Forgiveness as a Healing Agent in Cases of Traumatic Violence
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Introduction

Conflict is a normal part of human affairs so it is inevitable that at some point in each of our lives we will find ourselves having aught against another. For most of us these disputes emerge out of the relatively ordinary events of everyday life; spats with a partner over division of labor or financial issues, disagreeable, disobedient children who, at times, get on our last nerve, a misunderstanding between friends causing hurt feelings, or aggravation with a boss or workmate that leads to contention in the workplace. Though the result of ordinary interpersonal conflict is likely to be innocuous, provided the events do not escalate or become protracted, there are times when the injury is so serious that it gives rise to terrible pain and suffering, as is the case in acts of violence.

Numerous studies have examined the consequences of traumatic events (Herman, 1997) and found that victims and/or their surviving loved ones often suffer severe physical (Bloom, 2010), psychological (Peres, Moreira-Almeida, Nasello, & Koenig, 2006), emotional (Bloom, 2010), and behavioral (Burgess, 1975; Rynearson, 1984) outcomes as a result of the offense. The common responses to harm and injury (e.g., anger, resentment, bitterness, and the desire for retaliation and revenge) (Fincham, 2000; McCullough, 2001) have been empirically linked to a variety of damaging consequences including increased levels of anxiety (Fitzgibbons, 1986), stress, and cardiovascular disorders (Luskin, 2003).

In this study I will investigate another potential response to violence; the act of forgiveness. While forgiveness is not a panacea to all trauma-induced harm (Fitzgibbons, 1998) studies have found causality between forgiveness and psychological (Karremans, VanLange, Ouwerkerk, & Kluwer, 2003), emotional (Reed & Enright, 2006; Witvliet, Ludwig, & Vander
Lann, 2001), behavioral (Enright, 1996), and physical well-being (Worthington, Wiviliet, Pietrini, & Miller, 2007).

Recovery following violent trauma is a uniquely personal journey that encompasses more than the knitting back together of flesh and bones, therefore I will use an explanatory phenomenological approach using the personal narratives of victims and/or family survivors who have forgiven, in order to come to a deeper understanding of the ways in which forgiveness assists the healing process of those who have suffered harm associated with violent trauma.

The purpose of this study is to refine our current understanding of what it means to heal following acts of violence and the role forgiveness plays in the healing process. Through the contribution this study makes to the larger body of forgiveness research it is my goal that forgiveness may be seen as a viable, alternative response to violence when compared to the feelings of anger, hatred, bitterness, and resentment commonly experienced by those affected by violent trauma.
Importance of Topic

Twenty-four hours a day television news channels stream the most unimaginable scenes of human brutality and suffering. The media bombards us with global accounts of wars, bombings, assassinations, terrorist attacks, and all manner of tumultuous political upheaval. People mistakenly believe that violence happens to other people, in other places but the capacity for human cruelty and violence is not isolated to faraway war-torn countries it is found in the big cities and rural townships closer to home and it can affect any of us at any time.

In 2009, an estimated 1,318,398 violent crimes occurred in the United States (Department of Justice, 2010). Of that number 11,044 occurred in my home town of Kansas City, Missouri (Kansas City Police Department, 2009). This translates to approximately 535 violent offenses for every 100,000 inhabitants. In the same year Canada reported 443,000 violent offenses (Statistics Canada, 2009), 656 of these in Vancouver (Vogt, 2011). In 2009 nearly 1.6 million Canadians (6 % of the population) ages 15 and over reported being the victim of a violent offense (i.e. sexual assault, robbery, and physical assault) (Statistics Canada, 2010). Yet, due to the underreporting of crime, the number of violent incidents is in reality much higher than the statistics suggest. According to the 2009 General Social Survey on Victimization (GSS) 69 percent of all violent victimizations are not reported to the police (Statistics Canada, 2010). Homicide, the ultimate act of violence, is the 2nd leading cause of death for persons 15-24 in the United States (KCPD, 2009). In Canada, homicide is the 3rd leading cause of death for individuals 15-24 (Statistics Canada, 2011). While it is true that Canadians are 5 times more likely to be killed in a traffic accident than they are to be murdered (Statistics Canada, 2011) the statistics become meaningless when violence touches your family. The harm caused by violence
does not stop with the victim; it also wreaks havoc in the lives of the victim’s family members and friends.

The emotional responses of anger, rage, sadness, anxiety, irritability, guilt, and numbness (Medical University of South Carolina National Crime Victim Research and Treatment Center, 2005) are commonly experienced by victims and family survivors of violent crime. Twenty-eight percent of victims of violent crime said they found it difficult or even impossible to carry out their daily activities (Statistics Canada, 2010). The inability to focus on everyday tasks and feelings of disorientation and detachment are commonplace reactions to a traumatic event, as is the spectrum of Post-Traumatic Stress Disorder symptomology (i.e. intrusion, constriction, hyperarousal) (American Psychological Association, 2011).

With over 2 million individuals impacted by violent crime in the United States and Canada in 2009 alone it becomes apparent that there is an urgent need to identify positive coping strategies that may assist the recovery process of victims and/or survivors of violent trauma. Therefore, the findings of this study will have significant implications for those in the helping professions, (e.g., counselors, psychologists, restorative justice practitioners, and pastors) who work with clients traumatized by violence.
Literature Review

Forgiveness

Our fundamental understanding of the meaning and purpose of forgiveness is intrinsically connected to our perception of right and wrong, good and evil, repentance and redemption. The philosophy of forgiveness is embedded in Judeo-Christian beliefs (Hope, 1987) as the teachings of various faith traditions emphasize the benefits and importance of forgiving. Illustrations of the value of forgiveness are found within the sacred texts of most of the world’s religions. One of the most notable expressions of forgiveness was spoken by Jesus Christ during his crucifixion, “Father forgive them for they know not what they do” (Luke 23:35). From the Bhagvad Gita, “If you want to see the brave, look for those who can forgive” (Kornfield, 2002). And from The Buddha, “Hatred never ceases by hatred, but by love alone is healed. This is the ancient and eternal law” (Kornfield, 2002). Though early understandings of forgiveness were conceptualized within a spiritual context current empirical studies have given rise to a variety of definitions and theoretical explanations of its construct.

Philosopher Joanna North (1987) defines forgiveness as “the overcoming of negative affect and judgment toward the offender, not by denying the right to such affect and judgment, but by endeavoring to view the offender with compassion, benevolence, and love while recognizing that he or she has abandoned the right to them.” Similarly, psychologist Robert Enright and the Human Development Study Group; pioneers in the scientific study of forgiveness (1991) define forgiveness as “a willingness to abandon one’s right to resentment, negative judgment, and indifferent behavior toward one who unjustly injured us, while fostering
the underserved qualities of compassion, generosity, and even love toward him or her” (as cited in Enright, Freedman, & Rique, 1998).

Forgiveness involves more than a refusal to retaliate it is even more than avoidance of or a neutral stance toward the perpetrator, forgiveness involves an intentional action; a change in the victim’s behavior toward the one who harmed them. The victim knows they have every right to hate the offender and yet they give up that right in order to forgive (Fincham, 2000). But forgiveness rarely, if ever, happens quickly, it has been conceptualized as a transformation process, an intrapsychic struggle (Coleman, 1998), a journey that may take time (Karremans et al., 2003, Smedes, 1997), involving changes in victim cognitions, emotions, and behaviors regarding the transgressor (Enright and the Human Development Study Group, 1991; Enright & Fitzgibbons, 2000).

Dr. Enright and the Human Development Study Group (cited in North, 1998) developed a four-phase process model of forgiveness. The first phase of forgiveness involves the victims uncovering of the harm and an assessment of their hostile feelings towards the offender. In order for forgiveness to be considered there must be a harm or injury to the self that is recognized (Close, 1970; Enright, 1996; Rowe, Halling, Davies, Leifer, Powers, & van Bronkhorst, 1989, as cited in Newberg, d’Aqui, Newberg, & deMarici, 2001). This harm may occur directly to the individual or it may occur via a secondary mechanism; the perception of one’s self being damaged because of injury done to a family member or friend (Newberg et al., 2001). During the decision-making phase the victim waives their right to revenge. They make an honest appraisal of their past coping strategies and determine whether these strategies have helped them to feel peaceful, happy, and optimistic. If not, then the decision is made to consider forgiveness as an option. The third phase is a time when the victim works to develop
understanding and compassion for the offender, to accept the pain and to give the offender a gift. North (1998) calls this process of understanding “reframing.” Reframing is an effort by the victim to separate the offender from the offense and to see him/her with “new eyes” (Smedes, 1984). In the third phase the victim also works to accept the pain caused by the offense; to hurt and to mourn rather than to pass the pain on to others. Then the victim offers the offender a physical or emotional gift such as a note, a kind word, or a declaration of forgiveness. Lastly, during the outcome phase the victim finds meaning in the forgiveness process; the meaning of their suffering, the purpose of their life, and the freedom forgiveness can produce. Through the forgiveness process victims realize they “can face the future with the knowledge that no matter what happens in life, they can survive” (Enright, 2001).

According to Fitzgibbons (1998) the forgiveness process does not always end with the fourth phase as proposed by Enright (2001). A fifth, spiritual phase is oftentimes used by victims who have tried, but are unable to cognitively or emotionally let go of their negative feelings toward the offender. In this case, victims may ask God to do the forgiving for them or to release them from their anger and bitterness so they can forgive.

Other theoretical understandings of forgiveness suggest that it is an interpersonal construct which is “outward-looking and other-directed…annulling not the crime itself but the distorting effect that this wrong has upon one’s relationship with the wrongdoer and perhaps with others” (North, 1998). Fehr, Gelfund, & Nay (2010) describe interpersonal forgiveness as “forgiveness of a single offender by a single victim.” North (1998) adds that interpersonal forgiveness is also the type of forgiveness that is used when family members are mutually forgiving or when one nation forgives another.
Some view forgiveness as a gift given unconditionally (Enright & Coyle, 1998: North, 1987). Peacemaker Susan Collin Marks agrees saying, “Forgiveness is not dependent on apology, remorse or contrition. It is about each individual digging deep within his or herself to find common humanity with the other” (as cited in Whitney, 2011). Though research has shown that forgiveness may be assisted by external factors such as offender remorse or empathy toward the offender (McCullough, Worthington, & Rachal, 1997; North, 1987), as the property of the forgiver (Fincham, 2000), it is not dependent on conditions outside the individual. Conversely, it is, according to Shriver (1998), the very interpersonal construct of forgiveness that makes it conditional. Forgiveness is seen as a transaction between the victim and offender. Once the offender acknowledges their offenses they may then receive forgiveness, otherwise “forgiveness without repentance hangs, abstract and unconsummated, in limbo” (Shriver, 1998).

In “Forgiveness as human strength: Theory, measurement and links to well-being” (2000) Michael McCullough posits that there are two conceptual understandings of forgiveness. First, forgiving is a motivational construct and second, it is prosocial. Gottman (1993, as cited in McCullough, 2000) states that there are three emotional responses to negative interpersonal events: these include general positive feelings, characterized by relationship constructive behavior; hurt-perceived attack, described as internal whining and feelings of innocent victimhood; and righteous indignation, exemplified by feelings of anger, contempt, and thoughts of retaliation. Building on Gottman’s work McCullough purports that the two negative affective states (hurt-perceived attack and righteous indignation) correspond to two motivational systems that dictate people’s responses to interpersonal transgressions. People who are unforgiving are highly motivated to either avoid contact with their offender or to seek revenge against them. But forgiveness removes the offended parties’ motivation to either avoid or retaliate against the
offender. According to McCullough these motivations (including the positive motivation of benevolence) “work in concert to create the psychological state that people refer to as forgiveness.” McCullough explained, “Thus, forgiveness is not a motivation per se but rather, a complex of prosocial changes in one’s basic interpersonal motivations following a serious interpersonal offense.”

McCullough (2000) also likened forgiveness to three other prosocial psychological changes which promote cohesive relationships. These changes include empathy, the ability to feel the same feelings as another (Enright, 2001); willingness to sacrifice, the decision to forgo self-interest in order to promote the well-being of another (Van Lange, Rusbult, Drigotas, Arriga, Witcher, & Cox, 1997); and accommodation, the inhibition of destructive responses and the enacting of constructive responses following an interpersonal offense (Rusbult, Verette, Whitney, Slovik, & Lipkus, 1991). In each of these prosocial psychological changes the victim acts in a way that may be personally costly in order to preserve a relationship or to promote the well-being of another person (McCullough, 2000).

Though the forgiveness journey is a grueling time-consuming process, there are variables that appear to influence people’s ability to forgive (McCullough, 2000). Perspective taking and empathy are two variables that support the prosocial qualities of willingness to help others (Batson, 1991, as cited in McCullough, 2000) and forgiving. Perspective taking is the endeavor to understand the cognitive viewpoint of the offender. It requires getting beyond one’s own literal or psychological point of view to consider the perspective of another person who likely has a very different point of view (Epley & Caruso, 2009). McCullough, Pargament, & Thoresen (2000) define empathy as “an active effort to understand another person’s perception of an interpersonal event as if one were the other person, rather than judging the other person’s
behavior from the perspective of one’s own experience of that event.” Empathy is “the only psychological variable that has been shown to help people to forgive specific real-life transgressions when manipulated experimentally” (McCullough et al., 1997; Sandage & Worthington, 1999).

Rumination and suppression are also linked to the likelihood of forgiveness; albeit negatively. McCullough (2000) claims that intrusive rumination (troubling thoughts, affects, and images of the harm) and efforts to control or suppress these thoughts are related to higher levels of avoidance and revenge motivations. Therefore, victims who continually think about the harm that was done to them have more difficulty forgiving the perpetrator. McCullough (2000) suggests that relational closeness, commitment, and satisfaction are also determining factors of forgiving.

McCullough, Rachal, Sandage, Worthington, Brown, & Hight (1998) studied over 100 couples to determine the extent to which they had forgiven their partner for two different transgressions. They found a strong relationship between the forgivers’ degree of forgiveness for both offenses and the forgivers’ and their partners’ self-reported degree of closeness, commitment, and satisfaction. In a follow-up study the mediating effect of apology was also noted in the closeness-forgiveness relationship. In close relationships the offending partners showed a greater willingness to apologize while the offended partners expressed a greater capacity for empathy. This led McCullough et al. (1998) to posit that empathy may “serve as a psychological bridge between closeness and forgiving” (as cited in McCullough, 2000). There is further empirical support for the positive role that apology plays in a victims willingness to forgive.
In Exline, Yali, & Lobel’s (1998) study titled, “Self-serving perceptions in victim and perpetrator accounts of transgressions” college students were asked a series of questions about a time when they were the victim of harm. A number of factors were identified that influenced the participant’s willingness to forgive the offender, these include: an admission of guilt by the perpetrator, the offer of a sincere apology, request for forgiveness, an expression of feeling sad for what they had done, an effort to “make up” for the offense, or the offenders forgiveness of the participant for a previous offense. This study confirms other findings which indicate that victims are more disposed to forgive offenders who apologize (e.g. Darby & Schlenker, 1982; McCullough et al., 1997; O’Malley & Greenberg, 1983, as cited in McCullough et al., 2000). An apology, sincerely offered by the offender, communicates to the victim that the offender acknowledges the harm and seeks to atone for their actions. In the absence of remorse, the possibility of forgiveness is considerably diminished, if not outright denied. As we have seen, forgiveness is complicated and not without controversy and though there are numerous conceptions of what forgiveness is, the understanding of what forgiveness is not, is fairly consistent.

**Common Misconceptions of Forgiveness**

When a harm has been committed our inherent sense of fairness demands that the scales of justice be balanced. To forgive the person who harmed us or the one we love seems outrageous and inconceivable, contradicting our understanding of what justice should be. But oftentimes the basis for rejecting the prospect of forgiveness is due to the numerous misconceptions about what forgiveness is and is not.
Forgiveness is not ignoring or condoning (Gobodo-Madikizela, 2008; Enright et al., 1998), accepting or tolerating (Enright et al., 1998) excusing, exonerating, or justifying the offense (Enright & Fitzgibbons, 2000). Forgiveness does not require accepting abuse and should not be confused with trust (Luskin, 2003). Forgiveness is absolutely not forgetting. Shriver (1998) emphatically states, “Victims of very great evil remember that evil for a very long time. We begin to forgive by not forgetting…to forget the evil is an assault on the humanity of the victims.” Forgiveness is not the same thing as a legal pardon (Enright et al., 1998) as it is not connected to the legal system. Because forgiveness is a personal response to harm the victim may forgive the perpetrator even while the justice system takes its course. Therefore, forgiveness is not a way to satisfy the demands of justice; on the contrary, forgiveness recognizes that nothing the offender does could ever fully compensate for the harm they have done, especially in the case of traumatic violence. Forgiveness is also not reconciliation. While there is a potential for reconciliation it is not the driving force behind forgiveness (North, 1998). Forgiveness involves the response of one person; the victim, whereas reconciliation involves “two people coming together following separation” (Enright, 2001). North (1998) explains, “Forgiveness is an element in reconciliation, not reconciliation that is included in forgiveness.” And in instances where the offender refuses to acknowledge their culpability and remains unchanged, reconciliation may not be a recommended or wise outcome (Enright, 2001; Enright et al., 1998).

Responses to Traumatic Violence

Psychiatrist Judith Herman (1997) said traumatic events such as threats to life or bodily injury, or an encounter with violence and death, “overwhelm the ordinary human adaptations to
life.” Traumatic events are those that cannot be assimilated with the victim’s “inner schemata” of self in relation to the world (Horowitz, 1986 as cited in Herman, 1997). Herman (1997) further explains:

> Traumatic events call into question basic human relationships…they undermine the belief systems that give meaning to human experience. They violate the victim’s faith in a natural or divine order and cast the victim into a state of existential crisis.

Janoff-Bulman (1992) said traumatic life events shatter the victim’s assumptions about themselves and their world; assumptions such as “the world is a benevolent place; the world is meaningful; the self is worthy.” Flanigan (1992) said trauma causes us to question the rules of justice, it undermines our faith in the goodness of others and in the belief that we are in control of our lives. Traumatic experiences cause pain and stress that is detrimental to the psychological, emotional, behavioral, and physical well-being of victims and surviving family and friends.

**The Psychological Response to Trauma**

Anger, resentment, anxiety, and fear are common responses to traumatic violence (Fincham, 2000). Over time these reactions may lead to a host of negative psychological disorders such as depression, simple and social phobias, substance abuse, and in particular Post-Traumatic Stress Disorder (PTSD) (Peres, Moreira-Almeida, Nasello, & Koenig, 2006). The American Psychological Association defines PTSD as “an anxiety problem that develops in some people after extremely traumatic events, such as combat, crime, an accident or natural disaster” (APA, 2011). PTSD is characterized by (a) intrusion: re-experiencing the trauma in painful recollections or recurrent dreams or nightmares; (b) constriction: diminished responsiveness (emotional anesthesia or numbing) with disinterest in significant activities and
feelings of detachment and estrangement from others, and (c) hyperarousal: exaggerated startle response, disturbed sleep, difficulty in concentrating or remembering, guilt about surviving when others did not, and avoidance of activities that call the traumatic event to mind (Goldenson, 1984; Bloom, 2010).

A study by Murphy, Braun, Tillery, Cain, Johnson, & Beaton (1999) titled “PTSD among parents bereaved by the violent deaths of their 12-to 28 year-old children” examined 261 parents whose children had died within the past four months due to violence (including accident, murder, and suicide). The findings showed that half the parents experienced PTSD symptomology and twice as many parents of murdered children met PTSD criteria as compared to parents whose children died by accident or suicide. The parents who met PTSD criteria reported increased levels of mental distress, depression, anxiety, hostility, more extreme grief responses, lower self-esteem, and self-efficacy, poorer coping strategies, less social support, and less acceptance of death as compared to those who did not meet the criteria. For those coping with the aftermath of violence their pain and suffering is not only psychologically debilitating; it takes a toll on their emotional health as well.

The Emotional Response of Trauma

Emotions such as joy, love, compassion, and peace are life-affirming, wonderful expressions of our humanity. Emotions help us to process the occurrences in our life (Bloom, 2010) and without them, we would be little more than robots. But, emotions can also be destructive and overwhelming in their ferocity, especially when they are born out of the horrific circumstance of traumatic violence. In a paper titled, “Helping families of homicide victims: A multidimensional approach,” Masters, Friedman, and Getzel (1988) compared the emotions of the homicide survivor to a raging fire saying, “The murder of a loved one leads to repeated
eruptions of overwhelming emotional firestorms in the survivor.” Survivors: defined as the family members of murder victims, are in a state of shock for several weeks or months and may experience daily bouts of grief, rage, despair, and guilt. Many survivors relive over and over certain aspects of the crime. Others vividly fantasize about revenge and retribution or become preoccupied with how they could have prevented their loved one’s death. New outbreaks of grief and suffering are triggered by holidays, birthdays, and anniversaries as well as proceedings involving the perpetrator such as the trial, sentencing, or parole. It was also noted that the recovery process of homicide survivors did not follow the methodical progression of healing (e.g. shock, denial, and acceptance) found in previous bereavement studies. It is likely that the healing process for homicide survivors is atypical to others who are bereaved because, according to Masters et al. (1988), “Homicide precipitates in the survivor, a series of crisis, each of which causes new episodes of grief and pain and each of which requires a new process of working through and adaptation.” Erikson (1976) calls homicide “a chronic never-ending disaster which can never be completely worked through and put behind one.” When the emotional wounds of trauma are not attended to they may lead to behaviors that further solidify the victim and/or survivor’s grief and pain.

The Behavioral Response to Trauma

The immediate response to a traumatic occurrence is “fight or flight.” We attempt to escape from it, to try and stop it, and to protect ourselves or others from it (Bloom, 2010). Victims of violence behave in ways that will in some way mitigate, or control the fear that the offense has produced (Medical University of South Carolina (MUSC) National Crime Victims Research and Treatment Center, 2005). Such behavioral responses to trauma include phobic avoidance of homicide-related stimuli and increased self-protective behavior (Burgess, 1975;
Rynearson, 1984); changing roles in the family and relationship disruption (Burgess, 1975; Getzel & Masters, 1984; Poussaint, 1984; Rinear, 1984; Rynearson, 1984); and the tendency to try to hunt for the killer (Poussaint, 1984) (as cited in Amick-McMullan, Kilpatrick, Veronen, & Smith, 1989).

Dr. Alyssa Reingold pointed out that survivors of homicide victims may have difficulty making decisions or keeping track of things such as appointments. They can appear disoriented; acting lost or confused and may become apathetic and uninterested in pursuing their old interests or activities (MUSC National Victims Research and Treatment Center, 2005). Violent acts cause a variety of negative psychological, emotional, and behavioral responses in the victim and in the family and friends of victims which has a deleterious effect on the body.

The Physical Response to Trauma

Traumatic violence produces a powerful stress response in victims and survivors. Bloom (2010) states, “It is when we are severely stressed, when the expected routine of daily life is disturbed by traumatic events, that our bodies respond in primitive ways and we find ourselves in the midst of a storm of emotional and physical reactions that we cannot understand or control.” The physical response to trauma is stress and according to the growing body of literature stress is a contributing factor in the development of physical illness (Bloom, 2010). Numerous studies have examined the physiological dimension of survivor symptomology and found disturbances in sleep and appetite, increased heart rate, headaches, gastrointestinal upset, and increased startle responses (Bard, 1982; Burgess, 1975; Poussaint, 1984; Rinear, 1984; Rynearson, 1984). Researchers at Duke University found a correlation between disease and premature death and the biobehavioral characteristics of depressed mood, increased sympathetic nervous system
reactivity, decreased parasympathetic nervous system function, increased smoking, increased eating, and increased alcohol consumption. Chronic stress has also been correlated with these characteristics (Williams, 1995, as cited in Bloom, 2010).

One particular stress response to interpersonal stressors, (e.g. transgressions, betrayals, offenses, and wrongs) has been conceptualized as unforgiveness (Berry, Worthington, Parrott, O’Connor, & Wade, 2001). Unforgiveness is defined as “a complex combination of delayed negative emotions toward a person who has transgressed personal boundaries” (Worthington and Wade, 1999; Worthington, 2000; Worthington, Berry, & Parrott, 2001). Whereas the immediate response to harm is fear and anger, unforgiveness “is a more limited, nuanced, and delayed response to a perceived transgression” (Worthington & Scherer, 2003).

In “Forgiveness is an emotion-focused coping strategy that can reduce health risks and promote health resilience: Theory, review, and hypotheses,” Worthington & Scherer (2003) hypothesized that unforgiveness produces ill health. In their examination of the empirical research they identified four lines of evidence indicating that unforgiveness arouses negative emotions that could lead to physical changes similar to those produced in other stress responses. First, brain activity involved in stress and other negative emotions is consistent with activity in the brain during unforgiveness. Anger is the negative emotion that may be the link between the two as it has been shown to have a high correlation with unforgiveness (Berry & Worthington, 2001; Berry et al., 2001). Second, hormonal patterns in unforgiveness are consistent with hormonal patterns from negative emotions associated with stress (Berry & Worthington, 2001). Third, Witvliet et al., (2001) found that sympathetic nervous system activity and EMG tension in facial muscles are similar to patterns found with stress and negative emotions. Lastly, blood chemistry measures show a similarity between unforgiveness and both stress and negative
emotion. Seybold, Hill, Neumann, & Chi’s (2001) correlational study of forgivingness disposition and physical markers found those who were unforgiving chronically had blood chemistry assays similar to those under stress.

Hostility, considered to be the core component of unforgiveness (Thoresen, Harris, & Luskin, 2000), has been linked to numerous health problems (Smith, 1992; Miller, Smith, Turner, Guijarro, & Hallet, 1996) in particular to those of the cardiovascular system (Kaplan, 1992; Williams & Williams, 1993). Unforgiveness may also negatively affect the immune system. Under stressful conditions pro-inflammatory cytokines, which among other things help fight infection, are elevated and this dysregulates the intercellular immune system (Kiecolt-Glaser, McGuire, Robles, & Glaser, 2002) (as cited in Worthington & Scherer, 2003). Worthington and Scherer concluded that there is strong evidence to suggest that unforgiveness is stressful and that it can lead to negative health outcomes.

An act of violence is unarguably one of the most devastating events that anyone can go through. The victims and/or surviving family and friends are awash in a sea of negative psychological, emotional, behavioral, and physical effects as a result of the trauma. In the weeks, months and even years following the traumatic event the survivors will look for ways of healing that will enable them to move forward in their lives. Therefore it is imperative that positive coping strategies are identified in order to give victims and/or surviving loved ones the tools necessary to successfully integrate the trauma into their lives. One “tool” that has been shown to have powerful restorative potential is that of forgiveness (Luskin, 2003).

*The Power of Forgiveness*

It is understandable that victims of violence and/or family survivors should have nothing but the utmost contempt for the perpetrator. In such circumstances it can seem almost cruel for
anyone to suggest that those who have suffered the trauma of violence should consider forgiving the offender. Dr. Fred Luskin (2003) concedes, “…most people do not consider forgiveness when deciding how to deal with the cruelties of life.” But he says this omission comes with a cost to our mind, body, and spirit. If it were possible for feelings of anger, bitterness, and vengeance to alleviate the pain and suffering experienced by homicide survivors there would be no need to consider such a provocative response as forgiveness. But that is not the case. “Anger, hatred, resentment, bitterness, revenge-----they are death-dealing spirits,” said Marietta, the mother of seven year-old murder victim Susie Jaeger, “and they will take our lives on some level as surely as Susie’s life was taken” (Jaeger, 1998). One of the most important features of forgiveness is “…that the victim’s life is no longer dominated by thoughts, memories, and negative feelings regarding the harm done by the offender” (Yandell, 1998).

Psychological Benefits of Forgiveness

Psychiatrist Richard Fitzgibbons (1998) has observed numerous psychological benefits in using forgiveness as a therapeutic tool. He said the most significant among them are:

A decreased level of anger and hostility, increased feelings of love, improved ability to control anger, enhanced capacity to trust, and freedom from the subtle control of individuals and events of the past…In addition there are marked improvements in a variety of psychiatric disorders in all age groups of persons who present a significant degree of anger and hostility. These disorders in children include: oppositional, defiant, and disruptive behaviors; separation, anxiety, and attention-deficit/hyperactivity disorder. In adolescents these disorders include: acting-out and socio-pathic behaviors, substance abuse, and mood and anxiety disorders. Adult disorders include: bipolar, impulse-control, panic, factitious, dissociative, and adjustment disorders. Finally, the use of forgiveness seems beneficial in treating those with personality disorders; these include the borderline, antisocial, histrionic, obsessive-compulsive, narcissistic, and paranoid types.
Fitzgibbons (1998) said that while further studies are needed to better understand the relationship between disruptive symptoms, anger, and forgiveness; it is no longer possible to dismiss the role of forgiveness in the mental health field.

Reed and Enright’s (2006) study, “The effects of forgiveness therapy on depression, anxiety, and post-traumatic stress for women after spousal emotional abuse” has application in my analysis of the use of forgiveness in cases of traumatic violence. Similar to the experiences of victims and family survivors of violence, women who have been emotionally abused commonly suffer negative psychological outcomes long after the relationship has ended. The effects of spousal emotional abuse and traumatic violence include depression, anxiety, and posttraumatic stress disorder as well as a debilitating resentment toward the abuser/murderer.

Studies on forgiveness therapy (FT) have noted a causal relationship between forgiving an injustice and the improvement of anxiety and depression (e.g. Al-Mabuk et al., 1995; Coyle & Enright, 1997; Freedman & Enright, 1996). Forgiveness therapy directly targets the ongoing resentment through the use of the Enright four phase forgiveness model, i.e., uncovering the harm; make the decision to consider forgiveness; do the tough work of forgiveness, and discover (also called outcome) meaning in the suffering (Enright & Fitzgibbons, 2000). Reed and Enright’s study consisted of 20 women (10 matched pairs) who had been separated from their abusive partners for over two years. The intervention participants took part in weekly 1-hour individualized therapy sessions of FT while the alternative treatment (AT) participants engaged in weekly 1-hour participant-initiated discussion of current life concerns (in light of the past abuse) and in intervener-facilitated therapeutic discussions about the validity of anger regarding the injustice of the abuse, strategies for positive choices, and interpersonal relationship skills.

The findings suggest that FT is more successful in reducing anxiety, depression,
posttraumatic stress symptoms, and resentment then AT. The researchers posit that these results are due to the fact that FT focuses the victim’s thoughts, feelings, and behavior on compassionate responses to the offender while simultaneously helping them to appropriately express their anger and to grieve the pain. This research is significant for two reasons: (1) it is the first study to demonstrate that forgiveness therapy is a successful therapeutic strategy for the improvement of long-term negative psychological effects of spousal abuse (Reed & Enright, 2006); and (2) due to the similar psychological outcomes experienced by victims of spousal emotional abuse and violent offense victims/survivors, these results also offer hope that forgiveness may assist the healing process of those suffering the after-effects of violence.

Emotional benefits of forgiveness

Victims/survivors of trauma often find that ongoing feelings of anger, bitterness, and resentment keep them bound in an emotional prison. Some believe that so long as they stay angry, the perpetrator stays in “jail” (Enright, 2001). But over time they come to see it is they who are imprisoned by their anger, not the offender. Enright (2001) said, “Our hatred affects us emotionally more than it affects the one who hurt us. Forgiveness is one of the keys to unlocking the door.” The relationship between unforgiveness, forgiveness, and emotional and physiological well-being is considered in the following study.

“Granting forgiveness or harboring grudges: Implications for emotion, physiology, and health” was a 2001 study by Witvliet, Ludwig and Vander Laan which investigated the emotional and physiological effects of people who imagined responding to real life offenders in unforgiving or forgiving ways. The 71 participants were first asked to identify a person that had harmed or offended them. They were then instructed to complete a questionnaire reporting the nature of the offense and their reactions to it. Lastly, during the imagery phase of the study, a
script using autobiographical forgiveness-related imagery prompted unforgiving and forgiving responses to the offender. The imagery of unforgiving and forgiving reactions produced differences in both the participant’s self-reported emotions and physiological responding. Participants reported feeling significantly more negative, aroused, angry, sad, and less in control during the unforgiving conditions than during the forgiving conditions. They also showed greater facial tension in addition to a variety of other negative physiological effects. According to Witvliet et al. (2001) these findings are a conservative measure of the effects that actually occur during real-life responses to offenders because hurtful memories and vengeful thoughts are intensified in daily life. The results of this study suggest that when people are forgiving, the physiological demands of unforgiving emotional hurt and anger are reduced. Witvliet et al. (2001) said that while people cannot undo the past, if they “develop patterns of thinking about their offenders in forgiving ways rather than unforgiving ways they may be able to change their emotions, the physiological responses, and the health implications of a past they cannot change.”

Behavioral Benefits of Forgiveness

People are not required to be benevolent. Forgiving is a choice of behavior; an act of mercy toward one who does not deserve it (North, 1998). The choice of forgiveness leads to positive behavioral changes in the forgiver. Enright (2001) said that as feelings of bitterness and resentment towards the offender are reduced the resultant negative behaviors (e.g. retaliatory or vengeful acts) are also alleviated. Genuine forgiveness not only diminishes negative behaviors toward the perpetrator it also increases positive ones. Positive behavior may include the determination to no longer make disparaging remarks about the offender to others. It may be a smile. If the survivor is religious they may offer a prayer for the offender (Enright, 2001). A
forgiving response to harm may induce any number of positive behaviors within the victim but it is of specific import to my research to note that beneficial behavioral changes have been observed among severely traumatized individuals who have forgiven the offender.

In their study “Forgiveness as an intervention with incest survivors” Freedman and Enright (1996) assessed the effectiveness of an intervention program for incest survivors using forgiveness as the goal. The 12 participants were randomly assigned to an intervention group or a waiting list control group. Pretests administered to the participants upon entering the program found the women to be anxious, depressed, and suffering from low self-esteem. Participants in the experimental group received 1-hour weekly individual intervention sessions (based on the forgiveness model developed by Enright and the Human Development Study Group, 1991) in addition to a manual/workbook that described the process model and offered examples relevant to incest. Because each woman worked on the process at her own pace, the average length of intervention was approximately 14 months.

After forgiveness therapy all of the participants in the intervention group forgave the perpetrator. A significant improvement in the intervention group’s psychological well-being was noted as well as positive behavioral changes toward the abuser. As an outcome of forgiveness education one woman returned to school with plans to start a business, one ended an unsatisfying relationship with a live-in partner; one went to see her father in the hospital and helped care for him, while another visited her father’s grave for the first time (Enright, 2001). The horrific nature of incest and acts of violence and the commonality of negative psychological outcomes (e.g. PTSD, anger, depression, guilt, and low self-esteem) (Masters et al., 1988) as a result, makes it reasonable to suppose that forgiveness interventions would also be beneficial to victims and family survivors of violence.
Physical Benefits of Forgiveness

The relationship between forgiveness, disease, and physical health is one that is being addressed in the burgeoning field of forgiveness research (Thoresen et al., 2000). The findings from studies examining the physical health outcomes of factors conceptually similar to forgiveness, e.g., anger, blame, and hostility (Booth-Kewley & Friedman, 1987, as cited in McCullough et al., 2000) have led scholars to consider that there may be a link between forgiveness and physical health outcomes. In research titled “The effects of emotions on short-term power spectrum analysis on heart rate variability,” McCraty, Atkinson, Tiller, Rein, and Watkins (1995) conducted a series of studies which showed that an increase in positive emotional states, compared to negative ones, improved immune competence and reduced heart rate, blood pressure, and respiratory variability. Scheidt (1996) said that there are 12 physiological and psychosocial mechanisms that provide an explanation of how forgiveness processes could influence health. One of these mechanisms works by decreasing chronic sympathetic nervous system (SNS) arousal which becomes activated for the fight or flight response, thereby reducing the demands upon the cardiovascular system (as cited in McCullough et al., 2000). Jiang et al. (1996) found that people with higher reactions to emotional stress (elevated SNS arousal) were nearly three times more likely to suffer a major coronary artery event over 5 years than those with less reaction to emotional stress.

Major life events such as trauma and abuse are stressful experiences which require the body’s physiological systems to adapt. As the body attempts to maintain stability (allostasis) a stressor would normally result in arousal and then recovery. But if the “load” (McEwen, 1998, as cited in McCullough et al., 2000) becomes too high arousal may be extended or there may be no
recovery at all. McCullough et al. (2000) said the concept of allostasis “suggests that forgiveness experiences might enhance health by reducing the excessive physiological burden that comes with unresolved stressful experiences, such as the hurt and offense attributed to others.” Therefore, it is conceivable that forgiveness may work to reduce the negative effects of distress thereby diminishing SNS arousal and ultimately lessening the risk of physical disease.

The review of the trauma and forgiveness literature has sketched a picture of the deleterious effects of violence and it has revealed compelling evidence that forgiveness may hold healing potential in cases of traumatic violence. The purpose of this study is to refine our current understanding of the role that forgiveness plays in the healing process of victims and/or their surviving family and friends, specifically:

RQ (1) **What does the journey to forgiveness for victims and/or family survivors of traumatic violence look like?**

RQ(2) **In what ways does forgiveness support the healing process for victims and/or family survivors who have experienced harm associated with violent trauma?**

*Operalization of Terms*

Though forgiveness research has been on the rise over the past twenty years researchers have yet to come to a consensual definition of forgiveness. Forgiveness has been conceptualized as a transformation process, a prosocial change in the victim cognitions, emotions, and behaviors regarding the transgressor (Enright and the Human Development Study Group, 1991; Enright & Fitzgibbons, 2000, McCullough, *et al.*, 1997). One main feature that all conceptualizations of forgiveness have in common is “When people forgive, their responses toward people who have
offended or injured them become more positive and less negative” (McCullough, Pargament, Thoresen, 2001). Thus for the purpose of this study the following definition of forgiveness will be employed:

**Forgiveness**: Forgiveness involves two people, one of whom has received a deep and long-lasting injury that is either psychological, emotional, physical, or moral in nature. It is an inner process by which the person who has been injured releases him or herself from the anger, resentment, and fear that are felt and does not wish for revenge. Forgiveness may take time and does not necessarily mean that one forgets all the painful memories (Enright & Zell, 1989).

*Additional Key Terms Defined*

**Victim**: A person who suffers harm or wrongdoing or who perceives this to have happened (McCullough, Pargament, Thoresen, 2001).

**Survivor(s)**: Surviving family members of homicide victims (Amick-McMullan, Kilpatrick, Veronen, Smith, 1988).

**Healing**: A voluntary individual process of recovering from harm (Elliott, 2011).

**Harm**: Injury that occurs directly to an individual as a result of physical, mental, sexual or verbal actions or via a secondary mechanism such as the result of harm being done to a friend or relative (McCullough, Pargament, & Thoresen, 2001).

**Violent trauma**: Extraordinary events that overwhelm the ordinary human adaptions to life such as threats to life or bodily integrity, a close personal encounter with violence or death, or exposure to extreme violence (Herman, 1997).
Methodology

Acts of violence are traumatizing to the victim and/or their surviving loved ones and as a result they face an often long and arduous road to recovery. To provide a rich understanding of the lived experience of violence and trauma and the role that forgiveness plays in the healing journey of victims of violence and/or their loved ones, I have identified a phenomenological approach as the methodology best suited to this path of inquiry, for phenomenology seeks to “[u]nderstand social and psychological phenomena from the perspectives of people involved” (Welman & Kruger, 1999). According to LeVasseur (2003) “Phenomenology is well-suited to holistic questions of meaning that spring from experience.” Therefore the intention of this study is to collect data concerning the viewpoints of research participants about the phenomenon of forgiveness, expressly as it answers two central research questions:

RQ (1) what does the journey to forgiveness for victims and/or family survivors of traumatic violence look like?

RQ (2) In what ways does forgiveness support the healing process for victims and/or family survivors who have experienced harm associated with violent trauma?

Population and Sampling

The selection of a unique group of research participants is required in order to determine the potential healing power of forgiveness in the lives of those harmed by violent trauma. Therefore I will use a purposive sampling strategy. The sample criterion will be based on the objectives of the research so as to identify those who “have had experiences relating to the
phenomenon to be researched” (Kruger, 1988, as cited in Groenewald, 2004). The participants of my study will include 12 to 14 victims and/or surviving family members of violent trauma who have spoken publicly about their forgiveness journey either in Dr. Brenda Morrison’s CRIM 315 Introduction to Restorative Justice class at Simon Fraser University or in other public forums. I feel confident that the number of participants I have chosen will provide the necessary amount of data for analysis, given that 2 to 10 research participants are considered adequate to reach data saturation (Boyd, 2001). The interviewees will be the primary unit of analysis.

**Ethical Considerations**

All academic studies must adhere to the principles of research ethics which are the values “that guide the way we interact with research partisans and the commitment to safeguard their rights and concerns” (Palys & Atchison, 2008). This research project will be conducted with strict adherence to the guidelines outlined in the Tri-Council Policy Statement, Ethical Conduct for Research Involving Humans, (the TCPS). The following topics will be addressed:

**Obtaining consent**

In order to ensure that the participants understand that their involvement in the study is “an exercise of their choice [and is] free from any element of fraud, deceit, duress, or similar unfair inducement or manipulation” (Berg, 2007) I will make use of informed consent. Having adapted a consent form from examples created by Kirby, Greaves, and Reid (2006) and Nagy Hesser-Biber and Leavy (2011) I created an agreement form (Appendix A) giving the research participants an outline of the particulars of the study including:

- The specific nature of the study
- How their participation will contribute to the work
• The voluntariness of their participation
• The participant’s right to stop the research at any time
• The degree of confidentiality afforded them
• The promise of anonymity and use of pseudonyms, if desired
• How the data will be secured
• How the data will be used
• Safeguards in place to protect them from psychological harm
  
  (Groenewald, 2004; Nagy Hesser-Biber, Leavy, 2011)

**Data Collection**

This project began with a pilot study in order to clarify the research and interview questions. The data will be gathered through the use of audio-recorded semi-structured phenomenological interviews. Though it is important that the researcher allows the data to emerge (Bentz & Shapiro, 1998; Kensit, 2000, as cited in Groeneward, 2004) “the objectives of phenomenological investigation are description, interpretation, and critical self-reflection into the ‘world as world’” (Van Manen, 1990, as cited in Groeneward, 2004). In order to illicit responses that will permit the essence of the lived experience of the journey to and the benefits of forgiveness to emerge (Cameron, Shaffer & Hyeon-Ae, 2001, as cited in Groenewald, 2004) a series of semi-structured research questions will be used to guide the interview process. The interview questions are outlined and attached in Appendix B. Interviews will begin immediately following approval by the research ethics board and will likely be concluded by February 2012.

**Data Management**
Once interviews are recorded all raw data will be transcribed verbatim as soon as possible after the interview. Key words, phrases, and statements will be identified to “allow the voices of research participants to speak” (Groeneward, 2004). “Field” notes will used as a secondary data storage method. These will be used to record researcher observations made during the interview, theoretical reflections, methodological notes regarding instructions or critiques to oneself, and analytical memos covering end-of-interview summaries or progress reviews (Groeneward, 2004). Interview transcripts will be copied and filled under lock and key along with the original data. Kept separate from the original data, a “working file” will be created to keep research materials needed on a continual basis such as ongoing notes. A third file, also stored separately from the proceeding files, will hold participant identification and contact information. Research participants will be identified by first name only and pseudonym.

**Data Analysis**

Rossman and Raliis (1998) state that phenomenological data analysis “requires that the researcher approach the texts with an open mind, seeking what meaning and structures emerge." While there is “no one right way to go about analysis” (Nagy Hesse-Biber & Leavy, 2011) the analytic process involves “systematic procedures to identify essential features and relationships” (Coffey & Atkinson, 1996, as cited in Groeneward, 2004). The data analysis for this study will be conducted through the use of NVivo 9, a qualitative data analysis program. Throughout the data analysis process I will:

1. Search for statements that illustrate or explain the phenomenon being examined.

2. Cluster units of meaning to form themes by grouping those similar units of meanings together and identifying significant topics. Identify general and unique themes for all the
interviews searching for common themes among all the interviews as well as “unique or minority voices” (Groeneward, (2004)

3. Summarize the interviews, validating and making necessary modification: after summarizing the content, a validity check will be conducted by asking the participant if their words have been depicted correctly. Necessary modifications will be made if needed.
Results

The body of forgiveness literature and the preliminary discoveries of my pilot study suggest that victims and family survivors of traumatic violence who forgive those responsible for the harm and trauma experience a reduction in post-traumatic stress symptomology and an increase in their overall sense of physical, psychological, behavioral, and emotional well-being. In accordance with the results of past research I also anticipate finding that victims and family survivors of violent acts will consider forgiveness to be more of an ongoing process rather than a one-time action and that the offer of forgiveness is given more for the welfare of the victim than for the benefit of the offender. While there have been numerous studies into the healing benefits of forgiving responses over the past twenty years the vast majority of the research, with a few notable exceptions (e.g. Reed and Enright’s incest study), has focused on the use of forgiveness in relatively minor offenses and its mediating role in offenses within interpersonal relationships. This study is significant in that it seeks to examine forgiveness as a healing agent in cases of violent trauma.

Therefore, the findings of this study will have significant implications for those in the helping professions, i.e. counselors, psychologists, restorative justice practitioners, and pastors who work with family and friends of murder victims. While there should be no expectation that victims and family survivors of traumatic violence must forgive the offenders we do them a great disservice if we refuse to acknowledge that forgiveness is a viable healing option worthy of their consideration.
Conclusion

The purpose of this study is to explore whether forgiveness may support the recovery process of victims and family survivors of violent trauma. The empirical literature has revealed numerous psychological, emotional, behavioral, and physical benefits to forgiving responses. While empirical studies provide the supporting framework or skeleton of this body of forgiveness research, it is the personal encounters with victims and family survivors of traumatic violence who have traveled the road of forgiveness which is its heart and soul. With the staggering number of grieving survivors in need of assistance we can ill afford to ignore the healing potential of forgiveness simply because the subject is controversial. Forgiveness is hard work and it takes time; but it is not impossible. To say that forgiveness is impossible in cases of violent trauma is to sorely underestimate the human potential to overcome evil with good. Pumla Gobodo-Madikizela (2008) said, “Ordinary people under certain circumstances are capable of far greater evil than we could have imagined. But so are we capable of far greater virtue than we might have thought.”
Appendix A

Informed Consent Form

Researcher: Tamera Jenkins
Graduate student
School of Criminology
Simon Fraser University, Burnaby, British Columbia

Research Supervisor: Dr. Brenda Morrison, Ph.D.
Study Title: Forgiveness as a Healing Agent in Cases of Traumatic Violence

Study description

You are invited to participate in a research study on the role that forgiveness plays in the healing journey of victims and/or their loved ones who have experienced harm associated with violent trauma. This study is interested in the experiences of victims of violent trauma and/or family survivors who have made the decision to forgive the offender. I am conducting this research in partial fulfillment of a Master’s of Art’s degree in Criminology at Simon Fraser University, Burnaby, British Columbia. The results of this study will be published as my Master’s Thesis and may be presented at future conferences.

Requirements for participation in this study

To take part in this study you must be (a) 19 years of age or older, (b) have experienced the traumatic event a minimum of 5 years prior to this study, and (c) must have, in the facing of harm suffered as a result of the violent actions of another, ultimately chosen to forgive the person(s) responsible for the wrongdoing.

What does participation in this study involve?

Your participation in this research is completely voluntary and would include one audio-recorded interview. You have the right at any time during the interview to ask that the recorder be turned off, not answer a question, or withdraw your consent to participate in the study.

How will the researcher protect the participants’ confidentiality?

Confidentiality and anonymity are guaranteed. To respect the right of each participant to be the sole “owner” of their story, participants will remain anonymous and be referred to by pseudonyms in the data collection process, in all drafts, and in the final report. I am the only person who will have access to the audio-recordings and any other interview information such as field notes. All tapes and transcripts will be kept under lock and key, and all the raw data will be destroyed at the end of this project. I will provide each participant with the opportunity to see the report of their portion of the study before it is finalized, in order to ensure its accuracy.

Are there any risks involved in participating in this study?
I am acutely aware that the nature of this research deals with events that have the power to elicit numerous painful emotions in those who choose to participate, therefore I shall seek to mitigate the possibility of retraumatization by limiting participation in the study to (a) individuals to whom the offenses occurred a minimum of 5 years prior and (b) to those who have spoken publically about their healing journey. I will also provide crisis hotline numbers for those participants who desire to speak with a counseling professional.

**Are there any benefits to participation?**

While I cannot compensate you for your time, your participation in this research is invaluable because of the unique perspective that you, as a victim and/or survivor of violence, have on what it means to heal following violent trauma. Your participation in this research will greatly contribute to our understanding of the impact of violence on victims and/or surviving loved ones and the potential for forgiveness to act as a healing agent.

If you have any questions, please feel free to contact Tamera Jenkins at (778)836-4877 or tameraj@sfu.ca.

If you have any concerns or complaints please contact the Research Supervisor, Dr. Brenda Morrison at Simon Fraser University, Saywell Hall Rm. 10217 (778) 782-7627 or brendam@sfu.ca or Dr. Hal Weinberg, Director, Office of Research Ethics at hal_weinberg@sfu.ca or 778-782-6593.

I understand the purpose of the research and what my participation will entail and I voluntarily agree to participate in this study.

______________________________                               ______________________
Name                                                                                  Date

I sincerely thank you for your contribution to this research.

______________________________
Tamera Jenkins
Appendix B

Descriptive

RQ1 What does the journey to forgiveness for victims or family survivors of traumatic violence look like?

Semi-structured Interview Questions

1. What can you tell me about your experience? (the story)
2. In what ways (e.g. physically, psychologically, emotionally, & behaviorally) were you impacted by this offense?
   a. Physically:
      i. Did you experience any physical changes following the offense? Change in appetite? Headaches? General health?
   b. Psychologically: PTSD Symptomology
      i. Intrusion: Did you find yourself thinking about the event even when you didn’t mean to? Nightmares?
      ii. Avoidance/numbing: Were you able to handle the feelings that you were experiencing or did you avoid them? Did you seek to avoid certain people, places, or situations?
      iii. Hyperarousal: Did you feel on guard/anxious after this occurred? Were you able to concentrate? Sleep?
   c. Emotionally:
      i. Did you experience feelings of anger? Anxiety? Fear? Resentment? Depression? Did you have a desire for revenge?
      ii. Did you experience feelings of guilt or shame? (e.g. survivor’s guilt, disgrace, dishonor, loss of self-esteem, loss of virtue, or loss of personal integrity, shame over the inability to prevent the offense from happening or to directly repair the harm).
      iii. Was/is there a stigma attached to being a victim or family survivor of trauma?
      iv. Nathanson’s Compass of Shame:
         a. Withdrawal: Did you feel the need to isolate yourself or hide?
         b. Avoidance: Did you engage in avoidance strategies such as substance abuse or thrill-seeking behaviors?
         c. Attack others: Did you ever physically or verbally lash out at others? Blame others?
         d. Attack self: Did you ever blame yourself for what happened?
   d. Behaviorally:
i. After the offense were you able to continue to do the things you enjoyed doing previously?
ii. Did you begin to act in ways you had not done prior to the offense?

3. Were your relationships with family and friends altered by this offense? If so, in what ways?
4. Was there something… a defining moment, or an event, that prompted you to consider forgiveness?
5. Did religious or spiritual beliefs play a part in your decision to forgive?
6. Did you have a worldview that espoused forgiveness prior to the offense?
7. Did you seek out any type of professional help after the offense? (e.g. psychologist, religious or spiritual advisor).
8. How would you characterize your relationship with the offender prior to the offense? How did you view and/or respond to the offender following the offense?
9. Did you struggle to come to the decision to forgive or was it relatively easy?
10. Was an apology or an expression of remorse by the offender necessary for you to forgive?
11. Did empathy and/or sympathy for the offender play any part in your decision to forgive?
12. If the offender was a stranger did you have the desire to meet with them? If so, why?
13. Did you offer forgiveness to the offender prior to meeting them or afterwards?
15. Were you supported in your decision to forgive by family members or friends?
16. Did your decision to forgive the offender affect your relationship with family members or friends?
Explanatory

**RQ 2** In what ways does forgiveness support the healing process for victims and/or family survivors who have suffered harm associated with violent trauma? Healing: a voluntary individual process of recovering from harm.

17. In what ways (e.g. physically, psychologically, emotionally, & behaviorally) was your life impacted when you forgave the offender? Or what differences have you noticed in your life as a result of forgiving?
   a. Physically;
      i. How did it physically make you feel to forgive? Did you notice any positive physical changes after you forgave? Any change in health conditions?
   b. Psychologically;
      i. Did your feelings of anger or the desire for revenge subside after you forgave?
      ii. Did you notice a difference in the amount of time you spent thinking about the offense? Nightmares?
      iii. Following your offer of forgiveness was there a difference in the way you were able to handle your feelings?
      iv. Did you notice a change in your ability to concentrate following forgiveness? Sleep?
   c. Emotionally:
      i. How would you describe the way forgiveness made you feel? Did you notice a change in your level of anger, or feelings of anxiety, fear, resentment, and depression? What about the desire for revenge or retribution? Were you calmer?
      ii. Guilt/Shame:
         a. Did forgiveness in any way affect your feelings of self-esteem, or provide a sense of empowerment?
   d. Behaviorally:
      i. Did you notice anything different about your behavior after you forgave?
      ii. What did you notice about your desire to participate in the activities of your life following forgiveness?

18. Did forgiveness change your view(s) of the offender?
   a. Did you experience a change in perception? An ability to separate the offender from the offense?
b. At any point did you experience feelings of compassion for the offender? What precipitated these feelings? Did compassion play a role in your decision to forgive?

c. Did forgiveness humanize the offender? Were you able in some way to emotionally identify with them or make a human connection as a result of forgiving them?

d. Were feelings of compassion or the making of a human connection necessary for you to forgive the offender?

e. Which came first forgiveness and then compassion/connection? Or compassion/connection and then forgiveness? Or did any of this even play a role in your decision?

f. Do you think that compassion and revenge are mutually exclusive?

g. In what ways did forgiveness affect your relationship with the offender?

h. Do you continue to have contact with the offender?

i. Do you foresee that you will continue to have a relationship with the offender in the future or do you have a desire to do so?

19. What do you consider to be the greatest “gift” you have received as a result of forgiving?

20. Is there anything else you would like to share about this experience and your decision to forgive?
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