

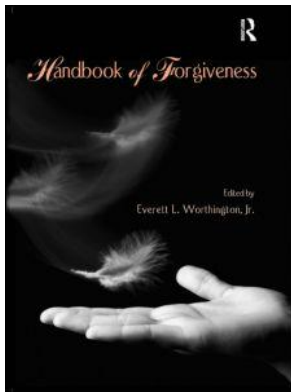
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Everett L. Worthington, Jr.

Forgiveness in People Experiencing Trauma

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Jennie G. Noll

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Chapter Twenty-Two

Forgiveness in People Experiencing Trauma

Jennie G. Noll

For centuries, practitioners have linked violent trauma with psychological and physiological dysfunction. A common sequela of a traumatic experience is post-traumatic stress disorder (PTSD), which includes reexperiencing the traumatic event, avoiding traumatic reminders, and chronic hyperarousal (American Psychiatric Association [APA], 1994). There is now considerable support for the usefulness of interventions curtailing the acute and long-term effects of PTSD. Recovery from violent trauma and reducing PTSD symptoms are thought to be enhanced by the survivor's ability to accept that the world can be unsafe and to acquire a less naïve view about justice and safety (Drescher & Foy, 1995). This ability to overcome tragedy is thought to characterize resilience (Richardson, 2002) and has been shown to be related to better physical and mental health, and lower trauma-related distress in PTSD patients (Connor, Davidson, & Lee, 2003). In addition to prolonged exposure therapy (e.g., Foa et al., 1999), cognitive-behavioral treatments designed to help traumatized individuals understand and manage the anxiety and vigilance associated with trauma-related stimuli have proven to be the most effective (Resnick, Kilpatrick, Dansky, Saunders, & Best, 1993). However, the extent to which these therapies involve intensive focus on overcoming negative feelings specifically associated with the transgressor (or perpetrator) of a trauma is not well understood. How do maintaining stagnating resentment, harboring hatred, retaining anger, plotting revenge, avoiding contact, and harboring general ill-will toward an offender affect the recovery process? Would interventions designed to target ill-will toward a perpetrator be more effective than therapies focusing solely on the generalized anxiety or vigilant reactions to the trauma? The application of forgiveness to the aid and treatment of trauma victims has been generally overlooked in empirical study. This chapter provides some guidelines for the study and treatment of transgressor-specific violent traumas and the use of forgiveness-based intervention; how forgiving a perpetrator might differ from other types of forgiving; the extent to which forgiving a perpetrator is a multifaceted and dynamic process; and the potential costs and benefits of forgiving a perpetrator of violent trauma.

Violent trauma comes in many forms. The death of a loved one, physical and emotional alienation or abandonment, witnessing domestic or community violence, serious accidents or natural disasters, and trauma associated with war or combat are situations likely to produce a PTSD reaction for many victims. Theories about recovery from trauma rarely include aspects of forgiveness. Perhaps this dearth of focus on forgiveness is in part due to the lack of an identifiable or blameworthy transgressor for many traumatic experiences. For example, it is not always easy to identify a specific, tangible transgressor in the aftermath of a natural disaster. Culpability in an accident may not always be clear. War veterans may hold an entire country responsible for the deaths of fellow soldiers. However, with such violent trauma as sexual abuse and assault, where the perpetrator can be clearly identified, the appropriateness of transgressor-specific forgiving might be more readily integrated into theories of recovery. Because violent trauma includes such a wide range of experiences and because the process of forgiving a specific transgressor likely differs from the forgiveness of global, nonspecific, or intangible transgressors, this chapter will be devoted to the discussion of forgiveness of violent trauma that can be attributed to a specific transgressor. Childhood sexual abuse is universally accepted as among the most heinous forms of victimization and usually involves a discernable offender. After briefly providing a general account of how forgiveness has been studied in the treatment of PTSD, I will primarily focus on the violent trauma of childhood sexual abuse as an example of how models of transgressor-specific forgiving might be upheld as viable treatment options to enhance recovery.

PERSONAL ASSUMPTIONS ABOUT FORGIVENESS

Although there is currently no gold-standard definition of forgiveness, several distinct operational definitions of forgiveness have been offered. For purposes of this chapter, forgiving a transgressor-specific trauma will include the following broad definitional components as borrowed from several prominent theorists and researchers: (a) the cessation of negative affect (Enright, Gassin, & Wu, 1992), (b) the cancellation of perpetrator debt (Exline & Baumeister, 2000), (c) decreased motivation for retaliation and estrangement from the perpetrator (McCullough et al., 1998), and (d) prosocial change toward a blameworthy transgressor (McCullough, Pargament, & Thoresen, 2000). In addition, it is also assumed that forgiveness is a dynamic process that may ebb and flow with the passage of time and the development of accommodating cognitive strategies. Further, as outlined by McCullough, Fincham, and Tsang (2003) and discussed in chapter 7 by McCullough and Root, the notion that forgiveness includes several distinct phases is adopted here. These phases include an initial forbearance (relatively low initial ill-will), trend forgiveness (overall reductions in ill will), and temporary forgiveness (transient reductions in ill-will). Finally, it is assumed that forgiveness is a multifaceted construct and should be studied as such. Simply collapsing the various aspects of forgiving into a single total-score may result in the masking of potential costs as well as benefits of forgiving and may preclude the examination of individual differences in distinct forgiveness profiles.

REVIEW OF THE THEORETICAL AND EMPIRICAL LITERATURE REGARDING FORGIVENESS AND TRAUMA

Forgiveness and PTSD

As noted earlier, there has been little empirical research examining a specific link between forgiveness and the recovery from trauma. Moreover, the theoretical interplay between PTSD and unforgiveness has yet to be adequately articulated. There is some limited work with PTSD patients which, when taken in aggregate, might provide an initial theoretical foundation for future research. A recent study of 213 treatment-seeking veterans diagnosed with PTSD reported that a dispositional approach to forgiving others was related to lower depression and decreased PTSD symptom severity (Witvliet, Phipps, Feldman, & Beckham, 2004). This study also demonstrated the particular importance of war veterans' forgiveness of self; prolonged guilt and self-blame associated with a lack of dispositional intrapersonal forgiveness predicted depression, anxiety, and persisting PTSD. Other studies have demonstrated that harboring anger and revenge (both indicative of unforgiveness) were correlated with heightened short- and long-term PTSD symptoms in combat veterans and assault victims (Feeny, Zoellner, & Foa, 2000; Van der Kolk, 1985). Similarly, rumination about the trauma (arguably an additional aspect of unforgiveness) was shown to be among the strongest predictors of subsequent PTSD in a study of accident survivors (Murray, Ehlers, & Mayou, 2002). Rumination regarding the loss of a loved-one, however, has been shown to be associated with greater social support and subsequently greater long-term psychological health (Nolen-Hoeksema & Davis, 1999).

These results suggest that forgiving in the context of trauma may need to encompass both *interpersonal* and, in the presence of guilt and self-blame, *intrapersonal* forgiving. Rumination about the trauma may have both *positive* and *negative* consequences, depending on the specific nature of the trauma. Although there seems to be some correlational connection between the two, extant evidence does not suggest a single mechanistic model that would explain how PTSD and forgiving are functionally related. It remains unclear, for example, whether PTSD symptoms might complicate forgiving and/or whether forgiving might interfere with the treatment of PTSD. It is also possible that PTSD and unforgiveness are different expressions of the same syndrome and that focus on one will enhance the treatment of the other. If hatred that fuels the fires of anger and revenge is quenched, will nightmares and hypervigilance associated with PTSD be simultaneously reduced? What is clear, however, is that forgiveness intervention should not commence without an adequate assessment of the nature and severity of coexisting PTSD symptoms.

Forgiveness and Childhood Sexual Abuse

It has been estimated that: (a) About 33% of women in the general population of the United States will experience some form of sexual abuse or assault in their lifetime

(Resnick et al., 1993); (b) 94% of victims will have moderate to severe PTSD symptoms immediately following the trauma; and (c) roughly 50% will experience persistent PTSD symptoms. Acute responses to childhood sexual abuse (defined here as unwanted or forced sexual contact with a minor by a caregiver or another older individual where a clear power differential exists) have been shown to include behavioral problems, depression, dissociative tendencies, sexual acting out, poor self-esteem, and less family cohesion (see reviews by Beitchman et al., 1992; Kendall-Tackett, Williams, & Finkelhor, 1993; Trickett, Noll, Reiffman, & Putnam, 2001). Long-term sequelae uniquely attributable to childhood sexual abuse include persisting PTSD and pathological dissociation (Putnam, 1997, 2003); depression (Bifulco, Brown, & Adler, 1991; Fergusson, Horwood, & Lynskey, 1996); psychiatric and substance abuse disorders (Kendler et al., 2000); sexual distortion (Loeb et al., 2002; Miller, Monson, & Norton, 1995; Noll, Trickett, & Putnam, 2003); early coital initiation and teen pregnancy (Fiscella, Kitzman, Cole, Sidora, & Olds, 1998; Stock, Bell, Boyer, & Connell, 1997); increased obesity and poor physiological health (Sickel, Noll, Moore, Putnam, & Trickett., 2002); higher rates of subsequent victimization, including physical and sexual assaults and self-inflicted harm (Briere, 1992; Gidycz, Hanson, & Layman, 1995; Messman-Moore, & Long, 2003; Noll, Horowitz, Bonanno, Trickett, & Putnam, 2003; Van der Kolk, 1989); and hormone dysregulation (Breier, 1989; Chrousos & Gold, 1992; Heim, Jeffrey, Bonsall, Miller, & Nemeroff, 2001). Given this wide range of sequelae, there has been surprisingly little intervention outcome research, and models for the effective treatment of childhood sexual abuse have yet to be tested or even adequately articulated.

Forgiveness in the context of childhood sexual abuse likely differs from forgiving other transgressions, due to a number of factors. First, perpetrators of childhood sexual abuse are often responsible for the safety and welfare of the child and are extremely emotionally intimate with their victims. The betrayal of trust coupled with the violation of safety involved in sexual abuse is profound and may be especially difficult to forgive. Second, forgiving childhood sexual abuse is likely a complex and dynamic process, being difficult to initiate and requiring a significant passage of time. This dynamic process is likely revisited throughout development as issues related to the abuse arise and become developmentally salient, and as victims become increasingly capable of accommodating more sophisticated aspects of forgiving (i.e., Enright, Santos, & Al-Mabuk, 1989). Finally, prosocial motivational change toward an offender may be impractical and/or not encouraged. As is often the case in many sexually abusing families, court-mandated jail or removal from the home results in the physical absence of the perpetrator, making reconciliation difficult or even impossible. Further, reconciliation with a perpetrator may put victims at risk for re-abuse. Thus, the potential costs associated with forgiving a sexual abuse perpetrator should be considered.

Several researchers and theorists have cautioned against forgiveness when the perpetrator has not shown remorse, when the violation is too severe, or when the wounds from the offense are too fresh (McCullough & Worthington, 1999; Worthington, Sandage,

& Berry, 2000). Forgiveness of violent offenses has been criticized for being both physically and psychologically dangerous for victims (Bass & Davis, 1988; Engel, 1989). Forgiveness is very often equated with reconciliation, and encouraging a victim to repair a relationship with a violent offender may result in substantial risk for revictimization. Because forgiveness also connotes pardoning, offenders may interpret forgiveness as a condonation and may revert to abusive tendencies, causing additional damage and perpetuating abuse (Katz, Street, & Arias, 1997; Olio, 1992). However, it has been suggested that forgiveness can occur without reconciling and that one can achieve emotional, cognitive, and behavioral transformation toward a perpetrator without any physical proximity. One can give up the qualities of revenge, anger, resentment, and hatred without entering into a relationship with a perpetrator (Enright, Eastin, Golden, Sarinopoulos, & Freedman, 1992; Freedman & Enright, 1996; Spring, 2004).

There has been very little empirical work focusing on forgiving sexual abuse. One study tested the effectiveness of a forgiveness intervention on 12 incest survivors and reported that the intervention resulted in decreased anxiety and depression, and increased forgiveness and hope (Freedman & Enright, 1996). These authors insist that forgiveness interventions have been too quickly dismissed by critics and that therapies focused on forgiving an incest perpetrator can be psychologically beneficial for survivors. It should be noted that the forgiveness intervention tested in this study did not require victims to be reconciled with perpetrators. Prosocial change toward perpetrators was simply the result of regarding the perpetrator with greater empathy and compassion, and enabling victims to see the imperfect nature of all human beings, including their perpetrators.

A slightly different approach was taken by Noll and colleagues (Noll, 2003; Noll & McCullough, 2004) to test the connection between forgiveness and the psychological well-being of sexual abuse survivors. In this prospective, longitudinal study, 55 sexually abused and 65 nonabused comparison women indicated their subjective levels of both forbearance and forgiveness on four independent aspects of forgiveness (letting go of anger, the cessation of revenge, conciliation, and moving on in life despite the offense) 10 years after the disclosure of abuse.¹ Results showed that sexually abused women were significantly less likely to report initial forbearance (i.e., they reported higher initial anger and revenge, and lower initial conciliation and moving on). However, the abused and comparison subjects reported very similar levels of actual forgiveness (i.e., prosocial change toward less anger and revenge, and greater conciliation and moving on). Results also indicated that most aspects of forgiveness (moving on and letting go of anger and revenge) were generally associated with higher self-esteem and lower anxiety, depression, and PTSD. On the other hand, high scores on conciliation were associated with more *negative* outcomes, such as higher anxiety and more disturbed relationships with maternal caregivers for abused participants.² Results also indicated that incest abuse by a biological father (i.e., as opposed to other relatives, including grandfathers, uncles, siblings) was especially difficult to forgive. Religious involvement correlated positively with several aspects of both forbearance and forgiveness but only for nonabused women. The association between religious

involvement and all aspects of forgiveness was found to be near zero for sexually abused women.

These limited empirical results suggest that a forgiveness intervention may be effective for some sexual abuse victims and that many aspects of forgiving (letting go of anger, cessation of revenge, moving on with life) would likely benefit the recovery process. However, opening oneself to reconciling and moving back into a relationship with the perpetrator or merely adopting a conciliatory stance toward the perpetrator should be encouraged only with the utmost sensitivity and care. Results also suggest that religious involvement does not adequately explain the motivation for forgiving a sexual abuse perpetrator.

NEW RESEARCH DIRECTIONS NEEDED IN THE AREA

Transgressor-specific forgiveness is a potentially valuable tool for trauma victims, particularly those suffering from PTSD. The causal directionality and mechanistic nature of the relationship between forgiveness and PTSD is not well understood and is an area ripe for creative and ambitious future research designs. We are beginning to understand forgiveness as a complex, multifaceted process that should be studied as such. Not every aspect of forgiving operates exactly the same way in all individuals. Reconciliation, for example, should be studied either in isolation from other aspects of forgiving or as a distinct, independent construct, thus enabling a more comprehensive understanding of the potential costs and benefits of forgiving a violent perpetrator. Further, additional research needs to be conducted before an unequivocal endorsement of all aspects of forgiving can be adopted for victims of sexual trauma.

The intrinsic motivations for engaging in forgiving a sexual abuse perpetrator are increasingly unclear. Why do victims forgive? It has been demonstrated that religiosity is but a minor motivating factor in forgiving transgression-specific offenses (Subkoviak, Enright, Wu, & Gassin, 1995) and that religiousness has very little to do with forgiving a sexual abuse perpetrator (Noll, 2003). Future research endeavors aimed at exploring possible motivational substrates for forgiving could provide information about the types and characteristics of individuals for whom forgiveness intervention would prove most effective. It has also been shown that forgiving incest by a biological father is especially difficult (Noll, 2003). Sexual abuse by a biological father is often accompanied by large degrees of guilt, shame, and self-blame because this type of abuse is frequently perpetrated under the auspices of a “loving” relationship, and the victim often sees herself as a willing participant (Herman, Russel, & Trocki, 1986). Incest victims may need to forgive the self as well as forgive the perpetrator to achieve full forgiveness. Research on intrapersonal forgiving of sexual trauma may provide further insight into why certain types of sexual trauma are very difficult to overcome.

As our knowledge of sexual trauma sequelae grows, it is increasingly apparent that acute and long-term effects of trauma differ and that each new developmental stage may bring with it novel associations with the original trauma. For example, the

development of secondary sex characteristics, initiation into sexual activity, choosing a romantic partner, and becoming a parent are milestones that can trigger delayed reactions to the trauma of childhood sexual abuse. With these delayed reactions may come a renewed interest in or heightened urgency for forgiveness intervention. Comprehensive assessments of forgiving (as well as treatment) should go beyond a single point in time or any single stage of development. Future research should acknowledge that any isolated forgiveness assessment may occur at a time when victims are inordinately upset by recent reminders of a trauma or, conversely, at a time when victims exhibit atypical adjustment or health. To curtail attenuated or artificially inflated forgiveness levels, multiple assessments of forgiveness at distinct periods throughout development are warranted.

RELEVANCE FOR CLINICAL INTERVENTIONS

The transgression of childhood sexual abuse may be among the most “unforgivable.” Such an injury disrupts or assaults core belief systems and shatters the internal and external world of the self. Janoff-Bulman (1992) outlines how victims’ basic set of assumptions about the self and the world are violated in the aftermath of sexual trauma. Upon realizing the extent of the violation, victims may begin to question their self-worth, the meaning of life, and their own presumptions of goodness, protection, and justice. As Flanigan (1992, 1998) asserts, the more damage to one’s “assumptive set,” the more difficult is forgiveness. Further, Flanigan asserts that the degree to which one can offer forgiveness depends on the degree to which one can rebuild these shattered life assumptions. A thorough understanding of the extent of damage to victims’ assumptive set will give practitioners insight into the potential complexity of the forgiveness process. For example, incestual abuse by a biological parent likely damages many, if not most, core assumptive beliefs. Such a profound violation of trust by the individual who is upheld as one’s supreme protector may be especially difficult to forgive, or forgiveness may never be obtained in any complete form (Hargrave, 2001). Victimization or exploitation by others outside the family (coaches, teachers, and pastors or priests) may result in a shattering of life assumptions, but this damage may manifest in slightly different ways and/or to a lesser degree than with incest. Thus, depending on the depth of the injury, forgiveness in cases of abuse outside the family may take an entirely different course or may be more fully and swiftly attainable than forgiving incestual abuse.

The issue of failing to protect children is in itself a blameworthy transgression. Forgiveness of a nonabusing caretaker who enabled the abuse or allowed it to persist may be an additional issue for childhood sexual abuse victims. Indeed, a substantial portion of sexual abuse victims attribute much of their suffering to the lack of protection of a nonabusing caretaker—usually the mother (Noll, 2003; Spring, 2004). The nonabusing parent should be counseled to expect a time when he or she becomes the target of rage and blame on behalf of the child victim. It is possible for nonabusing

parents to be instruments of healing and forgiveness. Spring (2004) outlines nicely how these parents can facilitate their child's forgiveness process by (a) admitting mistakes and bearing witness to their child's pain, (b) apologizing genuinely and non-defensively, (c) understanding and revealing their own contribution to the injury, (d) working to earn back trust, and (e) engaging in self-forgiveness for injuring their child. By owning their part in the abuse and allowing forgiveness to unfold within their own relationship with the child, nonabusing parents model healthy forgiving. Such modeling can ultimately enable the victim to engage in the healthy forgiving of the offender.

PERSONAL THEORETICAL PERSPECTIVES ON THE FIELD

The limited empirical evidence (Freedman & Enright, 1996; Noll, 2003), coupled with the extensive anecdotal experience of several clinicians (Flanigan, 1998; Hargrave, 2001; Spring, 2004), suggests that forgiveness as an intervention in the treatment of sexual abuse and assault should generally be encouraged. However, there may be aspects of forgiving that are more easily attainable than others for some victims. It is clear that survivors should be encouraged to let go of anger directed toward the offender and should refrain from perseverating on ways to retaliate. Victims should also be encouraged to move ahead with adaptive life goals and not to stagnate in the paralyzing fear that all humans are capable of violation and exploitation. Perhaps to a greater degree than other aspects of forgiving, less emphasis should be placed on reconciling a relationship with a violent offender.

Several theorists have offered *acceptance* of the perpetrator as an alternative to reconciliation. Acceptance involves understanding the depth of a perpetrator's woundedness, giving up the need for revenge, learning from (as opposed to forgetting) past traumatic experiences, recognizing the enemy, and anticipating and avoiding harm (Hargrave, 2001; Spring, 2004). Acceptance is an internal process and does not necessarily involve the participation of the offender. This is not to say that individuals should actively avoid all contact with anyone who has offended them, but instead it should be recognized that reconciliation is a highly subjective and complex process requiring considerable passage of time, intensive therapy, sophisticated cognitive resources, adequate social supports, and the self-protective strategies necessary to avoid, curtail, or escape re-abuse.

The life-changing nature of experiencing a violent trauma should not be underestimated. Thus, levels of dispositional forgiveness might be dictated or transformed as a result of enduring such trauma. For some victims, violence will shatter the self irreparably. They may devolve from a person with a forgiving disposition to a person who is wholly damaged and unable or unwilling to forgive. For others, recovery from trauma may involve making sense of the event and finding benefit and spiritual growth. Janoff-Bulman and Frantz (1997) describe a process of making sense of a trauma by understanding how the trauma fits with one's view of the world and reorganizing beliefs

about justice, fairness, and the predictability life. Learning about one's strength in the face of adversity, gaining insight into the meaning of life, and developing deeper, more satisfying relationships are examples of the potential benefits that may help to mitigate the negative effects of a traumatic experience (Nolen-Hoeksema & Davis, 2002). Such life-changing transformations have also been associated with spiritual conversion. As individuals begin to overcome the desecration of those things previously held as sacred (e.g., innocence, trust, safety, parental love), they can begin to experience a phenomenological transformation that may radically alter their understanding of themselves, the world, their relationships, and their ultimate place within the universe (Mahoney & Pargament, 2004). Thus, individuals who were unlikely to possess a forgiving disposition before a traumatic event may likely adopt a forgiving disposition through discerning benefits from trauma and/or engaging in profound spiritual transformation as a result of the trauma.

CONCLUSION

Trauma changes lives. The deleterious effects of trauma can to some degree be curtailed by engaging in the work of forgiveness, but we possess an inadequate understanding of exactly how and why forgiveness might facilitate recovery. Overall, forgiveness of offenders should be encouraged, but most researchers and theorists would agree that forgiveness is a complex, multifaceted process and includes several distinct psychological mechanisms. This is important because there is some evidence that reconciliation (one important aspect of forgiving) is potentially harmful for victims of sexual abuse. Hence, reconciliation should be encouraged only with the utmost sensitivity and care. Those engaging in forgiveness efforts with sexual abuse victims should consider alternatives to reconciliation that do not necessarily require the victim to repair the relationship with the offender but that simply culminate in some level of empathy or acceptance of the offender's flaws and failures. The degree to which one can forgive depends on the degree of damage to basic life assumptions. The violation of basic trust and protection of incestual abuse may be particularly difficult to forgive. Further, incest victims may need to engage in aspects of *intrapersonal* forgiving of the self (see chapter 10 by Tangney, Boone, & Dearing) if, as is often the case with incest, there is any guilt or self-blame associated with being abused. Making sense of a trauma and finding benefit in the experience are among the most effective ways to cope with victimization. Learning to forgive or acquiring a forgiving disposition may be perceived as potential benefits of having gone through a life-changing traumatic experience.

NOTES

1. Another main objective of this study was to validate empirically a new measure of forgiveness, the Process of Forgiving (POF) scale. The POF measures participants' retrospective levels of initial forbearance and their current levels of forgiveness while taking into account initial forbearance. Participants

respond to a set of items regarding how they feel about a perpetrator currently, then respond to that same set of items regarding how they (retrospectively) felt about the same perpetrator at a time when they felt the worst about him or her. Four factors of forgiving were confirmed and shown to be invariant in a pilot sample of college students and across retrospective and present time points: (a) lack of revenge, (b) cessation of anger, (c) desire for conciliation, and (d) a desire to move on in life despite the offense. *Forbearance* scores are simply participants' scores on the initial retrospective factors. *Forgiveness* scores, on the other hand, are participants' scores on the present forgiving factors with initial forbearance scores statistically residualized. Thus, forgiveness represents current levels of forgiving with initial forbearance taken into account. This residualizing procedure was preferred, relative to a difference-score approach, because it allows the process of forgiving to be captured by taking into account initial levels, thus eliminating the possibility of equating the forgiveness of two individuals whose change scores may be equivalent but for whom initial forbearance was quite disparate. Ideally, this would be accomplished by multiple assessments at several time points, but this design is not always attainable. The POF provides a viable option to either single-administration devices or unrealistic, multiple-assessment strategies.

2. It should be noted that until this study, no measure of transgression-specific forgiveness had been designed to assess reconciliation as a stand-alone, independent construct. Instead, items assessing reconciliation had been included in other subscales, making it difficult to ascertain the unique contribution of reconciliation to the forgiveness process and the extent to which there are costs and benefits associated with this aspect of forgiving. Given the controversy surrounding reconciliation, Noll and colleagues were careful to characterize reconciliation (a) to include instances where the perpetrator is absent or unwilling to admit the transgression, (b) to be devoid of perpetrator pardoning, and (c) as a willingness to take a conciliatory stance, achieving emotional proximity to the perpetrator (e.g., "If he wanted to say 'sorry,' I would listen") rather than requiring reconciliation. Hence, the term *conciliation* (as opposed to *reconciliation*) was used to define this unique construct. High scores on this construct do not necessarily reflect a reconciled relationship with the perpetrator but rather the adopting of a "conciliatory stance" toward the perpetrator and an acceptance of the perpetrator's flaws and failures.

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