DesigningForgivenessInterventions
Guidance From Five Meta-Analyses

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The Nursing Interventions Classification system includes forgiveness facilitation as part of the research-based taxonomy of nursing interventions. Nurses need practical guidance in finding the type of intervention that works best in the nursing realm. Five meta-analyses of forgiveness interventions were reviewed to illuminate best practice. The only studies included were meta-analyses of forgiveness interventions in which the authors calculated effect size. Forgiveness interventions were shown to be helpful in addressing mental/emotional health. Components of effective interventions include recalling the offense, empathizing with the offender, committing to forgive, and overcoming feelings of unforgiveness. The meta-analyses showed that people receiving forgiveness interventions reported more forgiveness than those who had no intervention. Forgiveness interventions resulted in more hope and less depression and anxiety than no treatment. A process-based intervention is more effective than a shorter cognitive decision-based model. Limitations of the meta-analyses included inconsistency of measures and a lack of consensus on a definition of forgiveness. Notwithstanding these limitations, the meta-analyses offer strong evidence of what contributes to the effectiveness of forgiveness interventions. The implications of the studies are useful for designing evidence-based clinical forgiveness interventions to enhance nursing practice.

Keywords: forgiveness; intervention; spirituality; holistic nursing; meta-analysis; health promotion

The Nursing Interventions Classification system (Bulechek, Butcher, Dochterman, & Wagner, 2013) includes forgiveness facilitation as part of the research-based taxonomy of nursing interventions and provides the following definition of it: “Assisting an individual’s willingness to replace feelings of anger and resentment toward another, self, or higher power, with beneficence, empathy, and humility” (p. 203). Yet, to design effective evidence-based forgiveness interventions that promote health in the nursing realm, nurses need guidance in finding the types and characteristics of interventions that work best.

Study results have shown that forgiveness contributes to health promotion (Dossey, Keegan, Barrere, & Helming, 2013). Dossey et al. (2013) note that these studies have shown that “forgiveness is good for our physical, mental, and emotional well-being” (p. 709). In a summary of the results of forgiveness, Recine and colleagues note that people with higher forgiveness scores use less medicine, have better sleep quality, fewer somatic complaints, less fatigue, less depression, less fear of death, better cardiovascular health, and greater life satisfaction (Recine, Werner, & Recine, 2009).

Sufficient studies on forgiveness have been done to determine the antecedents of forgiving others. These antecedents include higher levels of education, empathy, valuing interdependence, the passage of time, spirituality, religiosity, belief in forgiveness by God, and therapeutic forgiveness interventions (Recine, Werner, & Recine, 2007). There is multidisciplinary

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interest in the domain of therapeutic forgiveness intervention research. This field of intervention research is mature enough to have produced five meta-analyses of studies that were written in English, dating from 2004 to 2014. Baskin and Enright’s (2004) seminal meta-analysis of forgiveness interventions informed practitioners that the commonly used cognitive decision-based approach to forgiveness was ineffective and gave insight that a process-based model was needed. Each subsequent meta-analysis builds on the findings of the others. This article examines five meta-analyses of forgiveness interventions seen in Tables 1 through 5. The tables contain details about the meta-analyses, including type and number of studies, method, key results, usefulness to designing forgiveness interventions, and limitations noted by the authors.

## Method

A search of PsycINFO, CINAHL Plus with Full Text, Health Source: Nursing/Academic Edition, and PsychArticles was completed in February 2014. The only studies included were meta-analyses of explicit forgiveness interventions in which the authors calculated effect size. Forgiveness meta-analyses on correlations of antecedents or situational consequences were excluded if explicit forgiveness interventions were not being analyzed. The studies included were systematic reviews of randomized and nonrandomized clinical trials.

There were seven results using the MESH terms forgiveness, interventions AND meta-analysis in PsycINFO, which is part of EBSCO Host. Five were meta-analyses and two of the results were not studies, so were eliminated. One was a duplicate. The net total was four meta-analyses from the PsycINFO database search. No new results were found in a search of CINAHL Plus with Full Text, Health Source: Nursing/Academic Edition, or the PsychArticles databases, using the same keywords. One additional meta-analysis was found using the same keywords in Google Scholar, bringing the total to five.

### Table 1. Evidence to Guide Intervention Design From Meta-Analysis by Wade, Hoyt, Kidwell, and Worthington (2014)

<table>
<thead>
<tr>
<th>Citation</th>
<th>Level of Evidence</th>
<th>Type/Number of Studies</th>
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<tr>
<td>Wade, N. G., Hoyt, W. T., Kidwell, J. E. M., &amp; Worthington, E. L., Jr. (2014). Efficacy of psychotherapeutic interventions to promote forgiveness: A meta-analysis. <em>Journal of Consulting and Clinical Psychology</em>, 82(1), 154-170. doi:10.1037/a0035268</td>
<td>Level 1</td>
<td>54 published and unpublished studies of forgiveness group and individual interventions (N = 2,323 at posttreatment evaluation)</td>
<td>Keyword search in PsycINFO (1972-2011): forgiveness intervention, psychotherapy and treatment, then a manual search of the references, and then contacting known researchers for unpublished studies.</td>
<td>Studies included were designed to promote forgiveness for a specific offense, done in person by trained facilitator, quantitative, in English, and completed by 2012.</td>
<td>Participants receiving explicit forgiveness interventions versus (cf) those not receiving treatment (Tx) had an effect size (ES) of 0.56; confidence interval (CI) = [0.43, 0.68]; participants receiving alternate Tx: ES = 0.45, CI = [0.2, 0.69]</td>
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Findings useful for designing interventions:

- People receiving forgiveness interventions reported more forgiveness than those who had no intervention.
- Forgiveness interventions resulted in more hope, less depression and anxiety than no treatment.
- The specific type of forgiveness treatment does not predict outcome.
- Longer interventions were more effective.

Limitations noted by the authors:

- Limited ability of the meta-analysis to evaluate the effect on outcomes other than forgiveness such as depression, anxiety, and hope because these were reported less often.
- Follow-up assessments on no treatment and control groups reported less often than on forgiveness treatment group.
- Measures are self-report.
- Studies are only correlational and do not indicate causation.
- Some studies did not contain a control group, just pre- and posttests.
Summary of the Strengths and Limitations of the Studies

The meta-analyses reviewed are at the highest level of evidence (Polit & Beck, 2012) and are valid. Regarding validity, the authors measured what they intended to measure: a comparison of the effectiveness of different types of interventions. The authors had appropriate keywords and clear selection criteria for the studies. Among the limitations of the studies were (a) no causation could be implied since much of the research was correlational, (b) the measures were self-report, and (c) the inconsistency of design and measures used. Additionally, in the earlier meta-analyses, there was a lack of consensus on an operational definition of forgiveness.

Synthesis of the Conclusions of the Meta-Analyses

A synthesis of the studies showed that forgiveness interventions were more effective in increasing forgiveness than alternative treatments, and much more effective than no treatments. Some alternative treatments were strong, such as those that addressed stress reduction (Wade et al., 2005). Forgiveness interventions also positively affected emotions (Baskin & Enright, 2004; Wade et al., 2014).

In addition, the studies demonstrated that effective components of the interventions were

- recalling the offense,
- empathizing with the offender,
- committing to forgive,
overcoming feelings of unforgiveness (Wade et al., 2005).

The use of faith to assist in forgiving was also very effective (Rainey et al., 2012). Time was another key component that contributed to the effectiveness of an intervention. Leaders who trained more than 8 hours were more effective (Rainey et al., 2012).

An effective intervention lasted a minimum of 6 hours (Rainey et al., 2012). Lundahl et al. (2008) determined that an effective intervention includes a process that lasts for more than 1 day.

In contrast, there were factors that were found to be irrelevant to the effectiveness of an intervention. For example, even though the internal coherence of an intervention mattered, the theoretical model of an intervention was not the deciding factor in whether it was successful (Wade et al., 2014), implying that many different interventions based on different theoretical underpinnings could be equally successful. Also, Lundahl et al. (2008) found that age and race did not limit the effectiveness of an intervention, implying that interventions designed for the general public can benefit a diverse group of people.

### Unresolved and Controversial Issues

Resolving the issue of why certain interventions work better than others would be helpful in designing future interventions. For example, longer individual interventions were more effective than shorter group interventions (Wade et al., 2014), yet it was controversial as to why. It is possible that it is not the length or type of the intervention but the level of distress that a person is experiencing, that is the key factor in the effectiveness of the longer individual interventions. This may be explained because the

### Table 3. Evidence to Guide Intervention Design From Meta-Analysis by Lundahl, Taylor, Stevenson, and Roberts (2008)

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<td>Lundahl, B. W., Taylor, M. J., Stevenson, R., &amp; Roberts, K. D. (2008). Process-based forgiveness interventions: A meta-analytic review. Research on Social Work Practice, 18(5), 465-478. doi:10.1177/1049731507313979</td>
<td>Level 1</td>
<td>14 process-based forgiveness interventions (process vs. decisional interventions have more than one session and follow a process)</td>
<td>Articles from the reference of Baskin and Enright’s (2004) meta-analysis were used. Then a search using the broad terms forgive or forgiveness was conducted in the following databases: PsychInfo, ERIC, MEDLINE, and Psychology and Behavioral Science Collections. The computer search was completed in 2007.</td>
<td>Each included a forgiveness intervention to address an offense, had face-to-face contact with presenter over longer than 1 day, had information to compute ES, at least 5 participants in each Tx and comparison group, and was published in peer-reviewed journal.</td>
<td>Samples that received process-based forgiveness interventions forgave more than comparison group; effect size (ES) = 0.82, confidence interval (CI) = [0.51, 1.13], enjoyed increased positive affect, ES = 0.81, CI = [0.33, 1.30], more self-esteem, ES = 0.60, CI = [0.14, 1.06], and less negative affect, ES = 0.54, CI = [0.32, 0.77]</td>
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Findings useful for designing interventions:
- Individually administered and longer interventions were more effective than shorter group interventions.
- Age, gender, and life status such as race did not limit the effectiveness of interventions.
- More distressed subjects benefited more.

Limitations noted by the authors:
- Some studies had sparse data.
- The insults that needed forgiveness were diverse.
- Few follow-up studies.
level of distress that the offense caused the subjects in the studies was correlated with the length of the time a person was involved in individual psychotherapy to work on forgiveness (Lundahl et al., 2008). This may be because a person who is willing to go through lengthy individual psychotherapy to deal with the pain of an offense is highly motivated to rid themselves of the noxious experience of unforgiveness.

Another unresolved issue is the role that gender plays in forgiveness. Rainey et al. (2012) found that a higher percentage of women receiving an intervention was predictive of more effectiveness. Yet Lundahl et al. (2008) found that gender did not matter in effectiveness. Further studies need to be designed to discover the role of gender in forgiveness.

### Summary of Implications for Designing Forgiveness Interventions

The meta-analyses are instructive for the development of forgiveness interventions in any discipline. They show the value of having pre- and posttests of forgiveness and emotional measures and of using an empty sham intervention and random assignment. Theoretical models of all types have been effective, implying that using a model that is familiar to nurses has potential to be effective. When designing the content of the forgiveness intervention, it is important to include key components, such as addressing empathy for the offender and overcoming feelings of unforgiveness (Wade et al., 2005).

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**Table 4. Evidence to Guide Intervention Design From Meta-Analysis by Wade, Worthington, and Meyer (2005)**

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<tr>
<td>Wade, N. G., Worthington, E. L., Jr., &amp; Meyer, J. E. (2005). But do they work? A meta-analysis of group interventions to promote forgiveness. In E. L. Worthington Jr. (Ed.), <em>Handbook of forgiveness</em> (pp. 423-440). New York, NY: Routledge</td>
<td>Level 1</td>
<td>27 studies of group interventions that included 39 forgiveness interventions, 10 alternative treatments, and 16 no treatment control groups</td>
<td>Search in PsycINFO using keywords such as forgive and forgiveness interventions; interventions were also identified from conference and web pages of researchers.</td>
<td>Included if they were a group intervention to help people forgive with outcome measures for increased forgiveness or reduced unforgiveness.</td>
<td>Forgiveness theoretically based treatments, effect size (ES) = 0.57, 95% confidence interval (CI) = [0.51, 0.63]; alternative treatments, ES = 0.26, 95% CI = [0.16, 0.36]; and no treatments, ES = 0.10, 95% CI = [0.04, 0.16]</td>
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Findings useful for designing interventions:
- FTs are effective in promoting forgiveness.
- ATs are more effective than NTs.
- NTs had some effect showing that the passage of time without an FT is mildly effective.
- Some ATs such as stress reduction interventions were more effective than others that just held attention.
- Components of interventions that are effective are recalling the offense, empathizing with the offender, committing to forgive, and overcoming feelings of unforgiveness.
- Full coherent treatments are more effective than partial treatments.

Limitations noted by the authors:
- Self report data, not objective psychological symptoms were measured.
- These effects were seen with people who all gave consent to a forgiveness intervention and may not be applicable to people who have not agreed to the intervention and may not value forgiveness.

Note: FT = forgiveness treatment; AT = alternative treatment; NT = no treatment.
The findings regarding time can also inform the design of forgiveness interventions. They show that 1-day interventions are not effective (Lundahl et al., 2008). In order to be effective, a longer intervention needs to be designed that has at least 6 hours of content (Rainey et al., 2012). When designing training for nurse leaders of the intervention, planning for more than 8 hours of instruction is needed (Rainey et al., 2012).

In conclusion, the findings of these meta-analyses offer strong evidence of what contributes to effective forgiveness interventions. They can therefore provide nurses with practical guidance in designing evidence-based clinical interventions that facilitate forgiveness for health promotion.

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<td>Baskin, T. W., &amp; Enright, R. D. (2004). Intervention studies on forgiveness: A meta-analysis. <em>Journal of Counseling &amp; Development, 82</em>(1), 79-90. doi:10.1002/j.1556-6678.2004.tb00288.x</td>
<td>Level 1</td>
<td>No keywords given. After electronic databases were queried, the references of the articles helped locate further studies and qualitative reviews were searched for references to empirical studies</td>
<td>9 studies (group and individual), N = 330</td>
<td>Included all forgiveness interventions based on a model with quantitative measures, a control group, published to date in a refereed journal.</td>
<td>Effect size (ES) for forgiveness measures: Decision-based interventions: ES = −0.04, 95% confidence interval (CI) = [−0.24, 0.16]; Process-based group interventions: ES = 0.83, 95% CI = [0.43, 1.21]; and Process-based individual interventions: ES = 1.66, 95% CI = [0.68, 2.64]</td>
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Findings useful for designing interventions:
- A model that uses a process is a better basis of a forgiveness intervention than a cognitive decision-based approach.
- Forgiveness interventions are helpful in addressing mental/emotional health, not just improving morals.
- Longer interventions are more effective.
- Individual interventions are more effective than group interventions.

Limitations noted by the authors:
- Counselor differences are not examined.

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