Forgiveness intervention for an incest survivor: a case study

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FORGIVENESS INTERVENTION FOR AN INCEST SURVIVOR: A CASE STUDY

An Abstract of a Thesis

Submitted

in Partial Fulfillment

Of the Requirements for the Degree

Education Specialist

Joyce Skinner

University of Northern Iowa

August 2002
ABSTRACT

This study examined the effectiveness of a 20 week, individual forgiveness intervention for a late adolescent female incest survivor. The forgiveness intervention was taken from Enright’s (1991) Process Model of Forgiveness. This intervention has been shown to be effective in at least four scientific studies to date (Al-Mabuk, Enright, & Cardis, 1995; Coyle & Enright, 1997; Freedman & Enright, 1996; Hebl & Enright, 1993).

The participant of this study was recruited from a Midwestern community human service organization as a self-referral for counseling service. Treatment variables were measured utilizing a single-subject design that compared the subject’s feelings of hope, anxiety, depression, self-esteem, and willingness to forgive an offender for an unjust hurt at pretest, posttest, and follow-up. It was hypothesized that the pretest given to the individual would indicate higher levels of anxiety and depression, and lower levels of hope, self-esteem, and forgiveness than at posttest and follow-up measures. After receiving the individual forgiveness intervention, the subject illustrated improved mental health, well-being, and increased forgiveness. Results of this study were encouraging for the field of psychology and those implementing a forgiveness intervention for the treatment of an incest survivor.
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Joyce Skinner
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This Study by: Joyce Skinner

Entitled: FORGIVENESS INTERVENTION FOR AN INCEST SURVIVOR: A CASE STUDY

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Defining forgiveness is difficult because it is ambiguous; there is no single concept of forgiveness, but many (Brakenhielm, 1993). In Richardson's (1957) theological word study, forgiveness is referred to as a metaphor for the removal of wrong: Human wrong is removed as a barrier between God and humanity, and wrong action between people is forgiven to erase the anger and resentment of the wounded party (p. 6). According to Enright and the Human Development Study Group (1991) and North (1987), interpersonal forgiveness is defined as an unjustly hurt person's act of deliberately giving up resentment toward an offender while fostering the undeserved qualities of beneficence and compassion toward that offender. Thompson (1996) stated simply, to forgive is to "cease to feel angry or resentment towards" someone (p. 343). Forgiveness is a topic that has been pursued with vigor in the field of theology and is now beginning to come into focus in psychology as well (Ferch, 1998).

Over the past 10 years, the issue of forgiveness has received much more attention in our society than before. Until recently, psychotherapists often avoided the issue of forgiveness due to the religious nature of the concept (Showalter, 1997). Traditionally, interpersonal forgiveness has been viewed within the context of divine forgiveness and in reference to the problem of sin and evil and may be understood as something one discovers rather than something one does or an attitude one has (Arendt, 1958). For example, (Wilson, 1994) believes that theological understanding of interpersonal and divine forgiveness, as they are portrayed in the Christian Scriptures, are inextricably related and one cannot consider the forgiveness of another person outside the context of
God’s forgiveness. Soares-Prabhu (1986) states that the reason the Christian Scriptures consistently relate our forgiveness to God’s forgiveness is because our readiness to forgive others is not “just a happy trait or character or an acquired psychological disposition. It is a religious attitude rooted in the core Christian experience of an utterly forgiving God” (p. 59). Every experience of forgiveness has God as its ultimate point of reference, and can only be explained in reference to God, thus placing God in the leading role of forgiveness (Rubio, 1986).

A second predominate feature of understanding forgiveness from a theological perspective is placing it within the context of sin and evil. Sobrino (1986) in his analysis of Latin America as a place of sin and forgiveness, states that sin is a physical evil for the victim and a moral evil for the sinner (perpetrator), and the role of forgiveness is to try to free the sinner from this evil and convert him. The author believes that the fundamental message regarding forgiveness is that for radical healing of the sinner to take place, no other mechanism has the power of love, such as forgiveness. “We forgive with love in hope that this love will transform the sinner.” (p. 51)

Forgiveness of the offender may be understood from a pastoral theological perspective as something that is discovered in the process of healing. Patton (1985) describes human forgiveness as:

Not doing something but discovering something—that I am more like those who have hurt me than different from them. I am able to forgive when I discover that I am in no position to forgive. Although the experience of God’s forgiveness may involve confession of, and the sense of being forgiven for, specific sins, at its heart is the recognition of my reception into the community of sinners—those affirmed by God as his children. (p.16)

Theologically, forgiveness cannot be understood outside of the context of God’s forgiveness (Rubio, 1986; Soares-Prabhu, 1986) or without reference to sin and evil
(Sobrino, 1986). From a pastoral theological framework of forgiveness, forgiving an offender is a process of discovery, an understanding of forgiveness that does not reduce it to something to be achieved or a behavioral technique to reduce pain (Patton, 1985).

The theological perspective of forgiveness has begun to expand over the years due to growing literature on interpersonal forgiveness from a variety of psychological perspectives (Bonar, 1989). Psychological definitions of forgiveness tend to focus on forgiveness as an action or attitude on the part of the forgiver, benefits of forgiving, and the role of forgiveness in psychotherapy (Wilson, 1994). The advent of therapeutic work with victims of severe physical (Dobash & Dobash, 1984), emotional (Al-Mabuk, Enright, & Cardis, 1995), and sexual abuse (Freedman & Enright, 1996) has lead psychotherapists to discover and begin studying the importance of forgiving in psychological healing. As awareness in the therapeutic community has grown, the issue of forgiving has quickly entered the mainstream of our society as a subject of widespread interest (Showalter, 1997).

Psychological literature tends to focus on the benefits of forgiveness for the forgiver and the role of forgiveness in the therapeutic healing process (Wilson, 1994). Studzinski (1986) describes forgiveness as a willful process in which the forgiver chooses not to retaliate but rather respond to the offender in a more neutral way. Walters (1984) sees forgiveness as a voluntary process that usually requires courage and multiple acts of the will to complete. The author goes on to say that forgiveness is an essential process due to the destructiveness of not forgiving and asserts that to forgive is to give up all claim to the offender, including letting go of the emotional consequences of the hurt, but not necessarily claims to compensation.
Forgiveness is further described in the psychological literature as a powerful therapeutic intervention and as an intellectual exercise in which the injured makes a decision to forgive (Fitzgibbons, 1986). Hope (1987) described forgiveness as a voluntary act and a decision about how to deal with the past, and DiBlasio, (1992) believes forgiveness is a letting-go of a record of wrongs and a need for vengeance and releasing associated negative feelings such as bitterness and resentment. Forgiveness as a therapeutic agent in psychotherapy is viewed by Canale (1990) in the context of cognitive restructuring that complements the emotive aspects of dealing with hurt and resentment in therapy. Lastly, Gartner (1988) describes mature forgiveness from an object relations perspective, as an integrated realistic view that contains both good and bad aspects of self and others. In the case of a survivor of sexual abuse, Gartner (1988) contends that in being able to keep both the good and the bad aspects of the perpetrator in view, forgiveness would allow the survivor to absorb the full evil of the abuse that was committed while not loosing sight of the humanity of the perpetrator.

Psychological understanding of forgiveness from a cognitive developmental perspective begins with the work of Enright and his colleagues at the University of Wisconsin in defining forgiveness. The relevance of this definition is that the one who forgives has suffered a deep hurt and has a moral right to resentment but, overcomes it, nonetheless. Forgiveness elicits new responses to the injurer that can include love and compassion despite the realization that the offended person is not obligated to love the offender (Subkoviak et al., 1995, p. 3). The authors further elaborate that forgiveness involves the affective, cognitive, and behavioral systems, that is, how the person forgiving another feels, thinks, and behaves toward him or her. The psychological response that is
forgiveness includes the absence of negative affect, judgement, and behavior toward the perpetrator and perhaps the presence of positive affect, judgement, and behavior (Subkoviak et al., 1995), but not necessarily reconciliation with the offender.

According to Smedes (1984), forgiveness is a remedy to be used when we are wronged by a person we trusted to treat us right. The author further contends that “we always face a crisis of forgiving when somebody hurts us unfairly” (p.7). Smedes (1984) offers three examples of unfair hurts deep enough to constitute the crisis of forgiveness: Disloyalty (breaking a promise based on a bond of caring, support and trust), Betrayal (being disloyal and treating one like an enemy through denial or selling one out for a price), and Brutality (reducing another person to less than human excellence (p.18) through assault, battering, violence, or hate). A person who breaks a promise of loyalty violates a relationship based on promise and trust (Smedes, 1984). Incest or sexual abuse can be considered a painful wrong meeting the criteria of “crisis.” As Hargrave (1994) writes:

When familial relationships are painful, they are painful because we feel victimized by an irresponsible person who cannot be trusted and shamed because we are not lovable. The guilt of a person who has treated us in an unjustified manner strikes hardest at our sense of trust and the shame strikes because we realize that we are not loved. It almost goes without saying that the more important the relationship to us, the harder the guilt and shame strike at our being. This is why forgiveness is necessary. (p.14)

The issue of forgiveness can be critical for those who have been severely abused. Often, it seems that there are intense or overwhelming emotions elicited even by using the term forgiveness.

According to Harada (1998), the word forgiveness and it’s practice as it is taught in many well-meaning religions, carries such a heavy implication for premature
reconciliation that it is unpalatable to the point of being completely out of the question for those who are suffering from a deep hurt. Many victims do not associate forgiveness with overcoming feelings of depression, anxiety, guilt, shame, anger, and preoccupation with the injury. Many injured individuals believe that with forgiveness they are condoning, excusing, or forgetting the deep hurt that was inflicted upon him or her. Literature on the psychological definitions of forgiveness tends to focus on forgiveness as an action or attitude on the part of the forgiver. It involves a process of inner emotional healing in which painful feelings are worked through and ultimately resolved. Forgiveness does not necessarily involve the exemption of the injurer from the demands of justice, a complete forgetting of the injury, the condoning of the wrongdoing or reconciliation with the abuser to pre-injury status.

Research over the past decade indicated that a wide range of psychological and interpersonal problems are more prevalent among those who have been sexually abused than among individuals with no such experience. The aggregate of consistent findings in this literature has lead many to conclude that childhood sexual abuse is a major risk factor for a variety of problems. Immediate effects can include internalizing problems such as passivity and depression (Freidrich, Beilke, & Urquiza, 1986). Externalizing effects that can develop might include posttraumatic stress disorder (McLeer, Deblinger, Henry, & Orvaschel, 1992), anxiety (Kolko, Moser, & Weldy, 1988), anger (Coleman, 1993), helplessness (Briere, 1992), and impaired self (Courtois, 1988; Jacobs, 1993; Jordan, Kaplan, Miller, Stiver, & Surrey, 1991). Long-term effects of sexual abuse include sexual dysfunction (Elliott & Briere, 1992), dissociation (Walker, 1994), substance abuse
(Briere & Runtz, 1993), social and interpersonal difficulties (Finkelhor & Brown, 1985), and revictimization (Conte & Shuerman, 1987).

The purpose of this research project is to determine how effective an educational intervention based on Enright et al. (1991) Process Model of Forgiveness may be in helping an individual cope with sexual abuse. North (1987) and Richards (1988) believe that as forgiveness is expressed in the affective, cognitive, and behavioral realms, the individual will begin to face the psychological pain and to experience more positive emotions as empathy and compassion toward the offender. The Enright et al. (1991) model can be considered one of the most comprehensively formulated and quantitatively measured definitions of forgiveness in the affective, behavioral and cognitive domains of therapeutic psychological literature (Wilson, 1994).

The subject was a late adolescent female incest survivor who expressed a desire for a counseling intervention to assist her in overcoming many of the previously mentioned cognitive and behavioral barriers. Specifically, the subject wanted to learn how to deal with anger, depression, anxiety, and self-esteem. The dependent variables measured at pretest, posttest, and follow-up were anxiety, depression, self-esteem, hope, and willingness to forgive. Each unit of the forgiveness process was introduced once a week in individual hourly sessions. Topics of the intervention consisted of dealing with shame, guilt, anger, preoccupation with the injury, consciously choosing forgiveness as an option to the healing process, and empathy for the abuser. It was hypothesized that after receiving the forgiveness intervention, the subject’s scores on the treatment variables would change in a positive direction, and she would show increased willingness
to forgive her abuser and improved psychological functioning resulting from having participated in the forgiveness intervention.
CHAPTER II
LITERATURE REVIEW

What Forgiveness Is

Webster’s New Dictionary and Thesaurus (1990) defines forgiveness as to pardon, or cease to feel resentment against a person. Some psychologists today have quite a different concept of forgiveness and reject the notion of pardoning. Enright and the Human Development Group (1991) have worked with and written extensively on forgiveness and define it as giving up resentment, hatred, or anger and taking up a stance of love and compassion, even when the survivor understands that the perpetrator has no right to such kindness. Beverly Flanigan who advocates forgiveness as a moral virtue and a path to mental health in her book *Forgiving the Unforgivable* argues that forgiveness is not pardoning, forgetting, or a pronouncement. Forgiveness, whether a mechanism for survival or a basic need of the conscience, when it is final, imparts peace to the forgiver and restores a modicum of kindness to the human community as a whole (Flanigan, 1992). Both of these authors view forgiveness as a moral (e.g., right vs. wrong) virtue (e.g., worthwhile duty; Lamb, 1996). Forgiveness in this context is moral in that when giving up resentment toward the one who hurt you, you give a gift of reaching out to them with merciful restraint (e.g., refrain from punishment), generosity (e.g., giving the injurer favorable judgements), and moral love (e.g., giving oneself toward the rehabilitation or betterment of the injurer (Enright, 1991, as cited in Lamb, 1996). Moral love, for example, would be when a survivor extends an attitude of goodwill toward the abuser and accepts the wrongdoer as a human being who has made a mistake while coming to terms with her own wrongdoing and separating the sin from the
sinner. Feeling how the injurer feels, according to Smedes (1984) reduces aggression toward the abuser.

Enright, Gassin, and Wu (1992) explore more specific criteria in defining forgiveness in order for it to successfully take place. These include (but are not limited to) the following: (a) Forgiveness occurs only between people, not between a person and an inanimate object, (b) Forgiveness follows a deep, personal, long-lasting injury or hurt from another person, (c) Forgiveness is possible only when a person first has a sense of justice. One cannot feel a deep sense of moral injury without a sense of fairness, (d) Forgiveness takes time and can be a long journey, (e) The offender need not apologize. Otherwise, the injured party's healing from hurt through forgiveness would depend on the offender's regret, (f) The offender need not have intended the wrong, (g) The difficulty in arriving at a forgiveness solution will vary with such external variables such as the severity of the offence and the quality of the relationship prior to the injury.

**What Forgiveness Is Not**

To further clarify the concept of forgiveness, it is important to make distinctions from what forgiveness is not. Forgiveness is not forgetting (Smedes, 1984). The author states, in fact, your memory keeps the pain alive long after the hurt has stopped. A deep injury is rarely ever wiped from consciousness (Enright, Gassin et al., 1992) and the test of forgiving lies with healing the lingering pain of the past, not with forgetting that the past ever happened (Smedes, 1984). “To forgive, one must remember the past, put it in perspective, and move beyond it . . . without remembrance, no wound can be transcended (Flanigan, 1992, p. 5). Forgiveness is not the same as reconciliation. A forgiver offers loving acceptance, but the other person must change and be willing to enter again into a
relationship for reconciliation to occur (Enright & Briere, 1992). In some cases, however, the injured might choose not to reconcile. Forgiveness is one person's response, where reconciliation is the coming together of two people (Enright, Eastin, Golden, Sarinopoulos, & Freedman, 1992). The key for reconciliation to occur is trust (Freedman, 1998). In an article by Swink and Leveille (1986) as cited in Freedman (1998), forgiveness may not involve reconciliation, and reconciliation is dependent on a behavioral change in the injurer and trust on the injured person's part. The authors further argue that forgiveness is a decision of the survivor whether to forgive and reconcile, or forgive and not reconcile, or to forgive at all.

Forgiveness is not condoning the offender's acts by denying, minimizing, or excusing it. Forgiveness takes place in the context of a serious injustice that is recognized as serious (Enright, Eastin et al., 1992). To condone is to put up with the offence because of mitigating circumstances, perhaps with smoldering resentment remaining (Enright, Eastin et al., 1992). Smedes (1984) believes that one does not excuse people by forgiving them; you forgive people who have done something unacceptable to you and you hold them accountable, refusing to excuse them.

Lastly, forgiveness is not pardoning. According to Twambly (1989, as cited in Enright, Gassin et al., 1992) pardoning involves the world of jurisprudence, not interpersonal relations. The author further states that the judge who pardons is not the one who suffered the deep interpersonal hurt. Pardoning releases people from punishment, where forgiveness takes place between inmates; it does not possess the objectivity of pardoning (Flanigan, 1992). "You do not have to tolerate what people do
when you forgive them for doing it; you may forgive people, but still refuse to tolerate what they have done” (Smede, 1984 p. 49).

For the purpose of this thesis, forgiveness will be defined by the terms outlined in the description of forgiveness set forth by Enright and the Human Development Study Group (1991) and described earlier in this thesis. An overview of forgiveness literature will be examined as well as current information on sexual abuse and incest. As Freedman and Enright (1996) write, incest emerges out of a deep interpersonal injustice, and the very issues that forgiveness address, suggests that forgiveness therapy may be beneficial for incest survivors. It is hypothesized that utilizing a forgiveness intervention with an incest survivor will be an effective and therapeutic strategy for overcoming the negative effects of abuse for the survivor.

Forgiveness Research

Researchers and therapists have, for the most part, viewed teaching forgiveness as a constructive and healthy process to obtain healing for an injured person. To test the effectiveness of two brief, group based, psychoeducational forgiveness interventions, McCullough and Worthington (1995) conducted a study that compared an interpersonal forgiveness intervention aimed at restoring the participants relationship with their offenders, a self-enhancement forgiveness intervention designed to yield physical and emotional benefits to the forgiver, and a wait-list control group. Eighty-six students from psychology classes from a southeastern university were recruited for the study and given course credit for participating. Seventy-six percent of the participants were female, and 24% male, while the ethnicity consisted of 21% black, 72% white, and 7% other. The
average age was 22 years. The participants were eligible for the study if they indicated that they had suffered from an interpersonal hurt, but were unable to forgive the offense.

The subjects in this study were randomly assigned to one of the three conditions: a wait-list control or one of two forgiveness intervention groups. Each forgiveness intervention consisted of two, four hour-long structured groups (n = 7 to 14 per group) over a 2-day period (Friday evening/Saturday morning). Groups were led by two male students from an American Psychological Association-approved doctoral program in counseling psychology. Both interventions included didactic material, individual exercises, and discussion, and both focused on helping participants generate empathy, reframe their own victimization experiences, and distinguish between forgiveness and reconciliation. The only difference between interventions was the rationale given for the importance of forgiveness: the Self-Enhancement group emphasized benefits for the self, whereas the Interpersonal group emphasized benefits for relationships.

In addition to providing demographic information and answering basic questions about the offence, the participants completed the Wade Forgiveness Scale (Wade, 1989), an 83-item scale measuring forgiveness of an offender. The scale contains nine subscales: Revenge, Freedom from Obsession, Affirmation, Victimization, Feelings, Avoidance, Toward God, Conciliation, and Holding a Grudge. This measure was completed before the intervention, after the intervention, and at a 6-week follow-up.

Results showed that relative to the control group, persons who had participated in one of the interventions reported less desire for revenge, more positive feelings toward the offender, and more desire for reconciliation than the control group. However, some differences emerged between the two intervention groups: relative to the Interpersonal
group, the Self-Enhancement group reported reduced feelings of revenge, increased affirming thoughts about the offense, and more conciliatory thoughts and behaviors. Scores on five subscales (Freedom from Obsession, Victimization, Avoidance, Toward God, and Holding a Grudge) did not appear to be affected by either intervention; however, this may have occurred in part because the entire sample improved on some of these variables over time (Victimization, Holding a Grudge, and Freedom from Obsession). The authors believed these findings may have reflected aspects of forgiveness that improved as a result of a natural change process and regardless of intervention.

Boon and Sulsky (1997) examined couple’s attributions of blame and willingness to forgive in romantic relationships. Fifty-seven graduate students from a university in western Canada involved in an ongoing heterosexual relationship were recruited for the study. Age ranged from 18 to 36 years, average = 23.2 years. There were 38 females and 18 males. Ethnicity consisted of 67.9% white, 21.4% Asian, and the remainder from other ethnic backgrounds.

Each participant read four counterbalanced profiles about a transgression incident within a romantic relationship. Each profile described an incident in which a person violated the trust of a romantic partner by telling a mutual friend very private details about the partner’s past. Participants were asked to imagine themselves as the romantic partner whose trust had been violated. Three pieces of background information varied: offence severity, avoidability (the extent to which the violation of trust was avoidable), and partner intent (the extent to which the violation was intentional). Five levels of offence severity and avoidability were included, varying from not at all severe (or
avoidable) to entirely severe (or avoidable). Two levels of intentionality were included (intentional vs. not). Thirty of the profiles contained unique combinations of values for the 3 clues, while the remaining 10 contained duplicates to determine whether participants responded in a consistent fashion. Immediately following each profile were 2 questions, appearing in counterbalanced order; “How blameworthy were your partner’s actions in this incident?” and “How likely would you be to forgive your partner for his/her actions?” The subjects responded using a seven-point Likert scale.

A within-subject regression analyses was performed followed by a between-subjects analysis of beta weights. Severity, intentionality, and avoidability of an offense were positively related to blame and negatively related to willingness to forgive. For judgements of blame, intent was given more weight than either offense severity or avoidability. Avoidability, in turn, was given more weight than offence severity. In contrast, for judgements of willingness to forgive, participants assigned more weight to both intentionality and severity than to avoidability. Complex interactions and nonlinear trends in the data suggested that the strategies people use in making such judgements is more complicated then previously assumed (Boon & Sulsky, 1997). The authors concluded that an important bridge between two areas of inquiry that have been unfortunately separated in some discussions of interpersonal forgiveness to date are the social-cognitive mechanisms that control forgiveness and the role of forgiveness in romantic relationships. These findings suggest that people’s understandings of forgiveness in romantic relationships are under the control of the same social-psychological factors that controls people’s tendencies to forgive in less intimate
relationships. Thus, Boon and Sulsky (1997) proposed that the process of controlling blame is similar, but not identical to the process used in controlling forgiveness.

To examine the causal role of empathy in promoting forgiveness, McCullough, Worthington, and Rachal (1997) conducted a cross-sectional survey and a controlled experiment. The participants were selected from two university campuses. In study one, two hundred thirty-nine undergraduates (131 female, 108 male) received course credit for participating. The ethnicity was 83% white, 14% black, 3% other. In study 2, the students (n = 134) volunteered from introductory psychology courses. The sample was 80% female with a mean age of 22 years. Ethnicity was 52% white, 35% black, 7% Asian American, and 4% Latino. The subjects were screened to ensure that they: (a) wanted to learn information and skills to help them forgive a specific offender, (b) were not taking psychotropic medications or receiving counseling, (c) did not show substance abuse problems, psychotic behavior, or personality disorders that might disrupt the group, and (d) agreed to be randomly assigned to either a seminar or a waiting list. A total of 70 were available to participate the weekend the intervention was offered.

For Study 1, in addition to providing demographic information, the participants completed the following measures: (a) two Likert items about the offense: a 5-point item indicating the degree to which the offence hurt them and a 6-point item indicating how wrong they believed the offence to be, (b) two 5-point Likert items measuring the degree to which their offenders apologized and attempted to explain their hurtful behavior, and (c) an 8-item empathy scale. The offense was defined as any destructive, harmful, or offensive action by the subject’s relationship partner against the subject that upset the well-being of that relationship such that the subject felt inclined to feel discomfort.
The discomfort included varying degrees of retaliation, avoidance, and psychological distancing from the offender.

In Study 2, the participants were blocked on gender and randomly assigned to one of three conditions: an empathy seminar (n = 13), a comparison seminar (n = 17), or a wait list (n = 40). The empathy seminar encouraged forgiveness using affective and cognitive empathy, whereas the comparison seminar encouraged forgiveness without focusing explicitly on empathy. Each seminar leader received pre-training and used a treatment manual. Two weeks after assignment to groups, seminar participants met for a total of eight hours over a two day period (Friday evening/Saturday). Each seminar was conducted by trainees in an American Psychological Association-approved psychology program and all group leaders were naïve to the purpose of the study.

For the assessment and outcome variables in Study 1, the participants completed the following measures: (a) a 5-item measure of forgiveness which emphasized the participant's disposition toward the offender, (b) 20 items from Wade's (1989) Forgiveness Scale, (c) two items measuring conciliatory behavior toward the offender, and three items measuring avoidance behavior toward the offender. For Study 2, the participants completed the following measures at pretest, at posttest (immediately after the seminars), and at follow-up (6 weeks after the seminars): (a) a 4-item empathy adjectives list used to measure affective empathy, (b) a perspective taking scale to measure cognitive empathy toward the offender, and (c) the same 5-item measure of forgiving used in Study 1. Structural equation modeling techniques were used.

Study 1 results showed that a well-established relationship between apology and forgiveness is likely to be partially mediated by empathy, but, relative to empathy,
forgiving appeared to be a stronger predictor of interpersonal behavior toward the offender (McCullough et al., 1997). In Study 2, the results suggested that, overall, more forgiveness and affective empathy occurred in the empathy seminar than in the comparison seminar or the wait-list control, with the comparison seminar and the wait-list control not differing significantly (McCullough et al., 1997). The authors found at follow-up that the comparison group showed an increase in forgiveness that diminished the difference between the two seminar groups, while the wait-list showed no such increase in forgiveness. McCullough et al. (1997) concluded that the results from these two studies provide initial evidence to suggest that the experience of emotional empathy for one's offender might indeed be crucial for facilitating forgiveness.

Many studies show that by understanding differing variables that contribute to one's willingness to forgive and utilizing psychoeducational forgiveness interventions can lead to increases in various aspects of forgiveness, and these improvements can be maintained over time. However, people may also be more responsive to interventions that initially focus on benefits for the self, rather than relationship benefits, as a rationale for forgiveness. This can be especially true if the offender was a stranger or reconciliation is not an option. Improvements in the efficacy of such interventions may be improved by focusing treatment on more homogeneous populations. Recent empirical studies have shown that educational approaches to forgiving, as well as psychotherapeutic ones, can be effective in helping target populations to forgive people who have hurt them.
Forgiveness Research

Designed for Specific Populations

One of the first published studies designed to investigate the results of a protocol designed to encourage a specific sample of people to forgive someone who hurt them in the past was conducted by Hebl and Enright, 1993. These authors examined the efficacy of a group-based forgiveness intervention with elderly females. The subjects were 24 females with a mean age of 74.5 years recruited from a Christian church community in a middle class area of a mid-sized Midwestern city. Letters of invitation were sent to 204 persons in the community. Respondents were selected for the study if they reported a specific, painful forgiveness issue and were not currently grieving a major loss.

Participants were randomly assigned to the experimental group (the group forgiveness intervention) or to a control group (a discussion group focusing on topics generated by its members). Both groups were held for one hour per week for 8 weeks. At pretest, participants completed: (a) the Spielberger State Trait Anxiety Inventory (Spielberger et al., 1983), (b) the Beck Depression Inventory (Beck et al., 1961), and (c) the Coopersmith Self-Esteem Inventory (Coopersmith, 1981). At posttest, each of these measures was administered again, with the addition of the following measures: (a) the Psychological Profile of Forgiveness, a 30-item scale designed for this study which measures the degree to which one person has forgiven an offender, and (b) the Willingness To Forgive scale, a 16-item measure of the willingness to choose forgiveness as a problem-solving strategy.

The Psychological Profile of Forgiveness Scale demonstrated good internal consistency and validity. The results from the Psychological Profile of Forgiveness and Willingness to Forgive scales favored the experimental group. However, no significant
differences in anxiety and depression emerged between the groups; instead, both groups had decreased anxiety and depression. Across the entire sample, the Psychological Profile of Forgiveness was positively associated with greater mental health. Although both the experimental and control groups experienced therapeutic relief, the experimental group appeared to have met its goal of increasing forgiveness in its participants.

In another example of a forgiveness intervention, Al-Mabuk et al. (1995) conducted a study of late adolescent participants who indicated they had experienced love deprivation from their parents. In Study 1 the subjects were randomly assigned to either a forgiveness education program or a human relations program (a partial intervention of 4 sessions over a 2-week period of time) designed to facilitate insight and commitment to forgive. This study was designed to investigate the notion that the commitment to forgive is the crux of forgiveness and along with related re-framing could influence change on the dependent measures such as depression, anxiety, hope, and self-esteem. Study 2 was a more complete and extended version of Study 1 (6 sessions over a 6-week period) that also included Enright’s (1991) Progress Model of Forgiveness that expanded on specific steps necessary to forgive. Variables measured at pre-test included: (a) the Willingness to Forgive Scale, a 12 item measure of willingness to choose forgiveness as a problem-solving strategy; (b) 25 items measuring attitudes toward one’s mother and father (Hudson, 1976); (c) the Hope Scale, a 30 item measure developed for this study which assesses optimism about the future of one’s relationship with parents; and (d) the Spielberger State Trait Anxiety Inventory (Spielberger, Gorsuch, Lushene, Vass, & Jacobs, 1983). At posttest, each of these measures was administered again, with the addition of the following: (a) the Psychological
Profile of Forgiveness (Hebl & Enright, 1993), a 30 item measure of the degree to which one person has forgiven the other; (b) the Beck Depression Inventory (Beck et al., 1961); and (c) the Coopersmith Self-Esteem Inventory (Coopersmith, 1981).

At posttest, the forgiveness group in Study 1 reported higher levels of hope and willingness to forgive than the human relations group. However, there were no differences on the actual forgiveness of the parents as measured in the Psychological Profile of Forgiveness (Hebl & Enright, 1993). After receiving the more thorough intervention used in Study 2, virtually all measures favored the forgiveness group. In both studies, greater self-reported forgiveness of a parent was associated with lower levels of anxiety and depression, higher self-esteem, and more positive views of the parents.

Results indicated, that the less comprehensive intervention in Study 1 may have increased the subjects awareness of the forgiveness; however, the more comprehensive intervention appeared to have been necessary to facilitate actual forgiveness (Al-Mabuk, et al., 1995). The authors concluded that the positive psychological outcomes of their study may have been the function of the process of forgiveness rather than only one's commitment to forgive, thus, the need to bring people to a state of forgiveness rather than just an awareness to it.

Using a non-Western sample to investigate the role of developmental factors in the adolescent's understanding of forgiveness, Park and Enright (1997) conducted a study that examined the developmental progression of, and the actual forgiveness of an offending close friend. Thirty 7th and 8th graders (mean age = 13.31 years) and 30 juniors and seniors in college (mean age = 21.34 years) with an equal number of males
and females in each group were participants. All participants resided in Seoul, Korea and identified themselves as Christians. A total of 1800 students were screened. The inclusion criteria included the presence of a serious, unfair conflict caused by a same-gender friend during the last 5 to 6 months.

The subjects completed: (a) the Understanding Forgiveness Interview, which contained questions pertaining to the strategies, manifestations, and conditions specific to each of the three types of forgiveness (Revengeful, External, and Internal); (b) the Restoring Friendship Strategy Scale, a 10-item measure of the extent to which the participant used proactive reconciliation strategies with the offending friend; and (c) the Degree of Forgiveness Scale, a 10-item scale measuring the extent to which a participant reported that they had forgiven the friend.

The main results showed that age was positively correlated with the understanding of forgiveness and that understanding of forgiveness and actual forgiveness were positively correlated with the use of proactive strategies for friendship restoration. However, the correlation between understanding of forgiveness and actual forgiveness suggested only a weak relationship ($p<.08$). When the mode was used rather than the mean, the relationship was significant. The average junior high student appeared to be in a transition period between Revengeful and External Forgiveness, whereas the average college student was in transition between External and Internal Forgiveness. No gender differences were found. This study finds evidence that people have a moral sense regarding forgiveness that develops as they age, just as their reasoning about moral concepts such as justice and care appear to develop over time (Park & Enright, 1997).
Another study by Freedman and Enright (1996) assessed the effectiveness of a forgiveness intervention for improving mental health and well-being among female incest survivors. The participants were randomly assigned into an experimental group or a wait-list Control group. The treatment consisted of individual meetings with a graduate student completing her dissertation. A criterion-referenced format was used in which each subject’s intervention had an idiosyncratic ending point given the length of time needed to work through all of the units in the forgiveness model. At pretest, posttest, and follow-up, participants completed: (a) the Psychological Profile of Forgiveness (Hebel & Cardis, 1993), (b) the Hope Scale (Al-Mabuk et al., 1995), (c) the Spielberger State Trait Anxiety Inventory (Spielberger et al., 1983), (d) the Beck Depression Inventory (Beck, 1961), (e) the Coopersmith Self-Esteem Inventory (Coopersmith, 1981), and (f) the Self-Report Forgiveness Measure; five questions developed for this study to assess whether the participant had truly forgiven.

Relative to the wait-list controls, the experimental group reported significantly higher levels of forgiveness and hope and lower levels of anxiety and depression. Members of the control group showed similar improvements once they were placed in the treatment group. Results of this study suggest that one-on-one, forgiveness-oriented interventions may constitute an effective treatment for incest survivors. Participants improved not only in forgiveness but also in subjective well-being relative to a wait-list control group. The recommendations of this study indicated that future studies might do well to compare the efficacy of Freedman and Enright’s (1996) intervention to more traditional psychotherapeutic approaches designed to help people recover from interpersonal victimization.
Coyle and Enright (1997) conducted a study to test the efficacy of a forgiveness intervention within a sample of post-abortion men (men who identified themselves as being hurt by the decision of their female partner to have an abortion). The participants were ten adult males. Age ranged from 21-43 years (mean age = 28 years). They were recruited through an advertisement in a local newspaper. All of the men identified themselves as hurt by the abortion decision of their partner. The time span between the abortion and the study participation ranged from 6 to 22 years with a mean of 5.9 years. Six men identified themselves as Christian, one, Muslim, and the rest Agnostic. Five were always opposed to the abortion, one was supportive initially, three were ambivalent, and one was not told of the abortion until months after the procedure. Seven had experienced a single abortion, while three experienced two abortions.

Following recruitment, the participants were randomly assigned to either the forgiveness intervention condition or a wait-list control condition involving a 12-week waiting period. All participants then received a pretest to assess their levels of anxiety, anger, grief, and forgiveness toward the person they had held responsible for the abortion. The intervention consisted of 12 weekly, 90-minute sessions using individual, manualized treatment. Sessions were conducted by the first author, a psychiatric nurse, under the supervision of the second author, a licensed psychologist. The intervention model was based on the model of forgiveness developed by Robert Enright (Enright and the Human Development Study Group, 1991). After the 12-week period had ended, both groups were administered the first posttest. Next, the men assigned to the wait-list control began to meet with the facilitator and take part in the forgiveness intervention for 12 weekly sessions, each lasting 90 minutes.
The following measurements were given at pretest, first posttest, and at the second posttest (12 weeks after the first posttest, after the control group had completed treatment): (a) The Enright Forgiveness Inventory, a 60-item self-report measure of interpersonal forgiveness; items were equally divided among 6 sub-scales: positive and negative affect, positive and negative behavior, and positive and negative cognition; (b) the State Anger Scale, a well-established 10-item measure of current anger (Spielberger, Jacobs, Russell, & Crane, 1983); (c) the State Anxiety Scale, a 20-item measure of current anxiety (Spielberger et al., 1983); (d) the short version of the Perinatal Grief Scale (Potvin, Lasker, & Toedter, 1989), a 33-item symptom-based scale with items equally divided among 3 subscales: active grief, difficulty coping, and despair; and (e) a one item self-forgiveness measure.

The main results of this study revealed that at the first posttest, participants in the treatment group showed greater increases in forgiveness than participants in the control group, along with greater decreases in anxiety, anger, and grief. Control group subjects showed similar gains when given the forgiveness intervention. The treatment effects of the earlier treated group were maintained over the 12-week follow-up period. Participants who reported that self-forgiveness was an issue for them also showed improvements in this area.

In conclusion, utilizing a forgiveness intervention can assist many different individuals who have suffered deep interpersonal wounds. The research is replete with evidence that forgiveness is successful in lowering anxiety and depression, while raising self-esteem, hopefulness, and willingness to forgive. Because incest survivors are at a significantly greater risk than the general population for psychological health problems
(Alexander, 1993, as cited in Freedman, 1996), a forgiveness intervention could prove to be highly beneficial to improve the survivor's overall psychic well-being.

Incest Research

In recent years as public attention to child and adolescent incest or sexual abuse and its consequences have grown, so has knowledge about it. The legal, child welfare, medical and mental health professions have made significant progress in promoting better understanding and improving responses in regard to the general conceptualization of the long and short term effects of childhood sexual abuse. For example, the term incest covers a large range of variables. Finkelhor (1994), states that the most sexual abuse is committed by men (90%) and known to the child (70 to 90%), with family members constituting one-third to one-half of all the perpetrators against girls. Finkelhor (1994) goes on to say that around 20% to 25% of the child sexual abuse cases involve penetration or oral-genital contact, with the peak age of vulnerability between age 7 and 13. In addition, Peters, Wyatt, and Finkelhor (1986), found in their review of 19 surveys, that one in five girls in North America experienced sexual abuse in childhood. Third, the acts of abuse vary in nature, frequency, intensity, and duration. Lastly, childhood incest typically occurs in privacy, masked by secrecy, and most often produces no physical signs, making detection difficult.

Research in the past indicates that a wide range of psychological and interpersonal problems are more prevalent among those who have been sexually abused than among individuals with no such experiences. The aggregate of consistent findings in this literature has lead many to conclude that childhood sexual abuse is a major risk factor for a variety of problems. The various problems and symptoms described in the literature on
sexual abuse are reviewed in a series of categories including self development, internal and external outcomes, posttraumatic stress disorder, anxiety, anger, helplessness, depression, the development of a specific psychological profile as a result of the abuse, and an impaired self as immediate effects. Additional effects include dissociation, substance abuse, social and interpersonal difficulties, and revictimization.

In general, legal and research definitions of child sexual abuse require two elements: (a) sexual activities involving a child and (b) an abusive condition. According to Bagley (1991), the term sexual activity involving a child refers to activities intended for sexual stimulation, excluding touching a child’s genitals for caregiving purposes. Bagley (1991) goes on to describe contact sexual abuse as touching the sexual portions of the child’s body (genitals or anus) or touching the breasts of pubescent females, or the child’s touching the sexual portions of the abuser’s body. Contact sexual abuse includes penetration, which includes penile, digital, and object penetration of the vagina, mouth, or anus, and the nonpenetration, which includes fondling of sexual portions of the child’s body, sexual kissing, or the child’s touching the sexual parts of the abuser’s body. Noncontact sexual abuse usually includes exhibitionism, voyeurism, and involvement of the child in the making of pornography. Verbal sexual abuse propositions or harassment are included as well (Bagley, 1991). Abusive conditions, according to Russell (1984), exist when the child’s abuser is in a position of authority or in a caretaking relationship with the child, or the activities are carried out against the child using force or trickery.

The fact that children are involved infuses heightened emotional urgency. The topic of incest becomes a problem for our society to address because it involves sex with a close family member—who is a child—and America has never been comfortable with
dealing in matters that involve such taboo. Recognition that children in general are at risk for sexual abuse, or that a specific child has been abused, is distressing for many adults because of their own histories as victims or victimizers; or because abuse involves emotion-laden issues of relationships, sexuality, and other difficult intra-and personal processes (Conte, 1994). Thus, because incest stirs up strong emotions; denial, minimization, and rationalizations have always played a central role in the societal response to it. Lastly, the victims are children of differing stages of cognitive, physical, and emotional development, making everything about incest more complex as each child will respond differently based on individual unique circumstances.

**Immediate Effects**

Age affects the extent to which the child suffers physical consequences, mental health consequences—both long and short-term—and makes understanding issues of incest extremely difficult. For example, the development of a sense of self is thought to be one of the earliest developmental tasks of the infant and young children, typically unfolding in the context of early relationships (Santrock, 1993).

**Self Development**

How a child is treated (or maltreated) early in life influences his/her growing self-awareness. As a result, severe child maltreatment—including early and sustained sexual abuse—may interfere with the child’s development of a sense of self. Without such an internal base, individuals may lack the ability to soothe or comfort themselves adequately. This impairment can also cause difficulties in separating the self from others (Walker, 1994). These difficulties may translate into a continuing inability to define one’s own boundaries or reasonable rights when faced with the needs or demands of
others in the interpersonal environment. Such problems, in turn, are associated with subsequent psychological difficulties, including suggestibility or gullibility, inadequate self-protectiveness, and a greater likelihood of being revictimized or exploited by others (Briere, 1992).

The ideology of self-development may be utilized in examining and determining internal and external outcomes of childhood sexual abuse. Research has shown that the impact of sexual abuse can have a profound effect on both behavior and emotional cognition. While some effects of sexual abuse may show continuity throughout childhood, others appear to be age specific. Elliott and Briere (1992) note that one common diagnosis of incest is posttraumatic stress disorder (PTSD). Although PTSD was initially associated with adult response to disaster, accidents, and combat experiences, more recent research has linked short-term posttraumatic symptoms to childhood sexual abuse.

Posttraumatic Stress Disorder

A diagnosis of PTSD requires the occurrence of a traumatic event as well as (a) frequent reexperiencing of the event through nightmares or intrusive thoughts; (b) a humbling of general responsiveness to, or avoidance of, current events; and (c) persistent symptoms of increased arousal, such as jumpiness, sleep disturbance, or poor concentration. Even though most child sexual abuse victims under the age of 12 do not meet the full criteria for PTSD, more than 80% are reported to have some posttraumatic symptoms (McLeer et al., 1992). For example, children who have been abused exhibit more posttraumatic fear, anxiety, and concentration problems than do their nonabused peers (Famularo, Kinscheroff, & Fenton, 1992). Their research focusing on
assessing sexually abused children found that these children are more likely to receive the diagnosis of PTSD than their nonabused peers, at rates of up to 48%.

Other PTSD symptoms involve repetitive, intrusive thoughts and/or memories of the sexual victimization—difficulties that many survivors of sexual abuse find distressing and disruptive. These differ from flashbacks in that they are thoughts and recollections rather than sensory experiences which are more common in adults (Elliott & Briere, 1992). According to these authors, intrusive thoughts center around themes of danger, humiliation, spontaneous sexual contact, guilt, and “badness,” whereas intrusive memories involve unexpected recall of specific abusive events, both of which are most prominent in child sexual victims under the age of 12. Nightmares with violent abuse-related themes are also commonly associated with sexual abuse related PTSD (Elliott & Briere, 1992).

Another short-term effect of childhood sexual abuse, closely related to PTSD is anxiety. Child abuse is, by nature, threatening and disruptive, and may interfere with the child’s developing sense of security, and belief in a safe world (Brier, 1992). Thus, it should not be surprising that victims of such maltreatment are prone to chronic feelings of fearfulness or anxiety. Anxiety can also be a long-term effect of childhood sexual abuse as well. If the child does not receive appropriate treatment early in the stages of recovery, anxiety may also occur in adulthood.

Anxiety

Elevated anxiety has been well documented in child victims of sexual abuse (Kolko et al., 1988). In general populations, survivors are more likely than nonabused individuals to meet the criteria for generalized anxiety disorder, phobias, panic
disorder, and/or obsessive compulsive disorder, with sexual abuse survivors having up to five times greater likelihood of being diagnosed with at least one anxiety disorder than their nonabused peers (Stien, Golding, Siegel, O’Carroll, & Rae, 1988).

Clinical experience suggests that the anxiety frequently has a conditioned component, in that sexual abuse takes place in human relationships where closeness and nurturance is expected. However, intrusion, abandonment, devaluation, and/or pain occur, and as a result, a learned association may form between various social or environmental stimuli and danger, such that a variety of otherwise relatively neutral interpersonal events elicit fear (Berliner & Wheeler, 1987). For example, the formerly abused individual may become anxious in the presence of intimate or close relationships, especially fearful of evaluation, or frightened when in interacting with authority figures (Berliner & Wheeler, 1987). In Briere’s (1984) study, childhood sexual abuse victims were significantly more likely than nonabused controls to report fear, anxiety, and problems with anger.

Abuse related anxiety can also be expressed physically, resulting from the impacts of sustained fearfulness on bodily function and perception. Physical problems that have been associated with childhood sexual abuse histories include headaches, stomach pain, bladder infections, asthma, and chronic pelvic pain (Cunningham, Pearce, & Pearce, 1988). Such findings suggest that some proportion of medical complaints presented to physicians and other health care practitioners may less reflect inherent bodily dysfunction than somatic equivalents of anxiety that arise from unresolved childhood maltreatment experiences (Briere, 1992).

Another common emotional sequel of child sexual abuse is that of anger. Chronic irritability, unexpected or uncontrollable feelings of anger, and difficulties associated
with the expression of anger have been reported by child victims (Friedrich et al., 1988). Such feelings can become internalized as self-hatred and depression, or externalized and result in the perpetration of abuse against others (Carmen, Rieker, & Mills, 1984).

**Anger**

In children, anger is frequently expressed in behavioral problems, with abused children and adolescents displaying significantly more difficulties in this area than what is found typically in the general population (Coleman, 1993). This data suggests that children’s aggressiveness toward others—commonly expressed as fighting or bullying, or attacking other children—may be a frequent short-term effect of sexual molestation (Finkelhor, 1990). Although such behavior may represent an externalization of the children’s distress from their own abuse trauma, and, perhaps, a cry for help, the net effects of this angry aggression is often increased social isolation and unpopularity (Finkelhor, 1990).

Carman et al. (1984), examined the relationship between violence (e.g. any form of physical or sexual abuse, including incest, martial violence, assault, or rape), psychiatric disorder (e.g. alcohol abuse, drug abuse, suicidal, criminality, aggression, depression, psychotic tendencies, and psychosomatic features), and one’s ability to cope with anger and aggression in 80 abused and 80 nonabused adolescent psychiatric patients. Four categories of coping behaviors used to measure differing aspects of anger were developed: (a) anger was directed inward in a passive manner, characterized by depression, frightfulness, withdrawal, worthlessness, and hopelessness, but not actively suicidal; (b) anger was directed inward, but in a more overt, active fashion. This coping style was characterized by active suicidal intent and/or savage self-hatred, with loss of
control reflected in a variety of self-destructive or self-mutilating behaviors; (c) anger was directed outward in a controlled manner. Anger was expressed appropriately, or displaced and projected elsewhere; and (d) anger was expressed outward with aggressive and sometimes violent behaviors toward others. The result of their study revealed that, compared to their nonabused peers, sexually abused girls scored significantly higher on scales of alcohol abuse, abuse of illicit drugs, suicide attempts, criminal justice involvement, abuse to others, aggression, depression, and all four categories of coping behavior measures. Interestingly, when comparing abused girls only on the coping behavior scale, over half scored in category one, followed by category two, then four, then three. According to the authors, these outcomes may be the end result of victim’s (a) inability to trust, (b) impaired self-esteem, and (c) difficulty in coping with anger.

Anger among victims of sexual abuse may be understood as attempts to cope with the chronic trauma induced by childhood victimization. The problem behavior may represent a conscious or unconscious choice to be involved in seemingly dysfunctional and/or self-destructive behaviors rather than fully experience the considerable pain of abuse-specific awareness. Unfortunately, although sometimes immediately effective in reducing distress, anger as a method of coping with child abuse experiences may lead ultimately to even higher levels of symptomology, lower self-esteem, and greater feelings of guilt and anger (Carman et al., 1987). While there are psychodynamic issues specific to each type of abuse, the psychological and behavioral manifestations of chronic abuse may reflect extraordinary damage to the self, which then could become the object of the victim’s hatred and anger or aggression.
Feelings of anger can also affect the victim’s sense of helplessness due to the child’s ideation of “badness,” self-hatred, and her inability to control her environment. Chronic perceptions of helplessness and danger are thought to result from the fact that the child abuse occurred when the victim was physically and psychologically unable to resist or defend against the abuser. This expectation of injury may lead to hyperactivity or “overreaction” to real, potential, or imagined threats.

Helplessness

The most predictable impact of helplessness is the victim’s growing assumption that she is without recourse or options under a widening variety of circumstances (Briere, 1992). Briere (1992) goes on to say that because such experiences are often chronic and ongoing, feelings of hopelessness regarding the future are also likely. Similarly, the child may make assumptions about her inherent badness, based on misinterpretations of maltreatment as, in fact, punishment for unknown transgressions (Briere, 1992). A study of cognition in adjustment of victims of sexual molestation conducted by Faber and Joseph (1986), linked such abuse to subsequent guilt, low self-esteem, self-blame, and other dysfunctional or inaccurate attributions as predicted from the above study by Briere (1992). Faber and Joseph (1986) found that child victims of sexual abuse were more likely to attribute the cause of negative events to internal, stable, and global factors, as well as to their character and to their behavior (that is, “this negative event occurred because I am an inherently bad person and will never change”).

Helplessness as well as emotional distress is well documented in the research literature regarding incest and its immediate consequences, primarily in terms of increased depression, anxiety, and anger (Brown & Finkelor, 1986). They note that, “in
the clinical literature, depression is the symptom most commonly reported among molested adolescents.” A variety of studies have documented greater depressive symptomology among child victims compared to nonvictims (Lipovsky, Sanders, & Murphy, 1989).

**Depression**

Lanktree, Briere, and Zaidi (1991) found that child victims in outpatient therapy were four times as likely to have received a diagnosis of major depression than were nonabused patients. In their study, these authors conducted a detailed review and comparative study of 64 randomly sampled charts for both abused and nonabused child psychiatric outpatients from a major urban university medical center. The variables examined included: gender, age at intake, reference to physical abuse, reference to sexual abuse (both intrafamilial and extrafamilial), age molestation began, duration of molestation, number of perpetrators, whether oral/anal/vaginal penetration occurred, number of suicide attempts, number of family stressors cited, DSM-III-R diagnoses, and total number of psychological symptoms reported. Comparison results revealed that victims were over 4 times more likely to be female (resulting in a 50% abuse incidence rate for girls versus a 11.5% rate for boys), were more likely to have made at least one suicide attempt and to have attempted suicide more frequently, and were more likely to receive a diagnosis of major depression (36.4%) than were nonabused subjects (8.3%). These findings are supported by a wide variety of other studies documenting greater depressive symptomology in adolescents with sexual abuse histories (Elliott & Briere, 1992).
Symptomology among sexually abused adolescents reveal evidence for the presence of depression, low self-esteem, and suicidal ideation or behavior. In a study by Brooks (1985), the author found that one-third (9 out of 27) of the sexually abused subjects in the study had attempted suicide. All presented poor self-concept, depressive symptomology and schizoid/psychotic symptoms (hallucinations), “acting out” behaviors, such as running away, alcohol/drug abuse, and promiscuity.

In a study by Briere (1984), the majority of adolescents suffering from depression as a result of sexual abuse became involved in sex rings, compulsive masturbation, prostitution, had significantly higher occurrences of illicit drug use, physical fights with parents and friends, and were involved in delinquent/criminal behavior. Scott and Stone (1986) compared MMPI profiles of sexually abused adolescents and their nonabused peers. The abused subjects scored significantly high on the hypomania scale indicating the presence of excitability, irritability, elevated mood, flight of ideas, brief periods of depression, and purposeless behavior. Interestingly, the group of abused adolescents in this study also scored high on the schizophrenia scale, which measures feelings of alienation and withdrawal from the social environment and interpersonal relationships.

Given all of the above listed symptomology in regard to short-term effects of childhood sexual abuse, German, Habenicht, and Futcher (1990) found that if personality traits are viewed as one profile, a total picture emerges. In their study, the authors compiled data from multiple studies to develop an abused child’s psychological profile.

**Psychological Profile**

German et al. (1990) found that the most prominent characteristic of adolescent incest survivors is withdrawal. They tend to be internally restrained, evaluative, display...
avoidance to arguments and confrontation, brood, remember unfair treatment, have few friends, and often act individualistically. They are shy, easily intimidated, emotionally cautious, embittered and identify danger quickly (German et al., 1990). Pairing withdrawal with shyness presents a picture of an adolescent who has made accommodations to the abuse in order to survive.

Low superego strength (e.g., part of one’s personality that is the reflection of society’s moral standards, and is generally equivalent to what we call conscience) is another prominent characteristic of some incest survivors. Some incest survivors tend to see themselves as self-indulgent, rule breakers, have low regard to moral standards, and tend to be indolent and frivolous, yet in the incestuous environment, the child believes she has the responsibility to keep the family together by submitting to the sexual abuse and keeping it a secret. Under these circumstances, it appears that conventional morality becomes distorted in the child’s mind (German et al., 1990).

According to German et al. (1990), when considering all of these factors, the combination of low self-concept, low energy, withdrawal, shyness, conformity, and guilt, with the occasional unschooled aggressiveness may mix to produce an individual who may be difficult to be with because of her unpredictability. German et al. (1990) states,

Her sullenness, mood swings, lack of energy and drive may make her vulnerable to substance abuse and further sexual abuse. Her choice of friends may be limited to those who are similar to her or will accept her. Her choices, reflecting low self-esteem, limit her healthy growth and mastery of her environment and life. Many times these adolescents remain in adolescence, vulnerable to become battered women. Furthermore, she may rebelliously set her own self-serving criteria for behavior, believing that the world is unjust and cruel. Lastly, her attraction is likely to be towards males who need her.

(p. 436)
It may be helpful to understand the adolescent in regard to a psychological profile. However, the danger in using a psychological profile is that one can ignore their unique characteristics and experiences of each survivor, therefore portraying a very negative picture of the individual which may not be true in the majority of cases. How, then, do the victims see themselves as a result of the abuse and the development of personality or sense of self? One consequence of abuse is that the sense of self may become impaired as a result of an empathetic bond to the abuser.

**Impaired Self**

As a component of personality, empathy is often described as the ability to feel what others feel, to experience the emotional states of the other such that one becomes sensitive and responsive to the other's needs (Tavris & Offir, 1977). Furthermore, Jacobs (1993) states that the exchange of feelings and emotions between social actors provides the foundation for the development of an empathetic personality, the relational self. Understanding the female relational self is predicted on the presence of a mutually empathic bond between mother and female child that contribute to the daughter's healthy psychosocial development (Jacobs, 1993). When, however, the female child's empathic development is contextualized by the father's sexual abuse, a rupture in the mother-daughter bond may take place such that the victimized daughter may tend to empathize with and forgive the fathers while turning their rage and anger towards their mothers (Herman, 1981). For example, Herman (1981) states that the multiple boundary violations that inform the child's relationship to the perpetrator create a dynamic of forced intimacy wherein attachment rather than separateness defines the daughter's relationship to the father. The forced intimacy characteristic of incest perpetration
separates the daughter from the mother, reinforcing the child’s feelings of maternal
betrayal and abandonment while intensifying her connection to the abusive father
(Herman, 1981; Jacobs, 1993).

In her study, Jacobs (1993) examined the variables of violence and remorse, the
“victimized” perpetrator, and rescuing the perpetrator. For half of the women in her
study, violated by the age of eight, the concept of sexual assault was not understood until
many years later, after the survivor had language and a conceptual framework to
recognize and comprehended the unnamed trauma of her early childhood. Generally,
after the assault, the perpetrator presented himself as caring for the victim, apologizing,
and asking for forgiveness, asking her, the abused child, to understand that he did not
mean to hurt her. Empathy is thus engendered under conditions of sexual violence,
resulting in the development of an empathic bond in which the feelings of the perpetrator
takes precedence. During this act of violation, the child victim not only recognizes the
primacy of the aggressor’s pain, but takes responsibility both for the rape and or the
rapist’s remorse. While experiencing the perpetrator’s violent behavior in connection
with his guilt and shame, the child victim comes to identify his shame to her own, a
process of internalization that is intensified by the perpetrator, who often blames the child
for the shameful acts he has just committed (Jacobs, 1993).

Incest is a prevalent form of family violence in which the ego (e.g., the conscious part
of the personality responsible for decision making and dealing with reality) boundaries of
the daughter are invaded by the father. Jacobs (1993) goes on to say:

The father may actually seek maternal nurturing in the abusive relationship with
his daughter, but will do so through an identification with the victimized child
whom he sees as an extension of himself. In reinforcing this type of father-

daughter identification, the abuser further alienates the daughter from her mother as they are forced into competing roles in the incest family. This strengthens the bond between the abuser and the victimized child; the child perceives the abuser as the only family ally, with whom she empathizes and from whom she receives nurturing. (p. 137)

One manifestation of the empathic female persona is the desire by the victimized woman to save those men who batter, abuse, and humiliate them. The origins for such self-denial can be found in what Jacobs (1993) calls “emotional exploitation.” In their role as sexualized daughters and formal nurtures, some abused girls come to value themselves through the protection and caregiving they provide the perpetrator. Frequently, survivors find themselves in abusive relationships that replicate the dynamics of empathic responsiveness that characterized their relationship with their fathers. This form of attachment in adult survivors emerges out of what Jordan et al. (1991) has determined faulty empathy in which a personality construct of an individual’s boundaries of self are extremely permeable so that she cannot easily distinguish between her own needs and the needs of others. Jordan et al. (1991) believes that the powerlessness and sexual boundary violations of incest contribute greatly to a diminished sense of self, while the empathic connection further confounds the developing child’s sense of separateness as she constructs her identity through her emotional attachment to the abuser. Incest survivors thus, suffer a loss of self that is reexperienced in intimate relationships in adulthood.

Courtois (1988) states that the striving for perfection is frequently found among incest survivors and has often been explained as the creation of an idealized self, which compensates for the negative identity of the real self. The idealized self might also be understood in relation to the empathy the child feels for the abuser, as she seeks to become the perfect daughter whose “goodness” may alleviate his suffering. According to
the author, the role of nurturer defines the child as “the good girl,” and affirmation the child needs to help mitigate the self-condemnation that accompanies sexual abuse.

Jacobs (1993) believes,

In caring for the perpetrator, the child reframes the humiliation, fear, and shame associated with victimization as a loving, caring relationship in which the child is the valued daughter. Nurturing the aggressor thus becomes a strategy for constructing a sense of self-worth under conditions of powerlessness. A consequence for the daughter is a sustained connection to the perpetrator, but one that creates severe disconnection from the child self who has been victimized. Further, and perhaps more significantly, the empathic bond may serve to nurture the daughter as well. In seeking to alleviate the distress of the abusive parent, with whom she identifies, the child may seek to alleviate her own suffering and in doing so to rescue the violated self from the dispare of victimization. (p. 141)

**Long-Term Effects**

Age plays an important role in regard to sexual abuse because generally, if a child is experiencing abuse and resulting confusion prior to the age of 12, she is often left to negotiate the trials of childhood without assistance (Higgs, Canavan, & Meyer, 1994). Perhaps the most obvious example of conditioned, abuse-related fear among adult survivors is that of sexual dysfunction.

**Sexual Dysfunction**

Elliott and Briere (1992) compare sexual dysfunction to a type of cognitive distortion, in that, indiscriminate behavior may be used by some victims as avoidance to interpersonal relationships. Because childhood sexual molestation is likely to create an association between sexual stimuli and invasion or pain, many adult survivors report fear or anxiety-related difficulties during sexual contact. Meiselman (1978) for example, reported that 87% of her clinical sample of adults molested as children had “serious” sexual problems, as opposed to 20% of those clients without a sexual abuse history.
Similarly, Malz and Holman (1987), found that 60% of the incest survivors that they studied reported pain during intercourse as opposed to 20% of those clients without a sexual abuse history. Forty-eight percent were unable to experience orgasms during sex as compared to the non-abused female population in their study.

Another form of avoidance used as a coping mechanism is dissociation. This phenomena is commonly called “spacing out” or amnesia for painful abuse-related memories. Dissociation, commonly experienced by survivors during sexual activity, may be thought of as another level of consciousness, much like a mild trance state, that makes the unbearable bearable by letting the mind go away for awhile.

**Dissociation**

Dissociation can be defined as a disruption in the normally occurring linkages between subjective awareness, feelings, thoughts, behaviors, and memories, consciously or unconsciously invoked to reduce physical pain (Briere, 1992). Examples of dissociation include: (a) derealization and depersonalization, that is, the experience of self or the environment as suddenly strange or unreal; (b) periods of disengagement during times of stress, for example, via “spacing out” or excessive daydreaming; (c) alterations in bodily perception; (d) emotional numbing; (e) out-of-body experiences; (f) amnesia for painful abuse related memories; and (g) multiple personality disorder (Steinberg, 1993).

Dissociative symptomology has been linked to sexual trauma in children and adults (Elliott & Briere, 1992). Such symptoms are apt to be prevalent among child and adult survivors because they reduce or circumvent the emotional pain associated with abuse-related experiences or recollections, permitting superficially higher levels of
psychological functioning (van der Kolk & Kadish, 1987). Dissociation is thought to underlie many individuals’ reports of amnesia for childhood abuse in that such memories are believed to have been defensively excluded from conscious awareness (Lowenstein, 1993). The mind-body split that abuse fosters as a coping strategy is adopted by children and adolescents in order to protect themselves. When dissociation is out of control, the adolescent girl can fragment the various parts of her personality as people do with multiple personality disorders, or, she can become “spacey” and confused, not concentrating for long on anything important (Walker, 1994).

As dissociation relates to long-term effects, one study by Herman (1981) suggests that adults in psychotherapy quite commonly report some period in their lives when they had incomplete or absent memories of their childhood abuse. Among 450 women in psychotherapy to deal with abuse-related difficulties, Briere and Conte (1994) found in their study that 59% had reported having some period before the age of 18 when they had no memory of being abused. In both of these studies, self-reported abuse-related amnesia was associated with more severe and extensive abuse that occurred at a relatively earlier age. Lastly, Loftus (1993) found that 19% of more than 50 adult female sexual abuse survivors in treatment for chemical dependency stated that, at some point in their past, they had no sexual abuse memories and that an additional 12% had only partial memories of their childhood sexual victimization. Interestingly, in the later study, the authors interpreted their data as not necessarily supporting the notion of psychogenic amnesia, per se, but rather referred to this process at least in some instances, as “forgetting.”
As a victim attempts to make sense of their maltreatment, coping strategies other than dissociation may occur, having somewhat similar results. Many victims, for example, engage in substance abuse as an attempt to anesthetize psychic pain. Substance abuse can refer to alcohol, illegal drugs, or addictions.

Substance Abuse

A number of studies have found a relationship between sexual abuse and later substance abuse among adolescent and adult survivors. Briere and Runtz (1993) reported that sexually abused female crisis center clients had ten times the likelihood of a drug addiction history and two times the likelihood of alcoholism relative to a group of nonabused female clients. Thus, some significant portion of those currently addicted to drugs or alcohol may be attempting to self-medicate severe abuse-related depression, anxiety, or posttraumatic stress. It seems likely that sustained drug or alcohol abuse allows the abused survivor to separate psychologically from the environment, and blur distressing memories.

Certain behaviors reported by adult survivors of child sexual abuse, such as compulsive and indiscriminate sexual activity, binging, or chronic overeating, and self-mutilation, can be seen as fulfilling a need to reduce the considerable painful affect that can accompany unresolved sexual trauma. Elliott and Briere (1992) state that often, these activities are seen as “acting out,” “impulsivity,” or, most frequently, as arising from “addictions.” For the abuse survivor, however, such behaviors may be best understood as problem-solving behaviors in the face of extreme abuse-related dysphoria. The result of these behaviors are frequently effective in creating a temporary sense of calm and relief, but ultimately these tension-reducing mechanisms in the future is reinforced through a
process of avoidance learning. Behavior that reduces pain is likely to be repeated in the presence of future pain (Briere, 1992).

Research and clinical observations have long suggested that child sexual abuse is associated with both initial and long-term alterations in social functioning (Elliott, 1994). Interpersonal difficulties arise from both the immediate cognitive and conditioned responses to victimization that extend into the long-term (for example, distrust of others, anger at and/or fear of those with power, concern about abandonment, perceptions of justice), as well as the accommodation responses to ongoing abuse (for example, avoidance, passivity, addictions, and sexualization; Elliott and Briere, 1992).

Social and Interpersonal Difficulties

As an explanation of social and interpersonal difficulties, Finkelhor and Browne (1985) have proposed a model called Traumatic Dynamic Model of Child Sexual Abuse. As they define it, a traumatic dynamic “alters children’s cognitive and emotional orientation to the world, and creates trauma by distorting children’s self-concept, world view, and affective capabilities” (Finkelhor & Brown, 1985, p. 531). They believe that the impact of abuse can be accounted for by four dynamics: (a) Stigmatization; (b) Betrayal; (c) Powerlessness; and (d) Traumatic sexualization. Stigmatization “refers to the negative connotations—for example, badness, shame, and guilt that are communicated to the child around the experiences and that than become incorporated into the child’s self-image” (p. 532). Betrayal “refers to the dynamic by which children discover that someone in whom they were virtually dependant has caused them harm” (p. 531). Powerlessness “refers to the process in which the child’s will, desires, and sense of efficacy are continually contravened” (p. 532). Traumatic sexualization “refers to a process in which
the child’s sexuality . . . is shaped in a developmentally inappropriate and interpersonally dysfunctional fashion as a result of sexual abuse” (p. 531).

Finkelhor and Browne’s (1985) model suggests that these dynamics shape the way the adult survivor interacts with the world, possibly accounting for the psychological and interpersonal problems that are characteristic of adult survivors of childhood sexual abuse. Although their model referred to these traumatic dynamics at the time of the abuse during childhood, internalized thoughts and feelings regarding the abuse may still play a role in adjustment long afterwards. For example, sexual abuse usually occurs in the context of close human relationships, with as many as 85% of these cases perpetrated by individuals known to the victim (Finkelhor, 1990). The violation and betrayal of boundaries in the context of developing intimacy can create interpersonal difficulties in many survivors. The intimacy problems appear to center primarily on ambivalence and fear regarding interpersonal vulnerability (Elliott, 1994). Elliott (1994) goes on to say that although interpersonal difficulties are commonly reported by survivors, they are more prominent when the victimization begins at an especially early age, lasts over an extended period of time, or occurs within the nuclear family.

As adults, survivors report a greater fear of both men and women (Kolko et al., 1988). They are more likely to remain single and once married, are more likely to divorce or separate from their spouses than those without sexual abuse histories (Briere & Runtz, 1990). Sexual abuse survivors typically report having fewer friends, less interpersonal trusts, less satisfaction in their relationships, major maladaptive interpersonal patterns, and greater discomfort, isolation, and interpersonal sensitivity (Elliott & Briere, 1992).
In addition to experiencing social and interpersonal difficulties, many victims have experienced or fear revictimization. Conte and Schuerman (1987) speculate that adults victimized as children may see themselves as unworthy of relationships with people they consider good or healthy, and that some victims may attempt to gain mastery over the abuse experience by recreating it in the form of involvement in poor or abusive relationships.

Revictimization

Sexual or physical revictimization (that is, rape or spousal abuse) has been associated with prior child sexual abuse in a number of studies (Conte & Scherman, 1987). Briere (1984) found that 49% of his sexually abused sample had been victims of battering in an adult relationship, a rate almost three times greater than that of the control group. Of the sexual abuse victims interviewed by Gorcey, Santiago, and McCall (1986), 37% reported that they had been raped as teenagers or adults; 65% had been victims of subsequent rape or attempted rape; and 20% has a history of physical abuse.

Finkelhor (1979) suggests that the association between childhood sexual abuse and revictimization may be due to the factors that force the victimized children out of the family and into high-risk situations for wife abuse or rape. Childhood sexual abuse may also have a corrosive effect on self-esteem, therefore making these women conspicuous targets for sexually exploitative men. In a survey of former and current prostitutes, Silbert and Pines (1981) found that 60% of these women had been sexually abused prior to the age of 16. Women who have been sexually abused as children may idealize men; seeking to recapture the specialness they felt in the relationship they had with their father or abuser. A combination of idealization and oversexualization, together with an impaired
ability to correctly identify persons who are trustworthy, are critical factors in explaining revictimization as well as personal variables, such as a sense of worthlessness and self-blame. Together, these variables may co-exist, or follow childhood sexual abuse, leading these women to expose themselves to men who revictimize them, thus confirming their low opinion of themselves (Beitchman et al., 1992).

The suggestion has been made that the ability to derive an explanation of one’s victimization is conducive to the psychological adjustment of the person. It has also been suggested that the attribution one makes as to the reason for victimization will influence the person’s adaptive response. Blaming of the self, a common phenomenon among victims, has been theorized as contributing to a sense of helplessness. However, internal attributions of blame have also been found to be adaptive, increasing one’s sense of control in preventing any future victimization (Frieze, Greenberg, & Hymer, 1987). These authors go on to say that victims may engage in a process called “rewriting the script” which involves allaying anxiety by telling themselves that the molestation happened because they wanted it to happen. By fantasizing that one is in charge of a stressful event, the associated anxiety is reduced, but, such a coping mechanism is difficult to alter (Morrow, 1991). While such a coping mechanism may increase a sense of control, it does so by distorting reality. According to Morrow (1991), increased self-blame might result from feeling responsible for not being able to stop the abuse from progressing to the point of intercourse. These beliefs in turn may cause the victim to perceive the abuse as more serious or damaging, resulting in more internal attributions (Morrow, 1991).
Conclusion

Many researchers and clinicians believe that the characteristics of childhood sexual abuse are attributed to the posttraumatic stress disorder conceptualization and is the best predictor of the long-term effects of that abuse. Although various symptoms have been reported to occur in the aftermath of child sexual abuse, ambiguity exists as to which effects may be directly attributed to the abuse and which may be related to other antecedent variables. Since attitudes towards sexuality develop over time and include a multitude of influences, moderating variables which may serve to increase or decrease the long-term impact of sexual abuse on a child’s functioning is important. Therefore, sexual abuse is likely to exert its effects in the context of a child’s other experiences and a woman’s present perception of her abuse may best predict her adult functioning.

For example, Beitchman, Hood, DaCosta, and Akerman (1991) believe there may be “sleeper” effects, of which the child and others are unaware, but may emerge with dramatic impact in adulthood. The authors state that sexual dysfunction may not be evident as a short-term consequence of sexual abuse in the prepubertal child, but in adults, however, healthy sexual functioning is considered to be an important component of adjustment. This is not to suggest that short-term effects are more minimal than long-term effects; however a clear understanding of both short-term and long-term effects of child sexual abuse may be helpful in planning treatment. Because an adult is able to assess childhood events from a different psychological perspective than the child, understanding the adult perspective is necessary to unravel the full impact of childhood sexual abuse.
In conclusion, this part of the thesis outlines the results of a decade of research in the association between childhood sexual victimization, incestuous experiences and a variety of later psychological symptoms and difficulties. Taken together, the data provide strong support for the negative psychological effects of sexual abuse and the need for treatment approaches focused on these negative consequences of sexual abuse. Childhood sexual abuse appears to have the potential for motivating the development of behaviors that, while immediately adaptive, often have long-term self-injurious consequences. At the same time, these data suggest that the extent to which a given individual manifests abuse-related symptomology and distress is a function of an undetermined number of abuse-specific variables, as well as individual and environmental factors that exist prior to, or occur subsequent to, the incidents of sexual abuse. Lastly, although the literature review on childhood sexual abuse in this thesis focuses on the negative consequences of sexual abuse, one must keep in mind that adequate and appropriate therapy has proven through research (too extensive to discuss in this paper) to be most effective in improving resiliency and productivity in victim's lives. Most treatment settings for child sexual abuse survivors offer an array of psychological services intended to help the survivor and her family cope with the immediate impact of discovery of abuse and to prevent the development of short-and-long term psychological sequelae. According to Nelki and Watters (1989), the development of these types of programs is guided by two prevailing assumptions: (a) that abuse almost always result in conditions that should be treated and (b) that the amount and timing of treatment correlates with the likelihood of success. Furthermore, most existing research on these issues consists of descriptive data, pre-and-postanalysis, and correlation studies of mixed and nonstandardized treatments which
suggest that spontaneous recovery following disclosure of sexual abuse is high (Beutler, Williams, & Zetzer, 1994).
CHAPTER III

METHODS

Subject

The subject was recruited from a pool of individuals that were self-referred to the counseling interventions available at a local human service organization in a Midwestern community. Self-referrals are most frequently a result of clients identifying a need to overcome significant emotional barriers that are interfering with everyday functioning to the extent they are unable to free themselves from the welfare system. The subject was a single, Caucasian, late adolescent female (age 18) who had indicated on the agency self-assessment form that she was a survivor of incest and wished to receive some type of psychological intervention to assist her in successfully coping with and resolving that issue. A screening interview was administered to the subject to distinguish specific criteria for the purpose of this study, as well as a crisis symptom checklist to ensure the absence of severe substance abuse or psychopathology. The perpetrator was identified as her natural father, the age of onset of the abuse was 6 years with a duration of 5 years. The subject also indicated that the abuse consisted of fondling and intercourse.

Instruments

Psychological Profile of Forgiveness Scale.

This 65-item scale was utilized to assess the degree to which the subject forgave her perpetrator. According to Freedman and Enright (1996), this scale is based on the theoretical premise that when one forgives there are six psychological responses: absence of negative emotions ("I do not feel bitter toward the person"), absence of negative judgments ("I do not view the person as below me"), absence of negative behaviors ("I
will not act negatively toward the person"), presence of positive affects ("I feel close to the person"), presence of positive judgments ("the person deserves fairness), and presence of positive behaviors ("I’ll show friendship; p. 984). The word "forgiveness" is not mentioned anywhere on the scale. In fact, it is simply labeled "Attitude Scale" (Subkoviak et al., 1995). Each item is in a zero-to five Likert format from strongly disagree to strongly agree. High scores for each of the six psychological subscales range from 0-60, 60 indicating a high score of forgiveness and 0 a low score. There are repeated questions to assure consistency of the items and five items to detect pseudo forgiveness including denial and condonation (Subkoviak et al., 1995). The subject was asked to consider the one who abused her and to rate that person on the basis of her current cognitive, behavioral and emotional state. This instrument has shown significant correlation between those high on forgiveness scale and those high in self-esteem and low in psychological depression and anxiety (Al-Mabuk et al., 1995; Freedman & Enright, 1996). Internal consistency is usually in the .90-.95 range (Al-Mabuk et al., 1995; Freedman & Enright, 1996; Subkoviak et al., 1995).

Self-Report Forgiveness Measure.

This instrument was specifically designed by Freedman and Enright (1996) for their study of forgiveness with incest survivors. This measure was used at the end of the intervention to determine if the subject had genuinely forgiven her abuser. Three definitions of forgiveness were presented to the subject and she was asked to read them. The subject was then asked to answer five questions to evaluate her feelings toward the perpetrator in terms of the definitions of forgiveness provided. When the subject
believed she had honestly forgiven her abuser and the rationale behind her decision was valid, she was judged to have truly forgiven. Examples of two of the five questions are as follows:

1. Do you believe you have truly forgiven the injurer?
2. Why do you say this?

**Speilberger State-Trait Anxiety Scale.**

This is a 40-item self-report scale that measures two distinct anxiety concepts: 20 state anxiety items that indicate how the subject feels at a particular moment in time and 20 trait anxiety items that indicate how the subject generally feels (Speilberger et al., 1983). The STAI defines state anxiety as a transitory emotional state experienced by the individual which is characterized by “subjective feelings of tension, apprehension, nervousness, worry, and by activation or arousal of the autonomic nervous system” (Speilberger et al., 1983, p. 2). Examples of some of the items include “I am jittery,” and “I feel anxious.” Trait anxiety refers to a relatively stable individual differences in people when responding to stressful situations (Speilberger et al., 1983). Examples of trait items include “I feel secure” or “I am a steady person.”

Each statement is rated on a 4-point Likert scale that can produce a total subscale range of 20-80. Each subscale is calculated separately as well as a Total Anxiety Score (40 = low anxiety to 160 = high anxiety; Subkoviak et al., 1995). Some of the state and trait anxiety items (e.g., “I am tense”) are worded in such a way that at rating of (4) indicates a high level of anxiety, while other items (e.g., “I feel pleasant”) are worded so that a high score indicates low scores of anxiety. According to Speilberger (1983), as
cited in Freedman (1996), the anxiety items for which the scoring weights are reversed in
the state and trait anxiety scales are:

state: 1, 2, 5, 8, 10, 11, 15, 16, 19, 20

trait: 21, 23, 26, 27, 30, 33, 34, 36, 39

This is a widely used instrument which yields adequate validity and reliability and has been used extensively in research and clinical practice (Speilberger, 1983). In fact, reliability coefficients for state anxiety ranged from .83 to .92 and from .86 to .92 for trait anxiety in a test conducted by Speilberger (1983). Concurrent validity is reflected in correlations with the IPAT Anxiety Scale (Cattel & Scheier, 1963), the Affect Adjective Checklist (AACA; Zuckerman, 1960), and the Taylor (1953) Manifest Anxiety Scale (TMAS).

Beck Depression Inventory

This is a 21-item self-report scale of psychological depression. This, too, is a widely used and valid measure (Subkoviak et al., 1995) with adequate psychometric properties (Beck et al., 1961). The items are scored on a scale ranging from 0 to 3, with a high score representing high depression (Beck et al., 1961). Some of the scales assessed included mood, sense of failure, lack of satisfaction, irritability, suicidal wishes, and guilty feelings. Each item on the inventory consists of a graded series of four self-evaluative statements that are ranked to reflect the range of severity of the symptoms from neutral to maximum severity. The individual is instructed to select the one statement from each group which best describes her feelings within the past week, including the day she is given the inventory. An example of guilty feelings is: “I don’t feel particularly guilty,” “I feel guilty a good part of the time,” “I feel quite guilty most
of the time," “I feel guilty all of the time.” The range of scores is from 0 to 63 with a high score representing severe depression. In a study by Beck et al. (1961) internal consistency was the determination of the split-half reliability yielding a coefficient of .86. Reynolds and Gould (1981) reported an internal consistency of .85. To check validity, Beck, in his 1961 study found that changes in the score on the inventory paralleled changes in the psychiatrist’s clinical rating which indicated a consistent relationship between the instrument and the patient’s clinical state.

The Adult Form of the Coopersmith Self-Esteem Inventory

This self-report measure for individuals ages 16 and over, consists of 25 true-false items that evaluates attitudes toward self in several respects: general self, social, self-peers, and home-parents. The total item score is multiplied by 4, generating scores ranging from 0 (low score) to 100 (high score; Freedman & Enright, 1996). Prior testing has found that the upper quartile can be considered indicative of high self-esteem, the lower quartile generally indicative of low self-esteem, and the interquartile range is generally indicative of medium self-esteem (Freedman, 1994).

Coopersmith (1981) reported adequate validity and reliability for this scale. The author originally reported the test re-test reliability for the SEI to be .88 for a sample of children in fifth grade over a five week interval and .70 for a sample of 56 children over a three week interval. Fullerton (1972) reported split-half reliability coefficient of .87 for the SEI. Coopersmith (1967) reported predictive validity scores for the SEI that were significantly related to creativity, academic achievement, resistance to group pressures, willingness to express unpopular opinions, and perceptual constancy.
Hope Scale

This 32-item scale used by Al-Mabuk et al. (1995) and Freedman and Enright (1996) assesses optimism toward the future in areas of parental relationships ("There will be more trust in my relationship with my parents"), friendship ("I will have longer lasting friendships"), achievement ("I will be able to follow through on tasks"), and affect ("I will have more joy than I have now"). Each item was scored on a Likert format that ranged from 1 (it probably won’t happen) to 5 (it will happen to a greater extent than I now realize). Items 3, 7, and 21 are distraction items, used as a response check. Scores range from a minimum of 30 to 150. A high score indicates a high level of hope, and a low score indicates low hope. Al-Mabuk et al. (1995) and Freedman and Enright (1996) found positive correlation between this scale and forgiveness.

Willingness to Forgive Scale

This is a 15-item scale used to measure a person’s willingness to choose forgiveness as a strategy to overcome interpersonal problems. Using items that are hypothetical in nature, the person chooses one solution out of 10. An example of one of the hypothetical questions is: "Your significant other betrays your most intimate secret." Example solutions are: "Talk with a counselor or friend," "Get even," "Fantasize revenge," "Forgive," and others. Two responses are collected from the subject for each of the hypothetical items. One is the ending solution in which the person believes she would actually use in the hypothetical situation, and the other response is the preferred solution in which the subject chooses the solution she would ideally prefer to use (even though she believes that she may not actually use it; Al-Mabuk et al., 1995).
Screening Measure/ Research Questionnaire

This screening instrument was given to the subject prior to the beginning of the intervention to obtain necessary background information to determine if she met study criterion. To be given the questionnaire, the subject must have been sexually abused by a male blood relative, and have indicated an interest in participating in an intervention study for abuse survivors, conducted by a graduate student. The participant was given the Crisis Symptom Checklist and an Informed Consent (see Appendix B) form to complete. The subject was informed that she could withdraw from the study at any time for any reason.

Crisis Symptom Checklist

This screening instrument is used along with the Research Questionnaire to aid in the determination of cut-off criterion for inclusion in the study. The presence of three items on the CSC (see Appendix C) met inclusion criteria. The subject indicated whether the items on the CSC had been present or not within the past two months. The items were then scored as a 1 (present) or 0 (absent). A frequency count was then conducted to tally final scores.

Design

A single subject design was used in this study. This methodology was chosen because the researcher was interested in the affect of a specific intervention (forgiveness education) on one specific individual. Prior to the intervention, baseline data was collected to provide benchmark indicators of where the subject was in regard to the emotional severity or the psychological impact of the injury without intervention. The 20 unit forgiveness treatment (see Intervention Procedure for details) was then given to the
subject over 24-weeks during a 30-week time frame. Once the forgiveness treatment process was completed and the subject indicated that she felt forgiving, she was given the Self-Report Forgiveness Measure and posttest assessments (see Testing Procedures for details). A six-month follow-up was administered to the subject to ensure treatment stability. For specific details, reference the Case Study in Appendix A.

Procedure

This study is a thesis project that has already been approved by the University of Northern Iowa Human Subjects Committee. Informed consent was obtained from the participating individual. Pretest and posttest measures that were administered to the subject consisted of the Psychological Profile of Forgiveness Scale, the Hope scale, the Coopersmith Self-Esteem Inventory, The State-Trait Anxiety Inventory, and the Beck Depression Inventory.

After pretests, the individual participated in a forgiveness intervention based on Enright et al.'s (1991) Forgiveness Model. It has been modified to include 20 units rather than 17 units. The researcher met with the participant 1-1 1/2 hours, once a week for 24 weeks over a total of 30 weeks scheduled around work hours, appointments, and vacations. For each session a new step of the process was introduced. It was possible to work on one unit more than one week. In fact, the participant spent additional time on 2 of the 20 steps. Examples of the units include discussing feelings of anger, guilt, shame, preoccupation with the injury, reframing, and how one has been changed as a result of the injury. At the end of the study, the individual was given posttests utilizing the same initial assessment instruments that allowed the researcher to observe the effectiveness of the intervention in addition to a Self-Report Forgiveness
Measure (Freedman & Enright, 1996) to determine if the subject had truly forgiven her perpetrator. A six month follow-up was then administered to indicate the stability of the change and verify that the intervention had achieved its therapeutic goal.

Testing Procedure

An initial assessment was given to an individual female adolescent (age 18) who indicated an interest in receiving one-on-one sessions with a graduate student. She was given the screening interview-research questionnaire and the Crisis Symptom Checklist. An appointment time was then established for the subject to meet with the graduate student and discuss the intervention. A week later, the subject met with the researcher who described the treatment as an intervention designed to assist incest survivors heal from the serious hurts they have experienced as a result of the abuse. At that time the subject signed an informed consent form and was administered the six pretest measures. Shortly thereafter, the intervention was implemented in weekly 1-1/2 hour sessions over a course of 24 out of 30 weeks. The same testing procedure was repeated with posttest measures after the completion of the intervention and when the subject indicated to the graduate student that she had forgiven the perpetrator. Follow-up assessment at six months again included the same testing measures.

Intervention Procedure

After pretesting, the subject actively participated in the forgiveness intervention. Once a week, the researcher met with the subject and presented one unit per visit. The subject was given a copy of the manual to read ahead of time.

In Unit one, the survivor examined the Psychological Defense Mechanisms she may be using to protect herself from the pain of the abuse. Examples included denial of the
injury, suppression of thoughts, feelings, or memories of the abuse, repression or removal of the unacceptable offence from consciousness, rationalizing or consciously making excuses for the hurtful experience to minimize the pain, and reaction formation, a process of removing unacceptable thoughts and feelings beneath conscious awareness and replacing them with attitudes and behaviors with complete opposites. According to Freedman and Enright, (1996) although these defense mechanisms are often immediately adaptive, they prevent healing if held onto too long and the survivor’s use of these mechanisms need to be recognized to confront true emotions.

Unit 2 focuses on Confrontation of Anger. This unit helps the survivor realize that, although difficult to accept and express, the anger she experiences as a result of the abuse may keep her imprisoned in the past and prevent trust of self and others. The survivor was taught that she was entitled to her anger at the perpetrator for unjustly and unfairly wounding her. However, accepting the anger and directing it in more constructive ways takes courage. Without recognizing the damaging effects of uncontrolled anger, one can continue feeling abused, hurt, and alone. It can also cause blaming of others, hatred, and a need for revenge.

Unit 3 deals with Coming to Grips with the Shame and Guilt that can be associated with a wrongful injury. Guilt is a feeling that we actually did something wrong and knew it; an inner conviction that we have in fact violated a standard we accept, or participated in an immoral act (Enright et al., 1991). Many incest survivors may feel that they are guilty for the abuse they experienced unknowingly assuming the responsibility. For example, survivors may feel guilty for dressing in a provocative manner or being in the wrong place at the wrong time creating the situation in which they were abused. Guilt is
also associated with incest if the survivor experienced pleasurable physical responses as a result of sexual stimulation. The survivor may feel guilty for not being able to stop the abuse or being reluctant in disclosing the abuse to someone who could help her. Although the survivor may feel guilty, it is important to emphasize that nothing she did caused the abuse and acceptance of natural body reactions may be a more appropriate term. Lastly, anger at a disbelieving mother and feelings of unresolved self-blame may result from confronting one’s feelings of guilt. Shame, on the other hand, is an embarrassment, disgrace, or humiliation caused by others’ reaction to us or our reactions to losing something that can never be returned or put back in place. Sexual abuse in the context of shame often results in feelings of worthlessness, self-devaluation, or low self-esteem as a result of lost innocence. Guilt and shame are addressed in this unit by helping the survivor understand that in no way was she responsible for abuse and given the circumstances, the survivor did the very best she could do stop or prevent the undeserved hurt. The survivor is taught to see herself as innocent of the wrongdoing and that releasing anger, shame, and undeserved guilt, would enable her to appreciate herself as a special person.

Unit 4 reflects the injured’s Preoccupation with the Pain caused by the abuse. Occasionally, an incest survivor may unintentionally nurture the hurt by investing exuberant amounts of energy into the pain caused by the deep injury and resulting anger. Without an outlet to express the anger and an opportunity to bring real closure to the injury, feelings of resentment and anxiety will continue (Enright et al., 1991). The result will be an inability to concentrate or function successfully in other areas of one’s life. Awareness of emotional investment of the injury can help the survivor establish
adequate ways to cope with pain and assist her in the healing process. The survivor learns that by allowing herself to feel the pain, she can also come to understand how to comfort herself, assess the appropriate amount of energy to invest in the pain, and move on with her life.

Unit 5 deals with Cognitively Reliving the Event in which the survivor may be preoccupied with thoughts of the abuse. Memories are replayed in the survivor’s mind, and at times invade her thoughts to the point of being uncontrollable. Positive cognitive rehearsal is a strategy used to help the survivor focus on the positive aspects of her life and what is going well rather than just negative aspects of being an incest survivor.

Unit 6 examines the survivor’s Behavior in Comparison with the Offender. Often when an individual is sexually abused, she may feel extremely hurt and traumatized by the event and imagine that the abuser is free of any pain. Deepening anger and resentment could result if the survivor believes that her life has been completely ruined by the abuse. Separating the perpetrator from the event facilitates the process of forgiveness by focusing on the abuser and not the series of events. The survivor can then identify positives in her life in comparison to the abuser, realize that her abuse was not pain free, and that he, too, has experienced painful events in his life as well.

Unit 7 is called, “Have You Been Changed?” It re-examines the survivor’s self and the permanent life change as a result of the abuse. Although the survivor may never be able to regain the innocence of her childhood, her personality is a composite of her entire life and the events surrounding it. The injury makes up only a small portion of one’s entire history. As the survivor begins to realize and appreciate the positive qualities of herself, she can became a more fully developed person.
Unit 8 is Insight into a Just World-view. The survivor recognizes the change in herself, her perceptions of the abuser that are no longer idealized, and her new view of how the world is organized as a result of the abuse. Undeserved hurt may lead the survivor to develop differing assumptions of fairness. Often one's idealistic view of life is replaced with a more pessimistic view and she may feel out of control of her life. The survivor must accept the fact that life is not fair and everyone at some point in their life will experience undeserved pain.

Unit 9 is A Change of Heart or the commitment to choose a more positive direction in the healing process as a result of self-examination, new insight. The willingness to utilize more mercy-seeking strategies verses revenge is often chosen. When a survivor recognizes the ineffectiveness of their current approach to life, they will come to realize that feelings of pain and emptiness will continue. The survivor has to overcome the uncomfortable feelings that come with change and substitute old behaviors with positive behaviors that do not feel familiar or secure. As a result, new insights and values will develop.

Unit 10 examines The Willingness to Consider Forgiveness as an Option. Justice and mercy are two categories within an interpersonal strategy. Justice can be in the form of legal justice or one's own subjective sense of justice. Mercy on the other hand can range from the individual forswearing all punishment to a more active forgiveness based strategy involving compassion and love.

Unit 11 describes the process of making the Commitment to Forgive the Offender. Here, the survivor may determine the need for resolution and realize that her present coping strategies have not been conducive to the healing process. Commitment to
forgiveness is contingent upon the individual’s internal reactions to it (Enright et al., 1991). Additionally, Enright et al. (1991) contends that the more significantly the survivor is affected by the abuse, the more likely she will be to regain control of their life and actively work toward the healing process. The survivor is taught that forgiveness is not a passive choice and the commitment to forgive could be a lengthy process. The positive outcomes of forgiveness are also reviewed. Examples consist of movement beyond the pain, reduced resentment and anger, self-control, and inner peace.

Unit 12 focuses on Re-framing or Re-thinking Who the Other Person is. According to Enright et al. (1991), cognitive reinterpretation of the offender’s qualities and events can be used as a very important aid in the forgiveness process in that it involves viewing the offender and negative experiences in context (reviewing the perpetrator’s own family history, his personality, and the events in his life at the time of the incest), which helps formulate a new perspective of the injurer. By viewing the abuser in this context, the survivor is better able to realize that there is more to judge than just the abuser’s outward behavior. It also enables her to understand the entire circumstances of the injustice. By placing the abuse in a new context, the survivor learns that there are experiences in the abuser’s past that may have caused his hurtful actions.

Unit 13 deals with developing Feelings of Empathy Toward the Offender as a result of re-framing. Empathy is defined as one’s inventive projection into the feelings of others (Enright et al., 1991). Empathy means you can experience the feelings of another and become sensitive to the other person’s internal frame of reference. Empathy does not imply you feel sorry for, or condone the abuser’s hurtful behavior. Rather, the survivor
comes to understand the abuser's feelings thus, enabling her to gradually let go of the pain, numbness, and feelings of revenge.

Unit 14 is called "Feelings of Compassion . . . Are They Possible?" It explores the possibility of building compassionate feelings toward the perpetrator. Enright et al. (1991) states that a compassionate person is someone who actually reaches the depth of feeling that they can "suffer with" another hurting person. The survivor learns that compassion is a heart-felt behavioral reaction to the abuser's pain, which could allow her to see him in a more loving and understanding way. An important concept in this unit is that one can still forgive without receiving an apology from the abuser. Although an apology would validate some of the survivor's suffering, and the idea of repentance from the abuser may make forgiveness easier, they are not necessary for the healing process to occur. According to Freedman (1994), empathy and compassion are two of the most difficult units.

Unit 15 deals with the Acceptance and Absorption of the Pain. To help the survivor mitigate ongoing feelings of resentment, retaliation, anger, and hatred, she is taught that absorbing the pain and accepting the unfair hurt can help prevent denial, and passing the cycle of revenge on to someone else. Although absorbing the pain can increase one's experience of hurting temporarily, it is easier to do than to cope with the long-term psychological, emotional, and eventually physical results of ongoing resentment and desire for revenge (Enright et al., 1991). Although the hurt from the abuse will always be a memory, the pain in remembering that event will become less and less the more the survivor is able to absorb the pain. Absorbing the pain also helps the survivor stop the cycle of pain rather than pass it on to someone else such as her child.
Unit 16 discusses Finding Meaning for Self and Others Through Suffering and in the Forgiveness Process. The survivor learns that a motivating factor used to understand suffering is in the search for meaning. Through acknowledging vulnerabilities, she can discover strengths she didn’t realize she had. By understanding that she is not responsible for the violating acts of her abuser, she found meaning of the self by being accountable for the solution through acts of courage, empathy, sensitivity, identifying positive outcomes of the abuse, and having belief in her choices.

Unit 17 focuses on the Survivor’s Need of Forgiveness From Others. No human being is perfect, and the ability to examine one’s own imperfections and the desire to be forgiven for past indiscretions, helps one heal. Cunningham (1985) as cited in Enright (1991) states that an awareness of one’s need of forgiveness can enable one to perceive the offender from a perspective of empathy and openness towards understanding and compassion.

Unit 18 has to do with the idea that One is Not Alone in her pain and during the healing process. Many incest survivors may feel that their abuse experience is unique, thus, many feel isolated and ashamed. However, when the survivor realizes that other women have also been abused, she can sense a form of validation and commonality with other women. She can then begin to trust her own sense of reality and find closure to shame and guilt.

Unit 19 is called “Realization That the Self May Have a New Purpose on Life Because of the Injury.” It looks at experiencing the traumatic event and how the survivor’s life has been changed as a result. The survivor comes to realize that her life has a new purpose. For example, choosing a career in the helping profession as a result of one’s
experience can enlighten one to positive aspects of the abuse where before, one had none. Other examples cited in the 20-unit manual include discovering hidden talents revealed in journal writing or some other creative outlet such as music. These forms of expression may be an integral part of one’s life now, although at some point, they may have been what enabled her to survive.

Unit 20 examines the Decrease of Negative Affect and Increase of Positive Affect and Awareness of Internal, Emotional Release. Once the survivor begins to absorb the pain and accept the injury, she experiences a decrease in negative feelings toward the injurer. The first indication that one has forgiven is often illustrated in a move toward neutrality of thoughts, feelings, and behavior toward the abuser. The lessening of negative thoughts, feelings, and behaviors becomes cathartic in that it reduces repression, resentment, revenge, retaliation, and reliving the abuse (Enright et al., 1991). The authors further state that the survivor may even realize that her basic philosophy has been altered. For example, as the survivor reaches beyond her pain, and expresses goodwill toward her abuser, she discovers that she, as well as her relationships, are healthier.

During the course of the intervention, all 20 units were discussed, one unit per session in successive order. However, the subject for this study spent three sessions on Unit 2, Confrontation of Anger, and two sessions on Unit 15, Acceptance and Absorption of the Pain, due to particular issues she needed to resolve before moving on through the forgiveness process. Each session was conducted by the same female graduate student studying for her advanced degree in school psychology. The subject requested that the sessions not be tape recorded for fear of being identified. The participant continued through the intervention to criterion, finishing the process in 24 sessions over a 30 week
period of time. The Self-Report Scale was given after the last unit in the model was discussed and the participant appeared to have forgiven. The subject indicated she had forgiven her perpetrator by answering “yes” to question number four of The Self-Report Scale, “Do you believe you have truly forgiven the injurer.” She expanded on her answer in question number five, “Why do you say this?” by stating that she no longer hated, resented, or held resentful feelings toward him...that she only wished him well.” Once the subject indicated she had forgiven her abuser, posttest measures were given. Follow-up measures were given at six months.
CHAPTER IV

RESULTS

Single-case designs involve the intense analysis of behavior in single organisms (Kratchowill, 1992). They are well suited for monitoring behavior change of individuals by applying experimentally validated techniques such as educational strategies, counseling, or psychotherapy. Features of the single-subject design, according to Bloom and Fischer (1998) include bridging research to practice, the personalization of the research by looking at a one client system, monitoring progress to assess change over time, isolation of the effects of a specific technique to examine causal factors, and providing comparisons between time periods for the same client.

Qualitative data analysis of single-subject designs involve the examining of the visual patterns in graphs to look for visual significance in a sharp shift in the data patterns as graphed (Schram, 1999). The purpose of the intervention is to obtain positive behavior change in the subject. In other words, if effective, behavioral change is quite evident from the visual inspection, that is, from merely looking at the graphs to evaluate whether the change is observable and reliable (Kazdin, 1989). Lastly, a major criterion for evaluating change is the clinical significance of the effects of treatment (Kazdin, 1989). Clinical significance is defined as whether the change in the targeted behavior has made a substantial change in the client’s functioning after intervention (Schram, 1999).

Visual inspection of the graphs of each dependent variable shows positive change after the implementation of the intervention. Follow-up measures further demonstrate the continuing stability of each behavioral measure. For example, at pretest, the Psychological Profile of Forgiveness Scale reveals very little positive affect (0/60),
Positive cognition (2/60), or positive behavior (4/60) scores for the subject but high scores on negative affect (49/60), negative cognition (50/60), and negative behavior (33/60). This is a profile of unforgiveness. After the forgiveness treatment, all scores virtually reversed (44/60, 43/60, 35/60, 0/60, 1/60, and 4/60 respectively). To illustrate, at pretest, the subject felt repulsed by and hostile toward her abuser (negative affect). At posttest and follow-up, the participant strongly disagreed to both feelings of hostility and repulsion (positive affect). Pretest, posttest, and follow-up scores for the Psychological Profile of Forgiveness Scale are reported in Table 1.

Table 1

<table>
<thead>
<tr>
<th>Reaction</th>
<th>Pretest</th>
<th>Posttest</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative Affect</td>
<td>49/60</td>
<td>2/60</td>
<td>0/60</td>
</tr>
<tr>
<td>Positive Affect</td>
<td>0/60</td>
<td>42/60</td>
<td>44/60</td>
</tr>
<tr>
<td>Negative Cognition</td>
<td>50/60</td>
<td>2/60</td>
<td>1/60</td>
</tr>
<tr>
<td>Positive Cognition</td>
<td>2/60</td>
<td>37/60</td>
<td>43/60</td>
</tr>
<tr>
<td>Negative Behavior</td>
<td>33/60</td>
<td>1/60</td>
<td>4/60</td>
</tr>
<tr>
<td>Positive Behavior</td>
<td>4/60</td>
<td>38/60</td>
<td>35/60</td>
</tr>
<tr>
<td>Pseudo-forgiveness</td>
<td>0/5</td>
<td>0/5</td>
<td>0/5</td>
</tr>
</tbody>
</table>

Note. There are 10 items for each of the six psychological subscales, and 5 pseudo-forgiveness items. The range is from 0-60 for all six of the subscales and 0-5 for the pseudo-forgiveness items.

The subject for this study indicated very little willingness to choose forgiveness as a solution to interpersonal problems prior to the intervention. The only indication of a forgiveness response at pretest was a preferred response to forgive a family member for broken promises (1/15) on the Willingness to Forgive measure. However, after
working through the process of forgiveness, the subject’s responses improved significantly in a positive direction for both preferred and ending responses (13 and 15 respectively). Specifically, the participant was more willing to choose forgiveness as an ending response in a conflict and to prefer forgiveness as a response. Response scores for the Willingness to Forgive Scale are illustrated in Table 2.

Table 2

<table>
<thead>
<tr>
<th>Response</th>
<th>Pretest</th>
<th>Posttest</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>End</td>
<td>1/15</td>
<td>12/15</td>
<td>13/15</td>
</tr>
<tr>
<td>Preferred</td>
<td>1/15</td>
<td>12/15</td>
<td>15/15</td>
</tr>
</tbody>
</table>

Note: These questions are interpersonal situations in which the ending response indicates how one would actually deal with the problem and the preferred response indicates which decision sounds best, though might not be used. There are 15 items for each ending and preferred response.

Initial measures from the Coopersmith Self-Esteem Inventory revealed that the subject scored within the interquartile range (60/100); indicative of medium level self-esteem. For example, at pretest, the subject marked Item 15, “I have a low opinion of myself” as unlike herself, yet answered Item 13 “It’s pretty tough to be me” as like herself. Although the participant’s score was not critically severe, her pretest measures indicated an opportunity to improve those scores within the upper quartile range. Scores at posttest (84/100) and follow-up (80/100) revealed marked improvement of her self-esteem. Table 3 exemplifies the scores endorsed by the participant on the Coopersmith Self-Esteem Inventory.
Table 3

Scores for the Adult Form of the Coopersmith Self-Esteem Inventory

<table>
<thead>
<tr>
<th>Self-Esteem Scores</th>
<th>Pretest</th>
<th>Posttest</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>60/100</td>
<td>84/100</td>
<td>80/100</td>
</tr>
</tbody>
</table>

Note. The minimum score for this inventory is 0 and the maximum score is 100.

Scores obtained from the Beck Depression Inventory indicated that the subject was suffering from moderate depression at pretest measures (21/63). According to Beck et al. (1974), guidelines for cutoff scores range from 0-9; minimal depression, 10-16 indicate mild depression, 17-29 indicate moderate depression, while scores from 30-63 indicate severe depression. Prior to the intervention, items the subject selected on the inventory consisted of losing most of her interest in other people, feeling that she was being punished, and losing more than 15 pounds without purposely attempting to do so. Once the subject completed the forgiveness intervention, her posttest score (3) and follow-up score (3) revealed minimal depression. Results of the Beck Depression Inventory are depicted in Table 4.

Table 4

Scores for the Beck Depression Inventory

<table>
<thead>
<tr>
<th>Depression Scores</th>
<th>Pretest</th>
<th>Posttest</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>21/63</td>
<td>3/63</td>
<td>3/63</td>
</tr>
</tbody>
</table>

Note. The minimum score for this inventory is 0 and the maximum score is 63.
Examination of the Hope Scale illustrated that the subject was significantly more hopeful after the forgiveness intervention as compared to her pretest scores. Prior to the treatment, the subject’s pretest score (97/150) evidenced opportunities to improve her feelings of hopefulness. Examples of items she scored a (1) “It probably won’t happen” involve being optimistic in the face of failure, having better friendships, and being less anxious. At posttest, the subject’s scores improved (141/150). Six months later, at follow-up, the subject had maintained her increased feelings of hopefulness from posttest to follow-up measures (140/150). The participant’s scores on the Hope Scale are shown in Table 5.

Table 5

Scores for the Hope Scale

<table>
<thead>
<tr>
<th>Hope Scores</th>
<th>Pretest</th>
<th>Posttest</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>97/150</td>
<td>141/150</td>
<td>140/150</td>
</tr>
</tbody>
</table>

Note. The minimum score for this measure is 30 and the maximum score is 150.

According to the Speilberger (1983) State-Trait Anxiety Inventory, the subject scored higher in trait anxiety (50/80) versus state anxiety (31/80) at pretest measures. The subject’s state anxiety was characterized by subjective feelings of tension including such items as not feeling steady, feeling insecure, and lacking confidence while trait items revealed that the subject had experienced disturbing thoughts, indecision, and unhappiness. Posttest and follow-up scores of both state (20/80 and 20/80 respectively) and trait (22/80 and 20/80 respectively) anxiety evidenced a significant drop to within the low range for all
subtests indicating no anxiety. According to Al-Mabuk et al., (1995), the fact that trait anxiety particularly went down is important because this variable indicates pervasive, ongoing discomfort. Results for the Speilberger State-Trait Anxiety Scale are illustrated in Table 6.

Table 6

State, Trait, and Total Anxiety Scores for the Speilberger State-Trait Anxiety Scale

<table>
<thead>
<tr>
<th>Anxiety</th>
<th>Pretest</th>
<th>Posttest</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>State</td>
<td>31/80</td>
<td>20/80</td>
<td>22/80</td>
</tr>
<tr>
<td>Trait</td>
<td>50/80</td>
<td>20/80</td>
<td>20/80</td>
</tr>
<tr>
<td>Total</td>
<td>81/160</td>
<td>40/160</td>
<td>42/160</td>
</tr>
</tbody>
</table>

Note. The minimum scores for state and trait anxiety are 20 with a maximum score of 80. Total anxiety maximum score is 160.
CHAPTER V
DISCUSSION

The focus of this thesis was conducting a forgiveness intervention that would assist an incest survivor in dealing with the negative psychological pain experienced as a result of sexual abuse. The goal of the intervention was forgiveness of the perpetrator and it was hypothesized that as a result of the forgiveness process, the subject would experience improved psychological well-being. Forgiveness as a therapeutic goal has been shown to be very effective, especially for individuals who have suffered deep hurts (Al-Mabuk et al., 1995; Freedman, 1996; Hebl & Enright, 1993). This study supported the hypothesis that an incest survivor, after receiving an individual forgiveness treatment would evidence improved mental health in the form of lower levels of anxiety, and depression, while experiencing higher levels of hope, willingness to forgive, and self-esteem. This research differs from previous research on forgiveness and deep hurt in that it is focused on only one participant and utilizes a case study approach.

One of the most important findings of this study concerns the participant’s actual forgiveness of her abuser. After participating in the intervention, the subject illustrated on the Psychological Profile of Forgiveness Scale higher levels of forgiveness evident in lower levels of negative affect, cognition, and behavior, and increased positive affect, cognition, and behavior. As evidenced in the case study (see Appendix A), the subject was able to recognize, after completing the 20 units of the forgiveness intervention, that she had an emotional release and was experiencing more positive affect, cognition, and behaviors in regard to her reaction to the abuser and an overall improved outlook on life. As the subject of the study stated, “It was easy to hate Dad for what he did, but after
realizing why I felt the way I did and understanding where he was coming from, I could identify and work on letting it go.” Before reframing, the subject was cut off from information about her abuser. Not until she researched his past did she come to realize that her limited insight prevented her from forgiving and moving on with her life. As Freedman (1994) states, changes in affect, cognition, and behavior are noteworthy in cases of incest given that the individual is forgiving one of the deepest hurts a person can experience. The significant differences between the subject’s pretest measures compared to posttest and follow-up measures illustrates the power of the intervention and it’s success in bringing the subject to a state of forgiveness. In addition to showing more forgiveness toward her abuser, the participant, in general, illustrated a more forgiving attitude by relinquishing negative thoughts of her past and invested positive energies toward her future and her basic philosophy of life.

Further support of these results are shown in the subject’s scores on the Willingness to Forgive Scale. Results illustrated that the subject showed more willingness to forgive on the Preferred and Ending response subscale as well as the overall scale as a result of receiving the forgiveness intervention. The intervention not only allowed the participant to forgive her abuser (as seen in the Psychological Profile of Forgiveness Scale) but also to more often consider forgiveness as a worthwhile response in situations of interpersonal conflict. These findings are further corroborated in the case study (see Appendix A). The subject in this study also applied the forgiveness process to her estranged relationships with her mother and younger brother. Insight into relational issues and being able to clarify who was truly responsible for the damage enabled the subject to take ownership for her part of the distancing. Utilizing the information from
Units 12-18 (see Methods section) gave the subject understanding to why the pain between her mother, brother and herself occurred. In this situation, all of the parties had a vested interest in the responsibility and were willing, through mutual cooperation and trust, to mend their damaged relationships and forgive.

As seen in the results section, the subject suffered from significant depression at pretest. Due to the severity of the subject’s injury, she experienced deep anger and often uncontrollable rage as she worked through Unit 2 (Confrontation of Anger) as the reality of her undeserved hurt became clarified. Because depression is often discussed as anger turned inward (Tavris, 1984 as cited in Freedman, 1994), the act of forgiving may release the anger that is really directed at the injurer which the survivor is internalizing (also see Unit 1, Psychological Defenses, and Unit 3, Coming to Grips with Shame and Guilt).

After participating in the forgiveness intervention, the subject’s scores reflected no depression at posttest measures. Therefore, the act of forgiveness was effective in reducing depression for this subject. In addition, the subject continued to illustrate decreased depression at the 6-month follow-up. The subject’s significant decrease in depression is more evidence to the positive psychological benefits associated with forgiveness. To support these results, the case study (see Appendix A) states verbal reports from the subject referencing lower levels of depression at the conclusion of the study (see Unit 20). Furthermore, at 6-month follow-up, the subject informed the researcher that she was enrolled in a post secondary program, thus discontinuing to isolate herself and engaging in activities of interest to her.

The overall anxiety scale and the trait and state subscales are additional evidence of the important relationship between forgiveness and positive psychological health. Prior
to the intervention, the subject scored moderate levels of anxiety as reported on the Spielberger et al. (1983) anxiety inventory. To elaborate on these findings, information given by the subject in the case study (see Appendix A) illustrates how the negative effects of her abuse revolving around issues of guilt, shame, and trust affected her feelings of anxiety. These variables are expanded upon in the initial interview, Unit 3 (Coming to Grips with Shame and Guilt), and Unit 17 (Your Need of Forgiveness From Others). The subject reported feeling guilt for being injured in an unjustified manner which, in turn sabotaged her trust for those around her. She experienced shame because she felt worthless and unloved. As the subject stated, "I was so ashamed of what Dad did, I couldn't tell anyone. The only person he ever loved was himself." The data show that after the subject received the intervention, her scores on the anxiety scales reduced significantly. Lower levels of anxiety were maintained at follow-up. According to Freedman (1994), it may be possible that coming to some type of resolution after many years of negative, unresolved feelings toward the abuser could leave the incest survivor in a much more peaceful state.

The subject's feelings of positive self-esteem experienced after she completed the intervention is additional evidence that when there is a change in forgiveness, there is an improvement in psychological well-being. The subject's pretest score revealed that she was not suffering from critically low scores as reported in the Coopersmith (1981) self-esteem inventory. However, the subject's verbal reports from her case study (see Appendix A) could imply that she may have been suffering from lower levels of self-esteem then initially reported on the scale. For example, the subject clearly established poor self-esteem as a condition that resulted in distress of her daily functioning (see
initial interview in case study Appendix A, Unit 1 Psychological Defenses, Unit 3 Coming to Grips with Shame and Guilt, and Unit 18 Insight That One is Not Alone.

Many of the variables the subject discussed in the interview and these units (e.g., anger, anxiety, depression) became somewhat convoluted to her. She indicated having some difficulty in the ability to discern each of those emotions as a separate response. As a result, these issues taken together could be indicative of low self-esteem. As Freedman (1994) stated, incest survivors suffering from extreme feelings of insecurity, self-doubt (cited in the initial interview) and shame often rationalize their abuse and carry dislike of oneself into adulthood as low self-esteem.

Lastly, the subject’s hopeful feelings were examined. As seen at pretest, the subject illustrated little hope for a positive future. She eluded to these feelings during the initial interview, but as revealed at the end of the intervention and follow-up measures, the subject’s hope for the future increased significantly. Verbal reports in the case study (see Appendix A), Unit 8 (Insight into a Just World View) and Unit 16 (Finding Meaning in and Going on with Her Life) further elaborated on the subject’s positive outlook on her future. She was able to experience, after receiving the forgiveness intervention, realistic hope for herself and her son (e.g., financial security after attending college). She also reported improved skill in her parenting ability, ease at making decisions, and actively engaging in healthy steps to provide for both of their futures. Increased hope allowed the participant to plan for the future and feel more secure in herself and her abilities. In reference to hope, Freedman (1994) states that the forgiver decides that she no longer lives her life controlled by the injury or the injurer and instead, she will take charge, giving her more hopeful feelings about what lies ahead. The subject stated that, "By
forgiving my dad, I've set myself free.” Only a free person can heal the memory of hurt and hate; freedom is strength you know you have when you have the power to forgive (Smedes, 1984 p. 7). Simply, with forgiveness comes freedom and with freedom comes hope for a better tomorrow (Freedman, 1994).

For the subject in this study, each dependent measure revealed positive results. Given that the subject presented herself as unforgiving before the intervention, a noteworthy outcome of this study is the forgiveness of her abuser. As evidenced in the case study (see Appendix A), the subject was able to free herself of the anger and resentment she had toward her abuser, find empathy and compassion for her father, develop new coping skills, and proceed with her life. In the study by Al-Mabuk et al. (1995), the researchers believed that the positive psychological outcomes of their study might have been a function of the process of forgiveness rather than one’s initial commitment to forgive. The authors further state that one needs to courageously explore and understand their abuser’s humanity in order to experience empathy and compassion and that may be keys to psychological healing. As seen in the case study (see Appendix A), the critical dimension of the subject’s forgiving was a cognitive shift in her understanding of her father’s past and her relationship to him. She eventually came to realize that her hurt no longer was merely an injury that her father inflicted, but instead became appropriated as pain shared between human beings. For the subject, there was an experience of reclaiming herself through the absorption of the pain. To be specific, the subject identified with the example in the manual referring to Martin Luther King and his abilities to accept the evil that was inflicted upon him. King recognized the need to end the cycle of abuse and shoulder the pain by forgiving. In this instance, the subject made a
conscious decision to stop harboring hateful feelings toward her father by accepting him for who he is and forgiving him. She was able to move beyond the past, end the cycle of abuse and continue on with her life. By doing so, she was able to shift her world view into a larger and more constructive perspective. As a result, she no longer saw herself as a victim imprisoned by bitterness and anger, but rather, a more psychologically sound individual.

As predicted, once the subject completed the forgiveness intervention, she experienced increased self-esteem; greater hope for the future; more positive affect, cognition, and behavior toward the abuser; and lower levels of depression and anxiety. Similar results have been established in other published studies of forgiveness (Al-Mabuk et al., 1995; Freedman & Enright, 1996; Hebl & Enright, 1993). This study serves to demonstrate the effectiveness of a forgiveness intervention as a method of treatment for a female incest survivor. It is based on an empirically supported process model of treatment that can lead to true forgiveness.

Limitations of the Present Study

When considering the results of this study, it is important to note its limitations. One of the primary limitations concerns the use of a single subject. Although the results proved significant, utilizing a larger sample size would have provided a more sufficient basis of comparison and accurate assessment of the outcome variables between subjects. Related to the use of a single subject was the difficulty in recruiting a participant for this area of research. Given the nature of the abuse and the resulting negative effects, makes incest a difficult subject for individuals to disclose. A certain amount of willingness and commitment are required before a survivor will seek treatment (Freedman, 1994).
The readiness of a subject to seek treatment could be related to the fact that women who were sexually abused who respond to a human service assessment might not be representative of sexually abused women in general. Thus, in the method used in selecting the subject for the present study limits its external validity, or the degree to which the findings of this investigation can be generalized across persons, times, or settings (Kratchowill, 1992). In addition, with only one subject, generalizability is extremely limited. With regards to the generalizability of the findings, the subject was a white, female adolescent, primarily lower socio-economic status from a Midwestern town who possessed limited education.

Another limitation was the fact that the researcher conducted the intervention. It may be possible that the success of the intervention and the significant findings were the result of the interaction between the subject and the researcher. Expectancy effects can result when the subject indicates changes in behavior as a result of her own or the researcher’s expectations about the intervention (Kazdin, 1989). In future studies, more than one participant could be given the intervention and be randomly assigned to different group leaders who were not involved with the research. This way there would be more control for researcher influences and a larger sample.

A further concern of this study was its design. This research project utilized an AB design also referred to as a teaching design (Bloom & Fischer, 1998). In the AB design, the researcher collects baseline data (A) and then implements a treatment (B) to determine its effect of the target behavior of a single participant, by collecting posttest and follow-up measures (Richards, Taylor, Ramasay, & Richards, 1999). Unfortunately, this type of design is the weakest of single subject designs because the functional
relationship between the dependent variables is not firmly established (Tripodi, 1994). Although this thesis was conducted to study one specific individual and one specific intervention, a more informative design, such as an ABAB design could better establish the functional relationship between the targeted behaviors and the intervention. Specifically, the ABAB design includes the following steps: (a) baseline data is collected on target behaviors before the intervention is introduced (A1); (b) the intervention is introduced for a specific period of time and data are collected on the same target behaviors (B1); (c) the intervention is withdrawn for a short period of time to determine if the target behaviors reverse back to baseline level (A2); and (d) the intervention is re-introduced to see if it once again affects the target behavior (B2; Richards et al., 1999). By removing the treatment before the subject achieves intervention goals, a reversal of baseline behavior can occur, thus demonstrating the specific positive contributions of the treatment behavior change, which can account for the behavior change itself (Kazdin, 1989). In this study, however, it is important to assess the ethical implications of removing the treatment. Terminating an intervention for pervasive psychological dysfunction could result in further harm to the subject. Additionally, because the subject’s change in behavior coincided with the implementation of the forgiveness program, it could be hypothesized that the intervention accounted for the change and was further supported by the follow-up measures and their illustration of maintenance of positive effects.

Lastly, as with many studies using single subject designs, an argument against this study is lack of replication of its results. This study took approximately one year to
complete. Due to time constraints for the graduate student, replication of this study was not feasible.

**Strengths of the Present Study**

In terms if strengths, this study implemented a forgiveness intervention that has been empirically proven to be effective for individuals that have suffered from deep hurts (Al-Mabuk et al., 1995; Coyle & Enright, 1997; Freedman & Enright, 1996; Hebl & Enright, 1993). The model defined forgiveness as a complex of cognitive, affective, and behavioral elements in which negative affect, judgement, and behavior toward an offender are reduced. One specific strength of this study is that it provides an in-depth look at one individual and her experience of forgiveness as a result of completing the process model of forgiveness. Another strength is that this study illustrated that forgiveness does take considerable effort and courage. It is not something that should be rushed and the subject, as well as the educator, must be committed to the time investment to achieve the therapeutic effects of forgiveness. In addition, this study indicates further support that forgiveness can be an effective goal for incest survivors. Lastly, according to McCullough and Worthington (1995), by offering hypotheses about the antecedents, causes, mechanisms, and consequences of the forgiveness process, researchers can successfully utilize and empirically study forgiveness in their own counseling.

**Directions for Future Research**

Although the technical descriptions of the forgiveness intervention were complete enough to meet the goal of sufficient behavioral change in the subject’s overall well-being, the need for replication of this study is evident. Replication, according to
Richards et al. (1999), refers to the repeating of the observed predictions and verifications within the same study. Future studies may want to use experimental designs that include a larger number of individuals who are randomly assigned to the forgiveness intervention and a differing treatment model. By doing so, the researcher could be more confident that the forgiveness intervention was what influenced the change in the dependent variables. The researcher may also want to conduct follow-up assessment beyond six months to insure the stability of the treatment effect. Lastly, the researcher might also want to include qualitative interviews during the intervention and post-intervention to gather more subjective data.

Since forgiveness has been found to be a beneficial treatment for incest survivors as well as other deep injuries, future research for differing populations of individuals who have suffered deep hurts could prove to be quite helpful in clinical practice. Some populations of individuals who could benefit from a forgiveness intervention include survivors of a terrorist attack, individuals who have experienced disloyalty or broken trust from a friend, family member, or significant other; parents who have lost a child to a drunken driver; a student who has been treated unfairly in school by an authority figure; and individuals who have experienced discrimination from others for socioeconomic, gender, or religious reasons.

**Implications for Practice**

The results of this study suggest that forgiveness is a beneficial treatment for individuals suffering from the psychological injury caused by sexual abuse. Furthermore, this study provided additional information about the effectiveness and healing nature of forgiveness to other professionals in the field. By exploring forgiveness as a
therapeutic goal for interpersonal hurts, practitioners can continually develop and implement models of empirically based practice designated for specific populations.
REFERENCES


APPENDIX A

CASE STUDY

Sara, an 18-year-old late adolescent mother of an infant son, was sexually abused by her father from the age of 6 to age 11. The sexual abuse Sara experienced consisted of her father fondling and having intercourse with her against her will. The incest ended immediately after she disclosed the abuse to her mother. To protect her children, Sara’s mother quickly reported the abuse to the authorities and moved the family to a different city. Results of the police and DHS investigations, according to Sara, revealed that her younger brother had also experienced severe sexual abuse from her father beginning at the age of 4 and ending at age 6. While waiting for legal charges and court procedures to prosecute Sara’s father, he continued to abuse Sara and her brother during court ordered unsupervised visitations. The visitations with her father continued as unsupervised until her father’s guilt or innocence could be proven which, according to Sara was almost a year. Eventually, Sara’s father was charged with a misdemeanor and “never spent a day in jail” as a result of the litigation against him. The courts did grant Sara’s mother a protective restraining order for the children and all ties with her father were severed. Neither Sara nor her brother have seen their father for seven years.

Sara described her mother as loving and supportive during the aftermath of the abuse, but she suffered from anxiety for several years after the abuse was discovered. According to Sara, she too, has suffered from anxiety as well as insecurity, self-doubt, low self-esteem, depression, loneliness, and displaced anger. These negative effects, Sara believes, were the result of the abuse. For example, her anxiety came from the fear of
having to return to unsupervised visits at her father's house, changing schools and repeatedly having to form new relationships, feelings of being "different from everybody else" and being unable to escape the helplessness of being unsafe. In her own words, Sara described herself as "weak, helpless, and damaged," thus leaving her feeling "flat, and sort of plain." She reported becoming depressed and "having no emotions at all about much of anything unless it pissed me off." Sara described her anger as somewhat subtle at first, then would build in proportions such that she could not control or even identify the source. "I hated everything and everybody." Sara said her anger at times would terrify her and she would say and do things she didn't intend to do. An example Sara gave was calling her mother vulgar names and accusing her of being a bad parent, then sneaking out of the house and drinking beer with a boy she knew her mother would disapprove of. Afterwards she felt humiliated and enraged with herself for not taking care of herself. This in turn made her question her ability to make rational decisions. Sara also reported purposefully isolating herself from friends and her family after behaving in this manner so the self-perceived image she held of herself would not be realized by others. Sara described her emotional difficulties as "a never-ending cycle of confusion." During the intervention, Sara elaborated on many of her long-and short-term effects of the abuse and these will be described in this case.

Sara stated that she had participated in a support group with her brother for sexually abused children when she was age 12 and he was age 7, but for some unknown reason, her relationship with her brother had become increasingly strained over the years. Sara said she has been grieving over the loss of her brother's love and the years of childhood she could never regain. She also indicated that she had received individual therapy at two
separate counseling agencies in the community--once in middle school and once in high school; by request of her mother due to concerns of Sara’s anger and depression. But, the counseling, according to Sara, was ineffective because of her non-receptive attitude toward the help her mother sought for her. “There was nothing wrong with me, it was everybody else that was messed-up.” She indicated that during therapy, she would not talk about, or work through, any issues with the counselors so the counselors terminated therapy. Sara also revealed having an indignant mind-set regarding the therapist’s “flip attitude” and “know-it-all act.” She refused to believe that the counselors could possibly understand what she had been living through and thought they were only trying to “trick me into saying something that would make me out a liar,” thus, absolving her father of any continuing wrongdoing. Sara acknowledged experiencing lack of trust for those perceived as possessing social integrity or an authority in the position of protecting her. The majority of her past experiences taught her that those whom she was supposed to trust, mistreated her and by risking exposure of her abuse only put her in a position of more hurt. Learning how to trust her instincts is discussed further in Unit 3.

Sara reported a great deal of resentment toward her father for the undeserved pain he caused her and had not, at the time of the initial interview, forgiven him. She did, however, indicate a willingness to volunteer and participate in an educational intervention designed to help her heal from the negative effects of the abuse facilitated by a graduate student as specified in the Informed Consent form (see Appendix A). She was hopeful that the treatment would also help her with relationship issues with her brother, the father of her baby, and her ability to properly and effectively parent her son.
The intervention was conducted in weekly sessions in the privacy of the graduate student’s office of employment in a human service organization. The sessions were 1-1 1/2 hours in length. The treatment was a 20 unit educational intervention that was completed in 24 sessions over a 30 week time period. Two units of the intervention were extended over 4 weeks to enable Sara to successfully work through the issues that presented her with the most difficulty (e.g. Unit 2, Confrontation of Anger; and Unit 15, Acceptance and Absorption of the Pain). The remaining 6 of 30 weeks were times that had to be rescheduled around work hours, holidays, and appointments.

To begin the intervention, Sara examined the psychological defenses that she had been utilizing as a way to protect herself from her painful thoughts and emotions that were a result of being sexually abused as a child. She was able to identify four: Denial—By actively attempting to suppress any memory of her father, Sara believed she could successfully “erase” what he had done. She said, “It’s too painful to replay the abuse, so I push it away and only think of the present.” In a sense, Sara was psychologically wrapping the abusive event in a protective cocoon as a means of protecting herself from events that would elicit misdirected anger. However, she realized this defense mechanism could be a source of anxiety and hostility. For example, Sara was able to recognize specific “triggers” in her environment related to the abuse, but at the time in which they occurred, were unrecognizable as such. These triggers consisted of the smell of her boyfriend’s after-shave, certain faces her son would make that reminded her of her father, the smell of cinnamon gum (Sara’s father always chewed cinnamon gum as he was abusing her as a means to cover-up the smell of alcohol on his breath), beer, and the sound of a suddenly opened door. She would become anxious, then
angry as the memory disrupted the denial, resulting in fear. Sara defined her fear as unconfined feelings of being “totally out of control” of her immediate situation. Anger would often follow her feelings of fear. In time, as seen in Unit 2, Sara was able to recognize her anger and inappropriate generalizations by identifying their origins and accepting her anger without using it in destructive ways. Sara denied any drug or alcohol abuse to numb her feelings.

Repression-- By repressing her anger, Sara reported often losing touch with her feelings and would engage in uncontrollable outbursts (previously mentioned) and depression. Sara described her depression as having very little energy or interest in friends and activities she once enjoyed. Additionally, she was very specific in identifying lack of hope for her future. When asked to elaborate on her feelings of hopelessness, Sara explained that her confidence in what she desired for her and her son’s future was truly not possible. Being abused and not being able to stop it, dashed her dreams of any hope, thus making hope something to be feared and avoided; to hope would mean Sara was setting herself up to be crushed again.

Reaction Formation--Sara explained that she likes to appear “laid back and in control.” However, she indicated that she never really felt at ease with anything she did, no matter how well versed she believes she was in any given activity. Sara stated that when she felt threatened, she would become overly assertive or even “pushy.” By acting self-centered, Sara could effectively camouflage her lack of confidence and insecurity and exert control in ways that have been denied to her previously. As Enright et al. (1991) explained, in utilizing this defense mechanism, externally observable behaviors contradict the unacceptable feelings of and reactions to being sexually abused. For Sara
this was illustrated periodically throughout several of the intervention units by laughing at topics of intensity (specifics of the abuse, wounded feelings) as a means of keeping her at an emotional distance to prevent crying.

Displacement—Sara did not actively use displacement, but feared she may eventually engage in this type of behavior if she would not be able to resolve her anger.

Unit 2, Confrontation of Anger, was the most difficult topic to work through during the intervention. Sara was able to identify with her feelings of hatred toward her father. She admitted to wanting revenge for what he had done or at least some form of retribution. As she stated, “He got away with murder.” Sara acknowledged the desire for her father to suffer as she had, but had never, nor would ever act on any of those feelings. Sara spent 2 weeks on this unit. As she began addressing repressed memories, her unresolved anger produced anxiety and additional anger as reported by Sara. She frequently became angry, used profanity, and cried as she discussed the abuse and her resulting emotions. “I hate him for what he’s done to me.” At the end of this unit, however, Sara was able to realize that her anger was justified and she had the right to feel, not fear her negative emotions. She learned that by harboring anger, she would only continue to feel guilt about her parenting, the abuse itself, the role she may or may not have played in the abuse, and feelings of “being out of control.” Anger for Sara was an unproductive emotional activity that only affected her, not her father. According to Sara, her relationships have suffered as a result of her pent-up anger and in order for her to love and feel loved, she needed to absolve herself of the hatred and anger. Ways in which Sara was able to release her anger was to first identify it as part of the injustice she experienced and use that anger to build upon her strengths (discussed in Unit 19,
Realization that Self May Have a New Purpose in Life Because of the Injury. Anger was discussed as also being a positive force: it helps you keep going; helps you fight back, and gives you a sense of power. When expressed in appropriate ways and acknowledged in perspective, anger can be seen as a normal response to hurt and the expression of anger as a healthy way to let go of the pain and begin to heal.

In Unit 3, Sara worked through her feelings of shame and guilt. Her guilt, she believed, was the perceived inability to parent her son as a result of her “jaded past.” She somehow felt damaged and ill prepared to appropriately raise her son because of her past and how she herself was parented. Later, however, Sara realized that what she was feeling was anxiety caused by her “need to be perfect.” But, by understanding that she had done nothing wrong which violated her standards and values, guilt for her parenting skills was unrealistic. She found, in fact, that she could trust her parenting skills and instincts to be an effective and loving mother, thus relinquishing feelings of self-punishment through guilt.

Shame was an emotion Sara knew she felt, but was unable to distinguish until shame was defined and the resulting effects were identified. The disgrace and humiliation she felt as a result of her father’s violating betrayal and her loss of innocence and trust, left her feeling worthless. Her low self-esteem was related to her feelings of “being robbed of childhood.” Sara felt rage and contempt for her father when the abuse was put in the context of what shame meant to her as a survivor. She reported that no matter what she did to make her father happy, hoping the abuse would cease, she would inevitably fail. She believed that her father saw her as having less worth as a human being because she “didn’t have a penis.” She also realized that the undeserved shame she had been
experiencing contributed to her feelings of loneliness and isolation. Sara’s negative feelings about herself were decreased after she understood that the shame she felt was forced upon her and she did not deserve what happened to her. Sara came to understand that her lost innocence did not mean that she was deficient or less valuable than anyone else. She continued to work on releasing her feelings of anger toward her father to lessen feelings of shame and self-worthlessness that had been inhibiting her healthy functioning.

In Unit 4, Sara examined the possibility of being preoccupied with pain caused by her abuse. This unit was not a big issue for Sara as she did not feel as though she unintentionally nurtured her pain by investing too much time and energy in it to the point of “fixation.” Sara understood that in order for her to heal, she must be able to experience the pain and deal with it in such a way as to comfort herself. The way she accomplished this was to identify ways that she dealt with anger in a healthy fashion. Her coping mechanisms for her pain and anger consists of listening to music, personal time-outs (reading books, taking bubble baths), and engaging in educational activities with her son.

Unit 5 is Cognitively Reliving the Event. Sara learned positive cognitive rehearsal as an exercise to assist her in dealing with reoccurring memories. For Sara, thinking about the positive events in her life enabled her to focus on her successes rather than her failures. Examples Sara gave were the fact she is a survivor not a victim, is a good role model and mother to her son, she has a good job, and has a positive support system (e.g., friends and co-workers). Sara differentiated between being a survivor and victim by explaining that as a victim, she would have continued to place false blame on others through misdirected anger and would have allowed her abuse and the criticism her father
gave her to keep her from living her own life. As a survivor, Sara realized that she had, in actuality, overcome her abuse and had taken healthy steps to gain control over her life, which included participating in the intervention and developing confidence in her decision making.

In comparing herself with the offender (Unit 6), Sara expressed a great deal of hostility and anger at her father for never being held accountable for the hurt and pain he caused her. She viewed her father as “sick” and did not believe he had been affected by the abuse. She stated that the authorities failed to prosecute him as if excusing the event, and others in his life turned their backs on him or ignored him. She believed that her father, being shunned by his own family meant that they were turning a blind eye on his guilt. Although Sara’s anger was focused on her father’s lack of pain, by comparing herself to him, she began focusing on her father, rather than the abuse itself, and found she had experienced positive personal gain. For example, Sara believed that she had become a more sensitive and caring person as a result of the abuse. She identified insight into how her own behavior affected others around her. She cited an incident at work where she “snapped all over” a coworker, but later apologized after considering the impact her actions had on their feelings. In the past, Sara confessed, she would have gone on about her day and never felt guilt or remorse for what she had done. Her goal was to eventually become a professional in the helping field. She was considering nursing, respiratory therapy, or some type of geriatric training. In fact, she recognized that her life had not been destroyed as a result of the abuse. Although her life was permanently changed because of the abuse trauma, she became cognizant of the fact that she possessed great courage and perseverance (Unit 7, Have You Been Changed?).
During Unit 7, Sara imagined what her life might have been like had she not disclosed the abuse to her mother and the authorities. She absolutely believed she would have been just like her father and as she stated, “That thought just makes me want to puke.” She also envisioned her life abuse free. Here, she saw herself as having “normal” family relationships with her parents and her brother, in particular. Sara mentioned that if she and her brother weren’t so preoccupied with keeping family secrets, they would have had time to “play football and hang out together.” She also thought, maybe she would have been more popular among her peers and could have attended a “prestigious” college. The most important variable Sara mentioned was “being happier about who I am.” This unit was a sullen one for Sara, but she admitted that, as she progresses through the intervention, the necessity of accepting “the cards she was dealt” and moving on with her own life, was an important step in her healing. “My son gives me strength.”

In Unit 8 (Insight Into a Just World View), Sara discovered that her view of the world is what Flanigan (1987) refers to as the “life boat” concept in which a person who has an external locus of control sees the self as being dependent in the world. This person feels like she has no control over herself or her surroundings. Sara confessed that she had felt out of control for many years and as her life continued to become more “complicated”, the more out of control she felt. Throughout the forgiveness sessions, Sara had stated she believed the abuse and her life as a result, had been unfair and unjust. Often, she expressed a pessimistic view of life and lack of hope for her future happiness. She also indicated that because of her insecurity, she depended on others and they often disappointed her. As we discussed, it is impossible to have total control of life events,
that life is unfair, and bad things do happen to good and innocent people. As Sara identified with others in her life, she easily came to accept this concept.

At this point of the forgiveness process, Sara experienced conversion, or a change in a more positive direction in regard to how she planned on dealing with the abuse, known as "a change of heart" (Unit 9). During this session, we reviewed the impact of her cognitive interpretations of the abuse prior to the intervention, and how ineffective and destructive they had become. Sara recognized the pain and emptiness she felt as a result of continuing with the way in which she had been dealing with her abuse. Although change is difficult, Sara admitted, "I'm so very tired" and confessed being willing to alter the course she was traveling to a more merciful direction. Her decision was made on, after reflecting upon and answering, the following questions as referred to in the manual: Would I prefer to take a stance of compassion or good feelings toward others? Will my current journey help me resolve my anger? Might a new path that embodies mercy help me resolve anger? Could I even consider basing my philosophies of life on the moral principle of love rather than only justice? Am I at all attracted to fostering compassion within myself toward others? Is such a "softened heart" approach to life a sign of strength or weakness? Will it destroy or strengthen my relationships? Sara showed not only a willingness to change, but a readiness to do so as well. A "change of heart" according to North (1987) is necessary to emotional healing.

Sara expressed willingness to forgive her father as a therapeutic option to heal (Unit 10). She agreed to relinquish any type of interpersonal subjective justice seeking strategy (e.g., covert images of revenge) recognizing that those types of thoughts had not
been helpful for her in the past or for her recovery. Past examples Sara gave of revengeful thoughts included fantasies of causing her father physical harm by bodily dismemberment, visioning him in prison being treated physically the way he treated her, and dreams of “beating the living crap out of him.” Sara indicated that ideas of revenge seeking only lead to increased anger and feelings of anxiety, so she would prefer to forswear any type of punishing thoughts and take a more merciful stance. She realized that her past coping strategies had not been conducive to her healing process and her need for resolution influenced her commitment to forgive her offender (Unit 11).

During Unit 11, Sara asked for a review of what forgiveness is and what it is not. She confessed that she was a non-practicing Catholic, and was confusing the belief that if one forgives, one forgets or justifies the sin by excusing it, with the true meaning of forgiveness. She also admitted to feelings of apprehension. These feelings were validated as a normal response to her commitment to forgive. We discussed that forgiveness is not a forced or passive choice that can be rushed, but a painful and courageous one. Sara understood that by not forgiving, she continued to give the injury power, and control to her father. But, by learning from the hurt, the pain and control of the injury will lose it’s power. This in turn would enable her to focus energy on positive thoughts, feelings, and actions.

Sara spent considerable time researching her father’s childhood by talking to her mother and aunt (father’s sister). By doing so, she was able to cognitively reinterpret her father’s feelings and behavior to formulate a new perspective toward him as an adult (Unit 12, Reframing Who the Other Person is). Sara was told that her father was physically and sexually abused as a child by his mother who also abused alcohol on a
daily basis. Additionally, her father’s family had a generational history of drug abuse and sexual deviancy which consisted of pedophilia, incest, rape, voyeurism, sexual sadism, and sodomy. Sara vividly recalled how uneasy her father’s immediate family made her feel at family gatherings. For example, she had one specific memory of a 4th of July picnic when she was approximately eight years old. While her mother was at work, her father took the children to Grandma’s for lunch. While there, she caught an uncle and aunt smoking pot. Later, she interrupted two cousins fondling each other behind the house. Sara expressed feelings of overwhelming fear and then a sense of relief when the holiday ended.

By viewing her father in the context of his childhood environment, she was better able to understand his personality and actions. Sara expanded on this insight by recalling how her grandmother would insist that all of the children at her dinner table must use the restroom shortly after they ate. If they didn’t, her grandmother would threaten to administer an enema to each one who “disobeyed.” Sara verbally thanked God that she had never had to experience or witness such an atrocity, but she truly believed that her grandmother had, indeed, carried through on her threat in the past (given the history she heard from her mother and aunt). Sara’s illustration of her father’s horrendous past prompted her to envision what he must have experienced as a little boy. Sara profoundly stated that “he was only doing what he was taught to do . . . kids do that all the time.” She also alluded to issues of control as part of her father’s past functioning.

Looking deeper into her father’s past, Sara felt “sad” and was able to express empathetic feelings for her father and the pain he was likely to be suffering (Unit 13). Not only did she compare her own hurt to his hurt, she imagined her son in her father’s
place to view him from the perspective of a child. Sara intimately described, from a mother’s point of view, how incredibly painful and psychologically damaging such experiences would have on a child. Sara openly wept and expressed deep feelings of sorrow for her father. She also expressed grief for her grandmother for never having felt true love for her son, which he had deserved.

As Sara continued to reframe her father’s life and the variables that influenced it, she began to develop compassion toward him (Unit 14). She relayed that “My dad has suffered just as much, if not more than I have.” Sara related this statement to a story told to her by her aunt. Sara’s grandparents were emotionally divorced from one another due to her grandfather’s alcohol abuse. So, as a substitute for her husband, Sara’s grandmother replaced her spouse with her own son, using him as a confidante, companion, and lover. For Sara, to make this type of comment is indicative of true understanding from her father’s perspective. Sara accepted her father’s suffering by behaviorally reacting to—“feeling”—his pain and was able to view him in a more compassionate way. “At least Dad didn’t turn me into his wife.”

Although her willingness to forgive her father was genuine, she stated that she could not reconcile with him for her son’s sake. In order to forgive, the injured must accept and work through the pain of the abuse, rather than deny it or pass it on to others (Unit 15, Acceptance and Absorption of the Pain). Sara needed to accept and absorb both her own and her dad’s pain. She spent two weeks on this topic. Parental insecurities were issues of importance to discuss as it pertained to passing on pathological family functioning on to her son. Sara’s concerns stemmed from what she identified as “oversensitized perceptions” of incestuous behavior. For example, she described feeling
uncomfortable when she bathed her son, questioning the activity itself. She wondered
where hygiene ended and fondling began, fearing she could inadvertently damage her son
psychologically by such an innocent activity. Sara was reassured that bathing her baby is
not only a healthy necessity, but could actually be a fun and bonding activity.
Subsequently, Sara stated that she could wish her father well, but was not amenable to
risking her son’s safety and the transmission of this pain from generation to generation.
She was reminded that forgiveness could occur without the restoration of her relationship
with her father. Furthermore, by breaking the cycle of abuse, such as she did, Sara was
healing herself as well as teaching her son healthy functioning.

Through her suffering, Sara identified her “inner strength.” She believed that
although some of her childhood experiences had been negative, she was able to find
meaning in, and go on with her life (Unit 16, Finding Meaning for Self and Others in the
Suffering and in the Forgiveness Process). One of Sara’s examples of finding meaning
in the pain and suffering consisted of being a conscientious, loving mother “who would
never take her son for granted.” Conceivably, this could mean viewing her son as a
unique individual whose existence does not revolve around making her happy, but rather
appreciating him for the special person he is and will grow up to be. Sara also stated that,
under the circumstances, she was “able to maintain her sanity” which she believed made
her stronger emotionally.

Sara recognized her own need of forgiveness (Unit 17) when she thought about her
behavior toward her mother after the abuse finally ceased. At the time, she viewed her
mother as “a spacey broad” that kept Sara’s every move under scrutiny. She felt that her
mother didn’t trust her. Sara said that she had casual friends that were always in trouble
with the law and she would stay out all night and come home when she felt like it. Sara
even told a story of feeling so angry at her mother, she asked a male friend to go to her
home and assault her mother, which, Sara reported he attempted to do. "I was totally out
of control." She explained that she had always blamed her mother for not protecting her
and her brother against her father’s assaults. She had harbored angry feelings and
resentment toward her mother. Through reframing her own, as well as her mother’s
situation at the time, Sara admitted to keeping the abuse a secret from her mother for
years and "expected mom to have ESP while she was at work, I guess." Additionally,
Sara’s mother had been coping with abuse from her father at the time, thus being
"distracted" from the events in her environment. The awareness of her own
imperfections (e.g., behaviors that resulted from feeling out of control) and her mother’s
vulnerabilities (e.g., being distracted) enabled Sara to perceive her mother’s actions with
compassion and understanding. She also realized that she wanted her mother’s
forgiveness which made it easier to consider forgiving her father.

Thus, by realizing she was not alone in her trauma (Unit 18) Sara’s animosity toward
her mother subsided. Through coming together and sharing experiences (initiated during
Unit 12, Reframing Who the Other Person is, then periodic visits thereafter), Sara and her
mother were able to support one another and facilitate the healing process. In this
instance, the forgiveness process elicited a reconciliation between Sara and her mother.
Additionally, this unit served to show Sara that she is not alone in her problem and that
finding commonality with other women that share the same experiences, reduces feelings
of isolation. This discovery also helped in reducing feelings of shame and negative self-
worth.
Unit 19, Realization That the Self May Have a New purpose in Life Because of the Injury, Sara tried to focus on “finding a silver lining in the cloud” and discovering hidden talents she may not have developed if it had not been for the abuse. Sara confessed that it would have been easy for her to become a drug abuser like her father, but she chose to engage in positive activities that made her feel better, rather than worse about the abuse. She also believed that having her son gave her new insight to how to properly raise a child even though one of her initial fears was her inability to parent (refer to Unit 15).

At the end of the intervention, Sara truly believed she had forgiven her father. By illustrating neutrality of thoughts and feelings toward him (for example, lack of revengeful thoughts and decreased feelings of anger) she could successfully function with more positive affect (Unit 20). Sara learned that by emotionally releasing the pain of her abuse, she could think more positively about her father. Relinquishing her pain provided Sara with an “inner peace” that changed her basic philosophy of life. For example, she made the conscious decision not to invest a lot of emotional energy on the abuse, but rather focus on her future with her son. Sara stated that she loved her father as a human being and could accept his shortcomings from a safe position. However, she also realized that she was under no obligation to reconcile with him, and had no intentions of ever doing so. Her father has made no effort to contact her since the abuse was disclosed.

Throughout the study, Sara worked diligently and displayed great perseverance as she processed the meaning of each unit of the forgiveness intervention. Although the units, Confrontation of Anger and Absorption of the Pain, were difficult for her, she was comfortable seeking reassurance and support from the graduate student conducting the
intervention. Overall, Sara discovered that by forgiving, the past is let go, old emotional and behavioral patterns are altered and new and positive strategies to heal are created. According to Fitzgibbons (1986) and Hope (1987), forgiveness frees the forgiver from subtle control of individuals and events of the past; decreases the possibility that anger will be misdirected in later loving relationships; and facilitates the forgiver’s ability to more appropriately express legitimate anger. At the 6-month follow-up, Sara reported feeling much more at ease with her parenting skills, having greater confidence in her decision making, feeling less anxious, angry, and depressed, and having a generally good outlook about herself. She hypothesized that these positive changes were due to the forgiveness intervention. To illustrate, Sara had successfully completed her GED and had been accepted at the local community college in the respiratory therapy program. Shortly after the intervention, Sara reported contacting her brother by phone as a means to reestablishing her relationship with him. They had lunch on a couple of occasions and Sara believed their sibling bond had improved significantly. Sara terminated her relationship with the father of her son. She described the break-up as a mutual agreement. She reported that neither of them could agree on the definition of commitment and they both went their separate ways. Sara stated that by forgiving her father, she was able to make positive changes in her life, and spend more time feeling good about herself, her son, and their future.
APPENDIX B

RESEARCH QUESTIONNAIRE

(1) What is your relationship to the individual who sexually abused you?
(2) How long has it been since the last abusive incident?
(3) At what age did the sexual abuse begin?
(4) At what age did the sexual abuse end?
(5) What was the nature of the sexual abuse?
(6) Were you physically abused?
(7) What is your current age?
(8) How was the abuse terminated?
(9) Were you or the perpetrator removed from the home? If yes, for how long?
(10) Did your family believe you and were they supportive?
(11) How has the abuse affected your life?
(12) Do you still have resentment for the one that injured you?
(13) How long do you think this resentment will last?
(14) What is your current relationship to the injurer? Are you still in contact with him? If so, how much?
(15) Have you in the past or are you currently receiving therapy or a group for incest survivors? If yes, how long did you receive treatment or how long have you been in treatment? What type of treatment are you/did you receive?
(16) Are you currently on psychoactive medication?
(17) Have you ever attempted suicide?
(18) Have you been battered as an adult?
(19) Do you think that you ever had or have a problem with prescription or illegal drug use?

(20) Do you think that you ever had or have a problem with alcohol and drinking?

(21) Do you think that you ever had or have an eating disorder or a problem with food?

(22) Have you forgiven the person?

(23) What is the highest level of education you have attained?

(24) What is your occupation?

(25) Are you: (circle one) MARRIED, DIVORCED, SEPARATED, WIDOWED, SINGLE (never married), or LIVING WITH SOMEONE?

(26) If married, or involved with a long-term significant other, what is the highest level of education attained by your partner?

(27) If married or involved with a significant other, does he or she know about the abuse? If so, is he or she supportive?

(28) How do you see the abuse affecting your relationships with other people (i.e., trust, control, or problems with authority figures)?

(29) Is there any other information you think is pertinent for me know?
APPENDIX C

INFORMED CONSENT

The purpose of this research project is to determine how effective an educational intervention may be in helping an individual cope with a prior deep unfair hurt. This project will be a case study in which the individual will work one-on-one with the facilitator to overcome identified barriers related to a past trauma. The intervention is a twenty-step forgiveness education program in which the researcher will meet with the participant once a week for approximately twenty-four weeks and introduce a new step of the process. Each step of the process builds upon the other so the participant consistently establishes a firm foundation from which to construct a psychologically sound outlook on the hurt that they wish to overcome. It is possible to work on one unit more than one week. Examples of the units include discussing feelings of anger, guilt and shame, preoccupation with the injury, reframing, and how one has been changed as a result of the injury. Pretest and posttest measures will consist of an attitude scale, a hope scale, the Coopersmith Self-Esteem Inventory, The State-Trait Anxiety Inventory, and the Beck Depression Inventory.

Any foreseeable risk that may result from this project may be discomfort experienced from recollection of the past hurtful experience as the participant attempts to cope with the circumstances surrounding the incident. However, as the participant proceeds with the intervention, the potential benefits of the project will include a mental restructuring of the painful events which will equip the participant with a whole new set of coping strategies. These strategies can provide a fresh new outlook on the hurtful experience and assist the participant to move past their hurt and live a more productive life. If the participant feels that this project is too overwhelming due to the sensitive nature or their personal hurt, they may benefit from seeking clinical treatment other than that involved in the intervention. A referral sheet is attached to the Informed Consent form.

For the duration of the project, notes, tape recordings, questionnaires, psychological tests, or any other type of information-gathering device will remain confidential. This information will be locked in the researcher's private filing cabinet, and once the project is complete, all records will be destroyed. The participant will be given a false name to conceal her identity. The only people to have access to the information of this study other than the researcher and the participant will be the researcher's thesis committee. The participant's involvement in this study is completely voluntary and the participant retains the right to withdraw from this study at any time without penalty and loss of benefits or confidentiality. If any questions or concerns should arise regarding the research project or the rights of the participant, they may contact the Human Subjects Coordinator, University of Northern Iowa, (319) 273-2748.
I am fully aware of the nature and extent of my participation in this project as stated above and the possible risk that may arise from it. I hereby agree to participate in this project. I acknowledge that I have received a copy of this consent statement.

(Signature of the subject or responsible agent)  (Date)

(Printed name of the subject)

(Signature of investigator)

Joyce Skinner
Educational Foundation and Research
University of Northern Iowa
Work Phone Number: 291-2705 ext.228,
Faculty Office Phone Number: 273-2026
Department Office Phone Number: 273-2695
Advisor: Dr. Barry Wilson
Advisor Phone Number: 273-2694
Thesis Chairman: Dr. Suzanne Freedman
Chairman Phone Number: 273-2483
APPENDIX D

CRISIS SYMPTOM CHECK LIST

Please read the following items and indicate with a check mark whether each one has been present or absent in the past two months.

<table>
<thead>
<tr>
<th>Present</th>
<th>Absent</th>
</tr>
</thead>
</table>
1) Restless sleep | |
2) Isolation | |
3) Loneliness | |
4) Lethargy | |
5) Anxiety attacks | |
6) Uncontrollable crying | |
7) Trouble controlling temper | |
8) Dizziness | |
9) Desire to hurt self | |
10) Desire to hurt others | |
11) Sexual problems | |
12) Fear of men | |
13) Fear of women | |
14) Frequent hand washing | |
15) Out-of-body experience | |
APPENDIX E

SELF-REPORT FORGIVENESS MEASURE

Read the following statements and then answer the following questions.

1) Healing involves the overcoming of negative affect, and judgement toward the offender. Resentment is to be overcome not by denying ourselves the right to that resentment, but by endeavoring to view the wrongdoer with compassion, benevolence, and love, while recognizing that he or she has willfully abandoned the right to them. One forswears resentment toward the wrongdoer, but also has a merciful “change of heart” toward him or her. The wronged party acknowledges the wrongdoer's injustice but nonetheless unconditionally released him or her (North, 1987).

2) One is healed when there is a release, a release from a whole spectrum of negative emotions; like fear, anger, suspicion, loneliness, alienation, and mistrust. With healing there is an opening of a self to join with the other in a loving community (Cunningham, 1985).

3) When one is healed certain elements are subtracted from and added to the affective, cognitive, and behavioral systems. Negative emotions such as anger, hatred, resentment, and sadness, and/or contempt are given up. In the affective system, the negative emotions are replaced by more positive emotions, including the willingness, through compassion and love, to help the other. In the cognitive system, positive thoughts emerge toward the other, such as wishing him or her well. In the behavioral realm, there is a willingness to join in “loving community” with the other, perhaps making overtures in that direction. However, such overtures will depend on true change in the other (Cunningham, 1985; North, 1987; Richards, 1988; and Smedes, 1984).

The following questions will be asked orally and the subject’s responses will be written down:

1) Do any of these statements describe your current attitudes or feelings toward your abuser?

2) Which ones?

3) Why do you say this?
   If two of the three do describe your current attitudes or feelings toward your abuser please answer questions 4 and 5.

4) Do you believe you have truly forgiven the injurer?

5) Why do you say this?
APPENDIX F

REFERRAL LIST

Allen Memorial Hospital Mental Health Department
1825 Logan Ave.
Waterloo, Iowa
(319) 235-3683

Associates for Behavioral Health, Inc
3356 Kimball Ave.
Waterloo, Iowa
(319) 219-6500

Black Hawk Grundy Mental Health Center
907 Independence Ave.
Waterloo, Iowa
(319) 232-7317

Cedar Falls Counseling Associates
324 West 3rd Street
Cedar Falls, Iowa
(319) 277-4383

Covenant Clinic
602 Clay Street
Cedar Falls, Iowa
(319) 268-0461

Family Service League
3830 West 9th Street
Waterloo, Iowa
(319) 235-6271

Lutheran Social Services
1510 Logan Ave.
Waterloo, Iowa
(319) 233-3579

Psychiatric Associates
2802 Orchard Drive
Cedar Falls, Iowa
(319) 268-1922
APPENDIX G

MANUAL--THE PROCESS MODEL OF FORGIVENESS

Available Upon Request