Forgiveness Therapy in a Maximum-Security Correctional Institution: A Randomized Clinical Trial

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Author Note

Both the assessments and the intervention were registered with ClinicalTrial.gov (Identifier NCT04374357; NCT04373954). The procedures of recruitment, survey administration, psychological intervention, and data collection were approved by the Department of Corrections ethics committee, State of Wisconsin, and The University of Wisconsin-Madison's Institutional Review Board (ID: 2016-0593; 2018-0132).

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Data Availability Statement:

Research data are not shared. We would need ethics committee approval to share data.

Abstract

Objective: Forgiveness Therapy is proposed as a novel approach to rehabilitation for men in a maximum security correctional institution to alleviate psychological compromises. **Method**: In a two-tiered study, volunteer participants within a correctional institution (N=103) were asked to report past experiences of abuse and unjust treatment prior to their first crime, and were measured on anger, anxiety, depression, hope, and forgiveness. Twenty-four of the most clinically compromised participants were selected from this initial assessment, with pairs first matched on certain characteristics, and then randomly assigned to either experimental or control group interventions followed by a cross-over design (N=9 in each group at the study's end). Experimental participants received 24 weeks of Forgiveness Therapy. Control group participants received 24 weeks of an alternative treatment followed by Forgiveness Therapy. Dependent variables included anger, anxiety, depression, forgiveness, hope, self-esteem, and empathy. **Results**: 90% of 103 participants reported moderate to severe abuse in childhood or adolescence. Data showed an inverse relationship between forgiveness and anger, anxiety, and depression. In the Forgiveness Therapy, anger, anxiety, depression, empathy, and forgiveness were statistically significant favoring both experimental groups. These results remained at the six-month follow-up. **Conclusions**: Forgiveness Therapy is shown to be effective for correctional rehabilitation in healing clinical psychological compromise and in promoting positive psychological well-being in men within a maximum security facility.

Key Words: Forgiveness Therapy, adverse childhood experiences, anger, crime, correctional institutions

Key Practitioners' Message

This study suggests that Forgiveness Therapy is an effective treatment in healing clinical emotional compromise and promoting empathy and self-esteem for men in a maximum-security correctional institution. Forgiveness Therapy can be a stand-alone treatment or an addition to traditional correctional rehabilitation approaches.

Forgiveness Therapy in a Maximum-Security Correctional Institution: A Randomized Clinical Trial

Psychological research centered on empirically-based interventions within correctional institutions is rare, especially within maximum-security prisons. After searching the studies for the past 30 years via Google Scholar, PubMed, and PsycInfo, excluding a few qualitative (e.g. semistructured interview, see Bouw et al., 2019) and case studies (e.g. Brown & Brown, 2015), we found only six such research articles in which the effects of psychological interventions were examined in maximum-security prisons. Two focused on behavioral change (smoking cessation, Richmond et al., 2016; personal responsibility for abusive behaviors, Yorke, 2010). One focused on emotional regulation (e.g. anger management, Hutchinson et al., 2017) and three examined the reduction in particular psychological disorder symptoms (personality disorder, Saradjian et al., 2013; PTSD and substance abuse disorders, Wolff et al., 2012; depressive syndromes, Wilson, 1990). Across these six studies, only Wilson's (1990) used a randomized experimental and control group clinical trial, but failed to find significant differences between treatment groups, possibly because of the small sample sizes (n=5 in each group). None of the studies had as its

focus the emotional healing from past injustices/adversities experienced by the imprisoned people prior to their crime, conviction, and imprisonment.

Typical correctional interventions, even those without empirically-based evidence, de-emphasize internal, emotional rehabilitation and instead focus primarily on behavioral change. For example, one popular approach is behavioral movement through sports-based activities (Meek & Lewis, 2014). Others are art therapy (Breiner et al., 2012) and basic educational programs to reduce risk behaviors (Knudsen et al., 2014).

One exception to the de-emphasis on internal rehabilitation is Positive Criminology which fosters a sense of hope and optimism, positive relationships with the prison staff, and a positive social atmosphere within the institution (Ronel & Elisha, 2020; Ronel & Segev, 2014). Yet, this approach has not been examined with randomized experimental and control groups. While Cognitive Behavioral Therapy might be considered another exception to this focus on behavior, the only experimental intervention research using CBT with a focus on psychological variables other than behavior in a prison setting is Echeburúa et al's (2006) study, in which the researchers used a within-group repeated measures design (N=52) with men who were imprisoned in eight Spanish prisons. After 20 weekly sessions of a group format cognitive-behavioral program, the results showed a significant decrease in anger and hostility. This dearth of intervention studies, particularly in maximum security institutions, on rehabilitating compromised psychological well-being, perhaps caused in part by past unjust experiences against the imprisoned, is important primarily because evidence now is mounting showing that, prior to criminal activity, a large percentage of imprisoned people have experienced abuse or other severe injustices in their childhood and adolescence. Studies indicate that most imprisoned people reported a higher

prevalence of childhood trauma and adversity than their non-incarcerated cohorts (Altintas & Bilici, 2018; Armour, 2012). Traumatic experiences in childhood and adolescence lead to later negative psychological outcomes. Incarcerated populations exhibit significantly higher rates of serious psychological disorders than the general population (Fazel et al., 2016; Naidoo & Mkize, 2012; Prins, 2014).

Excessive anger was found to be the most powerful element in determining the likelihood of aggressive and violent behavior (Howells, 2005; Novaco, 2011), and remains a critical area of study given rising community concern over violent crimes (Novaco, 2011, 2013). Excessive anger over past trauma is more concerning if it evolves into hostility or resentment, as these emotions demand release (Novaco, 2013; Park et al., 2013).

With prison overcrowding and staff shortages, the presence of excessive anger and other psychological problems is a serious concern (e.g., Dargis et al., 2016; Mills & Kroner, 2003). Unresolved anger can deepen and solidify into resentment (excessive anger) or rage (intense, potentially violent anger), compromising one's psychological health and behavior (Enright & Fitzgibbons, 2015).

One empirically-verified treatment to reduce this resentment and restore psychological well-being is Forgiveness Therapy, first introduced successfully in research by Hebl and Enright (1993). Forgiveness is commonly regarded as a moral virtue (as are justice, patience, and kindness, as examples) involving a willingness to abandon the right to resentment, condemnation, and revenge, and to instead offer compassion, generosity, and love toward the offender, even when it is undeserved (North 1987; Holmgren, 1993; Enright & Fitzgibbons, 2015; Enright, 2001). Forgiveness is distinguished from condoning, excusing, forgetting, justifying, ceasing to

be angry, or reconciling (Enright, 2001). Forgiveness, as a moral virtue is unconditional, and has been shown to reverse the psychological effects of unjust treatment (Enright, 2001; Enright & Fitzgibbons, 2015). A growing number of experimental studies, shown through meta-analyses (see, for example, Akhtar & Barlow, 2018; Lundahl et al., 2008), demonstrate the effectiveness of forgiveness in promoting psychological health in adolescent and adult populations who have experienced interpersonal hurt or violence.

Forgiveness Therapy has been scientifically demonstrated to eliminate excessive anger, improve emotional well-being (self-esteem, hope, and life satisfaction), and relieve mental health problems (depression, anxiety, and stress) in numerous and diverse populations including incest survivors (Freedman & Enright, 1996), people in court-ordered drug rehabilitation (Lin et al., 2004), emotionally-abused women (Reed & Enright, 2006), women with fibromyalgia who were abused in childhood (Lee & Enright, 2014), and others (see for example, Sandage et al., 2015). In a pilot study in the forensics unit of a mental health institute, patients benefitted from Forgiveness Therapy (Chapman & Maier, 2000), suggesting that Forgiveness Therapy in the prison context is likely to benefit those who have this kind of treatment.

Forgiveness Therapy in this study used the Process Model (Enright & Fitzgibbons, 2015) which is structured within four phases: uncovering, decision, work, and deepening. With the assistance of a mental health professional, individuals or groups work through these phases, with forgiveness always being a choice for clients. Key elements emphasized in each phase are presented in Table 1.

Table 1 about here

Because forgiveness shows promise as an effective therapy to relieve psychological compromise (anger, anxiety, and depression), and to restore psychological well-being (hope, self-esteem, and empathy), perhaps Forgiveness Therapy may be a first step in effective rehabilitation within a correctional context, given the findings discussed above showing trauma in childhood and subsequent resentment by those who are incarcerated. To date, there are no randomized clinical trials centered on Forgiveness Therapy in a maximum-security correctional institution (see the literature review, Song et al., 2020). It may be time for such a study especially given a relatively recent call for such research that has yet to be carried out (Enright et al., 2016). That article called for an intervention to significantly reduce, through forgiveness interventions, hatred or resentment that might motivate anti-social behaviors or lead to even more serious psychological compromises over time (Enright et al., 2016).

In the study here, we first gathered information on adverse past experiences of injustice and current psychological compromise in the sample. This is done to explore the psychological characteristics of this sample and to choose candidates, those who are particularly psychologically compromised, for Forgiveness Therapy. We were looking for those imprisoned people who have past injustices against them, have current psychological trauma, and are not forgiving those who were unjust to them in the past. We then proceeded with a randomized experimental and control group clinical trial of Forgiveness Therapy, delivered within a group therapy format, to ascertain its effectiveness in improving psychological health in this men's maximum-security correctional institution. Following the initial intervention with the experimental group, the control group became a second experimental group.

The eight hypotheses regarding the therapeutic intervention are as follows:

H1: Compared to the standardized program as an alternative psychological treatment, Forgiveness Therapy, for the original experimental group, has better effects in ameliorating excessive anger from pretest to post-test. **H2**: We expected the same for anxiety, and **H3**: the same for depression for the men in the maximum-security correctional institution. **H4**: Compared to the standardized program as an alternative psychological treatment, Forgiveness Therapy, for the original experimental group, has better effects in promoting the positive psychological well-being of forgiveness from pretest to post-test. **H5**: We expected the same for hope, **H6**: for self-esteem, and **H7**: for empathy for the men in the maximum-security correctional institution.

We hypothesized the same eight expectations when comparing the control group from pretest to post-test with itself, once this became the control-group-turned-experimental-group, from the initial post-test to their second post-test once Forgiveness Therapy was completed.

H8: For those variables showing improvement from pretest to post-test in the original experimental group relative to the control group, we expect no difference between post-test and follow-up scores in that original experimental group as an indication of the maintenance of effects over a six-month period.

We reason that those in correctional institutions should be regarded as persons who were once abuse victims, and now are allowed the opportunity for psychologically healing. As a practical point, if excessive anger is reduced, then such anger is less likely to be displaced onto others. Further, Forgiveness Therapy does not abandon the theme of justice. In other words, addressing imprisoned people's past victimization and acknowledging their hurt does not in any way intend to diminish their responsibility for any criminal acts they have committed.

Methods

The procedures of recruitment, survey administration, psychological intervention, and data collection were approved by the Department of Corrections ethics committee, State of Wisconsin, and The University of Wisconsin-Madison's Institutional Review Board.

Participants in the Initial Data Gathering

Males were recruited at a maximum-security correctional institution in the United States. One hundred six participants voluntarily enrolled in the study, three of whom had previously received Forgiveness Therapy, so were excluded from data analysis. The remaining 103 participants were assessed for the purpose of examining the reliability and validity of the measures to be used in the intervention and for the selection of participants for the interventions.

Participants in the Interventions

Twenty-four of the most clinically compromised participants from the initial data collection were invited to voluntarily participate in the group intervention. We chose the most-compromised participants to examine whether Forgiveness Therapy can be effective under the most challenging conditions. We chose 12 for each group (experimental and control) because the correctional institution in which this study occurred characteristically has between nine and 12 participants in any therapeutic group.

Qualified participants had a combination of the highest ratings of "severity of injustice" and "severity of impact," the lowest scores in forgiveness, and the highest levels of anger, anxiety, and depression. Only participants who would be incarcerated long enough to complete the program were selected. These participants were matched by type of abuse, severity of the abuse, and age at which abuse occurred. Each member of each matched pair was randomly assigned to

either the experimental (Forgiveness Therapy) or alternative treatment (Carey Guides) control group. Three experimental and two control group participants chose to drop out of their respective groups during the first four weeks, which is typical for group interventions in this particular correctional institution according to the intervener who has five years of experience at the facility. The usual reason for termination is a lack of trust in discussing one's own vulnerabilities with others who are incarcerated. A third control group participant withdrew early from the control-group-turned-experimental group because he was transferred to restrictive housing for weeks. It is typical, again from the communication with the intervener, to have eight people per therapy group regardless of the type of group therapy being offered. In the case of this research, we had nine in each group at the end of treatment.

The original 12 participants in the *experimental group* consisted of 33.3% African American/Black (n=4), 16.7% Caucasian/White (n=2), 8.3% Hispanic/Mexico (n=1), 33.3% bi-racial/multi-racial (n=4), and 8.3% who chose not to identify their race or ethnicity (n=1). Age distribution included 16.7% from 21 to 30 (n=2), 25% from 31 to 40 (n=3), 33.3% from 41 to 50 (n=4), none from 51 to 60 (n=0), 8.3% over 60 (n=1), and 16.7% who chose not to answer (n=2). All 12 participants had education at the high school level (9-12th), some of whom completed an HSED, GED and/or some college credits in prison. Crimes that ultimately resulted in maximum-security incarceration were robbery/battery (n=1), homicide (n=4), sexual assault (n=5), murder (n=1) and selling/dealing drugs (n=1). All of them were recidivists, some serving life sentences for more than one felony. 91.7% of the injustice against them occurred in childhood and/or adolescence (11 out of 12).

The 12 original participants in the *control group* consisted of 41.7% African American/ Black (n=5), 25% Caucasian/White (n=3), 16.7% Hispanic/Mexico (n=2), 8.3% Native American (n=1), and 8.3% Asian (n=1). Age distribution included 16.7% from 21 to 30 (n=2), 41.7% from 31 to 40 (n=5), 16.7% from 41 to 50 (n=2), 16.7% from 51 to 60 (n=2), and 8.3% over 60 (n=1). All 12 participants had education at the high school level (9-12th), some of whom completed an HSED, GED and/or some college credits in prison. Crimes that ultimately resulted in maximum-security incarceration were robbery/battery (n=5), homicide (n=4), sexual assault (n=2), murder (n=2), and burglary and forgery (n=1). 11 out of 12 participants were recidivists, with some serving life sentences for more than one felony. 83.3% of the injustice against them occurred in childhood and/or adolescence (10 out of 12).

None of the participants had prior therapy, within this correctional facility, focused on past trauma. The previous opportunities open to the participants concerned anger management and cognitive work that triggers the anger in present situations. Therefore, there were no prior treatments that might have been related to the theme of forgiveness, which could have influenced the results obtained in the present study.

Initial Testing Procedures to Obtain the Therapeutic Sample

Participants voluntarily signed consent forms to participate, and then completed a series of questions about past unfair treatment; a personal and criminal history questionnaire; the National Institutes of Health (NIH) *PROMIS* Measures of anger, depression, and anxiety; the Enright Forgiveness Inventory Short Form (30 items); the Herth Hope Index; and the Marlowe-Crowne Social Desirability Scale (20-item short version).

All scales were presented in random order. Anger, depression, and anxiety scales, grouped in the PROMIS package of the National Institutes of Health, were separated for this assessment and could occur in any order for any participant. Detailed descriptions of these scales are presented in the *Measures* section. Participants' stories were coded and analyzed independently by five researchers, all of whom have had extensive experience in the psychology of forgiveness. Researchers gathered in roundtable meetings while one read participants' stories aloud verbatim, and all researchers independently rated the stories. Finally, each researcher reported his/her ratings for the group to discuss and reach consensus.

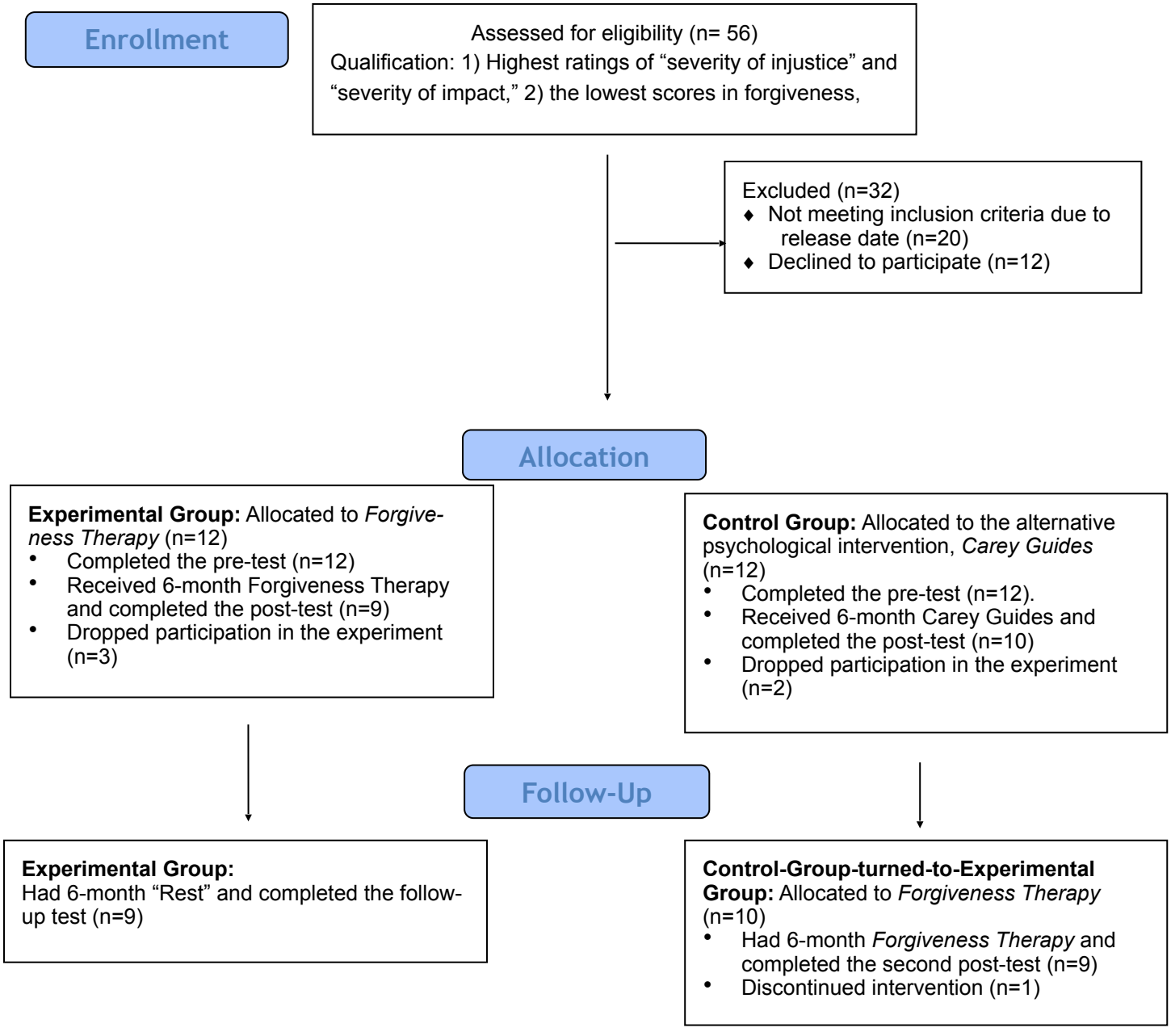
Intervention Manuals

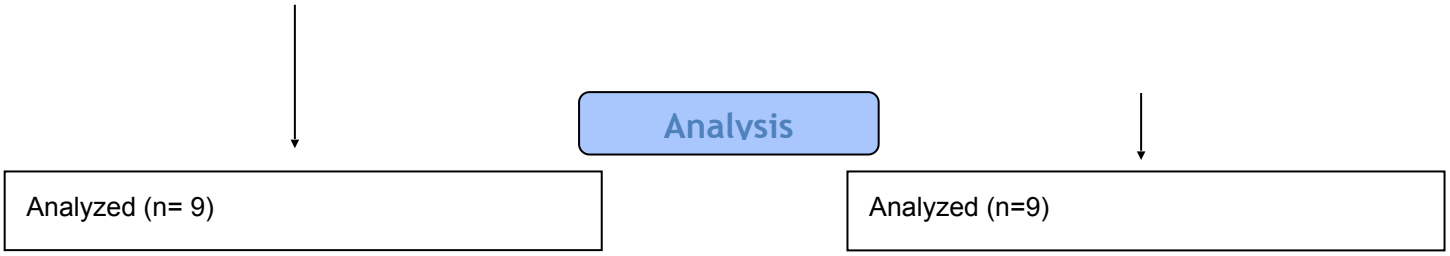
The book *8 Keys to Forgiveness* (Enright, 2015) was used as the manualized treatment in the experimental group and later in the control-turned-experimental group (described below under *Intervention Procedures*) so that treatment was uniform in working through the four phases of Forgiveness Therapy described in the introduction (see Table 1).

The Carey Guides (2016), selected as the manualized protocol for the control group, is an educational tool used by the Department of Corrections in which participants are encouraged to complete as they work toward custody reduction. This is also a standardized program, and so uniformity was ensured as it is taught in the correctional facility. Topics include: A Guide to Success, Anger, Antisocial Peers, Antisocial Thinking, Emotion Regulation, Empathy, Interpersonal Skills, Moral Reasoning, Overcoming Family Challenges, Problem Solving, Prosocial Leisure Activities, and Substance Abuse.

Testing Procedures in the Intervention

Participants read and signed consent forms prior to participating in the study and were free to withdraw at any time without consequence. All participants in both groups completed measures on anger, anxiety, depression, forgiveness, hope, self-esteem, and empathy (listed in the *Measures* section) once before and twice after treatment. The following consort table outlines the testing procedures:





Participants' answers from the initial data collection on page one of the *Enright Forgiveness Inventory* (EFI-30) were photocopied for the pretest of the intervention to ensure uniformity on the EFI at pre-test, post-test, and follow-up. This ensured that each participant focused on the same person at all testing phases.

Intervention Procedures

Participants were randomly assigned to experimental and control conditions. Both groups met one hour each week in a group setting for 24 sessions. A licensed psychologist employed at the correctional institution directed the weekly sessions for both groups. The intervener, prior to this study, led groups centered on forgiveness and on *The Carey Guides* for the past two years at this institution. We adopted this design of one intervener for both groups considering that two different interveners would confound treatment and skills of each therapist. Fidelity checks within the forgiveness treatment were conducted at random intervals during the 24-week sessions by a prison Chaplain with at least two-years of experience running forgiveness interventions at the same correctional facility. This Chaplain observed five randomly selected forgiveness sessions and compared what he observed to a brief outline for the given session to assess the extent to which delivery of the lessons adhered to the manual. The observer did not interact with the par-

ticipants or interrupt the intervention procedure. He already has been a facilitator and co-led psychology groups with the current intervener at the institution and so the participants are used to his presence. Thus, he was chosen to do the fidelity check because he likely would cause minimal disruption, given his past role as a group facilitator in this institution. Fidelity checks were not seen as necessary in the control condition because that protocol was well-established in the institution and the intervener has had years of experience in that institution.

After the pretest for both groups, the experimental group received a 24-week Forgiveness Therapy program while the control group received 24-weeks of instruction in *The Carey Guides.* Single masking was employed; participants were randomly assigned to treatments, but not informed of whether they were in the experimental or control group. After the post-test for both groups, the control group became a second experimental group and received the 24-week Forgiveness Therapy, while the first experimental group was in a "rest" condition. Both groups were tested again— the control group as a post-test, and the experimental group as a follow-up to determine if results held in the six months after treatment.

Measures

Open-ended questions about unfair treatment, at the initial assessment. The following questions were addressed in written format during the initial assessment (prior to the intervention assessments): Did you experience some deep unjust abusive events prior to your first crime? If so, please describe the event in detail (e.g. When, where, by whom and how did it happen? What did the person do? What did the other person say? How did you respond to that? How did this event develop later? What happened at last?). What were your feelings like at that time, three months, and a year after it happened? Do you think such bad feelings from this deep hurt brought

about some bad influences in your life? Do you think this deep hurt contributes to your choice to harm others/or engage in crime? Have you shared this hurt with anyone? Or has anyone asked you about that? If so, who? Has anyone recognized or helped with the healing of this deep hurt? If so who?

National Institutes of Health PROMIS Measures of: Anger (five items), Depression (eight items), and Anxiety (seven items). Short forms generated from the item banks for anger, depression, and anxiety were used in this study. These assessments include five items from the anger scale, eight items from the depression scale, and seven items from the anxiety scale. Items chosen asked about frequency of anger, depression, or anxiety indicators in the past seven days. All items were structured beginning "In the past 7 days, I…" and participants rated them on a 5-point Likert scale from "never" to "always." For example, one item from the anger scale read, "In the past 7 days, I felt like I was ready to explode." The total scores for the anger scale ranged from 5 to 25, for the depression scale from 8 to 40, and for the anxiety scale from 7 to 35. (See Cella et al., 2010; Pilkonis et al., 2014; Rothrock et al., 2010 for validation studies on these scales.) The anger, depression, and anxiety short forms all correlate at .96 with their bank and all show strong internal consistency reliability and validity with similar mental health indices (Cella et al., 2010). Raw scores were converted to T-scores, with a mean of 50 and a standard deviation (SD) of 10, according to the PROMIS manuals for standardization before analysis. Scoring tables for conversion are listed in the scoring manual on the Health Measures website (2019).

Enright Forgiveness Inventory Short Form (30 items, EFI-30). The *EFI-30* (Enright et al., under review) is the short version of *Enright Forgiveness Inventory (EFI)* (Subkoviak et al., 1995). The *EFI-30* has been used in numerous studies to measure degree of forgiveness toward

an offender, and improvement in forgiveness after treatment with Forgiveness Therapy. It includes three subscales: affect (EFI-A), behavior (EFI-B), and cognition (EFI-C), with 10 items in each subscale. The introductory material asks participants to focus on the most severe injustice they experienced before their first incarceration, and to identify the perpetrator, time of the event, degree of hurt, and give brief description of the experience. As stated above, the person identified in the initial data collection became the same person toward whom the participant then completed the EFI-30 for each assessment in the intervention. Participants were asked to think about the person who hurt them and rate 30 items on a six-point Likert scale ranging from "strongly disagree" to "strongly agree." Half of the items were negative statements, and reverse coding was done in the data analysis. One example of a positive item is "I feel warm toward him/her." An example of a negative item is "Regarding this person, I disapprove of him/her." Total forgiveness scores ranged from 30 to 180, with each subscale score ranging from 10 to 60, and higher scores indicating higher levels of forgiveness. Five pseudo-forgiveness questions are included at the end of the *EFI-30*, which ask participants to evaluate whether the incident was truly hurtful. Participants responded on a six-point Likert scale ranging from "strongly disagree" to "strongly agree" to items such as "I was never bothered by what happened." Total pseudo-forgiveness scores range from 6 to 30. Participants from the initial data collection with pseudo-forgiveness scores higher than 20 were eliminated from data analysis. Finally, participants answered "To what extent have you forgiven the person you rated on this *Attitude Scale*?" by rating from 1 (not at all) to 5 (complete forgiveness). This one-item forgiveness scale is used to validate the *EFI-30*. This scale

shows strong reliability, usually above .93, and validity especially with the one-item forgiveness scale across diverse nations and cultures (Enright et al., under review).

The Herth Hope Index (HHI). (Herth, 1992). The *Herth Hope Index* is a twelve-item assessment of optimism about the future. Statements include "I have a positive outlook on life," and "I believe that each day has potential." These statements assess connectedness to positive expectations for the future, inter-connectedness with other people, and inner positive expectancy. Participants responded on a four-point Likert scale ranging from "strongly disagree" to "strongly agree." Two items are reverse coded. Total hope scores range from 12 to 48 with higher scores indicating more optimism about the future. HHI is the abbreviated version adapted from the full *Herth Hope Scale* (HHS), showing internal consistency reliability above .95 and validity with other hope scales above .70 (Herth, 1992).

The Coopersmith Self-Esteem Inventory Form B (Adult Version), only to the intervention participants. This scale consists of 25 true-false statements about oneself in the following domains: general self, social self, self and peers, and self and parents. Items include statements such as "I can make up my mind without too much trouble," and "I have a low opinion of myself." The original inventory was developed for use with children, but Form B has been successfully modified and applied to adults in both college and industry (Coopersmith, 1981). Participants earn one point for each "true" response and zero for each "false" response on eight positive self-esteem statements. Scores reverse on 17 negative statements. Scores range from 0 to 25. Internal consistency reliability is reported to be above .85 and convergent validity with other self-esteem scales is above .70 (Butler & Gasson, 2005; Johnson et al., 1983).

The Toronto Empathy Questionnaire (TEQ), only to the intervention participants**,** developed at the University of Toronto (Spreng et al., 2009) contains 16 items that cover both positive and absent responses on emotional empathy items such as "It upsets me to see someone being treated disrespectfully," and "I enjoy making other people feel better." Participants responded on a 5-point Likert scale ranging from "never" to "always." Half of the items are reverse coded. Total empathy scores ranged from 16 to 90. The *TEQ* demonstrates internal consistency reliability above .85 and convergent validity with other empathy scales above .70 (Spreng et al., 2009). The *TEQ* is a brief, reliable, and valid instrument for the assessment of empathy.

Marlowe-Crowne Social Desirability Scale (20-item short version). This widely used scale was selected to measure whether a participant is "faking good" to meet social desirability standards in psychological tests. It also assesses the seriousness with which each participant responded. This 20-item short version of the *Marlowe-Crowne Social Desirability Scale* (Crowne & Marlowe, 1960) was developed by Strahan and Gerbasi (1972) and contains 20 true/false statements. Respondents rate as true or false statements such as "I never hesitate to go out of my way to help someone in trouble." Participants earn one point for each "true" response and zero points for each "false" response on 10 socially desirable statements. Points reverse on 10 socially undesirable statements. Scores range from 0 to 20. Higher scores represent higher levels of "faking good." This scale is widely used in psychological studies with reliability in the .88 range and significant correlations with other social desirability scales.

Personal and Criminal History. This is a 9-item questionnaire to gather demographic information (age, ethnicity/race, education level, work history, home area prior incarceration)

and crime history (first crime, crime that led to prison, length of time in maximum security custody).

Results

Reliability and Validity of the Initial Assessment Measures

Examination of the 5-item pseudo-forgiveness subscale found no participants scored above the cut-off of 20, so data for all of the participants were retained. Cronbach's alpha for the 30-item *Enright Forgiveness Inventory* (EFI-30) total and its three subscales (affect, behavior, and cognition) were: *EFI-30* (α = .97), *EFI-30 Affect* (α = .93), *EFI-30 Behavior* (α = .92) and *EFI-30 Cognition* (α = .93). The EFI-A, EFI-B, EFI-C, and EFI-30 all positively correlated with the one-item forgiveness scale, negatively correlated with psychological compromise (anxiety and depression) and did not correlate at all with social desirability (see Table 2). Although the total EFI-30 did not correlate with anger, the negative affect subscale (which assesses current resentment from the long-ago injustice) was statistically-significantly related to anger (r=-.25), as was this same variable and anger with the 24 intervention participants at pretest just prior to the intervention (r=-.46). Cronbach's alpha and correlations showed good internal consistency among items on the *EFI-30* and its validity as a forgiveness measure in the prison context. Social desirability did not correlate with any of the dependent variables (anger, anxiety, depression, hope, and forgiveness), indicating participants neither faked their responses nor showed a social desirability responding bias. Anger, anxiety, and depression correlated with each other above .50 and all scales correlated with hope. Cronbach's alpha of internal consistency for the other measures are as follows: anger (.88), anxiety (.89), depression (.94), hope (.89), and social desirability (.75).

Table 2 about here

Insight into Participants' Past Injustices

Participants' stories of unjust treatment were coded and analyzed according to the following: whether there was an actual injustice, the category of the injustice (physical, sexual, verbal, failure to protect or provide, secondary injustice defined as injustice against a loved one), age when injustice occurred, identity of the perpetrator, severity of injustice, severity of impact, their view of whether the injustice contributed to their choices to harm others or engage in crime, whether or not they shared their pain with anyone, whether anyone recognized or helped heal their pain, and whether the psychological hurt is still present. Judgement of severity was made by independent rating and then discussed until consensus (an inter-rater agreement of 100%) was reached by a five-member panel, one of whom is a licensed psychologist, another with a graduate degree in clinical psychology, and three others with extensive knowledge of the psychology of forgiveness. Criteria for story-rating are listed in Appendix A.

96% of participants (99 of 103) reported a past injustice prior to their first crime and told their stories in detail. One participant claimed "no injustice" and three left the story-writing section blank. These were excluded, along with another three because their stories did not meet study criteria for unjust treatment. Severity of injustice and severity of impact in the remaining 96 participants are reported as percentages in Table 3.

Table 3 about here

Examination of age at which abuse first occurred showed 90% (86 out of 96) were abused in childhood or adolescence for years. 72% (69 out of 96) reported mistreatment by family members or caregivers, and 21% (20 out of 96) reported mistreatment by friends or peers in school and their community.

Types of injustice described in stories revealed 73% (n=70) physical abuse, 34% (n=33) sexual abuse, 55% (n=53) emotional or psychological abuse, 78% (n=75) abuse as neglect or failure to protect or provide by their families, and 16% (n=15) abuse as secondary injustice (injustice toward someone they cared about). In one example, a participant's mother was physically abused by his stepfather repeatedly in front of him. Almost all participants experienced more than one type of injustice, and 82% (79 out of 96) reported that residual feelings still negatively influence their lives.

The type of past abuse participants suffered and type of crimes committed were related. Of the 33 who reported sexual abuse and emotional manipulation in their childhood or adolescence, 67% (22 of 33) ultimately were incarcerated for sexual assault convictions. Of 70 who experienced physical abuse and failure to protect or provide from families, 80% (56 out of 70) were incarcerated for violent crimes that cause severe injuries such as armed robbery, homicide, and felony murder.

In examination of the degree of emotional pain caused by the injustice 74.8% reported "a great deal of hurt" (77 out of 103), 12.6% reported "much hurt" (13 out of 103), 4.9% reported "some hurt" (5 out of 103), 3.9% reported "a little hurt" (5 out of 103), and 2.9% reported "no

hurt" (3 out of 103). Results showed approximately 90% who indicated "a great deal of hurt" and "much hurt" experienced the injustice before their first crime.

As an unexpected finding, 46% (44 out of 96) never shared their past deep hurt with anyone, and only 27% (26 out of 96) indicated that someone recognized or assisted with their healing. In essence, they were re-traumatized by holding in their pain. 76% (73 out of 96) reported their abuse experience directly contributed to their choice to harm others and/or engage in crime. Segments of two of the stories are presented below with identifying information altered. More details of other imprisoned people's stories can be found in the published case studies (Yu, et al., 2018).

No. 81's story

"I went through a rough phase when my brother got killed in 2005. I started using drugs. So my abusive event is behind the stuff I did to myself. But what I want to talk about is the fact that age 7-11, I was sexually abused by a female cousin. My mother died when I was four years old and I went to live in Mississippi with my mother's younger sister who had two teenage daughters of her own. So this is where my story begins. Every time my auntie was not around, my female cousin would come into my room and lock the door. Play with me. She would say, "And you can't tell." So she would pull down my pants and play with my penis. After awhile she started making me have sex with her. Sex turned into role-playing and rough sex. For years this went on until I moved with my father in the summer of 1992."

No. 91's story

"When I was a child of about 4 or 5, I was physically and sexually abused. I can't be specific of just one time because it happened so many times. They all run together, sort of. I was about 4 or 5 when the abuse started. I used to live with my step-dad and mom at the time when these incidents started. My step-dad would molest me at night and during the day I would be physically beat and hit with things like flyswatters, belts, hangers, shoes, and extension cords. I blocked those memories out for a long time and kind of repressed them. My stepdad would threaten to drown me and kill me if I said anything. I was scared."

Effects of Forgiveness Therapy

For the intervention study, we chose the 24 participants who: a) had the most severe injustices against them in the past; b) were clinically compromised in their anger, anxiety, and depression, and c) were low in forgiveness. All 24 participants were retained, as none scored above the cut-off of 20 on the 5-item pseudo-forgiveness subscale. To examine the possibility of pretest differences between the two groups, two-tailed independent t-tests were conducted to compare scores on each measure between the two groups (N=12 for each group). No differences were found at baseline (see Table 4 and footnote[1]).

Table 4 about here

To test the effectiveness of Forgiveness Therapy compared to the alternative treatment, we conducted the following three comparisons: First, a one-tailed independent t-test to compare the *gain scores* between the two groups from pretest to post-test using data from our 19 remain-

[1] Anger, $t(22)=.66$; $p=.52$; Anxiety, $t(22)=.73$, $p=.47$; Depression, $t(22)=.65$, $p=.52$; Hope, $t(22)=.29$, $p=.77$; Forgiveness, $t(22)=.44$, $p=.66$; Self-esteem, $t(22)=.63$, $p=.54$; Empathy, $t(22)=.75$, $p=.46$. The descriptive data (e.g. N, M, SD) can be found in Table 4.

ing participants (EG=9, CG=10) who finished both pretest and post-test. We used a one-tailed test here based on our original hypotheses: we assumed that Forgiveness Therapy would have better effects than the alternative treatment, Carey Guides. The results showed that, with the exception of hope and self-esteem, the experimental group had significantly greater decreases in anger, anxiety, and depression, and significantly greater increases in forgiveness and empathy compared to the control group (see Table 5). In all cases, the effect sizes are medium to large, including the change, favoring the experimental group, in self-esteem and hope.

Table 5 about here

Next, a one-tailed paired sample t-test was run within the control group compared to itself once this group had Forgiveness Therapy. We compared the *gain scores* (post-test scores minus pretest scores) when the control group had *The Carey Guides* (CG) with the *gain scores* (second post-test scores minus post-test scores for the control group-turned-experimental group) once the control group became the experimental group with the *Forgiveness Therapy* (FT) intervention. This particular analysis was done with the data from our nine remaining participants who completed three assessments in the control-turned-to-experimental group. The results showed that, with the exception of hope and self-esteem, the control group had significant decreases in anger, anxiety, and depression, and significant increases in forgiveness and empathy after receiving Forgiveness Therapy compared to *The Carey Guides* treatment (see Table 6). All comparisons, except for self-esteem and hope, had medium to large effect sizes.

Table 6 about here

We used two-tailed independent t-tests to compare *gain scores* (post-test scores minus pretest scores for the experimental group and second posttest scores minus post-test scores for the control-group-turned experimental group) of Forgiveness Therapy between the two groups. We switched to two-tailed test here as no hypothesis were proposed about which group would perform better. No significant differences on any dependent variable were found between the two groups, indicating positive effects for both groups from Forgiveness Therapy.

We also performed one-tailed matched pair t-tests within each of the two groups to examine the amount of change on the seven measures after each period of treatment. For the first period of treatment, when comparing the pre-test scores and post-test scores, the experimental group showed significant decreases in anger ($M_d = -7.78, t(8) = 2.33, p = .024, d = .78$), anxiety ($M_d = -7.47, t(8) = 2.82, p = .011, d = .94$), and depression ($M_d = -8.26, t(8) = 4.25, p = .001, d = 1.42$); as well as significant increases in hope ($M_d = 5.34, t(8) = 3.83, p = .003, d = 1.28$), forgiveness ($M_d = 33.61, t(8) = 3.52, p = .004, d = 1.17$), self-esteem ($M_d = 2.67, t(8) = 2.44, p = .020, d = .82$), and empathy ($M_d = 4.56, t(8) = 1.88, p = .048, d = .63$). The control group showed no significant changes on any of the seven dependent variables. For the second period of treatment, when comparing the post-test scores and the follow-up/second post-test scores, the control-group-turned-experimental group (after 6-month Forgiveness Therapy) had significant decreases in anger ($M_d = -10.96, t(8) = 3.17, p = .007, d = 1.06$), anxiety ($M_d = -12.62, t(8) = 3.82, p = .003, d = 1.27$), depression (

$M_d = -13.72, t(8) = 4.46, p = .001, d = 1.49$), as well as significant increases in forgiveness ($M_d = 45.11, t(8) = 3.00, p = .009, d = 1.00$) and empathy ($M_d = 4.11, t(8) = 2.07, p = .036, d = .69$).

With the exception of a significant increase in self-esteem ($M_d = 2.00, t(8) = 2.91, p = .010, d = .97$), no differences were found for the original experimental group (post-test to follow-up), indicating the effects of Forgiveness Therapy were maintained after the six-month rest period. The results demonstrated long-term effectiveness of Forgiveness Therapy and ineffectiveness of the alternative treatment across the study. Given the degree of scrutiny and restricted movement in maximum security prison, the continued increase in self-esteem to follow-up in the original experimental group (to 16.44 out of a possible high score of 25) is worth noting. In all cases of change in both groups, the effect sizes are moderate to large.

At the end of the follow-up/second post-test, 5 out of 18 participants were approved for custody reduction to medium security. Decisions for such reduction are based on: 1) completed treatment programs such as AODA, Anger Management, Thinking for Change, and Substance Abuse; 2) Assessment Score/Rating of General and Violent Recidivism Risk (each separately); 3) Institutional Adjustment/Improved Conduct (how well they follow the rules, conduct reports); 4) working a job in the institution with good performance reports, or good performance in school; 5) completion of GED or HSED; 6) participation in activities such as therapy groups, Bible Study, Mindfulness groups, worship services, Forgiveness group; 7) comments and discussions by unit staff who work on the unit where these individuals are housed. Overall, custody reduction is given to those who show psychological and behavioral stability. We mention this for in-

formational purposes only. These custody reductions are not necessarily indicative of the benefits of the forgiveness intervention. It could be that the mere participation within any group would have helped them.

Discussion

General Discussion of the Results

Of the eight hypotheses proposed for the effectiveness of Forgiveness Therapy, all except Hypotheses 5 (hope) and 6 (self-esteem) were statistically supported both for the original experimental group and for the control-group-turned-experimental-group relative to the control group. From the first post-test to the second post-test within the original experimental group, maintenance of results over a six month period were observed.

In the initial data gathering, nearly all maximum-security participants reported having been victims of deeply unjust treatment prior to their first crime. About 90% of the unjust experiences were considered moderate to severe in terms of level of injustice and later impact. Critically, many participants had never shared their abuse histories until they were asked to do so in this study. Only 54% of participants reported having tried to share their painful pasts. Of the 27% who did report that someone recognized their pain or helped them try to heal, all reported those efforts as ineffective.

In this initial sample of 103 participants, those who currently were low in forgiving people from the past who were unjust to them had more anxiety and depression and less hope than those higher in forgiving. Those with low scores in the negative affect subscale of forgiveness (showing high resentment) also were higher in anger. This initial data gathering shows a need

for therapy to reduce the ingrained psychological compromises of imprisoned people. This provided the rationale for Forgiveness Therapy in this population.

The intervention demonstrated the effectiveness of Forgiveness Therapy immediately following treatment and at the six-month follow-up in ameliorating clinical compromise and promoting well-being in these participants within the maximum-security setting. Significant improvements in anger, anxiety, depression, forgiveness, and empathy held at six-month follow-up. While changes in hope and self-esteem were not statistically significant, trends showed increases in both from pre-test to the final assessment for both groups.

Being in a maximum-security facility with a long sentence ahead of the participants may be a challenge for any intervention in enhancing individuals' hope. Similarly, strengthening self-esteem for people who have committed very serious crimes might be difficult, especially when they become more empathetic and less angry. Perhaps it can be assumed that they will be more remorseful following a forgiveness intervention. Without adequate avenues to express their remorse, their self-esteem might be further reduced, which did not occur here. Perhaps a greater emphasis on self-forgiveness may be beneficial.

An important finding from a clinical perspective is that anger and depression went from moderate clinical compromise to below the clinical threshold at post-test and follow-up for the experimental group and anxiety approached this non-clinical level. These findings held even six months after the forgiveness treatment was withdrawn. For the group that had *The Carey Guides* followed by Forgiveness Therapy, after both treatments, this group went from moderate clinical compromise to below the clinical threshold on all three indices of anger, anxiety, and depression. These findings across both groups are all the more interesting when we realize that all of the men

were in an environment with the highest possible security and little freedom of movement. To show such improvements in mental health is worthy of note for future rehabilitation efforts in maximum security correctional facilities.

Research suggests that empathy may be a key component to rehabilitation in correctional settings (Chialant et al., 2016). The two experimental groups grew statistically significantly in this concern for others, which was an indication of a general development of this positive psychology variable, not confined only to friends or loved ones. Might such a new development make the participants now more ready to see the value in others and thus reduce crime and recidivism? An answer to such a question must await a sample in minimum or medium security correctional institutions where participants have a greater chance of release from prison so that recidivism patterns can be assessed.

Given such improvements as above, it does seem that forgiveness as the independent variable caused these positive changes. The forgiveness dependent measure for both groups started, on the average, well below the midpoint score of 105 for the EFI-30. Both groups gained approximately 40 and 50 points, respectively, for the original and second experimental groups. The first experimental group maintained this improvement in forgiving at follow-up.

One explanation for the lack of statistically-significant differences between the original experimental group and the control group in hope and self-esteem from pretest to post-test may be the small sample size, which did not have sufficient statistical power to detect differences. We say this because the effect sizes were moderate between the original experimental group and the control group, favoring the former.

Another explanation for hope and self-esteem falling short of statistical significance between the experimental groups and the one control group is that all of these groups were trending in the direction of improvement. In fact, within the original experimental group, there were statistically significant improvements in both hope and self-esteem from pretest to post-test. *The Carey Guides* did lead to a non-significant trend toward improvement in these two variables, but not in empathy. It is interesting to note that for three positive psychology variables of self-esteem, hope, and empathy, both groups started about at the mid-point of each scale. Although there still is much room for improvement in these variables, it is interesting to note that, on the average, the participants were not scoring substantially away from that midpoint at pretest. It may be that the cultivation of positive psychology while imprisoned may be a coping mechanism or survival strategy in the context of a cruel reality (Ristroph, 2010). One study illustrated this point with a finding that participants with chronic disease reported significantly higher hope scores than those without a chronic disease (RUSTØEN, et al., 2003). This suggests the importance of hope as a subjective emotional defense to life-stress and adversity.

The findings also reveal that *The Carey Guides* alone were not sufficient to significantly improve deep inner pain from past injustice; changes for the control group from pretest to post-test were essentially flat for most dependent variables. *The Carey Guides* is a primary educational program widely used by the Department of Corrections involved in this study and so it was a logical choice for an alternative treatment. Most traditional rehabilitation programs such as *The Carey Guides* focus on correcting irrational thinking, regulating external behaviors, and training coping strategies and problem-solving skills. Our data indicate that correction of thinking errors, focusing on behaviors, and learning coping skills are not sufficient to alleviate the psychological

distress that appears to drive criminal behavior and recidivism. One empathy exercise in the *Carey Guides* asked participants how badly they felt about the pain they caused in their victims. The purpose of this exercise is to arouse guilt. One of the participants in this study was convicted of murdering 30 people and was suspected of having killed over 100 people. It is unlikely that such a person could feel much guilt, as guilt is incongruent with repeated homicide. Expecting him to empathize with his victims is likely asking for too much too soon. Perhaps the resentment from adverse past experiences, which was occurring for our participants in the initial assessment and at pretest prior to the intervention, must be healed first, as occurred in this study through forgiveness, if serious criminal behavior is to be eradicated. We propose that forgiveness can give incarcerated people a chance to understand past traumas and heal from them. Our participants were victims before they engaged in criminal acts, and deserve to be treated as human beings with deep needs for change and healing. It may be this kind of perspective, which is pervasive in Forgiveness Therapy, that was responsible for both of the within-experimental groups' gains in self-esteem to moderately high levels (with scores over 16 out of 25 in each case). We do not suggest that Forgiveness Therapy should replace or compete with existing rehabilitation or educational programs in corrections. Our current data suggest rather that Forgiveness Therapy can be an effective addition to correctional rehabilitation programs.

Limitations of the Study

One of the limitations in this study is that anger did not show a strong negative association with EFI-30 and its three subscales at the initial assessment. Although the relationship between anger and forgiveness was not significant, it was trending in that direction. The negative affect subscale of forgiveness, which assesses unhealed resentment from distant injustices, was

significantly related to anger in the original sample of 103 participants, as was this same variable and anger with the 24 intervention participants at pretest just prior to the intervention. Also, the fact that learning to forgive caused a significant reduction in anger does show the link between the two constructs. Further research needs to be done to explore the correlational relationship between these two variables.

Another limitation was the relatively small sample size in the intervention, a difficult problem to surmount within the limitations of group size expectations within a maximum-security prison. We determined 12 participants was a maximum number per group for an effective group process. More participants would have required more groups and more time from limited prison staff. Prisons are also naturally single gender institutions, so our study only included incarcerated males. As a positive note, small sample sizes make strong statistical findings less likely because they can lead to false-negative conclusions. Given the robust findings here, especially for the clinical variables of anger, anxiety, and depression and for the positive psychological variables of forgiveness and empathy, the forgiveness intervention seems particularly strong.

Further, researchers cannot control confounding variables and unexpected security requirements in a prison. For example, a three-week unplanned institution lockdown followed by limited movement-allowances for several weeks was imposed near the end of the first treatment period, which delayed completion and made the entire study take over one year to finish.

Directions for Future Research

Replication studies are needed to further demonstrate the validity and reliability of Forgiveness Therapy. We view replication studies as the most prudent means of increasing participant numbers overall. With replication studies in both male and female correctional institutions,

covariates (gender, family contexts) could be examined as a control of the pretest scores, and ANCOVA or regression analyses could be applied to larger and more diverse samples.

We recommend future studies at all custody levels— maximum, medium, minimum and juvenile detention centers— to examine injustices in participants' histories prior to their crimes, their level of forgiveness, and the level of resulting psychological compromise. If more studies support our hypotheses, we have a rationale for opening correctional rehabilitation to Forgiveness Therapy and examining the effects of Forgiveness Therapy more extensively. It still is unclear if imprisoned people who have less clinical compromised can be positively impacted by this approach.

We thought it important to compare this new approach with the intervention (the Carey Guides) carefully chosen by the Department of Corrections. After all, if the institution's already-chosen approach is effective, then our study would make it difficult to show success for Forgiveness Therapy in particular. Yet, with our approach we cannot know whether forgiveness treatment is stronger than, for example, CBT treatment for victimized persons, or other trauma-informed interventions. Given the lack of available trauma-focused or victimization-focused interventions for those in prison, and, in particular, the lack of professionals with experience in implementing such interventions within corrections, this research question would be comparing two as-yet untested approaches within corrections. A recommendation for future studies is comparing forgiveness-focused interventions with other trauma or victimization-focused ones.

To test the effectiveness of Forgiveness Therapy more extensively, we suggest longitudinal studies be conducted to track behavioral changes and recidivism of participants who received Forgiveness Therapy after release. Given the consistent findings for anger, anxiety, and depres-

sion for those who had both kinds of treatments, we further recommend a new research design in which Forgiveness Therapy is followed by a treatment with *The Carey Guides* to see if there is added benefit from such a pattern.

Conclusion

Before this study, no clinical trial in a men's maximum security correctional institution has examined participants' trauma histories and attempted to heal the subsequent psychological compromise. The results here suggest that Forgiveness Therapy can be a new, empirically-based protocol for correctional institutions which might precede and augment traditional approaches already in place.

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Tables

Table 1

Forgiveness Therapy Phases and Contents

Phase	Contents and Goals
Phase 1 Uncovering	• Gain insights into the wrongdoings committed against the victim. • Realize whether the injustice compromised the victims themselves and how the subsequent deleterious injuries have negatively influenced their life. • Recognize, identify, and express various feelings related to the offensive behavior and its consequences. • Seven possible layers of pain—anger, shame, depleted energy, cognitive rehearsal, comparison between offender and oneself, the possibility of permanent injury and a more pessimistic philosophy of life—are now known. • Have a much better understanding about how the original unfairness and the victims' actions to it have affected their own psychological health.
Phase 2 Decision	• Be introduced to an accurate understanding of the nature of forgiveness, particularly its merits. • Develop insight that previous coping strategies were ineffective. • Be invited to consider forgiveness as a possible therapeutic option.
Phase 3 Work	• View the offenders in a new light, understanding their past and the pressures they were experiencing at the time of the offense. • Begin to regard those, who acted unfairly, as being truly human rather than as being just perpetrators. • Experience an attitudinal transition—developing a sense of empathy and compassion, positively changing in affect about the offender, about the self and about the relationship, as well as giving a moral gift to the offending person. • Prior to concluding the work phase, the therapist strengthens the client's capacity to accept the past pain and bear any future residual pain associated with the offense. Some therapeutic techniques, such as role taking and reframing, can facilitate that process.
Phase 4 Deepening	• Be helped to discover increasing personal meaning related to the wrongdoing, consequent suffering, or the forgiveness process itself. • Stand with a new sense of the offending person and with a new sense of oneself, the client is aware of the affective transformation—better understands the need of forgiveness, feels more connected with others, would like to hold thoughts of respect and perform acts of goodwill. • Experience decreased negative affect, increased benevolent feelings, and at times, renewed purpose in life.

Table 2

Correlations for Variables in the Initial Assessment

Measures	1	2	3	4	5	6	7	8	9	10
1. EFI-A	--									
2. EFI-B	.813**	--								
3. EFI-C	.823**	.804**	--							
4. EFI-30	.936**	.934**	.937**	--						
5. One-item Forgiveness	.560**	.510**	.616**	.598**	--					
6. Anger	-.149	-.159	-.151	-.164	-.109	--				
7. Anxiety	-.327**	-.205*	-.326**	-.305**	-.201*	.521**	--			
8. Depression	-.260**	-.198*	-.254*	-.253*	-.260*	.595**	.693**	--		
9. Hope	.237*	.222*	.313**	.275**	.460**	-.252*	-.308**	-.532**	--	
10. Social Desirability	.134	.164	.173	.168	.0111	-.158	-.043	-.076	0.207*	--
N	102	102	102	102	99	103	103	103	103	103

*Note: * $p < .05$, ** $p < .01$, *** $p < .001$*

Table 3

Percentage of Severity of Injustice and Impact

Severity of Injustice	*n*	*Percent*	*Severity of Impact*	*n*	*Percent*
6 (severe)	48	50%	6 (severe)	59	57.3%
5 (somewhat severe)	18	18.8%	5 (somewhat severe)	22	21.4%
4 (moderate)	16	16.7%	4 (moderate)	9	8.7%
3 (somewhat moderate)	10	10.4%	3 (somewhat moderate)	4	3.9%
2 (mild)	3	3.1%	2 (mild)	2	1.9%
1 (very mild)	0	0.0%	1 (very mild)	0	0.0%
Total	96	100%	Total	96	100%

Table 4

Descriptive Statistics of Clinical Psychological Compromises and Well-being

	Group	N	Pre-test		N	Post-test		N	Follow-up / Second Post-test	
			M	*SD*		*M*	*SD*		*M*	*SD*
Anger	EG	12	63.38	6.95	9	54.06	14.36	9	54.92	7.89
	CG	12	66.21	13.15	10	65.78	12.52	9	54.82	9.82
Anxiety	EG	12	65.14	11.06	9	55.94	12.76	9	55.86	10.28
	CG	12	61.78	11.43	10	65.36	11.13	9	52.74	12.52
Depression	EG	12	63.24	10.36	9	53.70	12.71	9	52.67	12.54
	CG	12	60.29	11.83	10	58.03	7.62	9	44.31	9.41
Hope	EG	12	33.42	5.09	9	39.22	5.63	9	36.89	9.02
	CG	12	34.29	9.03	10	40.33	5.00	9	42.89	3.98
Forgiveness	EG	12	80.54	40.18	9	119.11	40.21	9	118.44	40.18
	CG	12	73.75	34.60	10	77.33	40.13	9	122.44	40.98
Self-esteem	EG	12	11.08	3.60	9	14.44	3.05	9	16.44	2.79

	CG	12	12.25	5.34	10	15.56	4.04	9	17.67	3.24
Empathy	EG	12	59.08	7.12	9	64.22	6.32	9	63.89	6.60
	CG	12	56.25	10.96	10	56.70	6.58	9	62.44	3.68

Cutoff scores for PROMIS scales of Anger, Depression, and Anxiety:
Less than 55 = None to slight; 50.0—59.9 = Mild; 60.0—69.9 = Moderate; 70 and over = Severe.

Table 5

Comparison of Gain Scores from Pretest to Posttest between the Two Groups

Measures	Experimental Group (N= 9)			Control Group (N=10)			*t*(17)	*p (one-tailed)*	95% CI	Cohen's *d*
	Pretest *M* (*SD*)	Posttest *M* (*SD*)	Gain Scores *M* (*SD*)	Pretest *M* (*SD*)	Posttest *M* (*SD*)	Gain Scores *M* (*SD*)				
Anger	61.84 (7.27)	54.06 (14.36)	-7.78 (10.04)	64.97 (11.13)	65.78 (12.52)	0.81 (6.95)	2.19	.021	[-16.87, -0.31]	1.00
Anxiety	63.41 (11.57)	55.94 (12.76)	-7.47 (7.95)	59.58 (11.02)	65.36 (11.13)	5.78 (10.98)	2.98	.004	[-22.63, -3.87]	1.38
Depression	61.96 (11.57)	53.70 (12.71)	-8.26 (5.84)	56.91 (11.55)	58.03 (7.62)	1.12 (7.10)	3.13	.003	[-15.71, -3.04]	1.44
Hope	33.89 (5.18)	39.22 (5.63)	5.33 (4.18)	38.03 (8.80)	40.33 (5.00)	2.30 (4.67)	1.49	.077	[-1.28, 7.34]	0.69
Forgive-ness	85.50 (42.11)	119.11 (40.21)	33.61 (28.70)	79.73 (37.00)	77.33 (40.13)	-2.40 (30.76)	2.63	.009	[7.12, 64.91]	1.21
Self-esteem	11.78 (3.87)	14.44 (3.05)	2.67 (3.28)	14.56 (5.33)	15.56 (4.04)	1.00 (2.21)	1.31	.103	[-1.01, 4.35]	0.60
Empathy	59.67 (7.71)	64.22 (6.32)	4.56 (7.29)	54.30 (7.43)	56.70 (6.58)	-2.40 (5.72)	2.33	.016	[0.64, 13.27]	1.07

Table 6

Comparison of Gain Scores between CG and FT for the Control Group

Measures	Pretest *M* (*SD*)	Posttest *M* (*SD*)	Second Post-test *M* (*SD*)	CG Gain (N=9) *M* (*SD*)	FT Gain (N=9) *M* (*SD*)	*t*(8)	*p (one-tailed)*	95% CI	Cohen's *d*
Anger	64.88 (10.06)	65.78 (12.52)	54.82 (9.82)	0.9 (7.36)	-10.96 (10.36)	1.91	.046	[-2.56, 26.18]	0.64
Anxiety	60.74 (11.08)	65.36 (11.13)	52.74 (12.52)	4.61 (11.19)	-12.61 (9.91)	2.80	.012	[3.03, 31.42]	0.93
Depression	58.59 (8.92)	58.03 (7.62)	44.31 (9.41)	1.94 (7.00)	-13.72 (9.22)	3.39	.005	[5.02, 26.31]	1.13
Hope	38.33 (4.53)	40.33 (5.00)	42.89 (3.98)	2.00 (4.85)	2.56 (4.67)	-0.19	.427	[-7.33, 6.22]	0.06
Forgive-ness	79.44 (36.30)	77.33 (40.13)	122.44 (40.98)	-2.11 (32.61)	45.11 (45.11)	-2.38	.022	[-93.13, -1.32]	0.79
Self-es-teem	14.44 (3.81)	15.56 (4.04)	17.67 (3.24)	1.11 (2.32)	2.11 (3.69)	-0.56	.295	[-5.14, 3.14]	0.19
Empathy	59.77 (5.11)	56.70 (6.58)	62.44 (3.68)	-2.56 (6.04)	4.11 (5.97)	-1.89	.048	[-14.81, 1.48]	0.63

Appendix A—Criteria of Injustice Story-Rating

After participants finished writing their stories by the instructions and leading questions provided, these stories were coded by 3-5 independent researchers/raters for:

Does the story show an injustice? An injustice=the breaking of either a moral or a contractual obligation in which the offending person owes something to the other (love to a child is a moral obligation; wages owed a worker is a contractual obligation, for example). An obligation assumes that the other has a right to whatever is obligatory by the offending person.

(1) The type of injustice: 1-physical (e.g. hitting that can damage), 2-sexual, 3-verbal (e.g. words meant to demean), 4-failure to protect or provide (emotional abuse such as constant ignoring; failure to protect the person's psychological health; physical danger to the participant such as no food or shelter or only occasional food or shelter, for example), 5-secondary (adversity towards those who are important to the person, such as the person witnessed the father beating the mother). Note: Emotional abuse cuts across all of the above categories, 1-5.

(2) Age when the injustice occurred and the perpetrator(s).

(3) Severity of childhood injustice.

- Scored as 1-2: mild (injustices that are annoying, but that do not require change on the part of the participant. Examples might be a parent who uses harsh language toward the child, but then quickly apologizes without any continual verbal or physical abuse. Basic needs are met for the participant. Another example might be an insensitive co-worker who interferes with the participant's duties or ability to perform those duties at work).

- Scored as 3-4: moderate (injustice that is hurtful in a physical or emotional way, but not likely to be harmful for the long-term. The action may lead to some change that can be adjusted somewhat quickly. Examples might be shifting the workplace, duties, and expectations of an employee without firing the person, a spouse who is insensitive on more than a few occasions but not continually showing such behavior as to be harmful in the long-term, a parent who provides food, clothing, and shelter but who may not attend to the child on a regular basis).
- Scored as 5-6: severe (the injustice is so strong that the person is at-risk for physical or emotional harm in the long-term. If there is change, that change is substantial. Examples might be a sudden firing from a job without prior notice and without a near future job prospect, leaving a child homeless, abandonment in marriage, a child going into protective custody).
- For any kind of abuse such as physical abuse, childhood neglect, continued violence, and multiple kinds of offenses against the participant, the severity rating occurred based on the interaction among: a) the type of injustice; b) the reported severity of the impact by the participant; and c) the amount of times the abuse occurred. Sexual abuse always was given a 5 or a 6, depending on how severe the reported impact was for a participant, given the published literature on the long-term impact of this abuse (Freedman & Enright, 1996).

(4) Severity of injustice impact (e.g. angry, depressive, anxious, and PTSD experiences; aggressive/crime choices, self-harm, suicide attempts, and how long such symptoms and/or behaviors lasted): rating criteria are similar to (3)—from 1 to 6, higher scores represent more severity.

(5) Whether they shared this/those experience(s) with anyone, or anyone asked before. If so, who?

(6) Whether anyone recognized/helped with healing their hurt. If so, who?

Some descriptive analyses from the initial assessment were made based on the participants' responses to questions above.

Actual examples of the team's rating of particular adverse childhood experiences:

1) The origin and the situation of injustice was considered. We usually gave a high severity rating to those who were abused by their parents or caregivers. Two examples are: a) We rated the severity of injustice as "3" and the severity of impact as "3" for a participant who reported being accused of stealing money by his cousin and having a physical altercation with his cousin, including feelings of distrust. b) We rated the severity of injustice as "6" and the severity of impact as "6" for a participant who reported experiencing severe physical punishment and verbal hurts from his mother (the most) and father (sometimes) even though he did not think he engaged in wrongdoing. He thinks that this unfair treatment led to his aggressive behaviors later.

2) The age at which the injustice occurred was taken into account. For example, we rated the severity of injustice as "3" and the severity of impact as "4" for a participant who reported experiencing, when an adolescent, racial discrimination (called a racial slur) and a physical attack

from peers for having a white girl friend. We rated the severity of injustice as “4” and the severity of impact as “6” for a participant who reported experiencing social injustice and racial discrimination from his father’s verbal abuse and also physical abuse from his mother.

3) Sexual abuse always would have been categorized as severe. We also scrutinized the age and origin of the sexual abuse. It would be regarded as most severe if the sexual abuse was from parents, step-parents, and/or the caregivers at a young age (e.g., childhood and early adolescence). A case study included in the article shows this point.

4) The age, kind, and duration of physical abuse was scrutinized before we gave a rating on the degree of severity. Two examples are: We rated the severity of injustice as “6” and the severity of impact as “5” for a participant who reported being confined in a basement (12 hours a day for months) by his mother and being beaten along with derogatory comments. We rated the severity of injustice as “3” and the severity of impact as “4” for a participant who reported a bullying experience—a person (he used the word dude) took his bike, punched his face, and ran away.