THE EFFICACY OF THE CHRISTIAN-ADAPTED REACH FORGIVENESS

INTERVENTION WITH AFRICAN-AMERICAN CHRISTIAN WOMEN

A Dissertation

by

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ABSTRACT

The REACH forgiveness intervention is an empirically supported treatment for unforgiveness that has been researched extensively with college students and other populations. Despite this, the efficacy of REACH has never been tested with African-American, Christian women. The purpose of this study was to examine the efficacy of the Christian-adapted version of REACH (C-REACH) with African-American, Christian women.

Seven African-American, Christian women from Bryan/College Station, TX were recruited from local-area African-American churches to participate in the study. The mean age of the sample was 40.45 and the participants identified different types of offenses they wished to forgive during the C-REACH curriculum, such as romantic relationship offenses, childhood sexual assault, intimate partner violence, and public humiliation. Participants were examined on different types of forgiveness and mental health outcomes before and after being administered eight hours of the C-REACH intervention. They also answered a qualitative follow-up questionnaire approximately one month after the termination of the study.

Individual- and group-level analyses were conducted using Tau analysis. Group-level results indicate that C-REACH was effective in facilitating forgiveness of a specific offense within this sample of African-American Christian women. However, this sample's trait forgivingness, depression, and anxiety were not significantly impacted by C-REACH.

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CHAPTER I

INTRODUCTION

The study of forgiveness continues to flourish in the field of psychology. The construct has been found to be an important ingredient in therapeutic change and mental health functioning (Wade, Bailey, & Shaffer, 2005). In addition, several psychotherapeutic interventions aimed at forgiveness have been established and tested (Wade, Kidwell, Hoyt, & Worthington, 2014). Prominent among the interventions is the REACH model of forgiveness (Worthington, 2006). This 5-step model encourages participants to (a) Recall the hurt, (b) Empathize with the offender, (c) Altruism - give the altruistic gift of forgiveness, (d) Commit to forgiveness, and (e) Hold on to (maintain) forgiveness. The model has been proven effective with college students (Sandage & Worthington, 2010; Stratton, Dean, Nooneman, Bode, & Worthington, 2008), parents (Kiefer et al., 2010), couples (Burchard et al., 2003; Ripley & Worthington, 2002), and individuals who have a Borderline Personality Disorder (Sandage, Long, Moen, Jankowski, Worthington, Wade, & Rye, 2015).

A Christian-adapted version of the REACH model (C-REACH) has also been proven to be effective in the treatment of unforgiveness (Lampton, Oliver, Worthington, & Berry, 2005; Rye & Pargament, 2002; Rye, Pargament, Pan, Yingling, Shogren, & Ito, 2005; Stratton et al., 2008; Worthington et al., 2010). Evidence also suggests that REACH and C-REACH are equally effective in the treatment of unforgiveness (J. N. Hook, Worthington, Davis, Jennings, Gartner, & J. P. Hook, 2010; Rye & Pargament, 2002; Rye et al., 2005; Worthington, Hook, Davis, & McDaniel, 2011). Furthermore, based on criteria established by Chambless and Hollon (1998), both REACH and C-REACH have been deemed "empirically supported" (see Greer, Worthington, Lavelock, & Griffin, 2014; Hook et al., 2010).

A major limitation of these criteria is their lack of an overt focus on the cultural relevance of psychotherapeutic interventions. For example, under the criteria established by Chambless and Hollon (1998), a treatment is considered efficacious if it (a) yields better results than a no-treatment control group, placebo group, or alternative treatment group or (b) it is equivalent to an already-established treatment in efficacy with enough power to detect "moderate differences" (as cited in Hook et al., 2010). In addition, a treatment must be found to be effective in separate studies conducted by at least two independent research labs (Chambless & Hollon, 1998). Chambless and Hollon (1998) also noted that researchers should consider to whom the treatment is beneficial. This notation is only a suggestion and not an established part of the efficacy criteria. Nevertheless, many researchers call for the examination of the cross-cultural efficacy and effectiveness of psychotherapeutic interventions (Chambless et al., 1996). Hall (2001) contends that researchers should take cultural efficacy studies a step further than solely including ethnic minorities in their samples of randomized clinical trials (RCTs). He argues that researchers should modify psychotherapeutic interventions to adapt to specific cultural groups. His contention is that many psychotherapeutic interventions were established by and for White, middle-class Americans and that these interventions will be most effective with similar populations. He also contends that to use these interventions without cultural adaptation to other cultural groups is biased and possibly unethical.

Hall's (2001) argument applies to the body of research on forgiveness. Despite the extensive research on the REACH and C-REACH interventions, little attention has been given to its efficacy with diverse cultural, racial, and ethnic groups. Most studies conducted on the model have used a primarily White sample. Only two studies have examined the efficacy of REACH and C-REACH in the context of a minority culture, specifically the Filipino culture (Worthington

et al., 2010) and foreign exchange students (Lin et al., 2014). The Christian-adapted version of the REACH model (C-REACH) was found to be effective with Filipino students, adults, and couples, providing evidence that C-REACH can be used across different races/ethnicities (Worthington et al., 2010). Lin and colleagues (2014) found that REACH facilitated forgiveness in both foreign exchange students and domestic students, but foreign exchange students showed lower levels of emotional forgiveness when compared to domestic students. The paucity of cross-cultural research on the model calls into question its overall generalizability. At this point, we can only speculate whether efficacy of the model can be demonstrated with populations other than Whites and Filipinos.

Smith and McFarland (2015) argue that it is crucial that researchers examine the effects of race when studying forgiveness. On this point, they provide five reasons for this importance:

"(a) race structures the social and cultural context in which a person lives; (b) the propensity to forgive varies by race; (c) the broader environment may react differently to forgiveness; (d) race structures exposure to stressors which can influence the effect of forgiveness; and (e) the effect of forgiveness will vary because different races have different levels of underlying biological risk" (Smith & McFarland, p. 190).

African Americans are a notable minority population for which the REACH model has never been investigated. This gap in the literature is of interest in light of the considerable suffering and pain, including a long history of racism and unfair treatment, borne on this population. Contemporary events like the deaths of Trayvon Martin, Michael Brown, the Charleston shooting victims, and Sandra Bland are reminders of this historical legacy and consequently have sparked intense feelings of hurt and anger within the African-American

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community. Offenses within the African-American community also have been a source of considerable emotional distress (Ronzio, Mitchell, & Wang, 2011; Scarpa, 2001).

Forgiveness interventions like REACH and C-REACH may be facilitative of therapeutic change among African-American women. African Americans are one of the most forgiving and religious racial groups (Krause, 2012; Krause & Ellison, 2003; Krause & Hayward, 2015; Pew Research Center, 2009; Reinert, Campbell, Bandeen-Roche, Sharps, & Lee, 2015; Smith & McFarland, 2015; Torges, Ingersoll-Dayton, & Krause, 2013). Some researchers believe this is due to the collectivistic nature of African Americans (Hook et al., 2009; Smith & McFarland, 2015). Hook et al. (2009) proposes that people from collectivistic cultures are more likely to engage in collectivistic forgiveness to maintain social harmony. Some researchers also attribute the forgivingness of African Americans to their experiences of racism and stigma. Reinert and colleagues (2015) found that both African-American men and women were more forgiving than their White counterparts. The researchers speculated that the acts of forgiveness and gratitude may serve as coping mechanisms against the experiences of racism and early trauma that African Americans experience.

Among African-American women, specifically those who are religiously- and/or spiritually-oriented (R/S oriented), forgivingness is accentuated. Although there is a dearth of literature regarding forgiveness within African-American women, some research has found that R/S oriented African-American women may have higher levels of forgiveness because of their participation in religious activities and their feelings of closeness to God (Torges et al., 2013). Research has also found that R/S oriented African-American women conceptualize forgiveness as a religiously-informed experience. According to Mattis (2002), religion and spirituality help African-American women cope in several ways, one of which is behaving consistent with their

moral principles. Behaviors of this nature include being nonjudgmental, compassionate, and forgiving. Also, in a sample of African-American women recovering from intimate male partner abuse, forgiveness of their abuser was found to be a crucial piece of the women's healing process. In this sample, forgiveness was seen as a personal victory and was driven by the women's religion and spirituality (Taylor, 2004).

Based on the above, forgiveness seems to play a crucial role in the healing of emotional hurts among African-American women. The body of research on forgiveness demonstrates that forgiveness interventions are facilitative of positive changes in depression and anxiety (Griffin, Worthington, Lavelock, Wade, & Hoyt, 2015; Wade et al., 2014). In light of their propensity for forgiveness, African Americans, especially women, may be amenable to a forgiveness intervention. Yet, despite the number of studies published on the REACH model, no reported studies have tested the efficacy of the REACH model or the C-REACH model on an African-American sample. Because African Americans have a strong connection to religion and spirituality (Krause & Hayward, 2015; Pew Research Center, 2009), the C-REACH model may be a more potent source of effect than the REACH model with this population. Along this line, some R/S oriented psychotherapeutic interventions have resulted in mental health gains for African Americans (Hays & Aranda, 2016). This finding exists despite the scarcity of studies on the topic (Mengesha & Ward, 2012). Therefore, the importance of examining forgiveness through a multicultural lens is inarguable, and the absence of research on forgiveness and people of color, specifically African-American women, make this a notable research agenda.

Purpose Statement

The purpose of this study was to test the efficacy of the Christian-adapted REACH (C-REACH) forgiveness intervention with a sample of African-American women who self-identify

as Christian. The study fills a major gap in the literature in that no studies have investigated the employment of the model with this population. The findings will extend the body of knowledge regarding this intervention as well as inform the clinical treatment of this population.

In this study, two types of forgiveness were examined: decisional forgiveness and emotional forgiveness (Worthington, 2003). Decisional forgiveness entails one's conscious decision to *act* in a forgiving manner. Emotional forgiveness is the replacement of negative emotions and thoughts towards an offender with positive emotions and thoughts.

Research Questions

This study addressed the following research questions:

Research Question 1: Will African-American Christian women who are struggling to forgive an offense achieve forgiveness of a specific offense after completing the C-REACH model of forgiveness?

- Hypothesis 1a: African-American Christian women will see an increase in their levels of emotional forgiveness and decisional forgiveness after completing C-REACH.

- Hypothesis 1b: African-American Christian women will achieve forgiveness of a specific offense after completing C-REACH. This will be evidenced by a decrease in their TRIM-18 Avoidance and Revenge subscale scores and an increase in their TRIM-18 Benevolence subscale score.

Research Question 2: Will African-American Christian women who are struggling to forgive an offense see an increase in their overall trait forgivingness after completing the C-REACH model of forgiveness?

- Hypothesis 2a: African-American Christian women will see an increase in their trait forgivingness after completing C-REACH.

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Research Question 3: Will African-American Christian women who are struggling to forgive an offense achieve greater mental health outcomes after completing C-REACH?

- Hypothesis 3a: African-American Christian women will experience a decrease in depressive symptoms after completing C-REACH.

- Hypothesis 3b: African-American Christian women will experience a decrease in anxiety after completing C-REACH.

CHAPTER II

LITERATURE REVIEW

Forgiveness

Forgiveness is variously defined in the literature. Berry and colleagues (2005) concluded that there is no consensus on the definition of forgiveness; however, some researchers have concluded that forgiveness is a two-step process that includes the reduction of negative affect and cognitions towards an offender as well as an increase in positive affect and cognitions towards the offender (Wade et al., 2014; Wade & Worthington, 2003); an emotional approach to forgiveness. Similarly, Worthington (2003) regards forgiveness as the "emotional juxtaposition" of positive emotions with (a) the negative emotions following an offense or (b) the unforgiveness we experience after ruminating about the offense. These two definitions are consistent with what Worthington (2003) identifies as "emotional forgiveness." Emotional forgiveness is the emotional replacement of negative emotions (i.e. fear, anger) towards the offender with positive emotions (i.e. empathy, compassion) (Worthington, 2003). Emotional forgiveness focuses solely on the affective components of forgiveness and does not require reconciliation with the offender for forgiveness to be obtained. Additionally, Worthington (2003) specifies decisional forgiveness, which is more behavioral in nature. Decisional forgiveness occurs when one commits to avoid negative behaviors toward the offender (i.e. avoidance and revenge). This type of decisional forgiveness can still be obtained even if the relationship is not reconciled, such as relationships that are unsafe (i.e. abusive relationships) or impossible to be reconciled (i.e. offender is deceased), (Hook, Worthington, & Utsey, 2009). Some authors also distinguish between trait forgiveness and state forgiveness. Davis, Worthington, Hook, and Hill (2013) define trait forgiveness as "the degree to which a person tends to forgive across time,

situations, and relationships" (p. 233). The authors define state forgiveness as "a person's degree of forgiveness of a specific offense" (p. 233).

Unforgiveness is defined as "the delayed emotions of resentment, hostility, hatred, bitterness, anger, and fear that arise after ruminating about a transgression" (Wade & Worthington, 2003). Wade and Worthington (2003) suggest that unforgiveness and forgiveness are two different constructs and that unforgiveness can be reduced while forgiveness has not been granted. Reduced unforgiveness is a requirement for forgiveness to occur. However, a reduction in unforgiveness does not necessarily mean that the victim has forgiven the offender. The authors note that because unforgiveness and forgiveness are two separate constructs they should be treated as such and measured independently.

Forgiveness & Mental Health

Substantial literature suggests forgiveness leads to an increase in positive mental health symptoms and a decrease in negative mental health symptoms. In a meta-analysis, Wade and colleagues (2014) found that the use of forgiveness interventions resulted in lowered symptoms of depression and anxiety and increased hope. The interventions under examination were sources of gain even though they did not directly target mental health symptoms. The authors concluded that forgiveness interventions may indirectly help clients with other psychological outcomes. Along similar lines, in a review of the scientific evidence and theory, both state *and* trait forgiveness have been related to increased positive mental health outcomes (i.e. life satisfaction, positive affect, optimism, and social support) and decreased negative mental health outcomes (i.e. depression, anxiety, stress, anger, and PTSD) (Akhtar & Barlow, 2016; Griffin, Lavelock, & Worthington, 2014; Griffin et al, 2015). The corollary is that unforgiveness is a stress response associated with negative mental health symptoms.

Griffin et al. (2015) make an important methodological observation about forgiveness research and the conclusions that can be draw from these studies. Notably, most of the studies that examine forgiveness and mental health use correlational or cross-sectional designs. These methodologies, therefore, make it impossible to definitely conclude that forgiveness is causally related to mental health. While the assumption could be made that forgiveness causes increased positive mental health outcomes and decreased negative mental health outcomes, the assumption that positive mental health cultivates forgiveness could also be made (Griffin et al., 2015). Furthermore, the relationship between forgiveness and mental health may be more complex than simple causality. Griffin and colleagues (2015) propose that the relationship between forgiveness and mental health is mediated by social and psychological constructs like rumination, hopelessness, interpersonal commitment between victim and offender, and psychological tension. These findings not only suggest bi-directionality but mediating variables associated with forgiveness and mental health.

Religion, Spirituality, & Forgiveness

Religion and spirituality are conceptualized as important components of the human experience. They may serve as lenses by which one views the world. As defined by Ellison and McFarland (2013), religion refers to institutional allegiances and practices (i.e. churches, denominations, mass, prayer, etc.). These authors point out that spirituality is a broader construct than religion. Spirituality includes "transcendent experiences" that are not necessarily confined within the context of organizational practices. Forgiveness is encouraged in most of the prominent world religions including Judaism, Christianity, Islam, Buddhism, and Hinduism (Carlisle & Tsang, 2013).

Carlisle and Tsang (2013) summarize the basic tenets of forgiveness as they relate Judaism, Christianity, Islam, Buddhism, and Hinduism. A common factor between these religions appears to be an example of a forgiver that followers should model their forgiveness after. For example, in the Jewish religion, that religious role model is God and his forgiveness is exemplified during the Day of Atonement during which priest preform sacrifices that results in God's forgiveness of the community (Newman, 1987). Within Christianity, the forgiver is Jesus Christ and his forgiveness is shown through his many teachings on forgiveness as well as the sacrifice of his life in order to bring about the forgiveness of sins (Carlisle & Tsang, 2013). In Islam, Allah and the prophet Muhammad are the religious role models of forgiveness and examples of their forgiveness is seen throughout the Qur'an. Carlisle and Tsang (2013) also explore religious role models in non-Western religions like Buddhism and Hinduism. In Buddhism, Lord Buddha serves as the forgiver and Varuna, god of water, is the role model in Hinduism. These role models can serve a function within forgiveness interventions, as Rye, Wade, Fleri, and Kidwell (2013) note that emphasizing these role models in forgiveness interventions is one way to incorporate religion and spirituality into clinical practice.

In the context of mental health, research suggests that religion and spirituality are positively correlated with mental health outcomes (Bergin, Payne, & Richards, 1996; Soenke, Landau, & Greenberg, 2013; Wade, 2010), including forgiveness (Carlisle & Tsang, 2013). Literature indicates that the relationship between religion, spirituality, and forgiveness is influenced by many factors such as religious coping and closeness to God. This is evident in Davis, Hook, and Worthington's (2008) examination of relational spirituality and forgiveness. The authors found that forgiveness of an offense was diminished if the victim participated in negative religious coping mechanisms that exhibit a less secure relationship with God or if they

viewed the transgression as a desecration of a sacred relationship. Also, forgiveness was positively associated with positive religious coping mechanisms that exhibit a secure attachment to God. In a sample of African-American and White men and women over the age of 65, Torges and colleagues (2013) found that closeness to God mediated the relationship with participation in organized religious activities (i.e., attending services and prayer groups) and global forgiveness, which is conceptualized as forgiveness of self and others and the receiving of forgiveness from others and God. Given that this finding was only evident among specific gender and ethnic groups, religion and spirituality may affect forgiveness different across cultural groups.

Forgiveness & Psychotherapy

Given the recent embrace of religion, spirituality, and forgiveness in the field of psychology (Plante, 2007), therapists may now play a crucial role in the forgiveness process. Wade (2010) states that therapists can help clients understand forgiveness and then work together to help them move towards forgiveness. Rye et al. (2013) also point to the ability to incorporate religion and spirituality in forgiveness interventions by helping the client make meaning of the offense from a religious or spiritual framework and by promoting forgiveness through prayer. While secular forgiveness interventions can be adapted to include religious/spiritual aspects, few explicitly religious/spiritual, empirically-supported forgiveness interventions exist. Hook and colleagues (2010) identified three religiously and spiritually tailored interventions targeted at overcoming unforgiveness: Worthington's (1998) Christian-adapted REACH model of forgiveness, Hart and Shapiro's (2002) spiritual forgiveness group treatment for unforgiveness, and Halter's (1988) Christian group CBT for marital issues. All three interventions were deemed "possibly efficacious" and participants in all three interventions maintained their treatment gains at follow-up (Hook et al., 2010). More recently, the Christian-

adapted model of the REACH forgiveness model has been found to be "empirically supported" (Greer, Worthington, Lin, Lavelock, & Griffin, 2014; Kidwell & Worthington, 2013; Wade, Worthington, & Meyer, 2005). On average, religiously-tailored psychotherapy has been found to be just as effective as secular psychotherapy (Worthington et al., 2011). The same is true for religiously-tailored forgiveness interventions (Hook et al., 2010).

In a sample of 381 mental health providers, Konstam, Marx, Schurer, Harrington, Lombardo, and Deveney (2000) found that the majority of the counselors in their sample (88%) had worked with a client on forgiveness and that the issue of forgiveness was brought up often. Ninety-four percent of these mental health providers agreed that it is appropriate for counselors to talk about issues of forgiveness with their clients. Wade, Bailey, and Shaffer (2005) argue that forgiveness is indeed helpful when it comes to reducing psychological symptoms caused by an offense. In a sample of 59 college students, Wade and colleagues (2005) found that when clients explicitly talked about forgiveness with their counselor it led to significant symptom improvement. The researchers also concluded that many of the participants *desired* to include forgiveness as a part of their treatment goals. This is a stark contrast to Canale, White, and Kelly's (1996) findings which demonstrated that altruism and forgiveness were the least used techniques in a sample of 105 therapists compared to other therapy techniques such as vicarious ventilation of feelings, self-reinforcement, and direct expression of feelings. The authors concluded that clinicians are hesitant to use altruism and forgiveness in their clinical work partially because the two concepts are "closely associated with the religious and spiritual domains, two areas that some would contend mainstream psychology has neglected or shied away from" (p. 229).

Given this change in how therapists conceptualize and use forgiveness in their clinical work, more should be done to educate mental health providers on the best practices in forgiveness-focused therapy. For instance, Hook et al. (2009) calls for psychologists to conceptualize forgiveness from a multicultural standpoint in order to provide culturally competent services. Indeed, forgiveness seems to be influenced by one's culture. For example, Freedman and Zarifkar (2016) argue that one's conceptualization of and decision to forgive may be influenced (positively and/or negatively) by their religion and spirituality. The authors also suggest that therapists consider clients' cultural worldview (i.e. collectivistic versus individualistic) as these constructs may influence their view on forgiveness.

Additionally, Freedman and Zarifkar (2016) provide guidelines for therapists to follow when processing issues of forgiveness with clients. For example, the authors suggest that counselors examine mistaken beliefs about forgiveness with clients so that the client may make an informed decision about whether or not they want to forgive their offender(s). Freedman and Zarifkar (2016) also propose that clinicians explain the difference between reconciliation and forgiveness and ensure clients understand that reconciliation is not necessary (or sometimes possible) in order to forgiveness to occur. Similarly, some clients may believe that the act of seeking justice and granting forgiveness cannot co-exist. Therapists may help clients understand the differences between seeking revenge versus seeking justice by holding their offender accountable for their actions. Therapists can also challenge the idea that justice alone will provide clients with the relief they may be expecting. The authors also acknowledge that unilateral forgiveness, or granting forgiveness without an apology from the offender, is especially difficult. Despite this, therapists are in a position to help clients understand that unilateral forgiveness, although difficult, is possible. The authors also recommend that therapists

are mindful of where their clients are in the forgiveness process and that they should avoid pressuring clients to forgive if they are not ready. Therapists should prepare clients for the non-linear nature of forgiveness therapy and the possibility that clients may have to revisit the offense and /or offender in counseling several times. Lastly, therapists should be aware of the role that anger and resentment have in forgiveness therapy. The authors assert that feelings of anger and resentment should be validated as normal feelings that occur after an offense and that they serve as a sign of self-respect and self-defense. The authors also acknowledge that clients are able to move past anger and resentment in their own time and should do so to avoid the negative emotional and physical effects of prolonged anger and resentment.

Counselors may also utilize empirically-supported forgiveness interventions to help clients work through their issues of forgiveness. Baskin and Enright (2004) categorize forgiveness-based psychotherapeutic interventions into two domains: process-based and decision-based. According to the authors, process-based forgiveness interventions focus on both the cognitive and affective components of forgiveness while decision-based forgiveness interventions focus primarily on the cognitive components of forgiveness. Also, process-based forgiveness interventions are aimed at the developmental nature of forgiveness in that they often take more time to engage in and involve some stages or steps that individuals must cycle through in order to achieve forgiveness. Decision-based forgiveness interventions are usually shorter in duration and focus on the conscious decision or choice to grant forgiveness (Wade et al., 2014). In any case, the decision to forgive is essential in the forgiveness process. However, Baskin and Enright (2004) found that decision-based interventions are less effective than process-based interventions in the treatment of unforgiveness. One clinical implication of this finding is that counselors should be supportive of clients' decision to forgive, but greater treatment gains may

become more apparent if counselors also encourage affective change in their clients towards the offender.

Currently, several forgiveness interventions exist including Enright's (2001) Process Model of Psychological Forgiveness (FPM) and Worthington's (2006) REACH model of forgiveness, both of which are empirically supported and process-based (Wade et al., 2014). Enright's model of forgiveness has been proven effective with female survivors of emotional abuse (Reed & Enright, 2006) and patients with coronary artery disease (Waltman, Russell, Coyle, Enright, Holter, & Swoboda, 2008) among others. Worthington's REACH model of forgiveness has been proven to be effective with college students (Sandage & Worthington, 2010; Stratton, Dean, Nooneman, Bode, & Worthington, 2008), parents (Kiefer et al., 2010), and couples (Burchard et al., 2003; Ripley & Worthington, 2002). When compared, Worthington and Enright's model do not differ significantly in their efficacy (Wade et al., 2014).

REACH Forgiveness

Worthington's (2006) REACH model of forgiveness consists of five steps to forgiveness: (a) Recall the hurt, (b) Empathize with the offender, (c) Altruism - give the altruistic gift of forgiveness, (d) Commit to forgiveness, and (e) Hold on to (maintain) forgiveness. The intervention is designed to be administered in a group format, which can last 6 to 18 hours depending on the amount of time spent on each step. Before beginning the intervention, participants are asked to specify the hurt/offense that they would like to forgive during the intervention. It is suggested that participants choose one hurt that is less severe in nature as they work through the intervention for the first time. Worthington (2006) notes that participants apply the model to a less severe hurt first and then apply to other, more painful hurts later. Participant and leader manuals are available that outline group activities for each step of the REACH model

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(Appendix A). Activities are labeled as "optional," "vital," and "extremely vital." The manual instructs that activities labeled "vital" and "extremely vital" must be incorporated in the session while activities labeled "optional" are up to the facilitator's discretion to use. Manuals are available for both the secular and Christian version of the REACH forgiveness model. Lampton and colleagues (2005) note that the secular version of REACH was established on Christian principles and that Worthington explicitly adapted the intervention for Christian populations in his publication *Forgiving and Reconciling: Bridges to Wholeness and Hope (2003).*

Conceptually, the secular and Christian versions of the intervention share the same underlying theory and model. However, the Christian version (C-REACH) differentiates itself by encouraging participants "to (a) draw on their religious beliefs while working towards forgiveness, (b) draw on religious sources of support when forgiving, and (c) use prayer and Scripture to help with the forgiveness process" (Hook et al., 2010, p. 62).

Pragmatically, the secular and Christian version engage participants in a few notably different activities. In the first session of C-REACH, participants review Biblical scriptures about forgiveness and are asked to share their reactions to the scriptures. In the first session of REACH, by contrast, participants review forgiveness in literary works and quotes rather than from a Biblical context. In session 2, participants are asked to define forgiveness and identify the benefits of forgiveness. In C-REACH, participants are guided to place more emphasis on the spiritual benefits of granting forgiveness than in REACH. In session 3, participants begin to recall the hurt from the perspective of an objective, third-party observer and from the offender's point of view. Worthington (2010) asserts that recalling the offense from the perspective of an objective, third-party observer removes the negative perceptions one may have of their offender which may make forgiveness more likely to happen. Likewise, recalling the hurt from the

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offender's point of view fosters empathy by understanding the offender's perspective and feelings during the time of the offense. C-REACH also asks participants to recall the hurt from God's perspective and consider God's "hand" at work through the offense, whereas REACH does not encourage similar recall and consideration. Session 4 is devoted to fostering a sense of empathy towards the offender. Participants of C-REACH do so specifically by recalling times when God has forgiven them for their sins and by discerning God's heart for their offender. C-REACH curriculum also emphasizes loving one's enemies. Session 5 entails establishing a sense of gratitude for times in which the participant has been granted forgiveness. Participants are encouraged to grant the altruistic gift of forgiveness to their offender in this session and asked to assess their current level of emotional forgiveness. In addition to those activities, C-REACH participants are guided to consider times in which they have received forgiveness from God. They also engage in a physical activity in which they envision giving forgiveness as both a gift to God and to the offender. In session 6, participants are guided to consider the ways in which they can maintain forgiveness over time. Spontaneous recovery of negative thoughts and emotions is explained to participants as the body's way of protecting people from harm. Additionally, C-REACH participants pray for their offender and commit to becoming a more forgiving Christian by confessing bitterness and resentment to God, praying that God would show them how to love their offender, and considering the ways in which God works through the pain and suffering they have experienced at the hands of their offender.

While the secular version of REACH has been extensively researched, only a few studies have explored the efficacy and effectiveness of the C-REACH model of forgiveness (Lampton, et al., 2005; Rye et al., 2005; Rye & Pargament, 2002; Stratton et al., 2008; Worthington et al., 2010). The earliest published study referencing C-REACH was published in 2002 and examined

the effects of REACH and C-REACH in a sample of mostly White college women who had been wronged in a romantic relationship (Rye & Pargament, 2002). Findings indicated that participants who engaged in either REACH or C-REACH significantly improved in their forgiveness and existential well-being compared to those in no-treatment control group; however, there were no significant treatment effects on hope, depression, religious-well-being, or hostility. Also, there were no significant differences on outcome measures when comparing REACH and C-REACH. A similar design was used in Rye and colleagues' (2005) study with individuals who had been wronged by an ex-spouse. Once again, the sample was primarily White; however, the sample was expanded beyond college students as the ages ranged from 23 to 73 (Rye et al., 2005). Similar to the Rye & Pargament (2002) study, both participants in the secular and religious version of the REACH intervention saw significant changes in forgiveness when compared to participants in the control group. Conversely, only participants in the secular version of the intervention saw a significant decrease in depressive symptoms when compared to the control group. There were no significant changes in trait anger across the two experimental conditions.

Using a sample of predominantly White college students at a Christian university, Lampton and colleagues (2005) found that, when compared to a control group, those who participated in C-REACH engaged in less avoidant behaviors and had more positive thoughts and feelings towards their offender. This study did not examine any mental health outcomes. The study also did not specify the offenses experienced by participants. Stratton et al. (2008) compared the effects of C-REACH, expressive writing, a combination of C-REACH and expressive writing, and a control group with a sample of mostly White college students at a Christian college. Results indicated that those in the C-REACH and expressive writing treatment

groups showed an increase in forgiving motivations over time. Those in the combined C-REACH and expressive writing treatment group showed more positive responses to the offender at the first post-test in comparison to those in the C-REACH condition. At follow-up, those in the combined C-REACH and expressive writing condition had more positive responses to the offender than those in the control group and the expressive writing group. Similar to Stratton et al. (2008), this study did not examine the effects of the interventions on mental health outcomes or specify the offenses experienced by participants.

Lastly, Worthington et al. (2010) examined the effectiveness of C-REACH in a sample of Filipino students, adults, and couples located in the Philippines. In this study, C-REACH was adapted to the Filipino culture. To date, this is the only published study that examined C-REACH with a sample that was not predominantly White. Although no mental health outcomes were measured and offenses were not specified, results indicated that students, adults, and couples (when measured individually) saw a significant decrease in their unforgiving motivations towards the offender over time and a significant increase in forgiveness over time. Worthington et al. (2010) suggests that these findings imply that C-REACH can be adapted to other cultures and still maintain its effectiveness. Despite this finding, few studies have examined the effectiveness of REACH (Lin et al., 2014) with other cultural groups. To date, there are no other efficacy studies that examine the treatment effects of C-REACH with cultural groups other than the Filipino culture (Worthington et al., 2010).

As previously stated, C-REACH has been deemed "empirically supported" according to the criteria established by Chambless and Hollon (1998); however, only one out of the five studies included a sample that was not primarily White and only two studies examined mental

health outcomes like depression, anger, hope, and well-being. This calls for greater examination of C-REACH with regards to mental health and cultural minorities.

C-REACH Forgiveness & Therapeutic Change

Through what mechanism(s) does the C-REACH intervention promote therapeutic change? Worthington (1998) explains how REACH finds its theoretical roots in classical conditioning theory. The author postulates that the offense is the unconditioned stimulus and the offender is the condition stimulus. When the victim is exposed to the conditioned stimulus (the offender) they become tense and either 1) try to avoid the offender or 2) become defensive or depressed (submissive) if they are unable to engage in avoidant behaviors. In short, avoidant, defensive, and depressive behaviors are indicative of unforgiveness which is now a conditioned fear response. To reduce the conditioned fear response, Worthington (1998) indicates that extinction must occur. He notes, however, that extinction does not eliminate the neural pathways created by conditioning but rather reduces the fear conditioning. This leaves rooms for spontaneous recovery to occur. Worthington (1998) suggests that even after forgiveness has occurred, the victim can still experience spontaneous recovery in the form of negative thoughts, memories, and feelings upon seeing the offender, being reminded of the offender/offense, or experiencing stress.

Worthington (1998) goes on to describe how the REACH model promotes forgiveness in the framework of classical conditioning. During the first step, participants are asked to "Recall the hurt." Instead of experiencing intrusive thoughts regarding the offender or offense, participants are in what Worthington calls "a supportive, nonhurtful atmosphere." This allows for the participant to recall the hurt they have experienced (conditioned stimulus) without re-experiencing the conditioned response. As the participant continues to recall the hurt in this type

of environment multiple times, extinction begins to occur. As stated earlier, recalling the hurt does not eliminate fear conditioning but changes the response to the offender (unconditioned stimulus) (Worthington, 1998).

The second step of the intervention calls for participants to "Empathize with the offender." Previously stated, forgiveness begins to occur when one begins to experience positive and negative thoughts towards their offender simultaneously (Worthington, 2003). In the context of this intervention, this occurs when one recalls the hurt and experiences the emotion of state-empathy towards the offender at the same time (i.e. systematic desensitization). How does one foster the emotion of state-empathy? Worthington (1998) posits that REACH creates state-empathy by asking the participant to think about how the offender may have been feeling or what they may have been thinking during the offense. More specifically, REACH aims to foster empathic compassion, which is the ability to identify and experience the thoughts and feelings of another (Worthington, 1998). And while complete forgiveness may not be achieved at this point, therapeutic change is happening through systematic desensitization.

The third step of reach asks participants to give the "Altruistic gift" of forgiveness. This step is accomplished by experiencing humility through "guilt, gratitude, and gift" (Worthington, 1998). Worthington (1998) defines guilt as the experience of knowing that we are able of hurting others. The participant realizes that they are capable of hurting others just like their offender hurt them. Gratitude, in this case, is experienced when the participant thinks about a time they hurt someone and was granted forgiveness by the person they hurt. When one relives the experience of being granted forgiveness, 1) their emotional state will change to a positive one, 2) empathic projection occurs when the participant wants to project positive feelings on to someone else, and 3) the participant feels "a sense of one-ness" between themselves and the offender. Gift refers to

the participant's motivation to grant forgiveness. After experiencing gratitude for receiving forgiveness and realizing that the offender is in need of forgiveness, the participant should feel motivated to grant the gift of forgiveness.

Making a "Commitment to forgive" is the fourth step in the REACH intervention. Given that the fear conditioning is never eliminated but instead changed, Worthington (1998) asserts that fear and hurt are bound to be re-experienced by the participant in the future. The author says that this is especially true if 1) the offender is seen again, 2) the participant is hurt in the same manner again, 3) the person experiences extreme distress, or 4) the offender hurts the participant again. Although forgiveness may be achieved at this point, it is possible for spontaneous recovery to occur. For this reason, the participant may question if they have really forgiven their offender. By making a public commitment to forgive, Worthington (1998) says that the participant will experience a stronger sense of forgiveness. Worthington credits this effect to several social psychology theories like cognitive dissonance theory, commitment theory, and self-perception theory.

The final step of the REACH model encourages participants to "Hold on to forgiveness." Once again, the fear conditioning is never eliminated; therefore, participants are likely to experience fear and hurt under specific conditions. This may cause participants to question if they have truly forgiven their offender. Worthington (1998) prescribes several different things that the participant and facilitator can do to maintain forgiveness including such things as identifying the difference between spontaneous recovery and unforgiveness, emotion-management techniques, and encouragement to work through the five steps again. Worthington (1998) also makes the point that forgiving a single offense and forgiving an entire relationship that has been hurtful are two very different things. The author states that it is impossible to

forgive every, single hurt that has occurred in a hurtful relationship. Instead, it is suggested that the participant use a single, symbolic offense to work through REACH when dealing with a hurtful relationship.

African Americans & Forgiveness

Overall, African Americans are reported to be more religious than other racial and ethnic groups and are more likely to affiliate with a religion, attend a religious service, pray often, and consider religion important in their lives when compared to the U.S. population as a whole (Pew Research Center, 2009). African Americans tend to be more forgiving than other racial groups (Krause, 2012; Krause & Hayward, 2015; Smith & McFarland, 2015) for multiple reasons.

First, African Americans tend to be associated with a more collectivistic culture, and collectivistic cultures have been found to be more forgiving than individualistic cultures (Hook et al., 2009; Smith & McFarland, 2015). According to Sandage and Williamson (2005), those from collectivistic cultures view "selfhood as interdependent and socially embedded, emphasizing social connections and group norms" (p. 45). According to the authors, those who embody a collectivistic worldview will forgive in order to maintain social harmony. For African Americans, forgiveness serves as glue to hold together family and social relationships - relationships that are necessary for the survival of African Americans (Smith & McFarland, 2015). African Americans depend on these relationships for emotional and physical support. The authors also make the point that the necessity of these relationships for survival is a unique aspect to African Americans, especially when compared to their White counterparts. Whites may be less likely to depend on extended family and social relationships for emotional and physical support because they may be less exposed to the social discrimination and disparities faced by African Americans. Hook et al. (2009) proposed the concept of collectivistic forgiveness, which

is defined as "a decision to forgive that is (a) motivated primarily by social harmony and (b) occurs within a context that values reconciliation and relational repair" (p. 825). The authors further purport that collectivistic forgiveness is fueled primarily by decisional forgiveness although emotional forgiveness may occur as well.

Secondly, African Americans are considered to be more religious and therefore more likely to fulfill religious virtues like forgiveness (Krause & Hayward, 2015; Pew Research Center, 2009). This notion seems to be especially salient in the context of race-related offenses. For example, Ellison, Musick, and Henderson (2008) support the idea that African Americans who are guided by their religion are more likely to respond to racist encounters in a forgiving way. African-American men are also more likely to respond to racist acts in a forgiving manner, specifically those African-American men who are currently married, report a high level of emotional support, and are religiously committed (Hammond, Banks, & Mattis, 2006). Furthermore, Ergüner-Tekinalp (2009) found that religion assisted African Americans in forgiving Whites for historical racist offenses. It is possible that African Americans may use forgiveness as a coping mechanism to combat against the negative effects of racism and stigma (McFarland, Smith, Toussaint, & Thomas, 2012; Torges et al., 2014). Given that African Americans are one of the most forgiving populations, it is logical that forgiveness interventions should be tested with this population. It would seem that these interventions can be effectively used with African Americans.

African-American Women & Mental Health

Pratt and Brody (2014) found that African Americans over the age of 12 were found to have higher rates of mild, moderate, and severe depressive symptoms than White people over the age of 12. People of color also experience more adverse life events such as early traumatic stress

when compared to their White counterparts. African-American women experience early traumatic stress more than African-American men, White men, and White women (Reinert et al., 2015). These experiences are compounded by racism and sexism, resulting in higher reported rates of severe anxiety among African-American women (Perry, Harp, & Oser, 2013).

African-American women may also be at an increased risk for depression as data from a study in 2010 indicated that women and African Americans were more likely to report depressive symptoms than their counterparts (Center for Disease Control and Prevention [CDC], 2010). Keita (2007) reports that women have a higher risk of developing depressive symptoms due to the unique stressors that women face and, for African-American women, this risk may be even higher given the fact that African Americans are less likely to obtain treatment for mental illness than their White counterparts. Alongside economic reasons, African-American women may be less likely to utilize mental health treatment if they subscribe to the Strong Black Woman (SBW) race-gender schema, which encourages women to rely on strength, self-reliance, and self-silence when dealing with adversity (Watson & Hunter, 2015). As the SBW race-gender schema negatively influences help-seeking behaviors among African-American women, this schema is also a unique cultural factor that influences depression and anxiety in African-American women (Watson & Hunter, 2015). Given that African-American women are at an increased risk for depression and anxiety and that they face unique life stressors and cultural experiences, developers and consumers of psychotherapeutic interventions should make every effort to tailor these interventions to the unique culture of African-American women.

Women & Forgiveness

Miller, Worthington, and McDaniel (2008) found that women are slightly more forgiving than men. However, some research findings on gender differences have been conflicting (Miller

& Worthington, 2015). The authors point out that two meta-analyses that focused on gender differences in forgiveness beget inconsistent results. While Miller and colleagues' meta-analysis found that women were somewhat more forgiving when compared to men, Fehr, Gelfand, and Nag's (2010) meta-analysis found no differences between men and women in terms of forgiveness. The authors suppose that these differences in outcomes may be due to methodological differences between the meta-analyses. Although the difference between men and women on forgiveness is not well-pronounced, there are some hypotheses as to why women may be more forgiving than men.

First, women appear to be biologically and evolutionarily wired to forgive. Taylor and colleagues (2000) argue that, when faced with stress, women will respond by joining and maintaining social groups in order to "reduce vulnerability" and gain access to resources. The authors argue that this "tend-and-befriend" response to stress is an alternative to the "fight-or-flight" stress response and is associated with the "biobehavioral attachment-caregving system" (p. 442). Just as African Americans may forgive more in order to maintain relationships and gain emotional and physical support (Smith & McFarland, 2015), women may forgive more readily for the same reasons. Conflicting research exists, however, that men and women find it equally difficult to forgive. Shackelford, Buss, and Bennett (2002) examined the relationship between gender, forgiveness, and infidelity. The researchers found that men were less likely to forgive their partner's infidelity when the infidelity was sexual in nature while women were less likely to forgive their partner's infidelity when the infidelity was emotional nature. The authors attribute these gender differences in forgiveness to an evolutionary reason: reproduction. Women may find it more difficult to forgive an emotional infidelity because her partner's time and resources are diverted from her and her offspring, which increase the probability that she and her offspring

will not survive. Men may find it more difficult to forgive a sexual infidelity because he risks the chance of committing time and resources to a child that may not be his, which increases the chances that he and his biological children will be devoid of time and resources (Shackelford et al., 2002).

Second, women are more likely to be socialized to be more forgiving. Women are socialized to be more empathic and to place more emphasis on social connections (Exline, Baumeister, Zell, Kraft, & Witvliet, 2008). Empathy is considered to be an essential step in the process of forgiveness because empathy allows the victim to understand why the offender may have committed the offense (Exline & Zell, 2009; Worthington, 2006). Although the general consensus is that women are more understanding and empathic and therefore more forgiving, Toussaint and Webb (2005) found that women were more empathic but no more forgiving than men. Because women appear to be biologically and socially predisposed towards forgiveness, some researchers argue that the effects of forgiveness interventions on women are small (Root & Exline, 2011). Root and Exline (2011) conclude that the small effect of forgiveness interventions on women is likely due to the fact that women had already begun the forgiveness process before the study took place, leaving less room to improve their forgiveness by the time the study began.

To date, there are no empirical studies that examine ethnic differences among women on forgiveness. Given that African Americans are considered to be more forgiving, the speculation is that gender differences on forgiveness among African Americans may be more pronounced than among other groups. Given the unique intersectionality of gender and race, African-American women may grant forgiveness for different reasons than White women or women from other cultures. Researchers in the field of forgiveness should look more carefully at the ethnic

differences in forgiveness that may occur among women in order to examine these possible

gender/ethnicity differences.

CHAPTER III

METHOD

Study Design

This study utilized a single-case design in which participants were observed at multiple data points on a number of dependent variables. Data were collected during a baseline period followed by administration of the treatment and then another set of observations of the dependent variables. Participants were assessed for a period of one month (observed once a week over the course of one month for a total of four data points during Phase 1) before treatment began. Upon completion of this one-month baseline period, participants were administered the C-REACH intervention for a total of eight hours (divided into 2 hour intervals) over the course of 4 weeks. Participants were observed on the dependent variables both immediately before and after treatment (Phase 2). During Phase 3, participants were assessed on the same dependent variables as in Phase 1 and 2 for a total of one month (observed once a week over the course of one month for a total of four data points during Phase 3). Approximately 1 month after observation 10, participants were given the option of participating in a follow up session in which they provided qualitative and quantitative feedback regarding their unforgiveness, depression, and anxiety. This type of design allows for 10 different cases in which each participant acts as her own control. This design is also useful for testing the application of already-established interventions on new populations (Heppner, Kivlighan, & Wampold, 2007). See Table 1 for a visualization of the phases.

Table 1

Week-by-week overview of study activities

Phase 1 (4 Weeks)		
Month 1	Week 1	Questionnaire Set 1
	Week 2	Questionnaire Set 2
	Week 3	Questionnaire Set 3
	Week 4	Questionnaire Set 4
Phase 2 (4 Weeks)		
Month 2	Week 5	Questionnaire Set 5 & 2 Hour Workshop
	Week 6	2 Hour Workshop
	Week 7	2 Hour Workshop
	Week 8	Questionnaire Set 6 & 2 Hour Workshop
Phase 3 (4 Weeks)		
Month 3	Week 9	Questionnaire Set 7
	Week 10	Questionnaire Set 8
	Week 11	Questionnaire Set 9
	Week 12	Questionnaire Set 10
Follow Up (1 Week)		
Month 5	Week 16	Follow Up Questionnaire

Outcome Variables

Forgiveness of a specific offense. C-REACH calls for participants to consider a single, specific offense to use the intervention with. After completing the intervention, participants may cycle through the steps additional times for each offense they would like to forgive. Likewise, participants in this study were asked to recall a single offense that they were having difficulty forgiving to use C-REACH with; therefore, participants were measured on their forgiveness of this specific offense.

Trait forgivingness. Trait forgivingness is conceptualized as a personality trait that endures across situations (Berry, Worthington, O'Conner, Parrott & Wade, 2005; McCullough, Hoyt, & Rachal, 2000). C-REACH purports that participants "become a more forgiving Christian" (Worthington, 2010) because participants learn specific steps to use with difficult offenses. Therefore, it is reasonable to measure trait forgivingness before and after completing the C-REACH intervention to determine if overall disposition towards granting forgiveness increased by participating in the program.

Decisional & emotional forgiveness. Worthington (2003) identifies two types of forgiveness: decisional forgiveness and emotional forgiveness. He asserts that decisional forgiveness is one's conscious decision to *act* in a forgiving manner. When people engage in decisional forgiveness, they make the decision to relinquish their right to act in avoidant and revengeful manners. No emotional change in necessary to grant decisional forgiveness. For example, one may grant decisional forgiveness to their offender but still experience feelings of anger, hurt, and ill-will towards their offender. Emotional forgiveness, on the other hand, requires that individuals' negative emotions towards their offender be replaced with positive emotions. Worthington (2003) purports that the simultaneous experience of positive and negative emotions towards the offender serves to change one's unforgiveness. Eventually, the positive emotions become more frequent and intense and begin to replace negative emotions. So, instead of experiencing negative emotions, like hate, ill-will, and anger, the forgiver begins to feel love, empathy, sympathy, and compassion towards their offender. Worthington (2003) affirms that this emotional replacement is the true definition of forgiveness. The measurement of decisional and emotional forgiveness is important in the context of this study in order to determine if the completion of C-REACH results in more decisional or emotional forgiveness. Will the six steps

to forgiveness compel participants to make the decision to forgive or will an actual change in emotion occur as a result of completion of C-REACH?

Mental Health Outcomes. Research on forgiveness interventions have indicated that these interventions are associated with better mental health outcomes. A recent meta-analysis by Wade, Hoyt, Kidwell, and Worthington (2014) found that forgiveness interventions may indirectly help clients with psychological outcomes other than forgiveness. In their sample of studies, they found that forgiveness interventions resulted in reduced depression and anxiety even though these interventions did not explicitly target mental health symptoms. Similarly, Griffin et al. (2015) propose that forgiveness is a coping mechanism that is related to better mental health outcomes. Given the strong evidence that forgiveness interventions can influence mental health, it is imperative that this evidence is tested in diverse populations to determine if these interventions have the same effect on diverse individuals. Will Christian, African-American women see similar mental health gains after completing C-REACH? Depression and anxiety were assessed both before and after administration of the C-REACH intervention to determine if participants experienced any significant changes in these outcomes over the course of treatment.

Materials

Christian-adapted REACH model of forgiveness (C-REACH). Worthington's (2006) REACH model of forgiveness consists of five steps to forgiveness which include 1) Recall the hurt, 2) Empathize with the offender, 3) Altruism - give the altruistic gift of forgiveness, 4) Commit to forgiveness, and 5) Hold on to (maintain) forgiveness. The intervention is designed to be administered in a group format, which can last 6 to 18 hours depending on the amount of time spent on each step. The REACH model has been adapted to serve Christian participants. C-

REACH involves the same steps as the original REACH model; however, C-REACH encourages group participants to draw on religious imagery, Biblical scriptures, and their faith to help them through the forgiveness process (Worthington, 2010). C-REACH may be more effective than REACH in the context of this study because participants were recruited from church services and identified as Christian. Also, African Americans are considered to be the one of the most spiritual ethnic groups (Pew Research Center, 2009).

Transgression-Related Interpersonal Motivations Scale – 18 items (TRIM-18). The TRIM-18 (McCullough, Root, & Cohen, 2006) is an 18-item self-report measure of forgiveness of a specific offense and was used to determine if participants reached forgiveness of their specified offense. Items are rated using a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree). The original factor structure of the TRIM-18 was comprised to two factors: Avoidance and Revenge, and only contained 12 items. The Avoidance subscale contains 7 items and measures one's tendency to avoid their offender. The Revenge subscale includes 5 items and measures one's motivations to enact revenge on their offender. The original two factor model yielded high internal consistency reliabilities ($\alpha = 0.86$ for Avoidance; $\alpha = .90$ for Revenge) and moderate test-retest reliabilities (McCullough, Rachal, Sandage, Worthington, Brown, & Hight, 1998). McCullough and Hoyt (2002) postulated that, based on one of the definitions of forgiveness, forgiveness not only includes decreased avoidance and revenge motivations but also prosocial motivations like benevolence. Therefore, the Benevolence subscale was added to the TRIM. This Benevolence subscale includes 6 items and measures one's tendency to have attitudes of benevolence and goodwill towards their offender. The Benevolence subscale has a high degree of internal consistency ($\alpha = 0.85$) (McCullough & Hoyt, 2002).

Trait Forgivingness Scale (TFS). The 10-item TFS (Berry et al, 2005) was used to measure the outcome variable of trait forgivingness (Appendix G). Trait forgivingness is thought to be a personality trait that endures across situations (Berry et al., 2005; McCullough, Hoyt, & Rachal, 2000) and is a desired outcome of C-REACH (Worthington, 2010). Responses range from 1 (Strongly disagree) to 5 (Strongly agree). Berry and colleagues (2005) found that the TFS was positively correlated with a number of prosocial constructs like agreeableness, empathic concern, empathic perspective taking, and conscientiousness. The authors also established that the TFS was negatively associated with negative affective traits like trait anger and neuroticism. This attests to the construct validity of the instrument.

Decision to Forgive Scale (DTFS). The DTFS (Davis, Hook, Van Tongeren, DeBalere, Rice, & Worthington, 2015) was used to assess participants' level of decisional forgiveness. The DTFS has a high level of internal consistency reliability ($\alpha = 0.93$) and a 1-week test-retest correlation of 0.68. Davis and colleagues (2015) found that decisional forgiveness predicted forgiveness one week later, illustrating construct validity. The DTFS is comprised of 5 items that are rated on a 5-point Likert scale from 1(Strongly Disagree) to 5 (Strongly Agree).

Emotional Forgiveness Scale (EFS). The EFS (Worthington, Hook, Utsey, Williams, Witvilet, Nir, & Dueck, 2007) is an 8-item, self-report measure of one's emotional forgiveness; that is, the replacement of negative emotions with positive emotions towards the offender (Appendix I). Items are rated on 5-point Likert scale from 1(Strongly Disagree) to 5(Strongly Agree). The EFS is comprised of 2 subscales: Presence of Positive Emotion subscale and Reduction of Negative Emotion subscale. The full scale EFS and its two subscales show evidence of adequate internal consistency ($\alpha = 0.76$ for full scale; $\alpha = 0.85$ for Presence of Positive Emotion subscale; $\alpha = 0.77$ for Reduction of Negative Emotion subscale). The full scale

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EFS and its two subscales also have adequate 3-week temporal stability ranging from 0.63 to 0.81. The EFS also demonstrated construct validity when correlated with similar instruments like the TRIM and TFS.

Beck Anxiety Inventory (BAI). The BAI is a 21-item self-report measure that was used to assess symptoms of anxiety. Items are rated on a 4-point scale (0 – Not at All to 3 – Severely) and scores can range from 0 to 63 with higher scores indicating greater levels of anxiety. This measure has a coefficient alpha rating of .92 and a 1-week test-retest reliability coefficient of .75. The BAI is moderately correlated with other measures of anxiety such as the revised Hamilton Anxiety Rating Scale (Beck, Epstein, Brown & Steer, 1988).

Beck Depression Inventory-II (BDI-II). The BDI was used to measure depressive symptoms. The BDI-II is 21 items and assesses for depressive symptoms that are consistent with the DSM-IV diagnostic criteria for depression (Beck, Steer, & Brown, 1996). Items are rated on a 4-point scale. Scores can range from 0 to 63 with higher scores indicating greater symptoms of depression. The BDI-II has a coefficient alpha rating of .92 for outpatients and .93 for college student samples. The BDI-II is positively correlated with the Hamilton Depression Rating Scale, $r = 0.71$, had a one-week test–retest reliability of $r = 0.93$ and an internal consistency of $\alpha = .91$.

Follow Up Questionnaire. The follow up questionnaire (Appendix K) consisted of the "Single Item Assessment of Two Types of Forgiveness" (Worthington, 2006) as well as three qualitative questions that assess participants' perceptions regarding the impact C-REACH had on their unforgiveness, depression, and anxiety. The Single Item Assessment of Two Types of Forgiveness ask participants to rate their emotional and decisional forgiveness on a scale of 0 to 4, with 0 indicating "No Forgiveness" and 4 indicating "Complete Forgiveness."

Procedures

To participate in the study, the participants had to meet the following inclusion criteria: (a) self-identify as African American, (b) self-identify as a female, (c) self-identify as a Christian or believe in Christian ideology, and (d) be proficient in the English language. Participants also had to be at least 18 years old. These criteria were based on a number of reasons. First, the primary purpose of this study was to determine if C-REACH is compatible with other cultures; therefore, only African Americans were included in this study. Second, this study used an all-female sample. Literature has shown that same-sex therapy groups may be beneficial, especially for women, when it comes to validation, empowerment, and connection (Covington, 2002; Lesser, O'Neill, Burke, Scanlon, Hollis, & Miller, 2004). Third, C-REACH is developed primarily for those who would like to incorporate their religion and spirituality in their forgiveness process. C-REACH uses religious imagery, Biblical scriptures, and prayer to help participants achieve forgiveness. Although C-REACH can be used with those who do not self-identify as Christians, the majority of research done on C-REACH has utilized a sample that identifies with Christianity in some way. Lastly, the workshop was conducted in the English language because (a) C-REACH was developed and validated in the English language and (b) the investigators do not currently possess sufficient proficiency in other languages. As a result, any non-English speaking participants were excluded from the study.

Participants were recruited from local area churches that are comprised of predominantly African-American parishioners. The researcher contacted local African-American churches and spoke with pastors regarding the study. With the pastors' approval and permission, the researcher announced the study during church meetings (i.e. Sunday morning service and/or Bible study, etc.). The researcher also provided a flyer (Appendix M) with pertinent information about the

study and the researcher's contact information. Those who were interested in participating in the study were instructed to contact the researcher via phone or email. When participants contacted the researcher for information, the researcher answered participants' questions and also asked for an e-mail address and phone number to contact the potential participant. During this initial phone contact, the interested participant was given more information about the monetary participation incentive and the stipulations for receiving the incentive (see Appendix L for compensation schedule). Payment of the incentive accrued as the study progressed, and participants were asked to sign the Payment Certification Form (Appendix O) *each time* they received cash. The researcher kept track of payment using the Human Subject Payment Log (Appendix N).

During this time, potential participants were also informed of the observation dates and treatment dates. See Table 1 for the observation schedule and treatment schedule. The study took place at the A&M Christian Counseling Center in Bryan, Texas and lasted approximately 3 months. The study was comprised of multiple phases, which are described below. Participants were unable to move forward to the next phase without completing the previous phase. For example, in order to participate in the treatment and receive compensation for the two observations that occurred during the treatment phase, the participant had to first complete Phase 1 which included 4 observations over the course of 1 month. This also applied to compensation. Participants were paid $30 each time they completed measures (total of 10 observations). They were also paid $30 for completing the follow up session. Overall, participants had the potential to earn up to $330.

Week 1. Week One marks the beginning of Phase 1, during which participants were observed on outcome measures four times over the course of four weeks. During Week One, participants reviewed the informed consent form (Appendix B) with the researcher and signed it.

The researcher ensured the participant understood the risks and benefits of participating in the study and answered participant questions. Upon signing the informed consent form, participants were given a packet containing a participant data sheet (Appendix C) and the outcome measures. They were also asked to answer questions (Appendix D) about the offense they wanted to work on in the C-REACH workshop. Completion of measures took approximately 1 hour. Upon completion of the measures, participants were compensated with $30 in cash. Participants signed the Payment Certification Form and the researcher kept a log of who received cash using the Human Subject Payment Log. All data collected from participants was immediately de-identified with a numerical code. The key for these codes was kept in a separate, password-protected document that only the investigators could access. All data and physical documents (i.e., consent forms, questionnaire forms, etc.) were securely stored and locked in Dr. Charles Ridley's office. Any digitally-stored data or documents related to the study were de-identified and password protected. Before leaving the AMCCC, participants were reminded of the next observation date that took place during Week 2.

Weeks 2, 3, & 4. During Weeks Two through Four, participants met at the AMCCC during arranged days and times to complete the same set of outcome measures. Upon completion of measures, participants were compensated $30 and were asked to sign the Payment Certification Form. During Week Four, participants were reminded of the dates and times of the workshop which began the following week: Week 5

Week 5. Week Five marks the beginning of Phase 2. During Phase 2, participants engaged in the C-REACH forgiveness group for a total of 8 hours over the course of 4 weeks. Participants were given outcome measures 2 times: once immediately preceding the C-REACH intervention and once immediately after the C-REACH intervention. Participants were

compensated $30 for each instance. The group session lasted approximately two hours and covered Sessions 1 and 2 of the C-REACH curriculum. As participants arrived, they were given outcome measures to complete before the beginning of the session. As participants completed the outcome measures, they were compensated $30 and signed the Payment Certification Form. Once the session began, participants were reminded of their rights as research participants and that participation in the C-REACH group is voluntary but any further compensation is contingent upon their completion of the group. Participants and the researcher reviewed the Group Contract (Appendix E) and participants signed the Group Contract with the understanding that they cannot participate in the C-REACH group unless they understand and agree to the terms of the group contract. Once participants signed the Group Contract, the C-REACH curriculum was provided to participants and the session began. A break and snacks were provided halfway through the session. Upon completion of the group session, participants were reminded of the date and time of the next session.

Weeks 6 & 7. Participants arrived at the AMCCC at the specified day and time to continue to the C-REACH group. Week Six included Session 3 and the first half of Session 4. Week Seven included the second half of Session 4 and all of Session 5. A break and snacks were provided halfway through the sessions.

Week 8. Week Eight included all of Session 6. At the end of the session, participants were given names and contact information for local mental health resources should they experience any negative mental health symptoms such as depression and anxiety. Participants also completed outcomes measures and were compensated $30 upon completion of these measures. Session 6 includes a built-in evaluation of the group and the group leader that was completed by all participants. They were reminded of Phase 3 observations. The researcher

contacted the participants before Phase 3 began in order to provide additional information about the dates and times of the next administration of the 7th set of questionnaires.

Week 9. Week Nine marked the beginning of Phase 3. During Phase 3, participants were observed at four instances over the course of four weeks (observed every week for 4 weeks). Participants were not eligible for participation in Phase 3 unless they completed Phase 1 and 2. Each participant arranged a date and time with the researcher to complete the outcome measures. Participants were compensated $30 for their completion of the measures.

Weeks 10, 11, & 12. Weeks 10, 11, and 12 followed the same format as Week Nine. Participants were given an additional copy of the mental health resources that was provided to them during week 8. Participants were also solicited to participate in an optional follow up session in which they answered follow up questions about their experience in C-REACH and their perceived level of forgiveness.

Week 16. Participants who agreed to participate in the follow up session were given a follow up questionnaire (Appendix K) that assessed their perceptions of how C-REACH impacted their unforgiveness, depression, and anxiety. They were also asked to rate their emotional forgiveness and decisional forgiveness. Participants were also required to review an Information Sheet (Appendix J) that explained the purpose of the follow up questionnaire and the participants' rights as a research participant before participating. Participants were given $30 for completing the follow up questionnaire. They were also given an additional copy of the mental health resources that they received in Weeks 8 and 12.

CHAPTER IV

RESULTS

Demographics

Thirteen women enrolled in the study and consented to participate. Six participants were dropped from the study after consenting to participate because they were unable or unwilling to complete all administrations of the C-REACH intervention. All participants were made aware at the outset of the study that in order to continue the study they were required to participate in all of the intervention administrations. Those who were dropped from the study were given resources for mental health providers in the community. A total of seven (n = 7) women completed all 10 observations as well as attended a total of 8 hours of the C-REACH intervention. Mean age of the women was 40.45 with an age range of 26 to 63. All participants self-identified as female, African-American, and Christian. Various Christian denominations were present in the sample with 14% being Pentecostal, 14% Methodist, 29% Non-Denominational, 29% Baptist, and 14% did not specify their denomination. Forty-three percent of the participants were "Never Married" while 28.5% were "Separated" and the remaining 28.5% were "Married." The annual income of participants fell between $21,000 and $51,000 per year. Various educational levels were present in the sample with 42.8% holding a Bachelor's degree, 14.3% an Associate's degree, 14.3% some college education, and 28.6% a high school diploma.

Offenses

At the outset of the study, participants were asked to identify and write about the specific offense they would like to work through in the C-REACH workshop. Participants were instructed to answer questionnaires based on this specified event during each observation. The

majority of participants' offenses (57%) dealt with issues in their romantic relationships (past or present). Additionally, the remaining 43% of participants specified childhood sexual assault, intimate partner violence, and public humiliation as their offenses respectively.

Internal Consistency of Measures in Sample

On average, most measures displayed a high level of internal consistency in this sample. Across the 10 time points, the TRIM-18 Avoidance subscale's alpha ranged between 0.77 and 0.96 with a mean Cronbach's alpha of 0.89. The TRIM-18 Revenge subscale had the lowest average alpha ($\bar{\alpha} = 0.71$) of all the TRIM-18 subscales with alphas ranging from 0.18 to 0.90. Conversely, the TRIM-18 Benevolence subscale had the highest average alpha ($\bar{\alpha} = 0.92$) of all the TRIM-18 subscales with alphas ranging from 0.86 to 0.96. The TFS had one of the lowest average alphas of all the measures ($\bar{\alpha} = 0.78$) across the 10 time points with alphas ranging from 0.69 to 0.87. The DTFS had a mean alpha of 0.97 with alphas ranging between 0.92 and 0.99. Across the 10 observations, the Presence of Positive Emotions subscale of the EFS had an average alpha of 0.91 and alphas ranged from 0.70 to 0.97. The Reduction of Negative Emotions subscale of EFS the lowest average alphas of all the measures with alphas ranging between 0.06 and 0.97 ($\bar{\alpha} = 0.67$). Conversely, the BAI had the highest average alpha ($\bar{\alpha} = 0.98$) of all the measures, as its alphas ranged between 0.95 and 0.99. The BDI had internal reliability estimates that ranged between 0.77 and 0.96 with a mean alpha of 0.93

Individual-Level Analyses

Individual-level data was analyzed via Kendall's Tau analysis (Kendall, 1962). According to Kendall (1962), Tau is a non-parametric rank correlation coefficient based on the homogeneity between two samples. Tarlow (2017) asserts that, while Tau has good statistical power, it has many limitations in the context of single-case design studies. For example, Tau

does not account for baseline trends in data. Tau analyses may not be accurate in such cases where a participant may be progressing or deteriorating during baseline phases because of this. Tarlow (2017) mentions that even though Tau-U has a baseline trend correction, this correction is based on the ratio of the baseline phase length to the experimental phase length. Therefore, Tau-U changes as the number of observations in each phase changes. To address these limitations, Tarlow (2017) combined the Theil-Sen estimator and Kendall's Tau to correct for baseline trend. If a baseline trend exists, a Theil-Sen regression is used to remove it from both the baseline and experimental phases. Then, a Tau analysis yields an effect size based on the homogeneity of both phases (Tarlow, 2017). These calculations are made using a web-based calculator which can be found at http://ktarlow.com/stats/tau/. Participant pre- and posttest data were analyzed using Tarlow's (2017) web-based calculator for Baseline Corrected Tau. Trajectories for each participant on each variable are seen in Figures 1 through 9 at the end of the chapter.

Participant A. Participant A was a 54-year-old, married woman. She identified with the Pentecostal denomination. Participant A's offense included past intimate partner violence and the unwanted dissolution of the relationship. Within the group and during the observations, Participant A was viewed as talkative and would often led the group off-topic. She was observed being off-task at some points during the group. Despite this, it appeared that most group members viewed her contributions to the group as substantial. Participant A saw significant changes in her Avoidance (Tau = -0.732, $p = 0.0.16$), Revenge (Tau = -0.718, $p = 0.020$), and Benevolence (Tau = 0.762, $p = 0.012$) scores. Her trait forgivingness was not significantly impacted by treatment.

A negative Baseline Corrected Tau (Baseline Corrected Tau = -0.701, p = 0.021) was calculated for Participant A's decisional forgiveness; however, Participant A entered treatment with a steady increase in her level of decisional forgiveness (Baseline Trend Tau = 0.949, p = 0.043). This indicates a possible ceiling effect, in that, Participant A's decisional forgiveness was at its highest level upon entering treatment and could not be more positively affected by treatment. Tarlow (2017) notes that larger negative effect sizes, such as this, are seen when the Theil-Sen correction line crosses the ceiling of a measure. Likewise, large positive effect sizes are observed when the Theil-Sen correction line crosses the floor of a scale. In these cases, Tarlow (2017) suggests that effect sizes should be interpreted with caution.

The two domains of emotional forgiveness, Presence of Positive Emotions and Reduction of Negative Emotions, were measured using the EFS. While C-REACH had a significant and positive effect on Participant A's Presence of Positive Emotions subscale scores (Tau = 0.741, p = 0.015, her Reduction of Negative Emotions subscale scores were not significantly impacted by treatment. Likewise, her depression was not significantly impacted by C-REACH. Pre-treatment observations indicated a significant and positive baseline trend (Baseline Trend Tau = 0.949, p = 0.043), with Participant A reaching peak BAI scores at time point 5. To account for this significant baseline trend, a Baseline Corrected Tau was calculated. Participant A's anxiety significantly decreased from baseline to treatment when the baseline trend was accounted for (Baseline Corrected Tau = -0.745, p = 0.012).

Participant B. Participant B was a 54-year-old, separated woman. She identified as Baptist. Participant B's offense was childhood sexual assault perpetrated by a school teacher. As a member of the C-REACH workshop, Participant B was initially closed off to discussing her offense in the group; however, she became more open as the group continued. Participant B

revealed that she had never told anyone about her assault and that the group members were the first people she ever shared her assault with. She expressed vocally that being a part of the group was beneficial to her and that she has been able to confront her childhood sexual assault and the unforgiveness she experienced.

Participant B saw significant treatment gains in all outcome variables except for her Benevolence. Her Avoidance (Tau = -0.791, p = 0.011) and Revenge (Tau = -0.791, p = 0.011) toward the offender significantly decreased from pre-treatment to post-treatment phase. Similarly, her responses to the follow up questionnaire indicate a "release [of] animosity & anger" towards the offender, yet there were no qualitative indicators that suggest Participant B has *replaced* these negative emotions towards the offender with more positive ones. Overall, Participant B appeared to respond particularly well to C-REACH and she indicated in the follow up session that she had been able to implement the C-REACH steps to not only her specified offense but in her everyday life at work and with her family. Likewise, Participant B's Trait Forgivingness was significantly impacted from baseline to treatment phase (Tau = 0.762, p = 0.012). Her scores on the Single Item of Two Types of Forgiveness are indicative of complete emotional and decisional forgiveness. This is consistent with Participant B's treatment gains in Decisional Forgiveness (Tau = 0.833, p = 0.009), Presence of Positive Emotions (Tau = 0.781, p = 0.011), and Reduction of Negative Emotions (Tau = 0.781, p = 0.011). Also, her Anxiety (Tau = -0.781, p = 0.011) and Depression (Tau = -0.781, p = 0.011) significantly decreased after treatment.

Participant C. Participant C was a 32-year-old, separated woman. She did not identify with a specific religious denomination. Participant C specified romantic relationship issues and an unwanted relationship dissolution as her offense. From the outset, Participant C appeared to

have a clear understanding of what forgiveness meant for. Although she experienced unforgiveness, she stated that she depended on God to help her forgive her ex-partner. In the group, she was open and shared meaningful contributions to the group discussion.

C-REACH significantly impacted her Avoidance (Tau = -0.745, p = 0.012), Revenge (Tau = -0.811, p = 0.010), and Reduction of Negative Emotions (Tau = 0.811, p = 0.009). Although her Presence of Positive Emotions and Decisional Forgiveness were not significantly impacted by treatment, Participant C's responses on the Single Item Assessment of Two Types of Forgiveness indicated complete emotional and decisional forgiveness. While her Depression and Anxiety were not significantly impacted from baseline to treatment phases, qualitative data suggests that her anxiety was impacted by the treatment. In the follow up questionnaire, Participant C reported that she feels "more confident" in herself and is now able to "handle anxiety much better."

Participant D. Participant D was a 47-year-old, single woman who identified as Methodist. Participant D's offense dealt with romantic relationship issues with her partner. Participant D was somewhat quiet during group sessions initially; however, as the group continued she became slightly more vocal. Specifically, Participant D worried that she had not forgiven her offender because she still remembers what happened and still feels some pain over it. She brought this up towards the end of the workshop, which prompted the group to have a review of what forgiveness is and is not. Although Participant D was somewhat closed off, her question brought about meaningful dialogue within the group.

Participant D only saw treatment gains in her Trait Forgivingness (Tau = 0.640, p = 0.036), Decisional Forgiveness (Tau = 0.723, p = 0.023), and Depression (Tau = -0.762, p = 0.012). Her measured anxiety significantly decreased during the pre-treatment phase (Baseline

Trend Tau = -1.000, p = 0.027), which led to a possible floor effect (Baseline Corrected Tau = 0.745, p = 0.012). In this case, it is difficult to attribute her low anxiety scores to treatment because of the pre-existing downward trend in the pre-treatment phase.

Participant E. Participant E was a 26-year-old, single woman. She identified as non-denominational and her offense was centered on romantic relationship issues. Participant E was very resistant within the group and did not respond to the group discussions. For example, she was quiet for most of the discussions and most of the comments she did make were centered on her unwillingness to forgive her offender. Despite her resistance to change, she was very open and honest about her offender and the offense and how they were influenced by gender and religion dynamics. Her comments on gender and religious dynamics caused the group to discuss issues with being an African-American woman within the African-American church in the context of forgiveness.

Most of the outcome variables for Participant E were not significantly impacted by treatment, except for her Benevolence (Tau = 0.641, p = 0.043) and Decisional Forgiveness (Tau = 0.770, p = 0.023). She rated her decisional and emotional forgiveness both at a 2 on the Single Item Assessment of Two Types of Forgiveness. Participant E displayed a steady downward trend in her anxiety during pre-treatment phase (Baseline Trend Tau = -0.949, p = 0.043) with her scores bottoming out and creating a floor effect at observation 4. Her depression also saw a significant downward baseline trend (Baseline Trend Tau = -0.949, p = 0.043); however, her average BDI score increased from pre-treatment phase (M = 11) to post-treatment phase (M = 13.6). Her depression score peaked at observation 8, followed by a decline. Both the average pre-test BDI and average post-test BDI scores for Participant E remained within the "Mild Mood Disturbance" clinical range of depression based on the BDI scoring guide, however. Despite this,

she reported a decrease in her depression in her qualitative responses to the follow-up questionnaire. Her responses to the follow up questionnaire suggest that being a part of the workshop helped her "realize [she] wasn't at a healthy place." She credits the workshop for encouraging her to seek "more mental health assistance."

Participant F. Participant F was a 63-year-old, married, non-denominational woman. Her specified offense was public humiliation and an interpersonal offense enacted by a religious leader. Participant F was very soft-spoken during group sessions and was initially slow to share in the group. Towards the end of the workshop, Participant F had a cathartic-like experience during which she openly shared her offense and how it made her feel. After this experience, she became more open within the group.

She saw significant treatment effects in her Avoidance (Tau = -0.772, p = 0.011), Benevolence (Tau = 0.822, p = 0.009), Decisional Forgiveness (Tau = 0.730, p = 0.025), and Reduction of Negative Emotions (Tau = 0.673, p = 0.033). She rated her decisional forgiveness as a 4 (indicating complete forgiveness) and her emotional forgiveness as a 3 on the Single Item Assessment of Two Types of Forgiveness. It is difficult to identify treatment effects for her Trait Forgivingness (Baseline Trend Tau = 0.949, p = 0.043) and Depression (Baseline Trend Tau = -1.000, p = 0.027) because she entered treatment with desirable scores on these outcomes. Baseline Corrected Tau values for these variables suggest possible a floor effect for her Depression and a possible ceiling effect for her Trait Forgivingness, although these tau values were not statistically significant. Her qualitative responses indicate that the workshop decreased her depression and anxiety, however.

Participant G. Participant G was a 52-year-old, single, Baptist woman. Her issues were centered on romantic relationship issues with her partner. The researcher experienced Participant

G initially as closed off. For example, during pre-test observations she was very quiet and her responses to the researcher were terse. Despite this, she became more and more open as the group continued. She contributed meaningful dialogue to the group and her responses were often humorous, making other group members laugh. She was able to share her offense in vague terms while also sharing her thoughts and feelings about the offense and forgiveness.

All outcome variables for Participant G, except for Avoidance, Benevolence and Presence of Positive Emotions, were significantly impacted by treatment. Her Revenge towards the offender significantly decreased from pre-treatment to post-treatment (Tau = -0.772, p = 0.011). Similarly, she experienced significant treatment gains in her Trait Forgivingness (Tau = 0.679, p = 0.027), Decisional Forgiveness (Tau = 0.754, p = 0.012), and Reduction of Negative Emotions (Tau = 0.652, p = 0.044). Her responses to the Single Item Assessment of Two Types of Forgiveness suggest complete decisional and emotional forgiveness. Likewise, she "was able to let go of a lot of hurt." In terms of her depression and anxiety, she reported that she no longer "[feels] sorry for [herself]" and is able to face her offender without "fear." This is reflective of the treatment gains Participant G saw in her Anxiety (Tau = -0.791, p = 0.011) and Depression (Tau = -0.762, p = 0.012).

Group-Level Analysis

Using a weighted random effects model and R statistical software, average Tau effect sizes, 95% confidence intervals, and p values were calculated for each variable (Table 2). Heterogeneity statistics were also calculated for within-variable mean effects to assess if treatment had the same effect on each of the seven participants across the nine variables. The Q statistic indicates the level of heterogeneity among the participants for each variable. A statistically significant Q value indicates that the differences between participants on a specific

variable are not due to chance. Despite this, the Q statistic does not indicate *how* heterogeneous

the participants are within a certain variable; thus, the I^2 statistic is calculated. Smaller I^2 values

indicate less heterogeneity among participants.

Table 2

Within-Variable Random-Effects Weighted Means, Confidence Intervals, and Heterogeneity Statistics (n = 9)

Variable	BC-Tau	95% CI	Q	I^2 (%)
Avoidance	-0.53**	[-0.75, -0.19]	33.24**	81.95
Revenge	-0.59**	[-0.77, -0.28]	30.35**	80.23
Benevolence	0.65**	[0.53, 0.74]	7.03	14.64
Trait Forgivingness	0.38	[-0.01, 0.65]	32.38**	81.47
Decisional Forgiveness	0.57*	[0.09, 0.82]	61.84**	90.30
Emotional Forgiveness (Presence of Positive Emotions)	0.45*	[0.11, 0.68]	27.70**	78.34
Emotional Forgiveness (Reduction of Negative Emotions	0.53**	[0.21, 0.74]	29.75**	79.83
Anxiety	-0.35	[-0.77, 0.33]	96.95**	93.81
Depression	-0.28	[-0.71, 0.35]	80.70**	92.57

*p < .05 **p < .01

Most variables saw significant changes in their hypothesized directions across all 7

participants. For example, avoidance and revenge towards the offender significantly decreased

over time when averaged across all 7 participants. Likewise, benevolence, decisional

forgiveness, and both facets of emotional forgiveness significantly increased when averaged

across all the participants. Inconsistent with the hypothesis that participants would see an

increase in mental health functioning after completing C-REACH, there were no significant

changes in anxiety or depression over time when averaged across all the participants. Similarly,

trait forgivingness did not increase significantly for the group from baseline to treatment phase.

It is also important to note that all variables, except for benevolence, displayed significant Q values and high I^2 percentages, which indicate a high level of heterogeneity. In other terms, it appears that C-REACH affected each participant differently on most outcome variables.
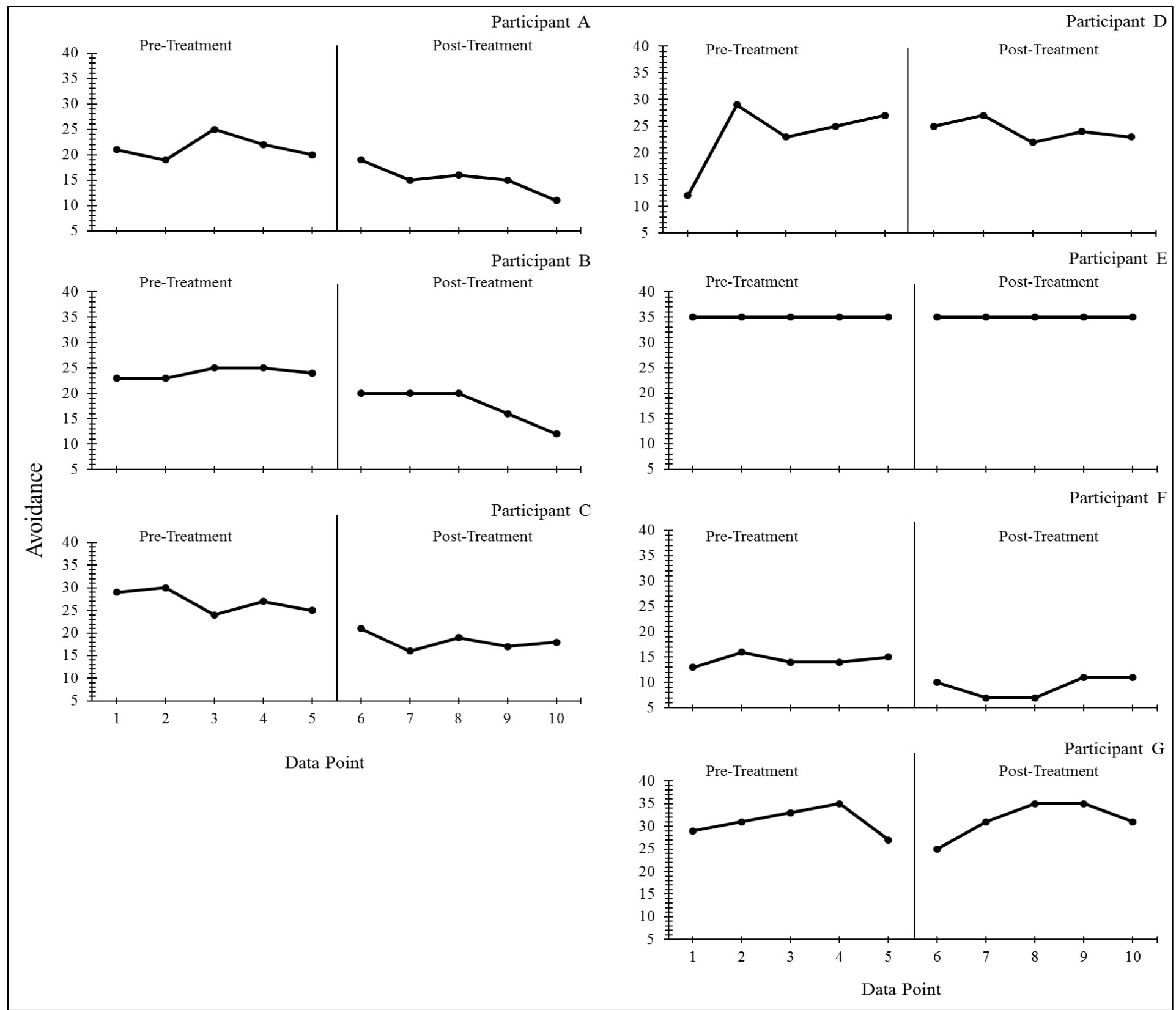
Figure 1. Individual participant trajectories for Avoidance.

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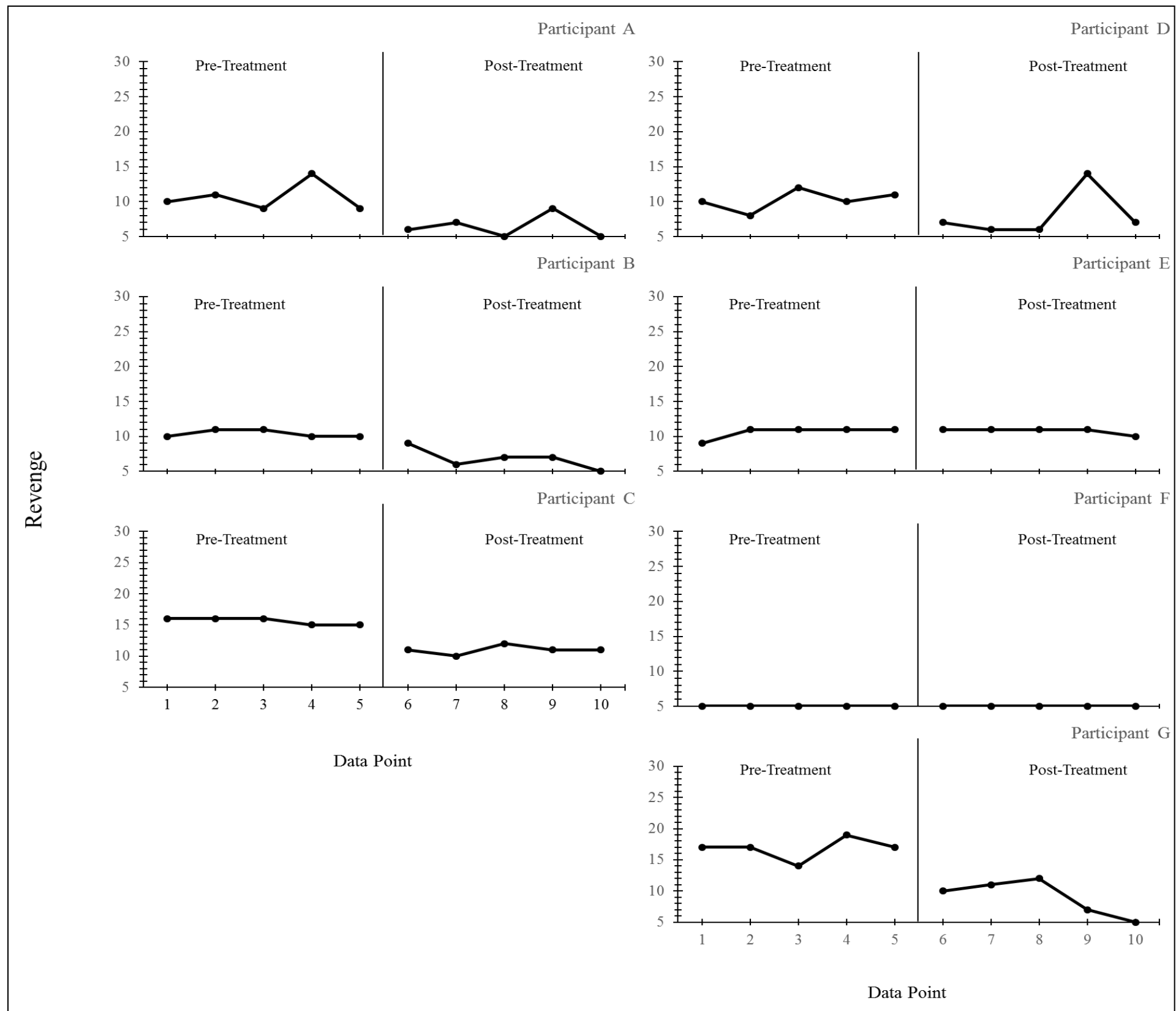
Figure 2. Individual participant trajectories for Revenge.
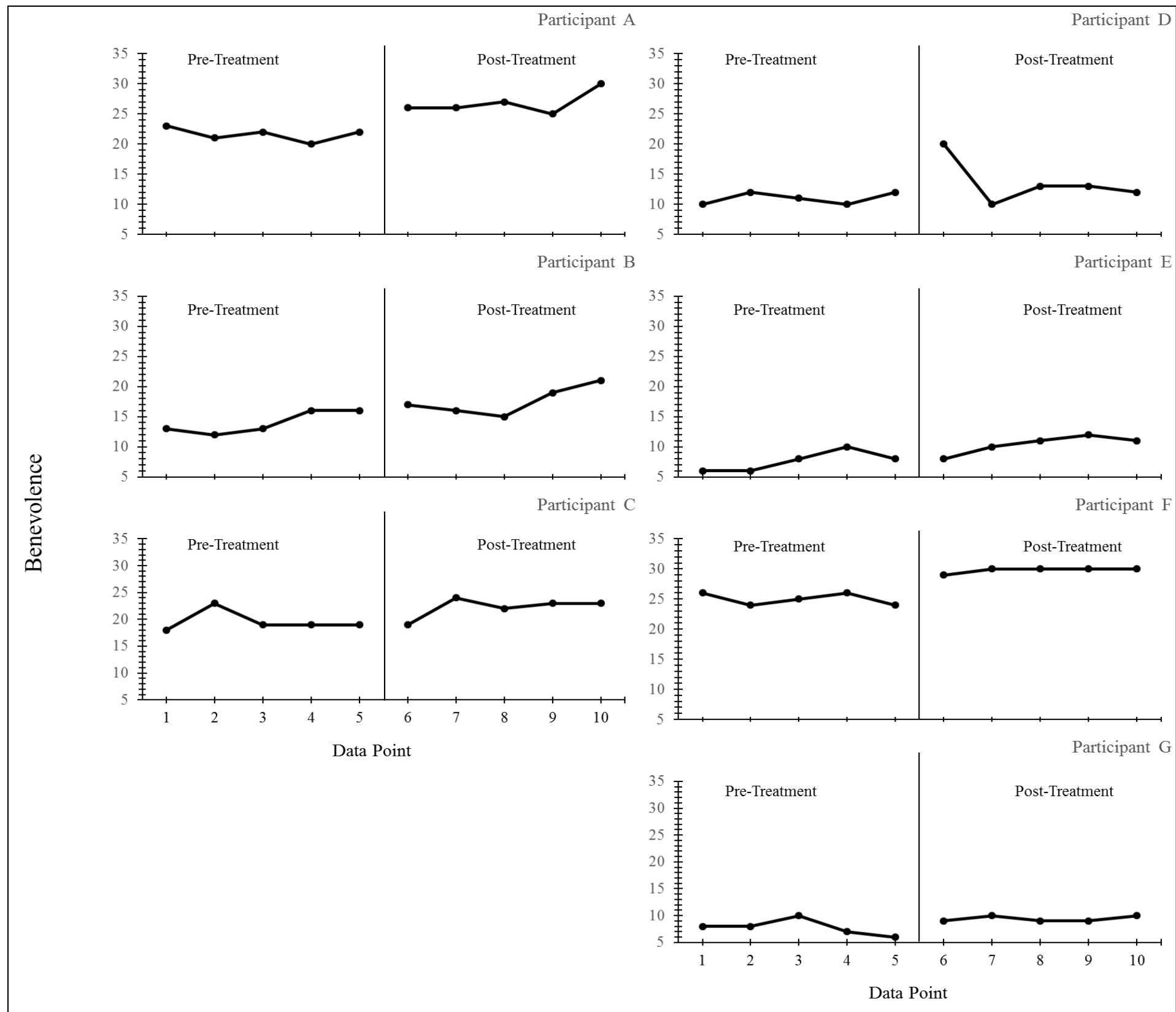
Figure 3. Individual participant trajectories for Benevolence.
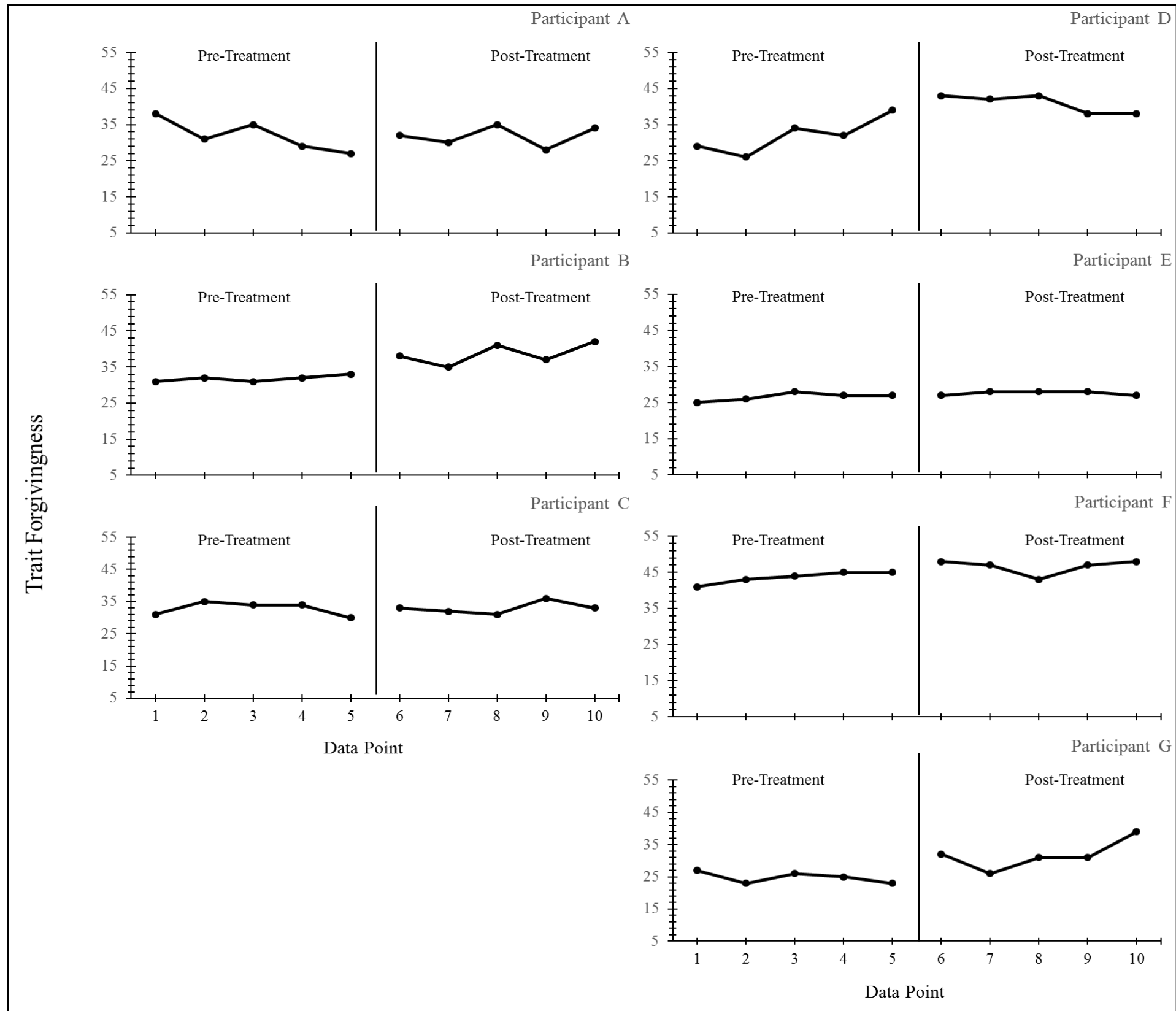
Figure 4. Individual participant trajectories for Trait Forgivingness.

Figure 5. Individual participant trajectories for Decisional Forgiveness.

Figure 6. Individual participant trajectories for Emotional Forgiveness – Presence of Positive Emotions.

Figure 7. Individual participant trajectories for Emotional Forgiveness – Reduction of Negative Emotions.

Figure 8. Individual participant trajectories for Anxiety.
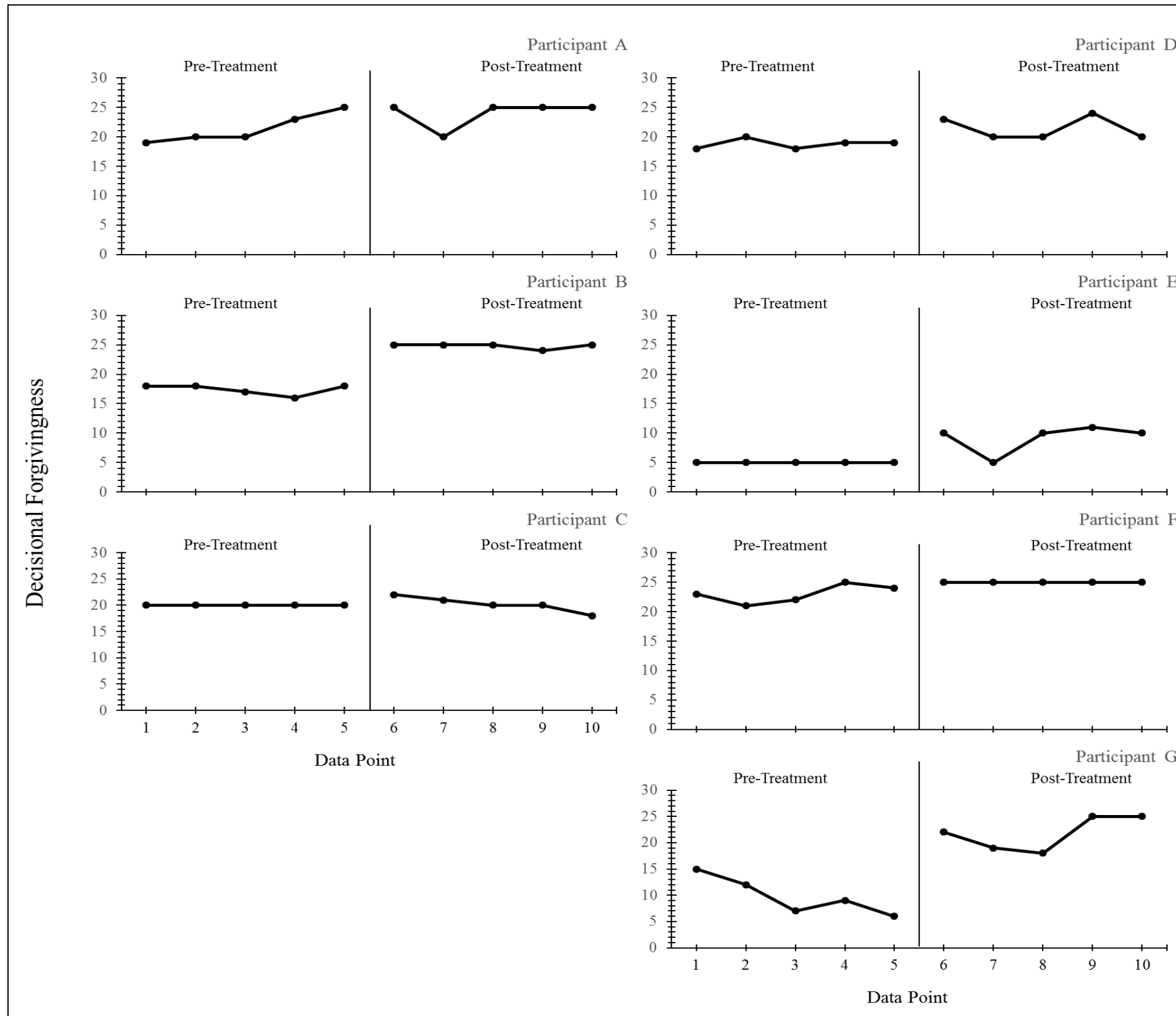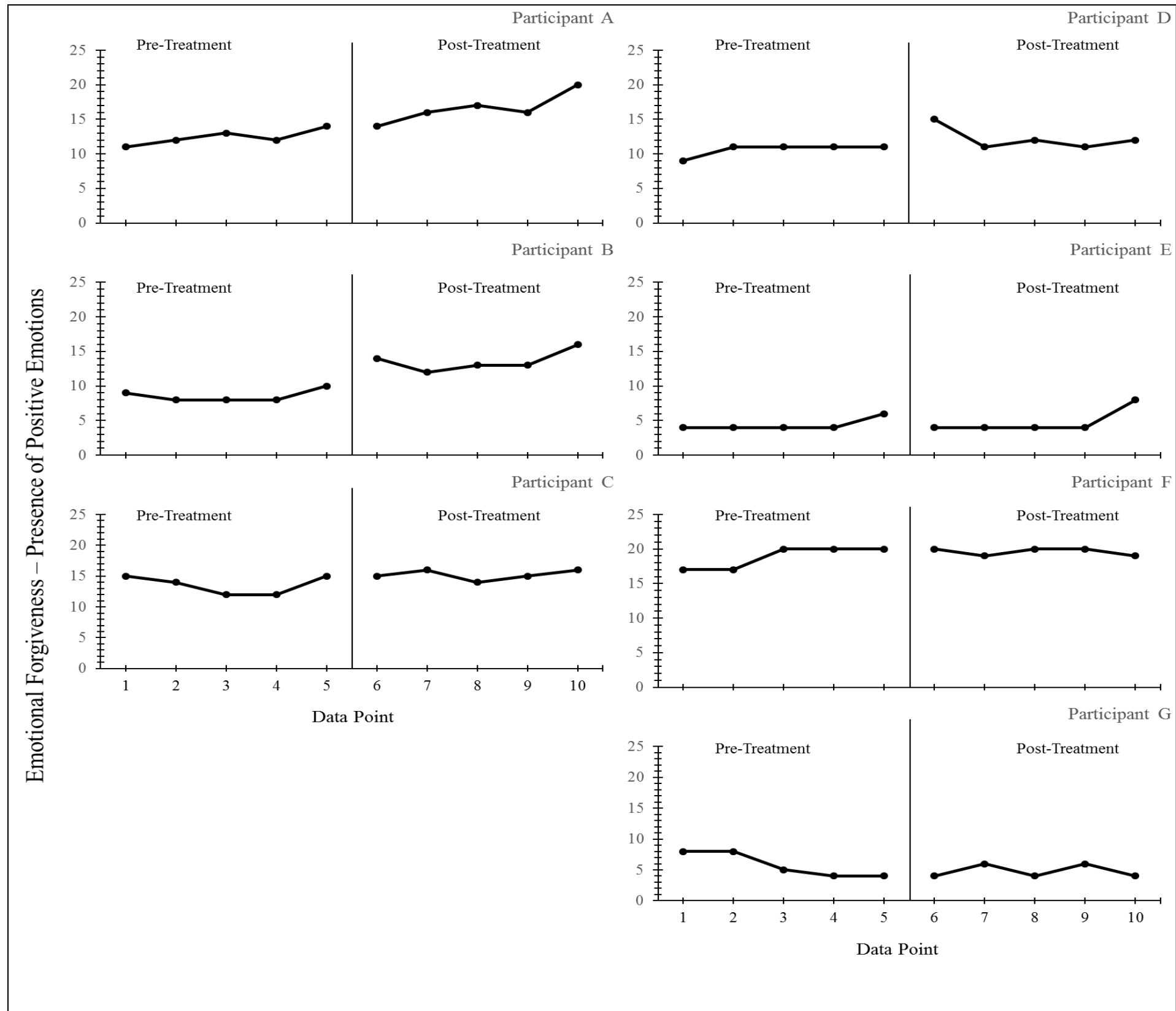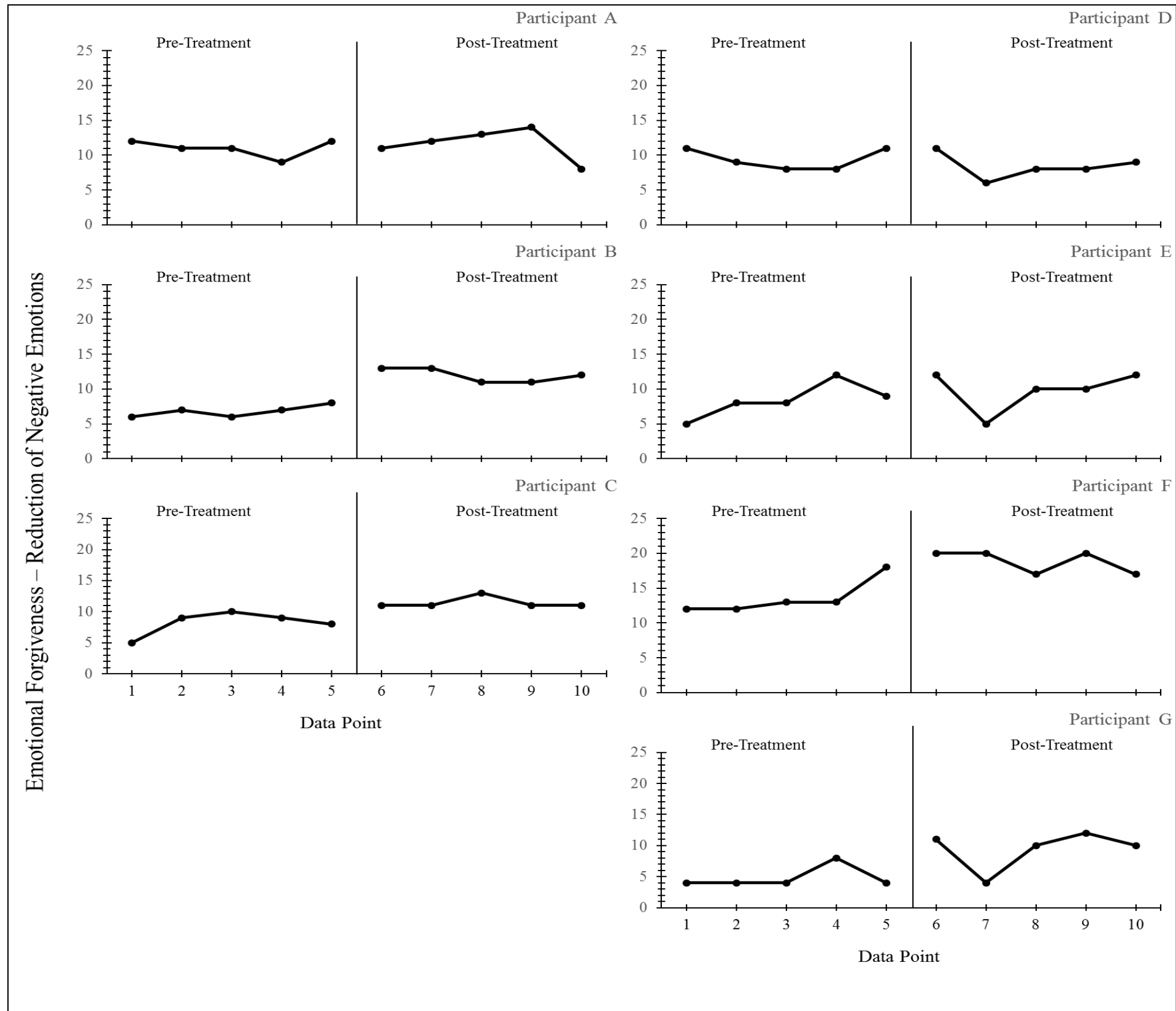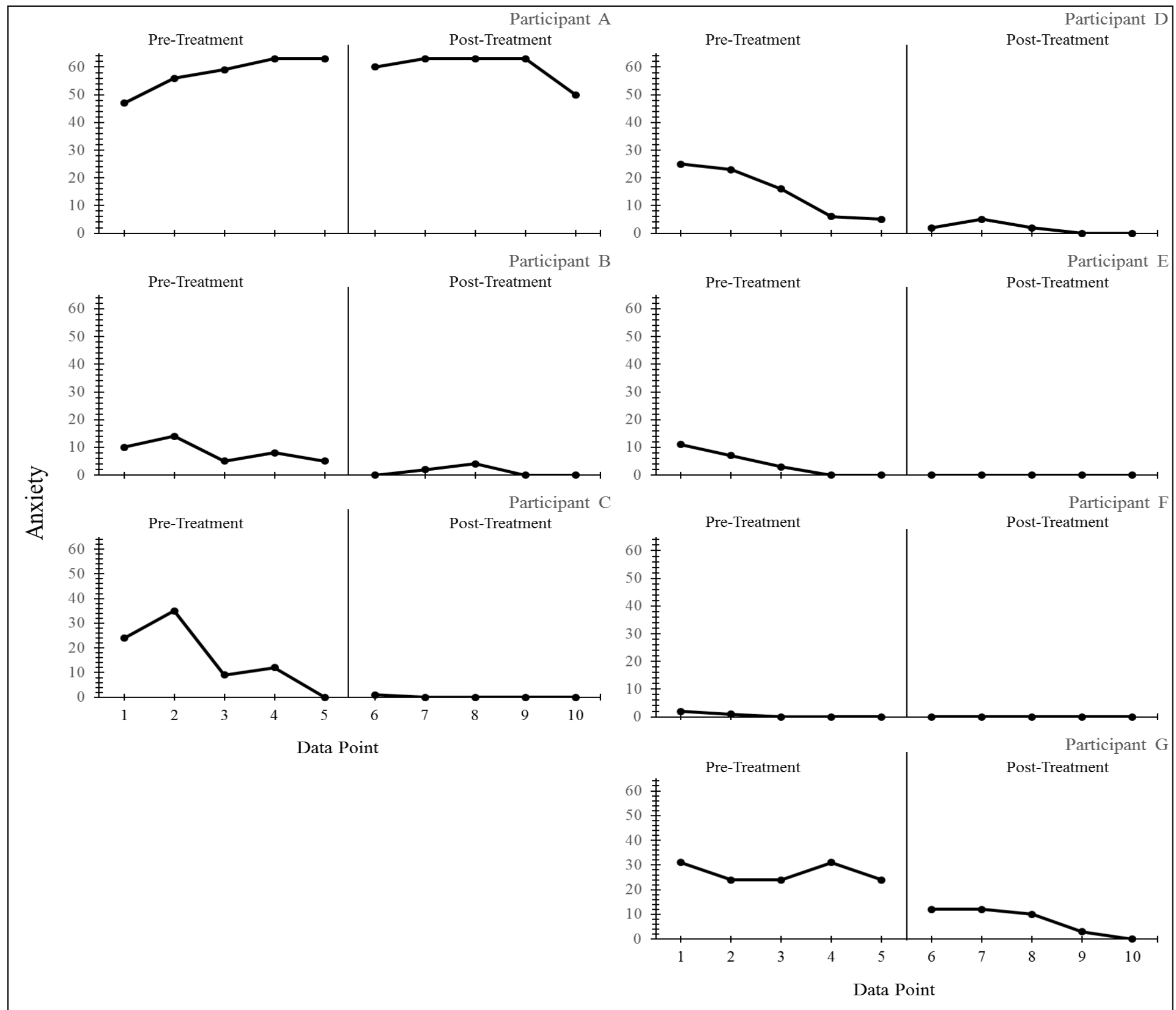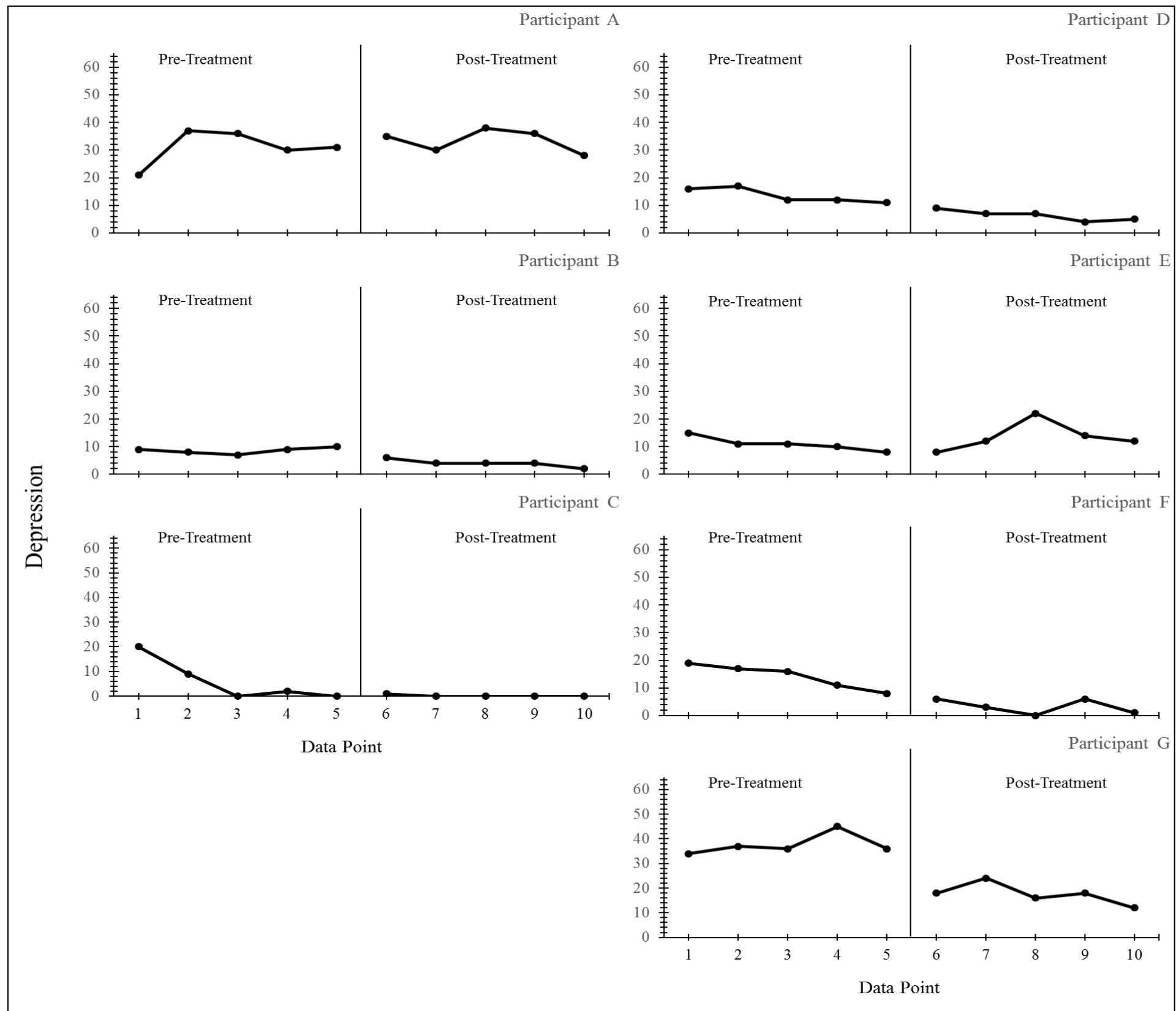
Figure 9. Individual participant trajectories for Depression.

CHAPTER V

DISCUSSION & CONCLUSIONS

The purpose of this study was to examine the efficacy of the Christian-adapted REACH (C-REACH) model of forgiveness with African-American, Christian women. A single case design was utilized to examine variables related to forgiveness and mental health at multiple times in a sample of seven women. This study was an attempt to bring attention to the lack of scientific studies and literature on forgiveness in African-American women. Although the C-REACH and REACH models have been studied extensively, there are no studies that examine the efficacy of these models with African-Americans. Additionally, the findings of this study are intended to guide mental health professionals and clergymen in their approach to forgiveness in this population.

Group results indicate that C-REACH significantly impacted many of the outcome variables except for Trait Forgivingness, Anxiety, and Depression. Individual-level results were reported in order to highlight the unique individual characteristics that may have impacted the effects of C-REACH on individuals' forgiveness and mental health. The individual-level analyses also provide some clinical context to group-level conclusions. Somewhat similar to group-level results, individual-level results suggest that participation in C-REACH significantly impacted *some* facets of forgiveness for most participants; however, C-REACH did not significantly impact mental health outcomes.

While the group-level and individual-level analyses provide differing results across variables and individuals, these differences may be due to sample size. Individual-level analyses yielded a small n of 10 for each individual, which made significant effect sizes difficult to detect. Group-level analyses yielded a larger n of 70 for each variable. This larger sample size allows

treatment effects to be more easily detected. Therefore, the group-level analysis provides more accurate data regarding the treatment effects of C-REACH than individual-level analysis.

Research Findings

   Characteristics of specified offenses. The types of offenses specified by the research participants may speak to the lived experiences of African-American women. At the outset of the study, participants were asked to write about the offense they wanted to forgive during the C-REACH workshop. Four out of the seven participants identified past or present relationship issues as the offense they were currently struggling with. Other offenses dealt with past trauma such as childhood sexual assault and intimate partner violence. Lastly, one participant identified public embarrassment/humiliation at the hands of a trusted person as her offense. While people of all races and genders experience these types of offenses, the set of offenses selected by these participants might provide insight into the struggles of African-American, Christian women.

   For example, Bethea (1995) posits that African-American women face unique challenges in romantic relationships especially if their partners are also African American. The author suggests that African-American women face the challenge of finding "suitable" African-American men that are marriageable due to the economic and societal barriers that these men are more prone to face. The author also recommends that counselors be mindful of grief and loss, communication, and stereotypes when they work with African-American women who are in relationships or seeking relationships. Specific to grief and loss, Bethea (1995) proposes that African-American women are more likely to stay in the dating pool for a longer period of time due to the perceived lack of suitable African-American male partners. While in the dating pool, these women experience multiple relationships over time which also means they may experience multiple relationship dissolutions.

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African-American women are also more susceptible to trauma as evidenced by two participants who identified childhood sexual assault and intimate partner violence as their offenses. While African-American women are the most likely to experience early traumatic stress among African-American and White men and women (Reinert et al., 2015), they may also be susceptible to trauma in other stages of life and in other contexts as well. For instance, Bent-Goodley and Stennis (2015) point out that African-American women have one of the highest victimization rates and that their experiences in the African-American church may exacerbate their experiences with trauma. The authors note that survivors may receive conflicting messages within the Christian church about seeking justice but also being forgiving. Without proper education around forgiveness and the space to process their reactions to trauma, survivors may feel as though they should forgive and continue the relationship with their abuser. Similarly, Participant F identified public humiliation by her African-American, male pastor as her offense. Specifically, Participant F revealed that her pastor told her that she was too outspoken and that she "irked" him. She also noted that her pastor would constantly undermine her efforts in front of other church members. This offense may speak to potential sources of abuse for African-American women. However, not all African-American clergymen have misogynistic attitudes towards women in leadership, but the clergymen who do hold these attitudes may be an additional source of abuse for African-American, Christian women. Barnes (2015) found that pastors of African-American megachurches differed on their level of gender inclusivity. Some pastors believed that women could take on equal leadership roles as men within the African-American church while others preferred for women to take on traditional and complementary roles within the church.

Forgiveness of a specific offense. Group-level results indicate that C-REACH had a significant impact on Avoidance, Revenge, and Benevolence. This suggests that C-REACH was facilitative of forgiveness of a specific offense. It is important to note that Avoidance and Revenge had significant Q values which suggests that the effects of C-REACH on Avoidance and Revenge differed among participants. Likewise, these variables also displayed a high percentage of heterogeneity as evidenced by their I-squared percentages. Conversely, C-REACH appeared to have similar effects on Benevolence for this group of participants, as illustrated by an insignificant Q value and low I-squared percentage of heterogeneity. This is consistent with individual-level analyses which show a wide range of effect sizes for both Avoidance and Revenge but a tighter range of effect sizes for Benevolence.

These findings are comparable to previous empirical studies of C-REACH. Lampton et al. (2005) found that participants who completed C-REACH experienced a decrease in Avoidance and Revenge, while Stratton et al. (2008) found participants in C-REACH to see an increase in forgiving conciliatory motivations. Likewise, Worthington and colleagues (2010) saw a significant decrease in unforgiving motivations for the combined sample of participants that engaged in C-REACH. The current study differs from past C-REACH studies in that the TRIM-18 was used to assess forgiveness of a specific offense while other studies used previous versions of the TRIM that did not include the Benevolence scale.

It is also important to note that the six items that measure Benevolence on the TRIM-18 appear to mostly emphasize restoration of the relationship with the offender as well as other benevolent factors like empathy and compassion. For example, items 6, 8, 12, and 16 of the TRIM-18 mention a desire to let go of negative emotions and thoughts but also mention a desire to "move forward with," "have," "resume," and "restore" the relationship with the offender. As

previously mentioned, participants were taught through C-REACH that reconciliation is not a requirement for forgiveness to occur. Therefore, it is not clear if it is appropriate to gauge participants' forgiveness of their specified offense based on Benevolence scores.

Trait forgivingness. C-REACH did not significantly increase trait forgivingness for this group of participants, as shown by group-level results. This finding is inconsistent with the aim of C-REACH to foster trait forgivingness among participants. The curriculum suggests that participants see a change in their trait forgivingness as they work the model on other offenses. One explanation could be related to the timing of data collection since forgiveness is a process, and trait forgivingness is a deeply rooted aspect of character. It seems that participants had not yet had the chance to work the C-REACH model on other offenses that have happened in their lives since participants were only measured for a brief period of time. Therefore, participants could potentially see a significant increase in their trait forgivingness over a longer period of time once they have had the opportunity to utilize the model on a number of offenses. It should also be noted that those participants who saw significant increases in their trait forgivingness were older in age (47+ years old). Krause (2012) points out that forgiveness among older adults is important because as adults become older they tend to reflect on unresolved conflicts. This reflection in later life may lead to efforts to forgive others for long-lasting offenses. C-REACH may have significantly impacted trait forgivingness in older participants for this reason.

Decisional & emotional forgiveness. This study appears to be the first to explicitly examine the effects of C-REACH on decisional forgiveness and both facets of emotional forgiveness. Group-level results indicate that C-REACH had a positive and significant impact on decisional forgiveness and *both* facets of emotional forgiveness for this group of participants. Within the C-REACH curriculum, Worthington (2010) states that decisional forgiveness is

something that Christians are "obligated to do" and that emotional forgiveness "usually takes a while and is difficult to do" (Worthington, 2010, p. 26). Fitzgibbons (1986) shares a similar view in that he conceptualizes decisional forgiveness as an "intellectual exercise in which the patient makes a decision to forgive" (p. 629). He asserts that clients may not *feel* like they truly want to forgive their offender when they grant decisional forgiveness and that emotional forgiveness is only achieved after "a significant amount of time and energy spent in intellectual forgiveness" (p. 629).

Worthington, Kurusu, Collins, Ripley, and Baier (2000) found that forgiveness interventions must spend a significant amount of time fostering empathy towards the offender in order to promote forgiveness. The authors found that when participants were exposed to only two hours of an empathy-based forgiveness intervention they achieved forgiveness; however, their unforgiveness (i.e., revenge and avoidance motivations) was not significantly reduced when compared to a control group. It is important to note that Worthington and colleagues (2000) conceptualized forgiveness and unforgiveness as separate constructs, and they utilized composite scores from the Forgiveness Single Item (McCullough, Worthington, & Rachal, 1997) and the TRIM (McCullough et al., 1998), whereas the current study only examined forgiveness using subscale scores from various measures (i.e., TRIM-18, EFS, DTFS). Similarly, the current study exposed participants to eight hours of C-REACH (which can be classified as an empathy-based forgiveness intervention) and saw significant improvements in both decisional and emotional forgiveness. This group of participants were able to make a decision to forgive and also replaced their negative thoughts and feelings towards the offender with more positive ones. The current study supports both Fitzgibbons' (1986) and Worthington and colleagues' (2000) assertions that

time spent engaging in interventions that foster both decisional forgiveness and empathy-based forgiveness are necessary for significant change to occur.

Overall, results from the current study and other scientific literature (Wade et al., 2014; Worthington et al., 2000) support the notion that forgiveness is a process that includes making a choice to grant forgiveness and replacing negative thoughts and feelings towards the offender with more positive thoughts and feelings. For example, Wade and colleagues (2014) differentiate between process-based forgiveness interventions and decision-based forgiveness interventions. Process-based forgiveness interventions conceptualize forgiveness as "a process that unfolds over time through a series of developmental steps" (p. 155). Process-based forgiveness interventions usually last longer and are more effective than decision-based forgiveness interventions, which conceptualize forgiveness as "a conscious choice made by the person who was injured" (p. 155). Similarly, Worthington and colleagues (2000) indicate that forgiveness interventions involve "a series of activities" that promote forgiveness. Given that one must take multiple steps towards forgiveness and must spend considerable time working towards forgiveness, it seems that forgiveness after an offense is not automatic or instantaneous.

Depression & anxiety. C-REACH did not impact most participants' depression or anxiety. This finding was consistent across both group-level and individual-level analyses. It appears that the majority of participants entered treatment with low depression and anxiety. For instance, most participants had an average pre-treatment BAI score that fell within the Minimal to Mild Anxiety level. Likewise, most participants' average pre-treatment BDI scores fell within the Normal to Mild Mood Disturbance categories. This finding is contrary to other scientific literature that suggest African-American women are at a greater risk of developing depression and anxiety (CDC, 2010; Keita, 2007; Watson & Hunter, 2015). Treatment effects for depression

and anxiety may not have been readily identifiable given that (a) participants had low to mild scores on depression and anxiety when entering treatment and (b) the sample was small. Overall, the degree of change available within this sample was limited.

It is important to note that even though most participants entered treatment with low levels of depression and anxiety, some of them experienced floor effects in their depression and anxiety scores after treatment. As discussed in chapter 2, these findings appear to contradict Watson and Hunter's (2015) findings that African-American women who subscribe to the Strong Black Woman (SBW) race-gender schema usually experience poorer mental health outcomes. The women explicitly talked about their personal subscriptions to the SBW race-gender schema during the workshop. They specifically mentioned how this race-gender schema is encouraged within the African-American church. Some of them expressed anger and discouragement in the African-American church because of its lack of focus on mental health. In this case, experiences in the African-American church may have led to subscription to the SBW race-gender schema. However, the participants' religion/spirituality may partially explain their low depression and anxiety scores during pre-treatment and post-treatment phases. Scientific literature indicates that religion and spirituality are positively correlated with mental health outcomes (Bergin et al., 1996; Soenke et al., 2013; Wade, 2010). For example, in a sample of African-American women, spirituality and prayer were found to be usual coping mechanisms in response to daily conflicts and stressors (Everett, Hall, & Hamilton-Mason, 2010). Likewise, spirituality was negatively associated with psychological distress (i.e., depression, anxiety, and stress) in a sample of pregnant African-American women (Dailey & Stewart, 2007).

Overall, the decrease in depression and anxiety among participants from pre-treatment to post-treatment, although not statistically significant, are consistent with Wade and colleagues'

(2014) finding that forgiveness interventions may indirectly affect variables like depression and anxiety even though these interventions do not directly target mental health outcomes. The authors note that there were very few studies in their meta-analysis that directly examined depression and anxiety. Similarly, Griffin et al. (2015) examined 27 empirical studies on forgiveness that supported their proposition that forgiveness is a coping strategy that leads to improved mental health outcomes, such as decreased depression, anxiety, and stress. Their findings spanned a wide age range from undergraduate students to 66+ year old adults. The findings of the current study may add evidence to further the findings from Griffin et al. (2015) and Wade and colleagues (2014) about the effect of forgiveness interventions on mental health outcomes. Evidence from the current study also provides novel information about the effects of C-REACH on mental health outcomes, as this is the first study know to the author to examine such effects.

Interpretation of Findings

The purpose of this study was to determine the effects of C-REACH on African-American, Christian women's forgiveness and mental health. Findings indicate that the intervention was a source of effect for decreasing negative motivations towards the offender and increasing both positive motivations as well as emotional and decisional forgiveness towards the offender. The eight hours of C-REACH administered to participants was facilitative of growth towards forgiveness of a specific offense. However, the intervention did not significantly impact participants' trait forgivingness or their depression and anxiety. These findings suggest that becoming a more forgiving person is more of a process that takes a significant amount of time and practice. Findings also indicate that the C-REACH intervention may not be potent enough to

impact trait forgivingness among African-American, Christian women given their unique lived experiences.

Prochaska and Norcross (2013) conceptualize processes as the "covert or overt activities" that one engages in order to see desired changes in "emotion, thinking, behavior, or relationships" (p. 9). By definition, the process of change appears to require some time in order to complete the specific activities required for desired change. The authors also note that individuals may cycle through various stages in the process of change. If these characteristics of processes are superimposed on C-REACH, we find that forgiveness as a trait is a process that involves progression through specific stages which call for the completion of specific activities or tasks over the course of time. As with any stage theory, as individuals work through each stage of C-REACH, they engage in "characteristic patterns of behavior" (p. 333) and develop new capabilities and skills (Weiten, 2014). For example, after completing the REACH model it is expected that participants will gain the knowledge and skills needed to work through an interpersonal offense and then repeatedly apply this knowledge and skills to other offenses they experience. It is through this application of the model to various hurts that one obtains a more "forgiving character" in which they "resolve new hurts quickly and thoroughly" (Worthington, 2010, p. 3). This speaks to the gradual changes that one may see in the deeply rooted character trait of forgiveness over time and experience. Due to the brevity of this intervention, it is possible that most participants did not have the time to process more than one offense with the C-REACH model, resulting in unchanged trait forgivingness. Worthington and colleagues (2010) support the notion that trait forgivingness is rarely measured in empirical studies and when it is measured there have not been significant changes due to the short nature of the intervention. This speaks to the importance of time and practice in the process of becoming a more forgiving person. For

example, Participant B saw significant changes in her trait forgivingness and during the follow-up session she disclosed that she had applied the model to "daily obstacles" across several different domains in her life including her job and within her church.

An alternative interpretation of these findings is that C-REACH, in its pure form, may not be potent enough to significantly impact trait forgivingness among African-American Christian women. Previous C-REACH studies have shown unchanged scores in trait forgiveness (Lampton et al., 2005). However, Worthington and colleagues' (2010) examination of C-REACH with Filipino couples showed significant changes in trait forgivingness. It is possible that these changes can be partially attributed to the cultural adaptation of the C-REACH intervention for this specific population. For instance, Worthington et al. (2010) adapted the C-REACH intervention to incorporate Filipino concepts related to forgiveness such as *utang na loo, kapatawaran,* and *pagpapatawad.*

This approach suggests a possible modification of C-REACH when it is used with Christian, African-American women. Adaptation models of cultural competence have gained considerable traction (Huey, Tilley, Jones, & Smith, 2014). According to these authors, they "involve systematic modifications to service delivery, therapeutic process, or treatment components to make interventions more congruent with a client's cultural beliefs, attitudes, or behaviors" (p. 308). This specific population of Christian, African-American women differs from other samples of C-REACH studies given their demographics and unique struggles that occur at the intersection of race and gender, such as racism, discrimination, sexism, and prejudice. As previously mentioned, the women in this sample experienced unique stressors related to romantic relationships, trauma, and interpersonal struggles. C-REACH, in its purest form, does not specifically address different types of offenses but it may be worthwhile to adapt the intervention

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to address such offenses when tailoring it to use with Christian, African-American women given the success of cultural adaptation of C-REACH in Worthington and colleagues' (2010) C-REACH study.

Findings of the current study also suggest that these women reacted differently to C-REACH curriculum, as evidenced by heterogeneity statistics in the group level analysis. It is unknown what factors account for the variability among forgiveness scores among these women. This indicates that not all African-American, Christian women will respond to C-REACH in a similar manner. This calls for in-depth examination of the differences among African-American, Christian women and how these differences impact forgiveness. One example of these within-group differences is seen among the responses of parishioners of the Emanuel A.M.E. Church in Charleston, S.C. On June 27th, 2015, Dylann Roof entered Emanuel A.M.E. Church and executed nine church members during a prayer service. One year after the attack, Schwirtz and Dixon (2016) interviewed survivors of the attack and relatives of those killed. Survivors differed in their forgiveness journey, as some expressed that they had not reached forgiveness while others indicated that they have forgiven the offender. One survivor, a clergy member and survivor of one of the deceased, noted that forgiveness is a journey and that even as a clergy member she had not yet reached forgiveness but understands that God "gives everybody an opportunity to reach that path of forgiveness" (p. A15). Although survivors experienced the same offense and came from similar cultural and ethnic backgrounds, they differed in their stages of forgiveness.

Some scientific literature supports the notion that forgiveness varies by culture, but there is no literature that looks specifically at forgiveness among African-American, Christian women. Neither is there any research that examines individual differences among this ethnic group. McCullough and Worthington (1994) suggest that process models of forgiveness, like C-

REACH, may be more effective if they examine individual differences within the forgiveness process. Specifically, they call for the examination of specific emotional states that occur within and between each stage. The authors also suggest that clinicians can play a vital role when individuals become fixated or delayed within a stage.

In terms of mental health, many participants entered treatment with low levels of depression and anxiety. The ability to see a decrease in depression and anxiety was diminished because participants had already scored low on these variables during the pre-treatment phase. Likewise, the small sample size decreased the ability to detect significant treatment effects. Perhaps significant changes in these variables could have been identified if (a) participants entered treatment with higher scores on depression and anxiety measures and (b) the sample size was larger.

Implications for Therapy & Future Research

Implications for therapy. The findings of the current study illustrate the complexity of forgiveness. It is difficult to know exactly what reaching forgiveness looks and feels like, as many times individuals cycle through the process of forgiving before they feel as though they have achieved forgiveness of a specific offense (Freedman & Zarifkar, 2016; Worthington, 1998). Similarly, forgiveness is complex in that there are various types of forgiveness including decisional, emotional, and trait forgivingness. This suggests that individuals can vary on the outcome of forgiveness depending on the amount of time and effort they have spent engaging in the process of achieving each type of forgiveness. Also, one may have achieved a specific type of forgiveness previously but may have to recycle through the stages multiple times before feeling as though they have truly achieved a specific type of forgiveness. This complexity may likely contribute to the various definitions of forgiveness in the scientific literature.

Given this complexity, therapists may struggle to help clients in their forgiveness journey. How will the client and therapist know when forgiveness has truly been achieved and should this achievement be the focal outcome of treatment? Rather, it seems that the process of moving towards forgiveness is a more obtainable goal, especially when working with African-American, Christian women on trait forgivingness. As a primary recommendation, therapists should avoid conforming to a rigid definition of forgiveness, neither should therapists see the forgiveness process as a linear one. Such conceptualizations of forgiveness could lead to frustration and dissatisfaction with the progress of counseling as these ideals about forgiveness are unrealistic.

Given that forgiveness is a process, therapists should take care to spend a substantial amount of time working on both decisional forgiveness and emotional forgiveness. As previously stated, Fitzgibbons (1986) suggests that a considerable amount of time be spent working on decisional forgiveness before moving on to emotional forgiveness. Likewise, emotional forgiveness is only achieved when a significant amount of time has been focused on fostering empathy and compassion towards the offender (Worthington et al., 2000). Likewise, Worthington and colleagues (2010) assert that it may take significant time for trait forgivingness to be affected by C-REACH but that changes in dispositional forgiveness should continue to be a focal therapeutic goal. Even though this may seem like a simple process, clinicians should remain aware that clients may need to cycle through one or both steps more than once before decisional forgiveness, emotional forgiveness, an or trait forgivingness is achieved.

Lastly, therapists should be aware that there is no one-size-fits-all treatment approach to forgiveness. Clearly, this maxim applies to African-American, Christian women. Forgiveness, in and of itself, is complex, and the complexity increases when the facets of race, gender, and

religion/spirituality are considered. Even within this sample of African-American, Christian women, C-REACH appeared to work differently within the sample, as evidenced by heterogeneity statistics in the group-level analysis. As such, therapists should spend time learning about their client's unique identities and the unique struggles that they face. For example, African-American, Christian female clients may experience racism and sexism but these experiences may be either relieved or further exacerbated based on their religion/spirituality and participation in the African-American church. Therapists should examine what the client's church teaches about forgiveness and the therapist and client may need to consolidate the client's conceptualization of forgiveness given the scientific definition(s) of forgiveness and religious teachings about forgiveness. Clinicians should also be open to adapting the C-REACH intervention to incorporate the values and experiences unique to their Christian, African-American female clients in order to facilitate therapeutic change in their forgiveness of others and in their overall disposition towards forgiveness.

Implications for future research. Group-level analyses indicated that C-REACH affected each participant differently. There was a large amount of variance among participants on each variable except for Benevolence. What accounted for these large amounts of variance on each variable? A mediator analysis may be helpful in determining *how* C-REACH impacts outcome variables that relate to forgiveness and mental health. One possible mediator could be an individual's cultural orientation. Hook and colleagues (2009) found that individuals with a collectivistic cultural orientation may be more likely to engage in collectivistic forgiveness, a form of decisional forgiveness, to maintain social relationships and social harmony. Treatment effects may also be influenced by African-American women's subscription to the SBW race-gender schema. Although participants in this study discussed their personal beliefs about the

SBW race-gender schema, there was no standardized assessment of the women's level of endorsement of this schema. It may also be important to determine if religion/spirituality positively or negatively affects one's endorsement of the SBW race-gender schema and how this may impact one's level of forgiveness and mental health. From a religious standpoint, denominational differences may also be examined. Perhaps different denominations (i.e., AME, CME, COGIC, Baptist, etc.) within the African-American church teach about forgiveness differently.

Lastly, it is difficult to generalize the effects of C-REACH on this sample to other African-American, Christian women given the small sample size and methodology of the study. Overall, this study provided evidence of acceptability, implementation, practicality, and expansion of C-REACH with African-American, Christian women. Although not originally intended to examine feasibility, it appears that this study addressed four of the eight areas that Bowen and colleagues (2009) suggest be examined in feasibility studies. Future research should focus on determining the efficacy of C-REACH with a larger sample of African-American, Christian women, preferably in the form of a randomized clinical trial. This would ensure that results could appropriately be generalized to other African-American, Christian women.

It may also be beneficial to determine if C-REACH can be effective with Christian, African-American women if the intervention is culturally adapted to include topics related to the unique lived experiences of this population including but not limited to issues of racism, discrimination, sexism, prejudice, trauma, and romantic relationships. Consistent with Huey and colleagues' (2014) suggestions, C-REACH can be adapted in a number of ways to address the issues and experiences pertinent to African-American, Christian women. These include the use of cultural adaptation, skills-based, and/or process-oriented models of cultural competence that

can be applied to C-REACH curriculum. Cultural adaptation would involve making changes to the C-REACH curriculum in order to make C-REACH more congruent with participants' cultures and values. Applying a skills-based model of cultural competence to C-REACH requires the facilitator to possess cultural self-awareness and knowledge of participants' cultures. Skills-based models also prompt clinicians to use their cultural knowledge and cultural self-awareness to attend to the cultural factors of participants as they arise over the course of the treatment. Process-oriented models of cultural adaptation place more emphasis on facilitator-participant interactions and the cultural meaning behind those interactions. In the context of C-REACH, it would also be important to consider how the participants' cultures impact their perspective of the C-REACH curriculum and the treatment goals associated with the curriculum.

Limitations

Methodology. Noted previously, this study contained a small sample size (n = 7) which limited the ability to make causal statements about the effects of C-REACH on the different types of forgiveness and depression and anxiety. Results are applicable to the seven African-American, Christian women in the sample; however, it is difficult to generalize these results to the entire population of African-American, Christian women. With such a small sample size, it was also difficult to examine within-group differences. For example, factors like religious denomination and age could have possibly mediated the relationship between C-REACH and outcome variables but this was not able to be examined due to the small sample size. Likewise, other possible mediators, like cultural orientation and participation in the SBW race-gender schema, were also unable to be examined within this small sample.

Another limitation appears to be the use of the TRIM-18 as an indicator of Benevolence. Noted previously, Benevolence items on the TRIM-18 seem to focus on increasing positive

emotions *and* restoring the relationship with the offender. Conversely, C-REACH curriculum teaches that one does not have to restore their relationship with the offender for forgiveness to occur.

Implementation. Participants in this study were exposed to eight hours of C-REACH, which is the minimum amount of time recommended for this intervention. In a meta-analysis, Wade et al. (2005) found that for each hour spent using an empathy-based forgiveness intervention one should see a 0.1 standard deviation increase in effect size (as cited in Sandage & Worthington, 2010, p. 37). For this reason, it is suggested that forgiveness interventions should last for at least six hours (Sandage & Worthington, 2010; Wade et al., 2005). Given this, the current study might have seen stronger treatment effects for more variables (specifically trait forgivingness) had the intervention been implemented for a longer amount of time. This did not appear to be feasible to do with the current sample, as many of the participants did have the time due to full-time jobs and/or children/grandchildren to take care of.

Lastly, participants were from the same small town and some of them even went to the same church. This may have caused some of the participants to be cautious about what they shared within the group, even though the importance of confidentiality was established. For example, Participant F, who was offended by her pastor, and Participant C are members of the same church. At one point, Participant F shared with the group facilitator in private that she felt hesitant to share the offense about her pastor for fear that it would give Participant C a negative perception of the church and the pastor, especially since Participant C was new to the congregation. Such an example speaks to the dilemma of group counseling interventions in close-knit communities.

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APPENDIX A

C-REACH LEADER & PARTICIPANT MANUALS*

Please visit http://www.people.vcu.edu/~eworth/manuals/participant_manual_6hr.doc to obtain a

copy of the **participant manual**.

Please visit http://www.people.vcu.edu/~eworth/manuals/leader_manual_6hr.doc to obtain a

copy of the **leader manual**.

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*Reprinted with permission from "Experiencing forgiveness: Six practical sessions for becoming a more forgiving Christian - leader's manual and guide" by Everett Worthington, Jr., 2010. Retrieved from: http://www.people.vcu.edu/~eworth/manuals/leader_manual_christian.doc

APPENDIX B

INFORMED CONSENT FORM

Project Title: Examining the Efficacy of the Christian-adapted REACH Forgiveness with Christian, African-American Women

You are invited to take part in a research study being conducted by Kayla Martinez, a researcher from Texas A&M University and partially funded by the College of Education and Human Development at Texas A&M University. The information in this form is provided to help you decide whether or not to take part. If you decide to take part in the study, you will be asked to sign this consent form. If you decide you do not want to participate, there will be no penalty to you, and you will not lose any benefits you normally would have.

Why Is This Study Being Done?
The purpose of this study is to examine the effectiveness of the Christian-adapted REACH model of forgiveness (now on referred to as "C-REACH") with Christian, African-American women.

Why Am I Being Asked To Be In This Study?
You are being asked to be in this study because you identify as female, Christian, and African-American and because you are having difficulty forgiving an offense. Your participation in this study will help the researchers determine if C-REACH is a good treatment for unforgiveness among African-American, Christian women.

How Many People Will Be Asked To Be In This Study?
Approximately 20 people (participants) will be invited to participate in this study locally; however, only 10 participants will be accepted for participation.

What Are the Alternatives to being in this study?
The following therapies for the treatment of unforgiveness are available: individual therapy and group therapy. If you are experiencing emotional distress or other psychological symptoms of unforgiveness but do not want to or cannot participant in this study, contact the Principle Investigator, Dr. Charles Ridley, at (979)-220-8420.

What Will I Be Asked To Do In This Study?
You will be asked to attend four 2-hour group workshops over the course of one month and complete some surveys before and after the workshops. Your participation in this study will last 3 months, as you will be asked to complete surveys that take about 1 hour to fill out during the months before and after participating in the workshop. Before participating in the workshops, you will be asked to sign a Group Pledge, stating that you will not release any group member's name or information outside of the workshop and that you will behave politely towards group members and the group facilitator.

You may be removed from the study by the investigator if you:
- Decline to sign the Group Contract
- Break the rules of the Group Contract

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Are There Any Risks To Me?

The things that you will be doing are pose no more risk than you would come across in everyday life. Although the researchers have tried to avoid risks, you may feel that some questions/procedures that are asked of you will be stressful or upsetting. Possible risks include some emotional discomfort when answering surveys and participating in the C-REACH workshop. You do not have to answer anything you do not want to. Information about individuals and/or organizations that may be able to help you with these problems will be given to you. The workshop will last a total of 8 hours over the course of 4 weeks and you may become tired during this time. The researchers will provide breaks and snacks throughout the workshop.

Are There Any Benefits To Me?

The direct benefit to you by being in this study is that you may gain a greater awareness and understanding of the forgiveness process and may achieve forgiveness of the offense that you specify at the beginning of the workshop. You may also experience positive mental health benefits from participating in this study such as a decrease in anger and depression.

Will There Be Any Costs To Me?

Aside from your time and participation, there are no costs for taking part in the study.

Will I Be Paid To Be In This Study?

You have the potential to receive up to $300 for your completion of the study. During this study, you will be asked to complete a series of surveys 10 times. Before the workshop, you will be asked to complete the surveys 5 times over the course of about 1 month. **You cannot complete the workshop until you have answered the surveys.** After the workshop, you will be asked to complete the same surveys 5 times over the course of about 1 month. **You cannot complete this set of surveys unless you have answered the first set of surveys AND you have participated in the workshop.** You will receive $30 after you have completed each set of surveys.

		Phase 1 (4 Weeks)	
Month 1	Week 1	Questionnaire Set 1	$30
	Week 2	Questionnaire Set 2	$30
	Week 3	Questionnaire Set 3	$30
	Week 4	Questionnaire Set 4	$30
		Phase 2 (4 Weeks)	
Month 2	Week 5	Questionniare Set 5 & 2 Hour Workshop	$30
	Week 6	2 Hour Workshop	
	Week 7	2 Hour Workshop	
	Week 8	Questionniare Set 6 & 2 Hour Workshop	$30
		Phase 3 (4 Weeks)	
Month 3	Week 9	Questionnaire Set 7	$30
	Week 10	Questionnaire Set 8	$30
	Week 11	Questionnaire Set 9	$30
	Week 12	Questionnaire Set 10	$30
			$300

Will Information From This Study Be Kept Private?

The records of this study will be kept private. No identifiers linking you to this study will be included in any sort of report that might be published. Research records will be stored securely and only Kayla Martinez, M.Ed. and Charles Ridley, Ph.D. will have access to the records. The researcher and Principal Investigator are ethically and legally bound to **break confidentiality** for any of the following reasons:

- The researcher may disclose private information without consent **in order to protect the patient or the public from serious harm** — if, for example, a client discusses plans to attempt suicide or harm another person.
- Researchers are required to report **ongoing domestic violence, abuse or neglect of children, the elderly or people with disabilities.** (However, if an adult discloses that she was abused as a child, the researcher typically isn't bound to report that abuse, unless there are other children continuing to be abused.)
- The researcher may release information if they receive a **court order.** That might happen if a person's mental health came into question during legal proceedings.

Information about you that is collected via paper forms will be stored in a locked file cabinet in the Principal Investigator's office. Any information collected via the Internet will be stored in secure computer files protected with a password. This consent form will also be filed securely in an official area.

People who have access to your information include the Principal Investigator and research study personnel. Representatives of regulatory agencies such as the Office of Human Research Protections (OHRP) and entities such as the Texas A&M University Human Subjects Protection Program may access your records to make sure the study is being run correctly and that information is collected properly.

Information about you and related to this study will be kept confidential to the extent permitted or required by law.

Who may I Contact for More Information?

You may contact the Principal Investigator, Charles Ridley, Ph.D., to tell him about a concern or complaint about this research at (979) 862-6584 or cridley@tamu.edu.

For questions about your rights as a research participant, to provide input regarding research, or if you have questions, complaints, or concerns about the research, you may call the Texas A&M University Human Subjects Protection Program office by phone at 1-979-458-4067, toll free at 1-855-795-8636, or by email at irb@tamu.edu.

What if I Change My Mind About Participating?

This research is voluntary and you have the choice whether or not to be in this research study. You may decide to not begin or to stop participating at any time. If you choose not to be in this study or stop being in the study, there will be no effect on your church membership or relationship with Texas A&M University; however, you will no longer be eligible to receive the full $300.00

compensation. Any new information discovered about the research will be provided to you. This information could affect your willingness to continue your participation.

STATEMENT OF CONSENT
I agree to be in this study and know that I am not giving up any legal rights by signing this form. The procedures, risks, and benefits have been explained to me, and my questions have been answered. I know that new information about this research study will be provided to me as it becomes available and that the researcher will tell me if I must be removed from the study. I can ask more questions if I want, and I can obtain mental health services from another provider if I stop participating in this study. A copy of this entire consent form will be given to me.

_____   _____
Participant's Signature   Date

_____   _____
Printed Name   Date

INVESTIGATOR'S AFFIDAVIT:
Either I have or my agent has carefully explained to the participant the nature of the above project. I hereby certify that to the best of my knowledge the person who signed this consent form was informed of the nature, demands, benefits, and risks involved in his/her participation.

_____   _____
Signature of Presenter   Date

_____   _____
Printed Name   Date

IRB NUMBER: IRB2017-0072D
IRB APPROVAL DATE: 02/17/2017
IRB EXPIRATION DATE: 02/15/2018

APPENDIX C

PARTICIPANT DATA SHEET

Your complete name: _____

Street Address: _____ City: _____

State: _____ Zip/Postal Code: _____

Phone Number: _____

Okay to leave voicemail (please circle one): Yes   No

Okay to send text message (please circle one): Yes No

Email address: _____

Age: _____   Birthdate: _____   Gender: _____

Race/ethnicity: _____

Religion: _____   Denomination: _____

Name of the church(es) you attend: _____

Marital Status (please circle one):

Married   Widowed   Divorced   Separated   Never Married

Highest grade or level of school completed: _____

Current Occupation: _____

Yearly Household Income: _____

EVENT DESCRIPTION PROMPTS*

You will learn to REACH forgiveness by working in the group with a hurt or offense that you might have tried repeatedly to forgive. You might have granted forgiveness (or you might not have granted forgiveness), but the peace and the emotional experience of forgiveness might have eluded you on this particular event. The group will teach members how to REACH an experience of lasting *emotional* forgiveness by working with a particular hurt that each member is willing to share in the group. We want you to think ahead of time about the hurt or offense that you are going to work with. You'll complete some instruments as you learn to forgive better. The instruments will that ask you to rate your feelings and motivations about the particular even you are working on and about yourself in general. It is important that you always complete the instruments about the same event.

A word about your choice of an event to work with: If you were learning to play a sport—like soccer—you wouldn't try to learn the skills you need to play well by playing in the World Cup finals. You'd learn the skills by playing in a low-stakes scrimmage or practice session. In the same way, if you choose a really difficult offense that you still need to forgive you'll have difficulty learning the skills because the event is simply too hard to begin with. Also, sometimes harms are one-time events (such as a boss who harshly criticizes you), but at other times the events are ongoing and seem to involve new transgressions every day. Those ongoing hurtful interactions also make it difficult to learn skills because it is hard to tell what the effects of one harm are when it is bunched with so many other events. Instead, choose a relatively isolated event of moderate hurtfulness or offensiveness but one that you still don't have complete emotional peace with. On such an event—even if you feel like you have already granted forgiveness—you can best learn to emotionally forgive.

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*Reprinted with permission from "Experiencing forgiveness: Six practical sessions for becoming a more forgiving Christian - leader's manual and guide" by Everett Worthington, Jr., 2010. Retrieved from: http://www.people.vcu.edu/~eworth/manuals/leader_manual_christian.doc

Please write a brief description about what happened in that event in the space below.

1. Describe the event. (Please don't use names. You can designate the person who hurt you by initials or by a pseudonym that you can remember.)

2. Write briefly how you felt and reacted to the event in the days following it.

3. Write briefly about things pertaining to the event that have happened since the event that have affected your current feelings and motivations.

GROUP CONTRACT

GROUP PLEDGE:

I commit to:

- **Respect the confidentiality of all within my group.**
    - o I will not reveal the names of anyone in this group to any outside party without their express permission.
    - o I will not greet other members from group and refer to the group material unless I have been given permission from the member to do so.
    - o I will not share the stories of another group member.
- Refrain from discriminating or abusive language in the group, also from political or religious debates. I will extend tolerance for others' choices regarding how they practice they faith even if they practice their faith differently than I do.
- Using I-statements so that I do not speak for another person.
- Avoiding cross-talk, allowing others to speak without interruption.
- Avoiding taking over a conversation, allowing time for all to share.
- Refraining from group alliances while group is in session, as exclusive cliques can damage the relationship of the whole group.
- Avoiding "rescuing" or advice-giving. It is okay to let someone hurt and to find their own way through it with our support.
- Respecting moments of silence, as it can be a healthy part of the healing process.
- Avoiding "bombshells" – dramatic topics introduced in the last few minutes of group that derail the process.
- Communicating with the counselor <u>in private</u> for any concern I have about a group member or any an issue brought up. I know that my needs matter and my counselor wants to address any and all concerns.

I make the pledge to abide by the above on this day, _____, 2017.

Signed Name: _____

Printed Name: _____

Adapted from Group Pledge – Sexual Assault Resource Center, Bryan, TX

TRAIT FORGIVINGNESS SCALE (TFS)*

Directions: Indicate the degree to which you agree or disagree with each statement below by using the following scale:

<div align="center">

5 = Strongly Agree
4 = Mildly Agree
3 = Agree and Disagree Equally
2 = Mildly Disagree
1 = Strongly Disagree

</div>

_____   *1. People close to me probably think I hold a grudge too long.
_____   2. I can forgive a friend for almost anything.
_____   *3. If someone treats me badly, I treat him or her the same.
_____   4. I try to forgive others even when they don't feel guilty for what they did.
_____   5. I can usually forgive and forget an insult.
_____   *6. I feel bitter about many of my relationships.
_____   *7. Even after I forgive someone, things often come back to me that I resent.
_____   *8. There are some things for which I could never forgive even a loved one.
_____   9. I have always forgiven those who have hurt me.
_____   10. I am a forgiving person.

* indicates reverse scored item

EMOTIONAL FORGIVENESS SCALE (EFS)*

Think of your <u>current emotions</u> toward the person who hurt you. Indicate the degree to which you agree or disagree with the following statements.

	Strongly Disagree (SD)	Disagree (D)	Neutral (N)	Agree (A)	Strongly Agree (SA)
1. I care about him or her.	SD	D	N	A	SA
2. I no longer feel upset when I think of him or her.	SD	D	N	A	SA
*3. I'm bitter about what he or she did to me.	SD	D	N	A	SA
4. I feel sympathy toward him or her.	SD	D	N	A	SA
*5. I'm mad about what happened.	SD	D	N	A	SA
6. I like him or her.	SD	D	N	A	SA
*7. I resent what he or she did to me.	SD	D	N	A	SA
8. I feel love toward him or her.	SD	D	N	A	SA

* indicates reverse scored item

Presence of Positive Emotions Subscale:
Add up the scores for items 1, 4, 6, & 8

Reduction of Negative Emotions Subscale:
Add up the scores for items 2, 3, 5, & 7

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APPENDIX H

INFORMATION SHEET FOR FOLLOW UP SESSION

Project Title: Examining the Efficacy of the Christian-adapted REACH Forgiveness with Christian, African-American Women – Follow Up

You are invited to take part in a research study being conducted by Kayla Martinez, a researcher from Texas A&M University and partially funded by the College of Education and Human Development at Texas A&M University. The information in this form is provided to help you decide whether or not to take part in the follow up portion of the study. By answering the follow up questions, you agree to participate in the follow up portion of the study. If you decide you do not want to participate, there will be no penalty to you, and you will not lose any benefits you normally would have.

Why Is This Study Being Done?
The purpose of these follow up questions is to gather additional information about the impact the forgiveness workshop has had on your unforgiveness, depression, and anxiety.

Why Am I Being Asked To Be In This Study?
You are being given the option to participate in the follow up portion because you have completed all 3 months of the study. Your participation in the follow up session will help the researchers determine if the C-REACH workshop is a good treatment for unforgiveness among African-American, Christian women.

How Many People Will Be Asked To Be In This Study?
Approximately 7 people (participants) will be invited to participate in this follow up session locally.

What Are the Alternatives to being in this study?
The following therapies for the treatment of unforgiveness are available: individual therapy and group therapy. If you are experiencing emotional distress or other psychological symptoms of unforgiveness but do not want to or cannot participant in this study, contact the Principle Investigator, Dr. Charles Ridley, at (979)-220-8420.

What Will I Be Asked To Do In This Study?
During the follow up portion of this study, you will asked to answer some questions about your unforgivenss, depression, and anxiety. Some questions will be multiple-choice while others will require you to write about your experiences. It should take less than 1 hour to complete these questions.

Are There Any Risks To Me?
The things that you will be doing are pose no more risk than you would come across in everyday life. Although the researchers have tried to avoid risks, you may feel that some questions/procedures that are asked of you will be stressful or upsetting. Possible risks include some emotional discomfort when answering the questions. You do not have to answer anything you do not want to. Information about individuals and/or organizations that may be able to help you with these problems will be given to you at the conclusion of the session.

Are There Any Benefits To Me?

The direct benefit to you by being in this study is that you may gain a greater awareness and understanding of the forgiveness process and may achieve forgiveness of the offense that you specified at the beginning of the workshop. You may also experience positive mental health benefits from participating in this study such as a decrease in anger and depression.

Will There Be Any Costs To Me?

Aside from your time and participation, there are no costs for taking part in the study.

Will I Be Paid To Be In This Study?

You will receive $30 in cash for participating in this follow-up session.

Will Information From This Study Be Kept Private?

The records of this study will be kept private. No identifiers linking you to this study will be included in any sort of report that might be published. Research records will be stored securely and only Kayla Martinez, M.Ed. and Charles Ridley, Ph.D. will have access to the records. The researcher and Principal Investigator are ethically and legally bound to **break confidentiality** for any of the following reasons:

- The researcher may disclose private information without consent **in order to protect the patient or the public from serious harm** — if, for example, a client discusses plans to attempt suicide or harm another person.
- Researchers are required to report **ongoing domestic violence, abuse or neglect of children, the elderly or people with disabilities.** (However, if an adult discloses that she was abused as a child, the researcher typically isn't bound to report that abuse, unless there are other children continuing to be abused.)
- The researcher may release information if they receive a **court order.** That might happen if a person's mental health came into question during legal proceedings.

Information about you that is collected via paper forms will be stored in a locked file cabinet in the Principal Investigator's office. Any information collected via the Internet will be stored in secure computer files protected with a password. This consent form will also be filed securely in an official area.

People who have access to your information include the Principal Investigator and research study personnel. Representatives of regulatory agencies such as the Office of Human Research Protections (OHRP) and entities such as the Texas A&M University Human Subjects Protection Program may access your records to make sure the study is being run correctly and that information is collected properly.

Information about you and related to this study will be kept confidential to the extent permitted or required by law.

INFORMATION SHEET

Who may I Contact for More Information?

You may contact the Principal Investigator, Charles Ridley, Ph.D., to tell him about a concern or complaint about this research at (979) 862-6584 or cridley@tamu.edu.

For questions about your rights as a research participant, to provide input regarding research, or if you have questions, complaints, or concerns about the research, you may call the Texas A&M University Human Subjects Protection Program office by phone at 1-979-458-4067, toll free at 1-855-795-8636, or by email at irb@tamu.edu.

What if I Change My Mind About Participating?

This research is voluntary and you have the choice whether or not to be in this research study. You may decide to not begin or to stop participating in the follow up session at any time. If you choose not to be in this study or stop being in the study, there will be no penalty to you, and you will not lose any benefits you normally would have. Any new information discovered about the research will be provided to you. This information could affect your willingness to continue your participation.

BY ANSWERING THE FOLLOW UP QUESTIONS, YOU AGREE TO PARTICIPATE IN THE FOLLOW UP PORTION OF THE STUDY. YOU MAY DISCONTINUE AT ANY TIME. PLEASE NOTIFY THE RESEARCH AT ANY POINT DURING THIS FOLLOW UP SESSION IF YOU HAVE ANY QUESTIONS OR CONCERNS.

Version Date: May 2016   Page 3 of 3

FOLLOW UP QUESTIONNAIRE*

Single Item Assessment of Two Types of Forgiveness

Note: We want you to rate two types of forgiveness. For example, a person might perhaps decide to grant complete forgiveness but still feel very unforgiving toward a person.

Granting forgiveness is defined as **deciding (even if you don't say aloud) that you will not seek revenge against and not avoid but will try to put the relationship back on the pre-offense footing**. Using the scale below (from 0 = no forgiveness granted to 4 = complete forgiveness granted) estimate the current level to which you have granted forgiveness.

0	1	2	3	4
No Forgiveness				Complete Forgiveness

Experiencing emotional forgiveness is defined as **the degree to which you actually feel that your emotions have become less negative and more positive toward the person who offended or harmed you**. If 0 = No forgiveness experienced and 4 = complete forgiveness experienced (that is, if you have experienced complete emotional forgiveness, you have no negative feelings and perhaps even some positive feelings toward the person who offended or harmed you), then use the scale below to indicate to what degree you have experienced emotional forgiveness.

0	1	2	3	4
No Forgiveness				Complete Forgiveness

How has being a part of the forgiveness workshop impacted your unforgiveness towards the person who hurt you?

How has being a part of the forgiveness workshop impacted any depression you have experienced?

How has being a part of the forgiveness workshop impacted any anxiety you have experienced?

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APPENDIX J

COMPENSATION SCHEDULE

Phase 1 (4 Weeks)			Amount Compensated
Month 1	Week 1	Questionnaire Set 1	$30
	Week 2	Questionnaire Set 2	$30
	Week 3	Questionnaire Set 3	$30
	Week 4	Questionnaire Set 4	$30
Phase 2 (4 Weeks)			
Month 2	Week 5	Questionnaire Set 5 & 2 Hour Workshop	$30
	Week 6	2 Hour Workshop	
	Week 7	2 Hour Workshop	
	Week 8	Questionnaire Set 6 & 2 Hour Workshop	$30
Phase 3 (4 Weeks)			
Month 3	Week 9	Questionnaire Set 7	$30
	Week 10	Questionnaire Set 8	$30
	Week 11	Questionnaire Set 9	$30
	Week 12	Questionnaire Set 10	$30
Follow Up (1 Week)			
Month 5	Week 16	Follow Up Questionnaire	$30
Total Possible Compensation per Participant			$330

APPENDIX K

RECRUITMENT FLYER

APPENDIX L

HUMAN SUBJECTS PAYMENT LOG

HUMAN SUBJECTS PAYMENT LOG

Revised 6/10/14

Ā|M TEXAS A&M UNIVERSITY

This log serves as the required documentation for reimbursing a working fund or a departmental clearing account.

FAMIS Account No: _____   Principal Investigator: _____

IRB Protocol No: _____   Protocol Approval Date: _____

Texas A&M University and Sponsored Research Services do not accept documents which may identify human subjects participating in a study. The Principal Investigator is responsible for collecting and maintaining the appropriate information related to human subject payments and should contact the Human Subjects Protection Program for additional information.

Human Subject ID No.	Amount of Payment	Type of Payment (Cash, Check, Gift Card, Etc.)	Date Payment Mailed/Delivered

Page Total: _____

CERTIFICATION:
I certify that I am responsible for collecting and maintaining the appropriate information related to human subject payments as required by the Texas A&M University Human Subjects Protection Program.

Principal Investigator's Signature: _____   Date: _____

001 - Human Subjects Payment Log   Page ____ of ____

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APPENDIX M

PAYMENT CERTIFICATION FORM

PAYMENT CERTIFICATION FORM
Human Subject Research Participation
Revised 5/21/14

Ā | TEXAS A&M
U N I V E R S I T Y

I certify that I have received payment in the amount of $ _____ on _____ (date) for participation in a study at Texas A&M University.

Human Subject Name - please print: _____

Human Subject Signature: _____

Additional information required for payments exceeding $100.00 (cash or gift cards):

Mailing Address: _____

_____

Tax Identification or Social Security Number: _____

This form is to be maintained in the Principal Investigator's confidential files.

Human Subject ID No: _____

002 - Payment Certification Form