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Promoting forgiveness in violent offenders: A more positive approach to offender rehabilitation?

Andrew Day*, Adam Gerace

Centre for Applied Psychological Research, University of South Australia, Australia

Catherine Wilson

School of Psychology, University of South Australia, Australia

Kevin Howells

Nottingham University, Institute of Mental Health, UK

* Corresponding author. School of Psychology, University of South Australia, North Terrace, Adelaide 5000, South Australia, Australia. Tel.: +61 88302 1008; fax: +61 88302 2956.

E-mail address: andrew.day@unisa.edu.au

Abstract

In this paper we suggest that the effectiveness of many offender rehabilitation programs may be further enhanced by the inclusion of interventions that build on existing motivation to change. Taking the example of anger management interventions delivered within the context of violent offender rehabilitation, we propose that the emphasis on positive personal change implicit in therapies designed to promote forgiveness may hold some promise. Such therapies may be useful in so far as they facilitate the development of perspective-taking skills, and assist in the therapeutic management of shame and guilt in ways that are likely to be engaging for violent offenders.

Keywords: Forgiveness, Offender rehabilitation, Anger management, Empathy

“By primarily focusing treatment on risk factors, individuals are viewed as disembodied bearers of risk rather than as integrated wholes. Just as once pins are removed from a pin cushion all you are left with are holes, the same holds true for offenders treated strictly according to this model; they are left with absences or gaps in their lives” (Ward & Stewart, 2003, p. 220).

In the last 10 years the field of offender rehabilitation has become largely unified within a dominant model of correctional management commonly referred to as the ‘what works’ approach (Andrews & Bonta, 2006). As the name suggests, the approach places considerable emphasis on interventions that are empirically supported (in terms of their ability to demonstrate that they achieve significant reductions in recidivism), and there are clear parallels between this approach and with the rapid move towards evidence-based practice evident in health care and mental health service provision (e.g., Day & Howells, 2002; Roth & Fonagy, 2005). It is now well-established that offender treatment can indeed work, and that those interventions which are aimed at higher risk offenders and target areas of need that are closely associated with offending are likely to be the most effective. The term ‘risk’ is reserved here to refer to the probability of a re-offence being committed, as determined by the presence of risk factors. Treatment is thus likely to be most effective when it succeeds in reducing either the number or the intensity of risk factors, such as anger, substance use, or criminal thinking styles.

Recent reviews of offender rehabilitation have, however, also highlighted the importance in the rehabilitation process of treatment readiness (Howells & Day, 2003), the assimilation of problematic experiences (Day, Bryan, Davey, & Casey, 2006), the ability to form effective working alliances (Serran, Fernandez, Marshall, & Mann, 2003), the role of personal narratives (Richards, Washburn, & Craig, 2004; Ward & Marshall, 2004), and on the broader processes of desistance from crime (Maruna, 2001). While accepting that the overarching aim of offender rehabilitation programs is to reduce risk, in different ways these reviews each raise concerns about the general move towards treatment that has an overly narrow focus on the removal of risk factors. They suggest that, from a theoretical perspective at least, programs which focus on bringing about positive changes in offender's lives may be more effective than those that focus on negative change. As such they may be considered to be broadly sympathetic with Ward and Stewart's (2003) critique of the approach to treatment

associated with the 'what works' model. In essence, Ward and Stewart argue that treatment goals associated with the removal of negative behaviors (attitudes and emotions), are likely to be less effective than those associated with the promotion of positive behaviors.

The apparently high rates of attrition evident in many offender rehabilitation programs (McMurrin & Theodosi, 2004) further suggests that many programs are unengaging for participants, although clearly a number of other factors will also influence program completion rates. However, given that program non-completion is likely to be associated with higher rates of recidivism than not starting a program at all (Dowden & Serin, 2001; McMurrin & Theodosi, 2004), it is worth considering how programs can be delivered in ways that motivate participants to complete treatment, while retaining a focus on reduction of risk factors.

Treatment which has a positive focus (i.e., on what offenders can do, and want to achieve) may have a role to play here, although there have been few attempts to describe what a positive focus to treatment might look like in practice. The positive psychology movement (e.g., Seligman, Steen, & Park, 2005) has similarly stressed the need to reframe disorders and problems in positive terms. In this paper, some ideas for how this might be achieved are discussed in relation to one area of offender rehabilitation, anger management for violent offenders. Given that approximately half of the prison population in some jurisdictions have convictions for violent offenses, and that a significant minority of violent offenders go on to re-offend following release from custody (Dowden & Serin, 2001), it is worth considering those ideas and suggestions that have the potential to lead to the development of more effective interventions for violent offenders.

1. Anger management programs for violent offenders

It is clear that anger management programs are administered on a very large scale internationally within criminal justice systems (Dowden, Blanchette, & Serin, 1999; Novaco, Ramm, & Black, 2001; Polaschek & Reynolds, 2001; Tsytarev & Grodnitzky, 1995). The rationale for these programs is based on the idea that anger arousal is a common antecedent to aggression (Novaco, 1997), and that as such violent offending can be reduced by teaching individuals to control their anger more effectively. Although there is mixed evidence supporting the effectiveness of anger management with offender populations (Dowden & Serin, 2001; Howells et al., 2005), it remains a central component of many treatment

programs for violent offenders. Typically, these programs, while seeking to address a range of other criminogenic needs (e.g., hostility, impulsivity, substance abuse, acute symptoms of major mental disorders, antisocial or psychopathic personality, and social information processing deficits) (see Polaschek, Wilson, & Townsend, 2005; Serin & Preston, 2001), also include modules on managing anger.

Howells (1998) describes anger management programs as involving a number of component modules. They nearly always employ cognitive-behavioral methods and begin by seeking to identify the clients understanding of the nature and components of the problem, identifying and modifying immediate triggering events and contextual stressors, and changing causal cognitive inferences and dysfunctional schemata. Treatment, then, proceeds to more skills based interventions, such as improving control of physiological arousal, coping responses, preventing escalation, and strengthening commitment to change. A major component of treatment is on targeting social information processing deficits, particularly the ability of the perpetrator to empathize with or to take the perspective of the victim. This involves a critical examination of those responses to perceived provocation, both at the time of the event (e.g., judgments of responsibility and blame), or later (e.g., rumination and the rehearsal of grievances) which are known to intensify the experience of anger (e.g., Rusting & Nolen-Hoeksema, 1998; Tice & Baumeister, 1993). An important part of treatment is thus to review those events that trigger anger episodes, with the aim of demonstrating to participants that their perceptions of threat or malevolence may not have actually been accurate. Clearly, the way in which this is approached in treatment is critically important. Approached badly, it has the potential to cause what Samstag, Muran, and Safran (2004) have called ‘ruptures’ in the therapeutic process, particularly when participants maintain that they were the recipients of wrong-doing and that their anger was not only justified, but also legitimate. Confrontation is unlikely to be well-received by angry clients, particularly in the early stages of treatment (Karno & Longabaugh, 2005), and alternative approaches to treatment may be more effective. Our suspicion is that focusing on how clients can forgive transgressors (in instances when anger and violence is triggered by interpersonal conflict) may be a more positive way of approaching treatment than attempting to in some persuade people that their anger is in some way unjustified or inappropriate.

2. Forgiveness

Forgiveness is commonly understood as a process in which negative affects, cognitions, and behaviors are replaced by more positive feelings, such as compassion, empathy, respect, moral equality, or reconciliation (Enright & Gassin, 1992), as the forgiver becomes decreasingly less motivated to retaliate (Karremans & Van Lange, 2004). Unforgiving may involve the rehearsal of the hurt and harbouring grudges (Witvliet, Ludwig, & Vander Laan, 2001) and has been defined as “a ‘cold’ emotion involving resentment, bitterness, and perhaps hatred, along with the motivated avoidance of or retaliation against a transgressor” (Worthington & Wade, 1999, p. 386). We propose that re-construing emotions of anger, hostility, and resentment in violent offenders as requiring the development of forgiveness provides an illustration of how fresh therapeutic strategies can be generated by adopting a positive psychology perspective. It is striking that a clinical analysis and formulation of anger and hostility requires a focus on the same dimensions as would an analysis of forgiveness. Indeed, there is an argument that forgiveness and anger/hostility are the opposite poles of one construct. This can be illustrated by considering the key components of the clinical assessment of anger and those of forgiveness, as illustrated in Table 1.

It is somewhat surprising that the published literatures on anger and forgiveness have evolved virtually independently, with little cross-referencing between the two fields. The former field has been the focus largely of cognitive-behavioral clinicians (Howells, 1998), the latter of those working within a spiritual or religious framework.

Although the idea that those who have caused severe hurt may need to forgive their victims may seem unusual or even paradoxical, it is clear that offenders with anger problems are, at least in the early stages of treatment, often highly motivated to talk about the injustices they perceive that they have experienced. As DiGiuseppe (1995) puts it: “clients typically seek help because they want assistance in changing the target of their anger, not in changing their own anger... ..The clients fail to agree to change their anger because they do not even recognize that it is a problem for them. They typically believe that they are justified, and that it is appropriate for them to feel anger, or they may not believe that any other emotional reaction would be appropriate to the event” (p. 133). Baumeister, Stillwell, and Wotman (1990) have further suggested that perpetrators may be motivated to see themselves as victims, since victims are often afforded certain things (such as sympathy) that perpetrators are not. Indeed, self-serving elements have been found in the accounts of perpetrators (and victims) about transgressions, some of which may impede the resolution of the offence

(Baumeister et al., 1990; Exline & Baumeister, 2000; Zechmeister & Romero, 2002). For offenders, then, awareness of the personal benefits of forgiveness (both psychological and physiological) and the personal costs of being unable to forgive (e.g., prolonged hostility and stress, and the deterioration of interpersonal relationships, see Exline & Baumeister, 2000; Thoresen, Harris, & Luskin, 2000) are likely to be highly motivating. As a construct, forgiveness also has major cultural value, featuring as a central idea in all of the world's major religions. Reference to forgiveness has been found in the ancient writings of Judaist, Christian, Islamic, Hindu, and Buddhist traditions (Enright & Eastin, 1992; Enright & Fitzgibbons, 2000). This is, of course, not to suggest that religiosity or spirituality are necessarily deterrents of violent offending (Fernander, Wilson, Staton, & Leukefeld, 2005). However, we suggest that identifying forgiveness as a treatment goal for violent offenders may be consistent with Karoly's (1999) suggestion that: "Therapy goals that help achieve, or are consistent with, meaningful higher order goals stand a better chance of long-term success than do therapy goals that are at odds with higher order goals or values" (p. 24–25).

[Insert Table 1 about here]

3. Forgiveness therapy

The process of forgiveness has been summarized as involving four major phases (Enright & the Human Development Study Group, 1996). These are: 1) an uncovering phase in which emotions are dealt with (e.g., examination of psychological defences, confrontation of anger, awareness of cognitive rehearsal); 2) a decision phase of considering old strategies (e.g., willingness to consider forgiveness, commitment to forgiveness); 3) a work phase of learning new process (e.g., awareness of compassion, empathy towards the offender, acceptance of pain); and 4) an outcome phase of consolidation (e.g., awareness of decrease in negative effect, increase in positive effect and of an internal emotional release) (Denton & Martin, 1998). Forgiveness therapy based on this four-phase model has been delivered to a range of different populations, with evaluations suggesting that it typically produces beneficial therapeutic changes (Al-Mabuk, Enright, & Cardis, 1995; Coyle & Enright, 1997; Hebl & Enright, 1993; Freedman & Enright, 1996; Lin, Mack, Enright, Krahn, & Baskin, 2004).

4. Self-forgiveness

In addition to the 'forgiveness' of their victim, a forgiveness intervention involving violent offenders may need to also address self-forgiveness in order to activate positive change. Dillon (2001) defines self-forgiveness as "an intentional transformation in one's attitudes towards oneself, overcoming one kind of stance toward the self and taking up a different one, and doing so for certain reasons" (p. 54). Despite the dearth of empirical research in this area, Enright and the Human Development Study Group (1996) identify self-forgiveness as a vital component of the 'forgiveness triad', along with forgiving others and receiving the forgiveness of others. They suggest that self-forgiveness can best be understood as involving the same steps one goes through in interpersonal forgiveness, but that they are now applied to oneself. Self-forgiveness is defined as "a willingness to abandon self-resentment in the face of one's own acknowledged objective wrong, while fostering compassion, generosity, and love toward oneself" (Enright & the Human Development Study Group 1996, p. 113). Self-forgivers are characterized as acknowledging their own transgressions resulting in the motivation to change their behavior. This does not involve excusing or condoning one's behavior but involves an acknowledgment of one's misdeeds as immoral whilst accepting their own inherent worth. This acknowledgment may arise out of feelings of guilt or remorse and is considered the key for genuine positive change.

There is some empirical support for these ideas. In a series of qualitative interviews with 129 elderly people, Ingersoll-Dayton and Krause (2005) investigated the process of self-forgiveness in older adults. Cognitive reactions included changes in evaluative standards; focusing on positive intentions and acknowledging, and learning from past mistakes. Behaviorally, self-forgiveness was characterized as involving reparation and religiosity as demonstrated by reading the Bible and asking for God's forgiveness. The emotional reactions surrounding self-forgiveness included relief, well-being, confusion and uncertainty, and chronic guilt. In Zechmeister and Romero's (2002) narrative study, however, self-forgivers were more likely to downplay the incident and their victim's reactions, to demonstrate lesser regret, self-blame and guilt about the incident, and to demonstrate lesser empathic concern towards their victims. Interestingly, anger about the incident was also more prevalent in self-forgivers.

It is clear that some violent offenders experience considerable difficulties in forgiving themselves for their offences and experience strong negative, emotional reactions, such as

shame and guilt (Proeve & Howells, 2002). From a rehabilitative perspective, guilt may be considered to a normal part of a process of making reparation, and this may increase in the early stages of treatment, before subsiding as both forgiveness of the other and self-forgiveness develop. Low levels of self-guilt prior to treatment may be suggestive of existing anger towards the victim and a need to work towards forgiveness. Because the action tendency associated with shame appears to be hiding oneself from others, high levels of shame may need to be addressed before an individual is ready to engage in a treatment program.

5. Forgiveness, perspective taking, and emotional empathy

Engaging offenders in a change process is, of course, only part of successful rehabilitation; reductions in criminogenic risk also need to be demonstrated. Forgiveness therapies may also directly intervene in the area of risk, in that the ability to forgive is so closely related to the ability to empathize with another (Konstam, Chernoff, & Deveney, 2001). The term empathy tends to refer to the tendency or ability of an individual to consider a situation from another's point of view (commonly called perspective taking), and/or an emotional response to an individual (Davis, 1980, 1983; Hogan, 1969). Empathy, and in particular, perspective taking, has been the focus of some interest in understanding violent behavior, with the strong negative association between perspective taking and both aggression (see review by Jolliffe & Farrington, 2004), and self-predicted anger in response to a social transgression (Mohr, Howells, Gerace, Day, & Wharton, 2007), suggesting that a lack of perspective-taking skills might be considered to be a risk factor for violence. Interventions to develop social information processing deficits have, however, tended to focus on the development of problem solving or social skills, rather than perspective taking, and the effects of cognitive skills training, for example (e.g., Reasoning & Rehabilitation; Accredited Enhanced Thinking Skills; Thinking for Change; Think First; Stop & Think!), on social information processing have not yet been established.

Both the cognitive and affective components of empathy have been considered important in relation to forgiveness. Wade and Worthington (2005) in their review of forgiveness interventions, found that promoting victim empathy (particularly perspective taking) for the offender “was a prominent element in almost all the interventions” (p. 167). Indeed, from this review it would seem that fostering empathy is one of the main ways in

which programs attempt to induce forgiveness. Similarly, empirical work has demonstrated the relationship between empathy and forgiveness. For example, in their narrative study, Zechmeister and Romero (2002) found that victims who had forgiven their perpetrators were more likely in their narratives to take the perspective of the perpetrator, while perpetrators who had not forgiven themselves were more likely to demonstrate empathic concern for their victims in their narratives. Forgiveness within this study was also associated with lower current victim anger, and lesser attributions of responsibility and deliberateness to the actions of the perpetrator. It would therefore seem that to induce forgiveness, any intervention should aim to foster empathy, and it may even be that empathy precedes forgiving (McCullough, Worthington, & Rachal, 1997). Certainly the effects of empathy and particularly perspective taking in decreasing negative emotional reactions such as anger (Baumeister et al., 1990) would seem to be central to the very process of forgiving.

6. Discussion

To the best of our knowledge, the effects of forgiveness therapy with perpetrators of violence who experience high levels of anger arousal have not been systematically investigated. Of course, just as not all violent offenders will experience anger at the time of their offence not all will blame their victims or ruminate about the injustices of their situation. It is unlikely that those offenders whose violence is instrumental will have a need to forgive. Although Bushman and Anderson (2001) have suggested that the distinction between angry aggression and instrumental aggression is not particularly helpful, it is clear that some offenders, such as those with psychopathic traits, will commit violent acts in the absence of high levels of anger arousal (Davey, Day, & Howells, 2005). Blair (1995) has shown that psychopaths are unlikely to display a basic capacity for empathy, and this is likely to be required for any treatment to be successful. In such cases, there is no need for forgiveness, and indeed we would suggest that anger management is contra-indicated. It does, however, appear likely that the ability to forgive is something that can be both learned and developed in treatment, assuming that clients are carefully assessed as ready for treatment (Howells & Day, 2003).

A broader issue concerns the extent to which such an approach is likely to be effective in reducing the risk of further violence occurring. Our suggestion in this paper is that forgiveness may have a role to play *in the early stages* of anger treatment and may be

valuable in engaging clients in the treatment process. While there is evidence (see above) to suggest that the approach is effective with non-offender populations, it is unclear whether forgiveness therapy, by itself, is sufficient for change to take place is less clear. Others have argued that effective intervention should also involve the direct and consistent confrontation of those defences, beliefs and attributions that support aggression (e.g., Dutton, 1986).

7. Conclusion

We have suggested in this paper that forgiveness therapy may have a place to play in the treatment of violent offenders. Forgiveness interventions for angry and violent offenders do not appear to have been implemented, as yet, on a wide scale. Further discussion is needed, however, as we do not know, though it could be easily determined, whether terminological and semantic discomfort would deter violent offenders from participating in a program in which terms such as “forgiveness”, “compassion”, “kindness” and “love for others” were commonly used. The vocabulary of strengths, virtues and positive states of mind may sit uncomfortably with mental health and correctional professionals and with offender clients themselves (Howells, 2004). The correlation between anger and masculinity (Milovchevic, Howells, Drew, & Day, 2001) also alert us to the possibility that such virtues are seen as un-masculine and likely to be rejected by offender clients and their peer groups. It is possible that some cultural and sub-cultural groupings would react with hostility to expressions of forgiveness, and this might counteract some of the effects of treatment. Nonetheless, our conclusion is that interventions to promote forgiveness may offer a positive and constructive focus to treatment that is both engaging and therapeutic for participants. While it is clear that these ideas require empirical validation, forgiveness is something that appears to be amenable to change through treatment, is likely to be personally meaningful to violent offenders, and thereby has the potential to improve the effectiveness of violent offender treatment programs.

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Table 1

Common dimensions of anger and forgiveness assessment (adapted from Howells, 2004)

Triggering events for anger episodes

Cognitive appraisals, attributions and evaluations of these events, including cognitive biases and underlying cognitive structures or schemas

Physiological activation, particularly of the autonomic nervous system

The subjective experience of angry feelings

Action tendencies (impulses) evoked by angry emotion (for example to strike out)

Self-regulation strategies for anger

Behavioral reactions (what the person actually does in response to anger)

The functions of angry behavior (social or environmental consequences)
