THE ROLE OF RELIGIOSITY IN FORGIVENESS

DISSERTATION

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By

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ABSTRACT

Sixty-eight participants from nonprofit mental health agencies and religious institutions participated in a study investigating three hypotheses: 1) There will be a significant relationship between an individual’s religiosity and willingness to forgive a significant other who has wronged them; 2) There will be a relationship between one’s religiosity and ethnicity; and 3) There will be a relationship between remorse and forgiveness. Along with a basic demographic questionnaire and a forgiveness scale, participants responded to a religiosity measure reporting on themselves and their partner. Also, participants reported on their perceptions of their partners’ level of remorse in regards to the offense. A series of analyses showed that all hypotheses were partially supported. T-Tests revealed that African Americans reported higher levels of yearly religious service attendance as reported on self and partner and higher levels of religiosity as reported on partner than did Caucasians. African Americans also reported higher levels of forgiving for the feelings subdomain of the forgiveness scale. Correlational analyses revealed that there was a relationship between religiosity and forgiveness and remorse and forgiveness. Regression analyses revealed that remorse was a significant predictor for the thoughts subdomain for forgiveness as reported on partner and religiosity and ethnicity were significant predictors for the feelings subdomain for forgiveness as reported on self. Implications for the field of Marriage and Family
Therapy are discussed and suggestions for implementing both religiosity and forgiveness into therapeutic practice are recommended.
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CHAPTER 1

INTRODUCTION

In recent years, the psychological literature focusing on religion has been getting more attention. Research has shown that religion is important to the lives of individuals and provides a sense of belonging and comfort to many, particularly African Americans. The study of forgiveness has recently gained heightened interest and this is reflected in the literature which has focused on the psychological benefits of forgiving, its relationship to religion, forgiveness as a therapy technique, and the relational benefits of forgiving. This chapter is a general overview of the following areas: religiosity; the theology of forgiveness; forgiveness; forgiveness and remorse; forgiveness and therapy; and African Americans, and religion. This chapter will conclude with the rationale of the study, the purpose of the study, and the hypotheses that will guide this research.

RELIGIOSITY

Today, religiosity plays a significant role in the lives of many individuals and is an important dynamic in our society at large. “Religiosity is the impact of religion on the respondent’s daily, secular life and the extent of an individual’s participation in ritual practices” (Rohrbaugh & Jesser, 1975). Accordingly, 88% of all adults pray to God, 72% view religion as being influential in their lives, and 60% consider faith a positive
motivating force in their lives (Gallup, 1990; Tix & Frazier, 1998; Bergin & Jensen, 1990). Ironically, this makes it difficult to explain why therapists have been hesitant to address issues of religiosity as part of the therapeutic process. If therapists are ignoring or very seldom exploring the religious dimensions of their clients’ lives, what are the implications attached to working with couples and families with strong, religious belief systems?

Until recently, the psychological literature regarding the clinical use of religion and therapeutic issues surrounding religion have been underrepresented (Haug, 1998). According to Kelly (1992), out of 3,615 articles published in family therapy journals, only 43 of these articles featured religion as a focal point. While only a handful of these publications viewed religion in a positive manner, the bulk of the articles primarily dealt with religion as a secondary, insignificant, or problematic issue (Bergin, 1993).

Historically, therapy has tended to anticipate counterproductive concerns, issues and problems between a client’s religious beliefs and therapeutic treatment. As a result, religious clients or clients who present religious issues in therapy have been one of the most neglected groups. Given this negligence, therapists have often lacked the awareness of the role that religion plays in shaping the lives of others (Bergin, 1993; Shafranske & Gorsuch, 1984).

The 4th edition of the Diagnostic and Statistical Manual of Mental Disorders has added V62.89 Religious or Spiritual problems to its manual (APA, 1994). As written in the DSM-IV, “this category can be used when the focus of clinical attention is a religious or spiritual problem” (p. 655). These issues may include, but are not limited to, issues surrounding faith, conversion, religious beliefs, and religious practices. The inclusion of
this category gives evidence that religion (as well as spirituality) is recognized as playing a pivotal role in the overall mental health of individuals. Therefore, the direct treatment of religious problems while working with individuals and their families is essential. By acknowledging and understanding the religious aspects of individuals’ lives, mental health professionals will be more equipped to make accurate evaluations concerning the clients they serve (Dimitroff & Hoekstra, 1998).

*Psychotherapy* (1990, v.27), did a special issue on religion and therapy that focused on issues of religious beliefs and practices, religious experiences, therapeutic paradigms and models of religion, clinicians’ religiosity, and occult issues. In addition, The American Association for Marriage and Family Therapists (AAMFT) and other family oriented national associations are increasingly including an integration of religiosity and therapy in their workshops during national, regional, and local conferences. This is not surprising given the research that supports marriage and family therapists as being more religious than other mental health professionals. (Anderson & Worthen, 1997; Burton, 1992).

**RELIGIOUS DOCTRINES OF FORGIVENESS**

The relationship between religion and forgiveness is evident in that forgiveness is heavily rooted in many theologies. The Bible cites over 80 passages concerning forgiveness that have been highlighted in stories, parables, and scriptures. For example, the New International Version of the Bible (1983) says, “For if you forgive men when they sin against you, your heavenly Father will also forgive you. But if you do not forgive men their sins, your Father will not forgive your sins” (Matthew 6:14-15).
Ephesians 4:32, reads “Be kind and compassionate to one another, forgiving each other, just as Christ God forgave you.” These scriptures deal with forgiving others as a way of being “Christ-Like”, or being in “right relationship” with God. In Colossians 3:13, we are encouraged to “bear with each other and forgive whatever grievances you may have against one another.” In the parable of the unmerciful servant, Peter asked Jesus how many times should he forgive someone who sins against him and Jesus replied, “seventy-seven times” (Matthew 18:21-22) implying that individuals should always forgive. All these scriptures deal with individuals forgiving other individuals.

According to Christian doctrine, the thesis of the Bible is about God forgiving all humanity. This is evident in God sacrificing his one and only son (through death) to atone for the sins of humanity (John 3:16 & 17; Hebrews 10:26-28). Furthermore, a portion of The Lord’s Prayer states, “forgive us our debts, as we also have forgiven our debtors” (Matthew 6:5-15). There are also several stories in the Bible that emphasize forgiveness. Particularly, this is illustrated in the story about Joseph and his brothers (Genesis 37 & Genesis 42). Joseph was highly favored and more loved by his father than his older brothers. He told them about dreams he had that predicted that he would rule over them and that they would have to bow down to him. Because of their hatred and jealousy towards Joseph, his brothers betrayed him and sold him, but lied and told their father that he was eaten by a ferocious animal. Joseph loved his brothers, but had ambivalent feelings towards them: Love versus anger and forgiveness versus bitterness. Although he eventually acquired the power and authority to retaliate, he made the decision to forgive them (Bible: New International Version, 1983).
Most of the literature describing religious perspectives on forgiveness has focused on Christianity. Christianity holds that forgiveness is the pardoning or releasing from an offense. The victim is expected to be compassionate and be released from any behavior that would impede the relationship of those involved. In the parable of the prodigal son, the father welcomes back the younger son who has gone off and wasted his inheritance: “His father saw him and was filled with compassion for him.” The offender should show signs of remorse and repentance. The Bible commands Christians to forgive others if they expect God to forgive them.

However, Judaism, Islam, Buddhism, and Hinduism also have ideologies of forgiveness. According to Judaism, mehillah and selihah are two words commonly used for forgiveness. Mehillah implies wiping away of a transgression and selihah denotes reconciliation. Salah, meaning God’s removing sin from the people, appears 46 times in the Hebrew Bible. Thus, forgiveness involves “the original violation being removed.” Once this takes place, reconciliation is possible and relationships have the potential to be reestablished and ongoing. According to this tradition, one may reconcile without forgiving or forgive without reconciling. Judaism holds that God himself is forgiving and we must imitate God. Accordingly, Deuteronomy 11:22 states, “walk in all His ways.” This is supported by the demands of the Torah.

Islam doctrine expresses forgiveness in the Qur’an in three terms. “Afw means pardon, to excuse fault, an offense, or a discourtesy”, etc. Safhu means to “turn away from sin or a misdeed, ignore,” etc. Gahafara means “to cover, forgive, and to remit.” The God, Allah, is described as the Forgiving One (Al-Ghafoor). Forgiveness means closing an account of an offense against God or any of His creation. Accordingly,
forgiveness must be sincere when it is offered. According to the Qu’ran 42:43, individuals should acquire to be patient in adversity and forgive. Also, the Qu’ran 64:14, says that if you pardon, forbear and forgive, Allah will also be forgiving and merciful.

Although forgiveness is not a central theme in Buddhism, its emphasis on forbearance and compassion are the kinds of characteristics that one must have in order to offer forgiveness. Although it does not have a theological basis for forgiveness, forgiveness is considered to be important to the Hindu tradition. For individuals who want to follow the path of righteousness (Dharma), forgiveness must be practiced. However, this nontheistic doctrine does not focus on the issue of divine forgiveness (McCullough, Pargament, & Thorsen, 2000).

FORGIVENESS

“Forgiveness is the degree to which individuals have forgiven a specific person who has hurt them” (Wade, 1990). Although the literature surrounding forgiveness has been scarce, Poloma and Gallup (1991) found that 65% of Americans reported that it was important for a religious person to forgive others who have wronged them. In this national survey, there was a strong relationship between valuing forgiveness and religious commitment, church membership, and church attendance. In the General Social Survey (1998), individuals who attended church services more than once a week, forgave 20% more than those who attended weekly and approximately 50% more than those who never attend church services. Forgiveness was measured by asking participants the following multiple-choice questions: “Has the group ever helped you, personally, in any of the following ways……helped you to forgive someone? As a result of being in this
group, which of these if any, have you experienced……healings of relationships? In recent months, did you happen to do any of these things……work on improving a broken relationship?"

Walrond-Skinner (1998) adopted meanings from two dictionaries to define forgiveness. According to the *Oxford English Dictionary*, forgiveness is “the act of forgiving or the state of being forgiven.” This definition really does not give a clear understanding of the concept. However, it shows that forgiveness can have an active (granting forgiveness) as well as a passive (receiving forgiveness) state. *Webster’s* defines forgiveness as “ceasing to feel resentment against an account of wrongs committed, to give up claim to requital from or retribution upon offender, to absolve, to pardon.” In this definition, forgiveness is a goal and a means to a goal. Other meanings and definitions include no longer having the need to retaliate and accepting the offense in a way that gives meaning to the current state of the relationship.

Walrond-Skinner developed six typologies of inauthentic forgiveness. The first type is premature or instantaneous forgiveness. This type of forgiveness is considered superficial because forgiveness is offered before the issues around the offense have been addressed. The second type is arrested forgiveness in which one or both parties deny the importance of forgiveness. The third type is conditional forgiveness because forgiveness is offered in exchange for something else. The fourth type is pseudo forgiveness. This type is offered or accepted after both parties believe that forgiveness has taken place in spite of the fact that they have denied the offense and its consequences. The fifth type is collusive forgiveness. It is offered as a means to avoid opposition or conflict although the offense recurs. The last type is repetitious forgiveness in which attempts to forgive
are unsuccessful because it does not allow for true forgiveness nor does it free parties from the consequences (Walrond-Skinner, 1998).

The same article highlighted the characteristics of authentic process forgiveness. Forgiveness is unconditional and is contingent on the well-being of both parties. It is a developmental process and not typically instantaneous. It is also asymmetrical. That is, one party typically initiates or puts more effort into facilitating the forgiveness process. Along with the characteristics of authentic forgiveness were the components and determinants of forgiveness. The cognitive component recognizes the damage to the relationship, but the gratification of a close and loving relationship supercedes holding a grudge. The emotional component may include an increased self-esteem and a decrease in negative feelings towards the offense. This component allows the victim to have empathetic feelings towards the offender and be able to work through the past occurrence (Walrond-Skinner, 1998).

Walrond-Skinner (1998) concluded with theoretical considerations for forgiveness. Accordingly, forgiveness acts as a reframe because it allows one to look at and experience the hurtful past in a different manner. It is also a temporary agent of empowerment because it changes the balance of power within the relationship. Typically, the power lies with the offender. Additionally, forgiveness acts paradoxically to release both parties from conflict because it takes away a lot of the confusion that comes with feelings of ambivalence around the offense.
FORGIVENESS AND REMORSE

In addition to the direct relationship between religiosity and forgiveness, level of remorse might be a factor in one’s willingness to forgive and hence may be an important additional consideration for researchers. In essence, it may be difficult for a person to forgive their partner when the partner has not acknowledged that he/she has done something wrong or taken responsibility for their wrongdoing.

Hauck (1988) discusses a client who divorced her husband and subsequently felt remorseful. Not only did she regret what she had done, but also felt guilty and pity for herself and her husband for her decision to divorce. According to the author, individuals who are remorseful feel very unhappy over their actions and feel pain, sorrow, and, in some cases, dread.

Hauck (1988) discusses remorse as having two causes: guilt and pity. Guilt is induced as a result of judging oneself as acting “unwisely, unkindly, unethically, or irreligiously.” Because individuals are unable to separate themselves from the incident, remorse becomes a self-induced, neurotic feeling. Pity involves self-pity and other-pity. Self-pity refers to feelings of remorse such as depression, self-hate, and inferiority. Other-pity refers to these feelings as a result of causing others sorrow and suffering (Hauck, 1988).

Hauck (1988) notes that it is natural to have regret over the pain that we cause others. However, the individual should not become neurotic. In order to combat these
feelings, therapists must teach individuals to hate the behavior and not themselves. They should be taught to recognize and admit their wrongdoings as well as experience healthy feelings of regret such as being “unhappy, irritated, annoyed, put-out.”

According to the author, individuals who are remorseful and experience self-hate often seek forgiveness through acts of contrition and penance. Contrition says that one has done something wrong and feels unworthy because of the wrongdoing. Penance, on the other hand, is what judgment one puts on oneself and how one cleanses oneself of sin (Hauck, 1988).

According to Shafranske (1988), remorse plays a crucial role in the healing of estranged relationships and has clinical significance in psychotherapy. Remorse can always be found in a relational context and its manifestation reflects the nature of the relationship and the meaning one gives to estrangement and remorse. The author discusses three different relational contexts. First, is the somatic context which individuals serve as instruments of gratification to satisfy their biological drives. Second, is the interpersonal context in which individuals see themselves as persons who not only have a need to fulfill biological needs, but emotional ones as well. Third, is the ontological context in which a person has a relationship with self establishing personal identity and this gives meaning to all other relationships.

The article mentions that remorse manifests itself depending on the given context. That is, remorse in the context of somatic gratification is based on self-interest and is superficial. This is characterized in one’s lack of guilt and empathy for their actions. Instead, they are more concerned with not having someone to provide gratification. Once the relationship is restored, remorse is diminished. In the interpersonal context, remorse
is characterized as feeling guilt and empathy towards another person as they see relationships with others as important. The relationship is restored with the understanding that both individuals give value to the relationship. This can happen in both healthy and unhealthy relationships. Remorse within the ontological context focuses on the intellectual and affective acknowledgement of one’s actions and this causes guilt. When estrangement occurs, reconciliation is sought to obtain human order (Shafranske, 1989).

When a client seeks therapy as a result of estrangement, there is a three-fold process that should take place in order to heal relationships. It begins with illumination. Illumination focuses on highlighting the guilt and remorse and the meaning the client attaches to the estrangement. Along with illumination comes perseverance. Here, the person acknowledges the estrangement and the guilt that accompanies it. The person then establishes a new existence for being in the world. This leads to restoration. Reconciliation is used to restore relationships. This first occurs with the psychotherapist in which the acknowledgement of the truth is present and it teaches the person how to be with themselves as well as with others (Shafranske, 1989).

Shafranske (1989) concludes his article with a discussion concerning the resistance and impairment in remorse. He holds that a lack of remorse can be seen as resistance to treatment or one’s inability to be empathetic and have meaningful relationships with others as well as with the self. The absence of remorse robs individuals from confronting the actions causing the estrangement and therefore hinders the potential for reconciliation.
Marks’ (1989) wrote about on remorse, revenge, and forgiveness focusing on remorse within the framework of Freud’s structural theory as it relates to narcissistic personality. The author notes that a person with a narcissistic personality is characterized as being grandiose and self-interested, and ironically having a fragile self-esteem which is a result of object loss early in life. They tend to be unforgiving and vengeful. Accordingly, remorse is based on the external or something that has been done whereas guilt has its origin in the internal. According to Freud, the superego plays a role in both. Therefore, the two cannot be separated. Narcissistic persons have an undeveloped superego that hinders them from feeling guilt. As a result, these individuals never realize their deficiencies as persons and are incapable of forgiving themselves or others. Forgiving themselves would be admitting that one has flaws that include feelings of self-hatred and low self-esteem. Forgiving others would mean that one could no longer seek revenge.

According to Parsons (1988), guilt and remorse have the potential to become dysfunctional. He states that guilt can interfere with learning. That is, one can become so consumed with guilt that they focus energy towards their faulty behavior, their unworthiness, and self-criticism. Healthy guilt and remorse are characterized by recognizing their mistakes and finding alternative ways to respond. Guilt can foster self-defeating behavior. As a person tries to relieve himself or herself of guilt, they feel more guilt and remorse as a way to justify their self-hatred. Guilt is incompatible to life values because many have standards that they hold others to, but are unable to hold themselves accountable for these same expectations. Guilt also serves as a destructive model simply
because it becomes a vicious cycle for those who might not otherwise adopt self-hatred (i.e., children).

Parsons (1988) applies a cognitive-behavioral approach to dysfunctional guilt. This approach holds three major assumptions. First is the thought-feeling connection which holds that individuals’ emotions are defined by how they perceive themselves and the interpretation they attach to events. Second is that dysfunctional feelings are a function of distorted thinking and this is due to unrealistic and irrational expectations. Third is the need for rational reeducation so that individuals are able to interpret reality more accurately.

Parsons (1988) notes that a therapist should reeducate clients by helping them connect guilty thoughts to guilty feelings and help them realize that the event itself is not the problem, but how they make sense of the event. Therapists should help clients rid themselves of guilt by identifying cognitive distortions. This occurs when the client is asked to challenge and restructure their beliefs about events against insightful and realistic interpretations. Lastly, clients should refocus their growth and are encouraged to forgive themselves for their faults so that they won’t forget to focus their energy towards recognizing self-condemning thoughts.

FORGIVENESS AND THERAPY

Although forgiveness has always been Biblically pertinent, it has not always been adequately represented in the psychological literature. A factor in this may be the misconception that forgiveness only has its place in religion. There appears to be a bias that exists against issues closely associated with religion, as scholars have tended to see
forgiveness as a religious construct and religion as a nonscientific concept. Because religiosity has not been overtly translated into practice, many mental health professionals feel uncomfortable or incompetent in addressing issues of religion (i.e., a lack of clarity on where the boundaries between therapy and religion should fall) (Stander et al., 1994; Joanides, 1996). More recently, forgiveness therapy has become a powerful tool in helping clients to resolve anger over past betrayals, relieve depression and anxiety, heal relationships, and restore a peace of mind (McCullough et al., 2000).

According to Hope (1987), forgiveness refers to “a voluntary act, a decision, a choice made about how a person deals with the past.” This choice may include revenge, retribution for wrongs, and feelings of resentment and bitterness, or resolving the offense and letting go of resentment and bitterness. Hope (1987) says that forgiveness can serve as a healing paradox. The author sees forgiveness as a paradox because it is unnatural to let go of wrongs committed against another. However, forgiveness is an act of one’s own self-interest, as well as an act of faith and religious beliefs. The therapist can teach clients the method for forgiveness by modeling acceptance. Steps in the process of forgiveness include helping individuals to let go of the bitterness and the need to retaliate. This is accomplished by giving new meaning to the offense. The author argues that although venting feelings of hurt and anger may serve to obtain immediate gratification, it can be self-defeating in the long run.

Konstam and colleagues (2000) conducted a study on mental health counselor’s attitudes and practices related to forgiveness. There were three research questions guiding this study: 1) Does forgiveness present as an issue in the counseling process, and how likely are mental health counselors going to raise the issue by themselves? 2) What
do counselors view as essential components of forgiveness? 3) What are the prevalent attitudes held by mental health counselors regarding forgiveness and what factors contribute to their attitudes? This study sampled 381 volunteers who were members of the American Mental Health Counseling Association. Surveys were mailed to the participants between December 1998 and March 1999. The ages of the participants ranged from 24-79 years with 71% women and 29% men. Religious preferences included Protestants (46%), Catholics (19%), Jewish (8%), other (7%), and no religious preference (17%). Seventy-six percent of the counselors had master’s degrees and 22% had doctoral degrees with an average of 10 years of experience.

The survey for this study consisted of four sections. The first section focused on general background information, working environment, supervision and teaching experience, theoretical orientation, age, education, and religion. The second section asked whether forgiveness was presented as an issue in practice and the likelihood that counselors would raise the issue themselves. The third section asked participants to identify essential components to forgiveness out of a list of 18 provided by the researchers. The fourth section consisted of a 12-item survey which assessed attitudes toward forgiveness (Konstam et al., 2000).

The results revealed that issues of forgiveness are present and relevant to the work of mental health counselors. Eighty-eight percent reported that forgiveness was an issue in practice. Ninety-four percent thought it was important to raise the issue of forgiveness. However, only 5% believed that it was their responsibility to do so. Those who had positive attitudes towards forgiveness were more likely to raise forgiveness as an issue. Mental health counselors who used a systems approach to therapy expressed more
positive attitudes towards forgiveness, and implemented forgiveness into their practices more than mental health counselors using other approaches to therapy. The major limitation of this study was the low response rate (35.8%). As a result, the outcome of this study cannot be generalized to all mental health counselors, but those from the American Mental Health Counselors’ Association who participated in the study (Konstam et al., 2000).

Walrond-Skinner (1998) wrote an article focusing on definitions and meanings of forgiveness, potential problems in using forgiveness as a technique, typologies of forgiveness, characteristics of authentic forgiveness, and components and determinants of forgiveness. The authors noted five problems that facilitating forgiveness can cause therapists. First, forgiveness has been considered more of a religious construct rather than a psychological one. The literature has yet to bridge the gap between the religious aspects of forgiveness (relationship between God and humanity) and the psychological aspects of forgiveness (relationship between one individual and another). As a result, many therapists have steered clear of the religious-based concept. Second, family therapists run the risk of being further scrutinized by feminists and those working in the areas of child abuse and domestic violence. Historically, family therapists have been criticized for ignoring the victim by explaining away the offense and exonerating the offender. Third, without the proper training it may be difficult for a family therapist to distinguish between true forgiveness and pseudo forgiveness. Fourth, family therapists who deem forgiving as pertinent may feel ill-equipped to utilize forgiveness as a therapeutic tool. Finally, there may be other problems or factors that may hinder clients
from expressing anger, dealing with negative feelings, or confronting conflicts in relationships.

Sells and Hargrave (1998) did a review article on forgiveness focusing on definitions of forgiveness, the theoretical literature, the lack of psychotherapy literature, and the lack of empirical literature. Definitions of forgiveness in this article included “the right to retaliate subsequent to the offense, releasing or letting go of such emotions or feelings of anger and resentment, and record of wrongs.” Although words such as repentance, reconciliation, and mercy all have been associated with forgiveness, most definitions are consistent on one side that forgiveness is a concept that specifically has its own meaning and a process that takes time to achieve.

According to Sells and Hargrave (1998), family systems theory is very compatible with using forgiveness as a therapeutic tool given its reciprocal nature. However, psychodynamic perspectives can be helpful because forgiveness is seen as an internal process and it facilitates self-forgiveness. Cognitive perspectives emphasize forgiveness as a developmental process. Forgiveness is offered after retaliation has taken place as a way to relieve one’s self of guilt. Social pressures due to moral codes (such as religious convictions) facilitate forgiveness. It can also be a way to reduce friction, or serve as an act of love.

The authors note that there is a lack of forgiveness in the psychotherapy literature and gives possible reasons: 1) Due to its connection with religion, there has been a bias against forgiveness; 2) There are undeveloped constructs of forgiveness which can be potentially damaging to clients in the therapeutic setting; and 3) There are risks surrounding the victim being blamed while the perpetrator is released from any
responsibility. The empirical literature that has been published has focused on validating conceptual theories regarding the process and stages of forgiveness, its relationship to other human behaviors, and utilizing forgiveness in process and outcome research (Sells et al., 1998).

Davenport (1991) examined the importance of helping individuals to acknowledge, experience, and benefit from their anger before forgiveness can take place. According to the author, anger can serve different functions. Anger can serve as a corrective action. That is, the offense has occurred and needs to be corrected. Anger can also serve to destroy relationships and hinder trust. This is often found in familial abuse. The victim may experience feelings of self-blame as a result of the abuse. As a result, the individual blames and hates the perpetrator as a way to deal with these feelings.

Forgiveness, by letting go of the anger, is a sign of psychological health. There are six ways that Davenport proposes forgiveness to be psychologically healthy. One, the offense is acknowledged by both parties. Two, self-blame is replaced by self-compassion. Three, anger towards the offender has been experienced with minimal defenses. Four, a sense of empowerment is present. Five, forgiveness is viewed in a positive manner. Six, the offender is seen as human (Davenport, 1991).

AFRICAN AMERICANS AND RELIGION

For many decades, several disciplines of study have rested on the premise that religiosity has a tremendous impact on the lives of individuals, and particularly, African Americans. Religiosity is an integral part of their survival system and a manifestation of how they view reality. Therefore, it is imperative that therapists are culturally sensitive
and competent in order to effectively treat religious-oriented clients. Failure to do so can jeopardize the joining process and, therefore, result in premature termination (Leak & Randall, 1995).

For many African Americans, religiosity serves as a form of therapy. According to Eugene (1995), religion in Black churches offers healing to problems that African Americans face on a daily basis. In his article focusing on African American women, Eugene pointed out four ways in which the Black Church serves as a therapeutic agent. “Articulation of Suffering: Confronting and Exorcising Evil Through Song” is the first agent. Gospel music is considered an expression of suffering and symbolically represents the sufferings of African Americans. Listening to and singing gospel music can be very inspirational in that it allows one to praise God, build on one’s faith, and make sense out of a senseless world. The second agent is “Locating Persecutors.” Prayer is the focal point and is used to disclose problems and make a request for support from others. This support may include others praying for one’s strength, a change in the behavior that is causing the problem, and/or the formulation of plans to rid one of the problem. The third agent is the “Black Womanists and the Black Church as Therapeutic Agents and Asylums.” The women of the church take on therapist-like characteristics. They attend to, encourage, guard, and protect other women during religious behavior such as shouting, or “getting happy.” The fourth agent is “Validating Black Womanist Therapeutic Experience.” Through church activities (church service, prayer meetings, Bible studies, etc.), African American women recognize that church serves many functions in reaching out to and understanding those in need.
Being generally unaware of the services/benefits that counseling provides, many African Americans do not utilize therapeutic services. They assume that significant others (ministers, relatives, and friends) are more interested and qualified to help them than are professionals. Mental health professionals may expect African Americans to come and ask for help, the traditional way that counseling has been made available to all people. However, African Americans are not accustomed to sharing personal problems with strangers. Instead, solutions to their problems include their involvement in Bible study groups, prayer meetings, and/or counseling from their pastors. If therapists were to become more aware of religious issues as a central focus of many African American lives, then these clinicians could help their clients to move along more quickly in the therapeutic process without having clients sacrificing what they believe or who they are (Frank, 1991; Boyd-Franklin, 1989).

RATIONALE FOR THE STUDY

Religiosity is an area of diversity that deserves serious attention. Understanding how religious beliefs, values, and practices operate within the family system is paramount in the process of change. Beliefs such as guilt, sin, and repentance may be important to understand so that diagnosis can be accurate and treatment effective (Abbott et al., 1990).

Actively incorporating religious content in the process of therapy can facilitate increased understanding of the clients with whom we work. Nevertheless, theories can be extrapolated from the idea that religiosity is an important value in our society. Understanding clients’ personal religious belief systems allows for more effective treatment. Therefore, there must be an increased openness in addressing relevant
religious beliefs in therapy in order for the therapist to intervene effectively (Prest et al., 1993; Moyers, 1990).

Clergy have often acted as marriage and family counselors to many individuals in their congregations. Due to individuals seeking clergy concerning marriage and family problems and religion serving as a coping mechanism for many, collaboration between marriage and family therapists and clergy is warranted. Although mental health professionals tend to be less religious than the general population, marriage and family therapists are reported as the “most religious” among this profession. However, there is not much data on how the field of marriage and family therapy has been aggressive in bridging the gap between religion and therapy. This is unfortunate in that the collaboration could be beneficial for both (Weaver, Koenig, & Larson, 1997).

According to Weaver and colleagues (1997), religious training for mental health professionals is almost nonexistent. Part of the dilemma may be the lack of research on clergy, religion, and its role in mental health in the psychological and religious literatures. Both religion and therapy can benefit from one another, but there are areas of needed collaboration between the two. Both clergy and marriage and family therapists admit to not feeling competent in dealing with the other’s domain and need additional training. Because of the nature of relationships among clergy and congregation, clergy have unusual accessibility to individuals that marriage and family therapists are discouraged from pursuing. However, they often feel ill-equipped to deal with issues surrounding child abuse, domestic violence, and the elderly. Although courses are offered that include aspects of religion, marriage and family therapists are not trained extensively to deal with the religious issues and concerns of their clients.
Weaver and colleagues conclude with recommendations for facilitating the collaboration between religion and marriage and family therapy. There needs to be more research in understanding the role clergy plays as marriage and family counselors. The attitudes of marriage and family therapists in regards to clergy and the role they perceive them playing also needs to be addressed. More research needs to focus on the role religion plays as a coping mechanism for families with problems. Furthermore, the American Association for Marriage and Family Therapists need to develop a position for clergy to act as a liaison for the field of marriage and family therapy (Weaver et al., 1997). Hence, if religiosity plays a significant role in forgiving, it could influence the way marriage and family therapists conduct therapy. That is, the information from this study could be used by family scholars and therapists to justify the relevance of incorporating religiosity and forgiveness in the practice of marriage and family therapy. Presumably, therapists who are more open to religious issues of clients will also be more open to incorporating forgiveness techniques into their treatment modality as well as include religious leaders in the treatment process. Also, therapists who are more open to religious issues expressed by their clients may have a stronger rapport and success in working with African Americans who at large are known for having strong religious affiliations.

PURPOSE OF THE STUDY

The purpose of this study is to investigate the relationship between an individual’s religiosity, ethnicity, perception of remorse, and willingness to forgive a significant other who has wronged them. This study also seeks to explore the role that remorse plays in one’s willingness to forgive.
HYPOTHESES

Hypothesis 1: There will be a significant relationship between an individual’s religiosity and willingness to forgive a significant other who has wronged them. More specifically, those individuals who report higher levels of religiosity will report significantly higher levels of willingness to forgive a partner who they felt has wronged them.

Hypothesis 2: There will be a relationship between one’s religiosity and ethnicity. More specifically, African Americans will report significantly higher levels of religiosity than will Caucasians.

Hypothesis 3: There will be a relationship between remorse and forgiveness. More specifically, those who feel that their partner was remorseful concerning the offense will be more likely to forgive than those who did not feel their partner was remorseful.
CHAPTER 2

LITERATURE REVIEW

The purpose of this portion of the study is to examine the literature relative to forgiveness. The following sections will review five critical areas of this study: 1) the clinical use of forgiveness; 2) stages of forgiveness in therapy; 3) the clinical use of religion; 4) research on forgiveness; and 5) research on African Americans and religion. This chapter will conclude with a critique of the current literature reviewed regarding these areas.

THE CLINICAL USE OF FORGIVENESS

Current literature that focuses on forgiveness, notes that “true” forgiveness is a process that takes time. This is supported by the work of Worthington, Kurusu, Collins, Berry, Ripley, and Baier (2000) as they have studied interventions to promote forgiveness. The authors examined three studies that focused on brief interventions promoting forgiveness. The purpose of this article was to see if interventions for forgiveness could be brief as well as effective. In sum, each of the three studies found that some forgiveness occurs with brief interventions. Nevertheless, the authors concluded that interventions that promote forgiveness must be of substantial time in order for it to be lasting (Worthington et al., 2000).
According to Worthington (1998), empathy, humility, and commitment are all processes of forgiveness. The purpose of this article was to implement an empathy-humility-commitment model of forgiveness with family dyads. Forgiveness requires the victim to have empathy for the offender. Without it, forgiveness may be impossible. The author mentions three studies that have been connected to empathy mediating forgiveness. The second part of the model is humility. This calls for seeing oneself as fallible and identify with the offender as having the potential to also offend. The third stage is commitment. Commitment implies behavioral change. When an individual is committed to forgiving, they can begin to put the incident in the past, solidify an attitude change, and restore a sense of self-esteem without damaging other’s self-esteem.

Worthington (1998) suggests ways to promote this model with families. In promoting empathy, the therapist gets the clients to describe things from their point of view using narrative approaches in which personal stories are given. In emotionally focused therapy, therapists can draw out one’s vulnerabilities while the other spouse observes. In promoting humility, confession and an apology takes place. With family therapy, the therapist can look at the misdeeds of each family member and distribute the responsibility among members so that they can develop humility. In promoting commitment, the therapist gets both members to confess and forgive and behave in a way that shows that they are committed. Teaching communications skills and conflict resolution also takes place.

In 1990, Worthington and Diblasio wrote an article on promoting forgiveness within fractured relationships. This article focused on the elements of forgiveness and the use of forgiveness in psychotherapy. Elements of forgiveness include granting forgiveness,
seeking forgiveness, repentance, atonement, and sacrifice. According to the authors, granting forgiveness can be psychologically beneficial. Another element of forgiveness is seeking forgiveness. A therapist encourages this type of behavior as a means to promote empathy with the fractured partner and it also increases mutual responsibility of the problem. Repentance is the third element of forgiveness. An individual is more likely to forgive their significant other if they believe they are remorseful and have turned away from the destructive behavior. During this element, the therapist encourages partners to repent for past hurts. Atonement is an element of forgiveness that promotes a sense of sacrifice, coping strategy, and a way to handle guilt. Sacrifice is the last element of forgiveness. According to the authors, it is a sacrifice to make a decision to commit oneself to long-term forgiveness.

Worthington and Diblasio (1990) note that the use of forgiveness in psychotherapy includes acknowledging the hurt, and affirming the pain, deciding to forgive, remembering that it is not easy, forgiving self, and thinking about the consequences of not forgetting. Forgiveness is introduced to the couple and they are assessed to see if they are ready for forgiveness therapy. They must have the capacity for seeking forgiveness and granting forgiveness to the other. Before the therapist meets with the couple, they are told that the major objective for the session is to seek forgiveness. The therapist gets a sense of the client’s perceptions and values of forgiveness and shares their beliefs around forgiveness. The forgiveness session reviews the structure and guidelines of the session. The therapist asks clients to list areas in which forgiveness is sought and express that to one another. The therapist must be able to detect true forgiveness from a disguised way of blaming each other. The request for forgiveness is made and questions
and comments are raised. Lastly, the therapist reviews the session with clients and gives suggestions on what to do between sessions to insure actions towards forgiveness.

Gordon and Baucom (1998) sought to develop a model of forgiveness adopting various theories examining the cognitive, emotional and the behavioral components. The model begins with the impact of the offense. This is a time in which the victims’ emotions are very erratic, distorted, and unbalanced. Therefore, the beginning stages of the model call for more of a cognitive approach. At this stage, the victim recognizes the offense as betrayal, standard violation, and unjust treatment. The need to forgive is also part of the cognitive approach. That is, the need for forgiving the offender may depend on the severity of the offense.

According to Gordon and Baucom (1998), disrupted assumptions are assumptions individuals have about their partners prior to the betrayal that are violated, which in turn leads an individual to doubt everything they think and know about their partner. As a result, the victim is unsure whether their spouse deliberately tried to hurt them or not. This issue, will determine how easy it is to forgive or not forgive the offender. However, the authors note that the severity of the problem, how remorseful the offender appears to be, and the offenders’ investment in the relationship are other pertinent factors that may determine one’s willingness to forgive as well.

The next component of the model forward by Gordon and Baucom (1998) emotional component. The authors state that once the betrayal is revealed, individuals go through different emotions, including shock, repression, and/or denial. The pain of these emotions are so great, that individuals are unable to handle them immediately, and thus and they suppress them until they are ready to deal with them at a later point in time. The
unwillingness to deal with these emotions often turns to numbness, however, and only after the numbness ceases does more intense outrage become apparent. As these emotions become uncontrollable and uneasily contained, behaviors become unpredictable and often times destructive (Gordon et al., 1998).

The behavioral component of the forgiveness model emphasizes questions and answers and acts of revenge. As a way to put cognitive equilibrium back into the relationship, details about the event and constant rumination are acquired. This helps individuals fit the offense into the assumptions they had about themselves, their partner, and their relationship (Gordon et al., 1998).

Along with the anger one experiences after an offense, thoughts of revenge are common. According to the authors, revenge may serve to “even the score”, make their partner “safe” again, or make them feel more powerful. Also, it is a way to show their partner the negative consequences of betrayal in hopes that it will prevent them from making the same mistake again (Gordon et al., 1998).

Forgiveness in psychology has been linked to relational and emotional healing, obedience towards God, empathy, and identity. According to Meek et al (1997), literature focusing on forgiveness in the realm of therapy has addressed the opposition of its incorporation, that forgiveness can be used as a goal to eliminate relational conflicts and gain personal benefits, and that forgiveness has theological roots and implications. Opposition to forgiveness in therapy is based on the premise that forgiving others who have wronged you can be detrimental, particularly in sexual abuse. The argument is that it minimizes the offense, it causes guilt for those who find themselves unable to forgive, and it condones the offense that has occurred. However, forgiveness has been used as a
counseling technique because it has healing benefits that have helped individuals in releasing painful emotions and reducing debilitating thought processes (Meek et al., 1997).

According to many Christian psychologists, forgiveness is an extension of theological understanding. However, the collaboration of forgiveness, religion, and therapy are far from clear. The integration of these calls for an understanding of the potential damage that introducing forgiveness can cause clients, thoroughly understanding the theological and historical basis for forgiveness, and competency in applying theological understanding to forgiveness (Meek et al., 1997).

Meek et al. (1997) concluded their article with four therapeutic implications. One, therapists must become educated in the theological and historical basis of forgiveness. Two, humility and self-awareness must be encouraged and modeled as both are characteristics of true forgiveness. Three, the focus of therapy with Christian clients should emphasize self-awareness, humility, empathy, and insight. Four, therapists must be careful not to push clients to forgive prematurely.

Charles Williams, a literary critic, wrote about interpersonal forgiveness as it relates to theology and therapy. Co-inherence is a term he coined that holds that all aspects of human relationships are interdependent. Therefore, one’s willingness or unwillingness to forgive is contingent upon both parties involved. This is compared to the fall of man and how that affected all humanity. Accordingly, sin that is committed against another has been committed by all humanity. As there is a shared responsibility in the sin, there is also a shared responsibility in forgiving. Thus, forgiveness is dependent on more than one person. This is illustrated by God’s instruction for
individuals to forgive regularly and freely (McCullough, Sandage, and Worthington, 1995).

According to Williams, sin is co-inherent. That is, as one hurts another the likelihood that the victim will hurt someone else is high. This becomes cyclical and eventually the sin comes back to revisit an individual. The individual becomes the offender as well as the victim. This speaks to the cliché, “what goes around, comes around.” Accordingly, we are to forgive because we are forgiven. The co-existence of the two brings back harmony among humanity. However, forgiving for the purpose of self-seeking motives taints the true essence of forgiveness. By attempting to avoid the pain of co-inherence, one is trying to become free from all others (McCullough et al., 1995).

According to McCullough and colleagues (1995), the application of forgiveness into the practice of therapy is promising. First, forgiveness is considered morally good and has health-promoting potential for resolving problems surrounding anger, anxiety, depression, violence, relational conflict, etc. Second, forgiveness is valued by pastors and mental health professionals alike and is appropriate with nearly all populations and presenting problems.

McCullough et al (1995) concludes with ethical reasons why one should and should not practice forgiveness in the therapeutic setting. If used incorrectly, the concept of co-inherence can be oppressive. Therefore, therapists should avoid the pressures of promoting forgiveness for fear that victims will feel that they are no different than the offenders and are in fact indirectly responsible for the sin. This is particularly prevalent in cases of repeated sexual abuse and other severe offenses. However, it would be
beneficial to introduce co-inherence in cases of conflicted couples, families, and communities engaged in a pattern of sinful behavior (McCullough et al., 1995).

In their study focusing on religious orientation, guilt, confession, and forgiveness, Meek, Albright, and McMinn (1995), hypothesized that intrinsically religious participants will be more likely than extrinsically religious participants to feel guilt and to have more reparative responses to their transgressions. According to the authors, intrinsics “tend to find their master motive in religion” and extrinsics “evaluate their religious beliefs in light of their other needs such as security, social contacts, and self-justification.” The results revealed that intrinsically religious individuals are more likely to have feelings of guilt, confess wrongdoing, and forgive themselves (as mentioned in the hypothesis) than extrinsically religious individuals.

Diblasios’ (1993) study on the role of social workers’ religious beliefs in helping family members to forgive sought to investigate social workers’ attitudes regarding their theory of forgiving and the use of forgiveness in the clinical setting. The author hypothesized that social workers with high personal commitment to their religious beliefs would show more favorable attitudes toward, thinking about, and use of forgiveness in clinical practice. The results revealed that there were differences in forgiveness attitudes but not as they related to theoretical thinking, depression, anger, openness to clients religious beliefs or the use of forgiveness techniques.

Veenstra (1993) wrote an article that reviewed and critiqued forgiveness as it relates to adult child approaches, whereby the child of a dysfunctional family continues to be affected by the pattern as an adult. These memories must be acknowledged, owned, understood, grieved, and released in order to establish more healthy patterns. The goal of
the forgiveness process then becomes to heal for the functioning of the self and for the reconciliation of relationships. According to Veenstra (1993), the power that makes the forgiveness process happen is the support of the healing helper or other recovering survivors. More importantly, the personal experience with spirituality is both inclusive, supportive, and a means of seeking to respond to God. In order to release people from their resentments and restore relationships, therapists must acknowledge the abuse and the damage that it has caused, help victims counteract debilitating patterns adopted from childhood, and be able to apply Christian teachings that speaks to the healing power of forgiveness.

In an article with the expressed purpose of examining the clinical use of forgiveness, Diblasio and Proctor (1993) sought to assess therapists’ level of development of techniques to assist clients in forgiving themselves, others, and seeking forgiveness from others. According to Diblasio and Proctor (1993), forgiveness lacks an empirical foundation, theoretical conceptualizations, and methodological rigor in spite of the growing interest in the topic. This study questioned 128 clinical members of AAMFT regarding their clinical use of forgiveness. The results showed that, although the therapists looked upon forgiveness techniques as advantageous, many did not incorporate these techniques into their therapeutic treatment. Furthermore, the researchers found that the therapists’ age and openness to clients’ religiosity both were significant factors in predicting the development and application of forgiveness techniques in treatment. However, there was not a significant relationship between the implementation of forgiveness techniques in treatment and variables regarding gender, educational level, and personal religiosity of the therapists.
In a similar article, McCullough and Worthington (1994) sought to examine forgiving and its use as a counseling technique. This article summarized the benefits of forgiveness, reviewed empirical support for the implementation of forgiveness in therapeutic settings, examined the role forgiveness plays in therapy, and made suggestions for its therapeutic use. McCullough and colleagues posited that alleged psychological benefits of forgiveness include positive change in affect and well-being, restoration of sense of personal power, and reconciliation of offendee and offender. However, they concluded that there is not enough empirical data to support these claims. The authors also assessed by and with whom forgiveness is used. This includes clients’ value of forgiving, the degree to which counselors encourage forgiveness, matching or mismatching on client-counselor values on forgiveness, and whether forgiveness was a part of secular therapy or more specifically Christian-oriented therapy. They found that both religious counselors and clients value the implementation of forgiveness. Although religious counselors implement and encourage forgiveness, studies that focused on secular professionals provided little evidence that forgiveness is encouraged or used as a technique. Furthermore, the article noted that many problems can be treated with forgiveness, but cautioned therapists and researchers to examine client variables that may limit the effects that forgiveness could have on clients. These include, but are not limited to, the effectiveness of forgiveness techniques, severity of pain from the offense, the willingness to forgive, and the presence of mental disorders. The authors concluded that forgiveness needs to be investigated systematically and operationalized with a consensus on how to measure it. Further, there needs to be a well formulated theory of forgiveness.
and more studies focusing on therapeutic change as a result of using forgiveness in therapy (McCullough et al., 1994).

**STAGES OF FORGIVENESS IN THERAPY**

Much of the marriage and family therapy literature focusing on forgiveness discusses it as being a treatment modality. More specifically, stages on how to forgive are identified and serve as an effective means to resolve interpersonal problems. Therapists are given recommendations on how to implement these stages which includes helping both parties take responsibility for the forgiveness process.

Diblasio (2000) wrote an article that focused on forgiveness as it relates to marital infidelity. He developed what he termed a Decision-Based Forgiveness strategy for cases of infidelity. According to Diblasio, Decision-Based Forgiveness is “the cognitive letting go of resentment, bitterness, and the need for vengeance.” This intervention has 13 stages divided into three categories:

- Define and prepare
- Seek and grant forgiveness
- Ceremonial act

During defining and preparing, the therapist explains and discusses the definition and the benefits of decision-based forgiveness and gives each person an opportunity to seek forgiveness for their wrongdoing. The last session in the first phase involves introducing the forgiveness treatment and explaining the rest of the steps to forgiving. Next, is the Seeking and Granting Forgiveness stage. First, the affair is discussed. The author clearly notes the advantages and disadvantages of revealing certain types of information and leaves the responsibility on the offender for what they will divulge. The
offender is given an opportunity to explain why he/she had the affair. The therapist repeats the explanation and questions are asked for clarification. This allows time for the victim to express his/her hurt, anguish, disbelief, and anger. The offender is then required to be empathetic towards his/her spouse by acknowledging and paraphrasing the hurt feelings that their spouse has experienced as a result of the affair. Subsequently, the infidel comes up with a well-organized plan to either stop or make sure the affair does not recur. According to Diblasio, the plan needs to include complete cutoff from the third party, another person who can keep the infidel accountable for any risky behaviors or indiscretions and reveal that to the therapist as well as the spouse, and the permission to check up on the infidel.

The next step calls for the victim identifying with the infidel’s hurt, deep regrets, and shame for the affair. At this stage, the victim is able to see how they have contributed to the marital dysfunction. Consequently, the victim makes a decision to either forgive or not to forgive. The author makes note that forgiving does not mean forgetting and that the healing process is going to take time. At this moment, a formal request for forgiveness is made. The time, day, and place where forgiveness takes place is recorded. The last phase of forgiveness is the ceremonial act. Spouses celebrate with a symbolic expression, gesture, or event as a way to move toward new phases in their relationship (Diblasio, 2000).

According to Enright and Fitzgibbons (2000), forgiveness therapy is a way for both client and therapist to examine those situations in which the client was or is treated unfairly for the express purpose of helping the person to understand the offender and
learning to slowly let go of the anger. This requires four stages of forgiveness. They are as follows:

- The Uncovering Stage
- The Decision Stage
- The Work Stage
- The Deepening Stage

The Uncovering Stage includes examining psychological defenses, confronting the anger, admitting the shame, depleting emotional energy, rehearsing the offense cognitively, having insight that one compares self to offender, realizing the effects of the offense, and having an altered insight about having a “just world.” The Decision Stage includes having a change of heart or new insight that old resolution strategies are not working, considering forgiveness as an option, and making a commitment to forgive the offender. The Work Stage includes reframing (through role-taking), having empathy and compassion towards offender, bearing or accepting the pain, and giving a moral gift to the offender. The Deepening Stage includes finding meaning for self and others in the suffering and in the forgiveness process, recognizing the need for forgiveness, realizing that one may have a new purpose in life, having insight that one is not alone, and being aware of decreased negative affect and maybe increased positive affect. The phases of Forgiveness Therapy and the issues involved may require many months or even years.

Enright and North (1998) discussed five stages of forgiveness in their article. They are as follows:

- Identify the hurt
- Confronting
- Dialogue
- Forgiving
- Letting Go
Identifying the hurt includes naming the injury so that individuals will not make excuses and explain away their hurt or that the offense will not be minimized or denied. Next, is confronting, either by letter or face to face. For serious offenses, it is impossible to forgive without confronting. The victim should confirm that one is deeply hurt and make it clear that the offense cannot be ignored. The dialogue to understanding is what follows confrontation. At this point, the individual is able to make sense of the offense. The authors state that it may be easier to forgive if we can understand why the offense occurred. This can put a person in a “no-win” situation because they may never get the answer they are looking for or it may never be good enough. This phase may also help a person see what part they played in the problem. The forgiving phase is the shortest. It is a matter of making a statement that the offender has been forgiven. The difficulty is in matching the behavior and attitude with the statement. The last phase is letting go. That is, making a conscious decision to let go of the pain and resentment.

Diblasio (1998) explored how Decision-Based Forgiveness work fits within intergenerational family therapy. Decision-Based forgiveness is “the cognitive letting go of resentment, bitterness and need for vengeance.” The author notes that before forgiveness is implemented, family members must understand that the initial meeting is for the purpose of sharing thoughts about the past, seeking forgiveness, and resolving any old issues. This is contradictory to the traditional emotional attacking of others. Diblasio (1998) notes that there are several stages to work through the forgiveness process. Suggestions for facilitating forgiveness include:

- Perspectives
- Definitions and contracting
- Statement of offense
During the beginning stages of this intervention, members are asked to get each other’s perspectives on their feelings and memories of growing up in their family. Next, definitions and contracting are implemented. The subject of forgiveness is discussed and defined and the therapist gets a sense of the belief system of family members (particularly, the religious content). After this has been established, a contract is established with members in which each gets the opportunity to seek forgiveness for their own offenses. The statement of the offense includes allowing everyone to state the offense while the therapist helps make sure that the statement is explicit and clear. Family members are then able to ask questions about the offense. The therapist may add questions to assist in understanding the offense, but should also counteract inappropriate questions. The offender is then asked to give an explanation of the offense. In disclosing the hurt and pain, victims are asked to explain the extent of pain that the offense has caused. This helps the offender to empathize with the victim and have feelings of genuine guilt. The offender is then asked to summarize the feelings of the victim. This helps the victim feel understood. At this point, a plan is made to stop or prevent the offense from recurring. By making a plan, it gives both parties hope that behaviors will not recur. The therapist then explains that the willingness to forgive gives up one’s right to use the offense as a weapon in the future, but that it can still be discussed as part of the healing process (Diblasio, 1998).
A formal request for forgiveness is made and the therapist helps by encouraging the offender to acknowledge what has been done and express an understanding on how it has affected the victim. The author suggests sitting next to the victim, getting down on one knee, and touching the victim. Finally, the family plans a ceremonial act that represents the forgiveness. The therapist should have a few ideas if the family gets stuck, but leave it up to the family to work through (Diblasio, 1998).

Cunningham (1985) postulates that there are four stages to forgiving:

- Judgment vs. Denial
- Humility vs. Humiliation
- Opportunity for mutuality and negotiation
- Living out the process of forgiveness

During the first stage, judgment vs. denial stage, an individual acknowledges the sin and has to face the consequences of being sinned against. Cunningham (1985) notes that the reality of the sin is very painful as it relates to forgiving. Humility vs. humiliation, the second stage states that individuals tend to internalize the offense. As a result, the person experiences humiliation. Once the injury is put into its proper perspective, humiliation turns into humility. Humility is the side of the person that combats reproach or revenge and allows one to look at self as being imperfect and vulnerable. This also allows one to be more open and empathetic towards the offender. The third stage begins with change and the opportunity for mutuality and negotiation process. The individual no longer feels compelled to punish the offender. He/she is able to identify with the offender as also having a need to be forgiven and is able to reframe the offense. At this point, the offender is able to genuinely feel guilt (without feelings of estrangement or humiliation) rather than becoming defensive or denying the offense. The fourth stage consists of
actually living out the process of forgiveness. An individual is able to accept what has happened to him/her and is able to live as though he/she has forgiven the offender. The author notes that this is not an indication that he/she will forget about the offense, but that one is able to live with the hurt because he/she is now able to see his/her relationship and the offender in a different manner. This restores integrity in one’s self, with others, and with God (Cunningham, 1985).

In sum, these stages of forgiveness offer ways therapists can use forgiveness as a therapeutic technique. These recommendations will be helpful to those wanting to make forgiveness a part of their treatment. Most of the stages examined used psychodynamic approaches to the forgiveness process. More specifically, much that has been written has focused on family of origin issues, insight, and past childhood experiences. Nonetheless, the literature does discuss the importance of both parties taking responsibility for the forgiveness process.

THE CLINICAL USE OF RELIGION

In his effort to explore ways to incorporate religion (and spirituality) into family therapy, Joanides (1996) reviewed the literature concerning the discrepancies and inadequacies that exists in this body of research. This article offered a collaborative approach between family therapy and religious family systems and used two case examples to illustrate how the approach may be used. According to the author, there are several assumptions behind using a collaborative approach with religious families. One, the therapist takes a “not knowing” position while families are considered to be the true experts of the family. Two, families should act as co-therapists to discuss topics and
issues that are prevalent in the family system. Three, families should be encouraged to pick out religious themes in order to rewrite or reframe family stories. Four, families should guide therapy by discussing their religious experiences from their perspective rather than the therapist’s. This collaboration between family therapy and religion serves to decrease the historical antagonism between theologians and family scholars and to discredit the idea that religion and therapy should be kept separate. Also, marriage and family therapists will less likely mislabel religious issues as being pathological or irrelevant to therapy. Hence, anxiety about discussing religious issues more likely will decrease among marriage and family therapists when they take a one down position instead of the expert role.

According to Joanides (1996), part of the collaboration between religion and family therapy includes consultation teams and debriefing. Consultation helps to bring new information in the therapeutic system, it enhances the collaboration process, and it facilitates the discussion of difficult issues. Similarly, debriefing introduces new information into the therapeutic system by asking client’s questions that encourage them to take an active role in the therapeutic process letting clients know that their input is valued and essential to the success of therapy (Joanides, 1996).

Similarly, Stander, Piercy, Mackinnon, and Helmeke (1994) wrote an article discussing the issues surrounding therapy and religion and how therapists are currently dealing with them. The first issue the authors discussed was boundaries and distance in terms of its ambiguity. That is, how much should religion be addressed in therapy? Should secular therapists discuss religious issues in therapy? Should religion be included in family therapy education and training? According to Stander and colleagues (1994),
there are several overlapping and interacting roles concerning religious issues in marriage and family therapy. First, studies show that marriage and family therapists are the most religious of all mental health professionals. The commonalities of marriage and family therapists and religion include the fostering of a sense of perspective, giving meaning to life, providing social support, setting ethical norms, providing rituals that connect and transform, giving identity to its members, supporting families, facilitating positive change in individuals, looking out emotionally and physically for individuals, and educating. Furthermore, therapists who are religious themselves may incorporate that into their practice. Some therapists pray for their clients, others use their faith and believe that the power of God gives meaning to therapy and hope to their clients. However, it is possible to use family therapy concepts to address religious issues.

Lastly, the article introduces the relevance of integrating religious issues in family therapy training programs. Accordingly, religion should be incorporated into the training process of family therapy therapists for several reasons. As mentioned before, there is an overlap between the two that cannot be ignored. Both family therapists and clergy can benefit from their distinct disciplines. Clergy can receive more counseling skills and therapist can learn how to become sensitive to the religious needs of their clients. Because religion is such a big part of cultural background, religion cannot be ignored. Still, both therapists’ and clients’ values are often tied to religious beliefs (Stander et al., 1994).

Stander and colleagues (1994) note that family therapy programs must train individuals to be religiously sensitive therapists. Trainees should respect religious autonomy so that clients can feel safe to work through personal as well as religious issues
in their lives. The therapist must be sensitive to the client’s personal struggle to grow religiously. This includes being familiar with religious constructs, how to make the connection with other problems the client may be experiencing, and recognizing when the problem or issue is out of one’s realm of expertise. Just as important, religiously sensitive therapists must not allow their own personal struggles with religiosity interfere with helping their clients. Stander et al (1994) note that in order to have a religiously sensitive therapist, training programs must include culture as a framework for religious issues, religion and ethics, religion and professional issues courses, and the integration of religion throughout curricula (Stander et al., 1994).

In sum, solid arguments regarding the clinical use of religion have been advanced in the literature yet the parameters around the clinical use of religion have not been clearly defined. Therefore, many therapists are not equipped to make use of religion in therapy. The literature notes that a collaboration between therapists and clergy is needed to get a better understanding of the two disciplines. Also, training programs should extend multicultural courses to include those that focus on using the clients’ belief systems as a way to effectively treat religious clients.

**RESEARCH ON FORGIVENESS**

Over the past decade, researchers have made great strides in their efforts to better understand the process of forgiveness. A current literature search with the PsychINFO research database (using the word forgiveness), revealed that there has been a total of 292 articles that have been published in professional journals between 1966-2002. Out of 292 articles, 150 were empirical studies (87 of these were dissertations). In 1998, the Journal
of Family Therapy (v. 20) did a special issue on forgiveness in families and family therapy. Issues such as the function and the role of forgiveness, models of forgiveness, forgiveness scales, a review of the theoretical and empirical literature, and promoting forgiveness with couple and intergenerational issues were addressed in these articles. Similarly, the Journal of Psychology and Christianity (1992, v. 11), devoted a special issue to grace and forgiveness. Topics included clinical applications of forgiveness, the use of forgiveness techniques with old and new therapists, the theology of forgiveness, spiritual growth through grace and forgiveness, psychological concepts of forgiveness, measurements of forgiveness, and forgiveness in the Old Testament.

In 1994, the International Forgiveness Institute was established in Madison, Wisconsin. This organization seeks to educate people across the globe about forgiveness by helping individuals, families, and communities to explore and implement forgiveness for the purpose of restoring healthy emotional relationships and establishing more peaceful communities. In 1997, The John Templeton Foundation sponsored a symposium entitled “The Science of Forgiveness” to encourage more studies focusing on forgiveness; in addition, a campaign to promote forgiveness research has been established by this philanthropic organization and is headed by campaign co-chairs Archbishop Desmond TuTu and former President Jimmy Carter.

RESEARCH ON AFRICAN AMERICANS AND RELIGION

This study hypothesized that there would be a relationship between an individual’s religiosity, ethnicity, perception of remorse, and willingness to forgive a significant other who has wronged them. More specifically, African Americans are
hypothesized as being more likely to report significantly higher levels of religiosity than Caucasians. This notion is supported by a number of studies that have investigated race differences in religious involvement. One such study was that of Taylor et al (1996), who used data from seven national probability samples in order to test the hypothesis that there would be generally higher levels of religious participation among blacks relative to whites (publicly and privately). The study controlled for socioeconomic status, region, and religious affiliation. The data sources included the General Social Survey, Americans’ Changing Lives, the National Election Survey (2), Monitoring the Future Survey, The Quality American Life, and the Americans View Their Mental Health. Collectively, these data sets measured religious instruction, importance of religion, subjective religiosity, religious comfort, perusal of religious material in print and broadcast media, closeness to God, frequency of prayer, religious intensity, and attitudes toward organized religion. The results revealed that there were no differences on the scale that measured instruction and organized religion. That is, there were no differences in receiving religious instruction while growing up and equal levels in confidence in organized religion. At the same time, however, Blacks tended to be more religious than other groups (Taylor et al., 1996).

Brodsky (2000) conducted a qualitative study on the role of religion in the lives of resilient, urban, African American, single mothers. Participants were 10, African American single mothers raising their children in an inner city neighborhood in Washington, DC. Participants were asked three questions: 1) What issues do you have to cope with (stresses)? 2) Who and what helps you cope (resources)? 3) Do you consider yourself successful? If so, how and why? Brodsky found that eight of the ten
participants found church to be a major part of their families’ lives as they were growing up. Church was also a source of support through the activities and valuable lessons that it provided for children. Church membership and attendance was associated with a sign of being a caring person with good values and having a sense of shared values with other members. The internal role of religion serves to have a more private form of religion in their lives in which one can gain grace and personal growth. It also played a role in dealing with and teaching their children about racism. Behaviorally, religion served to shape one’s actions. It also provided a means to teach their children skills and behaviors needed to survive in the inner city. The last role that religion plays is that of protection and blessing from God. Prayer is used as a way to protect their children.

In her efforts to examine stress levels, family help patterns, and religiosity, McAdoo (1995) surveyed 318 middle-class and working-class African American single mothers in the Baltimore area. Four factors were addressed and they included the factors in personal and family backgrounds that contribute to the ability to face stress, the levels of stress, whether female-related stressors are an addition to regular stress, and the roles of religion. There were three hypotheses guiding this study: 1) Stress levels will be similar for both the previously married and never-married women; 2) Working-class mothers will have significantly higher stress levels than middle-class mothers; and 3) The roles of religion will be similar for women in both marital status and SES groups. In order to measure stress intensity, The Significant Life Events (SLE) and the Holmes and Masuda Scale of Recent Events were used. The number of times a stressful event occurred measured stress frequency. Female stress was measured by 16 events, including going on or off welfare, starting an intimate relationship, widowhood, having an unfaithful lover,
menopause, rape or molestation, death of a child, nervous breakdown, etc.

Socioeconomic status was assessed using the Hollingshead-Redlick Social Position Scale which focused on the occupation instead of the educational level of an individual.

Religion was measured by how religious women felt they were and how important it was in their lives. The data analysis used in this study was not explicit. However, the authors did provide tables of frequency distributions, cross-tabulations, means and standard deviations, and regression analysis.

Although hypothesis 1 was not supported in this study, the results supported hypothesis 2 and 3. Particularly, religion was shown to provide emotional support for most of the women. Some reported that it provided moral support, answered prayers, provided a system of beliefs, helped Blacks function in society, and provided strong support to families. While a few felt religion helped facilitate family unity, 11% felt that religion did nothing for their family. Still, those who were very religious had lower stress scores than those who were fairly religious (McAdoo, 1995).

Using a sample of forty-three elderly African Americans residing in Southwestern Virginia, Nye (1992) sought to examine religion and identity from a Continuity Theory perspective. The study failed to explain the basic concepts behind the theory. However, it was noted that it was a theory of aging. This study collected life stories by audiotape from each of the participants. These audiotapes were used to elicit religious themes based on the continuity of lives of the respondents. E. Franklin Fraziers’ list of functions of the Black Church was used as a guide. The first function was expressive in nature. That is, deepest emotions were discussed or expressed in religious terms and religious references were used. The second function was status. Religious participation is
something in which people can be recognized. The third is the meaning function. This provides a source of order and understanding in one’s life. It also serves as a refuge in that it is a safe haven in a time of trouble. Along with this comes a cathartic function. That is, individuals feel free to release pent-up emotions and oppression from being oppressed. Lastly, is the worldly orientation function. This orients individuals to themselves and activities towards fulfillment in the next life. The results revealed that religion serves many significant and positive functions for the continuity of elderly African Americans. The meaning and the other worldly orientation function served to be particularly important in maintaining continuity.

A study conducted by Levin and Taylor (1998) showed that religious involvement among Africa Americans had a positive correlation with well-being. This longitudinal study explored the effects of eight measures of religious involvement on three indicators of well-being. The researchers wanted to find out if religious effects on well-being are contemporaneous or longitudinal, or both. If such religious effects are longitudinal, do they persist after controlling for the effects of overall health and lagged endogenous effects? Furthermore, if these effects remain statistically significant, do they withstand controlling for the effects of sociodemographic variables known to be associated with religious involvement well-being? The researchers also wanted to find out if statistically significant religious effects on well-being emerge regardless of the religious dimensions used in analyses and if significant effects emerge regardless of the domain(s) of well-being under investigation.

This study used the National Survey of Black Americans, a national probability sample of African Americans from the 1970 census, as their sample. The instruments
used included a single-item question of life satisfaction and happiness. This question asked subjects how satisfied they were with their life as a whole. There was also a single-item question measuring well-being. This question was asked as stated: “How would you say things are these days?” A question asking subjects how satisfied they were with their health was used to measure health satisfaction. Also, there was a 10-item version of the RAND Mental Health Index that measured psychological distress. This study controlled for age, sex, education, marital status, employment status, region, and urbanicity (Levin et al., 1998).

The results revealed that contemporaneous effects of religious involvement on well-being were present at both waves for most of the combinations between the religious measure and well-being indicator. Although there was a strong statistical significance in preliminary analyses regarding religious involvement and well-being, there was not a statistically significant after controlling for well-being, religious involvement, and health (Levin et al., 1998).

CRITIQUE OF LITERATURE REVIEW

This proposal has provided an overview of the existing psychological literature over the past 10 years for articles relevant to forgiveness. There were several missing elements in the articles reviewed. Although the Journal of Family Therapy (1998, v. 20) devoted a special issue to forgiveness, the articles found indicate that there are very few studies pertaining to forgiveness published in marriage and family therapy journals. Most of these articles were appeared in Psychotherapy. Nevertheless, the majority of articles dealing with application, dealt with families and couples. Many of the articles
selected for this study consisted of a step-by-step strategy for implementing forgiveness in therapy. Some articles studied forgiveness as a brief intervention for therapy while others included models as a way to conceptualize forgiveness. Studies that described forgiveness as a counseling technique or intervention goal, focused on specific topics such as anger, marital infidelity, incest, divorce, abortion, etc. Some of these topics were duplicated in other studies (i.e., affairs, sexual abuse). These articles gave diversity of ways of implementing forgiveness into the therapeutic setting. This trend will bring about further research regarding articles such as those mentioned above as well as encourage scholars to examine forgiveness as it relates to rarely studied topics. The most pronounced theme that ran throughout the forgiveness literature was the idea of empathizing with the offender as part of the healing process and as a way to recognize one’s self as being fallible.

Furthermore, the literature seemed to ignore two critical issues of forgiveness; Research on self-forgiveness and asking for forgiveness. The few articles that did mention these relevant issues of forgiveness failed to address it as a main concern or inquiry of study. Also, there was not a consensus on how to define or measure forgiveness. Therefore, it made it difficult to draw solid conclusions about its impact. These issues will be addressed in the conclusion section of this study under future research recommendations. Nevertheless, this study, along with the growing interest and future research concerning forgiveness, could potentially motivate family theorists and researchers to refine current scales as well as create scales of their own. This will also allow scholars to make decisions about what constructs should be independent of forgiveness and those that help define forgiveness.
The literature is scant regarding the clinical use of religion, and much of what is available in the literature has focused on how spirituality and religiosity can be employed in the therapeutic setting. While researchers are beginning to address the issues around the collaboration between religion and therapy, there needs to be more empirical studies regarding the success rates of using religion in family therapy. The current study specifically addresses the association between religiosity and forgiveness as it relates to therapy. The researchers’ hope is that forgiveness will be seen more than a religious construct, that religion will not be viewed as a nonscientific construct, and that together they can play a role in the treatment process.
CHAPTER 3

METHODOLOGY

SAMPLING STRATEGY

Since it was not possible to use a probability sampling strategy, a purposive sampling strategy was used. The sample consisted of members from various churches and clients from mental health agencies in central Ohio. Churches, Synagogues, and Mosques were identified from a listing compiled by a ministerial directory in central Ohio. All other participants were identified through the First Link Directory (2000) under the counseling category. First Link is a referral service that provides telephone numbers, addresses, and information about the services provided at many nonprofit agencies and organizations in central Ohio.

PROCEDURES

The researcher called religious leaders and mental health professionals asking permission to post flyers in their facilities as a way to recruit volunteers. The recruitment flyer included the title and the purpose of the study, the selection and exclusion criteria, and the researchers’ number and email address to request a questionnaire packet or ask questions regarding the study. The researcher took copies of the recruitment flyers to 30 religious facilities and 22 mental health agencies. The flyer was reviewed and the researcher posted the flyers in the designated areas as permitted by religious leaders and
therapists. Participants that were interested called or emailed the researcher to request questionnaire packets. These packets included a cover letter, 5 questionnaires, a postcard and a self-addressed, pre-stamped envelope.

The criteria that participants, who had to be at least 18 years of age, had to meet in order to participate in the study was to be in a relationship with someone that the participant considered intimate and the participant experienced feelings of hurt as a result of an offense committed by the significant other. Persons from various ethnicities were encouraged to participate because the researcher believed that it could generate important information about the role religiosity and ethnicity together play in forgiveness. Therefore, the researcher wanted at least two different ethnicities to participate in the study with no less than 20 members per group. It was expected that Caucasians and African Americans most likely would be represented in those groups. Also, it was expected that the majority of the sample would be female due to the fact that women are more likely to seek help from their religious leaders and therapists than their male counterparts. In addition, pregnant women were excluded from the study to insure that they or their unborn child would not accrue any added stress and those suffering from any known severe mental illness also were excluded because the researcher believed that their condition could cause them to answer questions in such a way that may not be an accurate reflection of events. To insure that potential participants were appropriate for the study, the researcher screened individuals via the selection and exclusion criteria before mailing each questionnaire packet.
COLLECTION OF DATA

To insure confidentiality, the questionnaires were returned directly to the researcher. Participants were asked to mail the packet of questionnaires to the researcher with a self-addressed and pre-stamped envelope within one week following receipt. Unfortunately, very few questionnaire packets were returned within that week. Hence, the researcher continued to accumulate questionnaire packets over a period of 1 month.

Questionnaires were stored in a locked file cabinet when not in use. Data from each questionnaire were entered into a computer using SPSS software. After each questionnaire was numbered and put into the computer, ‘entered’ was written on the top of the first page of the raw data. Participants were informed that the raw data would be kept until the study was completed, at which time all information would be destroyed.

Those who received a packet were asked to complete the 5 questionnaires at home in the following order: the basic demographic questionnaire, the Forgiveness Scale, the Religiosity Measure (twice), and the Personal Feelings Questionnaire 2 (modified).

The research goal was to obtain 100 completed questionnaires. Participants who wanted to seek therapy as a result of the study were referred either to The Ohio State University Marriage and Family Therapy Clinic or to the Firstlink directory if they needed immediate service. The phone number to Firstlink and services offered by the Marriage and Family Therapy Clinic were included in the cover letter that explained the purpose of the study. As an incentive to fill out the questionnaires, participants were
given an opportunity to win a gift certificate for two at Red Lobster. Participants interested in entering the drawing had to put their name and return address on the enclosed postcard provided in the questionnaire packet. These postcards were separated from the questionnaires immediately after the researcher received the returned packet. They were folded and placed in a box for the drawing after the study was completed.

PARTICIPANTS

Surveys were mailed to 166 individuals over a period of one month and seventy-five questionnaire packets were returned. Participants identified themselves as African American, Caucasian, Hispanic/Latino, or Asian. Because most participants said that they were either African American or Caucasian, those who identified themselves as Hispanic/Latino or Asian were dropped from the study. Also, seven out of the 75 had to be dropped from the study because the forgiveness scales were returned incomplete. The final sample contained fifteen African American males, thirty-two African American females, four Caucasian males, and seventeen Caucasian females.

AFRICAN AMERICAN MALES

The mean age of African American males in this study was 35 years of age (range: 25-60; n=15). Ten participants were between the ages of 25-36, 3 were between the ages of 37-48, and 2 were between the ages of 49-60. African American male participants represented various religious denominations. These included Baptist (6), Catholic (1), Pentecostal (2), Methodist (1), Muslim (1), and other (4). When asked about their partners’ religious preference, responses included: Baptist (5), Catholic (3),
Pentecostal (1), Methodist (1), Muslim (1), and other (4). Three out of the 4 that responded as ‘other’ specified themselves as Christians. As expected, religious preference of self and other were very similar. In regards to African American males’ marital status, 20% (n=3) were single, 73% (n=11) married, 6% (n=1) divorced. All African American male participants attended college. Thirty-three percent (n=5) had some college, 27% (n=4) were college graduates, 20% (n=3) attended graduate or professional school, and 20% (n=3) were professional school graduates. Ninety-three percent of these participants worked full-time. Most participants 60% (n=9) reported that their annual income was $41,000 or more. Six percent (n=1) reported that their annual income was under $10,000 or $16,000-$20,000, and 13% (n=2) reported $31,000-$35,000 and $36,000-$40,000, respectively.

AFRICAN AMERICAN MALES AND OFFENSE

Participants reported the worst thing their partner had ever done to them: 13% (n=2) infidelity, 53% (n=8) sex, and 87% (n=13) other. They rated the offense as follows: very horrible=2, somewhat horrible=7, neutral=2, not so horrible=1, and not at all horrible=3. When asked, “How long ago did the offense occur?”, 67% (n=10) participants reported the offense occurred under 5 years and 33% (n=5) 5-10 years. Only one African American male received therapy as a result of the offense committed by their partner. Participants report that the current relationship status with offender is as follows: 67% (n=10) married, 6% (n=1) divorced, 20% (n=3) friend, and 6% (n=1) enemy.
AFRICAN AMERICAN FEMALES

The mean age of African American females in this study was 34 years of age (range 25-60; n=32). Twenty-three were between ages of 25-36, 7 were between the ages of 37-48, and 2 were between the ages of 49-60. Like their male counterparts, African American females represented various religious denominations. They included Baptist (12), Protestant (1), Pentecostal (6), Apostolic (2), Methodist (2), Muslim (2), Church of God in Christ (2), other (5). When asked about their partners’ religious preference, responses included were Baptist (12), Catholic (3), Pentecostal (4), Apostolic (1), Methodist (1), Muslim (2), Church of God In Christ (1), and 8 reported ‘other’ without specification. In regards to marital status among African American females, 34% (n=11) reported that they were single, 53% (n=17) married, 24% (n=4) divorced. Most participants reported having attained education beyond high school. Approximately 13% (n=4) reported having a high school education, 3% (n=1) attended a technical school, and 19% (n=6) attended college. Approximately 34% (n=11), 13% (n=4), and 19% (n=6) of African American females reported that they were college graduates, attended a graduate/professional school and had attained a graduate/professional school degree, respectively. Of African American female participants, 69% (n=22) reported that they worked full-time, 9% (n=3) worked part-time, 16% (n=5) were unemployed, and 6% (n=2) were students. African American female participants reported the following annual incomes: 12% (n=4) under $10,000, 6% (n=2) $16,000-$20,000, 6% (n=1) $21,000-
$25,000, 16% (n=5) $31,000-$35,000, 2% (n=3) $36,000-$40,000, and 47% (n=7) $41,000 or more.

AFRICAN AMERICAN FEMALES AND OFFENSE

When asked to briefly describe the worst thing their partner had done to them, almost half of African American female participants reported the offense was infidelity related 47% (n=15), 13% (n=4) abuse, 3% (n=1) sex, 6% (n=2) drug, and 31% (n=10) other. When asked how they rated the offense, over 50% (n=17) reported that the offense was very horrible, 25% (n=8) somewhat horrible, 6% (n=2) neutral, 13% (n=4) not so horrible, and 3% (n=1) not at all horrible. When asked how long ago the offense occurred, most African American female participants 63% (n=20) reported that the offense occurred less than 5 years ago. Twenty-two percent (n=7) reported that the offense occurred 5-10 years ago and 16% (n=5) reported 10-15 years ago. Seven out of 32 African American females received therapy as a result of the offense committed by their partner. Forty-seven percent (n=15) of participants reported they were married to the offender, 19% (n=6) boyfriend, 6% (n=2) are separated from the offender, 13% (n=4) are divorced from the offender, 13% (n=4) are friends with the offender and 3% (n=1) considers the offender to be an enemy.

CAUCASIAN MALES

Out of 21 Caucasian participants, only 4 of them were males. The mean age was 35.8 years of age (range: 33-38; n=4). All Caucasian males were Baptist (3) with the exception of one participant who reported ‘other’ but did not specify a religious
preference. When asked about their partners’ religious preference, the responses were similar with 3 reporting Baptist and 1 reporting Episcopalian. In regards to marital status, 25% (n=1) of Caucasian males reported that they were single, 50% married (n=2), 25% divorced (n=1). Like African American male participants, Caucasian male participants all had attended college. Fifty percent (n=2) of these men have had some college and the other half were college graduates. Three Caucasian male participants were employed full-time and 1 was unemployed. Most Caucasian male participants (50%) reported annual incomes of $41,000 or more. The other 2 participants reported $16,000-$20,000 and $31,000-$35,000, respectively.

CAUCASIAN MALES AND OFFENSE

Seventy-five percent (n=3) of participants reported the worst thing their partner had ever done to them was infidelity related (1 reported ‘other’ without of specification). When asked how they rated the offense, 50% (n=2) felt the offense was very horrible, 3% (n=1) neutral, and 3% (n=1) not at all horrible. When asked how long ago the offense occurred, all 4 Caucasian male participants reported the offense occurred less than 5 years ago. No participants reported having received therapy as a result of the offense committed by their partner. Fifty percent of Caucasian male participants were married to the offender, 1 divorced, and 1 considered the offender a friend.

CAUCASIAN FEMALES

The mean age for Caucasian females was 36 years of age (range: 25-60; n=17). Twelve participants were between the ages of 25-36, 3 were between the ages of 37-48,
and 2 were between the ages of 49-60. Caucasian females represented various religious denominations which included Catholic (6), Baptist (3), Methodist (2), Pentecostal (1), Lutheran (1), Protestant (1), other (3). When asked about partners’ religious preference, Caucasian females reported that their partners were Baptist (1), Pentecostal (1), Methodist (3), Catholic (5), Protestant (1), and other (6). Twelve percent (n=2) of Caucasian females reported that they were single, 5% (n=1) married, 24% (n=4) divorced. When asked about the highest level of education attained, 12% of Caucasian female participants reported they had some high school, 24% (n=4) had some college, 35% (n=6) were college graduates, 10% (n=1) graduate or professional school, and 24% (n=4) were professional school graduates. Seventy-six percent of Caucasian female participants reported they worked full-time, 5% (n=1) part-time, 5% (n=1) retired, and 12% (n=2) unemployed. Twelve percent (n=2) of Caucasian females reported having an annual income of $16,000-$20,000, 18% (n=3) reported $21,000-$25,000, and 18% (n=3) reported $31,000-$35,000. Approximately 53% (n=9) of these participants reported annual incomes of $41,000 or more.

CAUCASIAN FEMALES AND OFFENSE

When asked to briefly describe the worst thing the partner had ever done to them, 35% (n=6) of the responses were infidelity related, 18% (n=3) abuse, 1% (n=1) sex, 29% (n=5) money, and 12% (n=2) other. When asked how they rated the offense, 71% (n=12) considered the offense very horrible and 29% (n=5) felt the offense was somewhat horrible. When asked how long ago the offense occurred, 65% (n=11) under 5 years, 18% (n=3) 5-10 years, 18% (n=3) 10-15 years. Over 58% of Caucasian females reported that
they received therapy as a result of the offense committed by their partner. Approximately 65% (n=11) of participants reported they were married to the offender, 24% (n=4) reported that they were divorced from the offender, 1% (n=1) reported that the offender was a boyfriend, and 18% (n=3) considered the offender a friend.

INSTRUMENTS

This research utilized 5 questionnaires to conduct the study. This section will describe each instrument, indicate their relevance to the study, and discuss issues regarding the reliability and validity of scores for these instruments.

BASIC DEMOGRAPHIC QUESTIONNAIRE

The Basic Demographic Questionnaire was developed by the researcher and included questions regarding age, occupation, annual income, marital status, race, religious denomination, gender, the relationship to the person who committed the offense, what the offense was, how long ago the offense occurred, the status of the relationship to the offender, and if the individual is in or has ever received therapy regarding the offense. This instrument was used primarily to obtain categorical data.

FORGIVENESS SCALE

The Forgiveness Scale was developed by Wade (1989). This instrument measured the degree to which the participant had forgiven the specific person who hurt them (the offender). The Forgiveness Scale measures cognitions, affects, and behaviors regarding the offender. Forgiveness is conceptualized as a multidimensional construct.
and is measured with several different subscales. This is a paper-and-pencil, 83-item questionnaire that has nine subscales. They are as follows: revenge; freedom from obsession; affirmation; victimization; positive vs. negative feelings; avoidance; toward God; conciliation, and holding a grudge.

Wade took three steps to develop The Forgiveness Scale. Forgiveness was seen as having cognitive, affective, and behavioral components. Cognitive forgiveness was considered to have freedom from obsession, affirmation, the lack of desire for revenge, and not feeling like a victim. Affectively, forgiveness was having positive feelings about the offender versus having negative feelings. Behavioral forgiveness was characterized as having conciliation, putting one’s focus toward God, a lack of avoidance of the offender, and not holding a grudge. These components were determined after 2 out of 3 raters agreed that these were important aspects of forgiveness. Subsequently, ten participants were asked to rate all items pertaining to forgiveness, unforgiveness, or neither. Items that did not have at least eight raters agreeing were taken out. The raters agreed on 242 out of 451 items. Ten individuals in Sunday school classes were then asked to sort the forgiveness items from the unforgiveness items and put them in the appropriate cognitive, affective, or behavioral subcategories. Any item which 3 out of 5 participants did not agree on was dropped. To decrease the large number of items, participants repeated rating with 9 out of 10 for the first criterion and 4 out of 5 on the second criterion. As a result, 118 items were left. Next, 282 college students were randomly assigned to rate whether they strongly agreed to strongly disagreed to scenarios either for forgiveness or unforgiveness. Out of 282, 150 were asked to recall a situation in which they were wronged by another person. They were then asked to rate the 118
items using answers ranging from strongly agree to strongly disagree concerning the offense. A two-tail ANOVA and a factor analysis were used to determine which items best discriminated between forgiveness and unforgiveness. As a result, the scale ended up with 83 items with 9 subscales (Wade, 1990).

In a study that focused on 2, 1-hour psychoeducational group interventions to promote forgiveness, McCullough and Worthington (1995) used Wade’s Forgiveness Scale in order to differentiate between persons who rated a significant other whom they had forgiven and those persons who rated significant other whom they had not forgiven. In this study, internal consistencies were provided for each of the following subscales: revenge, .72; freedom from obsession, .65; affirmation, .79; victimization, .83; feelings, .95; avoidance, .91; toward God, .90; conciliation, .81; holding a grudge, .79. The authors note that Wade’s Forgiveness Scale correlates with measures of dyadic adjustment among spouses.

In the present study, the total reliability coefficient for the Forgiveness Scale was .84. Internal consistency for the scores on the subscales for Forgiveness Scale were as follows: Avoidance (.90); Conciliation (.90); Toward God (.83); Grudge (.71); Feelings (.93); Victim (.78); Freedom from Obsession (.64); Revenge (.87); and Affirmation (.85). These values are comparable to the original study of the Forgiveness Scale.

RELIGIOSITY MEASURE

The Religiosity Measure was developed by Rohrbaugh and Jessor (1975). This measure evaluates the religious beliefs, the practices, and the participation in religious oriented activities in one’s daily life. This measure is not intended for any particular
religious denomination, but for religiosity in general. The Religiosity Measure has seven multiple-choice items and one fill-in-the-blank question. It is divided into four subscales: ritual religiosity; consequential religiosity; theological religiosity; and experiential religiosity. Items under ritual religiosity ask about the number of times one attended religious service during the past year and how often one practiced prayer or engaged in religious mediation. Consequential religiosity included items that focused on the degree to which one used religious advice or teaching for serious personal problems and how much influence religion had on how they choose to act and spend their time. Those pertaining to theological religiosity assessed one’s beliefs about God as well as beliefs about life after death. Experiential religiosity items examined the degree to which one has experienced a feeling of religious reverence or devotion during the past year and if one believes that religion gives him/her a great amount of comfort and security in life.

Demaria and Kassinove (1988) conducted a study using the religiosity measure that examined the relationship of irrational beliefs, religious affiliation, and religiosity as measured by the religiosity measure with the disposition to feel guilt in normal adults. The authors reported high internal consistency reliability with reported alpha coefficients above .90, external validity shown by a high correlation of the scale (.80) with self-reported of religious involvement, discriminatory validity between known religious and nonreligious groups (Scott, 1960).

In the present study, participants were asked to answer the religiosity measure twice. First, they answered the questionnaire from their perspective (self-religiosity) and then they were asked to answer it based on their perception of their partners’ religiosity (partners’-religiosity). The subscales of the Religiosity Measure were combined by
taking the mean scores of each subscale and adding them together to create a total scale score. The fill-in-the-blank question regarding yearly religious attendance was kept separate from the analyses conducted on the multiple choice items. This second religiosity variable was divided up into four different responses reported on how much they attended religious services during the past year. In regards to yearly religious attendance during the past year as reported on self, 16 participants reported that they attended 0 to 7 times during the past year, 20 participants reported that they attended 8-27 times during the past year, 15 participants reported that they attended 30-50 times during the past year, and 17 reported that they attended 51-208 times during the past year. In regards to how many times one attended a religious service during the past year as reported on partner, 33 participants reported that they attended 0-6 times during the past year, 18 participants reported that they attended 8-27 times during the past year, 9 participants reported that they attended 30-50 times during the past year, and 8 participants reported that they attended 51-150 times during the past year. Internal consistency for the multiple choice items was moderately high (.76). Internal consistency for self-religiosity was .69 and internal consistency for the partner-religiosity in this study was .74.

**REMORSE MEASURE**

The Personal Feelings Questionnaire 2 (PFQ-2) developed by Harder and Lewis (1990), is a scale that assesses the traits of shame and guilt proneness. This measure used in the present study is a modified version of the 10-item Personal Feelings Questionnaire. Twenty-two items measure shame and guilt. Due to the nature of this study, participants
only answered the questions related to remorse (i.e., mind guilt, worry about hurting or injuring someone, regret, remorse, etc.). All other questions were dropped from the questionnaire prior to participants receiving the packet. This self-report scale asks respondents to rate each item on a 5-point rating scale ranging from “never experienced the feeling” (0) to “experienced the feeling continuously” (4). Participants were asked to respond to these questions based on the degree to which they believed the offender was remorseful for his/her wrongdoing. Reliability coefficients of .78 and .72 have been reported for the Shame and Guilt subscales, respectively. Scale test-retest reliability coefficients over a two week period (N=7) = .91 and .85 for Shame and Guilt, respectively (Harder & Lewis, 1990). In order to organize the data, scores from the shame and guilt subscales were combined to create a mean score. For the present study, the cronbach coefficient alpha was over .89, indicating high internal consistency for the remorse measure.

DATA ANALYSIS

This section of the study will explain how the data was collected, organized and analyzed. This includes a discussion about the statistical procedures that were used for each hypothesis as well as why these procedures were appropriate. All questionnaires were consistently and systematically coded before being entered into the computer using SPSS 11.0 for Windows. As a means of analyzing the data, there were three types of statistical procedures used to carry out this study: T-Tests; Correlations; and Multiple Regression Analysis.
GENDER EFFECTS

First, possible gender effects were examined by running t-tests on gender and all major variables. The researcher thought that this was imperative to insure that there were not any differences between men and women that would account for one’s willingness to forgive. If the results showed that there were gender differences (that is, there were differences between males and females as it relates to forgiveness, religiosity, and remorse) they would be kept for further analyses and separated by gender. If there were no statistically significant gender differences, data for both males and females would be combined.

HYPOTHESES

Hypothesis 1: There will be a relationship between one’s religiosity and ethnicity. More specifically, African Americans will report significantly higher levels of religiosity than will Caucasians. Studies have shown that African Americans have a strong religious orientation and tend to be more religious than the general population. A t-test was computed for ethnicity and all major variables to check for differences. By using this statistical procedure, the researcher was able to determine if differences between ethnic groups was a possible factor in one’s willingness to forgive. If the results show that there were differences as it relates to forgiveness, religiosity, and remorse, data would be
separated by ethnicity in subsequent analyses. If there were no statistically significant ethnicity differences, all data will be combined for subsequent analyses.

Hypothesis 2: There will be a significant relationship between one’s religiosity and their willingness to forgive a significant other who they felt had wronged them. More specifically, those individuals who report higher levels of religiosity will report significantly higher levels of willingness to forgive a partner who they felt had wronged them. In order to test this hypothesis, the religiosity measure (self and partner) and the Forgiveness scale were used. These two measures were appropriate for hypothesis 2 since this study seeks to determine the relationship between religiosity and forgiveness. As mentioned earlier, the religiosity measure evaluates religious beliefs, practices, and activities of one’s daily life and the forgiveness scale measures the degree to which one has forgiven someone who has wronged them. If this hypothesis is supported, scores on the religiosity measure will correlate significantly with scores on the forgiveness scale. A Pearson product-moment coefficient correlation was calculated to examine the relationship between religiosity and forgiveness.

Hypothesis 3: There will be a relationship between remorse and forgiveness. More specifically, those who feel that their partner was remorseful concerning the offense will be more likely to forgive than those who did not feel their partner was remorseful. The remorse measure and forgiveness scale were used to test this hypothesis. The remorse measure was used to determine the victims’ perspective of their partners’ level of remorsefulness and the role it plays in forgiveness. High scores on the remorse measure
and high scores on the forgiveness scale will indicate support for the idea that those who reported that they felt that their partner was remorseful also reported higher rates of forgiveness. On the other hand, low scores on the remorse measure and low scores on the forgiveness scale will support the idea that those who did not feel that their partner was remorseful were less likely to forgive. In order to test hypothesis 3, a Pearson correlation coefficient was computed.

REGRESSION ANALYSES

Multiple Regression Analysis was used to determine the impact of religiosity and remorse on the dependent variable of forgiveness. This particular statistical analysis was appropriate since this study examines the relationship between ethnicity, religiosity and forgiveness and remorse and forgiveness.

Participants identified themselves as African American, Caucasian, Hispanic/Latino, or Asian. Because most participants said that they were either African American or Caucasian, they were chosen as the independent variables and a dummy variable was created (African=0 and Caucasian=1).

The Forgiveness Scale contains three subscales: feelings, thoughts, and behaviors. These subscales allowed the researcher to measure 3 specific components of forgiveness. The Feelings subscale of forgiveness was measured in terms of negative feelings (hatred, rage, and anger) versus positive feelings (care, compassion, and acceptance). Behaviorally, forgiveness was measured in terms of avoidance, toward God, conciliation, and holding a grudge. Cognitively, forgiveness was measured by questions focusing on freedom from obsession, affirmation, revenge, and victimization.
Because it was not meaningful to combine these scores, separate regression analyses were computed for each subscale of forgiveness.
CHAPTER 4

RESULTS

T-TESTS RESULTS FOR GENDER

Gender differences generally have been reported in past studies of religiosity. The notion that females, in comparison to their male counterparts, are typically more religious prompted a check on this possibility in the current sample. Hence, differences between the scores of males and females on all measures of the independent and dependent variables were initially explored through t-tests. No gender differences were found. Therefore, data for male and female participants were combined in subsequent analyses.

Hypothesis 1: There will be a significant relationship between one’s religiosity and ethnicity. More specifically, African Americans will report significantly higher levels of religiosity than will Caucasians.

T-TESTS RESULTS FOR ETHNICITY

There were ethnicity differences when t-tests were computed for yearly religious attendance (self and partner) and religiosity (partner). African Americans tended to rate themselves higher on yearly religious attendance (self and partner) and religiosity
(partner) than did Caucasians. However, there were no significant ethnicity differences found for religiosity as reported on self (see Table 1).

Although not a part of the first hypothesis, potential ethnicity differences also were examined regarding the other two major variables of this study. The results of the t-test procedures indicated no ethnicity differences regarding remorse. However, the results indicated that there were ethnicity differences when t-tests were conducted on forgiveness for the feelings subscale. African Americans tended to report themselves as being more forgiving than Caucasians did on the feelings subscale. There were no significant ethnicity differences on the thoughts and behaviors subscales of the forgiveness measure (see Table 1).

Hypothesis 2: There will be a significant relationship between one’s religiosity and their willingness to forgive a significant other who they felt has wronged them. More specifically, those individuals who report higher levels of religiosity will report significantly higher levels of willingness to forgive a partner who they felt has wronged them as reflected in the thoughts, feelings, and behaviors subdomain of the forgiveness scale.

CORRELATIONS BETWEEN RELIGIOSITY AND FORGIVENESS IN THE AFRICAN AMERICAN SAMPLE

For African American participants, there was a significant correlation between religiosity and the thoughts subdomain of the forgiveness scale as reported on their partner. More specifically, the religiosity variable ($r = .34, p < .02$) was significantly
associated with the thoughts subdomain. However, for African American participants there were no significant associations between the religiosity variable and the thoughts subdomain of the forgiveness scale as reported on self (see Table 2).

For the African American participants, there were no significant correlations between the religiosity variable and both the feelings and behaviors subdomains of the forgiveness scale as reported on self or their partner (see Table 2).

**CORRELATIONS BETWEEN RELIGIOSITY AND FORGIVENESS IN THE CAUCASIAN SAMPLE**

For Caucasian participants, there were significant correlations between the religiosity variable and the feelings subdomain for the forgiveness scale as reported on self and their partner. More specifically, there was a significant association between the religiosity variable on self ($r = .54, p < .01$) and partner ($r = .48, p < .03$) and the feelings subdomain of the forgiveness scale (See Table 3).

For Caucasian participants, there were no significant correlations between the religiosity variable and the thoughts and behaviors subdomains of the forgiveness scale as reported on self and partner (See Table 3).

**Hypothesis 3:** There will be a significant relationship between remorse and forgiveness. More specifically, those who feel that their partner was remorseful concerning the offense will be more likely to forgive than those who did not feel their partner was remorseful.
CORRELATIONS BETWEEN REMORSE AND FORGIVENESS IN THE AFRICAN AMERICAN AND CAUCASIAN SAMPLES

In partial support of hypothesis 3, results indicated that there was one significant correlation found between remorse and forgiveness for the African American participants. More specifically, there was a significant association between remorse and the thoughts subdomain of the Forgiveness Scale ($r = .56, p < .000$). However, there were no significant associations between remorse and any of the forgiveness subdomains for the Caucasian participants (see Tables 2 and 3).

FURTHER ANALYSES

In order to further examine the significant associations between the independent and dependent variables, multiple regression procedures were employed. Within this analysis, a dummy variable was created to explore potential ethnicity differences within the model. Since there were no significant associations found between religiosity, remorse, and the behaviors subdomain for the forgiveness scale, regression equations were computed for the thoughts and feelings subdomains of the forgiveness scale as reported on the partner. Ethnicity and the remorse indicator were entered in each regression procedure along with the religiosity indicators (see Table 4). Additionally, a third regression equation was constructed for the forgiveness scale as reported on self. However, since there were no significant associations for the thoughts and the behaviors
subdomains of the forgiveness scale regarding remorse, this analysis was only run for the feelings subdomain of the forgiveness scale (see Table 5).

MULTIPLE REGRESSION RESULTS

The results of the regression analysis with the ethnicity, remorse, and religiosity variables as reported on partner indicated that remorse was a significant predictor of the thoughts subdomain of the forgiveness variable. The beta weight for remorse was .45 and the variance accounted by all four variables was $R^2 = .23$. The results of the regression analysis with the ethnicity, remorse, and religiosity variables as reported on partner also indicated that religiosity was a significant predictor of the feelings subdomain of the forgiveness variable. The beta weight for religiosity was .38 and the variance accounted by all four variables was $R^2 = .20$. The results of the regression analysis with the ethnicity, remorse, and religiosity variables as reported on self indicated that ethnicity and religiosity were significant predictors of the feelings subdomain of the forgiveness variable. The beta weight for ethnicity was -.30 and the variance accounted by all four variables was $R^2 = .20$. The beta weight for religiosity was .32 and the variance accounted by all four variables was $R^2 = .20$.

In sum, remorse was the only predictor of the thoughts subdomain for forgiveness as reported on partner. Religiosity was the only predictor for the feelings subdomain for forgiveness as reported on partner. Lastly, ethnicity and religiosity were both predictors for the feelings subdomain for forgiveness as reported on self.
CHAPTER 5

DISCUSSION

SUMMARY

The purpose of the final chapter of this study is to summarize the major findings of this research, discuss the lack of significant differences regarding gender, delineate clinical implications for the field of marriage and family therapy, discuss the limitations of this study, and recommendations for future research endeavors. The purpose of this study was to investigate the relationship between one’s religiosity, their ethnicity, remorse, and their willingness to forgive a significant other who they felt has wronged them.

MAJOR FINDINGS

The present study focused on questions regarding ethnicity, level of religiosity, remorse, and forgiveness. Analyses related to hypothesis one examined possible ethnicity differences for all major variables. As expected, there were differences found among African Americans and Caucasians related to religiosity, providing support for the first hypothesis. Here, African Americans tended to report higher levels of religiosity (partner) than their Caucasian counterparts and that they attended religious services more often during the past year than did Caucasians (self and partner). This is not surprising

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given past research that reports that African Americans have a strong religious orientation overall and tend to be more religious than the general population (Taylor, Chatters, Jayakody, & Levin, 1996). Although African Americans reported that they attended religious services more often than Caucasians for self and partner, there was not a significant ethnicity difference regarding religiosity as reported on self. One explanation might be that African Americans may be more modest about their level of religiosity feeling that although they are not evil, that they could be better. Thus, they may be harder on themselves in terms of how well they think they are doing as Christians simply because they know what the Bible says about living a Christ-centered life. Furthermore, others may hold them up to a higher standard of living and as a result, they may also hold themselves up to a higher standard. This finding also gives evidence that ritual religiosity is only one component of religiosity and that it’s imperative that many aspects of this construct be assessed in order to measure it more efficiently. Furthermore, attending religious services has been an integral part of the lives of many African Americans. Presumably, this may be a custom that some African Americans feel compelled to maintain because it is the “moral thing” to do or because they have done it all of their lives. However, engaging in ritual activities says very little about how individuals integrate that into their belief system as well as how that’s played out in their daily lives.

There was also a significant ethnicity difference found for forgiveness. African Americans reported higher rates of forgiveness on the feelings subscale, but not on the thoughts and behaviors subscales for forgiveness. The researcher was surprised to find a difference among the feelings subscale without a difference for the thoughts subscale since feelings are often guided by thought processes. However, one explanation may be
that African Americans may have different reasoning regarding their feelings of forgiveness. Thus, they may be motivated by the feelings that one should be respected, loved, and cared for even if they commit hurtful offenses and that the offense is not the primary defining characteristic of the one who did the wrong.

Analyses revealed that hypothesis two also was supported in one of the three subdomains, such that there was a significant relationship found between religiosity and forgiveness. This finding concurs with past research findings. Wuthnows’ (2000) study focusing on religious oriented group activities and forgiveness revealed that most participants believed that their groups had helped them to forgive others or heal relationships. Another study focusing on the value of using religious practices such as prayer as an agent of change in therapy, revealed that religious couples reported that their practice of prayer was associated with relationship softening, healing, and change responsibility (Butler, Stout, & Gardner, 2002). Furthermore, other work focusing on forgiveness has noted that the construct of forgiveness is consistent with the doctrine of various religious traditions and is often used to conceptualize forgiveness (McCullough et al., 2000). These and other studies over the past decade confirms that research involving both forgiveness and religiosity are becoming more prevalent and are worthy of study inspite of their limitations.

In support of hypothesis three, results indicated that there was a significant relationship between remorse and forgiveness. Although most of the literature regarding remorse primarily focuses on criminal behavior, all consider remorse as being advantageous and a motivator for change in helping individuals to forgive. As
It was surprising that there were no significant associations between the behaviors subdomain for the forgiveness scale and any of the major variables. However, as we know little about the thoughts and feelings components of forgiveness, we know even less in the literature about the behavioral manifestations. When one has been betrayed or wronged, it makes sense that steps toward forgiveness puts the victim in a vulnerable state. The behavioral items of the forgiveness scale include, “taking steps towards reconciliation: Wrote them, called them, expressed love, showed concern, etc.” The meaning individuals attach to behavioral manifestations of forgiveness may be the greatest obstacle in getting clients to forgive. Typically, the victim has less power in the relationship before the incident occurred. As the power differential shifts, the victim may be in a position to dictate the outcome of the relationship. Having this new role, individuals may be less likely to take any responsibility in the occurrence of the offense for fear that behaving in such a way that shows that they have forgiven may be misconstrued with condoning the behavior, that they are weak, that the offender does not have to put much effort towards reconciliation, or that the offense will be repeated. These and other negative consequences have been described in the literature as being barriers to expressing forgiveness (i.e., McCullough, Pargament, & Thoresen, 2000).

As with the results of the correlational analyses, the results of the regression analyses for hypotheses one, two, and three were generally supported. Remorse was the only predictor of the thoughts subdomain for the forgiveness scale, although ethnicity and religiosity items were also entered in the regression procedure. This was not surprising in
and of itself. Thus, if one believes that their partner is genuinely apologetic and shows expressions of remorse for the harm that they caused, the victims’ thoughts about their partner and the offense may change.

In regards to the regression procedure conducted for the feelings subdomain, it was surprising that the results revealed that remorse was not a predictor of the feelings subscale for the forgiveness measure given the notion that feelings derive from thoughts. In light of this finding, the researcher concluded that it is possible to forgive others in the way that you think about them and the offense, but not necessarily how you feel as a result of the offense. For instance, the victim may think that their partner is remorseful for the offense. Therefore, they may begin to think that the relationship is more important than the offense, or that the offense was very painful for the offender as well (items defined by the thoughts subdomain of the forgiveness scale). Simultaneously, the victim may still feel betrayed, wronged, and hurt (items defined by the feelings subdomain of the forgiveness scale).

Reports on self revealed that religiosity and ethnicity were predictors of the feelings subdomain for the forgiveness scale, although remorse and yearly religious attendance were also entered in the regression equation. One plausible explanation for this finding is that African Americans, in the face of many obstacles have learned how not to harbor negative feelings towards those who have wronged them. Forgiveness characterized as having feelings of compassion, feelings of relief, feelings of acceptance, and feelings of respect towards those who have wronged them may serve as a coping mechanism. African Americans may feel that their partner has wronged them and this may be manifested in their thoughts (i.e., blaming them, replaying the offense in their
mind, or wishing something bad would happen to them), and behaviors (i.e., keeping as much distance between them as possible, not making the effort to be more friendly or concerned, or avoiding them). However, African Americans at some level may understand that they can separate the thoughts and behaviors towards their partner from how they feel about their partner. As a result, this allows them to cope with the severity or consequences of the offense more efficiently.

Reports on partner revealed that religiosity was a predictor for the feelings subdomain, although ethnicity, remorse, and yearly religious attendance were entered in the regression equation. If the victim believes that their partner finds comfort in religion, believes it to be a resource of security in their life, and that they use religious teaching and advice with serious personal problems, they are also more likely to have positive feelings towards their partner. If the victim believes that their partner does not find comfort or security in God, nor uses religious advice and teaching with serious personal problems, the feelings they have towards their partner will likely be unpleasant.

THE ROLE OF GENDER

This study examined possible gender effects and found that there were no significant differences between men and women as it relates to religiosity, remorse, or forgiveness. This is surprising since most of the research concerning religiosity and gender reports that women tend to be more religious than their male counterparts (Miller & Hoffman, 1995). One possible explanation may be that the men of this study were more religious than the general population. Another explanation could be the severity of the offense committed by their partner. Only 4 out of 19 male participants rated the
offense as being very horrible. Therefore, forgiveness may have not been an issue of concern. This would also be the case with their perception of their partners’ level of remorse. The current outcomes for these gender effects may be specific to this study, or there could be other underlying variables that could give possible explanations. This may include religious denomination, type of religiosity (i.e., intrinsic vs. extrinsic), or the way in which religiosity is measured.

Another possible explanation as to why there were no gender differences found for forgiveness may have to do with gender differences in terms of the meanings men and women attach to forgiving. For example, Konstam, Chernoff, and Deveney (2001) examined gender differences associated with forgiveness as measured by the Enright Forgiveness Inventory. Results revealed men who were younger, those who experienced less shame (personal distress, withdrawal, hostility, and feelings of worthlessness and powerlessness) and those who took pride in the act of forgiving (viewing it as the “moral thing” to do) were motivations for forgiving the offender. On the other hand, women who felt guilty (taking responsibility for the offense and engaging in constructive behaviors), experienced a reduction in anger, and had feelings of detachment towards the offender were all associated with their willingness to forgive. Similarly, Konstam (2000) supports this idea that forgiving is different for men and women and different meanings are attached to forgiveness. According to the findings of this study, women valued forgiveness and thought it was an important component in healthy relationships. Men, on the other hand, did not feel as though forgiveness was a prerequisite for obtaining a successful relationship.
THE PRESENT FINDINGS REGARDING ETHNICITY AND RELIGIOSITY CAN BE USEFUL TO THERAPISTS SINCE THEY CONFIRM EARLIER STUDIES THAT HAVE ALSO REPORTED A RELATIONSHIP BETWEEN ETHNICITY AND RELIGIOSITY. THE CLINICAL USE OF RELIGIOSITY MAY PLAY AN IMPORTANT ROLE IN THE TREATMENT OF MARRIAGE AND FAMILY ISSUES DESCRIBED BY THE LITERATURE, PARTICULARLY WHEN WORKING WITH AFRICAN AMERICAN CLIENTS. THEREFORE, RELIGIOSITY SHOULD NOT BE IGNORED WHEN TREATING THIS POPULATION. MANY THERAPISTS, IN THEIR ATTEMPTS TO PROVIDE TREATMENT FOR AFRICAN AMERICANS, OFTEN LACK THE EXPERIENCE OF WORKING WITH THIS POPULATION AND ARE ILL-EQUIPPED TO ASSESS THE RELIGIOUS NEEDS OF THESE CLIENTS. FURTHERMORE, MARRIAGE AND FAMILY THERAPISTS ARE NOT TYPICALLY THOUGHT OF AS BEING SENSITIVE TO RELIGIOUS ISSUES AND THAT MAY BE A FACTOR IN MANY AFRICAN AMERICANS OVERWHELMINGLY SEEKING HELP FROM THEIR PASTORS RATHER THAN MENTAL HEALTH PROFESSIONALS. ACCORDINGLY, PASTORS ARE SEEN AS UNIQUE IN THAT THEY OFFER SPIRITUAL GUIDANCE BASED ON RELIGIOUS TEACHINGS TO HELP INDIVIDUALS WITH PERSONAL PROBLEMS.

BUTLER, STOUT, AND GARDNERS’ (2002) DID A STUDY ON PRAYER AS A CONFLICT RESOLUTION STRATEGY WITH RELIGIOUS COUPLES. THIS ARTICLE HIGHLIGHTED THE VALUE OF USING RELIGIOUS PRACTICES SUCH AS PRAYER AS AN AGENT OF CHANGE IN THERAPY. RELIGIOUS COUPLES REPORTED THAT THEIR PRACTICE OF PRAYER WAS ASSOCIATED WITH RELATIONSHIP SOFTENING, HEALING, AND CHANGE RESPONSIBILITY. RELIGIOUS COUPLES SHOULD BE ENCOURAGED TO SHARE THEIR RELIGIOUS BELIEFS AND PRACTICES AND THEIR PERCEPTIONS ABOUT GODS’ INFLUENCE IN THEIR LIVES. THIS GIVES THE
therapist an opportunity to examine the relevance and therapeutic usage of their belief system. To ignore such an important component would deny and negate their religious convictions. Not only would this be foreign to their belief system, but destructive to treatment as well. Therefore, specific attention should be given to religious beliefs and practices as a way to join and effectively treat these couples. This study along with the literature on ethnicity and religiosity, gives evidence of the need for the collaboration between marriage and family therapists and clergy (Frank, 1991).

Given the present findings of this study that supports a relationship between forgiveness and religiosity, therapists should encourage their religious clients to utilize available religious practices (i.e. prayer) as a way to promote forgiveness. This will give individuals a chance to share feelings with others who have the same religious beliefs as themselves as well as reinforce the importance of releasing feelings of reproach that hinders the restoration process in broken marriages. This recommendation is supported by a study conducted by Wuthnow (2000). This study sought to examine religious oriented groups and activities and their impact to promote forgiveness. According to the results, most participants believed that their groups had helped them to forgive others or heal relationships in the areas of emotion and spirituality.

The relationship between forgiveness and remorse is relevant to the field of marriage and family therapy particularly because of its reciprocal nature. According to theoretical approaches to marital therapy, individuals exist in the context of relationships in which each influences the other. Therefore, any change that occurs in one part of the system will work its way through to the rest of the system. Thus, the more one shows expressions of remorse, the more they are forgiven; and the more they are forgiven, the
more one shows expressions of remorse. On the other hand, the less one feels remorseful, the less they are forgiven; and the less they are forgiven, the less one feels remorseful. Therefore, one’s willingness to forgive cannot be assessed alone, but how the process of forgiveness is dealt within that system. While many psychotherapists would see the offender as to blame, marriage and family therapists would examine how each person in that system worked together to process the interactions, how the offense affected them all, and how they each contributed to the context within which the offense occurred. Taking into account the severity of the offense and clients having successfully worked through the initial stages of the offense, marriage and family therapists must use caution in evaluating their clients’ readiness for having and expressing both forgiveness and remorse.

The results of the regression analyses supported evidence that thoughts, feelings, and behavioral components of forgiveness are not synonymous, but are different entities and should be examined as such. Therefore, it is imperative to address the multifaceted nature of forgiveness in its entirety. Measurements of forgiveness that address these components are needed for reliability in order to accurately reflect true forgiveness. This is not only essential for the advancement of theory and research, but also for the betterment of clinical application. A therapist will begin therapy with a client at a different point if one has one component of forgiveness versus one with no forgiveness at all. To explain further, a therapist may spend more time educating a client about the concept and process of forgiveness if there appears to be no level of forgiveness. On the other hand, therapy with someone who expresses cognitive and affective forgiveness may be coached on how to translate their thinking and feelings of forgiveness into behaving as
though they have forgiven. Presumably, one must be able to forgive in all areas in order for it to be true forgiveness. Anything less might be considered pseudo forgiveness.

It is not surprising that many of the participants in the present study reported that the worst thing their significant other has done to them was infidelity related. Much of the literature focusing on forgiveness addresses this problem among couples. This suggests that many couples seek therapy after discovering that their spouse has had an affair and that infidelity may result in the most intense and powerful anger experienced by individuals. As such, forgiveness may play a pivotal role in helping to resolve transactional patterns in relationships that are impacted by infidelity. The therapeutic use of forgiveness regarding infidelity seeks to help couples rebuild their relationship by understanding and getting past the anger, gaining insight on the affair, using empathy with one another and making new choices in regards to their relationship. Since the intensity of reactions towards infidelity are so great, forgiveness may not be considered a viable solution for the victim. However, for some clients, religious beliefs and convictions concerning forgiveness may help in the treatment of bringing about healing. This is essential since there has been very little in the literature that focuses on religion as it relates to forgiveness and infidelity. In assessing one’s readiness or motivation to forgive, therapists must examine correlates of forgiveness. This includes but is not limited to rumination and suppression, empathy and perspective-taking, and relational closeness, commitment, and satisfaction. Rumination and suppression hinders the process of forgiveness. As therapists help couples through the aftermath of infidelity, rumination and suppression can be mediated through therapists exploring the anger, hurt, betrayal and cognitions surrounding the offense. Since empathy with the offender highly
correlates with measures of forgiveness, therapists can focus on getting the victim to identify with the hurt that the offender has experienced in the relationship so that the victim understands that he/she too is also capable of wrongdoing. However, it is cautioned that empathy be introduced into the therapy session only after the offender has taken responsibility for his/her wrongdoing and has shown genuine remorse. Genuine remorse felt by the offender can help facilitate forgiveness. Therapists may encourage the offender to identify with the victims’ hurt, reaffirm the values of the relationship and how they have been broken as result of the offense, and encourage the offender to express remorse regularly. Remorse shows that the offender is not only taking responsibility for his/her wrongdoing, but has also suffered as a result of his/her actions. Since relationship closeness, commitment, and satisfaction are important determinants of forgiving, therapists can emphasize the importance of these components to couples which could help clients to see that there relationship has strengths and that there is hope in spite of their circumstances (McCullough, 2000).

LIMITATIONS

Several limitations are evident in this study, primarily in terms of its generalizability. Many of the participants were highly educated with middle class incomes. Also, the sample consisted primarily of Christian individuals. Therefore, these findings cannot be generalized beyond a Christian population, nor could they apply to individuals less well educated or with lower incomes. Another limitation of this study was that it was a purposive sample and there is potential for self-selection bias. Therefore, solid conclusions should be made with caution. This study used self-reported
data which only assessed the perspective of the victim. A dyadic perspective could have captured one’s level of forgiveness towards their partner which would have been more sufficient for this study.

This study has potential for a location threat. There was a possibility that the results were characteristic of the location or setting which could have posed a threat to internal validity. Questions about one’s willingness to forgive and/or religiosity may be different when completed at church rather than at home. To control for this, all participants were asked to complete the questionnaires at home. The researcher was also concerned about the order in which participants completed the questionnaires, fearing that responses on one questionnaire may influence how they answered another questionnaire. To control for this, participants were instructed to complete the forgiveness questionnaire before filling out the religiosity measure.

Although there were several plausible reasons for the unexpected outcomes of the regression analyses, the researcher would be remiss if there were no mention about the items used in this study to measure forgiveness and an item of the religiosity measure. Since the forgiveness scale asks questions about one’s willingness to forgive, it needs to be clear that an individuals’ current level of forgiveness is being assessed. Some of the items of the forgiveness scale used past tense wording (i.e., betrayed, wronged, victimized, violated). The outcome of the regression analyses may have been different if participants were unclear if the scale was asking about past thoughts, feelings, and behaviors on some of the items. It is possible that they felt betrayed, wronged, victimized, and violated at the time of the offense without experiencing those feelings in the present. Also, some of the behavioral items of the forgiveness scale seemed to be
misrepresented or ambiguous. For example, two of the items on the behavioral subdomain read, “I wished them well” and “I blame them.” For some participants, these items may have been something they said to the offender. For others, these items may have been something they thought but never expressed. Although these appear to be small errors, they pose a big problem in terms of the reliability of the instrument. This was particularly evident when reliability coefficients were run for the subscales of the forgiveness scale. The feelings subscale was the only subscale that showed very high reliability for this study. The behaviors subscale showed moderately high reliability and the thoughts subscale showed moderate reliability for the forgiveness scale. There was also a problem with one of the religiosity items. The item reads, “Religion gives me a great comfort and security in life.” Many people find comfort and security in God rather than religion. In fact, approximately 85% of the participants replaced religion with God on their questionnaire. This may have also posed a problem in the reliability of the religiosity measure. Another limitation regarding the use of the religiosity measure as well as the remorse measure is participants responding to questions from their partners’ perspective. There is no way of knowing if the responses given by the participants were an accurate reflection of their partners’ views.

FUTURE RESEARCH AND CLINICAL RECOMMENDATIONS

Based on the current literature and the findings of this present study, forgiveness has its place in therapy and will be beneficial in the advancement of marriage and family therapy as well as to the clients who are served. Thus far, this advancement has been limited by the lack of consensus in defining and measuring forgiveness. Although there
is a general agreement about what forgiveness is not, studies need to begin to improve on what forgiveness is, what fosters forgiveness, what inhibits forgiveness, who engages in forgiveness, and how forgiveness occurs. The outcomes of these studies will begin to answer these perplexing questions as well as raise even more interesting inquiries.

Much of what the literature says about religiosity and forgiveness has primarily focused around the conceptual and theoretical flaws regarding both constructs and a heightened interest in the connection between the two. Along with religion being considered a nonscientific construct and the conceptual issues faced by the forgiveness construct, there are very few measurement methods available to address different levels of specificity. Therefore, more measurements assessing forgiveness are needed in order to examine a particular research question adequately.

Despite the increased attention that forgiveness has been given over the past decade, it is still unclear about what steps may be taken to explore the religiosity components of this construct. As a result, there is a lack of established guidelines on how to implement the clinical use for both religiosity and forgiveness in the practice of marriage and family therapy. As conceptual, theoretical, and technical issues are worked through, therapists will be better able to help these clients work through the forgiveness process as well as effectively address issues of religiosity.

Since most research on forgiveness has focused on a single perspective, research needs to begin to move from a single level of analysis to multiple perspectives of forgiveness. This is particularly relevant to the field of marriage and family since the basis of its interventions is examining the system as a whole. Multiple perspectives will
lend more information about the reciprocity of forgiveness. Thus, how forgiveness of one affects others.

Although several studies highlight the importance of religion within the African American family, the marriage and family literature is scant in relation to how religion is used in the area of forgiveness. Preliminary results of this study supported that African Americans tend to be more religious than Caucasians and that they forgave more on one component of forgiveness. Research on African Americans’ religiosity and their willingness to forgive would yield a wealth of information.

The literature on remorse and forgiveness is nearly nonexistent. Therefore, studies focusing on remorse need to be specifically addressed in the future. Presumably, remorse facilitates empathy for the offender and will facilitate the process of forgiveness. Scales measuring remorse would have to be developed in order to conduct an efficient study.

The researcher realizes that there are other factors that contribute to the forgiveness process. For example, relationship satisfaction may also be a factor in one’s willingness to forgive. That is, those who are satisfied in their relationship may be more likely to forgive their partner. Future research endeavors should examine relationship satisfaction and its affects on forgiveness. Another factor that may contribute to the forgiveness process are psychological symptoms. For example, those who suffer from depression also have increased anger and emotional pain. Both anger and hurt can be major barriers in the forgiveness process. Therefore, those suffering from depression and other disorders may find it more difficult to forgive.
Furthermore, the severity of the offense may also be a factor. It is assumed that it will be more difficult to forgive someone who had an extramarital affair than someone who forgets to pay a bill. Still, how long ago the offense occurred may influence one’s willingness to forgive. One might have more difficulty forgiving someone who wronged them a week ago as opposed to forgiving someone who hurt them 10 years ago. Are some people more predisposed to forgiving based on their personality? It would be interesting to see if forgiveness is a trait and how this contrasts with the forgiveness process.

Given its emphasis over the past decade, forgiveness therapy still lacks a formal theory and extensive research. There is very little known about its effects in the therapeutic setting. Future research should continue to test the effectiveness of forgiveness techniques on client populations as a way to correct this problem. Studies should investigate clients’ views of forgiveness, therapists’ views on forgiveness, factors that facilitate forgiveness, factors that hinder forgiveness, and who is most likely to forgive (McCullough and Worthington, 1994).

Many of the most serious offenses (i.e., infidelity, abuse) committed in marriages could benefit from forgiveness therapy. One advantage of using forgiveness as a therapy technique is that it can be used with any treatment modality and it establishes structure that allows couples to continue to work through the forgiveness process once therapy has terminated. Since many of these issues are damaging, therapists should use caution when introducing the idea of forgiveness. Encouraging forgiveness before addressing the victims’ bitterness and anger, would be harmful to clients and impede the process of forgiveness. Therapists need to provide an environment that helps to explore forgiveness,
but understands that it’s the clients’ independent choice to forgive or not to forgive (Huang and Enright, 2000).

Although forgiveness is valued in society, there are still a lot of misconceptions regarding its meaning. Therefore, marriage and family therapists will have to derail common misperceptions about forgiveness and educate their clients on the benefits of forgiving. According to Diblasio and Proctor (1993), mental health professionals who are religious or open to exploring issues of religiosity will also be more open to using forgiveness as an intervention in practice. However, this was only found among older and seasoned therapists. As models and theories become more reliable and offer testable hypotheses, techniques regarding the clinical use of religion and forgiveness will also become more salient. Furthermore, if the field of marriage and family therapy is in the business of healing and restoring relationships, graduate programs should begin encouraging their students to use forgiveness as a counseling technique. Still, those marriage and family therapists who consider themselves religious and or value the therapeutic usage of forgiveness need to market themselves as such so that individuals, particularly African Americans, can feel safe seeking help outside of religious institutions.
<table>
<thead>
<tr>
<th></th>
<th>M African Americans</th>
<th>M Caucasians</th>
<th>SD</th>
<th>SD</th>
<th>t</th>
<th>p</th>
</tr>
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<td><strong>Religiosity Variables</strong></td>
<td></td>
<td></td>
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<td></td>
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<td>Yearly Religious Attendance (S)</td>
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<td>43.19</td>
<td>18.15</td>
<td>2.46</td>
<td>.02</td>
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<td>Religiosity (S)</td>
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<td>3.45</td>
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<td>.83</td>
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<td>35.58</td>
<td>12.50</td>
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<td>Religiosity (P)</td>
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<td>Thoughts</td>
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<td>2.77</td>
<td>.30</td>
<td>.47</td>
<td>.60</td>
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<td>.57</td>
<td>.86</td>
<td>2.87</td>
<td>.01</td>
</tr>
<tr>
<td>Behaviors</td>
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<td>.22</td>
<td>.55</td>
<td>1.86</td>
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</table>

S - Self  
P - Partner

Table 1: Ethnicity Differences for Religiosity, Remorse, and Forgiveness
### Table 2: Correlations Between the Religiosity Variables, Remorse, and Forgiveness for the African American Sample

<table>
<thead>
<tr>
<th></th>
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<th>2</th>
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<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
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<tr>
<td>1. YRLYATTND(S)</td>
<td>--</td>
<td>.33*</td>
<td>.61**</td>
<td>.05</td>
<td>-.06</td>
<td>-.22</td>
<td>.07</td>
<td>-.03</td>
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<td>2. RELIGIOSITY(S)</td>
<td>--</td>
<td>.32*</td>
<td>.26</td>
<td>-.04</td>
<td>.10</td>
<td>.13</td>
<td>.21</td>
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</tr>
<tr>
<td>3. YRLYATTND(P)</td>
<td>--</td>
<td>.52**</td>
<td>.07</td>
<td>.09</td>
<td>.06</td>
<td>.07</td>
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<tr>
<td>4. RELIGIOSITY(P)</td>
<td>--</td>
<td>.25</td>
<td>.34*</td>
<td>.18</td>
<td>.02</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>5. REMORSE</td>
<td>--</td>
<td>.56**</td>
<td>-.18</td>
<td>.25</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>6. THOUGHTS</td>
<td>--</td>
<td>-.03</td>
<td>.29*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. FEELINGS</td>
<td>--</td>
<td>-.34*</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>8. BEHAVIORS</td>
<td>--</td>
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</tr>
</tbody>
</table>

* Correlation is significant at the 0.05 level
** Correlation is significant at the 0.01 level (2-tailed)

S - Self
P - Partner

### Table 3: Correlations Between the Religiosity Variables, Remorse, and Forgiveness for the Caucasian Sample

<table>
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<tr>
<th></th>
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<th>2</th>
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<th>5</th>
<th>6</th>
<th>7</th>
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<tbody>
<tr>
<td>1. YRLYATTND(S)</td>
<td>--</td>
<td>.42</td>
<td>.02</td>
<td>-.03</td>
<td>.20</td>
<td>.31</td>
<td>.02</td>
<td>.13</td>
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<tr>
<td>2. RELIGIOSITY(S)</td>
<td>--</td>
<td>.29</td>
<td>.33</td>
<td>.15</td>
<td>.20</td>
<td>.54*</td>
<td>.28</td>
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</tr>
<tr>
<td>3. YRLYATTND(P)</td>
<td>--</td>
<td>.56**</td>
<td>.20</td>
<td>.25</td>
<td>.18</td>
<td>.12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. RELIGIOSITY(P)</td>
<td>--</td>
<td>.24</td>
<td>.05</td>
<td>.48*</td>
<td>.34</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. REMORSE</td>
<td>--</td>
<td>.36</td>
<td>.21</td>
<td>.34</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. THOUGHTS</td>
<td>--</td>
<td>.07</td>
<td>.68*</td>
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<tr>
<td>7. FEELINGS</td>
<td>--</td>
<td>.33</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>8. BEHAVIORS</td>
<td>--</td>
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<td></td>
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</tbody>
</table>

* Correlation is significant at the 0.05 level
** Correlation is significant at the 0.01 level (2-tailed)

S - Self
P - Partner

Table 3: Correlations Between the Religiosity Variables, Remorse, and Forgiveness for the Caucasian Sample
<table>
<thead>
<tr>
<th></th>
<th>β</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Thoughts</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethnicity</td>
<td>.061</td>
<td>.501</td>
<td>ns</td>
</tr>
<tr>
<td>Remorse</td>
<td>.447</td>
<td>3.852</td>
<td>.000</td>
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<td>Religiosity (P)</td>
<td>.115</td>
<td>.807</td>
<td>ns</td>
</tr>
<tr>
<td>Religious Attendance (P)</td>
<td>.014</td>
<td>.105</td>
<td>ns</td>
</tr>
<tr>
<td><strong>R² = .23</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>F (4, 63) = 4.81, p &lt; .002</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>Feelings</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethnicity</td>
<td>-.230</td>
<td>-1.860</td>
<td>ns</td>
</tr>
<tr>
<td>Remorse</td>
<td>-.106</td>
<td>-.893</td>
<td>ns</td>
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<tr>
<td>Religiosity (P)</td>
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<td>2.579</td>
<td>.013</td>
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<tr>
<td>Religious Attendance (P)</td>
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<td>-.741</td>
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<tr>
<td><strong>R² = .20</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>F (4, 63) = 3.95, p &lt; .006</strong></td>
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</table>

**P - Partner**

**Table 4: Multiples Regression Results for the Ethnicity, Remorse, and Religiosity Variables as Reported on Partner-Predicting the Three Forgiveness Subdomains**

<table>
<thead>
<tr>
<th></th>
<th>β</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Feelings</strong></td>
<td></td>
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</tr>
<tr>
<td>Ethnicity</td>
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<td>.016</td>
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<tr>
<td>Remorse</td>
<td>-.039</td>
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<tr>
<td>Religiosity (S)</td>
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<td>2.672</td>
<td>.010</td>
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<tr>
<td>Religious Attendance (S)</td>
<td>-.053</td>
<td>-.427</td>
<td>ns</td>
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<tr>
<td><strong>R² = .20</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>F (1,66) = 4.03, p &lt; .006</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**S - Self**

**Table 5: Multiple Regression Results for the Ethnicity, Remorse, and Religiosity variables as Reported on Self-Predicting the Feelings Subdomain**
APPENDIX A
BASIC DEMOGRAPHIC QUESTIONNAIRE
1. Age_______

2. Gender

   Male
   Female

3. Ethnicity

   African American
   Caucasian
   Hispanic/Latino
   Asian
   Indian
   Other (specify __________)

4. Marital Status

   Single
   Widow
   Married
   Separated
   Divorced

5. Highest Level of Education Attained

   Middle school of less
   Some high school
   Some technical school
   Some college
   College graduate
   Graduate or professional school
   Graduate or professional school graduate

6. Employment Status
Full-Time
Part-Time
Unemployed
Disabled
Retired
Student

7. Annual Income

Under $10,000
$16,000-$20,000
$21,000-$25,000
$26,000-$30,000
$31,000-$35,000
$36,000-$40,000
$41,000 or more

8. Religious Denomination of self__________ 9. partner/ex-partner__________

Baptist
Catholic
Jewish
Protestant
Lutheran
Pentecostal
Apostolic
Methodist
Muslim
Mormon
Episcopalian
Jehovah Witness
Seventh Day Adventist
Church of God
Church of God in Christ
Other__________

10. Briefly describe the worst thing your partner has ever done to you?

11. On a scale from one to five how do you rate the offense_____?

Very Horrible
Somewhat Horrible
Neutral
Not so Horrible
Not at all Horrible

12. How long ago did the offense occur?_____

13. Have you ever received therapy as a result of the offense?
   Yes =1
   No=2

14. What was the relationship to the person who wronged you?
   Husband
   Wife
   Fiancée’
   Boyfriend
   Girlfriend
   other

15. What is the current status of the relationship to the person who wronged you?
   Spouse
   Boyfriend
   Girlfriend
   Separated
   Divorced
   Widowed
   Other

16. How similar do you think you and your partners’ religiosity was before the offense?
   Very Similar
   Somewhat Similar
   Neutral
   Somewhat Dissimilar
   Very Dissimilar

17. How similar do you think you and your partners’ religiosity was after the offense?
   Very Similar
   Somewhat Similar
   Neutral
   Somewhat Dissimilar
   Very Dissimilar

100
18. How similar do you think you and your partners’ religiosity is currently?

Very Similar
Somewhat Similar
Neutral
Somewhat Dissimilar
Very Dissimilar
APPENDIX B

COVER LETTER TO PARTICIPANTS
COVER LETTER TO PARTICIPANTS

Dear Participant:

Thank you for participating in my study focusing on the role of religiosity in forgiveness. My name is Tina Bedell and I am a doctoral student at The Ohio State University. My major field of study is Marriage and Family Therapy. The purpose of this study is to investigate the relationship between one’s religious beliefs and practice, their ethnicity, and their willingness to forgive someone who has wronged them.

In order to carry out this study, you are asked to fill out a series of questionnaires that will take approximately 30 minutes to complete. These questionnaires ask questions about forgiveness, religiosity, relationship satisfaction, remorse, and psychological symptoms. Be sure to answer the questionnaires in the order you find them in the packet. Do not put your name on any of the questionnaires. All questionnaires should be mailed to me a week after you receive the packet.

Once again, your participation in this study is on a volunteer basis and you have the right to withdraw from the study at anytime without being penalized or identified. If you would like to seek help with issues raised by this study you may contact The Ohio State University Marriage and Family Therapy Clinic located at 1050 Carmack Road in Mount Hall. The MFT clinic offers therapy to individuals, couples, and families dealing with a wide variety of issues. For more information call 292-3671. If you are in need of immediate assistance, you can contact Firstlink at 221-2255.

To insure confidentiality, you have been given a self-addressed, pre-stamped envelope so that the questionnaires can be sent directly to me. In your willingness to participate in this study, you have a chance to win dinner for two at Red Lobster. If you are interested in entering into the drawing, you must put your name and address on the enclosed postcard and return it with your completed questionnaire packet. Your postcard will be placed in a box for the drawing. There will be three drawings that will take place after all questionnaires are returned.

All data will be kept in a locked file cabinet when not being utilized. The information that you give will be used for the purposes of this study and only seen by the researcher. All information that you provide concerning this study will be kept until the study is completed. All hard copy information will be destroyed using a shredder and all disks and files will be deleted.
If you have any questions regarding the study, you can contact Tina Bedell at (937)848-6286/ bedell.363@osu.edu. I thank you in advance for helping me to complete my study.

Sincerely,

Tina M. Bedell
APPENDIX D

FORGIVENESS SCALE
FORGIVENESS SCALE

1 = Strongly Disagree  2 = Disagree  3 = Neutral  4 = Agree  5 = Strongly Agree

Thoughts
1. Our relationship is more important than this offense.
2. I like them.
3. I’ll make them pay.
4. I wish that something bad would happen to them.
5. There’s something wrong with them.
6. It (the offense) no longer has a hold on me.
7. I was victimized.
8. I don’t replay the offense in my mind, dwelling on it.
9. I love them.
10. I blame them.
11. I recognize it was very painful for the offender.
12. They wronged me.
13. I have a responsibility for this relationship too.
14. I have stopped blaming.
15. I want them to get what they deserve.
16. I have a clearer ability to see their good points.
17. They’re guilty.
18. I’m going to get even.
19. It’s not fair.
20. I can understand where they’re coming from.
21. I think about the good they’ve done.
22. I’m glad to be around them.
23. They can’t do anything right.
24. I think about them without anger.
25. They’re scum.
26. I want to see them hurt and miserable.
27. I continue to think about how much I hate them.
28. They’re bad.

Feelings
1. I feel betrayed.
2. I feel wronged.
3. I feel peace.
4. I feel joy.
5. Hate is dropped.
6. I feel anger.
7. Hurt rushes away, is accepted or assuaged.
8. I feel hurt/pain.
9. I feel victimized.
10. I am holding a grudge.
11. I feel hatred.
12. I feel rage.
13. I feel released.
15. I care.
16. I feel violated.
17. I have a good feeling.
18. I feel resentment.
19. Vengeance is dropped, no pleasure in it.
21. Anger is released, gone.
22. I feel compassion.
23. Resentment is gone, or less.
24. I feel relief.
25. I feel acceptance.
26. I feel comfortable with them.

Behaviors
1. I’m not letting go of the offense.
2. I told God I forgave them.
3. I asked God for forgiveness for them.
4. I wished them well.
5. I keep as much distance between us as possible.
6. I’m holding on to the hurt and anger.
7. I looked for the source of the problem and tried to correct.
8. I took steps toward reconciliation: Wrote the, called them, expressed love, showed concern, etc.
9. I gave my feelings to God.
10. I gave them back a new start, a renewed relationship.
11. I asked God to help me forgive them, to love them.
12. I accept my part of the situation.
13. I see no good in them.
14. I live as if they don’t exist, aren’t around.
15. I prayed for them, asking God to bless them.
16. I don’t trust them.
17. I find it difficult to act warmly toward them.
18. I avoid them.
19. I accept their humanness, flaws, and failures.
20. I cut off the relationship with them.
21. I’m suspicious of them.
22. I accept them.
23. I made an effort to be more friendly and concerned.
24. I did my best to put aside the mistrust.
25. I was willing to forget the past and concentrate on the present.
26. I tried to make amends.
27. I harbor a grudge against them.
28. I don’t blame them.
29. I withdraw from them.
APPENDIX E

PERSONAL FEELINGS QUESTIONNAIRE 2 (MODIFIED)
PERSONAL FEELINGS QUESTIONNAIRE – 2

Instructions: Please answer the following questions based on your perception of how often your significant other experienced the following feelings.

0 = the person who hurt you never experienced this feeling
1 = the person who hurt you rarely experienced this feeling
2 = the person who hurt you experienced this feeling some of the time
3 = the person who hurt you experienced this feeling frequently
4 = the person who hurt you experienced this feeling continuously

1. mild guilt_____
2. worry about hurting or injuring someone_____
3. intense guilt_____
4. regret_____
5. feeling you deserve criticism for what you did_____
6. remorse_____
APPENDIX F

RECRUITMENT FLYER
RECRUITMENT FLYER

Volunteers Needed for Research Study

Title: The Role Of Religiosity In Forgiveness

Purpose: To investigate the relationship between one’s religious beliefs and their ethnicity and their willingness to forgive someone who has wronged them.

Criteria:

• Must have been in or in a relationship with someone that you considered intimate who you believe wronged you and caused you to experience feelings of hurt.

• Must be 18 years of age or older

• Must speak fluent English

• If you are pregnant or have been diagnosed with mental health illness, we ask that you do not volunteer for this study.

• Encourage all races and ethnicities

Contact: To request a questionnaire or ask questions in regards to the study, call Tina Bedell at (937) 848-6286 or email at bedell.363@osu.edu.

Note: This study is not affiliated with this facility.
APPENDIX G

RELIGIOSITY MEASURE (PARTNER)
RELIGIOSITY MEASURES QUESTIONNAIRE (PARTNER)

Instructions: The following questionnaire consists of seven multiple-choice items with one fill-in-the-blank item. Please answer the following questions by circling the appropriate letter for the multiple-choice items and providing the most accurate number in the fill-in-the-blank question based on your perception of your partners’ religiosity.

1. How many times has your partner attended religious services during the past year? ____ times.

2. Which of the following best describes your partners’ practice of prayer or religious mediation?
   a. Prayer is a regular part of his/her life
   b. He/she usually prays in times of stress or need but rarely at any other time
   c. He/she prays only during formal ceremonies
   d. He/she never prays

3. When your partner has a serious personal problem, how often does he/she take religious advice or teaching into consideration?
   a. Almost always
   b. Usually
   c. Sometimes
   d. Never

4. How much influence would say that religion has on the way that your partner chooses to act and the way that he/she chooses to spend your time each day?
   a. No influence
   b. A small influence
   c. A fair amount of influence
   d. A large influence

5. Which of the following statements comes closest to partners’ belief about God?
   a. He/she is sure that God exists and He is active in his/her life
   b. Although he/she sometimes questions His existence, he/she does believe in God and believes He knows of him/her as a person
c. He/she don’t know if there is a personal God, but he/she does believe in a higher power of some kind
d. He/she don’t know if there is a personal God or a higher power of some kind, and he/she don’t know if I ever will
e. He/she does not believe in a personal God or in a higher power

6. Which of the following statements comes closest to his/her belief about life after death (immortality)?

   a. He/she believes in a personal life after death
   b. He/she believes a soul existing after death as a part of a universal spirit
   c. He/she believes in a life after death of some kind, but I really don’t know if I will ever know
   d. He/she doesn’t believe in any kind of life after death

7. During the past year, how often has your partner experienced a feeling of religious reverence or devotion?

   a. Almost daily
   b. Frequently
   c. Sometimes
   d. Rarely
   e. Never

8. Does he/she agree with the following statement, “Religion gives me a great amount of comfort and security in life.”

   a. Strongly Disagree
   b. Disagree
   c. Uncertain
   d. Agree
   e. Strongly Agree
APPENDIX H

RELIGIOSITY MEASURE (SELF)
RELIGIOSITY MEASURES QUESTIONNAIRE (SELF)

Instructions: The following questionnaire consists of seven multiple-choice items with one fill-in-the-bank item. Please answer the following questions by circling the appropriate letter for the multiple-choice items and providing the most accurate number the fill-in-the-blank question.

1. How many times have you attended religious services during the past year? ____ times.

2. Which of the following best describes your practice of prayer or religious mediation?
   a. Prayer is a regular part of my life
   b. I usually pray in times of stress or need but rarely at any other time
   c. I pray only during formal ceremonies
   d. I never pray

3. When you have a serious personal problem, how often do you take religious advice or teaching into consideration?
   a. Almost always
   b. Usually
   c. Sometimes
   d. Never

4. How much influence would say that religion has on the way that you choose to act and the way that you choose to spend your time each day?
   a. No influence
   b. A small influence
   c. A fair amount of influence
   d. A large influence

5. Which of the following statements comes closest to your belief about God?
   a. I am sure that God exists and He is active in my life
   b. Although I sometimes question His existence, I do believe in God and believe He knows of me as a person
c. I don’t know if there is a personal God, but I do believe in a higher power of some kind

d. I don’t know if there is a personal God or a higher power of some kind, and I don’t know if I ever will

e. I don’t believe in a personal God or in a higher power

6. Which of the following statements comes closest to your belief about life after death (immortality)?

   a. I believe in a personal life after death
   b. I believe a soul existing after death as a part of a universal spirit
   c. I believe in a life after death of some kind, but I really don’t know if I will ever know
   d. I don’t believe in any kind of life after death

7. During the past year, how often have you experienced a feeling of religious reverence or devotion?

   a. Almost daily
   b. Frequently
   c. Sometimes
   d. Rarely
   e. Never

8. Do you agree with the following statement, “Religion gives me a great amount of comfort and security in life.”

   a. Strongly Disagree
   b. Disagree
   c. Uncertain
   d. Agree
   e. Strongly Agree
APPENDIX I

TELEPHONE SCRIPT
Hi! My name is Tina Bedell and I am a doctoral candidate in the Marriage and Family Therapy program at The Ohio State University working with Dr. Stephen Gavazzi, an Associate Professor in the Department of Human Development and Family Science. I am conducting a research study entitled, “The Role of Religiosity in Forgiveness.” The purpose of this study is to find out what role one’s religiosity plays on their willingness to forgive those who have wronged them. Also, I would like to find out if people from some ethnic groups are more likely to forgive than others. I would like to know if I could post recruitment flyers at your agency so that I can get volunteers for my study. I have created a recruitment flyer that explains the purpose of the study, the selection and exclusion criteria, and how potential participants can contact me if they wish to request a questionnaire packet or ask questions in regards to the study.

If you have any questions or comments before we meet, I can be reached at (937) 848-6286 bedell.363@osu.edu. Thank you and I look forward to talking with you.
REFERENCES


Diblasio, F.A. (2000). Decision-Based forgiveness treatment in cases of marital infidelity. Psychotherapy, 37, 149-158.


