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Forgiveness and Mental Health Intervention

Gyanesh Kumar Tiwari1 & Pramod Kumar Rai

Concept Note

Recent years have witnessed a sudden upsurge in the scientific study of positive psychological constructs to unravel a multitude of positive life outcomes for people across the globe. Forgiveness has gained a popular status due to its ubiquitous nature and significant role in human life. Conventionally, forgiveness has been assumed to be the subject matter falling in the purview of theology, religion, ethics and philosophy. It has gained the status of a popular construct having interdisciplinary orientation significant to underscore and explain a plethora of behaviours and functioning in diverse areas of human activities. In essence, forgiveness is a desirable human strength that entails a complex set of cognitive, affective and behavioural attributes suggested to play a pivotal role in renouncing resentment and promoting reconciliation. The researchers have identified that forgiveness works at four levels: intrapersonal, interpersonal, organizational and collective levels. Many positive outcomes have been observed to be closely associated with the practice of forgiveness as it catalyzes socially desirable motivational changes and liberation of the individuals from negative affiliations linked with a transgression, transgressor or situations pertaining to a transgression. A set of mechanisms have been suggested to underlie forgiveness that helps to lessen resentment and negative emotionality, and to reinterpretation and reframing of the various aspects of transgressions leading to full functioning, health and well-being by people. Expression of remorse, acceptance of wrongdoing, repairing of relationship with self and others, ability to minimize negative emotions towards self, monitoring of others' positive behaviours and acknowledgements of valued and close relationships have been suggested to be the chief psychological mechanisms underlying its positive impacts for life outcomes. This chapter attempts to highlight the role of forgiveness as a positive health intervention to achieve, strengthen, maintain and promote mental health outcomes. A special emphasis will also be to explicate the origin of forgiveness in the Vedic rituals like Puja, Prayer, Dan and Aparigraha prevalent in Indian cultural practices. The mental health interventions based on forgiveness may have an effective role in lessening negative emotionality, grief, pain and promoting positive relationships with the self, others, community and organizations. The conclusions of the chapter may have significant implications for practitioners, researchers and health professionals.

Key Words: forgiveness, forgiveness intervention, life outcomes, positive mental health.

In interpersonal and social relationships, conflicts, transgressions and perceptions of being hurt are frequently displayed in relation to such events with anger and toxic emotions leading to avoidance or revengeful encounters. Sometimes, it leads to an upward spiral of negative emotionality and violence as well as counter-violence, causing severe grieves, mental as well as physical. Such prolonged and frequent happenings lead to physical as well as mental health problems in both perceived offenders and victims. To counteract such painful situations and to maintain equanimous state, religious institutions have prescribed and encouraged the practice of forgiveness for thousands of years as a desirable positive response to transgression and hurt caused in social encounters. The practice of forgiveness seemed to have adaptive and evolutionary benefits, if humans have survived for years, is due to forgiveness and reconciliation not by anger and dominance, otherwise, barbarous rules would have prevailed.

Theistic religions, as well as non-theistic religions, have enshrined forgiveness as a core construct for maintaining social harmony and peace in the world. The theistic religions including Christianity, Judaism, Islam and Ishwarvadi Indian religious sects attribute forgiveness as a God-gift. It is intrinsically accepted that 'to err is human'

and there are Godly forces to forgive to the extent people do not destruct the divine order. Contrary to it, non-theistic religious approaches like Jainism and Buddhism construe forgiveness as a law of the nature and innate virtue of human beings. Based on divergent routes of inception, the practice of forgiveness also differs significantly in various societies. For example, Jainism provides for observance of Khamaparva (festival of forgiveness) as an integral part of the practice of Ahimsa (non-violence). Forgiveness is an instrument through which ahimsa is practised. Jainism describes ahimsa as a mental state where atmaswabhav remains in an un-hurtful state (Atmaswabhav ka ghat nahin hona). This is why forgiveness is, in fact, self-forgiveness where self remains intact and un-hurtful by all the endeavours of the person.

Different types of tap in Indian tradition like remorse, dan, puja and other religious rituals are observed to achieve the state of forgiveness. Forgiveness is a virtue for mighty transgressor as well as the sufferers because mental peace cannot be achieved without this natural upsurge of the state of forgiveness. Despite all materialistic progression, there has been a pervasive social recession in the world, has led people to recognize the importance of forgiveness globally in the recent past, because, it is mental peace which is a universal cherished value for all human beings. In the recent past, there has been a gradual awakening of Western psyche towards the practice of forgiveness for individualistic spiritual growth and transcendence while in Eastern perspective it is enshrined in the social psyche. The two views represent the two sides of the same coin. The difference is on emphasis. Ultimately, both roads lead to Rome.

Meaning of Forgiveness

The study of forgiveness has traditionally been assumed to be the subject matter of religion, ethics and philosophy.

The scientific study of forgiveness began in developmental psychology, clinical psychology and counselling contexts. The establishment of Positive Psychology in 2000 as an independent branch of Psychology was a great precursor for the study of positive psychological constructs like forgiveness. It has been argued that all human being have a natural tendency to reciprocate positive as well as negative behaviours (McCullough, Kurzban, & Tabak, 2010; McCullough, & Witvliet, 2002). Moreover, taking revenge has been assumed to be one of fifteen fundamental human motivations (Newberg, d'Aquili, Newberg, & de Marici, 2000; Reiss, & Havercamp, 1998). In addition, 20% of homicides (Kubrin, & Weitzer, 2003) and 61% of school shootings in the U. S. (Vossekuil, Fein, Reddy, Borum, & Modzeleski, 2002) have linked with the tendency to seek revenge (McCullough, Kurzban, & Tabak, 2010).

As revenge involves aggression and violence, it has been assumed to be immoral and irrational and may show a mark of psychological dysfunction (Murphy, 2003). In similar parlance, forgiveness is also assumed to be natural and carries an existence value.

Forgiveness essentially involves giving up the right to retaliate ensuing injury and helps to recognize, anticipate and attempt to lessen revenge against the law of the talon. It has been argued to be a universal reflexive tendency for retaliation and retribution in the face of hurt and pain (Pingleton, 1989). Forgiveness may be assumed to be the antithesis of natural and predictable response to violation and victimization of people. In addition, forgiveness has been suggested to involve some aspect of release of anger (Davenport, 1991), revenge (Cloke, 1993), shame (Halling, 1994), trace of wrongs (DiBlasio, 1992) and resentment (Enright, & The Human Development Study Group, 1996). It has a temporal dimension unfolding over the days, months and years to be materialized (Enright, & The Human Development Study Group, 1996).

Human beings are constantly involved in a variety of interactions with other people to satisfy their basic needs. These interactions may be with himself or other people in the family, group, social and organizational situations. There are certain rules, moral expectations and norms prevalent in all known civilized human society. The complex need system, social norms, cultural contexts and personal attributes of people make the situation complex and dynamic through which a person has to travel for his existence. In the process of need fulfilment and meaning finding, people may commit some wrongdoings towards oneself or others in different interpersonal, social and organizational contexts. These situations demand the occurrence of forgiveness and other positive responses on the part of individuals to achieve a state of adaptation. The coming of Positive Psychology about twenty years ago has been a great precursor to incite the scientific study of positive psychological constructs like forgiveness. It is conventionally believed that forgiveness is the subject matter falling in the purview of theology, religion, ethics and philosophy. In the recent past, a sudden upsurge in the scientific study of forgiveness has been seen and it has achieved the status of a popular construct having interdisciplinary orientation significant to underscore and explain a plethora of behaviours and functioning in diverse areas of human activities. Now, forgiveness constitutes a popular construct relevant to unravel a multitude of life outcomes for people of different age groups and cultural affiliations. Its popular status is ascribed to its ubiquitous nature and the significant role it plays in the various spheres of human life. Forgiveness is a desirable human strength that entails a complex set of cognitive, affective and behavioural attributes suggested to play a pivotal role in renouncing resentment and promoting reconciliation.

Crimes, conflicts or betrayals are the well-known types of transgressions that most of the people have to face in their lives and adopt a variety of responses with the goal to get revenge and hold antipathy, deny the seriousness of the

offence, cultivate compassion for the human condition of the transgression or grant forgiveness. Out of these responses, forgiveness is chosen as a mean to repair hurts and recoup happiness by individuals. In essence, forgiveness entails a conglomeration of intrapersonal psychological processes that leads to a plethora of internal changes in thinking, feeling and behaving of the victim towards the offender. In other words, forgiveness represents a set of multidimensional processes comprising cognitive, emotional, motivational and social attributes aimed at concealing mechanisms for revenge or avoidance, bitterness and fear. It has been argued that these changes ensue fostering positive thoughts and emotions such as compassion and mercy toward the transgressor. The development of positive responses of empathy, compassion and the desire for good to the offender may help to eradicate consequences of un-forgiveness.

For thousands of years, religion has been the major force behind the regulation of human behaviours. As the scientific study of forgiveness is rather new, it seems reasonable for scientists to learn about the long-lasting religious conceptualizations of forgiveness. It has been argued that studying religious perspectives on forgiveness may be beneficial in numerous ways. For example, the religious perspectives on forgiveness can shed light on how religions influence the psychological process involved in forgiveness. In theistic religious systems, forgiveness denotes a means to assimilate prescribed attributes of God to achieve desirable spiritual goals and to develop a divine relationship with God. Moreover, religion advocates multiple role models of persons who have observed and practised forgiveness even in the face of severe injustice. Owing to its significance for human life, most of the religious systems of the world have advocated the practice of forgiveness for long (McCullough, & Worthington, 1999; Rye et.al., 2000).

Due to its complex nature and associated processes, it is very difficult to define forgiveness. Generally,

forgiveness may be argued to carry the development of a more balanced view of the transgression, transgressor, transgressed and the situation, lessening negative feelings towards the transgression, transgressed and transgressor, and abandoning the demand to inflict pain and punish the transgressor or with to restitution. Researchers have attempted to explicate the meaning of forgiveness by conceptualizing it as a response, as a personality disposition and as a characteristic of social units (McCullough, & Witvliet, 2002). Forgiveness may be understood as a prosocial change in a victim's thoughts, emotions, and/or behaviours toward a blameworthy transgressor in terms of response (McCullough, & Witvliet, 2002). In essence, this conceptualization includes all the positive changes in cognitive, affective and behavioural aspects of a person when he decides to forgive another person for his wrongdoings (McCullough, & Worthington, 1994; Scobie, & Scobie, 1998). In terms of personality trait, it may be conceived as an inclination to forgive others in a variety of interpersonal situations that may be represented through forgivingunforgiving continuum (Mullet, Houdbine, Laumonier, & Girard, 1998).

Forgiveness may also be defined as a quality of social units that entails an attribute similar to intimacy, trust, or commitment related to popular social structures such as marriages, families, or communities that either facilitate or inhibit it (McCullough, & Witvliet, 2002). Forgiveness has also been distinguished from the terms similar to its meaning. For example, forgiveness is distinct from pardoning that is a legal concept. It is also dissimilar from condoning that involves explaining the offence. Likewise, forgiveness also differs from excusing that refers to a transgression committed to justify the circumstances (Enright, & Coyle, 1998; McCullough, & Witvliet, 2002). Thompson et.al. (2005) have defined forgiveness as freeing from a negative attachment to the source of transgression that acted against a person. In the words of Enright, Freedman and Rique

(1998), forgiveness refers to one's desire to give up anger, negative perceptions and unconcerned behaviour toward a transgressor who has hurt the transgressed along with compassion, kindness, and love toward the transgressor. For McCullough (2000), forgiveness denotes a pro-social motivation that is expressed through the decreased desire to avoid the transgressing person and to harm or seek revenge toward that individual and increased desire to act positively toward the same person. Rye et.al. (2001) have reflected on the term forgiveness by proposing two aspects of forgiveness namely, absence of negative emotion and presence of positive emotion towards the transgressors. In essence, forgiveness represents the expression of altruism and moral response from the side of transgressed that victim desires to replace unfairness with goodness.

Close scrutiny of the foregoing definitions and discussions makes it clear that forgiveness is a complex process comprising of cognitive, affective and behavioural dimensions of a person that facilitate negative attachment with transgression, transgressor and the transgressing situations acting against a person. Forgiveness also denotes a strong motivational force that aims to free one from negative emotionality associated with a transgression that seems unjust, immoral, unlawful and inhumane. Forgiveness may also result into compassion, generosity, pro-social behaviours and love toward, lessened desire to take revenge, positive behaviour, promote positive emotions, adaptive attribution frame and moral response from the transgressed person. Thus, forgiveness is broader in its scope and as such has been assumed to be represented as a response, personality disposition and attributes social units (McCullough, & Witvliet, 2002).

Dimensions and Theories of Forgiveness

Forgiveness is a universal human experience that has a significant role in human relationships, performance, group and organizational functioning and well-being. It has been

suggested that forgiveness reflects a psychological process that facilitates to prevail over resentment, hurt and harsh responses and to substitute these with through positive behaviours and feelings for a transgressor who caused hurt and damage (Worthington, 2005). Forgiveness has been classified in various categories employing different criteria.

There is an agreement among researchers about what is and what not forgiveness is but there are differences pertaining to the types of forgiveness. Some researchers have argued that there are two major types of forgiveness; decisional forgiveness and emotional forgiveness. The former denotes an intention of the forgivers to behave in a more benevolent-manner, to remove negative behavior, and to restore positive behavior with the transgressors (Exline, Worthington, Hill, & McCullough, 2003; Finkel, Rusbult, Kumashiro, & Harmon, 2002; McCullough, Fincham, & Tsang, 2003). On the other hand, emotional forgiveness involves changes in thoughts and feelings toward the transgressor, transgressions and the situations that are assumed to cause negative emotionality and facilitates negative emotions with positive ones. Thus, emotional forgiveness is more difficult than decisional forgiveness to occur. At a broader level, it may facilitate the achievement of compassionate understanding towards the transgressor (Exline et.al., 2003). Both the types of forgiveness are independent but inter-related and interdependent also.

Another classification divides forgiveness as unconditional, conditional, dismissive and grace forgiveness (The Good Men Project, 2019). Unconditional forgiveness is given to one for one's wrongdoings with taking into account one's faults with no conditions attached to it and assuming that the transgression never happened as such. Conditional forgiveness is a 'trust but verify' type that involves regular watch on the behaviours of the transgressor. It is given in the condition where the trust has not well built. Dismissive forgiveness represents an uncertain attitude

towards transgressor and moving positively in their life of forgivers. Grace type involves that God is the ultimate forgiver and forgiveness is granted (The Good Men Project, 2019). Walrond-Skinner (1998) has classified forgiveness into seven categories. Premature instantaneous forgiveness refers to a fake type of forgiveness in which forgiveness is either denied or transgression is forgotten while arrested forgiveness occurs between the forgiver and transgressor. Conditional forgiveness is given after some conditions such as apology, acceptance, and change in unacceptable behaviour is made. Pseudo or mutual forgiveness involves half-hearted forgiveness with the aim to reinstate the preconflict relationships. Collusive forgiveness is the process of avoiding further conflict even in the face of unresolved and severe injustice. Repetitious forgiveness comprises consecutive but incomplete efforts to end relational transgression whereas authentic process forgiveness refers to the forgiveness in which revenge is avoided for the good of self and others incited by an unconditional, selfless and pro-social motive (Kj, 2018; Walrond-Skinner, 1998). Enright, Santos, and Al-Mabuk (1989) have proposed six major types of forgiveness. The first type is revengeful forgiveness that occurs after an offence while restitutional forgiveness is characterized by the lightening of guilt following the bringing back to a relationship. The third type is expectational forgiveness that is observed in perceived social pressure and the fourth type is known as lawful expectational forgiveness that is granted ensuing the moral code of authority. The fifth type is forgiveness for social harmony that is observed to maintain the present social harmony and peace while the sixth type denotes forgiveness as an act and expression of unconditional love (Enright, Santos, & Al-Mabuk, 1989; Kj, 2018).

In essence, forgiveness represents a set of motivational changes that lead a person to lowered desire to take revenge and avoid as well as an enhanced desire to behave positively and to exhibit reconciliatory behaviours towards a transgressor (McCullough, 2008). Forgiveness has been popularized in family therapy perspective that focuses on relational ethics with its role in maintaining independence and relationships among family members (Hargrave, 1994). Hargrave (1994) conceptualizes that the process of forgiveness occurs through exoneration and behaviour. This perspective assumes that insight and understanding are two significant aspects of forgiveness. On the one hand, insight helps one to become familiar with and modify one's disparaging pattern of thought and behaviour. On the other hand, understanding helps one to accept the weaknesses and limitations of wrongdoer without exterminating the responsibility. In essence, granting forgiveness involves two steps: an opportunity for compensation and an overt act. The former allows one to recompense for the damage caused by transgression while the latter involves an open discussion with wrongdoer about the mistake and restoring the relationships (Hargrave, 1994).

The psychodynamic perspective of forgiveness assumes that transgression causes rage that comes from the restriction on the desire and action of a person. In addition, forgiveness empowers one to accept beyond the restriction and failures in one's personal and interpersonal life (Kaufman, 1984; Todd, 1985). According to these theorists, forgiveness may be conceptualized as an archetypal experience that reflects one's 'shadow' into transcending self leading to repair and relief from guilt (Kaufman, 1984; Todd, 1985). The cognitive perspective explains forgiveness by conceptualizing two types of morality: justice morality and forgiveness morality (Enright, Santos, & Al-Mabuk, 1989). Justice morality represents equity and fairness whereas forgiveness morality denotes forgoing the right to take revenge. This perspective has been incorporated in logotherapy which assumes that forgiveness promotes existential meaning and positive psychological adjustment allowing for enhanced ability to accept pain (Gassin, & Enright, 1995).

Another approach provides that forgiveness may occur in interpersonal, self and situation. Interpersonal forgiveness has been studied extensively that occurs in the relationship between two or more individuals who are affected by verbal, behavioural, emotional or perceived transgression. For example, it may happen in interpersonal transgressions such as breaking the trust of a life partner, friend or some important family member. Worthington (1998) has proposed a REACH (recall, empathy, altruism, commit and hold) model of forgiveness that involves recalling offence, promoting empathy between the victim and wrongdoer, offering forgiveness as an altruistic gift to each other, opening verbal commitment to forgive and holding on forgiveness. According to another model of Gordon, Baucom, and Snyder (2004), there are three phases in interpersonal forgiveness. The first step in interpersonal forgiveness is to promote a non-distorted and realistic appraisal of the relationship between the two people followed by the second step that involves encouraging transgressed lessening the ruminative affect towards the offender. The last step comprises assisting the transgressed to lessen his/her desire to punish the transgressor. Many factors have been identified by researchers that determine the effectiveness of interpersonal forgiveness. For example, nature of the perceived relationship, the value of a relationship, the intensity of victimization, age and gender of the victim and transgressor significantly impact forgiveness (Ahirwar, Tiwari, & Rai, 2019a; Mudgal, & Tiwari, 2017). It has been argued that forgiveness is a cognitive mechanism that is evolved in the process of natural selection and is very essential for humans to establish, maintain and restore valuable social relationships (McCullough, Kurzban, & Tabak, 2010). Moreover, attachment styles have been found to be linked with interpersonal forgiveness. For example, a secure attachment pattern predicts dispositional forgiveness and reduces rumination (Burnette, Taylor, Worthington, & Forsyth, 2007). In close relationships such as parent-

child, husband-wife, close friendships etc., forgiveness is unconditional, easy and immediate compared to other types due to the nature of relationships. The degree and nature of transgression are also good predictors of forgiveness in interpersonal relationships (Mudgal, & Tiwari, 2015; Mudgal, & Tiwari, 2017).

Researchers have reported that in comparison to interpersonal forgiveness, self-forgiveness is more difficult to occur in which the person assumes himself/herself responsible for transgression either towards himself/ herself or another person. Thus, perceived transgression may lead to self-defeating, ruminating thoughts, shame or guilt that, in turn, also generate negative emotionality, withdrawal, restlessness, lowered self-esteem, hopelessness and well-being (Pandey, Tiwari, Parihar, & Rai, 2019a; Pandey, Tiwari, Parihar, & Rai, 2019b). Researchers have defined self-forgiveness as a process of getting rid of hatred towards oneself for an apparent offence (DeShea, & Wahkinney, 2003). Hall and Fincham (2005) have argued that it is more difficult for a person to live without selfforgiveness than without interpersonal forgiveness. This may be due to the reason that lack of self-forgiveness may lower self-esteem, psychological well-being and may lead to psychopathological symptoms of anxiety, suicide and depression, poor social relationships. Conversely, the damage caused by lack of interpersonal forgiveness may be limited to decreased external positive interaction and adaptation. Moreover, dealing with shame is more difficult than guilt because shame is a generalized view than guilt (Tangney, Boone, & Dearing, 2005). Self-forgiveness can be achieved by helping individuals to analyze the events without bias, accept the role of internal-external agencies and helping them to release hard feelings without harming the self and psychological well-being (Snyder, Lopez, & Pedrotti, 2011). Moreover, self-compassion based techniques that help one to accept imperfections and mistakes and direct compassion towards oneself may also be used to achieve self-forgiveness (Neff, & Germer, 2012).

Forgiveness may also be associated with odd manmade or natural situations that differ from interpersonal and self-forgiveness. For example, situational forgiveness may be linked to natural calamities such as earthquake, flooding or personal life happenings such as death or chronic illness. These situations make people angry and hopeless and make them unforgiving towards them. These negative attitudes, feelings and thinking towards situations may result in hopelessness, emotional problems, anxiety and depression (Exline, Yali, & Lobel, 1999).

The process and empathy models did not provide for a satisfactory explanation of the role of cultural factors in forgiveness. It has led to developing a new theory of forgiveness known as the dynamic process model of forgiveness (Ho, & Fung, 2011). This theory assumes that people with dissimilar cultural backgrounds differ in their motivational frameworks and conceptualizations of forgiveness (Girard, & Mullet, 1997; Kadiangandu, Gauche, Vinsonneau, & Mullet, 2007; McCullough & Witvliet, 2002). Moreover, forgiveness involves a change in cognitions, emotions, and behaviours pertaining to transgressor, transgression and situation (Enright, & Fitzgibbons, 2000). Thus, the basic task in forgiveness is to change one from a negative direction to positive ones in all these dimensions in a temporal continuum. In other words, emotions play an important role in forgiveness. It has been suggested that replacing negative emotions by positive ones through regulating emotions is the key to forgiveness (Kadiangandu et.al., 2007). The forgiveness and emotion regulation processes are shaped by cultural realities.

According to Gross (1998), emotion regulation involves an appraisal of emotional cues that results in a set of synchronized emotional, physiological, and behavioural responses. Borrowing the arguments from the

emotion regulation model of Gross (1998, 2001), Ho and Fung (2011) proposed a model of forgiveness comprising a sequence of cognitive, motivational, and behavioural changes culminating into forgiveness. According to these theorists, the sequence begins with attending to a transgression situation that is appraised in terms of familiarity and relevance (Ho, & Fung, 2011). The appraisal of the transgression situation leads to emotional responses of anger, hostility, empathy and compassion. This, in turn, initiates reframing emotional events (Gross, 2001). This model identifies perceptions of wrongdoing, contradictory cognitions, attribution, approach-avoidance motivation and socially orientated emotions as significant moderators of forgiveness that differ across cultures (Ho, & Fung, 2011).

Life Outcomes and Forgiveness

A set of mechanisms have been suggested to underlie forgiveness that helps to lessen resentment, negative emotionality as well as helps in reinterpretation and reframing of the various aspects of transgressions leading to achieve full functioning, health and well-being. Expression of remorse, easy acceptance of wrongdoing, repairing of relationship with self and others, ability to minimize negative emotions towards self, monitoring of others' positive behaviours and acknowledgments of valued and close relationships have been suggested to be the chief psychological mechanisms underlying its positive health impacts (Mudgal, & Tiwari, 2017; Pandey, Tiwari, Parihar, & Rai, 2019a; Pandey, Tiwari, Parihar, & Rai, 2019b). Researchers have suggested four mechanisms through which forgiveness exerts its impacts on health and other indices of health outcomes. For example, Lawler et.al. (2005) have reported that spirituality, social skills, reduction in negative affect, and reduction in stress mediated the effects of forgiveness on health measures. Many positive outcomes have been observed to be closely associated with the practice of forgiveness as it catalyzes socially desirable motivational changes and liberates the individuals from negative affiliations linked with a transgression, transgressor or situations pertaining to a transgression. For example, forgiveness has been reported to be good for the heart. Forgiveness has been observed to lower heart rate and blood pressure and, thus, provides stress relief (Lawler et.al., 2005). Moreover, forgiveness has been reported to be linked positively with physical symptoms, medications used, sleep quality, fatigue, and somatic complaints of adults (Lawler et.al., 2005). Through a reduction in negative affect, improved spirituality, effective management of intrapersonal and interpersonal conflicts and reliving effects of stress, forgiveness shapes health outcomes of people (Lawler et.al., 2005). Barnes, Carvallo, Brown, and Osterman (2010) have reported forgiveness restores positive thoughts, feelings and behaviours toward the offending party and other people. Moreover, benefits of forgiveness pour out to enhanced volunteerism, donation and altruistic behaviours (Carvallo, Brown, & Osterman, 2010).

Likewise, self-forgiveness has been found to be related to lower levels of depression and anxiety in college students (Maltby, Macaskill, & Day, 2001). It has been reported to be negatively correlated with hostility, depression, anxiety, and physical symptoms and positively with self-esteem, well-being, close-relationships, self-activity, and social activity among female victims of domestic violence (Coates, 1997). Similar health benefits of forgiveness have also been observed for health by other researchers (Hirsch, Webb, & Jeglic, 2011; Webb et.al., 2013).

A higher level of forgiveness has been reported to be negatively associated with lower suicidal behaviour (Nsamenang, Webb, Cukrowicz, & Hirsch, 2013). Quality of life and life satisfaction have been associated positively with forgiveness (Rey, & Extremera, 2016). Behind enhanced quality of life, the role of positive refocusing and positive reappraisal strategies as a result of increased forgiveness

have been reported (Romero et.al., 2005). By regulating positive mood, greater spirituality and quality of life and less self-blame, forgiveness impacted positively adjustment of breast cancer patients (Friedman et.al., 2010). Forgiveness possesses reparative strength that is directly involved in the healing of Post Traumatic Stress Disorders (PTSD) symptoms (Currier, Drescher, Holland, & Foy, 2015).

Forgiveness and Psychological Intervention

It has been evinced that forgiveness carries the ability to regulate a multitude of positive life outcomes. These findings, as well as failures of existing psychotherapeutic interventions, acted as the precursors to delve into the opportunity to look into the use of forgiveness as a therapeutic intervention to deal people with their strong emotional resentment, failures in relationships, grief and pain having their genesis in their past life. It has been suggested that forgiveness, as a positive health intervention, possesses the ability to achieve, strengthen, maintain and promote mental health and other life outcomes.

It has been reported that the scientific study of forgiveness has a recent origin. Sells and Hargrave (1998) have suggested many important reasons behind the absence of forgiveness from psychotherapy literature. According to them, forgiveness has been assumed to be associated with religion and philosophy (DiBlasio, & Proctor, 1993). Forgiveness intervention has been less popular due to the assumed outcome that freeing the transgressor free may motivate them to commit another wrong and lower the position of forgivers. In addition, forgiveness is assumed to maintain patriarchal religious and social systems that advocate for maintaining female subjugation. This may be possible in the case where forgiveness is used in a vague and simplistic manner (Sells, & Hargrave, 1998). Some researchers have argued that this situation can be prevented by implying freedom in forgiveness intervention as a mental frame (Bloomfield, & Fielder, 1983). In this vein, forgiveness has been assumed to involve both healings as well as an imperative process (McAlister, 1984). Another reason behind the fear of its negative consequences was due to the poor conceptualization of forgiveness construct (Sells, & Hargrave, 1998).

It has been suggested that forgiveness intervention may not be fit and effective for persons in all conditions (McCullough et.al., 1995).

The study of forgiveness and its application in intervention began four decades ago with a slow pace (Sells, & Hargrave, 1998). Its preliminary descriptions of forgiveness-based therapeutic interventions were explored for assisting people to come out of their traumatic experiences hampering their psychological and relational functioning (Hope, 1987). Recognition of positive constructs, limitations of the psychopathological model of mental intervention, poor outcomes of cognitive and behavioural techniques based interventions promoted the use of forgiveness and other positive psychological conceptualization based intervention. Thus, majority of initial attempts were related to the use of interventions for promoting forgiveness in therapeutic settings (DiBlasio, & Benda, 1991; Hebl, & Enright, 1993) that resulted in promotion of forgiveness with other positive outcomes and lessening of psychological symptoms of anxiety and depression (Lundahl, Stevenson, & Roberts, 2008).

In addition, family therapy perspective also gave rise to forgiveness intervention. Family therapy represents that family relations are suitable for forgiveness interventions as it is essential to maintain independence and relationships. Basing on these arguments, Hargrave (1994) tried to situate forgiveness interventions focusing on the relational ethics that denotes a subjective balance among justice, trustworthiness and entitlement in family relationships (Sells, & Hargrave, 1998).

Hargrave's Model of Forgiveness Intervention

Hargrave (1994) argued that the process of forgiveness overarching categories: involves two exoneration forgiveness. Exoneration includes insight understanding that empower persons having experienced injustice. Insight helps to become familiar with and modify maladaptive patterns. On the other hand, understanding helps to recognize the limitations of the transgressors without subtracting their responsibility. The second stage of forgiveness intervention comprises giving an opportunity for compensation and the overt act of forgiveness. In this stage, the transgressed provides a chance for the transgressor to act restoratively in the relationship by engaging in trustworthy actions whereas the overt act of forgiveness involves an open discussion of earlier injuries with alternative relational patterns. According to Hargrave (1994), forgiveness is not a sequential process rather it is an undulating or reciprocating interaction progressing towards forgiveness and restoring relationships.

Truong (1991) in his qualitative study involving fifteen adults identified twelve common themes existing in three phases: management phase, transformation phase and resultant phase. The first phase comprises of identification, expression of negative feelings, detachment and assessment, support and spirituality, acceptance, and decision making and goal setting. The second phase denotes action, understanding, letting go and engaging. The last phase comprises of reconciliation and growth. The beauty of this model was that it incorporated the main assumptions of Hargrave (1994) four stations, Enright et.al. (1992) emphasis of letting go and McCullough and Worthington's (1994) empathy model.

Process Model of Forgiveness Intervention

According to Enright et.al. (1992), forgiveness refers to the process of finding out the anger and letting it go. It has been suggested that anger constitutes the basic issue in forgiveness and assumed to be the core of many disorders. This is the basic healing in forgiveness therapy that is bendy that can be incorporated into a multitude of therapeutic methods. The basic paradigm of forgiveness therapy entails uncovering the anger, developing a commitment to forgive and enabling to work on forgiveness. These are followed in the last phase of the intervention, known as the discovery of meaning that leads one to achieve new purpose in life and exploring one's own faults as well as identifying the need to be forgiven by others.

Enright et.al. (1992) have proposed a model of forgiveness therapy comprising of four basic phases for the treatment of various disorders. The first, the uncovering phase, aims to explore the anger and its depth with which the client may himself not be familiar. The nature of Injustices and anger are explored along with the complications associated with them that may appear with sadness, altered living conditions, separation and pessimistic worldview. Commitment to forgive constitutes the second phase that includes understanding forgiveness itself. It has been posited that forgiveness is a set of moral virtues such as justice, patience, compassion, understanding and kindness that are valuable. In this phase, the person is made well-aware about the basic construct of forgiveness and other synonymous terms such as condone, forget, or reconcile etc.

This follows the third phase that aims to restructure the cognition of forgiveness. Thus, it involves cognitive exercise instructing the person to develop understanding the offending other's childhood keeping injustice in mind that may have been received from others. This cognitive restructuring keeps on going through different developmental periods. The goal of this exercise is to facilitate a person to develop a useful understanding of the struggles that the offending person has had in life. It also makes it apparent that the person is an emotionally laden

person, not an evil person. This assumption is known as the cosmic perspective that views every person as inherently a worthy and valuable person including the offending person. Moreover, this phase may comprise exploration of compassion to help the person to bear the pain of the suffering as a result of transgression.

The last phase, the fourth phase, entails the discovery of meaning out of suffering, finding a new purpose in life and an exploration of one's own faults and the need to be forgiven by others. If followed correctly, these steps lead a person to have a better understanding of others, himself and his sufferings. Thus, forgiveness intervention helps a person to get emotional relief in anger, anxiety, and depression, and enhancement of hope, worth and self-esteem. Three decades of research on the Process Model of Forgiveness shows strong empirical support for emotional healing in the client/patient who follows this psychotherapeutic process.

Empathy Model of Forgiveness Intervention

According to this model, forgiveness requires empathy for the offender, the humility to see oneself as being as imperfect and needy as the offender, and commitment to forgive publicly (McCullough, 1998; Worthington, & DiBlasio, 1990). Thus, it is also known as the empathyhumility-commitment model of forgiveness. This model has evinced the effective therapeutic applications in psychoeducational individual, family therapy and groups. This model also provides for seeking forgiveness in personal relationships (Sandage et.al., 1997) and in marriage counselling (McCullough, 1997; Worthington, & DiBlasio, 1990). This model is growing in its theorizing, measurement of interpersonal forgiveness, understanding psychological, physical and interpersonal aspects, and developing interventions to promote forgiveness. Thus, the model attempts to describe the deterioration and restoration of family relationships and therapeutic interventions with

dyads. It is assumed that hurts occur and resolved in dyadic interactions. This theory assumes that behaviours of family members have an impact on one another and they share common beliefs, values and attitudes as well as an emotional system. It has been argued that forgiveness is primarily an individual process that seeks and grants forgiveness and derives physical or mental health. It starts with parents who forgive their unruly adolescent and moves further. The model assumes that need for forgiveness arose out of a wound that violates physical, moral or psychological boundaries leading to affect the organization of thoughts and psychological defences to protect injured boundaries (Means et.al., 1990). Moreover, this wound is gentle and motivates the stakeholders to withdraw protection to prevent additional wounds. Withdrawal and attack are indicative of a weakened relationship aimed at revenge.

It has been argued that many extant models of forgiveness are essentially cognitive assuming forgiveness as a decision, informed and motivated reason that co-varies with intellectual and moral development (McCullough, 1998). Conversely, this model assumes that forgiveness is the cognitive outcome of a primary emotional wound (Maggi, & McFadden, 1995). As such forgiveness is initiated by empathy for the offender, advanced by humility in the hurt person and materialized by public commitments to forgiveness. Thus, there are three components of forgiveness: empathy, humility and commitment. It is argued that empathy lies at the core of forgiveness. Thus, forgiveness is not possible without empathy (McCullough et.al., 1997). In addition to empathy, the person must have a sense of humility (Means et.al., 1990) that involves an understanding of motivations and views of the transgressor. Along with empathy and humility, commitment to forgive publicly leads to forgiveness (McCullough, 1998).

According to the model, members in a family relationship may seek a need of forgiveness under three

common conditions: emotional wound, small hurts and conflict and difficulty in communication. In a family conflict situation, wounds are attributed as external, global and stable leading to negative emotionality and interaction (Bradbury, & Fincham, 1990). Forgiveness can be initiated and promoted in families that may involve three tasks: inducing empathetic understanding among family members, understanding of motivations and views of transgressors and promotion of an overt expression of forgiveness (McCullough, 1998). In other words, forgiveness in family relationships may be enhanced in many ways. For example, forgiveness can be induced by controlling the expression of negative emotion, facilitating positive communications, promoting confession and apology of wrongdoings, focusing on hurts one by one, attempting a balance, developing partial forgiveness, promoting reconciliation and enabling family members to deal with relapses (McCullough, 1998).

Issues in Forgiveness Intervention

Many important issues have been identified by researchers. For example, DiBlasio and Benda (1991) and DiBlasio and Proctor (1993) have reported in their survey of marriage and family therapists in the US that religious and non-religious affiliations were important for viewing forgiveness as a successful intervention. Age of the practitioners was another factor that affected the use of forgiveness intervention. For example, it was observed that practitioners above middle age showed a more favourable attitude towards forgiveness interventions. These practitioners also had a more developed technique to implement forgiveness, were more open to religious issues and showed their success in linking anger and depression with forgive than younger therapists. Thus, age appears to be important for both therapists and clients (Sells, & Hargrave, 1998). Likewise, elderly women were observed to be benefitted with forgiveness intervention and showed greater self-esteem, and reduced anxiety and depression (Hebl, & Enright, 1993). Similarly, the forgiveness focus group reported a stronger pattern of forgiveness as compared to the general focus group participants. The former showed lowered anger, resentment and negative affect towards the offenders as compared to the later (Hebl, & Enright, 1993).

Another factor is the gender of the clients. For example, the conceptualization of justice and forgiveness was reported to be linked with the cognitive development of the adolescents who had exhibited dissimilar reasoning about forgiveness to those of children and adults (Enright, Santos, & Al-Mabuk, 1989). Thus, age accounted for differences in the conceptualization of forgiveness in Indian participants (Ahirwar, Tiwari, & Rai, 2019a). Further research has also suggested that the significant impact of age on forgiveness is routed through the changing the affect, cognition and behaviour of the person (Subkoviak, 1992).

It has been argued that forgiveness exhibits a uniform and universal trend in its nature, expressions and mechanisms (Enright, & Fitzgibbons, 2000). Moreover, some researchers have suggested cultural differences exist in emotional expression, perception of potential transgression, nature of interpersonal interactions, the construal of self and preferences in response patterns (Kashima et.al., 2004). For example, some researchers have reported that forgiveness of adolescents is more intrinsic while younger children show extrinsic orientation in their motivation to forgive. It is further posited that there are cultural differences in apology, intentionality and consequences of perceived transgression (Girard, & Mullet, 1997; McCullough, & Witvliet, 2002). In this line of the findings, it has been suggested that cultural differences exist in forgiveness (Kadiangandu, Gauche, Vinsonneau, & Mullet, 2007). Moreover, there are cultural differences in the construal and inclination of forgiveness. For instance, people in collectivistic cultures conceive forgiveness as an interpersonal construct, whereas it is

viewed as an intrapersonal construct by persons belonging to individualistic cultures (Kadiangandu et.al., 2007). These findings corroborate that cultural considerations must be taken while planning for forgiveness interventions to be utilized (Ho, & Fung, 2011).4.5 Effectiveness of Forgiveness Interventions and Mental Health issues It has been argued that there is a huge physical and mental burden as a result of hurts and disappointment. Small or long-held resentment and unresolved conflicts in relationships with family members, friends, close relatives and neighbours may have negative impacts on physical and mental health. There are many consequences associated with having a particular state of mental health. For example, mental health may significantly affect performance and functioning of daily life, quality of intrapersonal, interpersonal, social and work relationships, physical health, cognitive, affective and behavioural functioning and overall well-being and happiness. The rapid and incessant changes due to fats globalization, urbanization and mechanization of human life have impacted human life that could not have been assessed as such in its reality. The latest classification of mental disorders by American Psychiatric Association (APA, 2013) and World Health Organization, (WHO, 2018) have familiarized human society with many sorts of mental health disorders with different sets of symptoms, aetiology and intervention plans. These models are, by and large, followed the medical model that emphasizes a pathological conceptualization of mental disorders. Moreover, these efforts have failed to recognize strengthening promotive aspects of health that are regulated by positive psychological forces present in all human beings universally and even maybe more explicit in their occurrence and impacts as compared to negative potentials. In addition, relapse in the majority of the mental disorders has been an important issue that could not be addressed properly through the pathological model. This compelled researchers to shift their attention towards positive psychological constructs like forgiveness with which the promotion and strengthening of mental health as well as unresolved issues in pathological conceptualization, at least, find a ray of hope. Before going into the details of the mental health issues that can best be understood and resolved effectively, a current conceptualization of mental health is needed. Nordqvist (2017) has argued as "Mental health refers to our cognitive, behavioral, and emotional well-being. It is all about how we think, feel, and behave." Explaining further, Nordqvist (2017) has put further that mental health includes a person's ability to enjoy life, to attain a balance between life activities and efforts to achieve psychological resilience. As per the descriptions of Medilexicon's medical dictionary provided on the web page of Nordqvist (2017), mental health involves the following:

- 1. Maturity in or normal development in emotional, behavioural, and social aspects of personality,
- 2. An absence of mental or behavioural disorders,
- 3. A state of emotional, social and psychological well-being with an optimum integration of instinctual drives acceptable to both oneself and one's social milieu, and
- 4. An appropriate balance among love, work and leisure pursuits.

World Health Organization (WHO, 2014) has defined mental health as "...a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community." The American Psychiatric Association (APA, 2013) and the World Health Organization, (WHO, 2018) have classified mental disorders into many sub-categories with a multitude of etiological factors, symptoms and therapeutic interventions plans. Forgiveness intervention may not be suitable to provide clinical help to all these

types of mental disorders. Forgiveness interventions may be more effective and useful for those mental health issues that have their genesis in intrapersonal and interpersonal hurts, emotional disturbances, poor relationships, lowered quality of life, family conflicts, marital and couple conflicts, to mention a few. Forgiveness involves letting go but true forgiveness offers empathy, compassion, understanding to a person who hurt somewhere in the past. Toussaint, Worthington and Williams (2015) have reported that forgiveness has demonstrated its significant role for many indices of mental health. For example, higher forgiveness has been suggested to be closely linked with lowered anxiety, depression and major psychiatric disorders. Moreover, it has shown a negative link with fewer physical health symptoms and lower mortality rates (Toussaint, Worthington, & Williams, 2015). These researchers have argued that stress is the origin of many psychological and physical ailments. The forgiveness intervention may be more efficacious and relevant for helping individuals to deal with their stress. Stress has shown to have devastating effects on well-being and mental health (Toussaint, Shields, & Slavich, 2016; Toussaint, Shields, Dorn, & Slavich, 2016). Forgiveness interventions have also evinced its effectiveness in dealing with mental health problems arising out of PTSD, natural and man-made disaster and social conflicts (Currier, Drescher, Holland, & Foy, 2015; Exline, Yali, & Lobel, 1999). In addition, anger is another mental health issue that gives birth to a multitude of psychological as well as physical disturbances. Enright and Fitzgibbons (2015) have suggested that forgiveness therapy is useful in dealing with anger that may be the cause of many health challenges. Uncontrolled anger may lead one to develop poor social relationships, emotional disturbance, decreased satisfaction and wellbeing, poor health of the heart and other health risks. The changes in metabolism and disturbed immune system may also originate from anger. In their meta-analysis, Chida and Steptoe (2009) have suggested that anger and hostility make individuals susceptible towards an increased risk of developing heart disease and poorer life outcomes.

Forgiveness may also be effective for dealing with the mental health problems that have their origin in poor self-esteem (Enright, & Fitzgibbons, 2015). The unjust socio-cultural and political systems harm one's self-esteem that may lead one to undergo hurt, pain and decreased performance with poor well-being and life satisfaction (Enright, & Fitzgibbons, 2015). In addition, forgiveness interventions have also shown their effectiveness for emotional problems, anxiety and depression (Enright, & Fitzgibbons, n.d.; Exline, Yali, & Lobel, 1999), depression, anxiety and PTSD in women caused by spousal emotional abuse (Reed, & Enright, 2006), interpersonal offence (Cornish, n.d.), family and couple problems (Hill, 2010), child and adolescent problems (Enright, & Fitzgibbons, n.d.), addictive disorders (Enright, & Fitzgibbons, n.d.) and bipolar disorders (Enright, & Fitzgibbons, n.d.).

Some Critique of Forgiveness Intervention

Forgiveness interventions have attracted number of researchers who reported the basic paradigms and procedures for their implications for various sorts of clinical and non-clinical problems. Some criticisms have also surfaced about the use and effectiveness of psychotherapeutic interventions based on theories of forgiveness. For example, Lamb (2005) has recently evaluated the conceptualization and usefulness of forgiveness therapeutic interventions. In his critique, Lamb (2005) has argued that forgiveness therapy was developed in cultural contexts of victimization of women. The cultural context looked for ideologies and practices that viewed forgiveness as a therapeutic intervention while the second context was linked with the development of Positive Psychology. The third context was the ideologies and narratives of victimized women (Freedman, & Enright, 1996). It has been

argued that forgiveness therapy has its genesis in 1980s within a cognitive-behavioural intervention model (Hope, 1987) that explored problems of people on moral grounds in a pastoral counselling context (Cunningham, 1985). At present, forgiveness therapy has become popular and it is claimed that forgiveness therapy is reasonably effective. The evaluation studies have evinced small effects of the therapy when compared with control groups (Freedman, & Enright, 1996). The major critique of forgiveness intervention is that its effectiveness, methodology and outcome evaluations have not been undertaken properly. It is also based on the weaker conceptualizations and over-estimation of its effects (Lamb, 2005).

Summary and Conclusions

The foregoing discussion makes it clear that the study of forgiveness has traditionally been assumed to be the subject matter of religion, ethics and philosophy. The scientific study of forgiveness began in Developmental Psychology, Clinical Psychology and counselling context. All human being have a natural tendency to reciprocate positive as well as negative behaviours. In this sense, forgiveness is a natural way of realising resentment that is important for human existence. In essence, forgiveness is a universal reflexive tendency for retaliation and retribution in the face of hurt and pain. Forgiveness acts as a mean to repair hurts and recoup happiness by individuals. In essence, forgiveness entails a conglomeration of intrapersonal psychological processes that leads to a plethora of internal changes in thinking, feeling and behaving of the victim towards the offender. Forgiveness is a process that frees one from a negative attachment to the source of transgression that acted against a person. In similar parlance, forgiveness has been viewed as a pro-social motivation that is expressed through the decreased desire to avoid the harm or seek revenge and an increased desire to act positively toward a transgressor.

In essence, Forgiveness is a universal human experience that has a significant role in human relationships, performance, group and organizational functioning and well-being. According to one arrangement, two major types of forgiveness have been suggested: decisional forgiveness and emotional forgiveness. Another scheme classifies forgiveness as unconditional, conditional, dismissive and grace forgiveness (The Good Men Project, 2019). Walrond-Skinner (1998) has classified forgiveness into seven categories: Premature instantaneous forgiveness, conditional forgiveness, mutual forgiveness, collusive forgiveness, repetitious forgiveness and authentic process forgiveness. Similarly, another proposal talked about six major types of forgiveness: revengeful forgiveness, restitutional forgiveness, expectational forgiveness, forgiveness for social harmony and forgiveness as an act and expression of unconditional love (Enright, Santos, & Al-Mabuk, 1989; Kj, 2018).

Forgiveness has been popularized by family therapy perspective that focuses on relational ethics with its role in maintaining independence and relationships among family members (Hargrave, 1994). According to psychodynamic perspective, forgiveness may be conceptualized as an archetypal experience that reflects one's 'shadow' into transcending self leading to repair and relief from guilt (Kaufman, 1984; Todd, 1985). The cognitive perspective explains forgiveness by conceptualizing two types of morality: justice morality and forgiveness morality (Enright, Santos, & Al-Mabuk, 1989). Another approach provides that forgiveness may occur in interpersonal, self and state contexts. Worthington (1998) proposed a REACH (recall, empathy, altruism, commit and hold) model of forgiveness to help couples or partners that involves recalling offence, promoting empathy between the victim and wrongdoer, offering forgiveness as an altruistic gift to each other, opening verbal commitment to forgive and holding on

forgiveness. The dynamic process model of forgiveness assumes that people differ in their motivational frameworks and conceptualizations of forgiveness (Ho, & Fung, 2011).

In essence, forgiveness helps to lessen resentment, negative emotionality as well as facilitates reinterpretation and reframing of the various aspects of transgressions leading to achieve full functioning, health and well-being. Spirituality, social skills, reduction in negative affect and reduction in stress mechanisms have also been suggested to be involved in forgiveness that shapes positive life outcomes. Many positive outcomes have been observed to be closely associated with the practice of forgiveness. For example, forgiveness has been reported to be good for the heart. Forgiveness has been observed to lower heart rate and blood pressure and, thus, provides stress relief (Lawler et.al., 2005). Moreover, forgiveness has been reported to be linked positively with physical symptoms, sleep quality, fatigue, and somatic complaints of adults (Lawler et.al., 2005).

Recognition of positive constructs, limitations of the psychopathological model of mental intervention and poor outcomes of cognitive and behavioural techniques based interventions promoted the faith in the therapeutic use of forgiveness and other positive psychological constructs. Many forgiveness interventions have been proposed that claim it to possess the ability to achieve, strengthen, maintain and promote mental health and other life outcomes. Preliminary descriptions of forgiveness-based therapeutic were explored for assisting people to come out of their traumatic experiences hampering their psychological and relational functioning (Hope, 1987). Thus, the majority of initial attempts were related to the use of interventions for promoting forgiveness in therapeutic settings (Hebl, & Enright, 1993).

Family therapy perspective based forgiveness intervention represents that family relations are essential to

maintain independence and relationships. Basing on these arguments, Hargrave (1994) tried to situate forgiveness interventions focusing on the relational ethics that denotes a subjective balance among justice, trustworthiness and entitlement in family relationships (Sells, & Hargrave, 1998). Hargrave (1994) argued that the process of forgiveness involves two overarching categories: exoneration Exoneration includes insight and forgiveness. understanding that empower persons having experienced injustice. Insight helps to become familiar with and modify maladaptive patterns. On the other hand, understanding helps to recognize the limitations of the transgressors without subtracting their responsibility. The second stage of forgiveness intervention comprises giving an opportunity for compensation and the overt act of forgiveness.

The process model of forgiveness intervention provides for finding out the anger and letting it go (Enright et.al., 1992). It also suggests that anger constitutes the foundation of forgiveness issues and the core of many disorders. This is the basic healing in forgiveness therapy that is bendy and incorporated into a multitude of therapeutic methods. The basic paradigm of forgiveness therapy entails uncovering the anger, developing a commitment to forgive and enabling to work on forgiveness. According to empathy model of forgiveness, forgiveness intervention requires empathy for the offender, the humility to see oneself as being as imperfect and needy as the offender, and commitment to forgive publicly (McCullough, 1998; Worthington, & DiBlasio, 1990). Thus, it is also known as the empathyhumility-commitment model of forgiveness. This model entails effective therapeutic applications in individual therapy, family therapy and psychoeducational groups.

Many important issues have been identified by researchers. For example, religious and non-religious affiliations were observed to be important for viewing forgiveness as a successful intervention. Age of the

practitioners is another factor that may affect the use of forgiveness intervention. For example, elderly women were observed to be benefitted more with the forgiveness therapy and showed greater self-esteem, and reduced anxiety and depression. Another factor was the gender of the clients. For example, the conceptualization of justice and forgiveness was reported to be linked with the cognitive development of the adolescents who had exhibited dissimilar reasoning about forgiveness to those of children and adults.

It has been suggested that cultural differences exist in emotional expression, perception of potential transgression, nature of interpersonal interactions, the construal of self and preferences in response patterns (Kashima et.al., 2004). For example, the forgiveness of adolescents is more intrinsic while younger children show extrinsic orientation in their motivation to forgive. It has been posited that there are cultural differences in apology, intentionality and consequences of perceived transgression (Girard, & Mullet, 1997; McCullough, & Witvliet, 2002). For instance, people in collectivistic cultures conceive forgiveness as an interpersonal construct, whereas it is viewed as an intrapersonal construct by persons in individualistic cultures. It is suggested that cultural considerations must be taken while planning for forgiveness interventions to be practised (Ho, & Fung, 2011). Forgiveness interventions have been criticized also for their uncertain effectiveness and ambiguity and methodological flaws in their outcome evaluations (Lamb, 2005). Vedic scriptures had explicitly recognized the significance of forgiveness that is evident in its incorporation into various forms of rituals like, Puja, Prayer, Dan and Aparigraha prevalent in Indian society. In short, mental health interventions based on forgiveness may have an effective role in lessening the negative emotionality, grief and pain, and promoting positive relationships with the self, others, community and organizations. These conclusions may carry significant implications for practitioners, researchers and mental health professionals.

In a nutshell, the importance of forgiveness for human life may be expressed in the words of Smedes (1996) as "It would give us some comfort if we could only forget a past that we cannot change....... If we could only choose to forget the cruellest moments, we could, as time goes on, free ourselves from their pain. But the wrong sticks like a nettle in our memory. The only way to remove the nettle is with a surgical procedure called forgiveness."

Directions for Future Researchers

It is evident that forgiveness is an important universal human strength with the curative and promotive values having its genesis in human evolution. Forgiveness involves giving up resentment, grudges and negative emotionality about a transgressor who has harmed an individual. Moreover, forgiveness has a close connection with mental and physical health indices, quality of life, life satisfaction, relationship building and a host of other positive life outcomes. It develops in a cultural context. Forgiveness represents a complex set cognitive, affective and behavioural attributes of human beings that get activated in the face of perceived harm and pain caused by another person, self and situations.

There is enormous scope for future researchers to contribute at both theoretical and empirical levels. For example, there is a lack of theorizing of the construct of forgiveness that can be employed to develop intervention plans useful for clinical and non-clinical settings. The study of gender and age differences in forgiveness as well as its mechanisms of development in people of different age groups may be a worthy contribution to the field of forgiveness. In the face of dissimilar cultural realities, there is significant scope for future researchers to explore its diversity and continuity. Exploring the nature and types of mental health problems in which forgiveness interventions may work best will also constitute a valuable contribution to this field. The use of an understanding of forgiveness

interventions has been limited mostly to the interpersonal setting. Future researchers can explore its usefulness in intrapersonal, community and organizational contexts also. The effectiveness of forgiveness interventions may also be assessed in terms of personality traits of individuals (Ahirwar, Tiwari, & Rai, 2019b).

A limited number of qualitative studies have been undertaken to explore the construct of forgiveness and its associated therapeutic interventions up to now. Future researchers may add to this field by carrying out more and in-depth qualitative studies to decipher its basic nature, usefulness and effectiveness. The role of forgiveness and its associated life outcomes for children has been underexplored. Future researchers may further add to this field by carrying out research on forgiveness of children. There is a good scope of the contribution to this field for future researchers to assess its usefulness for the people facing natural and man-made calamities. The evaluation of forgiveness intervention models in the current Indian health system may also represent a commendable contribution. In short, future research on the Psychology of forgiveness and its associated interventions represent an optimistic prospect.

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