

## Forgiveness Intervention With Postabortion Men

Catherine T. Coyle and Robert D. Enright  
University of Wisconsin—Madison

An intervention designed to foster forgiveness was implemented with postabortion men. Participants were randomly assigned to either the treatment or the control (wait list) condition, which received treatment after a 12-week waiting period. Following treatment, the participants demonstrated a significant gain in forgiveness and significant reductions in anxiety, anger, and grief as compared with controls. Similar significant findings were evident among control participants after they participated in the treatment. Maintenance of psychological benefits among the 1st set of participants was demonstrated at a 3-month follow-up.

Can men who identify themselves as having been hurt by abortion benefit from a structured psychological intervention designed to facilitate forgiveness? Other studies have used forgiveness interventions with elderly women (Hebl & Enright, 1993), parentally love-deprived college students (Al-Mabuk, Enright, & Cardis, 1995), and female incest survivors (Freedman & Enright, 1996). In these studies, forgiveness was associated with psychological benefits such as decreased anxiety and depression and increased hope and self-esteem.

The interventions used in each of these studies were based on a process model of interpersonal forgiveness developed by Enright and the Human Development Study Group (1996). The model consists of 20 psychological variables and incorporates the affective, behavioral, and cognitive aspects of forgiveness. The essence of the model is this: After presenting a definition of forgiveness to the participants, we help them to express anger and examine how that anger may be influencing such issues as one's energy level and one's excessive focus on the past abortion experience. Second, the person chooses whether or not to consider forgiveness as an option to alleviating the anger. If so, forgiving is distinguished from such related concepts as condoning or excusing, forgetting, and reconciling (one may forgive, but not reconcile). Third, the person is asked to commit to forgiving, defined at this early point as refraining from revenge-seeking. Next, the participant engages in the cognitive exercise of reframing, viewing the offending person as vulnerable and human. Then, empathy and compassion toward the offender, as affective counterparts to reframing, are given time to develop. Finally, the participant is encouraged to bear the pain caused by the event (Bergin, 1988), so as not to displace the anger onto others or to continue revenge-seeking.

This study evaluated the effectiveness of an intervention based on the model and designed to promote emotional healing among postabortion men. Research suggests that abortion may be a traumatic and stressful experience for some men, including anxiety,

helplessness, guilt, regret, and confusion (Gordon & Kilpatrick, 1977). These authors found that the male's affective experience was complicated by the fact that "many clients said they did not express their feelings to their partners and instead felt the need to be a source of support by presenting a strong front" (p. 293). Other research discusses the effects of abortion on the male-female relationship. Milling (1975) found a 70% rate of failed relationships, and Shostak and McLouth (1984) reported a 25% failure rate. On the basis of the literature available, it would seem that abortion cannot be assumed to be a benign experience for all men. Following an abortion, some men may suffer negative emotions and a sense of loss. The unequal power distribution concerning abortion may intensify these emotions and result in an injury that is deep, personal, and unjust. This description meets Smedes's (1984) criteria for a crisis requiring forgiveness.

### Method

#### Participants

Ten men, who self-identified as hurt by the abortion decision of a partner, participated. Participants were obtained through an advertisement in a local newspaper and ranged in age from 21 to 43 years ( $M = 28$ ). The time span between the actual abortion and contact with the investigators ranged from 6 months to 22 years ( $M = 5.9$  years). Six are Christian (60%), 1 is Muslim, and the rest are agnostic. Five were always opposed to the abortion, 1 was supportive initially, and 1 was not told of the abortion until months after the procedure. The remaining 3 described themselves as ambivalent at the time of abortion. Seven had experienced a single abortion and 3 experienced two abortions. All who contacted us, and were eligible, participated and completed the study.

#### Instruments

*Initial screening.* This was used to verify that the respondent was experiencing psychological difficulty with the abortion experience and to assure that he could identify one person other than himself whom he blamed for the abortion.

*Enright Forgiveness Inventory (EFI).* The EFI is a 60-item self-report measure of interpersonal forgiveness with items equally divided among six subscales: Positive and Negative Affect, Positive and Negative Behavior, and Positive and Negative Cognition. Scores range from 60 to 360 with a high score representing a high level of forgiveness. In

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Catherine T. Coyle and Robert D. Enright, Department of Educational Psychology, University of Wisconsin—Madison.

Correspondence concerning this article should be addressed to Catherine T. Coyle, Department of Educational Psychology, University of Wisconsin—Madison, 1025 W. Johnson St., Madison, Wisconsin 53706.

previous studies, internal consistency above .90, test-retest reliability of .67 to .91, and validity have been documented (Subkoviak et al., 1995).

**State Anger Scale.** This is a 10-item self-report scale with a scoring range of 10 to 40 with high scores indicating more anger. Internal consistency reliability was reported as .88 to .97 and validity has been established (Spielberger, Jacobs, Russell, & Crane, 1983).

**State Anxiety Scale.** This is a 20-item self-report scale (scoring range = 20 to 80). Higher scores indicate greater anxiety. Retest reliability ranged from .16 to .54 and validity has been established (Spielberger, 1983).

**Grief Scale.** The short version of the Perinatal Grief Scale is a 33-item symptom-based, self-report scale with items equally divided among three subscales: Active Grief, Difficulty Coping, and Despair. Each subscale has a scoring range from 11 to 55 with higher scores demonstrating more grief, greater difficulty coping, and deeper despair. Although reliability (internal = .95, test-retest = .59 to .66) and validity have been demonstrated (Porvin, Lasker, & Toedter, 1989), this scale was slightly altered for use in this study (for example, one item was deleted and we introduced minor word changes appropriate to our sample of postabortion men). The psychometric properties of the altered scale were unknown prior to this study.

### Design

Following random assignment to groups, those in the treatment condition began the intervention immediately after pretest while those in the control group entered into a 12-week waiting period. All participants were aware that they might begin the program immediately or be on the waiting list. Each of the participants was seen on an individual basis, and after 12 weeks had elapsed, all participants were given the first posttest. Following this, the control participants began the intervention, and 12 weeks later, all participants received the second posttest.

### Procedure

**Testing procedure.** After the screening interview, the participant was administered the first round of three sets of pretests. In other words, all dependent variables at pretest were administered in random order on three separate occasions, 1 week apart, as a way to reduce standard error of measurement, as in Freedman and Enright (1996). Each participant's pretest scores for a given scale were averaged to provide a single pretest score for each measure. The same procedure was followed for the first and second posttests. Because we had a control group, testing effects were controlled. When responding to the EFI, participants were instructed to think of the person they most blamed for the abortion. Participants were directed to respond to the anger, anxiety, and grief scales as they recalled their "personal abortion experience."

**Intervention procedure.** The 12-week intervention program consisted of 12 weekly sessions each lasting approximately 90 minutes. The intervention, used on an individual basis, was based on the psychological variables and units of the forgiveness model. A manual outlining each session was used by the experimenter, and the intervention program incorporated specific problems that may be experienced by postabortion men including anger, helplessness, guilt, relationship problems, and grief.<sup>1</sup> The intervention addressed each of these problems individually, and forgiveness was offered as a healthy alternative to the negative emotion or problem being experienced. At the first session, the participant was informed that the goal of the intervention was forgiveness and was provided with both a written definition of forgiveness and a copy of the process model. The participant was asked if he had struggled with self-forgiveness and if so, to indicate on a 5-point Likert scale the degree to which he believed he had forgiven himself. Sessions 2 and 3 focused on anger and the relationship of forgiveness to anger. Subsequent

sessions proceeded similarly and covered problem areas such as helplessness, guilt, relationships, and grief. The various psychological variables of the forgiveness model were integrated throughout the 12 sessions. For example, Session 2 focused on anger and the participant was encouraged to confront his anger, become more aware of how much emotional energy was being expended, and how often he thought about the abortion. The control participants were each contacted at least once a month by the experimenter during the first 12 weeks.

To assess treatment fidelity, a graduate student listened to a random selection of taped sessions including each participant and each session. The rater, using a treatment outline listing each of the points to be discussed by the experimenter and participant in each session, found 100% reliability across sessions and participants.<sup>2</sup>

**Experimenter qualifications.** Sessions were conducted by Catherine T. Coyle, who has a masters of science in nursing (specializing in psychiatric nursing), under the supervision of Robert D. Enright, a licensed psychologist.

### Results

Conventional parametric statistics were used, with the exception of the analysis of the single-item question concerning self-forgiveness. Internal consistency of the measures was calculated using average item scores of the three pretests. Cronbach's alpha values were EFI = .97, Affective subscale = .96, Behavioral subscale = .94, Cognitive subscale = .97, State Anger Scale = .93, State Anxiety Inventory = .93, Grief Scale = .95, Active Grief = .91, Difficulty Coping = .94, and Despair = .85. Means and standard deviations for all dependent measures are reported in Table 1.

There were four comparisons. Three looked at differences between the experimental and control change scores.<sup>3</sup> The change scores were obtained by subtracting the mean of a given measure at one testing period from the mean of that measure at another testing period. Change scores were computed for each individual and then for each group. To determine if there were significant differences between change scores in the experimental and control conditions, we used *t* tests for differences between independent means. One of the comparisons focused on change within the control group. In this case, *t* tests for differences between correlated means were used. The means and standard deviations for all group change scores are reported in Table 2.

The first comparison examined the change score from pretest to Posttest 1 for the treatment versus the control condition. We hypothesized that the experimental participants (following treatment) would demonstrate significantly greater change toward psychological health than the controls (following the waiting period). In fact, experimental participants did evidence a significantly greater increase in forgiveness,  $t(8) = 2.97, p < .05$ .<sup>4</sup>

<sup>1</sup> The manual is available from Catherine T. Coyle, Department of Educational Psychology, University of Wisconsin—Madison, 1025 W. Johnson St., Madison, Wisconsin 53706.

<sup>2</sup> In this intervention, it was critical that the experimenter stay on track and cover each of the points on the outline.

<sup>3</sup> Although Cronbach and Furby (1970) expressed concern about change score reliability, Rogosa and Willet (1983) have found that change scores can be used effectively.

<sup>4</sup> Information regarding the Forgiveness and Grief subscales is available upon request from Catherine T. Coyle.

Table 1  
Descriptive Statistics for the Dependent Variables

Dependent variable	Experimental group (n = 5)			Control group (n = 5)		
	Pretest	Posttest 1	Posttest 2	Pretest	Posttest 1	Posttest 2
Enright Forgiveness Inventory						
M	196.26	251.80	250.86	181.97	168.06	254.93
SD	14.16	35.13	17.02	56.45	81.08	30.71
Anxiety						
M	57.66	38.33	40.66	57.03	59.26	32.80
SD	9.05	11.71	10.96	9.29	9.62	4.90
Anger						
M	22.60	12.80	12.06	21.63	23.40	10.40
SD	6.99	1.66	3.15	6.75	10.24	0.72
Grief						
M	97.73	73.49	76.86	106.53	110.40	66.93
SD	19.60	21.37	25.39	24.17	31.29	16.75

Also, the experimental group's mean change scores on anxiety,  $t(8) = -5.08, p < .05$ , anger,  $t(8) = -2.45, p < .05$ , and grief,  $t(8) = -4.67, p < .05$ , were all significantly reduced compared with the control participants.

The second comparison examined the mean change scores on each dependent variable between the control participants and themselves as control-turned-experimental participants. We hypothesized that the control participants would demonstrate significant movement toward psychological health following the intervention. Significant differences were found on most of the measures. A significant increase was observed on the EFI,  $t(4) = 2.50, p < .05$ , and significant reductions were seen on the anxiety measure,  $t(4) = 8.26, p < .05$ , and the Grief Scale,  $t(4) = 2.40, p < .05$ . No significant difference was found on the measure of anger when comparing mean change scores. However, when comparing actual mean scores, a significant dif-

ference was observed,  $t(4) = -2.70, p < .05$ . Given this finding and the fact that the control-turned-experimental participants demonstrated a mean anger score of 10.40 (score range = 10-40) at Posttest 2, it would appear that control participants did benefit from a significant reduction in anger following treatment.

The third comparison examined the mean change scores of the experimental participants from pretest to Posttest 1 versus the mean change scores of the control-turned-experimental participants from Posttest 1 to Posttest 2. Our expectation was that no significant differences would be found as we were comparing the two groups after each had received the same intervention. No significant differences were found on any of the dependent measures, indicating that the two groups seem to have benefited similarly from the intervention.

In Comparison 4, the experimental participants' change from pretest to Posttest 2 was evaluated versus the control-turned-

Table 2  
Mean Change Scores Across the Four Comparisons

Scale	Comparison 1		Comparison 2		Comparison 3		Comparison 4	
	E vs. C		(turned) E vs. C		E vs. (turned) E		E vs. (turned) E	
Enright Forgiveness Inventory								
M	55.53	-13.90*	86.87	-13.90†	55.53	86.87	54.60	86.87
SD	45.89	25.04	66.68	25.04	45.89	66.68	24.35	66.68
Anxiety								
M	-19.33	2.23*	-26.47	2.23†	-19.33	-26.47	-17.00	-26.47
SD	8.90	3.28	7.77	3.28	8.90	7.77	5.62	7.77
Anger								
M	-9.80	1.76*	-13.00	1.76	-9.80	-13.00	-10.53	-13.00
SD	6.42	8.40	10.77	8.40	6.42	10.77	5.98	10.77
Grief								
M	-24.24	3.86*	-43.47	3.86†	-24.24	-43.47	-20.87	-43.47
SD	7.32	11.28	36.32	11.28	7.32	36.32	13.08	36.32

Note. Comparison 1: Experimental (E) from pretest to Posttest 1 versus control (C) from pretest to Posttest 1; Comparison 2: Control-turned-experimental from Posttest 1 to Posttest 2 versus control from pretest to Posttest 1; Comparison 3: Experimental from pretest to Posttest 1 versus control-turned-experimental from Posttest 1 to Posttest 2; Comparison 4: Experimental from pretest to Posttest 2 versus control-turned-experimental from Posttest 1 to Posttest 2.

\*  $p = .05$ , one-tailed critical value = 1.860. †  $p = .05$ , one-tailed critical value = 2.132.

experimental participants' change from Posttest 1 to Posttest 2. We hypothesized that no significant differences would be found, indicating that the treatment effects among the experimental participants were maintained over a 12-week period and thus comparable to the effects experienced by the control participants immediately after treatment. Again, no significant differences were found and the hypothesis was supported.

One nonparametric analysis using the Wilcoxon Signed Rank Test was done to analyze the participants' responses to the single-item self-forgiveness measure. Data from only 8 participants were analyzed because 2 of the men said that self-forgiveness was not an issue for them. The obtained  $T$  value of 0 is less than the critical  $T$  of 5 ( $p < .05$ ), thus showing evidence for a significant improvement in the level of self-forgiveness following treatment.

### Discussion

The results provide preliminary evidence for the effectiveness of an intervention to promote forgiveness and emotional healing among postabortion men. All participants demonstrated significant gains in forgiveness after treatment. The experimental and control participants evidenced high anxiety scores at pretest relative to test norms. After intervention, experimental and control-turned-experimental participants were in the average range based on the Spielberger et al. (1983) published norms. This reduction was maintained by the experimental participants 3 months after treatment.

Whereas only treatment participants demonstrated a significant reduction in anger when using mean change scores, the mean decrease of the control-turned-experimental participants was 13 points, which is greater than the experimental participants' mean decrease of 9.8 points. Lack of statistical significance may be due to a floor effect, as the mean anger score of the control-turned-experimental participants was 10.40 and the lowest possible score is 10. Furthermore, the mean of 10 is lower than the test norm of 11.29. Further analysis using actual mean scores evidenced a significant reduction in anger. All participants demonstrated a significant reduction in grief after the intervention, and the experimental participants maintained this reduction at the 12-week follow-up.

On the whole, evidence for the efficacy of this intervention was obtained with significant increases in forgiveness accompanied by significant reductions in anger, anxiety, and grief. Those participants who were struggling with self-forgiveness also experienced significant improvement in this area. The results obtained illustrate the psychological benefits of choosing forgiveness and support the findings of other studies (Freedman & Enright, 1996; Al-Mabuk, Enright, & Cardis, 1995).

Could these findings be the result of some factor other than the forgiveness intervention? Participants may have wanted to please the experimenter by giving socially desirable responses. This is unlikely because the measures used have shown no relationship to social desirability scales.<sup>5</sup> Perhaps the experimental participants showed improvement because the experimenter administered the first set of posttests at the final session.<sup>6</sup> Yet, if the change scores were the result of a transient positive feeling immediately after treatment, we would have seen a wash-out effect at follow-up. Alternatively, it may be that control partici-

pants were cooperating by deliberately expecting to remain the same or get worse during the 12-week waiting period. We tried to avoid this by letting those participants know that they would soon participate in the program. Thus, they were motivated to continue. Randomization also helps to control for unanticipated differences among the participants.

Limitations of this research include small sample size (although statistical power certainly was adequate, based on the findings) and the possibility of experimenter effects. Although replication with other participants and experimenters may be advised, it should be noted that this type of research is quite time-consuming. The consistency of our findings with those obtained by Freedman and Enright (1996) and Al-Mabuk et al. (1995) suggests that forgiveness interventions can be effective with both different experimenters and different populations.

The findings of this research have implications for clinical practice. Postabortion men have been virtually ignored in the scientific literature. Yet, in this study, the men experienced psychological healing as they moved toward forgiveness. Many of the problems people bring to therapy involve deep, personal, and unjust hurt. Therapists might consider using a forgiveness intervention to foster healing.

<sup>5</sup> See Subkoviak et al. (1995) for a discussion of forgiveness and social desirability.

<sup>6</sup> The first set of posttests (following treatment) were administered immediately on completion of the final treatment session. The second and third sets of posttest measures were administered through the mail.

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Received July 26, 1996  
Accepted May 6, 1997 ■