The Relationship of Offense-Specific Forgiveness to Posttraumatic Stress Disorder Symptoms in College Students

Holly K. Orcutt
Scott M. Pickett
E. Brooke Pope

ABSTRACT. The relationship between offense-specific forgiveness and post-traumatic stress disorder (PTSD) symptoms was examined in a cross-sectional survey of 178 college students reporting interpersonal trauma exposure, that is, a trauma exposure in which they identified a specific perpetrator. Higher levels of offense-specific forgiveness were significantly related to lower levels of PTSD symptoms. In path analyses, however, when gender and offense severity were allowed to directly predict both forgiveness and PTSD symptoms, the relationship was reduced to marginal significance. Exploratory analyses revealed that within the five most commonly endorsed trauma subtypes, the relationship between forgiveness and PTSD symptoms may differ in strength and direction as a function of trauma type. Implications for research and treatment are discussed.

KEYWORDS. Forgiveness, post-traumatic stress disorder symptoms, offense severity, interpersonal trauma exposure

INTRODUCTION

In an attempt to facilitate better adjustment following trauma exposure, attention has been focused on risk and protective factors for outcomes such as post-traumatic stress disorder (PTSD) (e.g., Yehuda, 1999). Forgiveness is an area of focus gaining increased interest as one of these potential protective factors (e.g., Witvliet, Phipps, Feldman, & Beckham, 2004). In a cross-sectional study of college students, we examined whether, in the aftermath of interpersonal trauma, increased forgiveness toward the perpetrator would be associated with lower PTSD symptomatology.

Why would forgiveness toward the perpetrator of an interpersonal trauma be associated with decreased PTSD symptoms? When an interpersonal transgression occurs, an individual’s initial likely response of fear, hurt, and/or anger, is often compounded by a secondary process of rumination about the offense that can create “delayed emotions, involving resentment, bitterness, residual anger, residual fear, hatred, hostility, and stress” (Worthington, 2001, p. 26). At a minimum, the process of forgiving is thought to involve the reduction of these negative emotions. In addition, forgiving has been theorized to involve the emotional replacement of negative emotions with “positive emotions such as unselfish love, empathy, compassion, or even romantic love” (p. 33). Thus, if the process of forgiveness results in a reduction of negative emotions, this process would reasonably be expected to result in improved mental health, and specifically in the case of trauma exposure, could result in lowered PTSD symptoms.

Although forgiveness itself is not a new construct, scientific inquiry in this area is a more recent phenomenon (see McCullough, Pargament, & Thoresen, 2000, for a review). McCullough and Worthington (1999) note that the “concept of forgiveness has dual natures: a common one and a transcendent one” (p. 1141). They argue that in the common world, forgiveness can be investigated dispassionately as a psychological phenomenon with traditional methods of inquiry. The other nature of forgiveness, however, is “spiritual, transcendent, timeless . . . a topic of philosophical and theological inquiry for millennia . . . the transcendent nature of forgiveness is profound, difficult to pin down” (p. 1142). McCullough and Worthington further suggest that the dual nature of forgiveness (i.e., common and transcendent) may contribute to the difficulty that has existed in “capturing the essence of forgiveness” (p. 1142).

It is beyond the scope of this article to provide an exhaustive historical review of forgiveness. However, McCullough and Worthington (1999) note that most of the empirical studies examining forgiveness have
“tended to overlook the deep religious roots of the concept of forgiveness” (p. 1143). Within Christianity, forgiveness is “the central cornerstone of the religion” (Marty, 1998, as cited in Worthington, Berry, & Parrott, 2001, p. 124) and operates on two levels: (a) divine, that is, the forgiveness of humans by God and (b) interpersonal, that is, scriptures dictate that Christians should forgive those who transgress against them. In Judaism, if a transgressor has repented, one has a duty to forgive him/her (McCullough & Worthington, 1999). Within the Islamic tradition, “God’s ability to forgive all sins is a foundational element of God’s character in Muslim theology as well” (p. 1145). Thus, within the major theist traditions reviewed here, forgiveness is of critical importance.

Although disagreement exists among forgiveness scholars concerning elements of the operational definition of forgiveness, there seems to be the most agreement about what forgiveness is not as opposed to what forgiveness is. Specifically, the majority of forgiveness scholars agree that forgiveness is distinct from forgetting, denying, excusing, condoning, and pardoning (e.g., McCullough & Witvliet, 2002). Further, there is general consensus that forgiveness and reconciliation are distinct but related constructs, that is, one can forgive a person without reconciliation (and indeed it may not be appropriate to do so, particularly if the perpetrator of the offense is abusive; Fincham, 2000). Worthington and Drinkard (2000) assert that “forgiveness is intrapersonal, whereas reconciliation is interpersonal” (p. 94). Scholars disagree as to whether forgiveness involves merely the reduction of negative emotions toward an offender, such as anger, or must also include an increase in positive emotions (compassion, love, benevolence; see e.g., Fincham, 2000).

With regard to measurement, forgiveness is often measured at either the offense-specific (i.e., forgiveness toward a perpetrator of a specific transgression) or dispositional level (i.e., one’s general tendency to be forgiving; see McCullough, Hoyt, and Rachal (2000) for a review of measurement issues). The present study employed an offense-specific measure of forgiveness, the Enright Forgiveness Inventory (EFI) (Enright & Fitzgibbons, 2000), which assesses both positive and negative affect, cognitions, and behaviors toward the offender and does not rely on use of the term “forgiveness.” This distinction (i.e., whether or not the term “forgiveness” is used) is important given differences in researcher-versus-lay-conceptions of forgiveness (Kearns and Fincham, 2004); e.g., lay conceptions of forgiveness often include forgetting.

Although the extant literature is somewhat limited, dispositional forgiveness has been associated with positive mental health benefits in cross-sectional surveys (e.g., Berry & Worthington, 2001; Kendler et al., 2003; Seybold, Hill, Neumann, & Chi, 2001). Further, several studies investigating a popular model of forgiveness, Enright and colleagues’ process model, have generally reported increased mental health benefits following forgiveness interventions (see Baskin and Enright, 2004 for a recent meta-analysis). For example, in a study of 12 female incest survivors with significant history of prior treatment, Freedman and Enright (1996) reported that after completing an average of 14 months of treatment, participants reported significantly decreased anxiety and depression. Thus, existing research is consistent with the arguments for potential mental health benefits of forgiveness.

Although previous research has linked PTSD symptoms with anger (e.g., Feeny, Zollner, & Foa, 2000) and rumination (e.g., Murray, Ehlers, & Mayou, 2002), to the authors’ knowledge Witvliet et al. (2004) have conducted the only previously published study addressing the relationship of PTSD symptoms to forgiveness. They found that in a sample of 213 combat veterans with PTSD, difficulty forgiving others was significantly related to PTSD symptoms and depression, but was not related to anxiety. Importantly, Witvliet et al. (2004) used a measure of dispositional forgiveness. The present study extends Witvliet’s approach by examining the relationship of offense-specific forgiveness (i.e., forgiveness toward the perpetrator of an interpersonal trauma) with PTSD symptoms. Although the cross-sectional nature of our study will limit our ability to determine causal ordering, the present study represents an important first step in examining the relationship between forgiveness and PTSD symptoms.

In order to provide a more stringent test of the relationship between forgiveness and PTSD, we are also including several variables in our model (i.e., gender, time since the offense, and perceived severity of the offense) that are theorized to be related to either PTSD symptoms, forgiveness, or both. In terms of gender, women have been found to be both at higher risk than men for experiencing PTSD symptoms following trauma exposure (e.g., Breslau, 2002) and to report higher levels of forgiveness than men (e.g., Konstad, Holmes, & Levine, 2003). Length of elapsed time since the offense has been found to be predictive of both PTSD symptoms (Kessler, Sonnega, Bromet, Hughes, & Ustun, 1995) and forgiveness levels (e.g., McCullough, Fincham, & Tsang, 2003), with longer duration being associated with more positive outcome. Finally, the perceived severity of the interpersonal trauma has been associated with both PTSD symptoms (e.g., Bryant & Harvey, 1995) and forgiveness levels (e.g., McCullough et al., 2003); perceptions of greater severity...
are associated with higher levels of PTSD symptoms and lower levels of forgiveness.

Thus, based on theory and extant findings, we hypothesized that in a sample of college students reporting interpersonal trauma exposure, higher levels of offense-specific forgiveness toward the perpetrator would be associated with lower levels of PTSD symptoms after controlling for gender, time since the offense, and perceived severity of the offense. Further, exploratory analyses were conducted to examine whether the relationship between offense-specific forgiveness and PTSD symptoms was comparable across various types of trauma exposure (e.g., motor vehicle accident versus sexual assault).

METHOD

Participants and Procedure

Our sample of 178 participants was selected from a larger sample of 1925 male and female introductory psychology students at a large Midwestern university who received partial course credit for participation. Because we inquired about sexual trauma history, participants completed questionnaires in a single session of approximately 90 minutes in single-sex groups of less than 30 people. The present study focuses on a subset of questionnaires assessing trauma exposure, PTSD symptoms, and forgiveness.

All participants initially completed the EFI, in which they identified a recent event in which they were hurt deeply and then answered questions about their cognitions, feelings, and behaviors toward the perpetrator. Participants also completed the Traumatic Life Events Questionnaire (TLEQ) (Kubany et al., 2000a), a broad-spectrum inventory of lifetime trauma exposure. Following the TLEQ, participants were asked to identify their most distressing event and to complete the Distressing Event Questionnaire (DEQ; Kubany, Leisen, Kaplan, & Kelly, 2000b), a measure of PTSD symptoms specific to that event. Following the DEQ, participants were asked if their most distressing event involved “a person doing something hurtful to you” (examples were provided). If participants indicated that the trauma exposure was interpersonal, they completed the EFI again focusing specifically on the perpetrator of the interpersonally traumatic event. Thus, a subset of participants completed the forgiveness inventory twice.

To arrive at our final sample of 178 participants, we first coded all the forgiveness inventories (up to 2 per person for 1925 participants) to determine: (a) if the event reported was a trauma, defined as one of the items listed on the TLEQ; (b) if, for those who had completed the forgiveness inventory twice, they reported on the same event/perpetrator on both inventories; (c) if the forgiveness inventory was completed about the perpetrator of the trauma (rather than the victim or someone else); and (d) whether either event on the forgiveness inventory matched the most distressing event reported prior to the completion of the DEQ (i.e., were the PTSD symptoms matched to the event in either forgiveness inventory?). Fifty cases were selected at random to determine the rate of agreement between four independent coders. The four coders had perfect agreement on 93% of the items that required them to determine if the event reported was a trauma (0 = no, 1 = yes), according to the items listed on the TLEQ. That is, 93% of the items were coded by all four coders as either a “trauma” or “not a trauma.” Among the 50 random cases, there were eight items identified as traumatic by at least three of the four coders. On these eight items, the four coders agreed on the same TLEQ code 91% of the time. In other words, out of the eight items coded into trauma categories, six items had perfect agreement with all four coders choosing the same TLEQ trauma category, while two of the eight items had discrepancies. On the first discrepant item, one coder did not deem the event as a trauma and did not categorize the item. On the second discrepant item, two coders coded the item as “some ‘other’ traumatic event” instead of “threatened with serious death/harm.” When there was not perfect agreement on the items, a doctoral student in clinical psychology was deemed the expert coder and tutored the other three coders on the appropriate codes to use (e.g., the category “some ‘other’ traumatic event” was to be used only when the event did not fit into the other categories on the TLEQ).

When the forgiveness inventory was completed twice, the four independent coders agreed 100% of the time when determining that the event/perpetrator was the same on both inventories (0 = no, 1 = yes). On the items asking coders to determine if there was an identifiable perpetrator (0 = no, 1 = yes), there was perfect agreement between the four coders on 91% of the items. There was also 91% perfect agreement between the four coders on whether or not either event on the forgiveness inventories matched the most distressing event reported prior to the completion of the DEQ (0 = no, 1 = yes). Thus, agreement among coders was deemed to be acceptable.
Two hundred and fifty-nine participants identified a potentially interpersonally traumatic event at the start of one of the forgiveness inventories that matched the most traumatic event identified on the TLEQ. In addition, these 259 participants identified a clear “other” as the perpetrator (as opposed to themselves). Of these 259 participants, 55 participants reported the sudden and unexpected death of a loved one as their most traumatic event and five additional participants reported their loved one’s surviving a life-threatening illness or accident as their most traumatic event. The majority of these 60 participants completed the forgiveness inventory focusing on a victim who had died of or experienced an illness that appeared to be beyond their control (e.g., grandmother had died of cancer). This scenario was determined to be inconsistent with our definition of an interpersonal transgression because the person that died or was ill was not immediately culpable for the event. Upon reviewing the protocols, however, we opted to include 7 of these 60 participants who completed the inventory focusing on a person who had committed suicide or a person who had responsibility in the commission of a crime that resulted in death (e.g., the perpetrator of a murder). Removing 53 of the 60 participants reporting death or illness resulted in a sample of 203 participants; however, only 195 participants had complete data on both forgiveness and PTSD symptoms. Among these 195 participants, 178 (91%) indicated that they experienced extreme fear, helplessness, powerlessness, or horror during the event, thus meeting criterion A2 for exposure to a traumatic event as specified for post-traumatic stress disorder (American Psychiatric Association, 2000) (three participants were missing data on this item and 14 participants indicated that they did not experience fear, helplessness, or horror).

The composition of the final sample of 178 undergraduates was 69.7% female (n = 124) and was predominantly White (65% White, 16% Black, 7% Latino/Latina, 7% Asian American, 0.5% Native American, and 3% Other). The sample was quite representative of a young college population, with 90% of the participants under the age of 21.

**Measures**

**EFI**

Forgiveness was assessed with the EFI (Fairight & Fitzgibbons, 2000), an offense-specific measure of forgiveness. Participants identified an interpersonal transgression in which they had been hurt “unfairly and deeply” and responded to 60 items that assessed positive and negative affect (e.g., I feel warm toward him/her, I feel repulsed toward him/her), cognition (e.g., I think he or she is a good person, I think he or she is worthless), and behavior (e.g., I would do a favor, I would avoid) toward the perpetrator. The EFI utilizes a six-point Likert-type scale ranging from 1 (strongly disagree) to 6 (strongly agree). We computed a total score based on the mean score for each of the 60 items, with higher scores corresponding to higher levels of positive feelings, cognitions, and behaviors; the coefficient alpha was .99. As noted above, all participants first completed this inventory about an interpersonal transgression. A subset of participants who identified their most traumatic event as an interpersonal transgression completed the inventory a second time focusing on the perpetrator of the traumatic event. Fifteen participants reported the same event on both administrations; their first report was used.

Participants also indicated how long ago the hurtful event occurred by writing in the number of days, weeks, months, or years since. Responses were recoded into weeks since the offense. Participants also circled 1 of 7 options for who hurt them: child, spouse, relative, friend of same gender, friend of opposite gender, employer, or other. Examination of responses in the “other” category resulted in six additional codes: stranger, peer or acquaintance, teacher or coach, temporary caregiver, neighbor, and friend with no gender specified.

**TLEQ**

The TLEQ is a brief broad-spectrum measure of trauma exposure (Kubany et al., 2000a). In their development work, Kubany et al. (2000a) reported temporal consistency for most items to be generally very high across a range of samples (e.g., college students, Vietnam veterans). Participants indicate the frequency of experiencing 22 potentially traumatic events. Follow-up questions assess emotional reaction, potential injury, and relationship to perpetrator (when appropriate). Because it was a criterion for inclusion, all 178 participants reported that they experienced fear, helplessness, powerlessness, or horror during their most distressing experience.

**DEQ**

The DEQ is a brief measure of PTSD and is designed to be used in conjunction with the TLEQ (Kubany et al., 2000b). Participants are asked to identify which of the endorsed events on the TLEQ was most distressing and are then asked to focus on that event while answering the DEQ. Using a four-point response scale, the DEQ assesses symptoms of PTSD experienced...
in the past 30 days as specified in the DSM-IV-TR (APA, 2000). The DEQ has demonstrated good internal consistency, temporal stability, and good convergent validity with other measures of PTSD (Kubany et al., 2000b). Responses to the 17 symptoms items were summed to form a total score.

RESULTS

Descriptive Statistics

Means, standard deviations, and correlations among key study variables are presented in Table 1. Based on the pattern of correlations between the potential covariates and forgiveness and PTSD symptoms, gender and perceived severity were controlled for in analyses; race and time since offense were not included as covariates because neither variable was significantly correlated with either forgiveness or PTSD symptoms.

Path Analyses Examining the Relationship of Offense-Specific Forgiveness and PTSD Symptoms

Path analytic models were estimated using the AMOS program (Arbuckle & Wothke, 1999). Parameters were estimated using all available data (incomplete data on the covariates were assumed to be missing at random and thus included in the parameter estimates). As can be seen in

<table>
<thead>
<tr>
<th>Variables</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Forgiveness</td>
<td>.99</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Sum of PTSD symptoms</td>
<td>-.22*</td>
<td>.94</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Gender (0 = Female/1 = Male)</td>
<td>.19*</td>
<td>-.10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Race (0 = Non-White/1 = White)</td>
<td>-.03</td>
<td>.03</td>
<td>-.01</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Time since offense (in weeks)</td>
<td>.03</td>
<td>-.13</td>
<td>-.03</td>
<td>.02</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Perceived severity of offense</td>
<td>-.26*</td>
<td>.34*</td>
<td>-.22*</td>
<td>.16*</td>
<td>.12</td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>3.01</td>
<td>13.93</td>
<td>.30</td>
<td>.66</td>
<td>239.60</td>
<td>3.82</td>
</tr>
<tr>
<td>SD</td>
<td>1.60</td>
<td>14.88</td>
<td>.46</td>
<td>.48</td>
<td>246.36</td>
<td>1.22</td>
</tr>
<tr>
<td>N</td>
<td>178</td>
<td>178</td>
<td>178</td>
<td>176</td>
<td>150</td>
<td>168</td>
</tr>
</tbody>
</table>

*p < .05. Coefficient alphas (where appropriate) are on the diagonal.
reached significance (i.e., a CR of 1.96 or greater) with the exception of the path between forgiveness and PTSD symptoms which was marginally significant, $\beta = -.14$, CR = 1.95, $p < .10$. As can be seen in the top model in Figure 1, forgiveness is significantly related to PTSD symptoms in the predicted direction without any other predictors in the model, $\beta = -.22$, CR = -3.03. Thus, comparing the top model with the bottom model in Figure 1, the direct path between forgiveness and PTSD symptoms was reduced from -.22 to -.14, a reduction of 36%, when gender and perceived severity were included in the model.

**Exploratory Analyses: Relationship Between Offense-Specific Forgiveness and PTSD Symptoms Across Trauma Types**

As can be seen in Table 2, across the 178 participants, 17 different types of trauma were identified as the most traumatic event experienced. Five of these 17 categories had 20 or more participants, which was determined an adequate size for follow-up correlations. Within these five categories, the zero-order correlation between forgiveness and PTSD symptoms and the partial correlation between forgiveness and PTSD were examined controlling for gender and perceived severity. The results of these exploratory analyses revealed that the relationship between offense-specific forgiveness and PTSD symptoms appears to differ by trauma type. Forgiveness appeared most strongly related to PTSD symptoms for witnessing family violence after controlling for gender and perceived severity of offense ($pr = -.50$). Unexpectedly, the zero-order correlation between child sexual abuse (CSA; defined as sexual contact before the age of 13 with someone 5 years or older) was positive ($r = .16$) and increased in strength after controlling for gender and perceived severity ($pr = .32$).

The present findings suggest that the relationship between offense-specific forgiveness and PTSD symptoms may not be the same strength or even direction across trauma types. The model estimated in Figure 1 is based on the assumption that the direction of the relationship between forgiveness and PTSD symptoms is the same across all trauma types. To investigate whether including CSA with the other trauma types was suppressing the strength of the relationship between forgiveness and PTSD symptoms, both models depicted in Figure 1 were re-estimated after dropping the 29 participants reporting CSA ($n = 149$). Without these participants in the model, the direct path between forgiveness and PTSD (with all covariates in the model) was now significant ($\beta = -.24$, CR = -3.02), the direct path between forgiveness and PTSD symptoms without gender and perceived severity was increased as well ($\beta = -.30$, CR = 3.86) when the data of CSA participants were eliminated.

**DISCUSSION**

The present study examined the relationship between offense-specific forgiveness and PTSD symptoms in a sample of college students reporting interpersonal trauma. As hypothesized, higher levels of offense-specific
forgiveness were associated with lower levels of PTSD symptoms, although this relationship was attenuated when perceived severity of the offense and gender were included in the model. In particular, higher levels of perceived severity were strongly related to both increased PTSD symptoms and lower levels of forgiveness. Given the cross-sectional nature of our data, future studies are needed to tease out the directional relationships over time. For example, in one potential model, higher levels of perceived severity result in lower levels of forgiveness following trauma exposure, which in turn result in increased levels of PTSD symptoms. Alternatively, it may be that lower levels of forgiveness or higher levels of PTSD symptoms lead the participant to increase their perception of the severity of the event. Further, it may be that at higher levels of PTSD symptoms, individuals have fewer emotional and cognitive resources to engage in the work of forgiveness. Longitudinal data are necessary to fully specify the multitude of potential interrelationships among the variables of interest in the present article. At present, it is unclear what role perceived severity plays in the relationship between forgiveness and PTSD symptoms. Ideally, one would track levels of perceived severity, forgiveness, and PTSD symptoms across time following a transgression.

With regard to trauma type, exploratory analyses examining the relationship between offense-specific forgiveness and PTSD symptoms within the five specific trauma types endorsed by at least 20 participants provided preliminary evidence that the strength and direction of this relationship may differ by trauma type. Forgiveness and PTSD symptoms were negatively correlated for motor vehicle accidents, witnessing family violence, child physical abuse, and CSA (and the strength of the relationship was attenuated when controlling for perceived severity and gender for all but witnessing family violence). Among participants endorsing CSA as their most traumatic event, however, forgiveness and PTSD symptoms were positively (although not significantly) correlated. Keeping in mind the exploratory nature of these analyses, this pattern is nonetheless intriguing. Perhaps, due to developmental issues, forgiveness toward the perpetrator of events experienced as a child may not carry the same benefits as forgiveness for events in later life when one has more developed cognitive capacities. However, in opposition to that reasoning, the strongest partial correlation between forgiveness and PTSD symptoms was for family violence witnessed as a child. Thus, the exploratory analyses with regard to trauma type raise more questions than we are able to answer at this point. Future research designed to examine whether forgiveness carries equal benefits for all types of trauma can shed further light on this issue.

In terms of the zero-order relations between perceived severity of the offense, gender, and length of time since the offense and both forgiveness and PTSD symptoms, some correlations were consistent with predictions while others were not. Specifically, with regard to gender, contrary to prediction men and women did not differ in reported levels of PTSD symptoms. Although research in this area is somewhat limited, previous research suggests that women may report higher levels of forgiveness; in the present study, men reported significantly higher levels of offense-specific forgiveness than women. It is important to note, however, that previous findings have examined dispositional forgiveness as opposed to offense-specific forgiveness. Because we are examining offense-specific forgiveness, comparing men and women on levels of forgiveness may obscure differences in the types of trauma that were endorsed as the most distressing traumatic experience. For example, 93.5% of the participants reporting that CSA was their most traumatic experience were female. It may be that females reported relatively more exposure to the types of traumas that are associated with lower levels of forgiveness. Perhaps, however, males are more forgiving than females following trauma exposure. Future research examining gender differences in forgiveness for similar types of trauma will be necessary to disentangle this issue.

Time since offense was related to lower levels of PTSD symptoms, suggesting that people experience less distress over time; however, this relationship did not reach significance. With regard to forgiveness, the hypothesis that greater time since offense would be associated with increased forgiveness was not supported. Importantly, previous findings in this area have examined changes in forgiveness among people who have all experienced a recent interpersonal transgression; thus the “start time” is the same for all participants (e.g., McCullough et al., 2003). In the current study, however, people selected their most traumatic experience from their lifetime, creating extensive variability in the start time.

Finally, perceived severity of the offense was significantly related to both forgiveness and PTSD symptoms in the predicted direction. Thus, the subjective experience of being deeply hurt was associated with greater distress and more negative feelings (less forgiveness) toward the perpetrator. The cross-sectional nature of our data does not allow us to rule out the possibility that when people experience higher levels of PTSD symptoms, they rate themselves as having a higher level of perceived hurt. Thus, longitudinal studies are needed to specify the direction of the relationships.
between perceived severity, offense-specific forgiveness, and PTSD symptoms.

Although not definitive, the present findings are generally consistent with a model in which increased offense-specific forgiveness is associated with lower levels of PTSD symptoms. Although further research is needed, it may be useful to examine treatment implications related to forgiveness and PTSD symptoms. In terms of specific interventions designed to increase forgiveness, two popular process models are those of Enright (2001) and Worthington (2001).

Enright’s model (Enright, 2001; Enright & Fitzgibbons, 2000) of interpersonal forgiveness includes four distinct phases. In the initial phase, the unjustly injured individual must fully experience the pain and negative emotions associated with the transgression. In order to begin the process of healing, the negative emotions must be confronted and deeply understood. During the second phase, the individual realizes that a continued focus on the injury and offender may only result in continued suffering. The possibility of forgiving the offender is explored and a commitment is made to forgive. Following this commitment, the individual begins the work of forgiveness and relinquishes thoughts, feelings, or intentions of revenge toward the offender. The third phase involves initiation of the active work of forgiveness. This work may involve altering the perception of the offender, perhaps by placing the event in the context of the offender’s life, in order to accept the offender as a member of the human community. Included in this phase is: (a) an acceptance and bearing of the pain unjustly inflicted and (b) the choice to not pass the pain along to others, including the offender. In some cases, an offer of some form of goodwill (privately and/or publicly) may be made toward the offender. In the final phase, the positive emotional benefits consequent to the process of forgiveness are experienced by the forgiving individual. Individuals in this phase often find meaning in the suffering they experienced. In this final phase, individuals experience the apparent paradox of forgiveness, that is, in accepting the pain and granting mercy, one is healed.

Relatedly, Worthington’s process model (e.g., Worthington, 2001) is described as a pyramid model (which spells out the acronym REACH) and is comprised of five parts: (a) the hurt must be Recalled as objectively as possible; (b) Empathize with the offender and attempt to understand the perpetrator’s worldview and potential pressures; (c) focus on humility (When have you hurt others?) and gratitude (How have you felt when others have forgiven you?) and offer the Altruistic gift of forgiveness; (d) publicly Commit to forgive; and (e) employ the six strategies that can be used to Hold onto forgiveness when it is challenged.

Although the two models are not identical, they share important similarities in the processes and steps involved in the journey toward forgiveness. Importantly, both process models clearly emphasize the importance of beginning the process by approaching and engaging with the painful emotions related to the transgression. The Enright and Worthington models, therefore, share some important overlap with popular exposure-based treatments for PTSD (e.g., Jaycox, Zoellner, & Foa, 2002). Specifically, as in prolonged exposure therapy, the process of forgiveness begins with the unjustly injured individual fully experiencing the negative emotions and pain associated with the injury. Thus, emotional engagement with traumatic memories is a necessary first step for both types of treatment. Further, with a focus on engaging in one’s experience without judgment, forgiveness interventions are consistent with acceptance-based interventions such as Dialectical Behavior Therapy (Linehan, 1993), Acceptance and Commitment Therapy (Hayes, Strosahl, & Wilson, 1999), and mindfulness interventions (e.g., Kabat-Zinn et al., 1992). In the future, there may be productive ways to systematically integrate forgiveness interventions, when appropriate, into existing treatments for PTSD.

To date, this is the first study of the relationship between offense-specific forgiveness and PTSD symptoms across a range of traumatic exposures. Despite this strength, however, there are several limitations that should be acknowledged and that prevent stronger interpretation of the present data. First, as noted previously, our design is cross-sectional. The present study represents an important first step in examining the relation between offense-specific forgiveness and PTSD symptoms; however, longitudinal data are necessary to determine causal directions. Ideally, future studies might examine the trajectories of both forgiveness levels and PTSD symptoms across time to determine causal directions (which may be reciprocal).

Second, we are relying on retrospective self-reports of trauma exposure, which are subject to biases both of time and self-perception of trauma (i.e., are some individuals more likely to report trauma exposure and to identify it as more severe than others?). Third, our sample was composed of an undergraduate population. Because there are resources readily available to students to assist with problems, our sample may not be representative of a community sample. Fourth, the present study examined PTSD symptoms rather than a PTSD diagnosis. There was, however, significant variability in PTSD symptoms in the present study. Using the
cutoff scores suggested by Kubany et al. (2000b), 30% of the females and 12% of the males would have been diagnosed with PTSD (the cutoff score for males is based on a veteran sample and is higher than the cutoff score for females, which is based on abuse samples). Thus, although this was not a clinical sample, given the number of reported trauma exposures and the level of reported PTSD symptoms it was not a distress-free sample. Given the question of interest for the present study, it will be important to extend these findings to more distressed and representative populations. Fifth, a wide range of trauma exposures was included, both direct and indirect victimization experiences. It will be important to more carefully examine whether findings differ as a function of direct vs. indirect victimization.

Sixth, given the deep religious/spiritual roots of the forgiveness construct, it is important to acknowledge that we did not assess for religious/spiritual beliefs and, among those indicating religious/spiritual beliefs, the degree of commitment to the tenets of one’s faith. It may be that those at highest risk for PTSD symptoms are those who place a high value on forgiveness but are not acting consonant with those beliefs. Thus, value placed on forgiveness may serve as a potential moderating variable in the relationship between forgiveness and PTSD symptoms. Further specifying these relationships would be an important direction for future research.

Seventh, it is important to note that given the lack of previous work in this area, as well as the limitations of this study, the present results should be viewed as preliminary. It is hoped that these findings will serve a heuristic value in generating additional investigations in this area.

Finally, it should be noted that additional work is needed to establish the construct validity of forgiveness. As noted earlier, among researchers, there is consensus on some but not on all aspects of forgiveness. Further, the operational definitions employed by researchers may diverge from the average person’s definition of forgiveness in critical ways (Kearns & Fincham, 2004). Thus, although research is accumulating pertaining to the construct of forgiveness, it is important to note that forgiveness may be a particularly complex phenomenon to study using traditional psychological methods, perhaps due in part to the melding of the common and the transcendent. Given that caveat, however, future research might productively include multiple measures of forgiveness, both offense-specific and dispositional. We opted to use the EFI, a measure designed specifically to avoid the individual variability in definitions associated with the term “forgiveness” by focusing on the extent to which the participant expresses positive, as opposed to negative, feelings, cognitions, and behaviors toward the perpetrator. The EFI, however, also includes a single item on a Likert-type scale assessing the extent to which the participant has forgiven the perpetrator. Examination of the zero-order correlations between the single forgiveness item and the variables in Table 1 revealed a similar pattern and strength among the correlations. In addition, the correlation between the forgiveness scale and the single item assessing forgiveness was .80. Estimating our final model with the single item instead of the 60-item scale, however, resulted in greater attenuation in the forgiveness to PTSD symptoms direct path ($\beta = -.09$). Thus, further research is needed to determine the ability to predict mental health outcomes by asking people directly about their level of forgiveness versus assessing feelings, cognitions, and behavior toward the perpetrator of an offense.

It is our hope that the present findings will serve a heuristic function and stimulate additional research in this area. Of particular importance is the need to clearly identify specific causal relationships among offense-specific forgiveness, PTSD symptoms, and perceived severity. Further, based on our exploratory analyses, before advocating a forgiveness-based intervention, it is important to better understand if there are particular types of trauma subpopulations for whom a forgiveness-intervention may not be as helpful, and perhaps may even have a negative effect. Thus, when asking whether higher levels of offense-specific forgiveness are associated with lower levels of PTSD symptoms—the short answer is “yes.” The long answer may be “it depends.”

NOTES

1. Participants determined whether or not their traumatic experience was an interpersonal trauma, with one exception. We determined that having a loved one die did not fit our criteria of having someone “doing something hurtful to you” unless there was a suicide or murder involved. Participant self-selection resulted in a range of trauma experiences, including both direct (physical abuse) and indirect (witnessing family violence) victimization experiences. To reiterate, inclusion criteria required that participants must have identified a specific perpetrator (not themselves) who hurt them and had to complete the forgiveness inventory focusing on this perpetrator.

2. Unfortunately, some participants placed a check mark in front of, for example, “years ago” without writing in the number of years and thus had missing data on this item. Whenever possible, we substituted the time since offense indicated on the DEQ.
REFERENCES


SUBMITTED: March 17, 2005
REVISED: June 16, 2005
REVISED: June 13, 2007
ACCEPTED: June 16, 2007