

Waging Peace Through Forgiveness Education in Belfast, Northern Ireland: A Review and Proposal for Mental Health Improvement of Children

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Violence and the threat of violence in Northern Ireland have been prevalent for centuries. We first review the literature showing the adverse psychological effects on children from terrorism and on-going community violence. Despite our knowledge of the negative psychological effects on children in the context of community violence, little research has actually been done on the amelioration of these effects. We propose here to introduce the concept of forgiveness into the Belfast schools as a way to counter children's anger, anxiety, and depression that can emerge when exposed to violence. After reviewing the existing empirical studies that validate forgiveness as a way to reduce negative psychological effects of injustice, we describe forgiveness curricula that we are currently implementing in first grade classrooms and will implement in grades two through high school over the years. Forgiveness education, because it targets anger and resentment that too often accompany violence, may be the missing piece to the peace puzzle.

Northern Ireland has not known peace for centuries. Forgiveness may be a key to the long-awaited peace and it is our goal in this article to outline a long-term peace plan for that region based on forgiveness education programs in schools, homes, and places of worship. The long-term objective of the current project is to improve the mental health of the youngest generation of Belfast, Northern Ireland (NI), targeting those reactions to interpersonal hurt (anger, anxiety, and depression) that contribute to less-than-optimal mental health and probably are also proximal causes of interpersonal violence. Children in NI represent a unique risk group, as they are exposed to poverty and both acute and chronic forms of violence (terrorism and increasing community violence, respectively), a situation that is not found in the USA. Not surprisingly, the need for emotional regulation with children in Belfast is high. For example, in one elementary school of 212 children in which we are working, 100 of them are currently being treated for anxiety and depressive disorders. Based on the research reviewed below and our own experience in Belfast, we believe that the severe and on-going injustices create anger and fear in the

children. Over time, these continual negative emotions can give rise to psychological disorders in some of the children (see Enright & Fitzgibbons, 2000, for a review of research studies showing links between anger and psychological disorders and the links between forgiveness and emotional restoration).

We seek to meet our overall objective through the development, implementation, and evaluation of a manualized forgiveness intervention in the schools and the provision to parents and clergy, materials related to forgiveness for use at home and in the churches. For this article, we will focus only on the school aspect of the program.

Background of the Conflicts in Northern Ireland

What is the context of our work in NI? First, we are working with a population that is impoverished. A recent report called Northern Ireland "one of the poorest areas of the European Union" ("Country report...", 2000, p. 3; see also Cairns & Darby, 1998) and noted that 37% of NI children

live in poverty. As recently as June 2002, NI was deemed the poorest area of the UK, having the lowest weekly full-time earnings, the highest level of income support claimants, and the lowest rate of economic activity in general of the entire UK ("Measuring poverty...", 2002). Secondly, we are working with two generations (primary school children and their parents and teachers) who have been exposed to two forms of violence: *terrorism* (violent, often unpredictable strategies designed to kill innocent people with the goal of political intimidating and controlling a group or nation; Gurwitsch, Sitterle, Young, & Pfefferbaum, 2002) and *on-going community violence* (chronic threat of intentional yet seemingly-random violence, usually occurring in a limited geographic area and less likely to be politically-driven than terrorism or war; Kupersmidt, Shahinfar, & Voegler-Lee, 2002).

Both terrorism and on-going community violence are a threat in NI today. While completed terrorist attacks are not as common now as they were in the 1970s and 80s, we note that one of the worst car bomb attacks in the history of The Troubles occurred just less than five years ago (August 1998 in Omagh), and large car bombs are still being placed (and fortunately discovered in time and defused) in Belfast, most recently in March and May 2003.¹ In the last decade, bombing incidents (including defusions) have risen from a low of two in 1995 to 187 reported incidents in 2002 (with 349 reported in 2001; Police Service of Northern Ireland [PSNI], 2003). Crime rates, as reported by PSNI, have recently increased.² Offenses against persons (e.g., murder, aggravated assault) and sexual offenses have risen by 22%, while kidnapping rates have risen 71%. Members of both Catholic and Protestant subcultures in NI have a tradition of parading during the summer months, events which have often led to violence. In the recent past, disorder at these parades rose from six incidents in 2000 to 29 in 2001 (PSNI, 2003). Clearly, both today's children and the generation responsible for guiding them have been and are continuing to be exposed to multiple risks (poverty and violence), and as far as violence is concerned, to both acute and chronic risk.

For the most part scholars reviewing research on the psychological effects of The Troubles have claimed that persons who were adults during the height of The Troubles (who are now elderly) have coped well with the political violence they experienced (Cairns & Wilson, 1989, 1993; Curran & Miller, 2001). (We note, however, that people directly exposed to violence were clearly at risk for PTSD [Loughrey, Curran, & Bell, 1993]). The impact on children, however, may not have been so benign.³ Most early works on the effects of The Troubles on children (e.g., Fraser, 1974) suggested some children experienced psychosomatic and behavior problems (e.g., asthma, sleep problems, stuttering) that seemed to be linked to anxiety arising from exposure to violence; perhaps not surprisingly, the next generation of publications questioned these early conclusions. However, in a 1985 conference paper, McGrath and Wilson (cited in Cairns & Wilson [1993], who praise the paper for its methodological rigor) report elevated psychoticism scores

on the Junior Eysenck Personality Questionnaire in NI children in comparison to English children, as well as a moderate, significant correlation in the NI sample between exposure to violence and scores on the Rutter Scale (measuring behavioral disturbance). While some have concluded that children have weathered the stress of The Troubles relatively well (e.g., Cairns & Wilson, 1993), in a recent review of the impact of The Troubles on psychiatric services in NI, Curran and Miller (2001) report that referrals of children did increase after major acts of violence.⁴ These authors maintain that children's prolonged exposure to conflict and reminders (via media and/or police presence) of violence exacerbated posttraumatic stress symptomatology, mood disorders, behavioral problems, and academic struggles.

It is not surprising that children may be more at risk than adults for both immediate and later-onset stress reactions after exposure to acute or chronic violence. Children may lack the cognitive resources and emotional coping strategies to deal effectively with such events. For this and other developmental reasons, they may be more dependent on adults around them for support in the face of violence, but those same adults may be hampered in supporting a child by their own attempts at coping with the situation. In addition, trauma experienced at a young age may affect developing neurological systems, creating a neuropsychological vulnerability for which persons exposed to trauma for the first time as adults would not be at risk (Perry & Pollard, 1998).

Recent Research on the Impact of Terrorism

Further evidence on the effect of terrorism on children comes from recent work in areas other than NI.⁵ For example, research on the effects of the Oklahoma City bombing demonstrates that even indirect exposure to terrorist attacks is related to persistent post-traumatic stress symptomatology. Children living in Oklahoma City who were exposed to a great amount of media about the bombing but did not personally know a victim reported comparable levels of post-traumatic stress symptomatology as did those who lost a parent or sibling in the blast (Pfefferbaum, Nixon, Krug et al., 1999; Pfefferbaum, Nixon, Tivis et al., 2001; Pfefferbaum, Nixon, Tucker et al., 1999); children living 100 miles outside of Oklahoma City who had only indirect exposure to the tragedy were more likely to display traumatic stress symptoms than those who were not exposed to the event even indirectly, even two years after the bombing (Pfefferbaum, Seale, McDonald et al., 2000). Because this is a relatively new field, we cannot predict the outcome in adulthood of children's exposure to terrorism. However, we must agree with researcher Robin Gurwitsch, who claims that for such children, "the potential exists for serious long-term psychological sequelae" (Gurwitsch et al., 2002, p. 342).

As the paragraphs above make clear, a threat of terrorism still exists in NI and should overt acts of terrorism continue, some (if not many) of today's children will be at risk for various psychological difficulties. In fact, just the threat of

terrorism may be a risk factor for today's young people, for as prolific NI researcher Cairns (Cairns & Wilson, 1989) noted, early research in the effects of violence suggested that the highest levels of referrals for psychological help were found in areas that were under threat of attack but not experiencing overt violence. (Similar results were reported by Thabet et al., [2002], who found that Palestinian children *indirectly* exposed to violence demonstrated higher levels of anxiety than those who were *directly* exposed.) The material presented above also suggests that the teachers and parents of today's young children in NI may be carrying some baggage from their own childhood and youth, which was dominated by horrific acts of terrorism. Adults' experiences filter down to the children of today. Recent empirical work demonstrates that a substantial minority of NI's young children absorb the anxieties, prejudices, and hurts of the older generation, especially after they begin schooling (Connolly, Smith, & Kelly, 2002). In addition, parents who directly experienced violence may pass on trauma-related vulnerability to their children (e.g., Harkness, 1993; Baranowsky, Young, Johnson-Douglas, Williams-Keller, McCarrey, 1998; Kellermann, 2001a, 2001b).⁶ Subsequently, any intervention seeking to promote forgiveness in young children in NI must also include these adults, who themselves probably have serious interpersonal hurts in their pasts. Our intervention does that.

Recent Research on the Impact of Community Violence

The offspring of the terrorism of the 20th century is increasing acts of community violence, often based on ethnic affiliation and/or drug use. Recent qualitative and quantitative reviews of psychological correlates of exposure to community violence demonstrate that children who are exposed to – or in some cases only hear about – community violence are at risk for elevated levels of depression, anger, anxiety, sleep problems, externalizing behavior problems, and symptoms that parallel those of PTSD (Fletcher, 1996; Garbarino, Dubrow, Kostelny, & Pardo, 1992; Groves, 2002; Mazza & Overstreet, 2000; Osofsky, 1995; Kupersmidt, Shahinfar, & Voegler-Lee, 2002). Not surprisingly, academic problems are also common and may well be caused (at least in part) by the emotional consequences described above (Garbarino et al., 1992; Mazza & Overstreet, 2000; Schwartz & Gorman, 2003).

As is often the case with the impact of risk factors on children, the relationship between exposure to community violence and adverse psychological outcomes is moderated by other variables more proximal to the child. Research suggests that the main moderating variable here is the family: children from supportive families (operationalized in various ways in various studies) are less likely to show adverse effects of exposure to violence than those in unsupportive families (Gorman-Smith & Tolan, 1998; Kliewer, Lepore, Oskin, & Johnson, 1998; Martinez & Richters, 1993; Overstreet, Dempsey, Graham, & Moely, 1999; Richters & Martinez, 1993). These recent studies affirm what the resilience research (e.g.,

Garmezy, 1993; Werner & Smith, 1982) has been demonstrating for some time: family relationships are crucial to helping a child overcome risk factors such as exposure to community violence. This is probably especially true for young children (Fletcher, 1996; Green et al. 1991).

Although not widely discussed as a moderator of the impact of exposure to community violence on children, we note that school-related variables have received some attention as protective factors in the resiliency literature, both in qualitative reviews (e.g., Garbarino et al. 1992; Kirby & Fraser, 1997; Roeser, Eccles, & Strobel, 1998) and recent empirical studies (e.g., Anson, 1995; Arthur, Hawkins, Pollard, Catalano, & Barglioni, 2002; Botcheva, Feldman, & Leiderman, 2002). Because our intervention encourages classrooms to become forgiving communities, our program should help improve classroom climate, which in turn may help protect children against the adverse psychological effects of violence and terrorism in the larger community.

The Significance of Forgiveness Education for the Children of NI

We begin to see the following picture developing. Children in today's NI are being raised by people who themselves have directly experienced the pain of interpersonal violence in the form of terrorism. The threat of terrorism still hangs over the head of these children, and the experience of regular community violence is an unfortunate fact of their existence. The impact of the violence around these children is probably also exacerbated by the fact that many of them are experiencing risk accumulation, being exposed to violence *and* living in poverty (Cairns & Toner, 1993).

Anger, anxiety, and depression linked with interpersonal hurt, then, are relevant on at least two levels. First, these children risk "absorbing" these emotions from the adults in their environment, who themselves were raised during a very violent period of NI's history. In turn, on the foundation of this emotional inheritance, children may victimize or be victimized by others, thereby intensifying these feelings and their consequences. Secondly and relatedly, these children are at risk for being exposed to, if not actually involved in, overt acts of terrorism and/or community violence. As a result, these children may experience further increases in anger, anxiety, and/or depression, and their consequences (poorer mental health, academic performance, and so forth).

To our knowledge, no well-researched intervention in NI has demonstrated effectiveness in reducing anger, anxiety, and depression in children. Peace education efforts, which involve teaching people about peaceful conditions and giving them the skills for creating such conditions (Harris, 1988), do exist in NI (Coolahan, cited in Rogers, 1991; Duffy, 1992, 2000); however, they generally do not target these key emotions and are notoriously under-evaluated. This is true of what might be considered Northern Ireland's most comprehensive peace education program, Education for Mutual Understanding (EMU; Dunn & Morgan, 1999).

Integrated schools (where Catholic and Protestant children go to school together) also exist, but articles found through a search of standard databases (PsycINFO, ERIC, the internet) failed to demonstrate sound empirical evaluation of their effects on mental health, although there are some qualitative and survey studies that report a positive effect of this form of schooling on behavioral and attitudinal variables, such as relationships between Catholic and Protestant children and levels of tolerance (e.g., Cairns & Toner, 1993; Johnson, 2000; McGlynn, 2000; McWhirter, 1983). As will be seen below, 20 years of forgiveness research shows the efficacy of forgiveness education for improving mental health. Therefore, we claim with some degree of confidence that forgiveness education in the school and home from the early grades is both 1) a preventative measure to help reduce the negative effects of living in a dangerous environment (ultimately reducing the level of danger itself), and 2) an intervention to help children who are currently struggling with exposure to violence and the negative psychological consequences thereof.

In addition to helping the children of NI, the program piloted and assessed in this study should also prove useful for application in the USA and other countries, as issues of personal (e.g., bullying and other forms of interpersonal violence) and systemic (e.g. poverty, discrimination) injustice are prevalent in many areas.

Preliminary Studies on Interpersonal Forgiveness

The Concept of Forgiveness

Our research group at the University of Wisconsin-Madison has pioneered work in the psychology of forgiveness over the past 18 years. Conceptually, forgiveness is defined as follows:

People, upon rationally determining that they have been unfairly treated, forgive when they willfully abandon resentment and related responses (to which they have a right), and endeavor to respond to the wrongdoer based on the moral principle of beneficence, which may include compassion, unconditional worth, generosity, and moral love (to which the wrongdoer, by nature of the hurtful act or acts, has no right) (Enright & Fitzgibbons, 2000, p. 29).

A definition more amenable to psychological study was also offered by Enright (Enright and the Human Development Study Group, 1991): from this perspective, forgiveness can be defined as overcoming negative thoughts, feelings, and behaviors directed at an offender, and developing positive thoughts, feelings, and behaviors vis-à-vis the same. Before beginning empirical work on the topic, our group thoroughly reviewed philosophical work on forgiveness, which makes clear that forgiveness is offered from a position of strength

(Enright et al., 1991). Forgiveness does not make one weak or vulnerable; it should not be confused with condoning (e.g., ignoring or subtly approving) an offense or with reconciliation (re-establishing a relationship with an offender). Neither does it preclude *moderate, limited* expressions of anger or seeking *reasonable* redress of injustice. Because forgiveness is a specific personal response to injustice and because negative reactions to injustice appear to be at the root of developing unhealthy levels of anger, anxiety, and depression that are prevalent in children in Belfast, it follows that forgiveness intervention should be appropriate in this context.

Theory and research demonstrates that the process of forgiveness can be broken down into 20 units (see Table 1). A person need not progress through all units in order but may flow between units as he or she forgives. These can be generalized into the four broad phases of *uncovering* (admitting the fact of the offense and experiencing its negative consequences), *deciding* (feeling a need for change and deciding to forgive), *working* (trying to see the offender through different eyes and with a softened heart), and *deepening* (finding meaning and purpose in the offense and experiencing the benefits of forgiveness).

Experimental research on forgiveness education

Early forgiveness education programs based on our work were implemented with adults and adolescents. Freedman and Enright (1996) experimentally demonstrated that using a forgiveness education program in individual counseling with survivors of incest led to an increase in forgiveness of offender, self-esteem, and hope, as well as a decrease in depression and anxiety. A similarly-designed study found similar results with men whose partners had chosen to have an abortion (Coyle & Enright, 1997): participants in the experimental group showed significant greater gains in forgiveness and significant greater decreases in anxiety, anger, and grief than did control subjects. Al-Mabuk, Enright, and Cardis (1995) demonstrated that a forgiveness intervention conducted with groups of parentally love-deprived college students was effective in increasing forgiveness, hope, self-esteem, and positive attitudes toward parents, while significantly decreasing anxiety. Using a 12-session forgiveness intervention with a similar group (college students who demonstrated non-secure attachment to their mothers), Lin (1998) was able to help participants not only decrease levels of anger and anxiety, but also improve attachment to their mothers. This is important because, according to current understanding of psychologists (e.g., Bowlby, 1969/1982, 1973, 1980; Cassidy & Shaver, 1999), attachment begins developing in infancy and can be very difficult to change, especially when the participants are already adults and presumably have had such an attachment style for years. Furthermore, empirical work demonstrates that non-secure attachment patterns can have deleterious effects on psychological and social functioning (see Cassidy & Shaver, 1999, for an extensive

review), so any intervention that improves attachment status may have implications for improving mental and relational health.

The current generation of forgiveness interventions includes successful work with groups demonstrating relatively serious psychopathology; it also moves beyond forgiving offenses at the level of the individual to the level of the couple. Lin (2001) showed that substance abusers in a residential program who went through a forgiveness therapy program demonstrated significantly more forgiveness and self-esteem and significantly greater decreases in depression, anger, anxiety, and vulnerability to drug use than those who went through a different form of therapy. Chapman et al.'s (2001) forgiveness intervention with men who had committed crimes and were found not guilty by reason of mental disease promoted significantly more forgiveness, hope, and self-esteem in experimental participants than in control. Recent research from our program demonstrates that forgiveness interventions with married couples are at least as effective as therapy based on Beck's powerful cognitive-behavioral model in promoting forgiveness, marital adjustment, family cohesion, and self-esteem, as well as decreasing anger, anxiety, and depression (Knutson, 2003).

Forgiveness education is also effective in facing end-of-life issues. In what is perhaps the first experimental evaluation of forgiveness education, Hebl and Enright (1993) demonstrated the efficacy of forgiveness in a group setting with elderly women, who after participating in the program demonstrated significantly more forgiveness than controls. More recently, Hansen (2002) showed that implementing a forgiveness intervention with terminal cancer patients led to significantly greater increases in forgiveness of offender, hope, and quality of life, and also to significantly less anger than a control intervention.

Given the findings from our studies, it is not surprising that a recent meta-analysis (Baskin & Enright, in press) of forgiveness programs for adults and older adolescents shows that forgiveness interventions implemented with *groups* led to an average increase of .83 of a standard deviation in forgiveness of offender and .59 of a standard deviation in mental health of offended party. Interventions used with *individuals* led to an average increase of 1.66 standard deviations for forgiveness and 1.42 standard deviations for mental health of offended party. All of these effect sizes can be characterized as "large" (Lipsey, 1990), supporting the claim that forgiveness interventions are powerful in improving the lives of those who participate in them.⁷ It is also important to note that most of the studies from our research group demonstrated that gains in forgiveness and mental health are maintained over time, even up to a year later (e.g., Freedman & Enright, 1996).

What about the impact of forgiveness education with children? An initial effort (Hepp-Dax, 1996) applying our model to children led to mixed results. The researcher did a four-week forgiveness intervention with inner-city 5th graders and found that although the experimental group was

significantly higher than an alternative-treatment control group in forgiveness at post-test, the control group did not replicate these findings when it was given the intervention. Seven months after the end of the intervention with the control-turned-intervention group, all children (both initial experimental and controls) showed improvements in forgiveness and self-esteem. However, this last finding is clearly quasi-experimental, so interpreting the findings is difficult. A four-week intervention may be too brief for children.

More recent work clearly suggests forgiveness education with children is effective in promoting psychological and social health. Especially germane here is Gambaro's (2002) work with young adolescents who demonstrated higher-than-average levels of anger. Gambaro implemented a forgiveness intervention with especially angry adolescents (age 12-14) in a group setting, while offering students in a control condition a Rogerian-based support group experience. Over the course of this twelve-week program, experimental group participants read two fictional stories about people who had suffered serious offenses at the hands of another. During any given session, a section of each story illustrating a particular part of the forgiveness process (see Table 1) was read, and students discussed the events in their story and in their own story of offense (which had been identified during pre-test with the Enright Forgiveness Inventory for Children. Part of each session was also dedicated to discussing current events at school and in the home and how forgiveness might be practiced in these situations. At post-test, participants in the experimental group demonstrated greater decreases in "anger as a trait," "having an angry temperament," and "predilection to react in an angry manner" than did control participants. In addition, those in the experimental group showed significantly greater improvements in attitudes towards school and family and in quality of relationships with friends and family. These results were maintained at follow-up nine months after the intervention ended. At follow-up Gambaro also looked at school grades, detentions, and in-school suspensions and found that the experimental group was significantly higher in academic achievement and significantly lower in detentions and suspensions than the control group.

Park (2003) continued Gambaro's emphasis on angry children, assessing the impact of a forgiveness intervention on female adolescents in Korea who were aggressive victims of peer abuse. In other words, they had been victimized by a peer and in turn became aggressors themselves. Park randomly assigned adolescents identified by a screening instrument to one of three groups: a 12-week forgiveness intervention (based on a culturally- and developmentally-adapted version of Enright's [2001] *Forgiveness is a Choice*), a 12-week "skill-streaming" program (enhancing prosocial skill development), or a no-contact control. Park's experimental forgiveness program is unique in that it took young people through the process of offering forgiveness and introduced them to seeking and receiving forgiveness as well. The first eight sessions were dedicated to an

Table 1

The phases and units of forgiveness (Enright & Fitzgibbons, 2000, p. 68)

UNCOVERING PHASE

1. Examination of psychological defenses
2. Confrontation of anger; the point being to release, not harbor, the anger
3. Admittance of shame, when this is appropriate
4. Awareness of depleted emotional energy
5. Awareness of cognitive rehearsal
6. Insight that the injured party may be comparing self with the injurer
7. Realization that oneself may be permanently and adversely changed by the injury
8. Insight into a possibly altered "just world" view

DECISION PHASE

9. A change of heart/conversion/new insights that old resolution strategies are not working
10. Willingness to consider forgiveness as an option
11. Commitment to forgive offender

WORK PHASE

12. Reframing, through role-taking, who the wrongdoer is by viewing him or her in context
13. Empathy and compassion toward the offender
14. Bearing/accepting the pain
15. Giving a moral gift to the offender

DEEPENING PHASE

16. Finding meaning for self and others in the suffering and in the forgiveness process
17. Realizing that self has needed others' forgiveness in the past
18. Insight that one is not alone
19. Realization that one may have a new purpose in life because of the injury
20. Awareness of decreased negative affect and, perhaps, increased positive affect, if this begins to emerge toward the injurer; awareness of internal, emotional release

Note: This table is an extension of Enright et al. (1991). Details of each unit can be found in Enright (2001).

overview of the model of offering forgiveness (as seen in Table 1), while the last four led participants on an exploration of seeking and receiving forgiveness for their own offenses. While at no time were students forced to offer or seek forgiveness, the last lesson did require students to develop an action plan based on the information and activities they encountered during the intervention. At post-test, the group who participated in the forgiveness intervention demonstrated greater increases in forgiveness and greater decreases in anger, self-reported delinquency, self-reported aggression, and hostile attributions than did the other groups, which did not differ from one another. These gains were maintained at the six-week follow-up. In addition, by follow-up the forgiveness group demonstrated more empathy than the other groups.

We consider these latter studies, with their emphasis on reduction of anger and aggression in particular, critical for designing an effective program to help individuals heal from interpersonal violence and to quell The Troubles in Northern Ireland. In their review of the issue, Enright and Fitzgibbons (2000) established the decisive role of anger in the development of psychological and relational problems. Positive anger management is also critical for Northern Ireland. In essence, The Troubles are a series of anger- and revenge-promoting interpersonal offenses, originally based on religio-ethnic group membership, but more recently becoming based on gang affiliation and drug use patterns. The above literature demonstrates that forgiveness is effective in reducing anger, and yet it encourages people to actively work for positive change in personal relationships and society at large. The current forgiveness education intervention should reduce this toxic anger in children (and in those adults closest to them).

While anger may be the most obvious link between interpersonal hurt and both personal psychological dysfunction and the interpersonal violence that exists in NI, we also note that the empirically-demonstrated benefits of forgiveness in terms of depression and anxiety will also help individuals and the Belfast community heal.

A forgiveness treatment manual for counselors and laypersons based on this research is now published, *Forgiveness Is a Choice* (Enright, 2001); psychiatrists and psychologists can also consult *Helping Clients Forgive: An Empirical Guide for Resolving Anger and Restoring Hope* (Enright & Fitzgibbons, 2000) for a detailed discussion of more scholarly and professional issues involved in implementing forgiveness interventions. A children's picture book is in production, *Rising Above the Storm Clouds* (Enright, in press).

Intervention Plan for the Schools of Northern Ireland

In this section, we describe the general content of our school-based intervention with students in Belfast. Our first year within 12 first grade (Primary 3 in NI) classrooms is

now completed and is awaiting analysis of the pretest to post-test evaluation data.

Throughout our manualized intervention for primary school children, we are targeting a particular aspect of children's social-cognitive development: reframing (Unit 12 in Table 1), in which the child understands that all people, even those who are unfair, have worth. Through our manuals, children are and will be taught about inherent worth of all people and to act on this insight by displaying the moral qualities of moral love (acting more out of a concern for the well-being of another than for oneself), kindness, respect, and/or generosity to those around them, including the ones who have hurt them. These five elements (reframing for inherent worth, moral love, kindness, respect, and generosity) are the focus of the first grade program. In the program we are careful to emphasize the distinction between forgiveness and reconciliation. A child does not reconcile with an unrepentant bully, for example.

These elements are key in the work phase of the model of forgiveness presented in Table 1, which has been the crux of all forgiveness interventions conducted to date.

The forgiveness education manuals planned for first grade through high school are developmental, with increasing cognitive complexity across the years. In the first grade manual, we introduce the children to the concept of forgiveness with the five themes above. To emphasize these themes, we have a three-part curriculum. The first part simply introduces these five concepts outside the context of forgiveness through the story-medium of Dr. Seuss's books. Part 2 introduces these five concepts again, but this time *within the context of forgiveness*, using stories again by Dr. Seuss. Part 3 introduces these five concepts within the context of the *child's own attempt to forgive someone*. In the second grade manual, we will repeat these foundational themes through Disney stories and DVDs. The third grade manual will go into greater depth in linking the moral principle of beneficence to forgiveness, which will be illustrated through more advanced literature such as *The Velveteen Rabbit* (Bianco, 1987) and *Rising Above the Storm Clouds* (Enright, in press). The outlines for the fourth grade manual and beyond are still being developed, and therefore are not discussed here.

Throughout the curriculum, the teachers make the important distinction between *learning* about forgiveness and *choosing to practice* it in certain contexts. Children are always free to try or not try forgiveness in response to their own personal hurts borne out of unfair treatment. In our experience in Belfast to date, children willingly try forgiveness when they are free to choose the person who was unfair to them and the event that each child considers to be unfair. The child's own classroom teacher will deliver the curriculum, to insure cultural and religious sensitivity regarding the nuances of forgiveness. Each year, we will evaluate the effectiveness of the programs with psychometrically-sound instruments given to children and teachers as well as with direct observation children's interactions.

Expectations and Hopes

Children who participate in forgiveness education in the school, home, and place of worship should show greater emotional regulation (less anger, anxiety, and depression), less anti-social behavior and more pro-social behavior than those who have not participated in the program; these gains should be maintained at follow-up one year later. We especially expect these outcomes for children who are identified as being "at-risk" for anger, anxiety, and/or depression, based on our previous findings.

We do not yet know if a comprehensive, long-term forgiveness intervention can positively affect the mental health of children (and their teachers and parents) living in poverty and violence, although based on past research we expect it will. Demonstrating this may verify the usefulness of forgiveness education for promoting mental health (and the characteristics that go with it: productiveness, longer life, etc.) even in the most vulnerable areas of society.

In the long-run, our hope is that the children will grow into adulthood with the tools of forgiveness, given their learning over many years. Thus equipped, these children, now adults, may be less quick to act on anger and more quick to forgive before trying to implement justice. As the history of The Troubles has too often confirmed, attempts at justice when so many in the community are angry do not lead to the most satisfying of outcomes. Forgiveness may temper this and help promote greater fairness throughout society.

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Footnotes

¹ Several of the recent bomb threats seem tied to US politics. The March 2003 bomb was placed and defused right before a meeting between UK officials and President George W. Bush, while a bomb placed and defused in December 2000 occurred during then US President Bill Clinton's visit to Belfast.

² PSNI notes that some of the increase may be due to improved reporting procedures, but these improved procedures mostly concern "low-level" crimes. What is meant by "low-level" is not clear, but it is unlikely that it refers to the obvious offenses mentioned here.

³ On a related note, Kellermann (2001a) has clinically noted an inverse relationship between age during the Holocaust and degree of psychological impact of the experience in child survivors of concentration camps; similar evidence based on quantitative research can be found in Fletcher (1996) and Trautman et al. (2002).

⁴ This parallels reports of child referrals in the US after the terrorist attacks of September 11, 2001 (Hoge, Pavlin, & Milliken, 2002; see also Schuster et al., 2001).

⁵ Due to space considerations and to provide an example of how exposure to one self-contained act of terrorism affects children, here we have decided to concentrate on the impact of the Oklahoma City bombing. Another relevant situation (which in some ways parallels the situation in NI) is the recent history between Israelis and Palestinians. Suffice it to say that literature on the impact of terrorism and other forms of violence in that geographical area show that children of both communities who have been either directly or indirectly exposed to violence demonstrate emotional and behavioral problems as a result (e.g., Barber, 1999; Desivilya, Gal, & Ayalon, 1996; Garbarino & Kostelny, 1996; Thabet, Abed, & Vostanis, 2002).

⁶ Data from 1985 (McGrath & Wilson, cited in Cairns & Wilson, 1993) show that 20% of 10-11 year olds at that time reported being in or witnessing a car bombing. McGrath and Wilson's young people are probably about the same age as the parents of today's Primary 3 (first grade) pupils. Loughrey, Curran, and Bell (1993) report that 23% of people exposed to violent acts in NI develop PTSD, a number comparable to those

who are exposed to other forms of trauma. This leaves a very conservative estimate of about 5% of young adults today who have a history of PTSD. When one considers that the car bombs about which McGrath and Wilson's young subjects reported are only one form of violence in NI (assassinations, violent riots, and other forms of brutality are also prevalent), and that most children have more than one significant adult in their lives, it becomes moderately probable that any given child today has at least one significant adult in their lives with a history of PTSD related to The Troubles.

⁷ Aside from "typical" mental health measures, forgiveness education is beginning to show promise for improving physical health as well. Waltman (2002) demonstrated experimentally that male cardiac patients who had been through a forgiveness program had better cardio-vascular health than those in a control group when measured 10 weeks after participation in the program.

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