications in the lives of their offenders. Participants wrote about their offenders'

growing up experiences, their vulnerabilities, and their redeemable qualities. During a subsequent session, group leaders introduced a guided imagery exercise to enhance participants' compassion. Group members were asked to think about affirmations for a person with whom they had a warm and positive relationship and to choose one of these affirmations to apply toward the person who had offended them. Following this session, they were asked to reflect in their journals about possible gifts they might feel comfortable giving either now or in the future to this person who had hurt them. Mrs. C talked about offering her former husband a piece of furniture that he had made but that she had kept after the divorce. Another participant, who had been hurt by someone who was now dead, talked about taking flowers to that person's grave.

At the final session, the group leaders asked members to describe how they felt about the person who they had been focusing on during the forgiveness group and to discuss their plans for continued work. Mrs. C reflected on her progress,

At the very beginning, you may remember that I told you about a dream that I had about my former husband.... Then subsequently, after I identified him as the one, I yelled at him in my dream. Well, I'll know that I have forgiven (him) if I have no more dreams that call up frightening feelings. I'll stop thinking that I was in some way responsible for the problems. And it's simply relief. That's it, folks. That's gone. I don't have to worry about it, don't have to think about it.

Mrs. C explained that she continued to dream but that she no longer dreamed about her former husband. Other group members affirmed her progress. One participant responded, "Just close the book" and another exclaimed, "Top of the class!"

Evaluating the Effectiveness of the Forgiveness Groups

Of the 20 participants who enrolled in the group sessions, one dropped out after two sessions due to feeling uncomfortable with sharing intimate feelings in a group setting. For the others, attendance at sessions was consistently high. On average, the 19 participants who finished the forgiveness groups attended seven sessions.

Quantitative Assessment

Four measures were used to assess changes in biopsychosocial functioning. Self-perceived health ($\alpha = .83$) was a composite scale of four items, which had responses ranging from 1 to 4 (4= best health). Social support ($\alpha = .65$) was a composite scale of six items drawn from Lubben & Giranda (2001), which had responses ranging from 1 to 5 (5= highest support). Anxiety (McDowell & Newell, 1987; Meenan, Gertman, Mason, & Dunait, 1982, $\alpha = .85$) was assessed with 6 items, which had responses ranging from 1 to 4 (4= highest anxiety). These scales were constructed by taking the mean of all items. Depression ($\alpha = .81$) was assessed with the count of 15 depressive symptoms drawn from Yesavage (1988); scores ranged from 1 to 15 (15= highest depression). Four measures were used to assess changes in forgiveness toward the person who hurt them (Enright, Rique & Coyle, 2000): three assessed affective, behavioral, and cognitive forgiveness (5= most forgiveness), and one assessed progress towards forgiveness (5= most progress). The first three measures were each assessed with 20 items described in the Enright Forgiveness Inventory (EFI) User's Manual (Enright, Rique & Coyle, 2000). The alpha for each scale was above .90. Progress toward forgiveness was assessed with a single question that asked participants to rate the extent to which they had forgiven the person who hurt them (1= not at all; 5= complete forgiveness). In addition, a general forgiveness measure (Mauger et al., 1992) was evaluated using 15 items. This measure assessed the degree of their forgiveness generalized to others ($\alpha = .74$; 15= most forgiveness).

Paired t-tests were conducted on data from the 19 participants who remained in the forgiveness groups to determine changes between their pre-test and post-test scores as well as between their pre-test and 4-month follow-up scores. Table 2 provides the results of these analyses. A few significant findings emerged with respect to the measures of biopsychosocial functioning. That is, the self-perceived health of the participants had significantly improved by the end of the intervention, but this improvement was not sustained at the four-month follow-up. Further, the participants' depression decreased by the end of the intervention and at the four-month follow-up. However, no significant changes occurred in the amount of participants' social support or their level of anxiety.

A number of significant findings emerged for the measures of forgiveness. Specifically, the participants' ability to forgive the person who had hurt them improved at the end of the intervention and at the four-month follow-up in relation to all three components of forgiveness: affective, behavioral, and cognitive. Further, participants made significant progress toward forgiving the person who had hurt them and toward generalizing forgiveness to others both by the end of the intervention and at the four-month follow-up.

Qualitative Assessment

Participants also responded to several open-ended questions during the post-test and the four-month follow-up. These questions addressed general reactions to the group, aspects of the group that were most and least helpful, and suggestions for improvement.

Their general reactions were very positive. One participant wrote, "I felt it was extremely worthwhile and helpful to me in feeling my anger and resentment in a new light. I was enriched and empowered by it." Another commented, "I was able to explore an old wound that had been too painful for years and then became numb. The exercises guided me in exploring and re-examining the events and my feelings." A third poignantly noted, "I wish I had this tool earlier in my life. It made me aware of how feelings past and present affect us every day, only I can engage change."

Participants described several aspects of the group experience that had been helpful for them. One benefit was having a shared focus on the single issue of forgiveness. A participant highlighted the importance of having time for "sitting back and trying to think about it in a specific form instead of overwhelming free form feelings of anger and bitterness." Another benefit was experiencing the non-judgmental acceptance of the group leaders and members. Participants noted that this acceptance helped them feel supported as they explored and expressed their pain and resentment. A third benefit was the journal questions. One group member noted, "The questions forced me to uncover feelings I had not thought about for all my adult life." Another observed about the journal questions, "They helped prod me into thinking, feeling, exploring differently." Many found that writing the letter to the person who had hurt them was a particularly powerful journal assignment.

Group members also noted that certain aspects of the group were less helpful and they provided suggestions for improvements. The main problem was insufficient time for everyone to share from their journals each week and to explore their feelings. The suggestions offered to address this concern included: lengthening the time for each session to 2 hours (which we eventually tried with some success); reducing the size of the group to 6–8 participants; and increasing the number of sessions to 10–12 meetings. Another suggestion was to include a follow-up session 6 months after the last group meeting for participants to re-engage and discuss further developments in their forgiveness process.

Discussion

This study expanded upon previous research by applying Enright's model of forgiveness to a more diverse group of older adults and by evaluating changes in outcomes over an extended period of time. Furthermore, by describing the components of the forgiveness intervention and the participants' reactions, we provide gerontological social workers with practice guidelines for facilitating forgiveness groups.

Our findings suggest that this therapeutic model of forgiveness shows promise for men and women from various religious and non-religious backgrounds. The approach was associated with significant short-term and long-term improvement in depression as well as increased forgiveness toward a focal person and toward others in general. It was also associated with a short-term improvement in health functioning but not to any changes in anxiety or amount of social support. However, it is important to note that our study did not have a comparison group, and thus, we cannot attribute these positive outcomes solely to our intervention. The changes in outcomes that we observed may be not only due to the intervention but also due to the fact that older people become more forgiving with the passage of time; or that respondents reported improved forgiveness and functioning after the intervention due to social desirability. Our repeated assessments of the outcomes may also have affected participants' appraisal of forgiveness as well as the other biopsychosocial variables. Thus, caution should be taken in interpreting the results.

Comments from the participants suggested that the key ingredients that contributed to the success of the intervention were focusing on forgiveness as a single clinical issue, responding to journal questions between sessions, and the support from the facilitators and other group participants. Journal writing served as a powerful tool requiring thought between sessions and a mechanism to share these thoughts with other group members. Group members empathized with each others' pain, assisted in helping to reframe thoughts about the hurtful person, suggested new behaviors, and served as models for forgiving.

Implications for Gerontological Social Workers

Although our group participants were generally very positive about their involvement in this group, they often needed considerable encouragement to join the group. Some were referred by their therapists or ministers. Many were initially reluctant to discuss their painful feelings and to join a group. Social workers who facilitate forgiveness groups for older people should expect to spend considerable time on publicity and making contacts with potential referral sources (e.g., mental health professionals, church and synagogue staff). Interestingly, many of the people who responded to our publicity efforts were middle aged, suggesting that social workers may want to offer forgiveness groups to a wider age group. Also, the relatively large number of divorced persons in the group indicates that a forgiveness intervention may be especially relevant for older adults who were divorced earlier in their lives.

One task of forgiveness group facilitators is to assist members in choosing a focal person to forgive. Some of our participants were unclear about their choice of a focal person because several people had hurt them. During the screening interview, our MSW research assistant talked to potential participants about the person they would like to forgive. Nevertheless, a few participants were still ambivalent about their decision at the first session. Social workers who facilitate forgiveness groups should be prepared for this uncertainty and can assist by asking questions such as: "Who has been most hurtful to you? Which person would you like to start by forgiving? Who would you feel comfortable talking about in a group?" While we agree with Enright (2001) that it is important to have a focal person for the forgiveness process, group facilitators should also enable members to shift the focus of their forgiveness

if they develop insight and awareness about another offender who would be a more appropriate focal person.

Another task for social workers who facilitate forgiveness groups is to manage time during the sessions. We had anticipated that group participants might be somewhat reluctant to share what they had written in their journals. Instead, we found that they were generally eager to read their entire journal entry and that other group members often responded with encouraging comments or interpretations. To insure that all participants have the opportunity to share from their journal entries and become involved in the group discussion, facilitators need to play an active role so that a few participants do not monopolize the time. Group leaders may find it easier to facilitate the discussion if the size of the group is smaller. While we had 10 members in each group, reducing the group size to 6–8 participants would result in more time for individuals to discuss their forgiveness experience.

Group facilitators should be prepared to deal with trauma-related symptoms that may surface during the sessions. Some participants may experience unresolved symptoms of Post-Traumatic Stress Disorder (e.g., extreme fear, anger, anxiety, nightmares, flashbacks) and it is important that social workers recognize these symptoms. Graziano (2003) describes several skills necessary for addressing such symptoms, including: listening to the details of the original traumatic event; insuring that individuals have control over the sharing of their feelings; responding empathically to their suffering; providing information on the effects of trauma to normalize their reactions; and assisting them to create meaning from their experiences. She suggests that social workers familiarize themselves with organizations that provide support to survivors of trauma (e.g., the Red Cross, the Veterans Administration, various service centers for specific kinds of victimization). Forgiveness group facilitators may need to refer participants to such organizations or provide individual counseling if trauma-related issues remain unresolved.

Particularly when working with an older population, social workers should be prepared to help participants deal with forgiving people who are now dead. Some of our participants were struggling to resolve painful feelings about parents who had died many years earlier. The discussion and journal assignments allowed them to re-engage with painful experiences that had occurred earlier in their lives, to gain compassion for their parents' situation, and to change their perspective about these people. We discovered that group participants who were trying to forgive someone who was dead sometimes benefited from a ritual. For example, one participant wrote a list of negative feelings about her father and burned them at his grave. This ritual helped her release her anger towards her father and helped her feel that she had forgiven him. Group facilitators can suggest specific rituals or ask for ideas from the other group members.

Social work facilitators may also encounter group participants who are more focused on self-forgiveness than on forgiveness of others. While participating in the forgiveness process, a few of our group members found that forgiving themselves was a central issue. These individuals adapted the journal questions and group discussion to fit their own needs and found that they were able to experience relief from their longstanding anger with themselves. Following the group, one of these participants acknowledged that she felt uncomfortable at the beginning of the group, "I had only myself to forgive and I felt out of place in the presence of such profound hurt, anger, and grief. I did return, however, and participated in what I feel was a life changing experience for me." Her experience along with that of other group members suggests that forgiveness groups can successfully incorporate issues related to self-forgiveness. To enhance the comfort and involvement of those who wish to focus on forgiving themselves, social work facilitators may need to revise some of our criteria for group membership, recruitment techniques, and discussion topics.

Taken together, findings from this clinical intervention on forgiveness suggest that our adaptation of Enright's (2001) model shows considerable promise for working with older people. However, it is important to note that our research design had no control group, our participants were all white, and the intervention was conducted in a single setting. Therefore, we would encourage others to build upon our work by conducting well-controlled studies that include more racial diversity and more variability in settings (e.g., nursing homes, churches, and synagogues). Such efforts will lead to a greater understanding of the possibilities as well as the limitations of groups for enhancing forgiveness among older adults.

References

- Al-Mabuk R, Enright RD, Cardis P. Forgiveness education with parentally love – deprived college students. *Journal of Moral Education*. 1995; 24:427–444.
- Baskin TW, Enright RD. Intervention studies on forgiveness: A meta- analysis. *Journal of Counseling and Development*. 2004; 82:79–90.
- Berry JW, Worthington EL. Forgivingness, relationship quality, stress while imagining relationship events, and physical and mental health. *Journal of Counseling Psychology*. 2001; 48:447–455.
- Coyle CT, Enright RD. Forgiveness intervention with postabortion men. *Journal of Consulting and Clinical Psychology*. 1997; 65:1042–1046. [PubMed: 9420366]
- Enright, RD. Forgiveness is a choice: A step-by-step process for resolving anger and restoring hope. Washington, D.C: American Psychological Association; 2001.
- Enright, RD.; Coyle, CT. Researching the process model of forgiveness within psychological interventions. In: Worthington, EL., Jr, editor. *Dimensions of forgiveness: Psychological research and theological perspectives*. Philadelphia: Templeton Foundation Press; 1998. p. 139-161.
- Enright, RD.; North, J., editors. *Exploring forgiveness*. Madison, WI: University of Wisconsin; 1998.
- Enright, RD.; Rique, J.; Coyle, C. *The Enright forgiveness inventory*. Madison, W.I: The International Forgiveness Institute; 2000.
- Enright RD, Santos MJ, Al-Mabuk R. The adolescent as forger. *Journal of Adolescence*. 1989; 12:99–110.
- Freedman SR, Enright RD. Forgiveness as an intervention goal with incest survivors. *Journal of Consulting and Clinical Psychology*. 1996; 64:983–992. [PubMed: 8916627]
- Graziano R. Trauma and aging. *Journal of Gerontological Social Work*. 2003; 40:3–21.
- Hebl JH, Enright RD. Forgiveness as a psychotherapeutic goal with elderly females. *Psychotherapy*. 1993; 30:658–667.
- Lawler KA, Younger JW, Piferi RL, Billington E, Jobe R, Edmondson K, Jones WH. A change in heart: Cardiovascular correlates of forgiveness in response to interpersonal conflict. *Journal of Behavioral Medicine*. 2005; 26:373–393. [PubMed: 14593849]
- Lubben, J.; Giranda, M. Social support networks. In: Osterweil, D.; Brummel-Smith, K.; Beck, J., editors. *Comprehensive geriatric assessment*. New York, N.Y: McGraw-Hill; 2001.
- Mauger P, Perry JE, Freeman T, McBride AG, Perry JE, Grove DC, McKinney KE. The measurement of forgiveness: Preliminary research. *Journal of Psychology and Christianity*. 1992; 11(2):170–180.
- McDowell, I.; Newell, C. *Measuring health: A guide to rating scales and questionnaires*. Oxford: Oxford University Press; 1987.
- Meenan RF, Gertman PM, Mason JH, Dunait R. The arthritis impact measurement scales: Further investigation of a health status measure. *Arthritis Rheumatology*. 1982; 25:1048–1053.
- Worthington, EL.; Sandage, SJ.; Berry, JW. Group interventions to promote forgiveness: What researchers and clinicians ought to know. In: McCullough, ME.; Pargament, KI.; Thoresen, CE., editors. *Forgiveness: Theory, research, and practice*. New York, N. Y: Guilford Press; 2000. p. 228-253.

- Worthington EL Jr, Scherer M. Forgiveness is an emotion-focused coping strategy that can reduce health risks and promote health resilience: Theory, review, and hypotheses. *Psychology and Health*. 2004; 19:385–405.
- Yesavage JA. The geriatric depression scale. *Psychopharmacological Bulletin*. 1988; 24:709.

Table 1**Outline of Forgiveness Group Sessions**Session 1

Introduction of group participants in relation to person who hurt you

Distribution of journals

Mini-lecture: Defining forgiveness, forgiveness process, and overview of group sessions

Group discussion: What has been your previous experience with forgiveness?

What are your reasons for wanting to forgive?

Journal assignment: Who hurt you and how deeply were you hurt?

What are your reasons for wanting to forgive?

Session 2

Reflections from journal

Mini-lecture: Common reactions to being hurt (e.g., defense mechanisms)

Group discussion: How have you dealt with your anger?

Has your anger deepened or eased over time?

Journal assignment: Write a letter that you do not send to the person who hurt you about your anger and the struggles you have endured.

Session 3

Reflections from journal

Mini-lecture: Costs and benefits associated with committing to forgiveness

Group discussion: Is what you have been doing working?

Would you consider taking a different course?

Are you willing to consider forgiving?

Journal assignment: What are your reasons for forgiving and what are your doubts?

How have you been unkind to the person who hurt you and are you willing to put these behaviors aside?

Session 4

Reflections from journal

Mini-lecture: Broadening your view of the person who hurt you

Group discussion: What was life like for the person who hurt you?

When you take a global or spiritual perspective, how do you think of him or her?

Journal assignment: What were the vulnerabilities in the person's childhood, adolescence or adulthood?

Can you find a way of seeing this person as redeemable within your belief system?

Session 5

Reflections from journal

Mini-lecture: Working toward compassion for the person who hurt you, guided imagery exercise

Group discussion: Have you noticed any changes in your feelings toward the person who hurt you?

Journal assignment: What kinds of gifts might you give to the person who hurt you (e.g., a smile, a note)?

Session 6

Reflections from journal

Mini-lecture: Finding meaning in suffering

Group discussion: What did you learn from being hurt?

Did your experience make you stronger, more sensitive, or more mature?

Journal assignment: As you contemplate your own suffering, what new purpose may be developing that involves how you interact with others?

Session 7

Reflections from journal

Mini-lecture: Deciding when you are ready to say, “I forgive you.”

Group discussion: What are the advantages and disadvantages of saying “I forgive you”?
Where are you in the forgiveness process?

Journal assignment: How will you know when you have genuinely forgiven?
How will the person who has hurt you affect your life?

Session 8

Reflections from journal

Mini-lecture: Thinking about the next steps in the forgiveness process

Group discussion: What are the next steps for you?
Are there others whom you want to forgive?

Note: Topics, mini-lecture content, questions, and journal assignments are from Enright (2001).

Table 2

T-Test Changes in Outcome Measures

Measures	Mean (Standard Deviation)			Paired T-test	
	Pre-test	Post-test	4- month follow-up	Pre-test/Post-test	Pre-test/4-month follow-up
<u>Biopsychosocial</u>					
Health	2.76 (.77)	2.86 (.74)	2.78 (.76)	-2.29 *	-.20
Social Support	2.57 (.88)	2.31 (.90)	2.53 (.99)	1.78	.29
Depression	3.71 (3.44)	2.06 (2.08)	2.23 (2.82)	2.40 *	2.89 **
Anxiety	1.97 (.48)	1.96 (.52)	2.00 (.55)	.14	-.24
<u>Forgiveness</u>					
Affective Forgiveness	2.52 (.66)	3.49 (.85)	3.46 (.77)	-5.19 ***	-5.54 ***
Behavioral Forgiveness	3.36 (.70)	3.98 (.63)	3.82 (.72)	-4.24 ***	-2.92 **
Cognitive Forgiveness	3.49 (.88)	4.03 (.75)	3.88 (.94)	-3.40 **	-2.82 **
Forgiveness Progress	2.38 (.74)	3.44 (.90)	3.68 (1.10)	-4.60 ***	-6.74 ***
Generalized Forgiveness	11.40 (2.32)	12.60 (1.84)	13.13 (1.88)	-2.10 *	-2.94 **

Note: Two groups combined (n=19 participants who completed the pre- and post-tests).

* p≤ .05

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p≤.01

*** p≤.001