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# Perspectives of Secular Counselors Regarding Christian Counseling Forgiveness Therapy

Tezonia Rushan Morgan  
*Walden University*

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# Walden University

College of Counselor Education & Supervision

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Tezonia Morgan

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Walden University  
2017

Abstract

Perspectives of Secular Counselors Regarding Christian Counseling Forgiveness Therapy

by

Tezonia Morgan

MA, Liberty University, 2012

BS, Davenport University, 2006

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Counselor Education and Supervision

Walden University

November 2017

## Abstract

Forgiveness is a concept that is strongly rooted in Christianity. Forgiveness therapy was developed with Christian principles and has proven to be successful for Christian counselors. However, forgiveness has not been explored from the perceptions of secular counselors. Specifically, it is not known if secular counselors are using concepts that are similar to Christian forgiveness therapy. Using forgiveness therapy, this qualitative grounded theory study described the experiences, thoughts, and understanding of forgiveness from the views of secular counselors. Research questions addressed if secular mental counselors have a concept similar to forgiveness therapy as defined in the Christian counseling literature. Individual interviews were recorded via Zoom, transcribed, open coded, and analyzed to produce themes. The 10 themes that were generated from the data included (a) varied theoretical orientations, (b) need to address/assess client anger, (c) perceptions of anger, (d) various meanings of forgiveness, (e) views on reconciliation, (f) acceptance and moving forward, (g) working with client trauma, (h) mindfulness is the key, (i) participants' lives and their personal resiliency, and (j) same approach used to address various types of anger. The results demonstrated that the secular counselors in this study believed that forgiveness is not needed to address anger. Counselors who read this study will gain a greater understanding of forgiveness, as well as counseling techniques and theories used to address anger from the standpoint of secular counselors. Information from this study may be used in the development and education of all counselors and will increase understanding of varied approaches in counseling.

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## Dedication

I dedicate this dissertation to God, my loving husband, and children. Chris, thank you for your support and allowing me to chase my dreams. CJ and DJ, know that the sky is the limit and there is nothing you can't achieve. This is also dedicated to my fellow PhD students at Walden University. This dissertation is for you. Stay encouraged and keep pushing through.

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## Chapter 1: Introduction to the Study

### Introduction

The professional literature regarding Christian counseling is distinctly different from literature related to the practice of secular counseling. Professionals who identify themselves as Christian counselors and counselors who do not identify themselves as Christian counselors utilize techniques based in empirical research to help clients that are sometimes different. Christian counseling is a form of counseling that utilizes Christian and Biblical principles throughout the counseling sessions. In addition, Christian counselors adhere to the ACA *Code of Ethics* (2014) as well as the American Association of Christian Counselors (AACC) *Code of Ethics* (2014). Christian counselors believe "God is the primary healer, and the counselor is the agent, the personal faith of the counselor, and the presence and activity of the Holy Spirit" (*Journal of Psychology and Theology*, 2000, pp. 163-164). Secular counselors do not use any Christian concepts during the sessions and follow the ACA *Code of Ethics* (2014).

Christian counseling researchers on forgiveness therapy have shown positive effects in the reduction of anger; however, these results have been primarily utilized in Christian counseling (Anderson, 2000; Bannister Park, Taylor, & Bauerle, 2015; Beck, 2006; Davis et al. 2012; Davis et al. 2014; Enright, 1992; Enright, 2015a, 2015b, 2015c; Gordon et al., 2008; Gorsuch & Hao, 1993; Johnson & Hardin, 2014; Nelson & Wilson, 1984; Porter, 2002; Ripley & Worthington, 2002; Sandage & Williamson, 2010; Sansone, Kelley, & Forbis, 2014). Also, Christian counselors conducted the research. Both Christian and secular counselors have the same goal of helping clients live a healthy

life. In this research study I explored whether secular counselors utilize any approaches or techniques that are similar to those identified in the Christian counselor literature as forgiveness therapy.

This introduction chapter began with the background of forgiveness. I introduced the problem statement and purpose of this study. I detailed the research question and the theoretical framework of the Enright forgiveness process model. The nature of the study was explored with an extensive list of operational definitions in order to understand the study. I concluded with assumptions, limitations, scope, delimitations, scope of the study and the significance to the counseling field.

### **Background**

Numerous researchers have detailed the history of forgiveness therapy identifying the roots of the construct with Christian counselors in Christian counseling settings (Davis et al., 2012; Davis, Hook, & Worthington, 2008; Konstam et al., 2000). Robert Enright developed the Enright Forgiveness Inventory (EFI) in 1991, and this instrument is still heavily utilized today in Christian counseling settings. Davis et al. (2012) discovered over 100 articles dealing with religion and forgiveness published since 2012, demonstrating that forgiveness therapy is a growing topic in the Christian counseling literature. The majority of research on forgiveness therapy was conducted by Enright and completed in the 1990s (Enright & Fitzgibbons, 2015a). Enright and Fitzgibbons (2015a, 2015b) stated that the first journal article on forgiveness was by Enright, Santos, and Al-Mabuk in 1989. Therefore, this concept is still fairly new and needs further development.



The notion of forgiveness therapy needs to be explored in regards to what it means within the entire mental health field, both Christian and secular. Davis et al. (2012) said that the understanding of forgiveness can be diverse; however, it is incomplete. Davis et al. and Konstam et al. (2000) concluded that mental health counselors do not have a clear understanding of forgiveness-based interventions and personal forgiveness. Although there is a lack in understanding of forgiveness therapy outside of Christian counseling, Davis et al. suggested that all counselors could benefit from further understanding of forgiveness therapy because it has been proven to provide clients with a way to heal from transgressions such as anger, rape, trauma, and relationship hurts (Enright & Fitzgibbons, 2015a-2015c; Davis et al., 2012). Although there is a 25-year background in research on forgiveness, there are many outdated studies, the studies have been published primarily in Christian counseling journals, and perceptions of nonreligious or secular counselors are not studied. This study is needed to close the gap between views of secular and Christian counselors regarding forgiveness therapy.

### **Problem Statement**

There are many counselors in the United States who identify themselves as *Christian counselors*. These counselors embrace as a part of their professional identity being Christian (AACC, 2015). There are many other counselors in the United States who consider themselves to be of the Christian faith who do not include their Christian faith in their professional identity.

Forgiveness therapy has been discussed in the professional counseling literature created by Christian counselors (Davis, Hook, Van Torgeren, Gartner, & Worthington, 2012; Konstam, Marx, Schurer, Lombardo, & Deveney, 2000). The primary source of forgiveness therapy literature has been located in religious or spiritual databases (Konstam et al., 2000). The trend of forgiveness therapy has also been written about by secular counselors (Enright, 2014; Hook et al., 2012; Jeter & Brannon, 2015; Poston, Hanson, & Schwiebert, 2012). Secular counselors have begun to explore forgiveness and forgiveness therapy within secular counseling settings (Enright, 2014; Hook et al., 2012; Jeter & Brannon, 2015; Poston, Hanson & Schwiebert, 2012). Although the Christian counseling literature has suggested that forgiveness therapy is a viable treatment modality, there is a minimal information about whether secular counselors utilize concepts that are similar to forgiveness therapy and call them by a different name (Davis et al., 2012; Denten & Martin, 1998; Freedman & Chang, 2010; Gorsuch & Hao 1993; Harris, Thoresen, & Lopez, 2007; Konstam et al., 2000; Wade, 2010).

Enright and Fitzgibbons (2015b) noted that Christian counseling settings have established and grounded a clear understanding of what forgiveness means from a Christian standpoint. Secular scholars have written about forgiveness and forgiveness therapy, whether secular counselors are utilizing approaches and techniques similar to forgiveness therapy is still unknown (Davis et al., 2012). Gaining an understanding of whether secular counselors utilize approaches to counseling that are similar to forgiveness therapy will be the focus on this study.

There is a gap in the professional counseling literature regarding whether secular counselors use concepts that are similar to forgiveness therapy. Many research articles published about forgiveness therapy are located in journals that have their roots in religion (i.e., *The International Journal of Psychology and Religion & Review of Religious Research*); however, there are some located in non-Christian databases.

### **Purpose of Study**

The purpose of this grounded theory study was to discover and understand the meaning of the concept of forgiveness in mental health counseling from the perspective of secular counselors (Creswell, 2009). For this qualitative study, I conducted individual interviews with licensed counselors who do not identify themselves as Christian counselors.

### **Research Question**

The long term aim of this qualitative grounded theory study was to discover the meaning of the concept of forgiveness for mental health counseling from secular counselors to start the process of closing the gap between Christian counseling and secular counseling in relation to forgiveness therapy (Creswell, 2009). One central research question and six subquestions guided this study in the direction of discovering concepts or techniques that all counselors use to facilitate forgiveness. The goal of the questions was to stimulate well thought out, rich, and detailed responses that shed light on similarities and differences in Christian counseling and secular counseling techniques in the area of forgiveness. The questions cover understandings, personal meaning, and the process of incorporation and awareness. One central research question guided this study:

Do secular mental counselors have a concept similar to forgiveness therapy as defined in the Christian counseling literature?

### **Theoretical Framework**

The theoretical framework for this study was the Enright forgiveness process model (Enright, 2001). The model details four phases of forgiveness. Each phase has different levels and includes assignments the client, who has been a victim, must complete to move on to the next level. The framework explained the steps to forgiveness, gives assignments, defines forgiveness, and details the history of many theologians of forgiveness. The preliminary stage is identifying the hurt as well as identifying the person who hurt the client. Phase 1 is uncovering the anger. Many people who need to forgive often have some unresolved anger (Enright, 2001, 2015a, 2015b). Phase 2 is deciding to forgive while phase three is actively forgiving. The last phase is discovering the emotional prison and being released from the prison. This four-step model will be the framework from which I plan to do my research because it gives a foundation of forgiveness and gives secular counselors a clear understanding of forgiveness therapy.

### **Nature of Study**

The nature of the study was a qualitative method using grounded theory design. Qualitative research is used in an exploratory study because it allows the researcher to discover and understand a certain phenomenon or theory (Creswell, 2009). Because the concept of forgiveness therapy that has been discussed in the Christian counseling literature has not been developed in mental health counseling, grounded theory is an

appropriate approach. Grounded theory has been noted to be helpful when an explanation regarding a theory or phenomenon is inadequate or nonexistent (Creswell, 2009). Through this approach I was able to lay a foundation for future research on forgiveness therapy.

Specifically, Charmaz's (2014) grounded theory constructivist approach would help build the foundation of this theory. The constructivist approach seeks to find the meaning of the phenomenon, which is identified as the focus of this research. This approach also allows newer theories to be fully developed (Bryant & Charmaz, 2012). This framework focused heavily on meanings and individual attributes which allow the researcher to look at thoughts, views, values, and viewpoints (Charmaz, 2014). This approach has been utilized successfully in other research areas including psychology, engineering, public health, and other social sciences. Further, this approach will offer guidance to discovering and understanding the meaning of forgiveness therapy in the more general field of mental health counseling. Overall, this qualitative analysis should help solidify the meaning of the concept of forgiveness therapy in mental health counseling.

### **Operational Definitions**

For the purpose of this dissertation, words, and phrases utilized in the study are defined as follows:

*Acedia*: a form of laziness or a making a decision to not act on anything, meaning intentionally ignoring or being indifferent toward a person (Enright, 2014).

*Anger:* a basic human emotion defined by a state of "emotion that involves intensities of feeling including aggravation, annoyance, and rage;" it also serves a protective mechanism in which a person responds to an injury or triggering event (Kannan et al., 2011; Nicoll, Beail & Saxon, 2013, p. 47).

*Anger in:* an inward expression of emotions triggered by an activating event.

*Anger out:* an outward expression of emotions triggered by an activating event.

*Christian Counseling:* counseling services that are delivered by a counselor who identifies himself or herself as a Christian counselor.

*Christian integration:* infusing Christian concepts and belief systems such as prayer, spiritual issues, and scripture in counseling sessions

*Construct of anger:* anger is distress that is caused by various systems including work, home, and multiple roles in life. Once the system roles are addressed, then the emotions of anger are resolved (Robins & Novaco, 1999)

*Covert approach:* a type of implicit integration when the counselor's inner belief system is not shown outwardly. For example, a covert approach to integrating Christian concepts in counseling would occur when the counselor conducts an internal silent prayer for guidance or healing before, after, or during a counseling session (Tan, 1996).

*Explicit Integration:* an external way to include Christian concepts and beliefs into the counseling session. Explicit integration is obvious to the client (i.e., prayer). In order to use explicit integration, the Christian counselor must disclose the type of integration planned in the informed consent signed by the client.

*Forgiveness:* a Christian concept that is believed to help individuals deal with anger, hurt, and betrayal. It is mastered when the victim is relieved from the emotional bondage their offender has placed in their lives (Wade, 2010).

*Forgiveness therapy:* a process used by Christian counselors in a therapeutic setting to help clients resolve anger (Enright & Fitzgibbons, 2015a, 2015b, 2015c).

*Holy Spirit:* a term used in Christian theology meaning the spirit of God or the presence of God (Easton's 1987 Bible Dictionary, n.d.).

*Implicit integration:* an internal way to include Christian concepts and beliefs into the counseling session. This type of integration is not obvious to the client (i.e., internal prayer or praying before the client is in the room). Implicit integration does not need to be included in the client informed consent document.

*Intraventions:* a way to encourage the client to move toward anger instead of moving away (Laughlin & Warner, 2005).

*Forgiveness therapy:* a process used by Christian counselors in therapeutic settings to help clients resolve anger (Enright & Fitzgibbons, 2015a, 2015b, 2015c).

*Jingqianping:* Chinese medicine concept developed to cure anger-out emotions.

*Jingqianshu:* Chinese medicine concept developed to cure anger in emotions.

*Marasmus:* "wasting away without any medical condition" (Ferch, 2000, p. 44).

*Overt approach:* a type of external integration that occurs when a Christian counselor prays with the client or uses scripture in the counseling session (Tan, 1996; Tan, 2011).

*Relational anger*: a secular belief that anger is relationship and once any relationship has been established, it never goes away; however, it can change (Laughlin & Warner, 2005). In order to resolve anger, the counselor must address the relationship (i.e. divorce, spouse, job) (Laughlin & Warner, 2005). It helps the client understand the past cannot be changed, but the client can change the way he or she feels about the relationship.

*Scriptures*: verses or passages taken from the Bible.

*Secular counseling*: In contrast to Christian counseling, secular counseling is defined for the purpose of this study as counseling services delivered by a professional who does not identify as a Christian counselor.

*Task analysis*: a form of anger treatment that allows the counselor and client to evaluate positives and negatives about a particular task (Kannen et al., 2011).

### **Assumptions, Limitations, Scope, and Delimitations**

It was assumed that all participants will take the time to reflect upon questions and provide honest answers. Participants would carry their biases, which may be mirrored in their views on forgiveness therapy. My personal experience with forgiveness and Christianity could create biases, which could produce limitations of this study. The study will lack transferability because it is a qualitative study and the results of qualitative studies are not intended to be transferrable. On the other hand, this study will provide an in-depth investigation into the similarities and differences in the treatment of anger among secular and Christian counselors.

### **Significance**



This study was significant because it contributes knowledge to the counseling profession. It will also address a gap in the literature related to the meaning of forgiveness in mental health counseling (Davis et al., 2012). Providing a meaning of forgiveness in mental health counseling could set the foundation for further research. It was especially relevant in the field of the social sciences, specifically in the discipline of counseling by contributing to a deeper comprehension of forgiveness (Enright & Fitzgibbons, 2015a, 2015b). The results of this study also had the possibility of enriching counselor education programs by providing insight into how forgiveness may play a role in client healing (Davis et al., 2012; Prest & Keller, 1993). This research study was the first step to opening doors for further research to understand the concept of forgiveness therapy in the field of mental health.

### **Summary**

This chapter began with a brief background of forgiveness therapy and the need for this study. It then led into the problem statement, the purpose of the study, and research questions that will guide this study. This chapter provided in-depth understanding of the theoretical framework and operational definitions to help the reader understand terms within the dissertation. It concluded with the significance of the study and paved the way for the literature review which is provided in the second chapter.

## Chapter 2: Literature Review

### Introduction

There are many counselors in the United States who identify themselves as *Christian counselors*. These counselors embrace as a part of their professional identity being Christian (AACC, 2015). There are many other counselors in the United States who consider themselves to be of the Christian faith who do not include their Christian faith in their professional identity.

Forgiveness therapy is a construct discussed in the professional counseling literature created by Christian counselors; however, the term, forgiveness therapy, is not found in the mental health counseling literature (Davis et al., 2012; Konstam et al., 2000). Although the Christian counseling literature has suggested that forgiveness therapy is a viable treatment modality, there is a lack of information on forgiveness therapy from the standpoint of secular counselors (Davis et al., 2012; Denten & Martin, 1998; Freedman & Chang, 2010; Gorsuch & Hao 1993; Harris, Thoresen, & Lopez, 2007; Konstam et al., 2000; Wade, 2010). Everett Worthington has been noted to begin the journey or forgiveness. Robert Enright has conducted dozens of studies that will be detailed in regards to forgiveness therapy and has written books that will guide this study

Enright and Fitzgibbons (2015b) noted that Christian counseling settings have established and grounded a clear understanding of what forgiveness means from a Christian standpoint. However, there is no research on whether secular counselors endorse or utilize any of the concepts of forgiveness therapy (Davis et al., 2012). To effectively have an understanding of forgiveness, those who identify as Christian

counselors need to understand what forgiveness therapy means for mental health counseling as a whole (Freedom & Chang, 2010; Konstam et al., 2000).

There were several gaps in the professional counseling literature regarding the concept of forgiveness and what it means to mental health counseling. Many studies on forgiveness therapy are outdated (Freedman & Chang, 2010). Research on forgiveness has been completed only in Christian counseling settings (Davis et al., 2012; Enright & Fitzgibbons, 2015a, 2015b; Freedman & Chang, 2010). The only research published about forgiveness therapy is located in journals that have their roots in religion (i.e., *The International Journal of Psychology and Religion & Review of Religious Research*). No research has been conducted on the understanding of forgiveness from a clinical mental health perspective (Freedman & Chang, 2010).

The ramifications of the lack of research on forgiveness therapy could include a lack of development of counseling skills for all counseling practitioners, a failure to assist clients with the best possible techniques, as well as, a lack of understanding of new techniques as the counseling field is rapidly growing.

The purpose of this grounded theory study was to discover and understand the meaning of the concept of forgiveness for mental health counseling from the perspective of secular counselors (Creswell, 2009). For this qualitative study, I conducted individual interviews with licensed counselors until saturation is reached.

This literature review began with detailing the research strategy. In this chapter, I explored the topic of forgiveness, forgiveness therapy, and the process model of forgiveness. Since I believe forgiveness is related to the resolution of anger, I also

explored approaches to resolving anger including anger management tools and cognitive behavioral techniques. I concluded this chapter with a detailed discussion of major themes in the literature and explain how this research will fill the gaps that currently exist in the literature.

### **Literature Search Strategy**

This section of this chapter detailed the strategy used to obtain literature to be used for this research. Topics covered in this chapter include forgiveness therapy, the process model of forgiveness therapy, and various treatments for the resolution of anger including cognitive behavioral therapy and anger management tools. Literature was retrieved from the Walden University Library, Liberty University Library, Educational Resources Information Center (ERIC), EBSCOhost, psychINFO, psycARTICLES, ProQuest, the forgiveness institute website, and forgiveness based books. Literature was selected based on its significance to the research topic. To find literature, key words and phrases were used including *forgiveness, Christianity and forgiveness, forgiveness counseling, forgiveness therapy, resolution of anger, anger management tool, treatment for anger, what is anger?, anger, anger and victimization, and processing anger, Christian counseling, secular counseling, what is Christian counseling?, and what is secular counseling*. Specifically, the key terms used on ProQuest and psychINFO were *anger, management, processing anger, treatment for anger, what is anger, anger and victimization and processing anger*. ERIC, EBSCOhost, and psycARTICLES were used with the same keywords and produced identical results. Key terms used in the Liberty University Library search included *forgiveness, forgiveness therapy, Christianity and*

*forgiveness, and forgiveness counseling*, which produced an overflow of detailed literature on the topic. The literature review detailed the history of forgiveness and its roots in Christianity, forgiveness therapy as a means to resolve anger and secular based techniques that are used to address and resolve anger.

### **Christian Counseling and Secular Counseling**

Christianity is the underpinning of Christian counseling. Within the last several years, religion and religious issues have emerged significantly in the counseling field (Hawkins, Tan, & Turk, 1999; Johnson & Hardin, 2014). Specifically, Christian counseling utilizes counseling techniques, but counseling services are delivered from a Christian perspective (Johnson & Hardin, 2014). Many Christian authors have detailed some key characteristics of Christian counselors. Christian counselors "rely on scripture as primary truth, challenge some core assumptions and goals of techniques (i.e. Cognitive behavioral therapy's self-efficacy), acknowledge the importance of other factors including historical, social, theological and familial" (Hawkins et al., 1999, p. 311). Scriptures are defined as verses or passages taken from the Bible. More recently three additional components to Christian counseling have been detailed including "God is the primary healer, and the counselor is the agent, the personal faith of the counselor, and the presence and activity of the Holy Spirit" (Journal of Psychology and Theology, 2000, p. 163-164). The Holy Spirit is a term used in Christian theology meaning the spirit of God or the presence of God (Easton's 1987 Bible Dictionary, n.d.). Christian counselors are trained to utilize secular based techniques, but they allow the Holy Spirit to guide

counseling sessions.

Infusing Christian concepts and belief systems such as prayer, spiritual issues, and scripture in counseling sessions is known as Christian integration. This type of integration can be achieved several ways including covert and overt approaches. Implicit integrations also known as the *covert approach* are when the counselor does not use Christian therapeutic resources in the sessions (Tan, 1996, 2011). The covert approach focuses on the counselor's inner belief system and is not shown outwardly. For example, the counselor could conduct an internal silent prayer for guidance or healing before, after, or during the session (Tan, 1996). Tan noted outward prayer and scripture reading are not openly discussed. External integration or the *overt approach* occurs when Christian beliefs and techniques are apparent in counseling, with the guidance of the Holy Spirit (Tan, 1996, 2011). External integration allows Biblical references and outward prayers to be used. According to Tan the overt approach includes directly addressing the spiritual or religious issue within the dynamics of the counseling session. Christian counselors use prayer, scripture and referrals to address the spiritual or religious issue (Tan, 1996, p.368).

Although Christian integration can be beneficial for some clients, many authors advise counselors to avoid misusing this approach. Tan (1996) and Nelson and Wilson (1984) developed guidelines to help counselors avoid imposing their belief system onto clients. The following instances are deemed appropriate for counselors to share their faith in sessions: "if the client is dealing with clinical problems that would be helped by religious intervention, if they are working within their client's belief system, and if they

have carefully defined the therapy in the informed consent” (Tan, 1996, p. 369). In addition to the aforementioned guidelines Christian counselors are held to the ethical codes of the American Association of Christian Counselors (AACC) and the American Counseling Association (ACA). The ACA Code of Ethics (2014) and other ethical documents were consulted during the revision of the AACC 2014 Code of Ethics (AACC, 2014). The AACC Code of Ethics (2014) was established to hold Christian counselors accountable, but also to set parameters of what is ethically acceptable and what is not ethically acceptable for Christian counselors.

Two main facets of Christian counseling are informed consent and cultural sensitivity. Informed consent must detail possible Christian counseling interventions including fasting, praying, Bible study, Biblical reading, etc. (AACC, 2014, Code 1-330). The counselor is Christian and should not assume all clients have the same belief system, and the client has a right to gain a full understanding of Christian based techniques. The second facet is cultural sensitivity and not imposing values on clients (AACC, 2014, Code 1-530). Christian counselors should not try to convert clients to Christianity or refer a client due to having a different belief system. Instead, Christian counselors should combine Christian concepts to support treatment plan goals of the client.

Bannister et al. (2015) explored the expectations of couples for Christian counseling. Their study revealed that some couples expected prayer during counseling and couples wanted to discuss marital issues with a Christian counselor because of the counselor’s world view. Seventy-one percent of the American population has reported their religion to be Christian (Gallup, 2009). Christian counselors are a subgroup of all

counselors are a part of the diversity in the counseling profession and who have introduced novel counseling techniques.

Secular counseling, also known simply as counseling, has been around since the establishment of the counseling profession. Secular counselors are individuals who "do not espouse traditional Christian beliefs or do not desire to incorporate any religious belief in the therapeutic process" (Hawkins et al., 1999, p. 312). Secular counselors who counsel individuals are utilizing empirically based interventions to assist clients. Sommers-Flanagan and Sommers-Flanagan (2004) provide a precise definition of counseling as the following:

A trained person who practices the artful application of scientifically derived principles in establishing professional helping relationships with persons who seek assistance in resolving large or small psychological or relational problems. This is accomplished through ethically defined means and involved, in the broadest sense, some form of learning or human development. (p. 9)

This definition explains the essential functions of a secular counselor. Secular counseling does not incorporate religion or Christianity in counseling sessions. Secular counseling focuses on salient issues and uses conventional techniques to assist clients in resolving their issues.

### **History of Forgiveness in Religion and Spirituality**

The concept of forgiveness has its roots in religion and spirituality (Gordon et al., 2008; Kim & Enright, 2014; Sutton, Jordan, & Worthington, 2014;



Witvliet, 2001; Worthington, 2008). Historically, Christianity has stressed the importance of forgiveness. Christians use the Holy Bible as a guide or instruction manual to solve problems and live life abundantly.

The Holy Bible has a vast amount of Scriptures expressing the need to forgive and the long lasting effects of lack of forgiveness. According to Hunt (2008), forgiveness is dismissing a debt and releasing resentment. Christians are supposed to forgive one another daily to be mentally and emotionally free from bondage. Colossians, a book in the Bible, supports the concept of being mental and emotionally free by describing the characteristics of a new man including "bearing with one another, and forgiving one another if anyone has a complaint against another; even as Christ forgave you, so you must also do" (Colossians 3:13; New King James Version). This scripture guides many individuals in forgiveness due to self-reflection of their imperfections.

Many Christians believe that forgiveness is a command that Christ has given to His people (Hunt, 2008). "Be kind one to another, tenderhearted, forgiving one another, even as God in Christ forgave you" (Ephesians 4:32, New King James Version). Numerous scriptures throughout the Bible mimic the same message of forgiveness and freedom. A major characteristic of forgiveness is being merciful (Matthews 5:7, New King James Version). It is believed that what you give will be shared unto you. This phrase means that if mercy is given to another person, it will also be received; if forgiveness is given, then forgiveness will be received. Most importantly forgiveness allows the victim to live in peace

(Romans 12:18; New King James Version). The scriptures call for everyone to live in peace and forgiveness helps a victim follow Biblical principles.

Although scriptures stress the importance of forgiveness, they also describe the consequences of unforgiveness. The lack of forgiveness is seen as a sin in the Christian community, and it keeps people in spiritual bondage (Anderson, 2000). James 4:17 echoes that people who know that they should do good and chose not to, have committed a sin (New King James Version). Sin is defined as being lawless, intentionally disobeying rules and regulations, committing an offense against God, or being wicked (Dictionary Concordance, New King James Version).

The final aspect of Christian forgiveness is allowing God to deal with the offender (Romans 12:19; Ezekiel 25:17; Micah 5:15; 2 Chronicles 20:15, New King James Version). Many believe that God will deal with the offender, and He will restore the victim's life better than what it was before the upsetting act took place (Joel 2:25; Leviticus 6:5-6, New King James Version).

The Holy Bible not only guides Christians on their daily journey but helps them establish a foundation for internal core values. Other belief systems adopt the concept of forgiveness, but channel it through different methods. The Buddhist belief system focuses on concepts that strengthen spiritual development. Some practices include meditation to help find inner peace, awareness, kindness, and wisdom (The Buddhist Centre, 2015). Buddhism focuses on two core spiritual elements. The first is abandoning resentment and anger (as cited in Paz, Neto, & Mullet, 2007). This is considered another form of forbearance. The second core principle deals with removing retribution (as cited

in Paz, Neto, & Mullet, 2007). Retribution is refusing to retaliate when pushed to a level of anger. There are similarities to the concept of forgiveness and the Buddhist community. Buddhism appears to have the same principles of forgiveness as Christianity.

### **Misconceptions of Forgiveness**

There are many false impressions about forgiveness and what it entails. One major misconception is that forgiveness is reconciliation. Reconciliation takes two people to complete while forgiveness only takes one person (Clinton & Hawkins, 2009; Enright & Fitzgibbons, 2015c; Hunt, 2008). Forgiveness does not mean the offender does not have consequences for his or her actions. It means that the victim is moving forward from the mental anguish that resulted from the offense (Clinton & Hawkins, 2009; Enright & Fitzgibbons, 2015c; Hunt, 2008). Forgiveness does not mean a wrongful act is acceptable. It does not diminish or deny the offense, nor does it require an official repent or apology from the wrongdoer (Clinton & Hawkins, 2009). Forgiveness is not a means of condoning, forgetting, tolerating, self-centering, or absolving the hurt (Enright & Fitzgibbons, 2015c). Enright and Fitzgibbons (2015c) identified self-centering as the common misconception that forgiveness focuses solely on self and personal emotions; rather forgiveness being the ability to view the offender as a human and offer compassion.

Forgiveness might be misconstrued as a weakness; however, it is the opposite. It shows strength to take back the quality of life. Kerney Franston noted "when you don't forgive someone, in some way that person is in jail, and you are the warden. You are incarcerated too because you have to make sure the prisoner stays there" (as cited in

Clinton & Hawkins, 2009, p. 125). Christian counseling literature says that the power of forgiveness embodies strength, courage, and wisdom, not weakness.

### **Forgiveness Therapy**

Many researchers indicate forgiveness therapy was derived from Christianity and its aspects of forgiveness and that the concept of forgiveness is used in therapeutic settings to help clients resolve anger (Enright & Fitzgibbons, 2015a, 2015b, 2015c). According to Van Oyen Witvliet (2001) forgiveness was first used in therapy by Lewis Smedes in 1984. Van Oyen Witvliet also credited Smedes for making the concept of forgiveness concrete as he shed light on the importance of forgiveness and moving forward in life.

Many philosophers other than Smedes also understood the importance of forgiveness. Confucius had a central theme of *shu*, which can be translated into modern day forgiveness (Enright, 1992). Confucianism uses a solitary word as a way to conduct life. The belief is to “not impose on others what you yourself do not desire” (as cited in Enright, 1992, p. 86). Aristotle had similar views of life, but focused on moral development. He viewed life in moral virtues with forgiveness being or the virtue of magnanimity (Enright, 2014). According to Enright (2014) the moral virtues guide people to be *morally good* and provide consistent growth exhibited by striving to be morally and ethically perfect (p. 250). While other philosophers developed a way to live life, Thomas Aquinas assessed attitudes and behaviors that are the result of lack of forgiveness. Many scholars note have noted that Aquinas’s belief that “love must precede hatred, and nothing is hated save through being contrary to a suitable thing which is

loved. And hence it is that every hatred is caused by love” (as cited by Enright, 2014, p. 252). Aquinas suggested human hatred is due to the lack of forgiveness or *acedia* (Enright, 2014). Enright (2014) defined *acedia* as a form of laziness or a “decision not to act,” meaning intentionally ignoring or being indifferent toward a person (p. 251).

North (1987) provided a list of five themes of forgiveness: “(a) we are resentful before we forgive; (b) we will defeat resentment when we are in the process of forgiving; (c) we will no longer resent even though we have a right to hold onto resentment; (d) we will move toward love in a new found relationship with the offender; and (e) we understand the offender has no right to the love but still chose to love” (p. 502). Her themes are infused with Christian principles (i.e., agape). Agape is defined as an unconditional, self-less love and God is believed to be the example of this concept within the Christian culture. Other forgiveness philosophers focused on love, healing, and ridding negative emotions (as cited in Enright, 1992; Hughes, 1975; Horsbrugh 1974; Kolnai 1973-1974; Lewis 1980; Richards, 1988; Twambly, 1976). Each philosopher believed forgiveness would help clients achieve freedom from mental oppression.

Robert “Dr. Forgiveness” Enright has taken concepts from many philosophers and developed an extensive model of forgiveness therapy. The phase model of forgiveness therapy includes a preliminary stage and four phases with units of forgiveness and issues that should be resolved once the phase is completed.

### **The Phase Model of Forgiveness Therapy**

The purpose of preliminary questions is to help the client identify feelings of hurt and anger. The preliminary questions help the client recognize that there is a problem, who

the person is who hurt them, and their response to the event. For forgiveness therapy to be successful, the client must first acknowledge there was a wrong and then express a willingness to forgive.

**Phase 1 – uncovering anger.** According to Enright and Fitzgibbons (2015c) the client should begin to gain insight on how the injustice has comprised daily living. The primary goal of this phase is for the client to understand how the act has affected his or her mental health. Also the client will begin to zone in on the seven layers of pain detailed in units 2-8 (Enright & Fitzgibbons, 2015c). Some questions asked during this phase which were provided by the International Forgiveness Institute (2015) include the following: “(a) How have you avoided dealing with anger? (b) Have you faced your anger? (c) Are you afraid to expose shame/guilt? (d) Has the injury changed your worldview?” (p. 1). Enright and Fitzgibbons (2015c) credited several researchers in developing the units of each phase.

Unit 1: Examination of psychological defenses and the issues involved

Unit 2: Confrontation of anger; the point is to release, not harbor the anger

Unit 3: Admitting of shame, when appropriate

Unit 4: Awareness of depleted emotional energy

Unit 5: Awareness of cognitive rehearsal

Unit 6: Insight that the injured party may be comparing self to the injurer

Unit 7: Realization that you may be permanently changed by the injury

Unit 8: Insight into an altered *just world* (as cited in Enright & Fitzgibbons,

2015c).

Enright and Fitzgibbons (2015c) described a *just world* as the victim's pretrauma viewpoint of the world is safe and people will be treated fairly. After a traumatic event, a victim's view of the world is altered (p. 66). Counselors are encouraged to have the client complete journaling exercises and homework during this phase. These activities allow personal time for a client to engage in self-evaluation and self-reflection. At the end of this phase, the client will have examined the seven layers of anger. Answers to the questions will foster a stronger desire to continue forgiveness therapy (Enright & Fitzgibbons, 2015c).

**Phase 2 – decision phase.** During the second phase, the client will make the choice to forgive (Enright & Fitzgibbons, 2015c). This is done through addressing personal and emotional pain. Enright and Fitzgibbons (2015c) explained that the client will describe past coping skills and note if past techniques have been successful. In addition, the counselor provides a clear definition of forgiveness. According to Enright and Fitzgibbons many clients do not have a clear understanding of forgiveness and the counselor should ensure there is an understanding before moving forward to another phase. They also indicate three additional units that should be explored in this phase (Enright & Fitzgibbons, 2015c):

Unit 9: A change in heart and realizing old resolutions are not working

Unit 10: Willingness to consider forgiveness as an option

Unit 11: Commitment to forgive the offender

The authors noted the importance of the therapeutic role in phase two. According to

Enright and Fitzgibbons (2015c) it is pertinent that the therapist helps the client through this stage. Some techniques for success in this stage are scaling, homework, and journaling. They reinforced that the therapist must be empathic and be aware that the client may stay longer in some units and stages (Enright & Fitzgibbons, 2015c).

**Phase 3 – work phase.** The work phase is noted as the most difficult phase. The client will enter into the deepest process of forgiveness (Enright & Fitzgibbons, 2015c). Work provides the client a way to labor through feelings. Enright and Fitzgibbons (2015c) explained that this work will be difficult, but the reward is an emotional relief.

Unit 12: Reframing, through role taking, who the wrongdoer is by viewing him or her in context

Unit 13: Empathy and compassion toward the offender

Unit 14: Bearing or accepting the pain

Unit 15: Giving a moral gift to the offender

According to Enright and Fitzgibbons (2015c) the counselor should use reframing, journaling, homework, and empathy to help the client through the work phase. They clarified that moral gifts are not financial obligations; they can be a smile, phone call, or simple conversation. The client must work through these units and time is not a factor (Enright & Fitzgibbons, 2015c).

**Phase IV – deepening phase.** The final phase is the deepening phase. However, some units of deepening phase can appear in other phases (Enright & Fitzgibbons, 2015c). This takes forgiveness from internal to external. It allows the client to find the



meaning of forgiveness for self while realizing he or she is not alone.

Unit 16: Finding meaning for self and others in the suffering while in the forgiveness process

Unit 17: Realization that self has needed others' forgiveness in the past

Unit 18: Insight that one is not alone

Unit 19: Realization that self may have a new purpose in life because of the injury

Unit 20: Awareness of decreased negative affect and, perhaps, increased positive affect, if this begins to emerge, toward the injurer; awareness of internal, emotional release

Unit 20, in the deepening phase, has been noted most important for clients because they report being emotionally free (as cited by Enright & Fitzgibbons, 2015c). During this phase Enright and Fitzgibbons (2015c) explained that clients may feel a decrease in negative thoughts and emotions including a release of resentments. There is also the possibility the client will have an increase in positive thoughts and emotions including an increase in self-esteem. Journaling, self-reflection, and homework exercises are used heavily throughout the forgiveness model. Allowing the client to write and process answers to questions begins the restoration process. The process model of forgiveness therapy focuses on emotional relief from the wrongful act and perpetrator.

### **Forgiveness Therapy Research**

Researchers have been studying forgiveness and testing its validity for the past three decades. Many studies support the notion that forgiveness interventions can help

develop emotional freedom in clients while others saw no difference between forgiveness and other interventions. In addition, majority of these studies were found in Christian journals or in *Counseling and Values*. None of the studies identified if the research was done in a Christian or secular setting. Majority of the research was conducted by Robert Enright, who is known as a devout Christian. Waltman et al. (2008), whose article was found in *Counseling and Values*, tested the concept of forgiveness on patients with coronary artery disease. In a study in which there were 17 participants and 8 in a control group, the researchers found a decrease in anger recalls for those who participated in a forgiveness group. Waltman et al. facilitated anger recall by having participants recall a specific event that caused extreme mental hurt. Forgiveness participants received 10 weekly sessions group counseling sessions, and the control group was delayed two weeks, and then they received 10 weeks of group counseling sessions as well. Pre and post tests confirmed greater forgiveness and anger reduction in the individuals who participated in the forgiveness group. The researchers included images of myocardial perfusions pre and post forgiveness interventions. Their research found mental stress can lead to physiological changes (Waltman et al., 2008). The researchers noted that they were not able to identify if the forgiveness intervention alone or the time allotted forgiveness was the cause of the results. The results could not be generalized to all coronary artery disease patients. The small sample size was noted as a limitation. On the other hand, forgiveness has been found to have long term effects (Reed & Enright, 2006; Waltman et al., 2008). In a study, located in *Counseling and Values*, testing the effects of forgiveness therapy on depression, anxiety, and stress in women, forgiveness

therapy worked better than alternative treatments. Alternative treatments followed basic therapeutic techniques (Reed & Enright, 2006). Twenty women who were psychologically abused participated in the study. The women had to have been separated from the abuse for a minimum of two years. The women were administered the Enright Forgiveness Inventory and seen for one hour weekly sessions for a minimum of five months with the maximum of twelve months. The results indicated that forgiveness therapy has long-term effects with emotionally abused women. The study provided significant results; however, there was a small sample size and 90% of the participants were European American, which lacks diversity in all cultures. Due to the nature of the study, participants who exhibited psychiatric illness were excluded and there is no evidence that forgiveness works with emotionally abused women with psychiatric illness (Reed & Enright, 2006).

According to Coyle, Catherine, and Enright (1997), found in *Journal of Consulting and Clinical Psychology*, forgiveness interventions were also tested with post-abortion men. The results indicated that forgiveness interventions provided a reduction in anxiety and anger in men who suffered from post-abortion anger. The study was conducted with 10 participants. Each man participated in 12 weekly sessions and a follow-up after three months. All participants in both the control and test group demonstrated reductions in grief, and the experimental group maintained the reduction after three months (Coyle, Catherine & Enright, 1997).

Forgiveness has also been researched in bullying. Sansone et al. (2014), found in *Mental Health, Religion & Culture*, examined the willingness to forgive as an adult when

one was bullied as a child. The researchers administered a self-report survey to 301 participants. The results indicated there was no significant relationship between childhood bullying and adult willingness to forgive.

Research has pointed out that in order to understand the meaning of forgiveness, the construct must be examined on an individual basis (Ferch, 2000; Hook Worthington, Utsey, Davis, & Burnette, 2012). Ferch (2000) examined the difference in the personal meaning of forgiveness when genuine touch was incorporated. Past research has shown the importance of touch and how it related to human development (Ferch, 2000). They concluded that the lack of human contact in the infant development leads to deterioration or even *marasmus* – a form of dying without having a medical condition (Ferch, 2000, p. 44). With this knowledge, Ferch (2000) interviewed 6 participants who had past experiences with forgiving touch. A forgiving touch is interpreted as holding hands, a soft touch of the knee when apologizing, or any other example of non-aggressive human contact during the forgiveness process. Each participant was interviewed 2 to 3 times and five themes were identified: “restoration of a loving bond, restoration of character, lifting the burden of past relational pain, lifting the burden of shame, and restoration of oneness (p.161-166). Their experiences with a forgiving touch was with someone who they had a bond. The study resulting in an understanding of acknowledging the injury and physical touch were viewed as a deeper meaning of forgiveness. The study confirmed a forgiving touch was perceived as sincerer forgiveness; however, there were some limitations to the study. These include a small sample size and the offense was done by someone who the participant had a bond. Further research is needed with diversity populations and diverse

offenses (i.e. molestation, rape, abandonment). Other researchers, Hook et al. (2012), believed the meaning of forgiveness should be considered from a cultural standpoint. The focus of their study was to examine collectivistic forgiveness – “the decision to forgive to maintain social harmony and consists of reconciliation and relationship repair” and its various roles within its culture (p. 110). According to Hook et al. (2012) collectivism is culture who values being connected to one another. Behaviors of this lifestyle include making decisions that benefit everyone in the culture and staying close and connected to the members. The researchers assessed 298 participants’ collectivistic worldview, understanding of forgiveness with the likelihood of them encompassing decisional or emotional forgiveness. Decisional forgiveness means to change the outward display of negative emotions toward the offender, while emotional forgiveness allows the victim to internally change negative thoughts (Hook et al, 2012). The results showed people from the collectivism culture are more likely to have decisional forgiveness. The assumption is that members will do this to restore the cultures homeostasis (Hook et al., 2012). Contrary to much literature, Hook et al (2012) forewarned that just because a member of the collectivistic community expressed forgiveness does not mean they are fostering emotional forgiveness and may still have anger. According to Hook et al. (2012) counselors must use forgiveness at the clients understanding of forgiveness. In general, they asserted that counselors must be cognizant of different cultures and their views on forgiveness in order to be effective (Hook et al., (2012)

Kanz (2000) researched the conceptualization process and how people use forgiveness. The researcher administered the Forgiveness Attitudes Questionnaire (FAQ)

to 155 participants from two colleges. The questionnaire assessed the willingness to forgive and moral responsibility to forgive. In essence, the results revealed that participants believed forgiveness is beneficial to both the victim and offender, there is not a clear understanding of forgiveness in general, and that forgiveness is a religious concept (Kanz, 2000). Limitations of this study included the lack of proven validity and reliability of the FAQ as it was a preliminary instrument. According to Kanz (2000) the study should be expanded to a larger sample size and the FAQ needed to be revised.

Other researchers investigated the motive and personal technique to forgive. Jeter and Brannon (2015) noted attitudes and being familiar with forgiveness motives provided an easier process to forgive. The study was conducted with 246 participants. They were asked recall an incident of deep betrayal. After that the participants were asked to read four motivations to forgive statements and three forgiveness techniques statements using a Likert scale. According to Jeter and Brannon (2015) the results of the study showed that participants viewed forgiveness as the right thing to do; however, participants reported that the motive to forgive is to gain the mental and physical benefits. The researchers assessed the study for limitations and concluded the study could be done longitudinally in the future.

Poston, Hanson and Schwiebert (2012) assessed the motive to forgive from a different lens. Their study assessed the participant resolution of each of crisis Erik Erikson's psychosocial stages of development and the likelihood to forgive. The research was conducted using 66 participants from a university. Each participant was given the Tendency to Forgive Scale (TFF), the Enright Forgiveness Inventory (EFI) and the

Measurement of Psychosocial Development (MPD) via email. According to Poston, Hanson and Schwiebert (2012) the results supported that there is a relationship of the likelihood to forgive and successfully resolving the crisis stages. More importantly the study showed significant data with the trust versus mistrust developmental stage. Failure to successfully resolve this stage will lead to a less trusting person; which in return is less likely to forgive. On the other hand, if trust versus mistrust is successfully mastered it leads to a more forgiving and secure person (Poston, Hanson & Schwiebert, 2012). Although the study showed a positive relationship the researchers identified a major limitation. They noted they cannot decipher if whether healthy psychological and social development is the true reason for the likelihood to forgive or if it was the opposite is true (Poston, Hanson & Schwiebert, 2012).

Konstam et al. (2000) researched the attitudes and use of forgiveness of counselors. The study utilized participants who were members of the American Mental Health Counselors Association (AMHCA). This quantitative study analyzed 381 responses to forgiveness surveys that were sent in the mail. Participant selection was random using the AMHCA database. According to Konstam et al. (2000), the findings of the study revealed several concepts. First, forgiveness is a salient issue within the counseling field. Second, AMHCA counselors believe it is the client's responsibility to introduce forgiveness in the counseling setting. Third, counselors do not have a systematic way of using forgiveness (Konstam et al., 2000). In addition, the results of the Konstam et al. (2000) study supported other researcher findings that forgiveness is tied to religious affiliation and theoretical orientation (Denton & Martin, 1998; DiBlasio &

Benda, 1991). According to Konstam et al. (2000), Denton and Martin (1998) revealed mental health professionals have a reluctance with associating forgiveness with the science of counseling and see forgiveness as a religious activity. Konstam et al. (2000) indicated that DiBlasio and Bends (1991) found that practitioners with strong religious beliefs had a more positive outlook on the potential of forgiveness working in a therapeutic setting. Konstam et al. (2000) concluded that there is a lack of understanding of what forgiveness is and there needs to be clarification on issues related to religion and forgiveness. Although there are some similarities between the Konstam et al. (2000) study and the study I am proposing, there are significant differences. The most important difference is that my study will investigate forgiveness therapy rather than addressing the construct of forgiveness alone. In addition, my study will also view forgiveness therapy from a qualitative grounded theory perspective. While Konstam et al. (2000) conducted a quantitative study regarding the attitudes of counselors related to forgiveness, my study will seek to determine whether there are similar concepts used in secular counseling that mimic forgiveness therapy. The participants in the Konstam et al. (2000) study were AMHCA members, whereas my study will gather data from counselors who identify themselves as secular counselors.

### **Anger**

Forgiveness therapy encompasses one major construct: anger. It uses forgiveness based interventions to identify and address feelings of anger. According to Nicoll, Beail, and Saxon (2013), anger is a basic human emotion and defined by an emotional state that involves extreme feelings. It is also a protective mechanism in which a person responds



to an injury or triggering event (Kannan et al., 2011). Injury can be obtained from various entities including abuse (physical, emotional, sexual, and psychological), marital situations, lack of parental involvement, divorce and separation, intellectual disabilities, unfair treatments, PTSD, betrayal, employment, and environmental conditions.

According to Chapman and Rosenthal (2016), counselors should use evidence-based techniques to effectively respond to anger. Anger management programs provide a means to reduce or even eliminate feelings of anger. They vary by techniques and the number of sessions, and operate under various titles. While there are many different titles to anger management programs, they all have the same fundamentals. Anger management titles include dysfunctional anger, approach temperament, anger coping, anger regulation, anger induction, anger management, anger control, anger reduction, and the resolution of anger. The goal of each treatment is to eliminate anger in a person's life to optimize emotionally healthy living.

### **How Anger is Viewed**

Researchers view anger from various perspectives. Counselor viewpoints of anger play a major role in treatment interventions. Cognitive behavioral therapists Kassonove and Tafrate (2010) suggested that the process of anger comes in five stages. They developed a five stage anger episode model which includes the following stages: the anger trigger, cognitive appraisals, anger experiences (internal), anger experiences (external), and outcomes. The anger trigger is what the client perceives as a negative event, a failure or a negative behavior encounter. Kassonove and Tafrate indicated that cognitive appraisals address the misconception of the triggering event. They added that

cognitive behavioral counselors believe many clients misinterpret aversive events and the misinterpretation is what leads to the reaction of anger. During the anger experiences stage the client has internal emotions that lead to external display of behaviors. Outcomes deal with the short term and long term consequences in behavior and thought processes. Some cognitive behavioral counselors view anger as a part of the flight or fight response system, and as a result, they believe that anger can never be eliminated (Kassinove & Tafrate, 2010). The role of the counselor is to assist the client with getting out of the anger cycle by addressing thoughts and behaviors. Opposite from the cognitive behavioral perspective, Guo et al. (2014) associated anger with genes. In a study of emotional related genes, Guo et al. found several genetic mechanisms that are directly associated with both anger-in and anger-out emotions. Identifying genes associated with anger allows practitioners to utilize various treatment interventions targeting those genes to assist clients with emotional normalcy.

Other researchers view anger as relational oriented (Laughlin & Warner, 2005). The thought process is that anger exists in a relational world. The key is that once a relationship has been established, it never goes away; however, it can change (Laughlin & Warner, 2005). The counselor's goal involves helping the client find a way to relate to their problem (Laughlin & Warner, 2005, p. 81).

Robins and Novaco (1999), described anger as a construct. Constructs allow counselors to view anger from a systems concept versus seeing anger as an emotion. According to Robins and Novaco constant anger is a result of many different factors in the environment including work, home, and relationships. The systems concepts are

composed of input–information taken inward, output–emotions displayed outward, equilibrium, and feedback loops. Robins and Novaco indicated that a majority of systems have a natural tendency to obtain equilibrium, or balance. If an activating event shifts the balance the client will go into a feedback loop until returning to equilibrium. The counselor assists the client with getting out of the feedback loop using various techniques (Robins & Novaco, 1999).

### **Anger Research and Treatment Modalities**

There are a number of approaches that secular counselor use to assist clients who have problems dealing with their anger. Seven of these approaches are summarized below.

#### **Cognitive Behavioral Therapy (CBT)**

Cognitive behavioral therapy (CBT) is heavily utilized in assisting clients who have issues with anger (Kassinove & Tafrate, 2010). This treatment focuses on cognitive distortions and counselors who subscribe to CBT use incidents of triggered anger as a guide to interventions (Kassinove & Tafrate, 2010). This form of therapy has been studied with anger in adults with intellectual disabilities, anger with military personnel, traumatized Cambodian refugees, and aggressive children. Each study had similar findings (Ballenger, 2006; Olantunji & Lohr, 2004-2005). A study of anger aggression and risky driving in combat veterans revealed that CBT reduced driving-related anger by 67% (Strom et al., 2013). When CBT was used as a direct treatment of 112 veterans, researchers found a significant decrease in state and trait anger (Morland, Love, Mackintosh, Greene, & Rosen, 2012). According to Kassinove and Tafrate (2010), CBT

treatment failures are due to lack of training. Kassonov and Tafrate (2010) noted effective CBT techniques address the cause of the emotion (i.e. anger). According to Kassonov and Tafrate (2010), interventions such as trait-oriented statements and state-oriented statements, which are used by many CBT counselors, are not effective because they do not help the client identify what is causing the emotional response. While CBT is widely used in private practice, community agencies, and court cases, it is not the only effective treatment modality.

### **Coping Skills**

Several researchers have utilized coping as a technique to alleviate anger symptoms. Lockman, Curry, Dane, and Ellis (2001) developed a coping program. Their research used anger coping interventions for 18 aggressive children. According to Lockman et al. (2001), the coping model provided a significant decrease in aggression and an overall improvement in participants' cognitive and social functioning.

Deffenbacher and Stark (1992) studied another form of coping titled *cognitive relaxation coping skills* which is a combination of coping skills and progressive relaxation. The researchers conducted eight weekly cognitive relaxation coping group sessions with 7-10 participants. According to Deffenbacher and Stark (1992), the first two sessions provided relaxation training and coping skills. Relaxation training included deep breathing, relaxation imagery, and muscle relaxation. The sessions concluded with cognitively focused homework (Deffenbacher & Stark, 1992). Sessions 4-8 consisted of applying learned skills through confronting anger, unresolved anger, and personal experiences with anger, which was followed with weekly cognitive homework

(Deffenbacher & Stark, 1992). The results of the study did not show significant differences in cognitive relaxation coping and relaxation coping skills alone.

### **Relational Techniques**

Relational techniques help clients realize and accept that they are in a relationship with anger (Laughlin & Warner, 2005). According to Laughlin and Warner (2005), other researchers generally view anger as an internal problem, which is why other techniques focus on controlling anger. They suggested at times this viewpoint leads to unsuccessful interventions and recurrent explosive episodes due to the separation of thinking and self (Laughlin & Warner, 2005). The relational approach looks to anger as a relationship with an object or person (Laughlin & Warner, 2005).

According to Laughlin and Warner (2005) relationships cannot be erased, so the counselor helps clients relate to their anger from a different perspective. Counselors focus on *intravention* by helping clients work with internal feelings versus trying to externally block the thoughts. Intraventions encourage clients to move toward anger instead of moving away. Intraventions allow clients to understand their personal relationship with anger (Laughlin & Warner, 2005). It is believed clients have to explore how they arrived at their anger before they can control it.

Researchers Laughlin and Warner (2005) utilized the intravention technique in a single case study with a woman who battled with anger for over 20 years. According to the results of the study, the woman learned to love her anger. The client said that she felt like a *warrior*, she reestablished relationships with family members, and happiness was

restored for her (Laughlin & Warner, 2005, p. 87).

### **Integration Therapy**

Integration techniques involve assisting clients with anger and substance abuse. According to Korman et al. (2008), treatment involves “combined functional analysis, skills training, exposure, response preventions, and rehearsal to concurrently treat problem anger” (p. 457). Korman et al. (2008) utilized integration techniques in their study of 17 participants who self-reported having anger and gambling problems. The researchers found a reduction in anger after utilizing integration techniques, however, their study lacked follow up and undetected bias could have been a factor (Korman et al., 2008).

### **Solution Focused Therapy**

Solution focused techniques have also been studied in counseling settings to address anger. Siyez and Tuna (2014) assessed solution focused groups with 220 9<sup>th</sup> graders. The researchers administered the State Trait Anger Expression Inventory and the Communication Skills Assessment to assess how anger is expressed and the communication skill level of the participants. The participants attended a weekly solution focused anger group. The results indicated solution focused techniques were beneficial in the reduction of anger, but no improvement in communication skills was found (Siyez & Tuna, 2014).

### **Task Analysis**

In order to resolve anger, Kannan et al. (2011) developed a modified version of task analysis focus and provided individual therapy for 8 female participants. Task

analysis allows the counselor and client to evaluate positives and negatives about a particular task (Kannen et al., 2011).

The researchers developed a six stage model for the resolution of anger. During the first stage the counselor and client explore anger markers (Kannen et al., 2011). Stage 2 and 3 assist clients to clarify the threat, own their emotions, and connect anger to past events (Kannan et al., 2011). During this stage, the counselor helps clients realize there is a connection between fear and anger. According to Kannan et al., (2011), stage 4 focuses on reframing the problem.

Velsor and Cox (2001) confirmed the advantages of reframing anger. In their study of sexually abused women, reframing anger provided a significant reduction in feelings of anger. The last stages included exploring options and the integration of change.

### **Chinese Medicine**

The treatment of anger has been explored by practitioners who utilize Chinese medicine. Guo et al. (2014) conducted a study to identify genes connected with anger-in and anger-out emotions. They found that the genes 5-Htr2C and GABA<sub>B</sub>R2 are associated with irritability. In addition, 5-Htr3B is associated with depression (Guo et al., 2014). The researchers developed two Chinese medications; one for anger-in emotions (Jingqianshu), and another for anger-out emotions (Jingqianping). The medications were administered to rats and pre and post aggression scores were analyzed. Their results found that anger is triggered by genetic mechanisms and Jingqianshi and Jingqianping

proved to be valuable treatments that reduced anger (Guo et al., 215).

### **Summary**

Forgiveness and forgiveness therapy literature is popular in Christian counseling. Forgiveness therapy interventions have been used to address anger and restore happiness. Forgiveness therapy has been explored and shown successful in studies related to heart health, depression, anxiety, and abused women and men (Coyle, Catherine & Enright, 1997; Hook et al., 2012; Sansone, Kelley & Forbis, 2014; Waltman et al., 2008). However, information on forgiveness therapy is grounded in Christian literature and research databases and the perceptions of secular counselors on Christian forgiveness therapy is not known. Each study identified the research database it was found. In this chapter I differentiated Christian counseling and secular counseling, as well as, addressed many misconceptions of forgiveness. The purpose of forgiveness therapy and forgiveness phase model was detailed as a means to address anger (Enright & Fitzgibbons, 2015c). Other anger treatment modalities were explored from a secular standpoint including CBT, coping skills, relational methods, integration techniques, solution focused therapy, task analysis and Chinese medicine (Deffenbacher & Stark, 1992; Guo et al., 2014; Kannan et al., 2011; Kassinove & Tafrate, 2010; Laughlin & Warner, 2005; Lockman et al., 2001).



## Chapter 3: Research Method

### Introduction

There are many techniques in the counseling field that are viable and assist clients through the healing process. Finding the best technique as a part of treatment allows counselors to develop the ethical goal of *beneficence* in the counseling relationship. Some treatment modalities can be utilized successfully in both Christian counseling and secular counseling settings; however, forgiveness therapy has yet to cross both dimensions. Forgiveness therapy has been around for over 20 years in Christian counseling settings (Davis et al., 2012; Enright & Fitzgibbons, 2015a, 2015b; Freedman & Chang, 2010). In addition, Christian counselors have noted forgiveness as a worthwhile form of treatment in the clinical setting (Davis et al., 2012; Denten & Martin, 1998; Freedman & Chang, 2010; Gorsuch & Hao 1993; Harris, Thoresen & Lopez, 2007; Konstam et al., 2000; Wade, 2010). This study will explore the methods in which secular counselors practice in ways that are similar to forgiveness therapy as defined in the Christian counseling literature. I am a Christian counselor who has worked in Christian settings for over six years. I have experienced the benefits of Christian counseling from many angles. Working as a director of a Christian organization helped me develop my skills with counseling from a Christian perspective. Part of the requirements of clients who completed intake and were admitted to the program was that they attended chapel and sought counseling from a staff member. We were actively encouraged to infuse Christian principles in the counseling settings. In addition, I obtained my Masters of Arts degree in Professional Counseling from a Christian university. Homework assignments

in my graduate degree program included reading the Bible and applying Biblical principles in our homework and discussion boards. Currently, I teach at a Christian University; however, at the university where I am employed, it is not a requirement that students have a religious affiliation.

My graduate school and experiences as a Christian counselor have included attending church and studying the Bible which have helped me *walk in forgiveness*. My personal journey with forgiveness has inspired in me a level of inquiry that is the foundation of this study.

Grounded theory (Creswell, 2009) allowed me to explore the approaches used by secular counselors that are similar to the forgiveness therapy approaches used by Christian counselors. The objective of grounded theory was to develop and mature theories and concepts (Bryant & Charmaz, 2012). When my study has been completed, I hope I will be able to provide a framework (or theory) that explains how techniques and approaches used by secular counselors are similar to forgiveness therapy provided by Christian counselors. This chapter described the research design I utilized in this study including research questions, methodology, qualitative paradigm, participant selection process, and location of data collection. Procedures for data collection and analysis were discussed.

### **Research Design**

Walden University's IRB approval number for this study was **09-08-16-0346828** and it expires on **September 07, 2017**. A qualitative approach was most beneficial to gather information that needs to be developed or understand. This approach is best for an

exploratory format because it allows the researcher to discover and understand an individual phenomenon or theory (Creswell, 2009). Specifically, for this study, I investigated forgiveness therapy as it is utilized by secular mental health counselors.

Since forgiveness therapy has not been recognized or developed in mental health counseling, a grounded theory approach will allow me to explore what exists in secular counseling that may be similar to Christian forgiveness therapy, and then propose a theory about how Christian forgiveness therapy principles are used in secular mental health counseling. Grounded theory has been noted to be helpful when an explanation about a theory or phenomenon is inadequate or nonexistent (Creswell, 2009). A grounded theory research design approach allows the researcher to lay a foundation for future research on a phenomenon. Hopefully, this qualitative study will help professionals understand the meaning of the concept of forgiveness in mental health counseling.

### **Research Questions**

One central research question and five sub-questions will guide this study. My interview protocol is included in Appendix A. In my initial interaction with participants, I will explain how forgiveness therapy is described in the Christian counseling literature and I will then asked them questions.

#### *Central Question*

Do secular mental counselors have a concept similar to forgiveness therapy as defined in the Christian counseling literature?

#### *Sub-Questions*

I asked the following sub-questions, if they have not already been addressed by participants in responding to the initial question.

- (a) What is your understanding of the concept or concepts you use that are similar to forgiveness in the counseling setting?
- (b) What is your personal meaning of the concept or concepts you use that are similar to forgiveness?
- (c) What is your ability to incorporate the concept or concepts you use that are similar to forgiveness in the counseling setting?
- (d) What is your experience using the concept or concepts you use that are similar to forgiveness in the counseling setting?
- (e) How do you know when the concept or concepts you use that are similar to forgiveness have been effective for your clients?
- (f) What training or professional support have you acquired using the concept or concepts you use that are similar to forgiveness?

### **Participants**

The sampling method chosen for this research is theoretical sampling. Charmaz (2014) noted this form of sampling can be used when the researcher is gathering data that focuses on a category or emerging theory. This type of sampling is done by sampling until saturation or no new concepts emerge (Charmaz, 2014). This form of sampling is what differentiates grounded theory from other qualitative inquiries because it takes place

during the collection and analysis of data (Coyne, 1997; Strauss, 1987). To accomplish this goal, I plan to choose participants using convenience and snowballing strategies.

Convenience strategies are used to obtain participants who meet the criteria and are readily accessible to the researcher until the quotient is met (Robinson, 2014). Specifically, I plan to recruit volunteers using the social media tool known as LinkedIn (<https://www.linkedin.com>). Social media is a driving force of communication and recruitment in today's society. In a study conducted in social media, 93% of participants had a social media account (LinkedIn, Twitter, or Facebook) and 63% of them were active users (Oliveiria, 2013). LinkedIn provides users with several counseling groups. I will recruit using the Michigan Counseling Group, Michigan Counseling Network, Counseling Professionals, and the Association for Counselor Education and Supervision. Each participant will be asked to suggest additional participants until the research quota has been met (Robinson, 2014). Participants will have to be counselors who consider themselves to be secular counselors and must be licensed by their state for independent private practice. In order to ensure participants meet criteria, they will provide proof of licensure. This will be done by either giving license number, which will be verified through state license electronic verification system or submitting a copy of their current license. A recruitment solicitation will be posted in each of the LinkedIn groups. Once potential participants express interest, a letter of recruitment would be sent to them via email. Contacting potential participants will continue until 8 to 12 participants have agreed to participate in the study. Qualitative research suggests 5 to 50 participants is an adequate sample size to gather meaningful data (Creswell, 2009; Dworkin, 2012;

Charmaz, 2014). Participants will be interviewed until saturation of the data has occurred (Creswell, 2009; Charmaz, 2014). Saturation occurs when the information gathered does not produce any new theoretical insight. The researcher assesses when saturation has occurred, and I anticipate saturation will occur after 8 to 12 individuals have been interviewed (Bryant & Charmaz, 2012).

### **Ethical Considerations**

To ensure ethical safety, I plan to provide detailed disclosure statements to potential participants that explain any implications or potential harm to participants. Potential participants will be sent an initial email message stating the purpose of the study. When potential participants chose to continue with the research process, then an additional email will be sent with detailed disclosure statements and consent forms. Disclosure and consent documents included the purpose of the study, data collection process, procedures, a statement that this study poses no potential danger to participants, a statement that withdrawal from the study is possible at any time, and an electronic signature line (Creswell, 2009).

To protect the anonymity of participants, I assigned pseudonyms. Electronic communication has the potential of being compromised. To protect the participants, there will be a confidentiality statement in the signature line of each email message. Due to participants being able to be interviewed in their environments, there is very little chance that this study will result in any harm to participants. In the event a participant experiences any distress as a result of being interviewed, I will make necessary referrals. I will have a list of resources to give to participants as needed. The laptop that contains

data from this research project and any written documents generated will be locked in a file cabinet kept within my home.

### **Role of Researcher**

I am a licensed counselor with a private practice and I also teach at a Christian university. The participants who will be chosen for this study will have no professional relationship with me. However, participants may be in the same LinkedIn groups in which I participate. I will give participants detailed information about the study. I plan to contact suitable participants who will bring rich meaning to the study. The one to one interviews I will conduct with participants will consist of open-ended questions (Charmaz, 2014; Creswell, 2009).

Participant interviews may become an iterative process in which I may have to follow up with participants with additional questions. During the process of developing the interview questions, I was cognizant of my biases (Charmaz, 2009; Creswell, 2009). As a Christian, I have reaped the benefits of forgiveness in my personal life. I am aware of my biases and in turn, will utilize check and balance resources from committee members and colleagues to ensure my questions and results interpretations are written from in an unbiased manner. My goal is to present myself and the results objectively.

### **Data Collection**

The data was collected using an initial one to one interview. The interviews were conducted using zoom meetings. This form of technology allowed participants to participate in the interview utilizing a computer, laptop, Ipad, or mobile phone. Participants were sent a link and a telephone number to use to participate. Zoom

technology records the meeting and the recording can be accessed at a later date. I plan to conduct 8 to 12 interviews or until saturation is met. The interviews will be between 30 minutes to an hour (Hatch, 2002). Before the interviews, I did a brief introduction including the definition of forgiveness therapy found in the Christian counseling professional literature (Wade, 2010). The script which included the protocol for my interviews is included in Appendix A. This script included the definition of forgiveness therapy. Open-ended questioning is most suitable because it allowed participants to express themselves openly when answering questions (Charmaz, 2014; Creswell, 2009). To help participants be comfortable, I established a positive environment during the interviews by using basic attending and active listening skills.

I utilized memo writing to ensure all thoughts are captured throughout this process. According to Charmaz (2014), memos catch thoughts, make comparisons, identify emergent themes, and greatly assist in the data collection and analysis process. Memo writing will be kept in a methodological journal to prevent lost data and maintain secure confidential data.

### **Data Analysis**

Data analysis began using the initial coding process. Coding is known as the driving force between collecting data and developing and explaining a new theory (Charmaz, 2014). There are two phases that I followed in the coding process. The first is the initial phase in which I named words in lines. In the second phase, I identified the most frequent codes and sort and organize the data (Charmaz, 2014; Creswell, 2009). In addition to analyzing the data myself, I plan to use NVivo



(<http://www.qsrinternational.com>) during the data analysis process. NVivo is used to assist with qualitative research and is a tool for storing, sorting, and analyzing data. I will take into account information I obtain from NVivo in identifying themes provided by participants in the study.

### **Trustworthiness**

Trustworthiness was maintained using several methods. I listened to the interviews, transcribed each interview verbatim, and have the data available electronically for additional review. I followed methods to ensure trustworthiness is maintained throughout the study.

### **Member checking**

I emailed a summary of the transcribed interview to the participant to check for accuracy, gather additional material if needed, and discover what may have been overlooked (Charmaz, 2014). I also provided the participants with a summary of my findings from the interview. This included case analysis, the proposed grounded theory, and cultural descriptions (Creswell, 2009). A list of themes was provided with a detailed explanation for each theme. Participants were given an opportunity to review the themes I developed and provided feedback.

### **Peer reviewer**

I asked a peer to review what I am doing throughout the research process. This person will review and ask questions in regards to the qualitative study. This allowed me to maintain an objective standpoint. It also provided an opportunity to correct information in order for it to be understood by others who read what I have written (Creswell, 2009).

## **Self-Disclosure**

Creswell (2009) noted reflectivity as the “core characteristic of qualitative research” (p. 192). As a researcher, I am aware of my biases related to this study. My religious orientation is considered a bias, especially since forgiveness therapy was derived from Biblical principles. For me, being a Christian means I accept the Holy Bible as true. The Christian belief is that we are obligated to forgive. Matthew 6:15 supports the instruction to forgive noting that God will not forgive you if you have not forgiven others (New King James Version). In addition to my religious orientation, I have practiced forgiveness in my personal life, and I have seen positive results. It is my belief that practicing forgiveness has saved many of my close relationships including friendships, my marriage, parental relationships, and even business relationships.

I anticipated that secular counselors will acknowledge using some methods similar to forgiveness, but calling their approaches different names. I believed many secular counselors will use terms such as anger management techniques, self-care concepts, and possibly solution focused concepts they use that are similar to forgiveness therapy. I also believed that secular counselors will report that they notice a pattern of anger and unforgiveness when working with clients, and I expected some secular counselors would disclose using an eclectic approach to helping clients work through these issues. Providing details about how my interpretation of forgiveness has been shaped by my background, experience, culture, and religion allows me to bracket my biases as I interviewed participants, summarized, and interpreted what they have told me.

**Discrepant information**

While presenting evidence for themes in the research, I also presented information, if any, that contradicted the themes. At times, the different perspectives revealed evidence that is contrary to the themes. Discussing discrepant information provided trustworthiness to the study and helps the researcher remain objective and truthful about the results.

**Rich and thick descriptions**

I provided detailed descriptions of setting and what the participants said. I will also provide different perspectives of each theme. This helped the results become more realistic (Creswell, 2009).

**Reflective journal**

I used reflective journaling to document my thoughts as I conducted the study. Content included directions, ideas, dilemmas, and decisions. The purpose of this activity will help me analyze research activities, put ideas into narrative form, as well as clarify and direct the coding process while elaborating on processes (Charmaz, 2015).

**Summary**

The research method section begins with an introduction to the research problem and the reasons grounded theory is the most suitable construct for this project. I discussed ethical implications, my role, and bias as a researcher. The methodology section also detailed the data collection and analysis process including the interview protocol. Trustworthiness was expounded upon with a detailed sections of member

checking, peer-review, self-disclosure, discrepant information, use of thick and rich descriptions, and reflective journaling.

## Chapter 4: Results

### **Introduction**

The purpose of this grounded theory study was to discover and understand the meaning of the concept of forgiveness in mental health counseling from the perspective of secular counselors (Creswell, 2009). For this qualitative study, I conducted individual interviews with licensed mental health counselors who did not identify themselves as Christian counselors. I used the interview protocol that I outlined in Chapter 3 when I interviewed the participants. The research question that guided this study is indicated below.

### **Research Question**

Do secular licensed mental health counselors have a concept similar to forgiveness therapy as defined in the Christian counseling literature?

### **Interview Protocol**

I began each interview by asking the questions below. After participants had responded to that question, I asked the remaining questions if they had not already addressed that question in previous responses. This was the interview protocol that I used for this study:

1. What is your understanding of the concept or concepts you use that are similar to forgiveness in the counseling setting?
2. What is your personal meaning of the concept or concepts you use that are similar to forgiveness?

3. What is your ability to incorporate the concept or concepts you use that are similar to forgiveness in the counseling setting?
4. What is your experience using the concept or concepts you use that are similar to forgiveness in the counseling setting?
5. How do you know when the concept or concepts you use that are similar to forgiveness have been effective for your clients?
6. What training or professional support have you acquired using the concept or concepts you use that are similar to forgiveness?

This chapter begins with an introduction recapping the purpose statement and research questions. I then describe the research setting, demographics of participants, data collection, and data analysis. In the data analysis section, I include individual profiles for each participant. I provide evidence of trustworthiness, summarize the results, and end with a summary of the chapter.

### **Interviews**

As part of this research project, participants were interviewed via recorded zoom meetings. Using this electronic interviewing approach allowed participants to interview where they felt most comfortable. In general, the participants interviewed from their workplace, personal office, or in their home. According to Seitz (2016), the use of Internet technologies for qualitative interviews can pose some obstacles.

One problem is inaudible segments due to Internet connectivity. There were several interviews where I had to restate the question or ask the participant to repeat what was said. This did not interrupt the flow of the interview, nor did it break the rapport;

however, the interviewee could have experienced feelings of frustration, as their time was valuable.

Another major issue with technology included in the interview process is being disconnected from the Internet (Seitz, 2016). Internet disconnections could be due to service interruptions, Internet towers not being near, or random breaks in the quality of service. Two interviewees had a break in the quality of Internet and they were disconnected from the call. One was due to my Internet connection, and the other was due to the participant's Internet connection. Loss of Internet connection is inevitable, even though there could be a strong Internet connection, calls and Internet service can still be dropped at random times. As the researcher, I apologized for the Internet disconnection and rebuilt rapport when the calls were reconnected. Although the calls were disconnected, both participants completed their interviews.

The last obstacle when using technology is the failure to record. The zoom program failed to record one interview, although the Zoom program indicated it was recording. Thus, a participant had to be interviewed a second time. Each difficulty was resolved but could have influenced some of the participants' experiences and responses at the time of the study, which may also influence interpretations of the study results.

### **Demographics**

A demographic overview of participants is shown in Table 1. Seven participants were Caucasian, two were African American, and one was Native American. Their ages were not disclosed as it was not a requirement of this study. Participants included three men and seven women who practice in several regions of the United States including

Michigan, Ohio, Colorado, Illinois, Virginia, and Nebraska. All participants were currently practicing as counselors. Four participants indicated they had a private practice, one participant worked in a school setting, three worked in community mental health, and two worked in community corrections.

Table 1

*Demographic Overview of Participants*

| Participant      | Race             | Gender | State    | Counseling Setting      |
|------------------|------------------|--------|----------|-------------------------|
| A<br>Jamilia     | African American | Female | Michigan | Private Practice        |
| B<br>Dominic     | Caucasian        | Male   | Nebraska | Community Mental Health |
| C<br>Morgan      | Caucasian        | Female | Illinois | School Based            |
| D<br>Christopher | Caucasian        | Male   | Illinois | Private Practice        |
| E<br>Marc        | Caucasian        | Male   | Michigan | Private Practice        |
| F<br>Brielle     | Caucasian        | Female | Virginia | Private Practice        |
| G<br>Anna        | Caucasian        | Female | Ohio     | Community Mental Health |
| H<br>Tiera       | African American | Female | Colorado | Community Corrections   |
| I<br>Andrea      | Native American  | Female | Colorado | Community Mental Health |
| J<br>Mary        | Caucasian        | Female | Colorado | Community Corrections   |

Table 2 details each participant's licensure, certifications, years practicing, specializations, and theoretical orientations. There was diversification among the participants. To protect privacy and ensure confidentiality, each participant was given a



pseudonym. Pseudonyms were chosen by me that closely matched each participant's culture and gender.

Table 2

*Demographic Overview of Participants: Professional Information*

MA = Master's of Arts

MS = Master's of Science

PhD = Doctorate of Philosophy

EdD = Doctorate of Education

ACS = Approved Clinical Supervisor

NCC = National Certified Counselor

LPC = Licensed Professional Counselor

LPCC = Licensed Professional Clinical Counselor

LCPC = Licensed Clinical Professional Counselor

LCDC = Licensed Chemical Dependency Counselor III

RP = Registered Psychotherapist

LAC = Licensed Addictions Counselor

MAC = Masters Addictions Counselor

CBT = Cognitive Behavioral Therapy Certificate

DBT = Dialectical Behavior Therapy Certificate

ACT = Acceptance and Commitment Therapy Certificate

| Participant      | License Certifications         | Highest Degree | Years Practicing | Specialization  | Theory                                      |
|------------------|--------------------------------|----------------|------------------|---|---|
| A<br>Jamilia     | MS<br>ACS<br>NCC<br>LPC        | MS             | 20+              | Trauma and Crisis   | Existential                                 |
| B<br>Dominic     | MS<br>LPC<br>NCC               | MS             | 2                | Adolescents<br>Adults<br>Conduct Dis.<br>Forensic   | Existential                                 |
| C<br>Morgan      | PhD<br>MA<br>NCC<br>LPC        | PhD            | 3                | Infant/Children<br>Adolescent<br>Grief/loss   | Feminist<br>Constructivist<br>Psychodynamic |
| D<br>Christopher | PhD<br>MS<br>LCPC<br>NCC       | PhD            | 4                | Drugs and Alcohol   | CBT   |
| E<br>Marc        | PhD<br>LPC                     | PhD            | 8                | Men's Issues  | Person Centered                             |
| F<br>Brielle     | PhD<br>ACS<br>LPC              | PhD            | 30               | Adults  | Humanistic                                  |
| G<br>Anna        | MA<br>LPCC<br>LCDC III         | MA             | 10               | LGBTQ<br>Trauma<br>Survivors<br>Personality Disorders<br>Marriage/Couples<br>Women's Issues                   | Person Centered                             |
| H<br>Tiera       | MA<br>NCC<br>LPC<br>LAC<br>MAC | MA             | 20+              | Substance Abuse   | Cognitive Behavioral Therapy                |
| I<br>Andrea      | MS<br>LPCC<br>RP               | MS             | 2                | Adults<br>Substance Abuse<br>Women's Issues<br>Men's Issues<br>Marriage/Couples<br>Miscarriage<br>Infertility | CBT<br>DBT<br>ACT                           |

|           |                  |    |   |                       |     |
|-----------|------------------|----|---|-----------------------|-----|
| J<br>Mary | MA<br>NCC<br>LPC | MA | 2 | Adolescents<br>Adults | CBT |
|-----------|------------------|----|---|-----------------------|-----|

### Individual Profiles

This section details the individual profiles of each participant. All participants completed a demographic questionnaire and participated in a recorded telephonic interview. The profiles include a narrative of the participants' professional experience and theoretical orientation, and my impressions as the interviewer. Participant pseudonyms were used to protect privacy and ensure confidentiality.

#### Participant A: Jamilia

**Profile.** Jamilia was an African American female who held a Master's degree in Counseling (MS). She was a licensed professional counselor (LPC), an approved clinical supervisor (ACS), and a national certified counselor (NCC). She had been practicing for over 20 years with her private practice, as an employment assistance counselor (EAC), and in a group setting. She had worked with a wide range of clients, but specialized in trauma and crisis. She has held several leadership positions in professional associations, presented at several conferences, and volunteered in her local community. Outside of counseling, Jamilia had a passion for networking and building lasting business relationships.

**Interview and impressions.** During the initial greeting, Jamilia immediately empathized with me regarding the dissertation process as she was also pursuing her doctorate. When speaking, her voice was slow, steady, and calming. She noted that she heard about the study through the Facebook invitation that was posted. Our main line of

communication was via email. Once I confirmed she met the criteria of the study, I provided additional details of forgiveness and included the purpose of the research. She completed the consent and demographic questionnaire the same day and set a date for the next week to be interviewed. Jamilia completed the interview from her home. She took time to process the questions I asked in order to give her answers more meaning. If she didn't understand the proposed question, she asked for clarity or asked me to slow down when speaking. Her answers detailed her work experience with vicarious trauma, EAC, survivor guilt and work with Veterans. She was also open about her childhood history of trauma and how it tied into her theoretical foundation. Although I was nervous to begin my first interview, the interview with Jamilia was easy. We knew each other from a professional organization we share. This was due to several commonalities including being African American, both being women, both being doctoral students, and being members of a professional association, which we both have held executive board positions. Having things in common with the interviewee made it easier to build and maintain rapport, but also made me question the authenticity of the interview and data.

**Addressing anger.** Jamilia explained that she worked from an existential model. She said that she counseled adult survivors of childhood sexual abuse. Her first step to addressing anger was helping the client identify and describe anger, which she self-titled, "discovering being angry." She quickly compared her approach to Phase I – Uncovering Anger of the Enright Forgiveness Model. In her experience, she noticed many of her clients did not realize they were still angry. Some of her clients subconsciously blocked out the trauma, but still had symptoms of anger. She explained that she would have the

client talk about the trauma, while the client was talking she would look at physical demeanor, facial expressions, and tone of voice. According to Jamilia, she would discuss her findings of their physical expressions with the client. These findings opened the eyes of her clients and helped them recognize and accept their anger. After anger had been identified, she would transition into the “coming to a decision to forgive” stage. Jamilia noted she focused on the effects of anger. Specifically, she would discuss how the anger affected them in their daily lives, how it affected their past, how it had affected their current lives, and how it may affect their future. According to Jamilia, these conversations enlightened the client of the benefits of holding on to anger. It also helped the clients evaluate the long term effects of holding on to anger. It was Jamilia’s observation that this process motivated her clients to make the decision to forgive and move forward in life. Similar to exploring her clients lives with anger, Jamilia would explore her clients’ lives if they were to forgive. She helped her clients put their personal meaning of forgiveness. According to Jamilia, there is not one technique that is successful for every client. In general, she has used the empty chair technique for clients who do not want to confront the offender or if the offender is not accessible (this could be due to being in jail, deceased, or in another state). Jamilia detailed a specific technique that has been the most rewarding for clients in the following statement.

I even had clients write letters, read the letter in the session, and then after we read the letter, we will go outside and burn it. And, for some reason, when that paper is burning, you can literally see the relief on their face, and you can see their shoulders being unburdened...it is like their body is more relaxed. After burning the letter, Jamilia said

that she processes the feelings of her clients as well as process the new change in their lives. Jamilia explained once her clients have been taught forgiveness she helps the client explore the various ways they can apply forgiveness to other aspects of their life.

When discussing personal meaning for addressing anger, Jamilia noted she had to forgive many people in her life due to childhood trauma. She self-reflected on the techniques that worked for her, and she said she used the same ones with her clients. She said many of her techniques to addressing anger with her clients are self-taught.

### **Participant B: Dominic**

**Profile.** Dominic was a Caucasian male who held a Master's degree in counseling (MS). He was a licensed professional counselor (LPC), and a national certified counselor (NCC). He had been practicing for two years. In the past, he worked in community mental health with a specialization in adolescents, adults, conduct disorders and forensic counseling. At the time of the interview, he worked with a variety of clients including juvenile offenders, adolescents, individuals with substance use issues, victims of sexual assault, and perpetrators of sexual abuse.

**Interview and impressions.** Dominic responded to the Facebook announcement for the dissertation on the first day it was posted. In his initial email, he indicated he had completed his doctoral degree and he loved the idea of being a part of the study. His initial email reminded me of the comradery among colleagues within higher education. He immediately agreed to the consents and completed the demographic questionnaire. During our initial meeting, Dominic expressed genuine excitement about the study. He interviewed from his home. Before recording we acquainted ourselves each other and

discussed our past experiences and goals. He asked questions about my dissertation, my connections to forgiveness therapy, and the dissertation process. He displayed empathy, and verbalized being proud of me working on my dissertation. The dialog solidified the rapport we established. Dominic answered the interview questions in a clear and direct manner, and in detail. His answers provided a common theme of acceptance.

**Addressing anger.** Dominic explained that he worked from the existential model and focused on existential anxiety. He detailed that the concept of forgiveness is dependent upon the client. He noted the biggest part of working with a client dealing with anger or forgiveness issues is focusing on acceptance. When asked to define acceptance, Dominic indicated it's "being okay with what's going on, but you don't really have to like it." He said clients should accept the fact that something did happen, and be okay with it. He stressed acceptance must happen before forgiveness. He stated if a counselor worked on forgiveness without acceptance the client will not be able to talk about the event without having issues, or an emotional trigger.

As part of addressing the anger, Dominic helps his clients find the meaning of emotions tied to the triggering event. Specifically, he assisted clients with figuring out the *base* issue. Once the base issues are identified, he will pick an assignment that will lead the client through the acceptance process. He had several assignments that he developed from working with substance abuse clients, but all of them are client-centered and dependent on the type of issue the client has. When we discussed when he used acceptance, he indicated that he works it in with whatever he does.

As part of his acceptance work, he used the 12-step model with many of his clients. He pointed out the 12-step model has an undertone of acceptance. "But there is acceptance there too because they have to be okay with the fact that in the end, they're not going to hear an apology, they might not be able to give the apology, or make the amends...and there is that acceptance." Dominic described the 12-step model in the following statement:

The first three steps are gaining that spirituality back, trying to find and build a relationship that has an understanding. Steps four through nine are your maintenance or your action stages. You are looking at doing a complete inventory of yourself, the good, the bad, the ugly, and the different. After the inventory, then the client shares that with somebody. Step six is looking for your character defects, understanding them, and then removing them. Steps seven and eight, you make a list of those you have harmed. Step nine is talking to your sponsor and actually going out and when given the opportunity going up to the person and try to make amends. Steps 10 to 12 are maintenance steps. Once you have gotten through with all the steps, you maintain, and if you find yourself doing something negative, then you go and make those amends right away.

As he worked with substance abuse clients, he noticed some of the people the addict hurt are not receptive to an apology or willing to extend forgiveness. As a result, the client must be able to accept that and move on with life. Using the 12-step model to address anger and self-forgiveness has been useful for Dominic. He has helped the client move forward in life by focusing on self. He also paired the 12-step model with the



Serenity Prayer. The Serenity Prayer focused on accepting the things that cannot be changed, the courage to change the things that can be changed, and the wisdom to know the difference. He noted the Serenity Prayer is the foundation of the 12-step model, and he used both simultaneously.

When we discussed Dominic's personal meaning of forgiveness, acceptance, and anger. He noted that all people have done things in their past that they may not be proud of. He focused on letting those past events go and not repeating those same mistakes again. He indicated that he was an addict and the techniques he uses for himself are what he uses with clients. He noted acceptance is part of his process of forgiving someone else. He closed with saying, "we have to accept what happened and then let it go." It must be noted that I asked Dominic if he needed resources since he admitted to being an addict. He clarified that he was clean and no longer uses, and he said, "once an addict, always an addict."

### **Participant C: Morgan**

**Profile.** Morgan was a Caucasian American female, who held a PhD. She was a licensed professional counselor (LPC) and a National Certified Counselor (NCC). Morgan noted she had been counseling since 2013. She specialized in infant/children, adolescents, and grief and loss. She worked from a constructivist and psychodynamic theoretical orientation. Her primary focus was school counseling.

**Interview and impressions.** Morgan sent an email that stated she received information about the dissertation project. Her emails were concise, professional, and to the point. She explained the tier system of counselor licensure in Illinois to ensure she

met the qualifications to participate in the study. Once licensure was verified, she completed the consents and demographic questionnaire and set up a time for her interview. Morgan's voice was professional and welcoming. She and I discussed the PhD process, and she empathized because she had obtained her doctorate. In addition, she and I had a pleasant discussion about forgiveness and my history with forgiveness. She was open and excited about the interview. She spoke at a faster pace than I did. She seemed sharp and quick, which is needed when working in school-based settings because school counselors have a larger case load and a variety of students issues that can arise throughout the day.

**Addressing anger.** Morgan had several theoretical orientations including feminist, constructivist, and psychodynamic. At the time of the interview, she worked in the school-based setting, but had experience working in the prison system as well. She noted before she would explore forgiveness, she would see if it was truly something the client was seeking. She pointed out that there is a difference between wanting to resolve anger and wanting to foster a forgiveness type of relationship with the offender.

Morgan worked with students in the school setting and had worked with many bullying type situations with students. Morgan explained she addressed anger using Restorative Justice Work. She received her Restorative Justice Work training when she worked in the prison system. As a counselor, Morgan sits down with both the offender and victim and begins restorative conversations. Per Morgan, the purpose of the restorative conversations is to gain a deeper understanding of who the bully is and who the victim is. She noted this helps the victim and the bully have a deeper sense of

empathy for each other. She expressed when the understanding has been established, it can promote healing and possibly the bully and victim forgiving one another.

When asked what healing looks like, Morgan stated it is dependent upon the person experiencing the healing: “I would say commonly what ends up happening is developing new meanings and meaning for the situation.” She indicated she has used Restorative Justice Work several times this year and that the process was successful. In the end, the victim and offender have a deeper understanding of each other, each of their dynamics of home life, and become friends. The understanding allowed them to see they have more in common than they have differences. Morgan also helped her clients begin to address anger by understanding it in a deeper way. She helped her clients understand the history anger has played in their lives. She assisted clients to externalize anger and to name it. Even though she has helped many students with anger, Morgan said that there were times when anger is warranted, and counselors cannot assist a client with letting it go. Morgan provided the following scenario:

I worked with a man whose anger really stemmed more towards institutional problems...toward ways in which he felt he was being kept down in terms of class status, in terms of employability, in terms of just being a young male minority, and not being able to overcome. He had a lot of anger directed institutionally. Since he was being held back institutionally, it was disempowering. There is sense of having a client understand the system and understand the institution which was holding him back in a lot of ways and making life really challenging. That can be really challenging. I think in his situation to suggest letting go of

anger is not appropriate, as it was warranted. I cannot say for certainty that he was successful at letting go of anger. I think we were able to strategize ways to enhance his wellness overall, but I'm not sure I can say that he was able to let go of that anger.

Morgan noted there are some situations when counselors shouldn't try to resolve anger. Trying to resolve anger in the above-mentioned situation could be more detrimental to the client because the injustices within the institution are real. Morgan's solution for this client was to focus on overall wellness, as he already understood the cause of his anger. Morgan admitted this situation re-solidified her commitment to social justice. "It reminded me as a counselor about the importance of advocating for groups that are held down in a lot of ways and facing institutional racism and barriers." She noted the uncovering, accepting, and deepening that is used in forgiveness is considered the working stages and processing piece of therapeutic work, "whether it is forgiveness of any other goal in mind."

When asked about her personal meaning of the concept she used, she noted her ability to address anger or forgiveness is tied to her ability to understand. She believed there is a healing component in her theory, as well as a deeper capacity for empathy. She said that she uses her Restorative Justice Work in her personal life and her professional life.

#### **Participant D: Christopher**

**Profile.** Christopher was a Caucasian American male, who held a PhD in Counselor Education and Supervision. He was a licensed clinical professional counselor

(LCPC) and a National Certified Counselor (NCC). He had been practicing for four years and had a private practice. He specialized in drugs and alcohol use. He held leadership positions in his state counseling association, as well as in Chi Sigma Iota (CSI). He had been the recipient of a fellowship during his doctoral degree program. He has provided a countless amount of training pertaining to the counseling field including anger management training. In addition to his training, he conducted and hosted webinars in association with his business and has published several articles. Christopher had received several awards of recognition for his presentations and commitment to the counseling profession.

**Interview and impressions.** Christopher was referred to the study by a previous participant. I sent an initial email introducing myself and introducing my study. Christopher responded to the email within a week and stated he would be happy to assist with the study. He reviewed and signed the consents and completed the demographic questionnaire. When Christopher talked about completing his PhD, this was another incident when I felt the comradery of a fellow professional within academia.

Christopher's email messages were encouraging, motivating, and to the point. In every email, he provided encouragement to keep up the good work and move forward with the dissertation process. It was synonymous with having a personal cheerleader, cheering me on in life. Christopher was well-spoken and knowledgeable about the subject matter. He spoke extremely fast, similar to many who live in a city. I could tell he was extremely busy, as evidenced by his interview being done while driving to another job site. Due to his busy schedule, he only had a small-time slot in which he could be

interviewed. He seemed to enjoy his busy schedule and helping his clients. Knowing his time was valuable, I got straight to the point with his interview. His answers were detailed and rich with new information. Christopher also exhibited an understanding personality since he was interviewed twice. Although the zoom programming noted to be recording, it hadn't recorded our first interview. Thus, Christopher was interviewed a second time.

**Addressing anger.** Christopher said that he primarily works from the cognitive behavioral model. He had a private practice and worked with individuals who had issues with drugs and alcohol. Christopher talked about how unaddressed forgiveness can lead to anxiety or even anger. He used the following example: “A person is angry and is dwelling on the offender. This person begins to feel down or even depressed. Then they see the person in public, and all of those feelings begin to come to life.”

To effectively help his clients, Christopher focused on the mindfulness aspect of anger. He assisted his clients with the understanding that sometimes they are their own biggest problem. He used the term *Mindfulness Acceptance* to describe his technique. According to Christopher, Mindfulness Acceptance is defined as “Accepting what happened, learn from it, and try and move on.”

He added another important element when addressing anger and that is for the client to be more cautious in the future. Christopher noted the core element of mindfulness is being able to be aware; this includes being aware of self and being aware of their surroundings. Christopher educated his clients regarding preliminary factors when they get angry. He explained there will be some physiological factors that happen

when anger is triggered and not addressed. He provided examples: the client's hands may become shaky, they may notice their heartrate increasing, they may become sweaty, and then may have other personalized responses to anger.

He said that he educates his clients about the stress hormone, cortisol. According to Christopher, "Cortisol is very damaging to the immune system; it can make you physically sick. If the client is already sick, cortisol will make them stay sick for a longer period." He noted that stress and anger will kill you, and it is not a cliché. After he educates his clients about anger, then he assists the clients with becoming aware of the cognitive aspect of getting angry. This includes "not thinking appropriate thoughts, wishing the worst on somebody, thinking you're going to explode, or even planning an attack on someone." He noted the key is recognizing both physiological and cognitive responses and being able to stop yourself when you get angry. Christopher said that he helps the client discover the results of not holding on to anger. He noted regardless of the person, "It's not going to be anything positive."

Christopher noted he used a lot of different techniques to assist his client with anger, but the techniques are centered to the client. Some techniques included writing a letter, role play, I statements, and journaling. Christopher said that he believes anger usually passes with time. "Usually, over time, the impact of anger starts to subside and then the client can learn from the anger." Christopher noted his education about Mindfulness Acceptance comes from researching and reading.

When discussing his personal meaning of his concept, Christopher noted he had read a lot of books including the Dalai Lama's *The Art of Happiness*. He noted that *The*

*Art of Happiness* focused on mindfulness. He credited the book to changing his life and his professional philosophy. Christopher stated his personal meaning of forgiveness is, as people, “We live, we learn, we all make mistakes, whether intentionally or not. I like to bury the hatchet and move on in the relationship.”

### **Participant E: Marc**

**Profile.** Marc was a Caucasian American male, who held a PhD in Counselor Education and Supervision. In addition, he was a licensed professional counselor (LPC) and a Licensed Marriage and Family Therapist (LMFT). He explained that even though an LPC can see couples, he obtained the additional LMFT licensure for personal interest. He had been practicing for eight years and had a private practice. He specialized in men’s issues. Specifically, the men’s issues dealing with out-of-control sexual behavior, sexually acting out, pornography, and affairs. In addition to counseling, Marc was a full-time graduate level professor. He taught Master’s and Doctoral level students.

**Interview and impressions.** Marc responded to the Facebook post on social media. He sent an email message inquiring about the study. He was interested in the study and was sent the informed consent and demographic questionnaire. Marc did not fill out the forms right away. Since I hadn't heard from him, I followed up with an additional email a week later. He responded apologetically and said he had been extremely busy during the past week. He consented to participate in the study and completed the demographic questionnaire. During our initial meeting, Marc was pleasant and genuinely interested in the study. His voice was welcoming, firm, and concrete. Marc indicated that he completed his doctorate and encouraged me in the dissertation process.



He recapped his dissertation process, as he too had interviewed participants for his study. Since completing his doctorate, he noted that when he sees studies that need participants, he always volunteers. This was another confirmation of comradery within academia. During the interview, Marc provided details of addressing anger and forgiveness from the lens of affairs. He was passionate when talking about his clients and the process they go through when they have been offended.

**Addressing anger.** Marc primarily worked from the Person-Centered model. He said that he had a private practice and worked with individuals who had out-of-control sexual behavior. When I explained the Enright Forgiveness Process model, Marc noted he was thinking, "Hey, I do that." He noted he followed the forgiveness model, but just considered it the typical counseling process. For example, he described a woman who was angry because her husband had an affair. Part of how he addressed the anger was allowing the victim to freely express her emotions. Marc encouraged the victim to share or empty all the hurt, pain, anger, frustration, and confusion. The offender was instructed to listen to what was being said.

Marc said there are times when he tells offenders to listen without judgment: "No rolling of eyes, no shying, no crossing arms...they need to just listen to their hurt and their pain until the victim is done sharing." Marc pointed out what usually happens is that offenders have already gone through the hurt and pain process when they were sneaking around. Once they get caught cheating, there is a sense of relief, and they expect their spouses to accept it and move on with life. During this sharing phase, offenders will accept the fact that is not easy for their spouses to get over something they just found out

about. According to Marc, part of the sharing process included a release of several emotions including crying, anger, yelling, and sometimes will end with an "I'm sorry." According to Marc, the open expression of feelings empties victims and at that point, they can begin to work on the issues. As part of offenders accepting what they are, Marc encourages offenders to answer the victims' questions such as, "Am I not good enough? Do you not love me anymore? Am I not attractive?" Marc noted that he assists during this phase with probing, open-ended questions and guiding. During this stage offenders are invited to share their feelings in relation to the offense. Marc stated this allows victims to understand what the offenders were thinking and how they felt about the offense. He noted that both parties learn to listen to each other. Marc explained that couples would then move to the learning phase. In the learning phase, the couples address the sexual betrayal. He noted during this phase his role is similar to that of a teacher or negotiator. He noted that his process of addressing anger as a result of sexual betrayal has been successful.

When discussing his personal meaning of forgiveness, Marc expressed he has forgiven people in the past, but it is hard to forgive someone when you did not do anything wrong. Marc believed a person must go through the process of acceptance or they will be stuck. For example, the offense happened 30 years ago, and everyone has moved on, and the victim randomly sees a picture of the offender. Now the victim is reliving the experience and becoming emotional because the victim did not allow himself or herself to go through the acceptance process. According to Marc, to be fully healed

from an offense, the victim must go through the acceptance process, which can be emotional, exhausting, and liberating.

### **Participant F: Brielle**

**Profile.** Brielle was a Caucasian American female who held a PhD. in Counselor Education and Supervision. She was a licensed professional counselor (LPC) and an Approved Clinical Supervisor (ACS). She had been practicing for 30 years and had a private practice. She studied a variety of trauma-based therapies including Emotional Freedom Techniques (EFT) and Eye Movement Desensitization and Reprocessing (EMDR). Also, Brielle had been trained in energy-based modalities from Reconnection and Reconnected Healing, Reiki, and Multidimensional healing in crystal and consciousness techniques. Brielle noted that she embraced a spiritual approach versus a religious approach.

**Interview and impressions.** Brielle was referred to the study by one of her colleagues. I sent an initial email to Brielle and introduced myself and introduced my study. She responded to the emails quickly. She was sent the consents and the demographic questionnaire. She responded to the email, noting there were some errors on the forms. I reviewed the form, corrected the errors, and resent them to her. She consented to the study and completed the demographic questionnaire.

Brielle's responses indicated she was familiar with the dissertation process and academia. I knew she had high expectations for me as a researcher as her expectations were communicated in her email messages and during her interview for this study. She guided me in areas where she knew I needed information. For example, at one point, she

corrected me by stating that she talked about only one professional training and others she would like to discuss. Her prompting led me to find out she has had extensive training in trauma-based and energy-based techniques. During the interview, Brielle provided a wealth of information about energy-based techniques. She had an assertive tone which showed her confidence and knowledge about counseling, which was somewhat intimidating to me. Due to me being intimidated, I noticed I made simple mistakes because I was anxious and I wanted everything to be correct. The interview did not flow as well as the other interviews; however, Brielle said that she understood my nervousness.

**Addressing anger.** Brielle primarily worked from the Humanistic model. She had a private practice and worked with adults. Brielle explained her primary focus when addressing anger was to acknowledge the difficult feelings. She detailed that can see more than just anger. She said that she looked at the client as stuck and had a conflict with anger, rage, shame, and guilt altogether. Her secondary focus was on the experience of those unresolved feelings. She explained that she assisted clients in discussing the impact of the experience and the various feelings associated with the event. Brielle noted there are times when she educates clients about their feelings and helps clients begin to label those feelings. Part of the education process is beginning to understand where they feel and the experience they feel in their bodies.

Brielle noted there is not a title to what she does. She simply said it is what we do as counselors. "Counselors help people see the experiences, to make sense of them, to process the feelings that go along with them, and reorganize what the experience is in

their kind of life story.” Brielle said there can be a shaming aspect that comes with forgiveness. She explained sometimes religion forces people to forgive or they will be shamed for not forgiving. When she works with clients who talk about forgiveness, she and the clients process what forgiveness means. Then she creates a process that works for each individual client. Part of Brielle’s process is emotional freedom technique (EFT) or tapping. She defined tapping as follows:

We acknowledge what's going on...the thoughts, the feelings, the body sensation, and then also pair it with a more positive thought or affirmations. And then I tap lightly or stimulate whole different points and acupuncture points on the body as the client is verbalizing exactly how they are feeling. Tapping helps discharge a lot of the intensity around the thoughts and the feelings so the clients can get to the point of better understanding and integration.

Brielle explained that tapping could work in any situation. Brielle focused on processing. She noted if a client wanted reconciliation she would process what reconciliation would be like for that particular client and even ask for the client’s meaning of reconciliation.

When discussing her personal meaning of forgiveness Brielle had a strong adverse reaction to forgiveness. Her tone of voice was firm and excited, as if she was waiting the opportunity to freely express her feeling and belief system. She noted forgiveness is not necessary, nor is it something that is a part of her practice. She also stated if the definition of forgiveness is about having a resolution or moving toward having peace, then she could make a link. She said she takes a spiritual approach in her techniques. Brielle noted religion is a set of doctrines that are set for people to follow

from another source, while spirituality is an inner connection to what somebody would perceive as God, source, universal energy, or oneness.

**Participant G: Anna**

**Profile.** Anna was a Caucasian American female, who held a Master's of Arts in Counseling (MA). She was a licensed professional clinical counselor (LPCC) and a Licensed Chemical Dependency Counselor III (LCDC III). She had been counseling for 10 years and had worked in community mental health. She had a wide range of specializations including LGBTQ, trauma survivors, personality disorders, marriage/couples, and woman's issues. During the interview, she worked with clients who suffered from PTSD.

**Interview and impressions.** Anna sent an email and expressed a willingness to participate in the study. I sent her the contents and demographic questionnaire. After a week with no response, I sent her follow up email. She indicated she was still interested in the study, but had been extremely busy. Her emails were concise, professional, and to the point. She also noted that she was going out of town and asked me to contact her within the next two weeks. As with other participants, I realized she was busy and her time was valuable. During our initial meeting, Anna noted she was interviewing from her home. She resided in the part of her state that had several dead zones, so there was a time when the call was disconnected. Anna had a sweet, welcoming tone of voice. Before the interview was recorded, she and I dialoged a little about ourselves, licensure, and the dissertation process. She expressed interest in the study.

**Addressing anger.** Anna worked from the Person-Centered theoretical orientation. When we discussed anger, Anna noted she did not believe in anger. She believed in anxiety. She said that she helps reframe the meaning of anger with her clients. Anna said that she had noticed there is less stigma attached to anxiety versus anger. For the purpose of Anna's interview, the term anxiety will be used instead of anger in the remainder of this section.

When we discussed how she addresses anxiety, Anna noted she begins to detach the emotion from memory. Since she works with PTSD clients, she has them go back and sit in the emotions that they did not allow themselves to have when the trauma happened. She allows the emotions to take their course to detach the emotion from the memory. She noted the memory was still be there, but the emotion would no longer have control over them.

She said that she sometimes uses Exposure Therapy to address the anxiety. She would re-expose them to the incident and discuss the conflicting ideas that existed. She noted that Exposure Therapy would work only after the counselor had worked on self-esteem with clients:

I will have them imagine a particular incident and imagine themselves as an adult coming literally into that scene and rescuing that person or that child. But see you how you have got to work on self-esteem first because they have to believe in themselves in the now. Otherwise, they cannot believe that they could be a rescuer of their former selves.

She said that she believed that every single trauma survivor had issues with self-esteem. She attributed low self-esteem to trauma survivors having less resiliency. When working with a client who has issues with only anxiety, she said that she helps them develop coping skills. She focuses on helping them in the present and would deal with the past later. She said that she addresses cognitive distortions as another tool of addressing anxiety. She helps clients find the core reason for anxiety and "it usually is not the reason they think it is." Anna noted there is always deeper materials from the past she will need to address with clients. She stated she worked on behavior modifications to assist clients gain better control. When we discussed reconciliation, Anna stated, "I am a big fan of cutting MFers out of your life." She said she did not believe in reconciliation. However she indicated that if clients desire reconciliation, then she would work with those clients to reconcile, while also helping them establish boundaries.

When discussing her personal meaning of forgiveness, Anna said she doesn't believe in forgiveness:

I know a lot of therapists that feel like until the client can forgive the person and reconcile with them, that they aren't really healed. And I don't buy that at all because I've seen too many people perfectly content and happy, and loving themselves and moving on with their lives without the forgiveness or the reconciliation.

### **Participant H: Tiera**

**Profile.** Tiera was an African American female who held a Master's of Arts in Counseling (MA). She was a licensed professional counselor (LPC), a National Certified Counselor (NCC), a Licensed Addictions Counselor (LAC), and a Masters Addictions



Counselor (MAC). She had been counseling for over 20 years and worked in community corrections. Her specialization was substance abuse. She had been working with court ordered clients for 10 years. Prior to court ordered clients she worked in community health, as well as with persons who were chronically mentally ill.

**Interview and impressions.** Tiera was referred to the study through one of her colleagues. I sent her an email and introduced myself and the purpose of the study. She immediately responded, consented to the study, and completed the demographic questionnaire. Her emails were welcoming and encouraging. She noted that she would be happy to help with the study. During our initial meeting, Tiera noted she was interviewing from her office. Her voice was pleasant with a motherly tone. She was affirming and encouraged me to finish the study and was interested in the results. Tiera answered the interview questions with extensive detail. She seemed comfortable with the interview process, and her answers flowed easily.

**Addressing anger.** Tiera worked from the Cognitive Behavioral theoretical orientation. She noted this was a requirement of the agency where she was employed. She did not indicate another theory she would use if she was given a choice. When addressing anger, Tiera said that she helps clients become more aware of what they had done in the past. She said that she explores a process that helps clients become more prosocial in society. She said that the process she uses is the stages of change model. First, clients need to become aware of what they need to change. She helps clients reflect on what happened in the past. In this stage, she discovers the client's core beliefs. She said, "We want the clients to go through a process of change, not just compliance to meet society's

guidelines, but...understand deeper what is expected of them.” Because she worked with court ordered clients, she said that she deals with resistance on a daily basis. She helps resistant clients become aware of what needs to be changed by addressing their reasons for being resistant.

The second stage was moving from denial to awareness. According to Tiera, techniques used during this stage included writing a letter, but not mailing it. There were times when clients are court ordered to have no contact with the victim. This left them an only alternative of focusing on self-resolution of anger.

Tiera said that anger is a secondary emotion. With the idea that anger is an emotion that is a result of another emotion in mind, Tiera said she goes deeper to explore the root of the emotions. She said that environmental and family dynamics play a big factor in addressing anger with her clients. She said that she also helps her clients address anger and compliance issues by using acceptance and cognitive retraining. Tiera defined acceptance as being able to live in the current situation because it helps you in the long run. She provided the following example of acceptance working with court ordered clients:

When you are in the correctional system, you’re not supposed to use any illegal drugs/substances while you’re on paper. {*On paper* is a term used when clients are on probation}. You may not like it. You may feel that medical marijuana helps you, but it is illegal while you are on paper. So, for that person, acceptance is “While I am on paper, I will choose not to use drugs.”

Tiera noted that her approach to helping clients achieve acceptance had been successful. She said that everyone is different, and that acceptance is an ongoing process with each client. Many of her clients have blocked out their emotions due to being in prison, so she struggles peeling back layers to deal with guilt or even to deal with forgiveness.

When discussing her personal meaning of forgiveness, she noted secular and Christian counselors may not call the process of forgiveness or acceptance the same. She noted she works on empathy, guilt, grief, and higher powers. Higher powers are dependent upon the client. She noted she had a client who indicated that Sponge Bob was her higher power, Tiera said she accepted her client's version of a higher power.

### **Participant I: Andrea**

**Profile.** Andrea was a Native American female, who held a Master's of Science degree (MS). She was a licensed professional clinical counselor (LPCC), and a Registered Psychotherapist (RP). She had been counseling for two years and worked in community mental health. She specialized in adults, substance abuse, women's issues, men's issues, miscarriage, and infertility. In addition to counseling, Andrea had conducted trainings, was a member of her local counseling professional association, was a member of Chi Sigma Iota, and held several leadership positions.

**Interview and impressions.** Andrea was referred to the study by a previous participant. I sent her an email and introduced myself and the purpose of the study. She immediately responded, consented to participate in the study, and completed the demographic questionnaire. Before the interview was recorded, we talked about commonalities we had in education and Chi Sigma Iota. Andrea interviewed from her

home. She seemed comfortable with the interview process. Her answers were specific and detailed. She provided examples to support her points. Her voice was assertive, direct, and welcoming to the discussion.

**Addressing anger.** Andrea worked from the theories and models of Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), and Dialectical Behavioral Therapy (DBT). Andrea noted that she goes through the process of identifying which emotions are attached to an event. Once she puts a name to the emotions, she said that she works through the emotions to achieve a deeper level of client understanding. She said that she helps clients discover when they feel the emotion and what it would look like when they are ready to let go of that emotion. She said that anger is a secondary emotion, so she works with clients to uncover and understand the underlying cause of their anger, which could be a betrayal. In order to effectively address anger, she said that she uses thought distortions, acceptance, mindfulness, and emotional tolerances. When assisting clients with anger, she noted that she sees clients being stuck in that moment of betrayal, grief, or any other emotion.

Andrea said that the second step in helping clients is discovering what about the event was upsetting to them. She noted that she allows clients time to process through their emotions in a safe environment. Specific techniques she said that she uses during this stage are tailored to each individual client, but could include a reflection of emotions, drawing, journal, the miracle question, and self-talk. According to Andrea, once she processes emotions with clients, she begins to draw *stuff* out of clients about their past

self and future self. When we discussed reconciliation, Andrea noted that she worked with court clients and that reconciliation was part of the court mandated process.

When she discussed her personal meaning of forgiveness, Andrea noted that the expression of forgiveness is a step for clients to take to set themselves free from an *emotional tie down*. She said that reconciliation can be the result of forgiveness.

### **Participant J: Mary**

**Profile.** Mary was a Caucasian American female, who held a Master's of Arts degree in Counseling (MA). She was a licensed professional counselor (LPC) and a National Certified Counselor (NCC). She had been counseling for two years and worked in community corrections. She specialized in adults and adolescents. She noted that she primarily counseled clients in group counseling settings.

**Interview and impressions.** Mary was referred to the study by a previous participant. I sent her an email and introduced myself and the purpose of the study. She immediately responded, consented to the study, and completed the demographic questionnaire. During our initial interview, Mary inquired about my history of forgiveness. She seemed interested in the topic. Although Mary indicated she did not identify herself as a Christian counselor, it was apparent that she was a Christian. During the interview, she referred to Christian principles and she quoted versus from the Bible. She did stress that it is unethical for her to use Christian principles in the workplace. Her voice was smooth, kind, and bouncy, yet professional, which was an indicator of her excitement.

**Addressing anger.** Mary worked from the Cognitive Behavioral Therapy (CBT) model. After describing the Enright Forgiveness Process Model, Mary said that some clients say they want to work on forgiveness. She noted it is hard to go very deep with her clients because they are incarcerated only for a short period of time. According to Mary, working in community corrections does not give counselors enough time to work with clients' deep rooted issues. Mary pointed out that her clients' commitment to change is different because they have been incarcerated.

She noted she helps clients identify the benefits of not holding onto the hurt they express. She noted they talk about the physical consequences of holding onto the hurt. She said that only her Christian clients talk about forgiveness. When addressing anger, she said there are several steps involved. First, she looks at the triggers for anger and deals with the triggers. Mary said that she helps clients understand that anger is a secondary emotion.

During the second stage, Mary said she assists clients in understanding their personal triggers and learn the warning signs of anger. According to Mary, she uses thought stopping techniques once clients are aware of their triggers. She noted this technique assists with stopping the anger before it is manifested. Mary assists her clients in developing coping skills to deal with anger. She said that deep breathing and imagery have been the most beneficial techniques. She noted that she teaches her clients to go to their *happy place*. Mary said, "One guy actually had a rock. When he got angry, he would rub the rock, and it would calm him down." To assist clients with letting go of the

past, Mary said that she helps them accept the past. She helps clients understand they cannot change what they did in the past, but they can change their future. Mary said:

Holding on to that anger or bitterness is not going to help make your future better. And there's not much you can do to change it. So we talk about how to move forward and not keep looking backward.

She noted she has several ways to promote forward thinking including writing a letter or journaling to get the thoughts of clients out of their minds and onto paper. Mary noted she uses CBT because she usually sees clients for a couple of sessions.

When we discussed her personal meaning of forgiveness, Mary spoke about her Christian faith. She said she believes in forgiveness and quoted the Fruit of the Spirit passage from the Bible. She said that she believes that in order to achieve self-forgiveness, a person must get forgiveness from God. She noted that since she cannot speak about forgiveness from God to her clients, the only way to help them dispel their anger is to distract it. She said that it is difficult to go very deep with anger issues in group counseling because of her belief system and because the mindset of individuals who have been convicted of felonies is different than the mindset of traditional clients.

### **Data Collection**

Participants were recruited using social media, specifically Facebook and LinkedIn. Snowballing was also used in that those who agreed to participate recruited other participants. The recruitment announcement was posted in the following groups on LinkedIn: Michigan Mental Health Counseling Association, Michigan Counseling Association, Association for Counselor Education and Supervision, Multi-Cultural

Counseling Professionals, Professional Counseling Network, Therapists Linked, Michigan Counseling Network, Licensed Professionals Counselors, Therapist Roundtable and The Counseling Corner. I noticed no one was responding to any of the posts. After some research, I discovered all the initial posts were placed on the job announcement section versus an actual individual thread for discussion. I reposted all the original announcements on an individual discussion thread, and one person responded. In addition, each post had to be approved by the administrator, and no email confirmations were received stating the administrator approved the recruitment posts.

Facebook groups allowed more freedom to post in a discussion format. Only one group administrator stated the post was not appropriate because the page was for informational purposes only and that administrator deleted my post. The recruitment announcement was posted in the following groups: Depression and Anxiety, Public Service Workers Unite, Counselor Educators Qualitative Research Interest, American Mental Health Counselors Association, Counselor – The Magazine for Addiction Professionals, Mental Health America, Michigan Mental Health Counseling Association, Chi Sigma Iota – Counselor Community Engagement, Counseling Today, ACES Wins, North Central Association for Counselor Education and Supervision, LPC-Licensed Professional Counselors, and Licensed Professional Counselors of Northern Michigan.

Each person who responded sent an email message to me. Once I received the email message, I responded within 24 hours. One participant declined participation after reading details regarding the study. Four individuals inquired about the study and I sent them consent forms to complete, but those four did not respond after I had sent consent



forms to them. I sent a follow-up email message to each of these four within one week of the initial email to check their willingness to participate in the study, and no one responded, so I assumed they had decided not to participate. One person did not meet the criteria of the study because she was a licensed social worker.

There was a total of 16 people who responded to the initial post or indicated they had heard about it about it from other colleagues. A total of 15 responded as a result of the Facebook post and 1 responded from the LinkedIn post.

Although 16 people responded, several did not follow through when I responded to their initial inquiry. I posted the initial post every two weeks until I recruited the 10 participants who participated in the study.

Five individuals met the criteria and were interviewed. Five participants were referred from colleagues in the mental health counseling field and were also interviewed. The snowballing strategy seemed to be the most viable as participants were willing to refer several colleagues to the study.

### **Recording the Interviews**

The 10 participants in this study were interviewed via Zoom meetings (Zoom, 2017), a platform that allows individuals to see each, hear each other, and record conversations. Five were interviewed in their offices, four in their homes, and one in his car. Once the interviewee connected on the line, I informed the participant when I was going to start recording. After each meeting, the Zoom program automatically downloaded the recorded meeting in Zoom folder, which is password protected. Interviews lasted from 30 to 60 minutes.

## Data Analysis

Data analysis began after the 10 interviews with participants had been completed and transcribed. Transcribing each audio recording took me from 24 to 48 hours per recorded audio, which was a total of about 480 hours. I used approximately 45 pages of memo notes which I kept in a composition notebook.

After transcribing the data, I entered the first phase of coding. During this phase of coding, I named several words that were repeated throughout the interviews (Charmaz, 2014). Line by line coding allowed me to find common words, which led to themes. I also used my memo notes and the transcriptions to assist with salient words. The words and phrases I found included *counseling process*, *acceptance*, *trauma*, *the process*, *process*, *client-centered*, and *depends on the client*.

During the second phase, I identified the most frequent codes, sorted and organized the data with NVivo (QSR, 2017), a qualitative research program, supporting the data analysis process (Charmaz, 2014; Creswell, 2009). I used NVivo's word frequency inquiry to assist with how often words and phrases were used.

## Results

The interviews for this study produced several themes. The interviews focused on the perceptions of secular licensed mental health counselors of the concept of Christian forgiveness therapy. The interviews were structured around the research question: Do secular mental health counselors have a concept similar to forgiveness therapy as defined in the Christian counseling literature?

The data from the interviews was extensively analyzed to develop thick, rich descriptions. The following 10 themes emerged from the data: (a) varied theoretical orientations, (b) need to address/assess client anger, (c) perception of anger, (d) various meanings of forgiveness, (e) views of reconciliation, (f) acceptance and moving forward, (g) working with client trauma, (h) mindfulness is the key, (i) participants' lives and their personal resiliency, and (j) same approach used to address various types of anger.

### **Varied Theoretical Orientations**

Each participant provided counseling services from a different theoretical orientation, which is typical in the counseling profession. During the interviews, each participant indicated that his or her orientation was molded from experience, research, education, or self-taught skills. Jamilia mentioned, "There was no theory, it was just something for me, having a traumatic past myself...things that helped me through it. So, I pretty much used self-taught skills that helped me through my personal trauma."

Dominic said,

That is something I pull together myself, but it also comes a little bit with my background and I can be pretty open about it. I am an addict myself. So, some of the stuff, it's just...you pick some stuff up as you go and you really are able to see some things, and then you just feel it. And then acceptance is pretty much used whenever something goes on in life that you don't like, and you are having an issue with. Now the issue is the fact that you're not accepting it.

Christopher said, “Honestly, there is not much training other than what it is...I have read in books...I’ve taken, when I was working on my CADAC, working on some other stuff here and there, and everything that I had the opportunity to read a little bit about.” His statement about his skill acquisition was similar to what other participants said. While Jamilia and Dominic noted their theories came from self-taught skills, other participants credited their skills to specific training. Morgan stated she received formal training in Restorative Justice Work: “That would be the one I think carried into a lot of different work, whether it’s, victim-perpetrator issues or even just conflict in general. So, those are all useful in those situations as well.” Brielle said, “I have also been trained in a variety of energy-based modalities from the Reconnection and Reconnected Healing to Reiki and Multidimensional healing in crystal and consciousness technique.”

### **Need to Address/Assess Client Anger**

All participants said that they worked with clients who have issues with anger. The practitioners’ theoretical orientations provided the foundation for the techniques and models they used to help their clients address anger. For example, some participants worked with court ordered clients. The court system primarily uses Cognitive Behavioral Therapy, which influenced the model they used to address anger. Models used to assist clients with anger issues included the Acceptance Model, Restorative Justices, The Process, Tapping, and Counseling. There was not one specific model that everyone used to address anger. Each participant discussed the long-term effects of holding onto anger and the need for clients to resolve anger. All participants indicated they had been successful in addressing anger utilizing their preferred models.

Jamilia noted she addressed anger before she begins to talk about forgiveness with clients. She noted that forgiveness will come once anger has been identified and resolved:

Well, actually when I am working with clients who had been through a traumatic event, that's one of the things that I actually work with them on. Actually identifying the anger, which you talked about uncovering the anger in the first stage. Sometimes I notice clients do not realize they are still angry. So I use techniques to assist them in the uncovering anger stage. This includes reliving the event or talking about the trauma. Once they realize that they are still angry, they have a hard time with forgiving either the person or event. I actually use forgiveness while working with clients who have posttraumatic stress, like military personnel as well. So, I don't just do it with individuals who have been a victim of a person, it could be anyone. So, working through that is challenging too, but I pretty much use all four of these steps and didn't know that there was a specific theory or approach that I was using on forgiveness. So, working on forgiveness, I notice is usually the biggest challenge for clients. Because most people don't want to forgive an individual or something that has hurt them. Or whether it is guilt that they may be experiencing. For example, like I was saying, I was working with a military individual, being a sole survivor. You know they feel that they should have perished with their troop. So, I've found that working on forgiveness is the hardest part. And then, as far as deepening forgiveness, having them understand the importance of forgiveness. Not necessarily you're

forgiving a person for hurting you. What you're forgiving is the act so that you can move forward.

Dominic said that to effectively address anger, the client must go through acceptance. He also noted forgiveness is synonymous to acceptance:

Acceptance must be addressed in order to lead into some of the other stuff [resolving anger]. Once I accept the event, I can focus on that other person and realize I don't control that person, so I can accept that. And then as it goes, the more that they're okay with what happened, the more that they're getting okay with themselves. Their forgiveness is, "I can forgive them for what they did and I am not going to change that. But that also doesn't mean that I have to associate with them and hang around with them, and it's okay if I separate myself."

Morgan explained in counseling there is no universal approach every counselor should use to address anger. She helps clients dissect and define their anger:

Generally speaking, if there's a lot of anger directed towards the self, I would be curious to just basically explore that a little bit more deeply. Certainly, that's something that would be, if it was a part of that person's goals for counseling, a part of their desires to understand more deeply that mechanism, that inward thinking, that self-blame mechanism. And, for me, as someone who works from a narrative framework, understanding what that narrative has been to date, understanding what the history of that function has played in that person's life. It is important to externalizing it, really naming it as a force in someone's life and then seeking out ways to kind of re-story (a form of Narrative therapy) that anger

directed in different ways. Or to come to understand it in a deeper way so that they can explore preferred and healthier ways of whether it's coping or just being in general, depending on how and what way their anger is serving them in the present.

Marc said that resolving anger is a process and everyone must go through the process. He described the anger process of a partner who found out her spouse had a sexual affair:

It is part of the process. I have done this with numerous couples where I have just found it extremely helpful for them...at the very beginning...because they're hurt, and they're angry, and they're frustrated and confused...and all these things. And I have always just encouraged them to get that out. I tell them if you don't get it out and you're not... because they always apologize. They start sharing and then they start sobbing and then they get angry. And they start yelling, and then they're like, "I am sorry." I say, "Don't be sorry. You need to get that out because it will burst you like a cancer if you don't get it out." I guess I didn't label it. I just called it the process that you have to go through. And then one takes all that out, and they just share until they're exhausted all the ways they're hurt and frustrated. And all those words they keep saying. Once it gets out, then healing can occur. The next stage is where the healing starts. And that's where I get to teach them all the wonderful things that are involved in couple's therapy. Like how to communicate with each other and how to be heard, and how to hear another

person, and all that kind of stuff. And that's really where the repair work happens.

I don't have a fancy name for it.

Brielle said she uses tapping to assist with addressing anger:

So, I used EFT or tapping. When we acknowledged what's going on, the thoughts, the feelings, the body sensation, and then also pair it with more positive thought or affirmation. And then tapped lightly or stimulate whole different points, and acupuncture points on the body, acupressure points on the body...as the client is verbalizing exactly how they are feeling. And what ends up happening is the client, begins to address the conflict. Specifically, I used this with one particular client. She was able to see from adult eyes what happened to her as a child. And how her child's brain interpreted what was told to her. And then as an adult is able to say, "Well, that's not what I believe now. That's not what I know now." So, the tapping done helps to discharge a lot of the intensity around the thoughts and the feelings, so that clients can get to the point of better understanding and integration.

Anna explained at times the best way to address anger with trauma victims is use

Exposure Therapy:

Where I work, we try to be as trauma informed as possible. It's kind of a combination of Exposure Therapy, where you are re-exposing them to the incident, which I would much rather not have to do. But right now, that's all the tools I have. And then there's a certain dialectical quality to it. Where you have to discuss how two conflicting ideas can exist simultaneously. Like you can be



angry at someone and hate someone, and feel like they ruined your life, and simultaneously find peace within yourself. And that's a tough row to hoe.

Tiera noted that using the stages of change helps her with her court ordered clients. She explained:

Well, we use the process of what we call stages of change. And there are different types of theorists that use different...some people use the seven stage of change. Some use five stages of change. And it's where the person becomes aware, first of all, they have to become aware of what they need to change. So, that's getting the client to reflect on what has happened in their life in the past. We also want to, during that process, to look at their core beliefs because everybody's core beliefs are not going to be the same based on environmental factors, family dynamics, and things like that create this person's core belief.

Mary noted that anger is a secondary emotion and she described techniques she used to address anger:

Deep breathing, imagery, so that when they find themselves getting angry, go to a happy place and try to calm yourself down. I mean we try listening to calming music. I've tried introducing...because I've done DBT as well. And so, like, is there something you could hold that would calm you down? One guy actually had a rock, that when he got angry, he could rub the rock and it would calm him down. Just trying to think. I mean some of them, say, go for a walk. Doing something physical helps them to bring the anger down. Use different distracting

skills, you know, like trying to read or even like count things...just anything that would distract them from what they're thinking about that's making them angry.

### **Perceptions of Anger**

Most participants agreed that anger was a secondary emotion. Some noted it was a secondary emotion to betrayal, hurt, or even anxiety. Participants indicated that if a client failed to address those primary emotions that would lead to clients feeling anger, the anger would remain unresolved. Participants said in order to address anger, the clinician must discover the triggering event. The participants also said that unresolved feelings of clients can lead to anger and part of the therapeutic process is to help clients label and acknowledge those unresolved feelings. In addition, some participants noted they help clients notice where they experience the feelings of anger in their bodies.

In contrast, Anna explained she does not believe in anger. She explained anger does not exist and the real emotion is anxiety. She noted there was stigma associated with the term *anger* and the term *anxiety* is more accepted in society.

I don't believe in anger. When I get people that say I have to go to anger management, I believe it's anxiety management rather than anger management. And once I'm able to reframe that for the client, there's less stigma attached to that, and they become much more open to working on it rather than, "I am a bad person. I was angry; I cannot control myself." It's much more of buying-in and joining with them, and saying, "Well, we all have anxiety. You know some of us have learned better coping skills than others." And a lot of times we work in the present because a lot of times those clients have a manageable present. We don't

even address the past until much later. Because we've got to work on some pretty behavioral stuff. "You don't want this consequence, so you need to do this or this or this. Let's crack this. Let's talk about what seems most real to you..." That kind of thing.

Brielle noted that addressing anger is part of being a counselor. She noted the best way to address anger is helping the client label the anger and process the feelings attached to the event:

I mean that's what they are coming to counseling for...some kind of resolution or being able to move on. So, I don't have a title for it. The client might have to label it something else. But I think that's what you do as counselors is help people to see the experiences, to make sense of them, to process the feelings that go along with them, and kind of reorganize what the experience is in their kind of life story. And I found that so often clients come in and they say, "Well, you know, I know I should just forgive them." So, there is a lot of should that goes along with the word forgiveness or forgive. There is shaming that's gone along with it too from other people. Other people said, "Oh you should just get over this," and "Why aren't you over it?" So, there is shame and guilt that gets attached to the experience that comes from other people in addition to what is happening internally with clients. They say "I know I should be able to forgive, but I am still so upset, or I am still so hurt, I am still so..." Fill in the blank.

Christopher viewed anger from the perspective of acceptance and prevention. He made the following statement:

Well, big core of what you're working on with mindfulness is being able to be aware, aware of self and aware of your surroundings. So for instance, whenever somebody gets angry, there are going to be some preliminary factors that are going to kick in. So for instance...other physiological issues...sometimes those can come first. You might feel your heart racing, might feel a little sweaty, shaky palms, maybe your eyes start twitching, you jumble budge...things like that. So we have a physiological response that kicks in. Then you might find yourself on a cognitive level, not thinking appropriate thoughts...wishing the worst on somebody, thinking you are going to explode, planning some type of attack on someone. So each of these are areas where you'd be able to stop yourself. It is important to be mindfulness of others. If you are going to see that another person is trying to intimidate you, the person is really angry, be mindful of the person speaking out of turn, not saying things that are natural because sometimes that's in our relationships. You can come home, he had a bad day, wife had a bad day for instance...you walk in the door, "Hey honey, how is it going?" She makes some dig at you about the garbage, then you make a dig at her about dinner...whatever works. And then the two of you are fighting. So, be mindful of the other person...where that person is at emotionally. If you are mindful and you recognize these things, it's a preventive measure. You can stop the anger before it happens externally, and you can calm it down internally.

### **Various Meanings of Forgiveness**

Like the Christian literature, the participants had various personal meanings of forgiveness. The participants acknowledged forgiveness is primarily seen from a religious perspective. Several participants noted they did not believe in forgiveness. Specifically, they said that the concept of forgiveness is not needed to address issues with anger. Other participants viewed forgiveness from a religious standpoint. One quoted the Holy Bible and viewed forgiveness as a mandate from God. Some participants stated they work on forgiveness only if the client brings it up. Overall, the participants noted there is a difference between resolving anger and fostering a forgiveness type of relationship with their offender.

Mary said that she is a Christian, but that she does not identify herself as a Christian counselor. She works in a secular setting and made the following statement about being a Christian in a secular setting and forgiveness:

Yeah because as a Christian, it's who I am, and so it comes through whatever I'm doing. I just don't say, "Well this is out of Mark." You cannot say, "Ephesians dah, dah, dah." But you can say, "Don't you want love, joy, peace, patience, kindness, goodness, and gentleness self-control in your life?" Yeah, okay. Okay I mean I've also worked in a church and there you feel free to pray with people and refer to scripture and use scripture along with CBT and DBT or anything else. But the component of biblical beliefs and Christian beliefs are a lot more acceptable and desired there whereas, here again, there are some clients who are very open to it, and others who aren't. And so I guess there are some similarities because you're looking to help the person heal from whatever it is.

And the techniques just might be a little different, because in secular counseling you're just not allowed to bring in the Bible verses as Bible verses. You can certainly use a lot biblical beliefs and truths. You just can't call them that.

Brielle expressed the following on forgiveness:

I don't think that forgiveness is necessary. So that's my personal opinion. I am not even really sure of what the definition of forgiveness is since it's not a part of what I practice. I think having some kind of resolution...if forgiveness is about having a resolution, then I can make that link. If forgiveness is about having people come to terms, which is also a resolution, then that could be a piece of the definition. If people...if forgiveness is about having peace and moving toward an inner peace, then that could be a part of the definition. But I think it's a pretty loaded word. I think that the experience that I have had with the clients is that it's pretty loaded for folks who have a hard time getting to that place.

Marc said forgiveness can be hard when the client has not done anything wrong to the offender:

I think that it's especially hard to forgive someone, in my humble opinion.

Because a lot of times when both people have done something, I cannot bring myself to say it's easier to forgive. Just because somebody can say, "Well we both made mistakes. Let's learn from that and we are done." But when one is *innocent* and infiltration marks...and one just does this random hurtful thing, it's harder to forgive

Christopher talked about forgiveness as a way to accept and move on with life:

My personal meaning of forgiveness is something when you feel when somebody did you wrong. So it's just, okay he did something, you know people. We live, we learn, we all make mistakes whether he did it intentionally or he didn't. Rightly to move on as it is...I want to bury the hatchet, so to speak, and be able to move on in our relationship if I don't want to be stuck here.

Dominic agreed with Christopher's statement as forgiveness being a way to accept and let go.

Forgiveness with myself is letting things go from the past that I've done. But I also have to work on that repeating notes. Forgiveness of somebody else is being...having that acceptance that they did something...they're wanting to show that they're sorry for their actions, and kind of letting that go.

Anna said that forgiveness is not needed in the therapeutic process or in her personal life.

I do not believe that someone has to forgive the person that did what they did to them. I mean I think that ultimately, for most self-actualization, yes. But I am not someone that puts the emphasis on the forgiveness. Because especially for women, getting them to set the boundary and allowing themselves to be a victim because of their self-esteem is hard enough. So, trying to press them to forgive when they have forgiven time and again, and time and again...what they need is to not forgive for a while.

### **Views on Reconciliation**

All participants agreed that a client's reconciliation with another person can be addressed if a client brings it up in the session. They indicated that reconciliation is not required to address anger. Participants also said that reconciliation is situational. For example, a couple seeking counseling for their marriage may have an opportunity to reconcile. Specific examples of when reconciliation is not needed or available include when someone has been continuously hurt or abused. In addition, some participants noted there is not an opportunity for reconciliation in some circumstance (i.e., death, court ordered protection order, safety issues). It was noted that reconciliation involves another party and many clients see counselors on their own. Participants also indicated the reconciliation with association to forgiveness is not needed either. Overall, participants agreed that reconciliation is not needed to address anger.

Andrea said that reconciliation is a part of her job, which is unusual:

With the clients that I'm currently working with, it does need to be a part of the process just because of working with other agencies like DHS and courts. They kind of do require that. It's something that I know I could briefly touch upon, but as a therapist, it will be is my client open to it, and is my client willing to even attempt the process of reconciliation...whatever that may look like for each of them.

Brielle noted the client must bring up the concept of reconciliation:

If they're open to it, absolutely. But there is some processing also that I think must happen. So, I blend the therapeutic use of EFT with what's going on with the client. So, if their desire is to change their perspective and if that's what you



mean by reconcile, then yeah. We look at what happens. What their part was, and not just...in their part...it may be that they are holding themselves to a particular standard or they think that everything is going to be perfect in one particular way.

Marc said that he works with reconciliation on a daily basis. He said that the primary focus of his counseling practice is marital counseling. He said:

Right, because in my experience with the specific population [that I work with], they really both want to know how I can guarantee this is not going to happen again. Right, because if I am seeing a couple, there has been some kind of sexual betrayal and they're choosing not to terminate the relationship right now, or I wouldn't be seeing them as a couple.

Anna strongly stated that reconciliation is not needed:

I am a big fan of cut the MFers out of your life. And do not ever have them around you again. So, I do not believe in reconciliation unless the client decides for whatever reason that they want reconciliation. In which case I work on them to keep their boundaries as such...so that that person cannot slip or re-slide back into their lives and make them crazy again. Because these people almost always struggle, and struggle, and struggle. Because she is my mother, or he's my father or my sister or whatever. And I should be trying harder. I should forgive more. And what happens is they are just victimized and abused, and those people aren't going to change. You know why? Because that system works for them obviously. So, get rid of them, and your life will be better. And I have a husband who hasn't

spoken to his mother in 23 years, and he is a much happier person as a result. I have never met his mother. I'm okay with that, so.

### **Acceptance and Moving Forward**

Acceptance and moving forward was the primary theme with all of the participants who were interviewed. All participants described acceptance or used the word *acceptance* in their interviews. Participants stated that clients must accept their mistakes or the wrongful acts of others and move forward in lives. Moving forward included letting go of their anger or finding a way to go to the next phase in their lives. The therapeutic process of many of the participants included a phase of client acceptance of a hurtful event.

Tiera discussed her views on acceptance:

Acceptance is being able to, I would say, take the situation or live within a situation and it doesn't have to be something that you totally enjoy either. You may not even like it. You may not even agree with it at all times. But it is something that keeps you...that helps you...that benefits you in the long run. Like, say, for instance, an example of acceptance for one of my clients may be, for now, as long as you're in the system and as long as you're on what we call *on paper* in the correctional system, you're not to use any illegal drugs or any illegal substances at all while you are on paper. So, you may not like it. You may feel that medical marijuana helps you. But it is illegal while you are on paper. So, for that person, acceptance is while I'm still on paper and I'm in the judicial system, and I'm working with a probation or parole officer, I will choose not to use drugs.

Now later on in life, or once you get off paper, you may choose to go back and use medical marijuana at that point. But for now, the acceptance is I have to understand in my head, in order for me to be successful at this point in my life, I must not use drugs. And that's the acceptance for that person. And they might not totally agree with it. But they got to do it in order to move forward at that point.

Dominic made these comments about acceptance:

From the standpoint that I am coming from acceptance is kind of being okay with what's going on, but you don't really have to like it. Kind of accepting the fact that you had something happen, and you don't have to like it, but being able to be okay with the fact that it did happen. A lot of times the clients that I've worked with really needed to have that acceptance before they could even transition over to forgiveness... Well then I was going to say the existential anxiety behind that meaning, that anxiety, is kind of what was work done for acceptance in order to kind of lead into some of the other stuff and getting to the point where I don't have as much fault. I really didn't do anything...coming to terms and switching those meanings. And then I can focus on that other person and realize I don't control that person, so I can accept that. And then as it goes, the more that they're okay with what happened, the more that they're getting okay with themselves, their forgiveness is I can forgive them for what they did, and I am not going to change that. But that also doesn't mean that I have to associate with them and hang around with them, and it's okay if I separate myself.

Morgan detailed a difficult client experience with acceptance and understanding: One person comes to mind, I probably was working with a couple of years ago, and whose anger was really stemming more towards institutional problems. Anger toward ways in which he felt like he was being kept down in terms of class status, in terms of employability, in terms of just being a young male minority and not being able to kind of overcome... And having a lot of anger directed institutionally. Which can feel really disempowering because the sense of understanding a system and understanding an institution which is kind of holding you back in a lot of ways, making life really challenging for you. That can be really challenging. I think, in his situation, in terms of suggesting letting go of anger. He was able to familiarize himself with it, and I think that understanding...that a lot of his anger came from institutional places. Places that he felt like had very little control over, which is in some productive way for him to know and understand. It doesn't make the problems go away, and it doesn't make the systems any less challenging to navigate. But I think that there was some processing and just my ability to empathize with his position, I think enabled him to...for his anger to have less of a hold over him, right? So, I think that he felt that he could have more wellness, more balanced wellness anyway.

### **Working with Client Trauma**

All participants worked with client trauma, whether childhood trauma, substance abuse, or sexual addiction. Although there were different variations of trauma, the

participants agreed that the event that caused the trauma was devastating to the client. All of the participants indicated that trauma was associated with anger.

Marc explained that his client population had experienced sexual trauma. He said, “I specialize in out-of-control sexual behavior, sexual acting out, like pornography and stuff like that.”

Tiera worked in the criminal justice system. She had counseled clients who had experienced trauma and clients who shut down:

Because a lot of them, like I said, being in the criminal justice system, they have blocked a lot of their feelings and shut those down. So, we really do a lot of work around “How do you feel and can you explain those feelings?” Because, like I said, a lot of them have just blocked those out.

### **Mindfulness is the Key**

All participants utilized tools and techniques that had an underlying tone of mindfulness. Mindfulness was the second most talked about techniques in the interviews. Mindfulness allows clients to be consciously aware of their emotions, feelings, and physiological triggers that lead to anger. The participants noted that helping clients become aware and mindful allowed them to react to anger in a healthier manner.

Christopher talked about mindfulness and clients being aware of their surroundings. Well, big core of what you're working at with mindfulness is being able to be aware of self and aware of your surroundings. So, for instance, whenever somebody gets angry there is going to be some preliminary factors that are going to kick in. So, for instance, other physiological factors...sometimes those can

come first. You might feel your heart racing, might feel a little sweaty, shaky palms, maybe your eyes start twitching, you jumble words...things like that. So we have a physiological response that kicks in. Then you might find yourself on a cognitive level...not thinking appropriate thoughts...wishing the worst on somebody, thinking you are going to explode, planning some type of attack on someone. So, each of these are areas where you'd be able to stop yourself.

Mindfulness of others if you are going to see that another person is trying to yell at you, the person is really angry. Be mindful of the person speaking out of turn.

Not saying things that are natural because sometimes that's in our relationship.

You can come home, he had a bad day, wife had a bad day for instance, you walk in the door, "Hey honey how is it going?" She makes some dig at you about the garbage. Then you make a dig at her about dinner. Whatever that works. And then the two of you are mindful, and you recognize these things. It's a preventive measure. You can stop the anger before it happened externally, and you can calm it down internally.

Tiera talked about the need for counselors to be aware so that they can address client denial.

Well after the awareness is there, some people will look at what brings them to awareness because a lot of times, clients are in denial. A lot of times clients don't know what it is that they have to change. So, a lot of times having them in therapy and helping them to realize that hey, your thought process or your cognitive thinking may not be where it should be, so let's take a look at that. So,

a lot of times it's getting them out of the denial stage...getting them to become more aware. Once they become aware and they understand, hey what I'm doing or the way I'm living, or how I treat people is not good or does not fit society.

Morgan detailed the exploration and dissection process:

Yeah. So, I think acknowledging, if it's on the victim side or really on either side, the first step is getting to know that anger a little bit better... understanding it. So, in some ways dissecting it and pulling it apart and understanding how it's impacted you so far...in what ways it served you, what ways it hasn't served you...really teasing it out and by that teasing out process, really empowering the individual to examine it from almost a third person perspective. Being able to externalize in a way that allows them to remove themselves from the anger and understand it a little bit better. And simply by doing that, simply by looking at it from kind of a third-party perspective, understanding the qualities of it. That is in itself a healing practice, right? Just the mere action of being able to step outside of it at least temporarily within the therapeutic setting and understand it is in some ways a tool and a healing process in and of itself. And by doing that, they can understand the dynamics of the unique dynamics of their anger. And then we would work together to interrupt that narrative or interrupt that cycle, which would really depend more specifically on the clients, the particularities of that person's anger. But we'd certainly move into more working stages in terms of disempowering the anger.

### **Participants' Lives and their Personal Resiliency**

The majority of the participants acknowledged a personal history of trauma or anger. They noted their experiences of trauma or anger was what helped them develop the techniques they had developed to assist clients who suffered from the same history of trauma or anger. The participants helped their clients using the same tools they themselves had used to overcome pain and anger in order to foster thriving and being healthy in their clients.

Dominic talked about his history of substance abuse as a means to be a better counselor:

That is something I pull together myself. But it also comes a little bit with my background, and I can be pretty open about it. I am an addict myself. So you kind of pick some stuff up as you go, and you really are able to see some things, and then you just feel it and then acceptance is pretty much used whenever something goes on in life that you don't like, and you are having an issue with. Now the issue is the fact that you're not accepting it.

Jamilia disclosed that her theory of counseling was pulled from her childhood trauma:

There was no theory. It was just something for me having a traumatic past myself, things that helped me through it. So, I pretty much used the self-taught skills that I learned just to help me through my personal trauma. So in doing that I just transitioned it into my counseling sessions.



Morgan addressed her recommitment to social justice in her personal life: And certainly, in my professional life, occurrences like that or situations like that kind of re-solidify my commitment to things like social justice. But it's not necessarily action that I took with him in particular in terms of our sessions together. It reminded me as a clinician about the importance of advocating for groups that are held down in a lot of ways and facing institutional racism and barriers.

### **Same Approach Used to Address Various Types of Anger**

I asked participants to discuss how they addressed counseling issues related to anger at others, anger at self, and letting go of anger. All participants said there was not a difference in counseling clients due to their having anger at others, anger at self, or letting go of anger. Whatever technique they used to address one type of anger was used to address the other types of anger as well. The techniques participants used were applicable to addressing anger in any situation.

Christopher noted:

And when I do couples counseling, family counseling, I really focus on these *I feel* statements, I feel x because of y, which is something the other person did. Therefore, this is the outcome.

Anna said:

I was talking about anger in general. But, well it's probably pretty close anyway. But self-anger is shame and anxiety, and anger is more socially acceptable. So, it turns into anger. And again, I use a lot of CBT. I like to use cognitive distortions

through David Burn's book learning to reframe the way you look at the world.

And I also call it shit-colored glasses.

### **Trustworthiness**

I maintained trustworthiness throughout this study using several methods. I listened to the interviews, transcribed each interview verbatim, and had the data available electronically for additional review. I used member checking, a peer reviewer, self-disclosure of my own biases, the process of presenting discrepant information, rich thick description, and reflective journaling to ensure trustworthiness was maintained throughout this study.

### **Member Checking**

I emailed a summary of the transcribed interview to the participants to check for accuracy, gather additional material if needed, and discover what may have been overlooked (Charmaz, 2014). I also provided the participants with a summary of my findings from the interview (Creswell, 2009). A list of themes was provided with a detailed explanation for each theme. Participants were given an opportunity to review the themes I developed and provide feedback.

### **Peer Reviewer**

I asked a peer to review what I was doing throughout the research process. This person reviewed and asked questions in regards to the qualitative study. In addition, I continued to talk with my dissertation committee chair weekly to assist with the data collection and analysis process. This allowed me to maintain an objective standpoint. It

also provided an opportunity to present information so that it would be understood by others who read what I had written (Creswell, 2009).

### **Self-Disclosure**

During the interviews, I introduced myself, and I let the participants know my connection and passion with the idea of forgiveness. In addition, in chapter three, I set forth my biases so that I could bracket them.

### **Discrepant Information**

I presented evidence for themes in the research. I also presented information that contradicted the themes. The various perspectives revealed some evidence that was contrary to some of the themes. Discussing discrepant information provided trustworthiness to the study and helped me remain objective and truthful about the results.

### **Rich and Thick Descriptions**

I provided detailed descriptions of setting and what the participants said. I also provided different perspectives regarding each theme. This helped the results become more realistic (Creswell, 2009).

### **Reflective Journal**

I used reflective journaling to document my thoughts as I conducted the study. Content of my journal included directions, ideas, dilemmas, and decisions. This activity helped me analyze the research activities, put ideas into narrative form, as well as clarify and direct the coding process while elaborating on processes (Charmaz, 2015).

## Summary

In this chapter, I provided an analysis of the data I collected for this study. I began with an introduction, then discussed the interview setting, participant demographics, procedures used for data collection, procedures used for data analysis, and the results. In this study, I attempted to answer the research question: Do secular mental health counselors have a concept similar to forgiveness therapy as defined in the Christian counseling literature?

As a result of the data analysis, I discovered 10 common themes: varied theoretical orientations, need to address/assess client anger, perceptions of anger, various meanings of forgiveness, views on reconciliation, acceptance and moving forward, working with client trauma, mindfulness is the key, participants' lives and their personal resiliency, and same approaches used to address various types of anger.

The interviews and data analysis revealed that secular mental health counselors do not use the word *forgiveness*, but much of what they do in counseling is the same as what Christian counselors call forgiveness therapy. Secular mental health counselors assist clients deal with anger in ways that are very similar to the way in which Christian counselors practice forgiveness therapy.

The secular mental health counselors I interviewed did not believe forgiveness is needed to address anger. Instead, the secular mental health counselors I interviewed said they help clients achieve acceptance. Mindfulness is a technique some use to effectively address anger. Although the counselors used different modalities to address anger, each modality had an undertone of acceptance and mindfulness.

In the next chapter, I will discuss major findings from this research study, implications from the findings, and recommendations for further research. I will conclude with a discussion of how my findings relate to social change, will offer personal reflections, and will offer a conclusion.

## Chapter 5: Discussion, Conclusions, and Recommendations

### **Introduction**

The purpose of this grounded theory study was to discover and understand the meaning of the concept of forgiveness in mental health counseling from the perspective of secular counselors (Charmaz, 2014; Creswell, 2009). For this qualitative study, I conducted individual interviews with licensed mental health counselors, who did not identify themselves as Christian counselors. Since forgiveness therapy is rooted in Christianity, it was important that the participants were not Christian counselors (Johnson & Hardin, 2014). This helped the study to unveil the true feelings of secular counselors while adding knowledge to the counseling field.

I used the research question and interview protocol that I outlined in Chapter 3 when I interviewed the participants. The aim of the research question was to stimulate responses from licensed mental health counselors, which led to producing rich and thick descriptions of their understanding of forgiveness, as well as how they addressed anger. The interview questions covered topics of forgiveness, anger, training, support, and personal beliefs. The primary goal of this qualitative grounded theory study was to build a bridge between secular counseling techniques and Christian counseling techniques.

All of the participants had extensive knowledge, training, and experience dealing with clients who had anger issues. Admittedly, each participant utilized different techniques and had different theoretical orientations to assist clients with resolving anger. However, all of the participants' theories and techniques were centered on acceptance and mindfulness. Differentiation in client population was another deciding factor that

contributed to how anger was addressed. The participant comments indicated it was imperative that mental health counselors address anger. Failure to address anger had physiological, mental, and behavioral consequences. The counseling field as a whole has studied various ways to resolve anger. Christian and secular counselors agree anger needs to be addressed. However, secular counselors believe the concept of forgiveness is not needed for anger resolution.

The framework used for this study was the Enright Forgiveness Process Model (Enright, 2001). This model provided the participants with a process that Christian counselors use to assist clients with forgiveness. It also allowed the secular counselors and opportunity to process techniques and tools they used that would be considered similar or different to the Enright Forgiveness Process Model. According to Enright (2001, 2015a, 2015b) forgiveness addresses unresolved anger. This study proved unresolved anger could be resolved using a plethora of tools, techniques, and theories.

Specifically, constructivist grounded theory supported this qualitative methodology. Grounded theory design focuses on the exploration of a theory. It allows the researcher an opportunity to discover, understand, and explain a theory (Creswell, 2009). The constructivist approach helps the researcher find the meaning of the concept or theory (Charmaz, 2014; Creswell, 2009). The participants in this study helped the counseling field find meaning to forgiveness from a secular standpoint.

This section began with an introduction, which addressed the purpose of the study and why it was conducted. This section continues with interpretations of the findings,

overall findings, limitations of the study, recommendations for further research, social change implications, my reflections regarding the study, and a conclusion.

### **Interpretation of the Findings**

In this section, the findings of from the research question will be addressed in detail. Also, these findings will be related to the theoretical framework and articles from the literature review. Finally, applications based on the findings will be discussed.

#### **Theme 1 – Varied Theoretical Orientation**

In general, the counseling field allows counselors the freedom to identify with different theories. This uniqueness contributes to the professional development, as well as the professional identity of counselors. The findings in this study were consistent with the field of counseling, as there were a variety of theoretical orientations that participants said they used to guide the resolution of anger. Adding to this phenomenon, cognitive behavior therapy (CBT) or the use of CBT techniques was reported by all of the participants (Kassinove & Tafrate, 2010). Specifically, four of the 10 participants identified CBT as their theoretical orientation. Mary and Tiera stated CBT allowed them to meet their clients where they were at since they worked in the prison system. Andrea noted her primary focus was CBT and acceptance. CBT has an umbrella of techniques and sub-theories including dialectical behavioral therapy, acceptance and commitment therapy, and mindfulness based practices. Jamilia and Dominic said that existential therapy was their mode of practice. They focused on the person versus rather than the symptom of anger. For example, Jamilia explained she assisted her clients with finding the meaning of their anger. Her personalized approach helped her clients identify anger,



put a meaning to it, then change their perception of anger. Dominic said that he educates his client about the past. Dominic said that he tells clients that the past can't be changed, but one can change their future. Marc and Anna utilized person-centered therapy to assist with anger. Marc noted if a couple sees him, they have already made the decision to reconcile their relationship. He stated his process of anger resolution included open-ended questions, but also allowing the victim to be in their present feelings. Humanistic and psychodynamic were also included in participant theoretical orientations. The presence of several theoretical orientations allowed the dialog of anger to be filtered through several different lenses.

### **Theme 2 – Need to Address/Assess Anger**

Anger was viewed as participants as an emotion related to unresolved problems. Anger also serves as a protective mechanism for human beings (Nicoll, Beail, & Saxon, 2013). The participants discussed the long-term consequences of unresolved anger. All of the participants indicated an extensive knowledge of the concepts they used to address anger. Some had been using their concepts for two years, while others had been practicing for over 30 years. All participants indicated that anger is a common theme in counseling sessions with clients. Realizing their lack of skills in addressing anger, many participants took additional training. Graduate education was identified as the main source of training. Participants either obtained a Doctorate or Master's degree in the field of counseling. Additional certifications and training participants obtained included Emotion Focused Techniques (EFT), Reiki, Restorative Justice Treatment, Substance Abuse (AA Meetings), and CBT. Only one participant indicated that she received

reimbursement for the cost of her additional training, and that professional support was due to her fact that the job she held required that she obtain the training. All other participants indicated they did not receive professional support. They also indicated that it is their role as counselors to continue training to be effective counselors.

### **Theme 3 – Perceptions of Anger**

It was understood that clients presenting with anger issues is prevalent in the counseling field. Each participant encompassed their anger management program but had various titles for their techniques (Chapman & Rosenthal, 2016). Consistent with the literature review, anger was perceived as a thought process error. The majority of participants focused on their clients' thoughts to change their behaviors. They assisted the client with their perception of anger. They all agreed there is no one way to address anger, and that the counseling process should be client centered. Many discussed the use of several techniques to help their clients resolve their anger issues. Techniques included journaling, reframing, restorative work, and tapping as various means to address anger (Enright & Fitzgibbons, 2015c). All participants indicated that they taught their clients coping skills to deal with anger (Curry, Dane, & Ellis, 2001). Some said that basic counseling skills such as empathy and active listening are essential to addressing anger. The mental health counselors in this study indicated that they were successful using their concepts because of the therapeutic relationship they had established with their clients was built on trust. Some participants used psychoeducation before employing a technique. The participants also used psychoeducation to assist clients with understanding the physiological factors that take place when anger is aroused and not

resolved. All participants noted it is fairly easy to use the concepts they utilized in addressing anger with their clients.

#### **Theme 4 – Various Meaning of Forgiveness**

Although there are several definitions for forgiveness, there is one thing that holds true for secular and Christian counselors; forgiveness is rooted in Christianity (Davis et al., 2012; Denton & Martin, 1998; Freedman & Chang, 2010; Gorsuch & Hao, 1993; Harris, Thoresen & Lopez, 2007; Konstam et al., 2000; Wade, 2010). The participants' answers solidified the belief that forgiveness is a Christian concept. The meaning of forgiveness was difficult for many participants to answer. There were some participants who expressed that forgiveness is not a concept they use in their personal lives. Brielle noted that she does not believe in forgiveness in her personal life. She said that the meaning of forgiveness would be defined by her client. Many participants cautioned that forgiveness should not be forced upon someone (AACC, 2014; Anderson, 2000). They detailed that some religions force forgiveness on people even though they believed that forgiveness is not needed. Marc indicated that forgiveness is possible, but with some limitations. He indicated that he could forgive someone who hurt him if he had committed some act that was wrong. However, he was not able to forgive someone who intentionally hurt him, when he had done nothing wrong. Anna was a strong believer in moving on in life. She noted that forcing someone to forgive and reconcile can be detrimental at times. She provided an example of her husband's mother. She explained her husband and his mother had a rocky relationship, and that her husband decided to never talk with his mother again. She explained moving on with his life made his life

better. Other participants explained that what we do as counselors is allow clients to define forgiveness and discuss forgiveness if they wish to, and then counselors helps clients achieve their goals, which might or might not include forgiveness. Since forgiveness was considered a religious concept, none of the participants introduced forgiveness in therapy. They waited for the client to introduce the topic.

### **Theme 5 – Views on Reconciliation**

A common misconception is that forgiveness is a form of reconciliation (Clinton & Hawkins, 2009; Enright & Fitzgibbons, 2015c; Hunt, 2008). The Christian literature has agreed that reconciliation is not needed in every situation. Many participants noted reconciliation was not a topic that they typically discussed with their counseling clients. Anna expressed concern about the safety of some her clients if they were to seek reconciliation with individuals who had harmed them in the past. She expressed the need to move on in life. She noted that sometimes reconciling a relationship would lead clients back to therapy. On the other hand, Andrea worked in family reunification programs. The goal in those programs was for clients to be reconciled with their family members. Andrea said she used CBT and acceptance techniques to help clients achieve their goals of reconciliation. If clients expressed a desire for reconciliation, the participants interviewed in this study said they would explore that topic with their clients. Mary and Tiera said that reconciliation was not a part of their practices, as many inmates had court-ordered protection orders. Overall, the literature and the participants were consistent that reconciliation was not needed to deal with unresolved anger.

### **Theme 6 – Acceptance and Moving Forward**

Acceptance and Commitment Therapy was developed over 30 years ago (McCracken & Vowles, 2014). It is a form of cognitive behavioral therapy. Although it was generated with CBT in mind, many theories include acceptance as a mode of resolving life's obstacles. Every participant in this study focused on acceptance; however, they viewed it from various perspectives. Jamilia and Dominic noted they helped their clients realize they cannot change the past. They said that they teach their clients that they must accept that the wrongdoing happened to them and that is the first step to moving forward in life. Christopher used the term acceptance and mindfulness. He indicated that being mindful teaches clients to accept the past. Morgan noted she used acceptance, which she titled *Restorative Justices* to help defuse arguments in the school setting. All participants indicated they encourage clients to avoid dwelling on the past. To move forward, the participants in this study said they help clients accept their past actions or the past actions of others in order to heal from anger. Tiera and Mary both indicated they used cognitive distortions to assist with the triggering anger (Kassinove & Tafrate, 2010). The participants' responses replicated the acceptance theme in the literature. According to Laughlin and Warner (2005), relational techniques help clients accept they are in a relationship with anger. Kannen et al. (2011) used task analysis to explore the positives and negatives of anger. Acceptance is included in many techniques used to address anger.

### **Theme 7 – Working with Client Trauma**

Many researchers worked with client trauma (Korman et al., 2008), which was reflected in in participants' answers. All participants indicated they worked with client

trauma. The degree of trauma counseling varied due to their specializations, but all participants said they were able to recognize the effects of traumatic events.

### **Theme 8 - Mindfulness**

Being able to be cognizant of their thoughts is something many people struggle with daily. The participants in this study indicated that they help clients with being mindful of their anger in many different ways. Christopher explained that he conducts seminars of the physiological effects of anger. Mary and Tiera agreed with Christopher. They noted that your body will always remind you that you are angry. Physical responses to anger include an increase in heartrate, sweating, twitching, etc. The participants said that the purpose of them teaching mindfulness to their clients is so that the clients will become mindful to prevent the explosion that happens with unresolved anger. Jamilia said that she used mindful based methods and intentionality when working with her clients. She used journaling to assist clients with being aware of their feelings (Enright & Fitzgibbons, 2015c). All participants indicated that their various approaches worked with resolving anger. Others expressed that they could physically see a change in the body postures and facial expressions of their clients once their clients became mindful of their anger. Morgan completed training in Restorative Justice Work between bullies and their victims. She noted that her clients, after going through the restorative justice process, had a better understanding of each other. She indicated that many former bullies and victims became friends after completing the counseling process with her.

**Theme 9 – Personal Resiliency**

At times, life experiences guide our true destiny and form our beliefs. This was the case for many of the participants. Jamilia openly expressed she was an adult survivor of childhood abuse. She said her need to address anger came from her resiliency. She said she was able to see the same resiliency in her clients. Christopher admitted he had suffered from anger problems. He said his studies had led him to read Buddhist literature. He said he began to research anger resolution techniques to assist himself with controlling his anger, which he said gave him a better understanding of his condition. Dominic noted his previous struggle with addiction. He used the resources from substance abuse meetings, treatment, and personal experiences to build his approach to helping clients who had problems with unresolved anger. Although each participant had a different backstory to their approach to counseling clients regarding their anger, all participants shared a strong connection and passion regarding their approach. Each admitted their own struggles with anger and how their experiences with their own anger had helped them determine how best to work with clients who had unresolved anger.

**Theme 10 – the Same Approach Used to Address Various Types of Anger**

The literature did not differentiate approaches used to address various types of anger such as self-anger, anger at someone else, or undefined anger. The literature regarding counseling clients with anger issues suggested that the same techniques could be used to address self-anger, anger at someone else, or undefined anger. Mary noted that the process of helping clients resolve their anger issues is the same, no matter who the

anger is directed toward or whether it is undefined. All of the other participants mimicked Mary's answer.

### **Overall Findings**

My goal for conducting this study was to shed light on the process of helping clients achieve forgiveness of the wrongdoer after they perceived they had been the victim of a wrong and were angry. Since forgiveness therapy is discussed only in the Christian counseling professional literature, I wanted to determine through this study what secular counselors thought of the concept of forgiveness when counseling their clients related to anger issues. I expected that many of the secular counselors would tell me that they utilized forgiveness based techniques, but called the process something different from *forgiveness*. However, the secular counselor participants in this study told me that they had various techniques they used to help clients resolve their anger, but they did not address forgiveness unless clients brought up the topic and asked the counselors to help them achieve that goal they had set for themselves. Some of the participants even said that if clients set a goal of reconciliation or forgiveness, that goal could put them in danger if they had been harmed in the past by another person and the potential for harm to them still existed.

Forgiveness therapy, which was developed in the Christian counseling literature, is implemented through 11 units or steps (Enright & Fitzgibbons, 2015c). Each step has different techniques that are used to achieve the goals for that step. The techniques used by Christian counselors in the forgiveness therapy process are similar to techniques secular counselors indicated they use to address client anger issues in counseling.



Techniques include journaling, acceptance, mindfulness, and self-evaluation. Both secular and Christian counselors use probing, open ended questions, teaching of coping skills, psychoeducation, and role play as a means to address anger. Although there are similar techniques secular counselors generally rejected the idea that forgiveness is required to resolve anger. The participants strongly expressed that this is due to forgiveness being a religious concept. Brielle indicated that forgiveness came from a religion doctrine. Introducing forgiveness could be perceived as introducing religion in the sessions without client consent. Leading clients through a process of forgiving those who they perceive to have wronged them is not a step that secular counselors take.

A major finding of this study was that Christian and secular counselors are doing the same thing; however, they title it differently. When looking at the techniques and skills needed to address anger, both secular and Christian counselors use the same tools. It seems as if Forgiveness therapy, Restorative Justice Work, Acceptance and Commitment Therapy, and every other anger based therapy are all one in the same. Without hesitation, each participant stated their approaches to addressing anger were successful. While some may disagree, I believe from the results of this study it is safe to say forgiveness therapy *is* Acceptance and Commitment therapy; forgiveness therapy *is* Restorative Justice Work, and it *is* any form of anger based therapy. What separated Christian counseling and secular counseling techniques is the religious term of *forgiveness*. The term forgiveness forces a barrier between Christian and secular counselors. Without the term forgiveness, undoubtedly Christian and secular counselors would agree they resolve anger with very similar approaches.

In the end, I recognized a new purpose of this study, which is to integrate Christian and secular concepts in the education of counselors. I entered into the study with a closed spirit and open mind. I was willing to hear and learn about the differing techniques used by Christian and secular counselors, but I was not willing to deviate from what I knew to be successful in my counseling practice, which included forgiveness therapy. Now I am exiting my work with this study with an open spirit and open mind. I am willing to explore every concept that was discussed by the participants. I am aware they are all connected. The most important lesson I learned from the results of this study is that forgiveness is not needed to resolve anger. Forgiveness is another technique to use, but just like every other technique, it must be client-centered. If clients request assistance with forgiveness, both secular and Christian counselors should be willing to help clients reach that goal. However, neither secular nor Christian clients should force clients to achieve forgiveness if that is not the goal of the client.

### **Limitations**

As I reviewed this study as a whole, I realized there were several limitations. By identifying the limitations in this study, perhaps future researchers could improve similar studies.

Although participation in the study required that participants not identify as *Christian counselors*, it was obvious that one of the participants did see herself as a Christian counselor, and that many of the participants did identify as Christians (Gallup, 2009). To address this limitation, another study similar to this one could be conducted with participants who do not consider themselves to be religious or to be Christians.

A second limitation in this study dealt with technology. The world is moving toward technology and it has its benefits. The use of technology in this study allowed counselors from several states to participate in the study; however, there were a few participants who experienced Internet connection and recording issues. Having to repeat answers can be deemed frustrating and could have altered the answers of participants to the questions. As a result, a duplicate study with face to face interviews would eliminate technological issues and perhaps would foster a more in-depth dialog between the researcher and each participant.

The third limitation was the sample size. According to Charmaz (2014) and Creswell (2009), a true grounded theory study should have a minimum of 25 participants to fully develop the unknown theory. Another study with a larger sample size might provide a more realistic viewpoint from secular counselors.

An additional limitation is that study question did not produce detailed responses from participants. This was an indication that the question was not useful for the study or it was not clearly stated. Reevaluating and perhaps improving all of the interview questions might unlock a deeper discussion.

The lack of researcher experience was also a limitation. This was the first time I have conducted a research study. There was a fear of the unknown, which I believe was rejected in some of my interviews with participants. I believe some participants sensed my anxiety, which was supported by them telling me their own dissertation experiences. The solution to this limitation is for me to continue to conduct research studies. The more research studies I conduct, the more confident I will become.

## **Recommendations**

This grounded theory study added to the knowledge of Christian counseling concepts but provided a means for additional recommendations for further research. An additional study with a larger sample size might produce more themes and support the true meaning of forgiveness therapy from the lenses of secular counselors. Since it was apparent some participants were Christians, changing the definition of secular counseling is crucial. It also is important to develop more stringent criteria for secular counselors to participate in the study to avoid the inclusion of counselors who identify as Christian counselors and counselors who have strong identities as Christians.

A duplicate study conducted face to face is recommended. Technology limited the opportunity to develop a productive interview relationship with all participants. Many participants interviewed via telephone, so I was not able to see non-verbal cues. Face to face interviewing would allow the researcher to consider body language, the tone of voice, and facial expressions as participants responded to interview questions.

This study did not acknowledge cultural considerations besides the religious culture. Another study examining various cultures and their responses to the questions might shed light on cultural implications regarding the use of forgiveness therapy.

Another recommendation for further study would be to research the lived experiences of mental health counselors who practice forgiveness therapy. This would be a phenomenological study that might capture the thoughts and feelings of forgiveness therapists (Creswell, 2009). Understanding the lived experiences paired with the findings

from this study could foster a rich dialog of Christian counseling concepts and secular counseling concepts.

An extensive literature review of forgiveness in secular counseling should be conducted and published in a peer reviewed journal. Publishing in a mainstream journal database would foster the integration of Christian and secular counseling techniques.

The final recommendation is to research the empirical effectiveness of forgiveness therapy. Quantitative studies might help determine whether forgiveness therapy is effective, and if it is, in which domains.

### **Social Change Implications**

One of Walden University's foundations is social change. The need for social change has been stressed throughout my doctoral program. The division between Christian counseling and secular counseling is strong. Many consumers of counseling services cannot differentiate Christian counseling from Biblical or pastoral counseling.

There are a substantial number of counselors in our society who identify themselves as Christian counselors. There is a national professional association of Christian counselors (<http://www.aacc.net>) and there is a body of professional literature devoted exclusively to Christian counseling.

The results of this study shed light on the differences between Christian counseling and secular counseling, primarily that secular counselors do not believe that forgiveness is necessary when helping clients resolve issues with anger. On the other hand, the results of this study also showed that Christian counselors and secular counselors desire the same thing for their clients. Secular counselors and Christian

counselors want their clients to resolve anger, as all counselors agree that there are long-term negative ramifications of holding onto anger. The first step to closing the gap between secular and Christian counselors is the willingness for each group to work together. Secular counselors and Christian counselors should work together in research and education. Working together and engaging in an open dialogue could enhance the counseling profession

### **Reflection**

As a new researcher, I was unsure of what to expect when I conceptualized and implemented this research study. Although many textbooks guide us, it is different when you conduct your own research study. The process of conducting this research study gave me a new respect for qualitative grounded theory design. I assumed I would learn a lot about my participants, which I did. However, I was not prepared for my own self-discovery. I embarked on this forgiveness journey due to my own Christian experience. I have had a passion to help others understand the freedom that comes from forgiveness. This study helped me realize that people can achieve that same freedom without forcing them to attempt to achieve forgiveness.

My conversations with the participants in this study enlightened me so that I now understand that there are a variety of ways to resolve anger. I saw a common theme of mindfulness and acceptance in the approaches to anger counseling from all the participants, which made me reexamine forgiveness therapy. I discovered that mindfulness and acceptance are in forgiveness therapy as well, that secular counselors help clients work toward the goals of mindfulness and acceptance without addressing

forgiveness. Reviewing the transcripts of my interviews with the participants in this study allowed me to reflect on my theoretical framework and my life as a whole. Through my self-discovery, I realized that I am surrounded by Christian people in every aspect of my life. I teach at a Christian university, I go to church, and the majority of my friends proclaim to be Christians. I pondered, as a scholar, how can I truly help others when I have blinders on my eyes? This revelation forced me to learn more about the participants' beliefs and the training they have obtained. I have also begun to incorporate mindfulness and acceptance in my own life. Although I still consider myself to be a Christian, I realize there is more to the world than religion. There is a scripture that says "Go out into the world and preach the gospel" (Mark 16:15, NKJV). Going out into the world means to get out of my comfort zone and not only associate with those who are Christian, but also with counselors who are secular. I believe this study was needed to help me grow as a person and as a professional. It also helped me redefine my belief system as it is related to mental health counseling.

### **Conclusion**

The result of this study raised an important question in my mind. Why is the Christian counseling literature separated from the mainstream secular counseling literature? Why are Christian-rooted, empirically researched counseling techniques not included in Master's level theories and technique classes?

I concluded that the world might not be ready for the integration of Christian counseling and secular counseling ideas, but the counseling field might be ready. As counselors, we pride ourselves on being culturally competent and self-aware. We are

moving toward tolerance and acceptance, and this should include secular counselors reviewing Christian-based counseling techniques to determine whether they could be useful in helping their clients.

The division between Christianity and secular living is deeper than counseling. It is a continuous issue in the world, and many people believe it began at the beginning of civilization. There are religious wars, hate crimes, and isolation due to religious beliefs, but this divisional thought process should not seep into the counseling field.

According to the American Association of Christian Counselors (AACC), there are two main facets of Christian counseling: informed consent and cultural sensitivity (AACC, 2014). These two foundational concepts are no different in secular counseling. All licensed mental health counselors have adequate training, skills, and life experience to help people of different cultures, races, and belief systems. The divide between Christian counseling and secular counseling is not needed. This study demonstrated that no two counselors are alike and we all successfully address anger in our own way. It is time to do away with the labels of *Christian counselor* and *secular counselor*, as we are all on the same mission.



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## Appendix A: Interview Protocol

My interview with participants will consist of a brief introduction followed by the definition of forgiveness which will then lead to the central question. The central question will be followed by open-ended sub-questions. If a sub-question has already been addressed by a participant before it was asked, it will not be asked. If emergent themes arise, I will utilize additional open-ended questions to explore the themes.

### 1. Initial procedures

(a) Purpose of Study –I would like to thank you for choosing to participate in this interview as I know your time is valuable. I would like to explore concept or concepts you use as a counselor that are similar to *forgiveness therapy* that is utilized in Christian counseling. The purpose of this grounded theory study is to discover and understand the meaning of the concept of forgiveness as it is understood by secular counselors.

### (b) Obtain Completed Forms

- Informed Consent
- Consent to Record Interview (Audio only)
- Demographic Information Sheet – give an opportunity to discuss the information sheet and add information if the participant chooses to do so.

### 2. Introduction

(a) Forgiveness is mastered when victims are relieved from the emotional bondage an offender has placed in their lives (Wade, 2010). Christian counselors utilize the Enright Forgiveness Process Model to help clients obtain this relief using a four phase

model including uncovering anger, coming to a decision, working on forgiveness, and deepening forgiveness.

### Central Question

- (a) Given this phenomenon of forgiveness as I just explained it to you, what do you do in counseling sessions that may be similar to forgiveness? If you do things in counseling sessions that may be similar to forgiveness, what do you call them?
- (b) If participants do not have a similar concept to discuss, I will ask these questions:
- How do you counsel clients who have counseling issues related to anger at others?
  - How do you counsel clients who have counseling issues related to anger at self?
  - How do you counsel clients who have counseling issues related to letting go of anger?
  - How do you counsel clients who have counseling issues related to reconciliation with a person with whom they are angry?

### 3. Subquestions

I will ask the following subquestions, if they have not already been addressed by participants in responding to the initial question.

- (a) What is your understanding of the concept or concepts you use that are similar to forgiveness in the counseling setting?
- (b) What is your personal meaning of the concept or concepts you use that are similar to forgiveness?
- (c) What is your ability to incorporate the concept or concepts you use that are similar to forgiveness in the counseling setting?

- (d) What is your experience using the concept or concepts you use that are similar to forgiveness in the counseling setting?
- (e) How do you know when the concept or concepts you use that are similar to forgiveness have been effective for your clients?
- (f) What training or professional support have you acquired using the concept or concepts you use that are similar to forgiveness?

#### 4. Closing

- (a) Is there anything else you would like to add?
- (b) Thank you for your time and participating in this interview. You will be provided by email message with a summary of this interview to review to ensure what you said is documented correctly. I will make corrections if needed. I will also contact you by email message once I have developed some themes regarding this topic based on my interviews with you and other counselors and will ask you to react to the themes I have developed.

## Appendix B: Informed Consent

You are invited to take part in a research study about counselors' concepts and forgiveness therapy. The researcher is inviting licensed counselors who do not identify themselves as Christian counselors to be in this study. This form is part of a process called "informed consent" which allows you to understand this study before deciding whether to take part.

This study is conducted by a researcher named Tezonia Morgan, who is a doctoral student at Walden University.

### **Background Information:**

The purpose of this study is to discover and understand the meaning of the concept of forgiveness in mental health counseling from the perspective of counselors who do not identify themselves as Christian counselors.

### **Procedures:**

If you agree to participate in this study, you will be asked to do the following:

- Review and respond to this informed consent document via email (5-6 minutes).
- Provide proof of your counseling license from your state (5-10 minutes).
- Set an appointment time with the researcher to participate in an interview (10-15 minutes).
- Participate in an interview electronically that will be audio recorded (60-90 minutes).
- Review a summary of the interview with emergent themes (15-30 minutes).
- Respond to the interview summary by email (10-30 minutes).

Here are some examples of the type of questions you will be asked during the interview:

- How do you counsel clients who have counseling issues related to anger at others?
- How do you counsel clients who have counseling issues related to anger at self?

### **Voluntary Nature of the Study:**

This study is voluntary. The interviews will be audio recorded to ensure the accuracy of information. You are free to accept or turn down this invitation. If you decide to be in this study now, you can still change your mind later. You may stop participating at any time.

### **Risks and Benefits of Being in the Study:**



Being in this type of study involves some risk of minor discomforts that can be encountered in daily life, such as excitement, stress, or becoming upset. Being in this study would not pose a risk to your safety or well-being.

Although there may not be a direct benefit to you, the outcome of this research project could potentially be beneficial by educating about forgiveness and gaining insight into counselors' viewpoints who do not consider themselves to be Christian counselors. The outcome of this research project could potentially benefit the counseling field as a whole by understanding similarities and differences in Christian counseling and secular counseling theories and techniques.

**Payment:**

There will be no monetary payment for participation in this study.

**Privacy:**

Reports coming out of this study will not share the identities of individual participants. Details that might identify participants, such as the location of the study, also will not be shared. The researcher will not use your personal information for any purpose outside of this research project. Data will be kept secure by password protected and encrypted flash drive, which will be locked in a file cabinet. Pseudonyms will be used in place of names and real names will be kept separately from the data. Data will be kept at least five years, as required by the university.

**Contacts and Questions:**

You may ask any questions you have now. Alternatively, if you have questions later, you may contact the researcher via email at [tezoniamorgan@waldenu.edu](mailto:tezoniamorgan@waldenu.edu) or by telephone at 313-971-2810. If you want to talk privately about your rights as a participant, you can call the Research Participant Advocate at my university at 612-312-1210. Walden University's approval number for this study is **09-08-16-0346828** and it expires on **September 07, 2017.**

Please print or save this consent form for your records.

**Obtaining Your Consent**

If you feel you understand the study well enough to make a decision about it, please indicate your consent by replying to this email with the words, "I consent."

## Appendix C: Demographic Questionnaire

Please do not write your name on this form. It will be stored separately from the other information you provide for this study. This personal information will not be linked to your responses. It provides me with an accurate description of you and the other people I am interviewing.

Please select one response that is most descriptive of you

## Ethnicity

- |  |   |
|--|---|
| <input type="checkbox"/> Asian or Pacific Islander             | <input type="checkbox"/> Asian Indian           |
| <input type="checkbox"/> African American/Black (non-Hispanic) | <input type="checkbox"/> Caucasian/White        |
| <input type="checkbox"/> Native American                       | <input type="checkbox"/> Latino/Hispanic        |
| <input type="checkbox"/> Puerto Rican                          | <input type="checkbox"/> Other (specify): _____ |

## Gender:

- Female  
 Male  
 Other (specify)

How many years have you been counseling? \_\_\_\_\_

## What is your primary counseling specialization?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Infant/Children       | <input type="checkbox"/> Personality Disorders | <input type="checkbox"/> Marriage/Couples  |
| <input type="checkbox"/> Adolescents           | <input type="checkbox"/> Eating Disorders      | <input type="checkbox"/> Conduct Disorders |
| <input type="checkbox"/> Adults                | <input type="checkbox"/> Women's Issues        | <input type="checkbox"/> Anger             |
| <input type="checkbox"/> LGBTQ                 | <input type="checkbox"/> Men's Issues          | <input type="checkbox"/> Other (specify)   |
| <input type="checkbox"/> Other (specify) _____ | <input type="checkbox"/> Other (specify) _____ | <input type="checkbox"/> Other (specify)   |

## Which is your primary counseling theory?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Psychoanalytic               | <input type="checkbox"/> Behavioral     | <input type="checkbox"/> Existential     |
| <input type="checkbox"/> Person Centered              | <input type="checkbox"/> Gestalt        | <input type="checkbox"/> Multicultural   |
| <input type="checkbox"/> Cognitive Behavioral Therapy | <input type="checkbox"/> Feminist       | <input type="checkbox"/> SFBT            |
| <input type="checkbox"/> Rational Emotive Therapy     | <input type="checkbox"/> Family Systems | <input type="checkbox"/> Other (specify) |

Which counseling setting do you work?

- Private practice                       Community Mental Health                       Hospital  
 Other (specify) \_\_\_\_\_

Please list your degrees and credentials you have in counseling (i.e, MA, LPC-S, NCC, ACS)

- Master of Arts                       Approved Clinical Supervisor (ACS)  
 Masters of Science                       National Certified Counselor (NCC)  
 Ph.D/                       Licensed Professional Counselor (LPC)  
 Ed.D                       Other (specify) \_\_\_\_\_

State in which you are credentialed \_\_\_\_\_