**ABSTRACTS FOR LISTED 2009 EMPIRICAL PUBLICATIONS**

(ONLY FIRST AUTHOR LISTED UNLESS MULTIPLE ARTICLES BY SAME FIRST AUTHOR)

*Note: In press abstracts not included*

**Balkin**
The professional literature diverges in defining the role of forgiveness and reconciliation in counseling regarding how forgiveness and reconciliation are conceptualized from a professional and secular perspective. The Jewish conceptualization of forgiveness is multifaceted; mechila the forgiveness of debt, is particularly important in providing a framework for forgiveness when the issue of reconciliation is involved. The authors offer an explanation of the Jewish conceptualization of forgiveness and discuss a way to infuse the concept of mechila into counseling practice on a broader level with all clients.

**Burnette**
The authors investigated the associations between attachment, empathy, rumination, forgiveness, and depressive symptoms via the framework of attachment theory. Participants (N = 221; 141 F and 80 M) completed a battery of questionnaires. We hypothesized that (a) anxious and avoidant attachment would be negatively linked to dispositional forgiveness; (b) the anxious attachment-forgiveness link would be mediated through excessive rumination; (c) the avoidance attachment-forgiveness link would be mediated through lack of empathy; and (d) the insecure attachment-depression relation would, in turn, be partially mediated by the forgiveness process. SEM modeling confirmed these propositions, revealing the potential deleterious outcomes associated with insecure attachment and unforgiving responses to offenses.

**Greene**
This article reports preliminary results of a Templeton Foundation-funded research project on the role of resiliency and forgiveness in 133 elderly Holocaust survivors. We use resilience theory to explore how individuals heal following exposure to an adverse event. We present preliminary findings on survivors' perceptions of their resiliency before, during, and after the Holocaust and suggest a paradigm shift to one in which maintaining competence is primary. In subsequent publications, we will synthesize the frameworks that comprise survivorship to create a model. These findings inform mental health care practitioners' understanding of factors that buffer against the effects of adverse events.
**Gordon**

This study examined relations between aspects of family functioning and positive and negative dimensions of forgiveness. Increased understanding of one's partner and decreased anger about betrayal characterize positive forgiveness, whereas experiences such as holding a grudge and desiring revenge indicate negative forgiveness. The sample included 87 wives and 74 husbands who reported experiencing a significant betrayal, their partners, and their adolescent children. Analyses of reported forgiveness revealed that more negative forgiveness was associated with lower marital satisfaction for husbands and wives; trust partially mediated this relationship for husbands and wives. Greater positive forgiveness reported by husbands and wives predicted their own reports of a stronger parenting alliance, whereas greater negative forgiveness reported by husbands and wives predicted their spouses' reports of a weaker parenting alliance. For wives, more negative forgiveness also predicted higher levels of children's perceived parental conflict, and parents' reported conflict mediated this association for wives. Findings suggest that forgiveness of a marital betrayal is significantly associated with marital satisfaction, the parenting alliance, and children's perceptions of parental marital functioning.

**Hernandez**

To examine the relation between hostility and cardiovascular reactivity to stress, 42 undergraduate men were categorized into high and low hostile groups based on responses to the Cook Medley Hostility Scale. Participants engaged in two laboratory tasks: a Cognitive Task (mental arithmetic) and a Social Task (confrontation role-play). Cardiovascular measures of heart rate and blood pressure were obtained throughout rest and task periods and participants provided ratings of state anger and forgiveness following task completion. Results revealed that low hostile participants exhibited greater systolic blood pressure (SBP) responses to both tasks than high hostile participants (p < .05), but no significant group differences were observed for heart rate or diastolic blood pressure. High hostile men reported greater state anger during resting conditions and less forgiveness following completion of tasks than low-hostile counterparts, but neither of these findings moderated the relation between hostility and SBP reactivity. Higher ratings of forgiveness were associated with lower SBP reactivity. These findings show that hostility is not always associated with exaggerated cardiovascular reactivity to stress, and the influence of various moderating factors should be considered in elucidating this relation.
**Johnstone**

Abstract: Objective: To determine relationships among spiritual beliefs, religious practises, congregational support and health for individuals with traumatic brain injury (TBI). Design: A cross-sectional analysis of 61 individuals with TBI evaluated in an outpatient clinic using the Brief Multidimensional Measure of Religiousness/Spirituality (BMMRS) and the Medical Outcomes Scale-Short Form 36 (SF-36). Results: For persons with TBI the BMMRS Meaning and Values/Beliefs sub-scales were significantly correlated with the SF-36 General Health Perception sub-scale and the BMMRS Religious Support sub-scale was significantly correlated with the SF-36 General Mental Health sub-scale. Hierarchical regressions indicated that the BMMRS Values/Beliefs and Forgiveness sub-scales accounted for 16% additional variance in SF-36 General Health Perception scores beyond that accounted for by demographic variables (i.e. age, income); no BMMRS sub-scales accounted for additional variance in predicting the SF-36 General Mental Health sub-scale beyond that accounted for by demographic variables (i.e. age, income). Conclusions: The physical health of individuals with TBI is associated with spiritual beliefs but not religious practices or congregational support. Better mental health is associated with increasing congregationally based social support for persons with TBI. Religious practices (i.e. praying, etc.) are not related to either physical or mental health, as some persons with TBI may increase prayer with declining health status.

**Olivett**

In response to the growing importance focused on forgiveness in clinical work (R. D. Enright, 2000), the relevance of forgiveness to 54 clients receiving inpatient psychiatric treatment was examined. The authors used a reflective questionnaire developed by M. J. Brenneis (2002) to gain a qualitative understanding of forgiveness in the sample. Results indicated that participants primarily defined forgiveness in affective terms, but a sizeable number included behavioral and cognitive components, Some respondents included motivations to forgive and not to forgive as well as the positive impact of forgiveness on relationships. Results are contrasted with the results of M. J. Brenneis's study on clergy. Implications for treatment are discussed.

**Olmstead**

The purpose of this qualitative study was to explore how therapists treat infidelity and work toward forgiveness with couples presenting with extramarital involvement. Ten licensed marital and family therapists were interviewed. Major categories, themes, and subthemes were generated from open, axial, and selective coding analyses. Participating therapists described treating marital infidelity and incorporating forgiveness sequentially. Infidelity treatment included assessing family of origin and relationship history, and discussing mutual acceptance of responsibility. When working toward forgiveness, therapists described: (a) assessing client understanding, (b) psychoeducation, (c) clarification, (d) client languaging, and (e) time. Implications for research and treatment are discussed.
Santelli
Three studies, using diverse methodologies and measures, were conducted to examine the role that the regulatory focus of an injured party and of a transgressor (E. T. Higgins, 1997, 2000) plays in explaining the relationship between repentance and forgiveness. The authors predicted that when a victim's regulatory focus (i.e., promotion vs. prevention) was congruent (i.e., fit) with the regulatory focus of a transgressor's repentance (i.e., promotion vs. prevention), there would be greater forgiveness compared with when there was incongruence (i.e., mismatch). Three studies supported these predictions. The results also confirmed one potential explanation for why apologies are not always successful at eliciting forgiveness, namely, feeling right. This research suggests that regulatory focus theory can help inform the scientific study of forgiveness and its related processes.

Stouten
In organizations, leaders are often paid more than lower entry employees. Social dilemma research also showed that leaders feel entitled to earn more, and because of this, are more inclined to defect by violating equality norms by appropriating more than others. In two experiments we address how group members react when either a leader or a follower violated equality in social dilemmas. Moreover, we argue that asking for forgiveness may be important for people’s reactions with regard to equality violations. Results show that asking for forgiveness attenuates negative emotions, retribution, and non-cooperation, but more so if followers, relative to leaders, violated equality. In fact, leaders are less likely to be seen as even violating rules, showing not only that leaders feel entitled to more, but also that group members perceive leaders to be entitled.

Strelan
This study provides a preliminary empirical test suggesting a coping framework that describes the behavioral, cognitive, and emotion-focused activities related to the process that may lead to forgiveness. Among 170 participants, the study explored the coping strategies people use when they respond to an interpersonal hurt and also the general use of coping strategies: After controlling for dispositional forgiveness, results indicated that people use similar coping techniques both for general stressors and for interpersonal hurt. They prefer avoidance coping strategies early in the forgiveness process and approach strategies in the middle and later stages. Applied implications are discussed.

Tse
Interpersonal conflicts are unavoidable. Dispositional forgiveness of others may help people deal with the negative consequences that arise from conflicts and facilitate meaningful social relationships and psychological well-being. The present study examined the view that forgiveness of others effects psychological well-being through interpersonal adjustment. One hundred and thirty nine volunteers (80 females) provided measures of dispositional forgiveness, interpersonal adjustment and psychological well-being. Forgiveness of others was associated with interpersonal adjustment \( r = .28, p < .001 \) and psychological well-being \( r = .17, p = .04 \). Structural equation modeling revealed that interpersonal adjustment acts as a mediator between the disposition of forgiveness of others and psychological well-being. Dispositional forgiveness of others improves interpersonal adjustment and psychological well-being and may protect against negative interpersonal experiences and perceptions relating to depression.
Wohl
We examine the consequences of threat to the ingroup for emotional reactions to ingroup harm doing. It was hypothesized that reminders of a past threat to the ingroup would induce collective angst, and this emotional reaction would increase forgiveness of the ingroup for its harmful actions toward another group. In Experiment 1, Americans read an article about the war in Iraq that implied Americans would soon experience another attack or one where such implied future threat to the ingroup was absent. When the ingroup's future was threatened, forgiveness for the harm Americans have committed in Iraq was increased, to the extent that collective angst was induced. In Experiment 2, Americans experienced more collective angst and were more willing to forgive their ingroup for their group's present harm doing in Iraq following reminders of either the terrorist attacks on September 11, 2001, or the 1941 Japanese attack on Pearl Harbor compared to when the victimization reminder was irrelevant to the ingroup. We discuss why ingroup threat encourages ingroup forgiveness for current harm doing.