

A Phenomenological Study Exploring the Experiences Adult Survivors of Interpersonal
Childhood Trauma Have with Forgiveness in Their Healing Journey

by

Tia Leanne Lawler

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

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ABSTRACT

The purpose of this qualitative study was to explore the experiences adults have with forgiveness in healing from interpersonal childhood trauma. Forgiveness is a phenomenon often talked about in research and healing modalities. This study utilized a qualitative interview approach to explore how adult survivors of interpersonal trauma in childhood think about and integrate forgiveness into their healing journey. Research participants included 15 individuals who are between 25 and 45 years of age and self-identified as having experienced interpersonal trauma during their childhood. In-depth interviews were conducted to explore how each individual feels about forgiveness and how they might have integrated forgiveness into their healing from the trauma they experienced as children. Further, this study explored how the experience of forgiveness in their healing journey has impacted or changed the experience of trauma symptoms in their lives. The themes derived from the data collected in interviews included *letting go*, *actualized forgiveness*, and *self-compassion*. Findings presented a better understanding of the impact of the definition of forgiveness an individual internalizes, implications for practice, and the need for future research to follow up on this study and potentially focus on male perspectives.

Keywords: Interpersonal Trauma, Forgiveness, Self-Compassion, Actualized Forgiveness

Copyright Page

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Dedication

This dissertation is dedicated to all the survivors and thrivers out there who have experienced childhood trauma and are moving forward with life despite their past.

Acknowledgments

I would love to thank everyone that has supported, encouraged, and pushed me to continue moving forward to complete this journey individually. However, that list would be too long to put everyone here, so if I left you off know that I am thinking about you but could not fit everyone. I want to thank my crazy best friend Desiree Lang for always being available to listen to me rant and encouraging me to keep going. I want to thank the people who have walked with me on my healing journey and allowed me to be in a position to tackle a doctorate program. I especially want to thank Jen Worth and Suzie Wolfer who have both been a huge support for me as I completed this program over the past 5 years. I want to thank Elizabeth Smith and Rebecca Timms who have provided concrete support and encouragement over the last couple of years as I floundered in tackling the dissertation process. Finally, I want to thank Ani Moughamian-Rosenberg, without whom I would have given up multiple times. Thank you all for your support, encouragement, and wisdom throughout this process.

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List of Abbreviations

Attention Deficit and Hyperactivity Disorder (ADHD)

American Psychiatric Association (APA)

Diagnostic and Statistical Manual (DSM)

Institutional Review Board (IRB)

Posttraumatic Stress Disorder (PTSD)

CHAPTER ONE: INTRODUCTION

Overview

This study is an exploration of how an individual's ability to engage in the forgiveness of the perpetrator impacts their healing process, self-compassion, and the perception of self, following interpersonal trauma in childhood. Interpersonal trauma is defined as harm inflicted on one person by another individual (Wamser-Nanney & Cherry, 2018). This might include incidents such as child abuse, domestic violence, or assault. Interpersonal trauma has negative impacts on the victim including fear, decreased self-esteem, depression, anxiety, and inability to fully function in life activities (Wamser-Nanney & Cherry, 2018). There is a comprehensive body of research on the benefits of forgiveness in general. However, there is limited research that documents how the ability of the survivor to forgive the perpetrator impacts the survivor's ability to recover from these events, particularly for childhood survivors of interpersonal trauma.

Forgiveness for many individuals is a word that is tied to theology and faith. This definition is based on the idea of "turning the other cheek" and forgiving those who have harmed us with the expectation of repairing the relationship. This definition is not the one used for this study but is important to acknowledge due to the emotional charge of an individual who has experienced interpersonal trauma. Holding a definition of forgiveness that includes the common theological definition may prevent individuals from being willing to engage in forgiveness. More importantly, they may feel guilt and shame due to not upholding their values in being unable or unwilling to engage in forgiveness (Orcutt et al., 2008). Being unable to engage in forgiveness can result in the individual having an increasingly negative self-perception which will increase the experience of trauma symptoms (Orcutt et al., 2008).

Orcutt et al. (Orcutt et al., 2008) explored the impact of forgiveness of the perpetrator on the victim's PTSD symptoms following trauma. They report that forgiving the perpetrator resulted in a reduction in posttraumatic stress disorder (PTSD) symptoms. Orcutt et al. (2008) indicated that research examining forgiveness has focused primarily on having a forgiving disposition, rather than the inclination to forgive someone who caused harm. While Orcutt et al. (Orcutt et al., 2008) examined forgiveness related to interpersonal victimization, but did not identify at what age these violations occurred. This leaves a gap in the research for a large, and possibly the dominant, group of individuals who have experienced interpersonal trauma: adults abused as children. Many of the individuals who were the subject of previous research on trauma following victimization as adults were likely to have also been abused as children, but the current research has focused on more recent victimization and does not identify if the abuse occurred as an adult or as a child. Thus, there is a need to understand the specific experiences of this population and the role forgiveness of the perpetrator might play in healing. The purpose of this study is to begin to fill this gap and explore the nature of how adults who experienced childhood interpersonal trauma engage in forgiveness of their perpetrator, as well as their experiences with self-compassion and perception of the self during that process.

Forgiveness can be a challenge for individuals who have experienced interpersonal victimization. A study completed by Davidson et al (Davidson et al., 2013) reports that women who have experienced sexual violence often struggle “with more revenge and avoidance, and less benevolence” (p. 1041), which increases proportionally with additional incidents of sexual violation. However, forgiveness can conversely result in beneficial outcomes. For example, Porterfield and Lindhout (2014) interviewed a survivor of captivity who discussed the important role of forgiveness in her survival during her captivity and healing after her release. Two studies

conducted by Orcutt et al. (Orcutt et al., 2005) demonstrated the important role of forgiveness in reducing symptoms of PTSD. Additionally, they discussed the benefits of including forgiveness-based approaches in future treatment for PTSD (Orcutt et al., 2005).

Individuals who have experienced interpersonal trauma often struggle with a negative view of themselves. This is more prevalent among those who have experienced interpersonal trauma as children. This is due to the natural development of self-perception as a child grows (Naismith et al., 2019). Small children begin life seeing themselves through the interactions they have with parents and other care providers. When these individuals abuse a child with a developing sense of self, commonly, the child then views themselves through the eyes of the perpetrator. They may believe they are inherently bad, defective, or damaged (Cabrera et al., 2021). As these individuals become adults, they often retain these beliefs and hold guilt and shame about themselves and their actions relating to the trauma. They may also struggle with guilt and shame related to their efforts to protect themselves from further harm. Due to the feelings of guilt and shame, it is essential for healing that self-compassion is included in the healing process and may also be associated with an individual's willingness and ability to engage in forgiving those who harmed them (Valdez & Lilly, 2019).

According to Zhang et al. (2021), Self-compassion is the ability of an individual to look at their responses with understanding and compassion. An individual can then understand that what happened to them was not their fault and they responded in the best way they could at the time to survive a traumatic situation (Tao et al., 2021). Through this understanding, they can begin to believe that they are not bad but did the best they could with the resources they had and allow a shift in their perception of self to something that is kinder and allows for healing. Given the benefits of forgiveness of the perpetrator in situations of interpersonal violence, as well as the

benefits of self-compassion strategies, there is a need to understand how forgiveness might relate to self-compassion and the perception of self when someone engages in a healing process.

The background and history of the concept of forgiveness were reviewed, as was the theory underpinning the research previously conducted and guiding the current study. The social context of interpersonal trauma and forgiveness was addressed, and how forgiveness is defined by society and how it is defined in this study will be examined. The main concepts of forgiveness, healing, and perception of self; and how they intersect following interpersonal childhood trauma were explored.

Background

There has been significant research on forgiveness in recent years across different contexts, including different definitions of forgiveness, the benefits of forgiveness on mental health in general, and the potential benefits of forgiveness on healing trauma (Fehr et al., 2010; Field et al., 2013; Schultz et al., 2014; Yao & Chao, 2019). Research conducted by a variety of researchers has shown there are improvements in outcomes for individuals with mental health challenges, such as anxiety and depression, when an individual can engage in forgiveness toward self and others (Jarrett et al., 2017; Orcutt et al., 2005, 2008). For example, engaging in forgiveness improves outcomes for couples following episodes of infidelity (Conradi et al., 2018), interactions between members of the family system in family therapy (Yao et al., 2017), and in situations where an individual has engaged in socially unacceptable actions (i.e., crime, drug use, or other behavior that causes harm to individuals or groups) or against their value system, resulting in reduced anxiety and depression (Kim & Enright, 2018). Orcutt et al. (2005, 2008) describe the benefits of forgiveness and note that forgiveness is an activity that requires the individual to engage with difficult emotions rather than avoid them and transforms negative

emotions into more positive ones. This can then result in a decrease in avoidance symptoms present in PTSD and increases resilience (Orcutt et al., 2008), which are both beneficial outcomes for those who have experienced trauma.

There has also been research regarding the nature and benefits of forgiveness on both physical and mental health (Jarrett et al., 2017). Most of these studies have focused on the general benefits of forgiveness, including building resilience, stress reduction, and improving relationships. There is currently emerging research related to the impacts of forgiveness on individuals who have suffered trauma (Orcutt et al., 2008), however, the body of research remains limited and there is not a clear understanding of the impacts of forgiveness on the outcomes related to healing of interpersonal trauma, particularly for those who have experienced such trauma in childhood. Orcutt et al. (2008) reported that there was a correlation between engagement in forgiveness for the perpetrator of harm and a decrease in PTSD symptoms. They also reported there were many variables impacting this relationship and it was not sufficient to conclude that forgiveness was the sole factor causing the improvement in PTSD symptoms for those engaged in forgiveness.

Thus, the focus of this study was to examine the experiences with, and potential benefits of, forgiveness for individuals who have experienced interpersonal trauma in childhood. When these individuals can engage in forgiving the perpetrator it allows them to no longer have emotional attachments to the trauma through a desire for revenge (Langman & Chung, 2013). While the survivor may not speak with the perpetrator of harm, or that person may have passed away, a desire for retribution and holding on to anger results in an emotional bond to the person and event. Energy spent focusing on a desire for the perpetrator to be punished or suffer as they did prevent the individual from really moving on in their lives. When an individual can forgive

the perpetrator, they can let go of the emotional attachment to the event and person and move forward in their life (Orcutt et al., 2008). The desired outcome of this study was to expand the understanding of the impact of forgiveness on the symptoms experienced by individuals recovering from childhood trauma, allowing them to let go of the bonds to the perpetrator and move forward in their lives in a more positive and healthy way.

To provide the background for the study, the historical context of forgiveness and its relationship to overcoming trauma was explored, as was the social context and theoretical underpinnings that guide the research. There is a primary definition of forgiveness that most people in the Western world ascribe to, either consciously or unconsciously, which was explored, as well as alternate definitions used in previous empirical research on forgiveness. People from different areas of the world may not be influenced by the theological definition of forgiveness and may have a definition of forgiveness that is different than those presented in this study. This does not mean that the study would not apply to other cultures, but their concept of forgiveness needs to be accounted for if substantially different. The social expectation of forgiveness, that is generally accepted and stems from the historical background based on a theological definition, was discussed, as well as how this continues to impact an individual's ability and willingness to engage in forgiveness. Finally, the idea of forgiveness was explored concerning the theory of self, presented by Carl Rogers.

Historical Context

This section covers the historical setting and context of interpersonal trauma and forgiveness. Recognition of interpersonal trauma as a recognized problem is recent and has evolved over the last hundred years. Similarly, the history of forgiveness and how it is defined has changed in recent years (Lander, 2012).

The Evolution of Interpersonal Trauma

Psychological trauma is a continually evolving field that began with the identification of symptoms in survivors of war trauma, first observed in and documented during the Civil War and referred to as Nostalgia, Soldier's Heart, and Railway Spine (Friedman, 2019). During World War I it was referred to as shell shock, changing to battle fatigue during World War II. While previous editions of the Diagnostic and Statistical Manual (DSM) included a diagnosis of response to extreme stress, none captured the whole of the trauma responses until 1980, when posttraumatic stress disorder was added to the DSM-III (Friedman, 2019). Posttraumatic stress disorder is a diagnosis based on a cluster of symptoms stemming from an experience of extreme stress or trauma. Throughout most of history, trauma was identified as an extreme event and an experience not within the normal experience of humans such as war, violent attacks, and natural disasters (Friedman, 2019). Also, these events were defined as events that posed an actual or perceived threat of death (Friedman, 2019).

It is only in recent years that more routine traumas and less violent interpersonal violations have been recognized as also causing PTSD in a variety of individuals (Friedman, 2019). Interpersonal trauma is an act by one person against another person that causes harm to the victim (Nemeroff et al., 2016). These types of interpersonal violations may include verbal abuse, chronic verbal or emotional abuse in childhood, or even simple assault. The understanding of trauma has also evolved due to the roles between genders, and the differences in the impact of trauma in adults versus children have also gained more awareness and recognition (Ford et al., 2012). Society has accepted that women have rights as individuals and should not be subjected to violence by intimate partners and recognized that children are significantly impacted by harsh treatment and emotional neglect (Ford et al., 2012). Due to this, there has been a slow increase in

the research into how these types of interpersonal traumas impact people and the factors necessary to allow for healing (Dowd & McGuire, 2011). Interpersonal traumas often have a different impact than other traumas that are considered extreme and outside of the normal human range of experience such as domestic violence versus being involved in a car accident (Fossion et al., 2015). This may be, in part, due to not recognizing these events as trauma until recent years due to trauma being defined as something outside the normal scope of human experience (American Psychiatric Association, 2013).

The DSM-5 still does not actively recognize many interpersonal traumas as a qualifying event for the diagnosis of PTSD requiring that there be either significant fear that death will occur or an actual threat to life. The exception to this is interpersonal events that occur in childhood such as sexual abuse, physical abuse, and neglect, though these are not clearly defined in the DSM-5 (Wamser-Nanney & Cherry, 2018). The fact that interpersonal trauma, in general, is not recognized as clinical, or diagnosable, trauma potentially results in survivors discounting their experiences and blaming themselves for the events (De Bellis & Zisk, 2014). Interpersonal trauma has significant negative impacts on the lives of those who experience it, regardless of whether it is recognized in the DSM-5 diagnostic criteria. It is therefore important to consider ways to support those who have experienced interpersonal trauma and find methods to engage in healing processes.

The History of Forgiveness

The current socially accepted definition of forgiveness is based on theology and a faith-based value of turning the other cheek (Griffin et al., 2014). The accepted idea of forgiveness generally utilized in Western Civilization is that a person grants the perpetrator “grace” for the transgression, resulting in the relinquishment of anger toward the perpetrator, and most often,

allowing the perpetrator an opportunity to repair the relationship with the victim of their poor behavior (Lawler-Row et al., 2007). Additionally, the theological concept of forgiveness supports the idea that the person who does not forgive another will also not have their sins forgiven, creating pressure to forgive or face serious consequences themselves (Edwards et al., 2002). The pressure inflicted on a survivor of trauma by the theological definition of forgiveness to forgive the offender can result in further harm to the survivor.

An alternate definition of forgiveness is more focused on the needs of the victim instead of the needs or rights of the perpetrator. This definition of forgiveness also looks at the release of anger and desire for retribution toward the perpetrator (Lawler-Row et al., 2007). The difference is that this definition asks the victim to let go of anger and the desire for retribution, not to repair a relationship with the perpetrator or to make things better for them, but to instead release the victim of the trauma from the power held over them by the perpetrator's damaging act. The idea is that holding anger and resentment toward the perpetrator maintains mental and emotional connections to the individual and the act that continues to impact the victim's life (Bae et al., 2015). Releasing these emotional ties and letting go of the need for a specific outcome allows the victim freedom to move forward in life without the connection to the trauma perpetrated on them (Porterfield & Lindhout, 2014). In her interview, Lindhout reported that her ability to forgive the people who were hurting her, even while still a captive, was a primary tool in her survival. "If I chose forgiveness I could not be defeated" (Wusik et al., 2015). Davidson et al. (2013) reported that many, if not all, sexual victimization survivors feel angry and vengeful toward the perpetrator, and additional victimization increases these feelings in the survivor. However, negative feelings toward the perpetrator result in reduced feelings of benevolence, which has been demonstrated to be a mitigator of trauma symptoms. Therefore, carrying anger and a desire

for retribution can have negative consequences for the survivor in terms of more severe trauma symptoms and negative consequences to health (Davidson et al., 2013). For this study, forgiveness was defined as the ability to release feelings of anger and the desire for retribution toward the perpetrator (or perceived perpetrator) of harm. This definition of forgiveness is the one that was utilized in the current study to understand its role in healing and developing self-compassion and improved perception of self for individuals who have experienced childhood interpersonal trauma.

Social Context

This section examines the social settings and constructs that set the stage for trauma. It also looks at the social settings that mitigate that trauma and support recovery. Interpersonal trauma and healing are both rooted in the social settings and interactions within our relationships, both personal and professional (Spinazzola et al., 2018).

Social Concepts of Trauma

Trauma, in general, has significant negative impacts on the individual who has suffered the trauma. Specifically, trauma results in a more negative self-perception, daily functional impairments, fear, lack of trust in others, and the inability to feel positive emotions (Dorahy et al., 2013). Interpersonal trauma increases the negative social impacts on the individual and can be significantly worse than other types of trauma, as interpersonal trauma is a violation of the individual's person and personal safety (De Bellis & Zisk, 2014). Negative social impacts of interpersonal trauma might include extreme social anxiety, inability to build healthy relationships resulting in isolation, disruptive and anti-social behaviors that impact the individual's ability to engage in routine social activities, and, at worst, may result in legal trouble as the individual works to prevent further pain and trauma (Chatziioannidis et al., 2019). Furthermore, trauma

negatively impacts the individual's ability to engage in daily tasks and activities that are supportive to them such as hobbies, work, school, and social activities (Ford et al., 2012).

Interpersonal trauma creates a situation where the individual has had their person or personality violated by another and harm thrust upon them without their consent or control (Depierro et al., 2013). This often results in justifiable anger toward the perpetrator of the trauma. However justified this anger and resentment are, it can become toxic if the individual is unable to move beyond the anger stage, because harboring this anger for months or even years can be destructive (Orcutt et al., 2008). Unresolved anger toward the perpetrator creates a trauma bond between the individual and the perpetrator and prevents them from moving forward (Dutton & Painter, 1993). The desire for retribution and the punishment of the perpetrator is normal and justified, however, it keeps the individual focused on the trauma and the perpetrator instead of allowing them to leave the trauma behind and move forward healthily (Field et al., 2013a). Not being able to engage in forgiveness keeps the trauma bonds intact and the individual bound to the perpetrator through anger and a desire for the perpetrator to be punished for their actions. Dutton and Painter (Dutton & Painter, 1993) defined a trauma bond as an emotional attachment developed in the presence of a power differential and alternating positive and negative behaviors. In incidents of interpersonal trauma in childhood, there is an innate power differential as the perpetrator is almost exclusively an adult or much older person who abuses the child, the abuse alternates with positive experiences such as a parent who lavishes a child with gifts in between periods of verbal, physical, or sexual abuse (Woehler & Akers, 2021).

Interpersonal trauma in childhood is particularly toxic. A child does not have a fully formed sense of self and identity. A baby or young child develops a sense of identity from the relationships of the adults in their lives. When those adults or people in positions of authority

engage in harmful acts toward the children, such as physical or sexual abuse, it impacts their sense of security (Cloitre et al., 2009). Due to the development of a child's brain, the child assumes that they are at fault because the fundamental assumption is that their parents' first and primary goal is the care and support of the child. Therefore, when this does not happen the child assumes they are at fault as, under normal situations, the parent would always provide safety and protection to the child. The child then assumes that there is something wrong with them or that they have done something wrong to cause the adults to not love them. This sets a foundation for developing a sense of identity that is based on trauma, self-doubt, and feeling like they are the problem. This has a significant impact on the individual's ability to function. It also has significant impacts on the development of the child's brain, causing both physical changes and changes in neural pathways (Gold et al., 2016). This can result in a belief in the child that they are bad and should be angry at themselves instead of the perpetrator of the abuse. Once the individual grows up, there may be a lot of conflict between adult logic and knowledge that they were not at fault, anger at the perpetrator of the trauma, and the childhood struggle with an identity that is based on low self-worth and feeling at fault for what happened (Ford et al., 2012). This conflict often causes the individual to blame themselves or others and builds shame into their psyche, leading to the need for forgiveness of themselves in addition to those who have harmed them.

Social Concepts of Healing

Healing from trauma of any kind means being able to move past the event(s) and move forward in life. Often this includes not just a return to baseline of the mental and emotional state before the trauma, but growth resulting in a greater sense of health and confidence. This is referred to as posttraumatic growth. Ideally, healing allows the individual to not focus on the

event or the perpetrator but to move forward and feel safe and confident in their place in the world. In their work Field et al. (2013), discuss the idea that forgiveness is a gift to yourself. Their study looks at how forgiveness improves outcomes for victims of crime. There is a reported increase in positive affect and perception of self that is sustained over time when a crime victim can engage in the forgiveness of the perpetrator of the crime. Similarly, Wusik et al. (2015) discussed the benefits of engaging in forgiveness following a mass shooting on a university campus. They reported a decrease in posttraumatic stress and an increase in posttraumatic growth in those individuals who were able to engage in forgiveness for the shooter. Each of these studies addressed the decrease in negative perceptions of self, following forgiveness, and a greater ability to engage in positive social interactions in personal relationships as well as larger social settings (Field et al., 2013; Wusik et al., 2015).

Aside from the limited research on forgiveness, many different aspects of healing trauma are thoroughly grounded in research. These include modalities such as cognitive behavior therapy, cognitive processing therapy, prolonged exposure therapy, eye movement desensitization and reprocessing therapy, mindfulness, and even trauma-sensitive yoga. These methods are all supported by empirical evidence and have some level of success in improving symptoms and outcomes for individuals who experience them (Haagen et al., 2015). The limited research that exists suggesting the benefits of forgiveness in improving outcomes has not so far resulted in a functional strategy for implementing forgiveness as a part of routine treatment for interpersonal-type traumas, let alone for the trauma experienced as a child and held into adulthood. Therefore, there is a need to further examine the potentially critical role forgiveness may play in healing and self-perception for those who have experienced childhood interpersonal trauma.

Theoretical Context

Trauma healing requires moving beyond the event, the memories associated with the event, and the mental, emotional, and physical impacts of the event. This is not possible if the victim is stuck in anger, resentment, and a desire for retribution toward the perpetrator. This is a well-researched idea that is the basis for many of the evidence-based trauma treatment modalities currently utilized. The theological definition of forgiveness is resisted by most survivors of trauma because it appears to let the perpetrator off the hook for their actions. This results in the victim remaining stuck in the trauma and often continuing to engage in behaviors that place them at risk for further trauma. Learning to let go of anger and resentment toward the perpetrator with the idea that this releases them from the power and control of the perpetrator allows the survivor to begin to move forward without the burden of the past traumas.

One of the more significant factors in healing trauma through forgiveness is the impact this has on the concept-of-self including self-worth, self-image, and ideal self. Carl Rogers's theory-of-self promoted the idea that everyone has the potential to grow and reach a state of self-actualization. To achieve this state, though, an individual needs to grow in an environment that provides acceptance, genuineness, and empathy (Bondarenko, 1999). These are absent in a hostile and abusive environment where abuse and neglect occur. When in an environment that is not conducive to self-actualization, a child grows with a sense of self that is colored by the abuse and neglect they suffer at the hands of those who should have provided a supportive environment for healthy development (Noble-Carr & Woodman, 2018).

Interpersonal trauma negatively impacts how individuals perceive themselves and often results in shame and low self-worth. Shame is an attempt of the psyche to make sense of the trauma and put it into a context that is rational and understandable. For example, a child who is

physically abused by a parent will often conclude that they have done something to anger the offending parent and therefore they deserve to be hit (Spinazzola et al., 2018). Healing from this type of trauma requires healing the perception of self which requires self-compassion. This may mean the child who was physically abused can understand that what happened to them was wrong and was not due to any behavior of theirs, and to let go of anger toward self and self-sabotage due to the trauma experience. There is a significant amount of evidence to support the idea that forgiveness is important to the healing process. For example, when individuals who have experienced trauma forgive their perpetrator, they tend to experience fewer PTSD symptoms, increased mental health, and more positive perceptions of self (Orcutt et al., 2008). Thus, forgiveness plays a role in the healing process following traumatic events. Moreover, self-compassion is also important in the healing process because individuals who grow up in traumatic environments often lack healthy self-perception. This is due to hearing repeatedly as a developing child that they are bad, worthless, or defective (Zhang et al., 2021). Even children who did not have that verbal message often develop this self-perception of being damaged or defective as they try to make sense of the events that happen to them (Thomas et al., 2021). Self-compassion helps individuals to acknowledge that they were young and did the very best they could in an impossible situation. This self-compassion allows them to let go of negative self-perception resulting from trauma and their survival response to the trauma (Cabrera et al., 2021). However, there is a need to better understand how individuals who have experienced childhood interpersonal trauma engage in a healing process involving forgiveness of their perpetrator, and then how that may support their development of self-compassion and an improved perception of self.

Situation to Self

As a mental health professional who works frequently with individuals who have experienced trauma in childhood through physical, sexual, or verbal violence, or even just through general neglect of basic attachment needs, the idea of forgiveness is an idea that comes up frequently in my work. I often see people struggle, as they try to navigate healing, between the justified anger and desire for retribution toward those who harmed them and the desire to no longer be tied to old, painful memories and experiences. Generally, there are one of two challenges, either they feel like they are not allowed to be angry at the people who harmed them and blame themselves or they are so entrenched in nurturing their anger that they are stuck in the trauma and are unable to move forward in their lives.

Those individuals who I have worked with who have been able to move forward with their lives successfully are those who can both recognize and honor their anger and let it go so they can turn their focus toward moving forward in health, rather than being stuck in old patterns of anger toward those who harmed them. Many of the individuals that I work with struggle to even talk about the idea of forgiveness in the beginning and hold on to their desire for retribution like it is a lifeline. My work often endeavors to help them honor that justified anger and use it to create momentum in moving forward without attachment to the outcome for the individual who harmed them. I work to assist them in shifting their focus from the person who harmed them to their journey toward healing by helping them recognize how their anger keeps them tied to the perpetrator. I work to help them recognize that the perpetrator is likely not impacted by their anger, but it continues to keep them tied to the trauma, and the tighter they hold on to it the more pain it causes them.

The ideas that I work on within my professional interactions with clients are concepts that are social constructs that are bound to the cultures we are raised in. The idea of forgiveness in Western society is bound by the influences of faith, social structures, and ideals passed down through many years. I believe that if we were to examine how forgiveness is defined in indigenous cultures around the globe that there would be some very different ideas than those that we accept in our current society. Similarly, the idea of trauma is one that was defined and evolved in Western society and is based on a social structure that treats these events in a very different manner than that of different cultures around the world.

As a part of this study, I have gathered stories of similar people who have experienced trauma as children, examined the stories of their healing journey, and explored how forgiveness may play a part in their healing journey. Does forgiveness change their experience of childhood trauma? If so what shifts for them when they can forgive both the perpetrator of the abuse as well as themselves in the perception of culpability for the abuse?

Problem Statement

While there is evidence supporting the role of forgiving the perpetrator following traumatic events, there is limited research on this process for adult survivors of childhood trauma as well as the role such forgiveness might play in supporting self-compassion and an improved perception of self. Interpersonal trauma in childhood negatively impacts the developing personality and perception of self in negative ways. Exploring how forgiveness of the perpetrator(s) of trauma changes their perception of self and ability to engage in self-compassion needs to be investigated to understand what role forgiveness has in healing and how it might be better utilized in the healing process.

Clear statistics on the number of children who are abused each year are difficult to find as the number of reports of childhood trauma that are investigated each year is likely far fewer than the actual incidents of abuse perpetrated on children. In 2019, a study by the Children's Bureau documented that approximately 3.5 million children were the subject of at least one investigation by child protective services (US Department of Health & Human Services & Administration on Children, 2021). Unfortunately, this does not encompass the actual number of children who experience abuse each year. This is due to both a lack of reporting of abuse and a lack of investigation of some types of abuse such as verbal or emotional abuse and/or neglect, despite the research in developmental neurobiology that substantiates the negative impact of these types of abuse on the developing brain (Harvard University, 2006). Childhood verbal and emotional abuse can result in a reduction in brain volume specifically in brain regions involved in emotional processing according to a study by Gold et al. (Gold et al., 2016). These changes in the brain can cause problems with emotional regulation resulting in increased episodes of depression, anxiety, aggression, and other emotional disturbances that further complicate the ability of these individuals in developing and maintaining healthy social connections throughout their lives (Lee & Hoaken, 2007).

Changes in brain volume and functions due to childhood trauma impact the ability of the individual to have strong bonds with others and experience fulfilling relationships (Lee & Hoaken, 2007). This may perpetuate the belief that the individual is at fault or in some way caused the abuse to happen because they are deficient. There is a fundamental belief in this fault that feeds shame and reinforces trauma daily when they struggle to engage in healthy relationships that others are able to with apparent ease (Wamser-Nanney & Cherry, 2018).

Research regarding forgiveness has been limited in forgiveness involving interpersonal victimization (Orcutt et al., 2008) and, regarding adults abused as children particularly, is not available. Many of the adults in studies conducted by Orcutt et al. (2005, 2008) may have experienced interpersonal abuse as children but this was not specified. In conjunction with forgiveness for the perpetrator of harm, the idea of self-compassion needs to be addressed in exploring the idea that forgiveness may improve posttraumatic outcomes and healing. Many survivors of interpersonal trauma as children harbor feelings of guilt and/or shame related to the trauma (Munroe et al., 2021). Holding compassion for themselves as they would another person who experiences similar circumstances is essential to healing. There is limited research on how self-compassion is related to forgiveness for individuals who have been abused as children. However, there is significant information on how a lack of self-compassion impairs individuals from engaging with their emotions (Cleare et al., 2019; Thomas et al., 2021; Wu et al., 2018; Zhang et al., 2021). Therefore, it is important to begin exploring self-compassion and perception of the self by understanding the experiences of adults who have been abused by adults in their childhood and the impacts forgiveness has on their ability to engage in healing.

Purpose Statement

The purpose of this phenomenological study is to explore the experiences with healing, forgiveness, and perception of self in adults who have experienced interpersonal trauma in childhood. For this study, forgiveness was generally defined as the ability to let go of anger and a desire for retribution for the perpetrator of harm (Orcutt et al., 2008). The theory guiding this study is Carl Rogers's person-centered theory as it promotes the idea that the basic goal of human beings is to self-actualize, and interpersonal trauma interferes with the ability of the individual to engage in the process that leads to self-actualization. Rogers built on to Maslow's Hierarchy of

Needs adding that for growth to occur, an individual needs to experience genuineness, acceptance, and empathy, the opposite of interpersonal trauma. Rogers discussed that the lack of these things prevents healthy relationships and healthy personality growth in the affected individual, major hallmarks of PTSD diagnostic criteria.

Significance of Study

This study intended to add to the understanding of the influence forgiveness of a perpetrator has on the healing and growth of an individual who has experienced interpersonal trauma. The hope was that having a better understanding of the role forgiveness plays in trauma healing will support the education of professionals and the treatment protocols utilized for individuals who have experienced interpersonal trauma, resulting in more well-rounded, complete, and effective treatment for these individuals.

A previous similar study by Orcutt et al. (Orcutt et al., 2008) examined the relationship between offense-specific trauma and forgiveness on PTSD symptomology. This study endeavored to identify if there was a significant impact of forgiveness on PTSD symptoms. The result of the study identified a general correlation between forgiveness and the reduction of PTSD symptoms, though the severity of the trauma impacted the individual's willingness to engage in forgiveness, resulting in generally higher PTSD symptoms. This study was an effort to gather more information from individuals who have experienced trauma and examine their relationship to and willingness to engage in forgiveness and how these factors may impact their perception of PTSD symptoms. Wusik et al. (2015) studied forgiveness as a factor in healing from collective trauma and found support for the idea that forgiveness is an important factor in the healing of trauma.

Due to the nature of interpersonal trauma, addressing the emotions and attachments involved when an individual experiences this type of trauma is vital to understanding how to handle relational factors. Determining how to move on from the trauma and not feel trapped by the trauma is important to recovery. Forgiving the perpetrator for the violence committed against the individual is a controversial topic and a challenge for many individuals impacted by interpersonal trauma. The hope is that this study aids both individuals who have experienced trauma, as well as the professionals supporting them, to understand the nature of trauma bonds and assist them to move beyond the trauma and regain health.

One of the important factors of this study was to shift the definition of forgiveness from a focus on repairing a relationship to letting go of anger and regaining self-determination to better support individuals recovering from interpersonal trauma. Also, to assist individuals in moving forward more freely. This will help therapists and other professionals in utilizing the idea of forgiveness during treatment with less resistance from the individuals and more impact toward positive outcomes in healing.

Research Questions

The research questions of interest in this study include the following:

1. How do individuals who have experienced interpersonal trauma in childhood utilize forgiveness, as they define it, toward the people who have harmed them and themselves?
2. What role has their experience with forgiveness played in healing?
3. How do forgiveness and healing support and shift the individual's perception of self from a negative and trauma-based concept to a positive self-perception?

Definitions

1. *Forgiveness* - Forgiveness is defined as a shift away from a desire for revenge or retribution toward the perpetrator and towards motivations that are neutral or benevolent (McCullough et al., 1997).
2. *Interpersonal Trauma* – Interpersonal trauma is an experience of extreme stress and physical, mental, or emotional harm resulting from the actions of another person toward the victim (Lilly & Valdez, 2012).
3. *Perception of Self* – is the awareness and view of self as separate from those around them (Hubbard et al., 2005).
4. *Posttraumatic Growth* – Posttraumatic growth is a psychological change toward the positive as a result of experiencing and overcoming extreme stress and trauma in life (Tedeschi, G & Calhoun, G, 2004).
5. *Posttraumatic Stress Disorder (PTSD)* – Defined by the diagnostic criteria A-H in the DSM-5 (APA, 2013).
6. *Self-Compassion* - is a way of relating to the self that is characterized by being willing and able to treat oneself with kindness and compassion in the same way one would treat someone they care about in similar circumstances (Winders et al., 2020).
7. *Trauma* – Trauma is defined as exposure to actual or threatened death, serious injury, or sexual violence (American Psychiatric Association [APA], 2013).

Summary

The goal of this study was to explore the experiences of individuals who were victims of interpersonal trauma in childhood and how forgiveness influences the intensity of trauma symptomology. There is limited research related to how forgiveness and self-compassion impact

or mitigate the symptoms of trauma following interpersonal childhood trauma which limits the ability to formulate effective interventions utilizing forgiveness in formal treatment settings. The historical definition of forgiveness based on faith-based beliefs may be one reason this has not happened. Another factor may be the historical lack of focus on childhood trauma and its implications until the last 50-60 years. It has taken time for the field to understand the serious implications childhood interpersonal trauma has on the development of a child's brain and the problems that are taken into adulthood. Interpersonal childhood abuse has serious impacts on social situations and interactions for everyone in society whether they have personally experienced interpersonal trauma or know someone who has or is impacted by the behavior of those who have experienced such abuse. Examining forgiveness in relation to childhood interpersonal abuse may help to provide clarity and an added tool for assisting survivors in effectively healing.

CHAPTER TWO: LITERATURE REVIEW

Overview

The Literature review provides a detailed account and systematic review of the literature describing the experience of childhood interpersonal trauma and the experience of forgiveness following childhood interpersonal trauma. This chapter offers a critical appraisal of the literature, starting with a discussion of the study. Additionally, this chapter examines the literature about childhood interpersonal trauma and forgiveness, describes what is known about the relationship between the two, and identifies the gaps in the knowledge that warrant further research into the phenomenon of the experience of forgiveness following interpersonal trauma in childhood.

Theoretical Framework

The theoretical framework for this study is Carl Rogers's humanistic theory of self. Carl Rogers presented the idea that internal and external influences were a part of the individual development of self-identity (Jones & Butman, 2011). Rogers's believed that an individual's personality was not predetermined by genetics and could be influenced by environmental factors and personal choice (Tan, 2011). He promoted the idea that each person takes an active role in developing their personality. Rogers believed that the goal of everyone was to become the best person they could be (Jones & Butman, 2011). He presented the idea of self-actualization as the goal for each person.

In conjunction with Rogers 'theory of personality is Maslow's Hierarchy of Needs, which presents the idea that everyone has a set of needs in their lives that culminates in self-actualization (Oved, 2017). For the individual to achieve self-actualization, each of the previous needs must be met first. Each level Maslow presented is both a developmental need as a child grows, as well as a path toward the personal goal of self-actualization (Crandall et al., 2020).

Maslow's hierarchy of needs assumes that you must achieve one level before it is possible to move on to another. To have and feel safe a person must first have their physiological needs met. To feel love and belonging a person must feel safe in their environment (Oved, 2017). Each level builds on the last, ending with self-actualization.

Rogers' theory of personality is the foundation of person-centered therapy in counseling, as well as an approach to addressing many different mental health conditions. Trauma is one of the areas where person-centered therapy is often utilized. When looking at childhood trauma and the developmental impacts of childhood trauma – interpersonal trauma in particular – it is wise to review Maslow's hierarchy of needs (Idea to Value, 2022). Interpersonal trauma in childhood

Maslow's hierarchy of needs



impacts some of the basic needs listed by Maslow. A child who experiences neglect may miss out on the very first level of needs: physiological needs (Oved, 2017). A child who is physically or sexually abused may miss out on the second level of need for safety. A child who experiences mental, emotional, or verbal abuse may miss out on the third level of need for love and

belonging. Each of these missing pieces prevents that child from moving on. Their system gets stuck working for the establishment of the need they have missed out on which, in turn, prevents them from moving forward in their development (Crandall et al., 2020).

Trauma that occurs in the crucial early developmental years, particularly when it is caused by those who should be providing basic physical needs, safety, and love, impacts that person's development of identity and the image they have of themselves (Crandall et al., 2020). A child that experiences trauma early in life faces many challenges to their health, ability to develop healthy relationships, as well as added risk of additional trauma, exploitation, and even substance use (Felitti, 2019). Carl Rogers' theory helps make sense of why abused children have increased risks for adverse life outcomes. It also explains why individuals who have experienced interpersonal trauma in childhood struggle with self-concept, identity, and feeling important in their world (Martin, 2017).

While Rogers' theory helps explain why childhood trauma is so impactful; combined with Maslow's hierarchy of needs, it gives professionals and individuals a road map toward healing from these traumas (Martin, 2017). Working to rebuild the structure of safety may lead to healing and a more positive self-concept. Many survivors of childhood interpersonal trauma have already begun this process by establishing themselves with physical needs and basic safety. They often still struggle, however, with the level of love and belonging. The legacy of childhood trauma leading to a lack of feeling of love and belonging prevents the individual from feeling loved and accepted (Crandall et al., 2020). This keeps these individuals from successfully building self-esteem and from reaching the level of self-actualization.

Related Literature

Interpersonal Trauma in Childhood

Interpersonal trauma in childhood is defined by Ford et Al. (2012) as “the range of maltreatment, interpersonal violence, abuse, assault, and neglect experiences encountered by children and adolescents,” (p. 188). These may include familial violence, abuse, and incest; community, peer, or school-based assault; bullying or neglect; witnessing domestic violence in the home; and even the consistent disruptions in care from a parent or other care provider due to medical or mental illness, incarcerations, substance use, separation, or traumatic loss (Ford et al., 2012). Interpersonal trauma in childhood has significant impacts on the health and well-being of a child, as well as negative outcomes as that child becomes an adult if that trauma is not addressed and sufficient support is provided in early intervention (Spinazzola et al., 2018).

Types of Interpersonal Trauma in Childhood

Four main categories of interpersonal trauma in childhood can be present in a variety of social contexts that will be addressed here. The four main categories to be addressed include neglect or trauma that occurs due to physical or emotional neglect of a child (Harvard University, 2006), physical abuse that involves harm perpetrated against a child by physical means (Gold et al., 2016), sexual abuse that is the act of sexual exploitation or exposure to explicit material for the gratification of the older perpetrator (Fergusson et al., 2008), and mental, emotional, or verbal abuse of a child. Mental, emotional, and verbal abuse is possibly the most detrimental and the hardest to identify. Interpersonal trauma in childhood negatively affects a child's development mentally, emotionally, and sometimes physically. Different types of abuse can have different negative impacts and the more incidents and types of abuse a child experiences, the greater the negative consequences in the child's life. A child who is raised in an environment that

is abusive or neglectful grows up with unhealthy attachment and can harbor anger toward the individuals that harmed them long into adulthood. In addition to the anger toward the person who harmed them, they may also feel guilt and shame for perceived fault in the abuse. This can result in these individuals struggling to relate to themselves and others in healthy ways.

Neglect. The neglect of a child is something that may be hard to identify unless it is severe and chronic. Most identified neglect is a result of physical needs not being recognized and addressed by the care providers (US Department of Health & Human Services & Administration on Children, 2021). This may result from a teacher or community member making a report that a child appears to be hungry, dirty, lacking in basic skills, or possibly being withheld from school. Neglect may be a result of abuse, or the conscious choice of a care provider to withhold basic needs from a child, but it also may result from a parent lacking the skills or resources to recognize needs or provide resources to the child due to mental deficiencies, medical problems, substance use, or a lack of education (Ford et al., 2012). Neglect can also be a withholding of emotional support and co-regulation for a child (Harvard University, 2006). While physical neglect is extremely detrimental to the developing child, neglecting a child's emotional needs may likely be more detrimental to the developing mind and nervous system (US Department of Health & Human Services & Administration on Children, 2021). Neglect has been identified as being more harmful than active physical or sexual abuse (Harvard University, 2006). A human child is an organism that is born with the expectation that the individual who brings them into this world will provide not only shelter and food, but also love, connection, and co-regulation for a nervous system that is not born with the capacity for self-regulation (Erdmann & Hertel, 2019). Due to this expectation of care and connection, when a child is abused or neglected by adults who are supposed to care for them, the child often internalizes the blame for this occurring

because their organism cannot understand why the people who should care do not, unless there is something wrong with them.

Emotional neglect impacts the healthy development of the nervous system, the child's ability to develop healthy attachments, and the self-concept of the child which begins as a reflection of the emotional connection between mother and child (Chatziioannidis et al., 2019). Physical neglect may have an impact on the child's sense of self-worth (I am not worthy of love or care), their ability to engage with peers (perceived judgment due to not matching peers in clothing or cleanliness), and may restrict their ability to keep up in education due to malnutrition or lack of appropriate tools to complete work (Fisher, 2011).

Neglect in childhood, whether emotional or physical, may cause confusion or distress for the individual as they grow into adulthood as they may feel conflicted emotions, regarding their experience of neglect, toward their care providers and themselves (Mlotek & Paivio, 2017). This may make engaging in forgiveness for those who neglected them difficult depending on if the neglect was perceived as intentional or accidental due to a lack of capacity in the provider (Chernus, 2008).

Physical. Physical violence perpetrated on a child is the most easily identified trauma that a child experiences. The marks of physical violence are easy to witness and document by objective care providers, teachers, and law enforcement workers. This is the most documented interpersonal trauma perpetrated against children and one that is often prosecuted legally, as the wounds are visible and easy to document (Badr et al., 2018). Physical abuse may not always leave visible marks on the child though. Also, many states in the United States still allow corporal punishment of a child for disciplinary reasons if it meets the parameters of discipline and does not leave marks on the child. There is much discussion among professionals as to if

there is ever a justifiable reason to use physical punishment and if that punishment accomplishes the goal of preventing a child from engaging in poor behavior. Some countries, such as Finland and Sweden, have outlawed corporal punishment of children and the research supports this move as one that prevents child abuse and increases positive outcomes both emotionally and behaviorally in children where these laws have changed (Ellonen et al., 2017).

Individuals who have experienced physical abuse in childhood may experience significant anger toward those who assaulted them as children (Fergusson et al., 2008). They may also experience anger toward others they perceive as refusing to protect them (Wißmann et al., 2019). It is not uncommon for survivors of physical abuse to engage in physical abuse themselves due to not having an alternative healthy example of how to relate to others and effectively express themselves without engaging in physical aggression (Lawson et al., 2013).

Sexual. Sexual abuse is any sexual contact by an adult or older child with a minor child. This also includes exploitation or exposing a child to explicit materials (Vigil et al., 2005). Sexual abuse is typically perpetrated on children by a family member, relative, or close family friend (Bennett & O'Donohue, 2014). There is a segment of this type of abuse that occurs in other environments with other adults associated with the family such as a teacher or coach, church leader, or other adults in the child's life (Fergusson et al., 2008). It is rare, though not impossible, that this abuse is perpetrated by a stranger to the child. This type of abuse is particularly detrimental as there is manipulation involved. The child is often told that it is how people show love to others (Bennett & O'Donohue, 2014). They may be told that it is a secret between the child and perpetrator and to not tell. The child may even be threatened with harm or the harm of something or someone they love if they speak up about the behavior.

A child may not be aware that what is happening is abuse due to developmental level or years of grooming that cause the child to believe this behavior is normal, particularly if it is not sexual penetration (Bennett & O'Donohue, 2014). A child may feel confusing emotions because there is a physiological response in the body and having an important figure in their life taking time to focus on them or make them feel special plays on the natural need of a child to feel loved and connected (Fergusson et al., 2008). Sexual abuse can cause a lot of confusion and distress in the survivor, resulting in low self-esteem, body dysmorphia, challenges with future relationships, depression, anxiety, and PTSD (Kaye-Tzadok & Davidson-Arad, 2016). These impacts are well documented as continuing to be disruptive far into adulthood, sometimes even with significant treatment (Lawson et al., 2013).

Individuals who have experienced this may be forced to continue to interact with the perpetrator due to them being a family member or other adult in authority (Kaye-Tzadok & Davidson-Arad, 2016). Survivors of sexual abuse may have never disclosed the abuse due to fear of not being believed or fear of repercussions for telling. Additionally, an individual who discloses to a trusted friend or family member may bear the burden of feeling responsible for breaking up the family or feel like they have been the cause of distress in the perpetrator. These experiences can result in compound traumatic experiences and guilt that do not belong to them (Friesen et al., 2010).

Individuals who have experienced sexual abuse may hold anger toward the perpetrator of the abuse, as well as those who protected that perpetrator, anyone who failed to protect the child, and anyone who did not believe them if they disclosed the abuse (Chatziioannidis et al., 2019). Survivors often hold significant anger toward themselves and feelings of guilt for allowing the abuse, for not fighting back, for not telling someone, or for the physiological response to sexual

interaction (Vigil et al., 2005). This can result in extreme trauma reactions, difficulty with relationships, emotional disturbances, and even suicidality (Deblinger et al., 2006).

Mental, Emotional, and Verbal. This category of abuse is the hardest to measure and hardest to prove in an investigation or court proceeding. It is also one of the most detrimental forms of abuse on a developing mind (Maldonado et al., 2022). This abuse is characterized by an intentional retraction of care and emotional support from the child (Hoeboer et al., 2021). The perpetrator consistently uses disparaging comments and name-calling in interaction with the child. The child's developmentally appropriate emotional expression is punished or mocked. The child may be denied emotional expression or threatened with expressing emotions (Maldonado et al., 2022).

Another common form of emotional abuse is when a child is put in charge of the emotional well-being of a parent or care provider (Goldner et al., 2019). The parent may overshare their emotions with the child and expect the child to provide the parent with emotional support. This may not appear abusive now, but can place a heavy burden on a child who is not developmentally able to provide emotional support and regulation to themselves, let alone an adult in their lives (Goldner et al., 2019). There is an expectation for the child to modulate their behavior and needs to accommodate and support the emotional needs of the adult in the relationship (Pyar et al., 2019).

Emotional abuse is present in every other type of abuse perpetrated against children. The emotional impact of a neglected child who does not understand why they do not have someone taking care of them like their peers, the verbal aggression and name calling that often pairs with physical abuse, and the grooming, manipulation, and threats that accompany sexual exploitation. All are forms of emotional abuse that add to the burden and pain of any form of abuse.

Emotional and verbal abuse can be very subtle and present in the absence of any overt abuse that we can screen for in concrete ways.

Individuals who grow up in homes where emotional abuse is present, struggle with complex issues and dysfunction in both their emotional function and their ability to form and maintain healthy relationships (Gardner et al., 2019). These individuals are at high risk of becoming victims of domestic violence relationships as they are unable to recognize red flags for manipulation and abusive relationships (Francis, 2021). They may struggle to express emotion or may be overly expressive and cannot self-regulate (Dikmeer et al., 2014). They take on the responsibility for all negative emotions in a relationship feeling that if their partner is angry, sad, or frustrated that they have personally done something to cause their partner's distress (Goldner et al., 2019). These individuals carry the sole burden for relationships not working and assume that any negative interaction is their fault. These individuals may also struggle with their relationship with themselves due to carrying guilt for the perceived wrongs that they cannot fix as they did not do anything wrong. Disrupting the habit of shaming/blaming themselves when there is strife in a relationship can be challenging (Walker, 2014).

No matter the specific type, interpersonal trauma in childhood has significant and long-term impacts on the individuals who experience it. Relational challenges, poor self-concept, limited life skills, and challenges with emotional regulation follow these individuals into adulthood and often are lifelong. Interpersonal trauma in childhood may be blatant or subtle and always negatively impacts the individual.

Influential Adult Roles that Abuse

Many different types of adults have influential roles in a child's life. Each of these adults has the access and opportunity to inflict interpersonal trauma on a child either maliciously or

unintentionally due to ignorance or incapacitation (Child Welfare Information Gateway, 2021).

These adults hold places of authority in the children's lives. Many of them are tasked with teaching and guiding the children, which adds additional weight to their influence on the lives of the children they interact with. When that interaction becomes unhealthy or even abusive, the detrimental impacts of the relationship can have far-reaching effects (De Bellis & Zisk, 2014). Some of the roles that will be examined include parents, extended family, family friends, teachers, coaches, church leaders, and other roles.

Parents. Parents are the largest group of individuals investigated for abuse and neglect of children in the U.S. Parents are often the first guardians, caretakers, and coaches with whom a child interacts. As an infant, a child is completely dependent on their parents for every essential need. This includes the physical needs of clothing, shelter, food, and safety. More importantly, for this work, it includes comfort, nurturing, and co-regulation (Walker, 2014). An infant is no more able to self-soothe and manage their emotions than they can feed and clothe themselves (Walker, 2014). They are dependent on their caretaker to respond to their needs and help them to feel safe and cared for. Emotions are the only form of communication an infant has with the world before they develop the capacity to understand speech and use body language to communicate (pointing or gestures) between 7 and 12 months old (Walker, 2014). Then they spend another year developing the first words for verbal language. If a child's attempts at communicating a need are ignored during these first two years, what is being communicated is not a desire for the child to self-soothe as the parent intends, but that the needs of the child will not be consistently met (Walker, 2014). This begins to wire the infant nervous system for a survival response as they are not able to effectively get their essential needs met, effectively leaving their system in fight/flight mode (Spinazzola et al., 2018). Parents are essential in the

healthy development of the nervous system and emotions in infants and young children. When they fail to meet the basic needs for safety, shelter, or emotional connection there are consequences that follow the child throughout their lives (Cloitre et al., 2009).

In one article, a reported 8.9 per 1,000 children in the population experienced child abuse in 2019 for a total of 656,000 nationwide (Child Welfare Information Gateway, 2021). This is just the number that child protection agencies deemed abuse or neglect. Currently, our child protection agencies do not often investigate or prosecute mental/emotional/verbal abuse unless it is extreme, which accounted for only 6.1% of all cases in 2019 (Child Welfare Information Gateway, 2021). The scariest part of these numbers is that these are not all the incidents of abuse and neglect that occur, as many cases of abuse and neglect never get reported or investigated. While not all these cases were perpetrated by parents, 77.5% of the substantiated cases were by a parent (Child Welfare Information Gateway, 2021). Infants aged birth to one year are disproportionately likely to be the victims of abuse and neglect - as many as 25.7 out of every 1000 children - and the rates decline with the age of the child (Child Welfare Information Gateway, 2021). This increases the risk to the child for negative outcomes throughout their lives due to the impacts on the developing infant's nervous system. This also disrupts the early development of attachment and emotional regulation that can have long-term impacts on the child's life and relationships.

One of the significant detrimental impacts of interpersonal trauma at the hands of parents is that often if the child does choose to speak up about what is happening to an adult, there is the risk that the child will not be believed. Worse yet, the child may be targeted by the other family members for disrupting the family. This can result in the child carrying significant shame and

guilt for breaking up the family or anger toward both the perpetrating parent as well as those who did not support them.

Extended Family. Extended family plays a very important role in the life of any child. This is the second largest group investigated for child abuse in the U.S. This group often has unlimited access to children and is trusted by parents to provide care without question. They provide extra support to the parents, additional role models for the children, and playmates through cousins. Extended family can be a blessing in any child-rearing family. Often, family members can be trusted to care for the children in place of the parents in an emergency. Extended family members who are not healthy or have malicious intent may also place the children at risk of harm. If a parent is unaware of the risks with an extended family member, they may place their children into the care of someone with malicious intent or without the mental, emotional, or physical, capacity to provide appropriate care and thereby allowing harm to come to the children. No one wants to believe that someone we love and trust would harm a child.

One of the risk factors particular to this group is unresolved trauma. A parent who has experienced interpersonal childhood trauma at the hands of a family member, and has not acknowledged and addressed that, may not be aware of the risk that a loved family member poses to their child. A parent who may have been mistreated by their parent, a sibling, or an extended family member may not recognize the risk these individuals pose to their children if they have not addressed their trauma, in effect perpetuating the trauma onto their children through neglect.

Extended family was the group with the second highest rate of substantiated abuse or neglect toward children in 2019 (Child Welfare Information Gateway, 2021). This group

accounted for 6.5% of all substantiated cases of abuse and neglect (Child Welfare Information Gateway, 2021).

Other Adult Roles that Abuse. In addition to parents and other family members, there are a variety of other adults that have access to children and engage in abusive behaviors. These groups represent a minority of investigated abuse cases, but can be detrimental nonetheless. The roles in this group include family friends, teachers, coaches, mentors, church leaders, and others who have contact with children in less meaningful ways.

Family friends are any adults who interact regularly with the family and therefore the children in the home. These adults often are asked or invited to be a part of the child's care. They often have access to the children in unrestricted ways. Family friends are trusted and therefore may not be suspected of engaging in harmful behaviors with the children (Child Welfare Information Gateway, 2021). The trust of the parents in this group of adults may cause the parents to believe the words of the adult over the words of the child. A child will likely see the trust the parents place in these adults and not question their behavior, even when the behavior does not feel good. This may keep children from recognizing that they should speak up about something that is happening. A child may also not speak up because they feel that they will not be heard, or history shows that the parent will say they are being rude by speaking up. This causes a child to doubt their senses. Family friends can be important helpers in the family, but can also cause harm.

Teachers are another essential part of our children's lives. We rely on the school system to investigate and vet the teachers that will oversee our children and their education for multiple hours daily, for 12+ years of their lives. Parents have little, if any, say in who teaches their children, and are not generally present to observe the behavior of children and adults in the

school environment. Due to this, teachers have almost unrestricted access to the children. If they have malicious intent, or lack the necessary emotional regulation skills to manage a large group of children, interpersonal trauma can occur. In school, this can take the form of verbal and emotional abuse via bullying or neglect. It might be as simple as a lack of acknowledgment of a child's needs or concerns – easy to occur in a busy classroom. Interpersonal violations by teachers can also be physical or sexual. Words are powerful when talking to a child with a developing personality. Words that are harsh or judgmental can stick with the child for a lifetime and change their outcomes and ability to succeed in life.

Coaches, whether they are sports coaches, mentors, tutors, or hold other roles, hold a lot of power in the lives of children. These adults are in positions of power with children and are also in a position of trust. Children are sent to engage with these adults who are expected, with minimal parental supervision, to act in the best interests of the children to support and encourage them to be successful in a specific area of life, whether it is sports, academics, or developing social skills. Coaches and mentors have the opportunity to engage in abusive behavior regularly. At times, this behavior may not be identified as abusive by the casual observer, particularly if the abuse is based on bullying.

Church leaders also hold a unique position with children. They have authority as an adult in their lives, but hold additional power due to their position as a leader of faith (Kinmond et al., 2019). There are added pressures on the child who perceives these individuals as intermediaries for God (Chowdhury et al., 2021). The child may be less likely to say something to another trusted adult due to fear they will go to hell for challenging this adult (Chowdhury et al., 2021). Additionally, the impact of abuse by a church leader can cause a child to question their faith and if God loves them as they have been told (Mendes et al., 2020).

Multiple other categories of adults might have access to children and engage in abusive relationships. These might include neighbors, parents of friends, or other adults that have contact with children in some way (National Center for Victims of Crime, 2019). These groups often have the lowest incidents of substantiated abuse toward children. They may also be the most challenging groups to investigate due to fewer regular contacts that also seem less significant. This group may pose a risk that is not acknowledged, due to not being cautious about the risks faced by children who are exposed to adults who are not connected to the child in a meaningful way.

Adults who engage in abusive or neglectful behavior toward children are in many different roles and can have a monumental impact on the children they harm. This interpersonal trauma on children can have lifelong impacts on the children who experience it resulting in difficulties with relationships, behavioral challenges, addictions, and potentially, further trauma (Zhang et al., 2021). Additionally, these individuals often struggle with shame and guilt related to the abuse and the survival responses developed to cope with the abusive environment. These children grow up having difficulty trusting others, experiencing significant fear and anger, and harboring self-doubt and criticism that negatively impacts many aspects of their lives (Zhang et al., 2021). Resolving this interpersonal trauma allows survivors to find peace and fulfillment in their lives (Cabrera et al., 2021).

Impacts on Relationships with Others

Interpersonal trauma has lasting impacts on the survivor's ability to build and maintain healthy relationships with others (De Bellis & Zisk, 2014). As children, we learn how to relate to others through our interactions with our parents and other adults in our lives (Wißmann et al., 2019). When those relationships are toxic, children develop unhealthy attachment styles that will

follow them throughout their lives. These children also develop survival responses that can result in socially inappropriate behaviors and difficulty with nearly every area of life in our social communities (Hoeboer et al., 2021).

Attachment. Attachment has been defined as an emotional or affectional tie between one human or animal and another, or a bond that connects them and endures over time (Ainsworth & Bell, 1970). Healthy relationships require that an individual can relate to another person without being reactionary or avoidant (Hubbard et al., 2005). Healthy attachments in infancy and childhood provide a model for building relationships independently as the individual grows and matures. Healthy attachments also provide a scaffold for building a healthy perception of themselves. A child who grows up in a home that is loving and provides emotional support and co-regulation in early life builds a view of themselves that is emotionally stable, confident in their capacity to manage a variety of experiences, and secure in their own identity (Fowler et al., 2013).

Human beings are innately wired to connect with others. Initially, to their care providers in infancy, and other adults and friends throughout life (Snyder et al., 2012). Snyder et al (2012) state that the development of a child is influenced by the attachment experience they have in infancy, and the nature of early attachments influences the quality and stability of relationships throughout their lives. Healthy attachment means that an individual is confident in their value as a human and generally believes that others have good intentions toward them (Hubbard et al., 2005). A child who has experienced interpersonal trauma frequently struggles with healthy attachment due to not having a bond with their care providers, or their trust being violated by an adult in their lives (Spinazzola et al., 2018). Early childhood abuse often results in attachment disorders that impair their ability to relate to others healthily. Snyder et. al (2012) reports that

compromised attachment between mother and child can result in impairments in social, emotional, and neurobiological function throughout the lifespan. Maybe more detrimental is the impact attachment disorders may have on their ability to relate to themselves and have self-compassion (Snyder et al., 2012). Attachment wounds do not just impact the relationship with others, but also impact the self-concept of the individual. This can result in the development of toxic shame, depressive symptoms, and struggle with a negative view of self in general (Snyder et al., 2012).

Difficulty with Trust. Individuals who grow up in abusive environments often struggle with trusting others (Sherr et al., 2017). An infant has no choice but to trust their caregiver to feed, protect, provide basic survival needs, and provide for their emotional needs (Sherr et al., 2017). When an infant has a need that is not being met, their only accessible form of communication is to cry. When the infant's cries do not elicit the attention of their caregiver, initially their cries get louder but, with time, they go silent. They have learned that they cannot trust their caregiver to meet their needs and they quit asking (Sherr et al., 2017). It is not different for older children. If needs are unmet frequently enough, or the child's body and mind are violated by someone who is supposed to provide support, the child learns that they cannot trust that individual (Kugler et al., 2012). If these violations of trust and unmet needs become chronic, the child will generalize their distrust to all others (Sherr et al., 2017). They become very independent as a matter of survival and do not rely on others to care for them. This lack of trust does not disappear as a child grows older. Individuals who learned to protect themselves from abuse and provide for themselves have extreme difficulty later in life learning to trust others (Kugler et al., 2012). This impacts many, if not all, their relationships: romantic,

workmates, friends, and family; all are viewed with suspicion or just the assumption that the individual will be let down and hurt by them (Kugler et al., 2012).

If not addressed, this challenge of trusting others will impact every aspect of an individual's life and make interactions with others difficult. Extreme independence is one expression of distrust, but others can be more dramatic (Dikmeer et al., 2014). An individual who learned that others cannot be trusted may express anger toward others and push people away who are attempting to support them. They develop additional mental conditions or personality disorders that show a disregard or disdain for others such as narcissism and anti-social personality (Cloitre et al., 2014). Another extreme example might be an individual who is so fearful of people and society that they seclude themselves to the point of developing disorders such as agoraphobia (Cloitre et al., 2014).

Having a healthy, happy life requires that an individual can recognize those who are trustworthy and those who are not (Sherr et al., 2017). Developing trust following childhood abuse can be challenging. The ability to forgive the person or persons who harmed them may be a key link to being able to engage in trust for others and healing from interpersonal childhood trauma (Jarrett et al., 2017).

Reactionary Behaviors. One of the common impacts of trauma is behaviors that are automatic responses to the traumatic experience. These are often referred to as trauma responses. An individual who experiences trauma may develop automatic responses that are based on survival (Ford et al., 2012). A child who frequently gets beaten when their father is drunk might lock themselves in their room or run away when they see their father drinking. A child who rarely has enough food will learn to steal food and hide it for the next time they are hungry. These responses ensured survival while the abuse was occurring (Kolk, 2014). These responses

do not just end when the abuse ends. They often persist for many years, or even a lifetime, without treatment (Kolk, 2014). These automatic behaviors can be detrimental to the individual's quality of life and ability to maintain relationships, a job, and stay out of legal trouble (Spinazzola et al., 2018).

The individuals themselves may not understand why they engage in these negative behaviors and find themselves compelled to engage in behavior they know will negatively impact their lives and still not be able to stop it (Kolk, 2014). Spinazzola et. al. (2018) discusses the impacts of interpersonal trauma on a child's neurodevelopment and the long-lasting impacts on social interactions that early trauma has on both mind and body outside of cognitive awareness. Children do not understand the source of their behavior or the purpose it served in their lives. They cannot change it or help others in their lives to understand what is going on (Dorahy et al., 2013). Since early trauma changes the way the brain is wired, these reactionary behaviors are not voluntary but are based on the unconscious survival response developed in early childhood. These reactionary responses carried into adulthood can result in addictions, lost work, broken relationships, and even trouble with the law (Spinazzola et al., 2018). Understanding how their childhood experiences impacted them and being able to engage in self-compassion understanding that these were ways they survived can lead to a reduction in these survival behaviors (Rosoff, 2019).

Healing attachment wounds and interpersonal trauma is documented to result in fewer challenging behaviors and exponentially improved relationships (Dikmeer et al., 2014). Forgiveness for those who caused harm may be a significant piece of this healing. It is the goal of this study to explore how forgiveness may impact this healing process.

Relationship with Self. An individual's self-perception, after growing up in an abusive environment, is often negative (Cabrera et al., 2021). Multiple factors lead to a self-perception that the individual is damaged, defective, or evil. Cabrera et. al (2021) reports the impacts of interpersonal trauma can result in the inability of an individual to view themselves positively and compassionately, resulting in a lowered quality of life. Compulsive survival behaviors exacerbate the belief that the individual is damaged, at fault, or evil (Fowler et al., 2013). Growing up with a consistent message from adults that there is something wrong with the individual lays the groundwork for a negative self-perception. A study conducted by Becht et al. (2017) reports that the relationship with a maternal caregiver has more influence on the self-perception of an adolescent than the relationship with the peer group, even though at this age adolescents are more concerned with peer relationships. The attachment in early childhood continues to impact an individual's self-perception even as the adolescent is moving away from the close relationship with childhood care providers.

A child's psyche cannot rationalize why an adult, who they are wired to love and trust to provide care, might engage in physical or sexual violence toward them (Taylor, 2015). The mind assumes that the adult is behaving rationally leaving the child's mind to assume that the child is somehow the cause of the adult's behavior towards them. A child who is beaten, even viciously, says to themselves that if they had done as they were told, gotten a better grade, and not irritated their parent, this would not have happened. A recent study conducted by Katie Ellis (2019) discusses the process of a child assuming the blame for their sexual exploitation. Ellis (2019) reports that a combination of social programming to accept responsibility for personal actions, comprehensive grooming by the perpetrator, and the ways these victims are handled following removal from the abusive environment all play parts in the negative perception of themselves.

Children who are often groomed and told that the behavior is normal, or that they are special and that is why they are getting attention, believe that they are wrong for feeling bad about what is happening (Ellis, 2019). Alternately, those who are assaulted in anger believe that they have done something to deserve it. For a child trying to make sense of these events, they most frequently carry the blame and feel that they have done something to cause this abuse to happen (Fowler et al., 2013).

What this does to the child experiencing this is they begin to self-identify as bad (Badr et al., 2018). When something happens in life, they may lash out at themselves in anger instead of at another. When they engage in compulsive self-protection behavior, they believe they are defective and choose to mess up their lives (Walker, 2014). Self-hatred and self-contempt increase, making change and growth even more challenging. The individual who blames themselves for the abuse may not recognize that they are not to blame for their early experiences or the behaviors they developed to survive those circumstances (Weiler, 2019). For this individual to forgive the perpetrator for the harm they caused, they must first understand that it was the perpetrator and not themselves at fault.

Healing the relationship with self requires a renegotiation of self-perception. How can an individual heal from early interpersonal trauma if they continue to carry the shame and blame of the events that happened to them? Additionally, how can an individual engage in forgiveness of the perpetrator of harm if they do not see that the adult was to blame for choosing to take advantage of them?

Perception of Self

A person's view of themselves is the fundamental influence on the individual's relationship with others, their view of the world, and the expectation they have of how others

should treat them (Kaye-Tzadok & Davidson-Arad, 2016). When an individual has been abused or raised in an environment that was not supportive, commonly, the individual develops a negative view of themselves (Wu et al., 2018). Due to the negative self-perceptions, these individuals can begin to assume that others view them negatively and they develop a worldview that is biased to assume the worst response toward the individual if anything goes wrong (Hoeboer et al., 2021).

Role of Self-Perception

Self-perception is the basis of our identity. It is also the basis of how an individual views the world around them and sets the expectation for how friends, family, and society, in general, should treat the individual (Goodkind et al., 2012). If you have a healthy, honest self-perception that understands you are a lovable, normal human, that sometimes makes mistakes, then you can relate to those around you with the expectation that they are also normal, lovable humans that also make mistakes (Neff & Germer, 2022). This allows the individual to have and hold healthy emotional boundaries with those around them and to look at those who may harm them with compassion and understanding (Schleider et al., 2018). Healthy self-perceptions allow for self-compassion when the individual makes mistakes and allows the individual to correct their mistakes while not getting angry and dysregulated by their error (Neff & Vonk, 2009).

When the self-perception of an individual is formed around interpersonal trauma and abuse, the individual views themselves as inherently bad or possibly a mistake. Kaye-Tzadok & Davidson-Arad (2016) report negative self-perception prevents healthy growth following interpersonal trauma. The individual is then constantly in self-defense mode to prove their worth to others because they do not feel worthy. Traumatized individuals often lash out at others when they feel shame about their behavior. Shame results in a threat to their carefully constructed ego

that can be torn down with any minor infraction and reminds them of their (perceived) lack of worthiness (Haugaard & Hazan, 2004). An individual with a self-perception built around trauma often becomes the perpetrator of trauma toward others. Haugaard and Hazan (2004) discuss the behavioral and emotional disorders that can arise from interpersonal trauma in childhood and the negative self-perception that develops. Attachment disorders, anger outbursts, and lack of awareness of the emotions of others can result in the abused child victimizing others throughout their life (Haugaard & Hazan, 2004).

Impact of Trauma on Self-Perception

How an individual views themselves is the groundwork for how the individual views the world around them (Gabrielli et al., 2014). Growing up in an environment that consistently tells an individual that they are bad, there is something wrong with them, or that they are a mistake lays a foundation for the belief that the individual is inherently bad (Lilly & Valdez, 2012). This is often reinforced in environments that are consistently abusive and use manipulation to cause the victim to believe the abuse is due to their inherent badness (Thomas et al., 2021). Due to the conditioned belief that the individual who experienced the abuse is somehow at fault for the abuse occurring, the victim often struggles to heal from interpersonal trauma (Walker & Tobbell, 2015). This is exacerbated when the abuse is experienced by a child who does not yet have a solid sense of their identity outside of the family unit or home environment (Chowdhury et al., 2021). A child growing up in a toxic and degrading environment without the support of adults who counter these negative messages will develop a very negative self-perception that can be challenging to shift as they become adults and their identity is wrapped up in the trauma (Walker, 2014).

This may be the foundation for the development of personality disorders as the traumatized individual works to create an identity that will function while trying to rationalize their experiences in early life (Fowler et al., 2013). Even without the presence of a personality disorder, the belief that “I am bad” may hinder all efforts to engage in healing or to develop relationships in any healthy way.

Identity Confusion. One of the tragic consequences of a self-perception formed during interpersonal trauma is the confusion that this causes for the individual. There are competing forces as the individual grows up and begins to realize the truth of what they experienced. They will learn that the trauma was not their fault. They will be told that they are not bad. This is in direct opposition to the self-perception that was developed throughout childhood and adolescence and causes the individual to feel very lost as to who they are (Ford et al., 2012). This identity confusion may cause an individual to struggle to know their own needs, wants, values, and preferences in life (Loewenstein et al., 2014). A study conducted by Noble-Carr and Woodman (Noble-Carr & Woodman, 2018) explored the impacts that adverse experiences had in childhood on the identity development of 24 individuals in Australia. The participants reported a significant impact of their experience on the development of their identity, how they viewed themselves, and their identified values. One individual in the Noble-Carr and Woodman (2018) study reported that “your past is who you are,” (Noble-Carr & Woodman, 2018). This individual’s self-perception was firmly rooted in the past and the adverse experiences of their early years. Individuals who have experienced interpersonal trauma may follow friends and partners in doing what others enjoy and absorbing the values and belief systems of others because it is something to grab onto (Ford et al., 2012). Individuals without a strong self-perception and identity often are very vulnerable to further abuse as adults because they are

ready to latch onto what someone else says is right so that they can feel like they belong and that they are valuable (Loewenstein et al., 2014).

Shame and Self-Blame. Individuals who do not have a healthy sense of self are often overcome with shame. Because they believe themselves to be inherently bad and unlovable, they take on responsibility for anything that goes wrong for themselves and those around them (Cabrera et al., 2021). Not only do these individuals often blame themselves for the interpersonal trauma they experienced but also for any other thing that may go wrong in their lives and the lives of those they love (Bem et al., 2021). In addition to blaming themselves, they carry a heavy burden of shame with them in daily life. Shame is a debilitating emotion that prevents the individual from being able to engage in forgiveness and healing from trauma (La Bash & Papa, 2014).

Punishment and Self-Harm. Many individuals who experience interpersonal trauma and have a negative self-perception engage in behaviors that are intended to punish themselves for the harm they have caused in the world even if this is not based on reality (Cleare et al., 2019). Survivors of childhood interpersonal trauma are at high risk of engaging in self-harming behaviors such as cutting, hitting themselves, eating disorders, risky sexual behavior, substance abuse, and others (Taylor et al., 2021). These individuals believe they deserve the pain they are feeling and use these activities to lessen the shame they are carrying by meting out judgment on themselves for perceived wrongs (Taylor et al., 2021). This behavior is often driven by a conflict between the individual's values and the belief that they are bad and therefore the cause of all bad in their lives and the lives of others near them (Cleare et al., 2019).

Relationship Between Self-Perception and Healing

How an individual views themselves are an integral part of the effectiveness of trauma healing work and impacts outcomes (Worthington et al., 2012). If an individual continues to have a predominately negative view of themselves, their ability to engage in healing in effective ways will be limited (Valdez & Lilly, 2019). Holding on to the negative beliefs instilled as children experience interpersonal trauma will act as a roadblock to shifting away from these trauma responses (Winders et al., 2020). Additionally, this negative view of self prevents the individual from understanding that the childhood trauma was not their fault (Hubbard et al., 2005). This prevents an individual from engaging in forgiveness toward those who hurt them because, if they are placing blame on themselves, a part of their brain does not believe that the person harmed them if they are placing blame on themselves (Field et al., 2013). Healing from interpersonal trauma requires that the victim can acknowledge that the trauma occurred. The conflict between the perceived responsibility of self and the actual responsibility belonging to the adult that harmed them causes cognitive dissonance and emotional turmoil in the individual who was harmed as a child (Walker, 2014).

An individual who has a negative self-perception based on interpersonal trauma in childhood is going to struggle to engage in the healing process in a concrete way (Cabrera et al., 2021). The shame that these individuals carry gets in the way of acknowledging that what happened to them was not their fault. Individuals must first shift that negative self-perception of guilt for what happened to have self-compassion for themselves and place responsibility on the adult who chose to act in abusive ways (Joseph & Bance, 2019). Then the individual may choose to engage in the forgiveness of the adult who caused harm and move forward in their own healing journey (Kelly, 2018).

Forgiveness

There are multiple definitions of forgiveness depending on the worldview of the individual. Many religious groups have a definition of forgiveness that is based on their faith and beliefs around sin and the interactions between a deity and other individuals and their sin. For this study, forgiveness is defined as a shift away from a desire for revenge or retribution toward the perpetrator and toward being replaced with neutral motivations or benevolence (McCullough et al., 1997). Forgiveness is for the benefit of the person harmed, not the perpetrator of harm. Forgiveness does not absolve the perpetrator of responsibility for their actions nor necessitate a repair of the relationship between victim and perpetrator. Forgiveness allows the person harmed to move on with their life without carrying the burden of anger and negative emotions (McCullough et al., 1997).

Opposing Views on Forgiveness

The term forgiveness is challenging in a society that is very steeped in a religious definition of what forgiveness is or should look like. Many different Biblical verses address forgiveness and a variety of definitions of forgiveness are based on Biblical principles. One definition of Biblical forgiveness is defined as letting go of sin as God has forgiven us. Every time, for everything, without exception (Just Disciple, 2022). This definition and expectation can be challenging for individuals who have experienced great harm at the hands of another person. Another way forgiveness is defined by faith practices is “an act of our own personal will in obedience and submission to God’s will, trusting God to bring emotional healing,” (AllAboutGOD.com, 2020). The Buddhist definition of forgiveness is that forgiveness is a practice of removing emotions, thoughts, and beliefs that will cause us harm (Thomas Telford School, 2021). Judaism says that forgiveness is only given if the perpetrator of harm engages in

repentance for the act of harm, suggesting that forgiveness is about repairing the relationship between the victim and perpetrator (Gorelik, 2017)

Benefits of Forgiveness

There is extensive research on the benefits of forgiveness in relationships. Much of this research is focused on relationships where the goal is the reparation and reunification of two, or multiple, individuals. A study conducted by Jarrett et al. (Jarrett et al., 2017) reports a moderating effect of forgiveness on distress symptoms following interpersonal trauma based on the blameworthiness (intentional or accidental harm) of the perpetrator. Blameworthiness was high if an individual intended to cause harm and lower for individuals who caused harm unintentionally. Jarrett et al. (2017) found that forgiveness of the perpetrator resulted in lower distress symptoms regardless of the blameworthiness of the perpetrator. Another study on forgiveness as a moderator of trauma reports the ability to engage in forgiveness results in lower symptom severity and a greater occurrence of posttraumatic growth following collective trauma (Wusik et al., 2015).

The goal of forgiveness is to lessen the distress of an individual who has been harmed by allowing them to shift focus away from the harmful event and onto healing and future goals. A study conducted by Field et al. (2013) explores the idea of forgiveness as a present a victim of crime might give to themselves. Field et al. (2013) explored forgiveness as an intrapersonal act rather than an interpersonal one between perpetrator and victim. Victims of crime, in the study conducted by Field et al. (2013), emphasized that forgiveness was a personal choice to respond to the distress they were experiencing because of the crime rather than a desire to restore the social connection between themselves and the perpetrator, thus improving life satisfaction and outcomes. In an interview with a kidnapping victim conducted by Katherine Porterfield (2014),

the victim reported that forgiveness was an active choice she made repeatedly throughout her imprisonment and following her release. She reported that it was never an easy choice to make and reports she made that decision as it helped her retain some control over her situation. She reports she still had the power to choose her response to her kidnappers and to retain her morals and values (Porterfield & Lindhout, 2014). She reports this had a significant impact on how she felt once she was free and working through the event in therapy.

It is not questioned that forgiveness has powerful implications for healing following trauma. What is not known is how individuals with childhood trauma experience forgiveness and the specific benefits they experience in their healing journey. The goal of this study is to document the experiences these individuals have with forgiveness in their lives and how this may have changed their experience of trauma.

When Forgiveness is Triggering

Due to the religious implications of forgiveness, and that many of the popular definitions of trauma are based on faith, there are times when the idea of forgiveness can increase the distress of the traumatized individual. Individuals who have an internalized definition of forgiveness that is based on faith-based definitions may believe that engaging in forgiveness requires them to engage in reparation of the relationship between themselves and the perpetrator of harm (Lawler-Row et al., 2007). The individual may feel that due to the type of harm or the lack of remorse and reparation by the perpetrator, it would be a risk of further harm for them to continue to have a relationship with the perpetrator (Gabriels & Strelan, 2018).

An individual may reject forgiveness if their feelings of anger regarding the harm they have endured have not been validated or honored in their experience. Asking an individual to engage in forgiveness too early may result in further harm via invalidation of the very real harm

they have experienced and the emotions that harm has elicited (Luchies et al., 2010). Feeling anger toward an individual or situation that was personally violated is a normal emotion (Bae et al., 2015). When these events occur in childhood it is unlikely that those emotions will be validated. As the individual gains independence from the individuals who harmed them, they must honor the emotions the harm has caused, even anger and feelings of wanting revenge, or that the individual pays a price for the harm they caused (Deane-Drummond, 2019). Pushing these individuals to forgive and let go of anger before they have had space to process and honor their feelings may result in further trauma and feelings of invalidation by those trying to help (Tuomisto & Roche, 2018).

Having an inner conflict regarding the desire to cling to anger toward the harm caused them and the desire for the perpetrator to suffer against the social expectation for the individual to forgive the perpetrator can result in feelings of shame and self-loathing (Cabrera et al., 2021). This is particularly true for individuals who have a strong faith background and believe they are required to forgive by God. This conflict can increase distress in the individual and cause them to turn their anger toward themselves (Taylor, 2015). Individuals may begin to believe that they are damaged and beyond hope because they believe they are supposed to feel differently and cannot let go of their anger about the situation (Hoeboer et al., 2021). Self-compassion is a way to address the conflict between the need to forgive and the justified anger toward the people and events that caused harm.

Self-Compassion

Self-compassion is when an individual extends themselves kindness, common humanity, and mindfulness despite perceived negative choices or behaviors (Neff & Germer, 2022). Self-compassion is a tool used, not to ignore or justify negative actions, but to understand why these

may have been triggered and how the individual may move forward more productively (Neff & Vonk, 2009). Kelly (2018) reports that those individuals who can access and engage in self-compassion do not identify with their mistakes and understand that everyone makes poor choices at times.

Perception of Guilt

Guilt is a common feeling for individuals who experienced interpersonal trauma as children. Due to the lack of neurodevelopment, a child is self-centric, resulting in self-identifying as the cause of a problem in many circumstances (Hoeboer et al., 2021). This means that a child who is abused by an adult in a position of power over them will believe that their action caused the bad thing to happen and that the harm is justified (Bem et al., 2021). Because this belief begins in childhood these self-perceptions rarely shift to a more rational and objective perception with support (Kaiser et al., 2018). Guilt that is not able to be addressed and becomes a part of the self-perception of an individual turns into toxic shame. Toxic shame erodes any positive perceptions that challenge the belief that the individual may not be guilty, damaged, or inherently bad (Øktedalen et al., 2015).

Overcoming Shame

Shame has significant negative impacts on the individual who experiences it. Cabrera et al. (2021) report that not being able to respond to internal distress, such as trauma-related shame, with self-compassion results in a decreased quality of life. A study conducted by La Bash & Papa (2014) explored the relationship between trauma-related shame and PTSD symptoms. They reported that shame contributed to the development of PTSD symptoms following trauma. In a study of women who had experienced intimate partner violence, Beck et al. (2011) reported increased PTSD symptoms associated with experiencing trauma-related shame, but not with

feelings of guilt. These studies highlight the importance of addressing shame in the process of healing from trauma.

Overcoming shame begins with self-compassion for actions that may not be in line with the individual's morals and values (Neff & Germer, 2022). Self-compassion allows the individual to begin to separate their identity from things that they regret doing or participating in.

Understanding the common responses to trauma and developmental aspects of childhood interpersonal trauma can assist these individuals in learning to practice healthy self-compassion and begin to let go of the belief that there is something inherently wrong with them (Felitti et al., 2002).

Building a Positive Perception of Self

Building a positive self-perception requires that the individual can extend self-compassion to themselves and see that even though they do not always behave in line with their morals and values this does not negatively impact their worth (Neff & Vonk, 2009). Once an individual can separate their identity from negative actions, it may be possible for the individual to begin to work toward forgiving those who harmed them (Dwyer & Ross, 2017). Engaging in forgiveness may be another factor in building a positive self-perception. Both because of the faith-based background many individuals have with the idea of forgiveness, which is related to an individual's perception of morality, and because the ability to let go of anger and perceived negative emotions promotes positive self-perception (Griffin et al., 2014).

Summary

In exploring the relationship between forgiveness and overcoming interpersonal abuses in childhood there is a lot to consider. There are developmental impacts, relational impacts, and personal impacts when an individual experiences interpersonal violence in childhood. Each of

these is also likely to impact the individual's engagement with forgiveness due to differing cultural and societal definitions of forgiveness, personal values, and pressures from outside influences. Forgiveness is often talked about but is hard to quantify. The literature explains the need for healing and suggests how forgiveness may be a part of the healing process by helping the individual to let go of anger toward those who harmed them, regain power over their own lives, and build a stronger sense of self-compassion and a perception of themselves they are content with.

CHAPTER THREE: METHODS

Overview

The purpose of this hermeneutic phenomenological study was to explore the lived experience of healing, forgiveness, and self-concept in adults who have experienced interpersonal trauma in childhood. This chapter addresses the research design including the type of study, the design details, and the reason for the design choices. The research questions are presented. This chapter also addresses the target population, justifications for the choice of this population, and the methods used for screening and selecting participants. The sample size is addressed. The research procedures utilized in gathering and analyzing the data are presented.

Design

This study is a phenomenological qualitative study. Qualitative methodology was chosen because this study examines the lived experience of individuals who have experienced interpersonal trauma in childhood and how forgiveness changes their experience. These experiences have no way of being measured definitively. Qualitative research is designed to examine concepts, opinions, or experiences of people, as opposed to quantitative research which is used to quantify, measure, and analyze data (Merriam & Tisdell, 2016). A hermeneutic phenomenological design was chosen due to the need to capture the lived experience of the participants both during their childhood trauma and throughout their healing journey.

A phenomenological study endeavors to capture the experiences of people and how those experiences impact, influence, and shift the presentation of the individual and their experience of life (Merriam & Tisdell, 2016). The tools of phenomenology include an understanding that there is a shared experience in each human experience and that it is possible to capture the nature of the shared experience (Miles et al., 2020). The essence of the shared experience can be

identified, examined, and analyzed using phenomenological methods. Specifically, this phenomenological research study is a hermeneutic study as it examined the lived experience of individuals recovering from interpersonal childhood trauma, and the phenomenon of forgiveness as it relates to the experience of healing trauma (Kinkaid, 2021).

A phenomenological study allowed the exploration of the essence of the human experiences of trauma and forgiveness. The goal was to identify the commonalities shared among a group of people with similar childhood traumas and examine how the phenomenon of forgiveness is experienced in their healing journeys.

This phenomenological study utilized the hermeneutical approach because the study is intended to describe the experiences of the participants (phenomenological) and to interpret those lived experiences and ascribe meaning (hermeneutical). According to Creswell and Poth (Creswell & Poth, 2018), the nature of qualitative research includes explaining the occurrence of social phenomena, understanding aspects of the world, answering questions about behavior and opinions, determining the role of social influence, and understanding why things occur. Some specific aspects of qualitative research that apply to this study are the use of how, what, and why questions, multiple data collection methods to triangulate information (e.g., interviews, focus groups, observation, member checks), and the use of the experience of the researcher as an instrument of the study (Creswell & Poth, 2018). The following attributes of qualitative research identified by Creswell and Poth (2018) were applied to this study:

- Focus on a single social phenomenon or understand what it means to live in the worldview as a survivor of interpersonal trauma in childhood.
- Answer questions related to how forgiveness impacts the experience of long-term trauma symptoms and why some may be able to forgive, and others resist.

- Use open-ended questions during the interviews to facilitate conversational discussions and free expression of their experiences.
- Use multiple data collection methods for triangulation.
- Serve as an instrument for this study, given my similar experience of having experienced both interpersonal trauma as a child and forgiveness toward those who caused harm.

Survivors of interpersonal childhood trauma often experience justifiable anger and distrust and struggle with forming healthy relationships far into adulthood. This is understandable and reasonable and may prevent the individual from moving beyond the experiences of their childhood, keeping them tied to the perpetrator(s) both emotionally and functionally, and create challenges for them to live their lives fully (Schlumpf et al., 2019). Thus, the goal of this study was to apply a qualitative approach to understand if the ability to forgive the perpetrator creates space for the individuals to move forward in their lives and heal without the emotional bonds to the perpetrator(s) of harm and explore the experiences of those who have engaged in forgiveness toward those perpetrators using quantitative research (Merriam & Tisdell, 2016).

Phenomenological Research Design

There are several different types of qualitative research including case studies, ethnography, grounded theory, and phenomenology (Merriam & Tisdell, 2016). Phenomenological research explains a phenomenon or lived event in social experience (Creswell & Poth, 2018). Researchers use phenomenological research to describe the experience of participants from their perspective (Lindseth & Norberg, 2021). Husserl developed the phenomenology research method in the early 1900s focusing on the essence of human experience (Lavery, 2003). Over time the goal of phenomenology research has been clarified.

The current goal of phenomenology is to understand while other research methods have a goal to explain, evaluate, or even measure as in quantitative research (Sloan & Bowe, 2014). The phenomenology design was chosen because the goal of this study was to understand the experience of survivors of childhood trauma and the role forgiveness plays in their experiences.

Hermeneutic Phenomenological Design

Hermeneutical phenomenology can be defined as an effort to build a complete interpretive narrative of the lived experience while acknowledging that human experiences are complex and cannot be explained concretely (Sloan & Bowe, 2014). "In phenomenological hermeneutics, we are concerned with our participation in the phenomena's meaning as it develops in time," (Lindseth & Norberg, 2021, p. 2). The hermeneutic approach varies from other methodologies in that it works to provide an insightful description of the human experience without labeling, categorizing, or conceptualizing it (Lavery, 2003). The hermeneutic approach's goal is to reveal the small, often overlooked details of normal life and acknowledge that these details are important and meaningful (Lavery, 2003). Additionally, the goal is to acknowledge that it is not possible to separate human experience and consciousness as they are interconnected (Lindseth & Norberg, 2021). "Lived experience is an experience which we simply have without concluding anything from it," (Lindseth & Norberg, 2021, p. 2). It is only when it is expressed in some manner that meaning is derived.

Lindseth and Norberg (2021) discussed the process of storytelling and concrete reflection in assigning meaning to lived experience. They reported that an experience itself does not have meaning. It is in the process of recalling the experience and working to help another person understand their experience that understanding is achieved and meaning is given to the experience (Lindseth & Norberg, 2021). In this study, the phenomena of interpersonal childhood

trauma and forgiveness were interpreted, and meaning was derived from personal accounts or real individual experiences. While other methodologies may provide meaningful information regarding the relationship between these experiences, this study's goal was to understand the experience from the individuals' perspective and create meaning from the narratives they provide. This goal is best achieved using hermeneutic phenomenology. This design helps to discover what forgiveness means in the context of the experience of interpersonal childhood trauma and the benefits that might be achieved from forgiving the perpetrators of harm.

Research Questions

The research questions of interest in this study include the following:

RQ1: How do individuals who have experienced interpersonal trauma in childhood utilize forgiveness, as they define it, toward the people who have harmed them and themselves?

RQ2: What role has their experience with forgiveness played in their healing, if any?

RQ3: Does forgiveness and healing support and shift the individual's self-concept from a negative and trauma-based concept to a positive self-concept?

Setting

This study was conducted completely online, given the ongoing Covid-19 pandemic, as well as the fact that many forms of therapy are now being done online. Therefore, there is no specific site or setting where this study was conducted. The Google Meet teleconferencing platform was used for all interviews. Potential participants were recruited through various online means, including the Liberty University Graduate School cohort, Somatic Experiencing International Community Group, and other online forums where individuals may be invited to participate in the study. Targeted groups and online communities included those who are already

discussing the topics of mental health, particularly trauma, to provide suitable participants who may meet the inclusion criteria of the study and provide support to assist in mitigating the risk of harm due to the nature of discussing trauma.

Participants

This section covers the sample size, sample type, sample pool, and sampling procedures utilized in this study. Demographic information collected includes age, gender, and race/ethnicity. Inclusion and exclusion criteria are presented, and the procedures used to screen potential participants are addressed.

Sample

The sample size for quantitative research is recommended to be between 5 and 25 participants (Creswell & Poth, 2018). The target sample size of this study was determined to be 15 individuals as it was unlikely that saturation would be achieved with 5 samples and 10 might have been too few as well. (Merriam & Tisdell, 2016). Having 15 participant interviews provided sufficient saturation of the themes being explored.

This study used purposive sampling to obtain participants who met the study criteria of having experienced interpersonal childhood trauma and having worked with a mental health professional either past or current (Creswell & Poth, 2018). The targeted age group is middle adulthood between 25 and 45 years of age. Individuals were required to have access to, and the ability to operate independently, the appropriate technology to engage in online interviews. Individuals who did not meet the criteria were excluded. Anyone who was at risk of suicide or self-harm due to their current mental health status was excluded from the study for safety reasons.

A convenience sample was used to recruit participants. Convenience sampling allowed me to utilize groups that were already formed to recruit and screen for interested participants (Merriam & Tisdell, 2016). Participants were invited to participate in the study through a post on Liberty University graduate student Facebook pages and Somatic Experiencing Facebook pages. Additionally, snowball sampling was used to recruit further participants by asking initial participants to reach out to others they may know who might have been interested in participating in this study (Merriam & Tisdell, 2016).

The invitational post included the purpose of the study and a description of the inclusion and exclusion criteria. Participants were asked to self-verify that they meet the criteria. These criteria were again verbally verified during the intake process and before completing an interview. This secondary inclusion verification at the time of the interview was also when I verified the safety of participating in the research, including if they have engaged in therapy to process the events that will be discussed in the interview and had access to a support system.

All individuals participating were assigned a pseudonym to protect their identity. This was discussed with the individual at the time of the interview while conducting the verbal consent process. Individuals were allowed to choose their pseudonyms if they wished.

Inclusion Criteria

The sample population included a mid-age range of adults who have experienced childhood interpersonal trauma by a family member or trusted adult in their lives. This may include coaches, teachers, a neighbor, family friends, or an adult in any position of trust or authority of the individual as a child. This does not include strangers or chance encounters with people not well known or involved in the life of the individual as a child. Due to the sensitive nature of this study and the possibility of distress caused by discussing the topics, participants

were only selected if they are currently engaged, or previously engaged, in counseling and feel comfortable talking about their childhood experiences. This was to limit extreme distress caused by potentially disclosing childhood abuse for the first time or discussing topics that continue to cause distress to the individual.

The general age range of the target population would include adults from the age of 25 to 45 years old. The choice of this range is to capture a sample that is no longer subject to the abuse of individuals who may have harmed them as children, allow that they have had sufficient time to begin processing said trauma, and capture individuals who may be more open to exploring different viewpoints and ideas of forgiveness and healing than a more senior generation that has more traditional viewpoints. Traditional viewpoints were not rejected; however, the intent was to gain a broader understanding of how forgiveness impacts individual healing processes than the traditional Judeo-Christian beliefs may include.

This study included all gender presentations. This is to provide an understanding of how forgiveness plays a role in healing for all people and to provide further possibilities of differentiating if there are differences between genders in their understanding and experiences of forgiveness in the healing process. Additionally, due to modern understandings of gender, it does not seem appropriate to separate participants into two genders as traditionally done, as some individuals who would be fitting candidates may not fit these traditional gender roles.

Racial and ethnic backgrounds were not a consideration for screening and inclusion. Should there be a variety of backgrounds and racial or cultural sources this will be addressed in the analysis of the data to provide information on the impact of these different backgrounds on the outcome and results of the data received. Differing viewpoints are welcomed, and a multicultural sample population would benefit the accuracy of the data obtained.

Individuals who wished to participate had to have access to the appropriate technology to engage in a video-based interview. This included a computer, phone, or tablet with high-quality video and audio and internet access that provided a seamless and stable connection. Additionally, individuals had to have a private space for interviewing without being overheard or disrupted.

Exclusion Criteria

Any individual who has not experienced interpersonal childhood trauma as defined above was excluded from this study. Any individual who has experienced childhood interpersonal trauma and states they have never engaged in trauma treatment with a licensed mental health provider was excluded for reasons of safety for the individual to prevent overwhelm and re-traumatization. Anyone who is still subject to the individual(s) who perpetrated trauma in their childhood was also excluded for safety reasons (e.g., adult children living in an abusive parent's home and not having the resources to be independent of the parent). Finally, anyone who had current suicidal ideation or self-harm behaviors was excluded from the study for safety reasons.

Individuals who did not have access to high-quality audio/video technology were excluded due to the sampling requirements of the study. Additionally, those individuals who did not have a high-speed, stable internet connection in a private location were excluded from the study.

Participant Demographic Information

Name	Age	Race	Gender
Ann	33	Caucasian	Female
Betty	40	Jamaican	Female
Cassie	39	African American	Female
Della	44	Hispanic	Female
Elizabeth	43	Hispanic	Female
Freya	40	African American	Female
Greta	45	Caucasian	Female
Helen	36	African American	Female
Iris	37	Caucasian	Female
Jane	36	Caucasian	Female
Kellie	41	Caucasian	Female
Laura	29	African American	Female
Mary	38	Caucasian	Female
Nancy	39	Caucasian	Female
Olivia	43	Native American	Female

Procedures

Procedures utilized to complete this study included applying for and obtaining Institutional Review Board (IRB) approval, posting the invitational post on various social media groups to solicit participants, screening interested individuals, and sampling those participants. Before submitting the invitational post the interview questions were piloted with volunteers to ensure clarity and flow of the interview and make any necessary changes to support the efficiency of the interview process. I recruited and interviewed 15 participants. This number was chosen because the recommended number of participants in qualitative research ranges from 5 to 25 participants and is dependent on the topic of interest to obtain data saturation (Merriam & Tisdell, 2016). It was determined that sampling 15 participants would provide sufficient data saturation for the phenomena being studied.

Data saturation is achieved when similar themes begin to be identified in the stories told by the participants (Merriam & Tisdell, 2016). For data saturation in phenomenological research, it is recommended to have no fewer than 10 participants (Creswell, J. W. & Poth, 2018). I chose

to aim for more than the minimum number to ensure saturation. Data was reviewed as interviews were completed to ensure data saturation was achieved.

The invitational post included contact information for the interested individuals to directly contact me and state their interest in participation. Once contact was made, I verified the self-screening of criteria and scheduled an interview with each participant. The consent form was sent to the potential participants, by email, for them to review before the start of the interview time. At the time of the interview, the consent form was verbally reviewed and clarified as needed with each participant. Interviews were scheduled to be 45-60 minutes for each participant. Interviews were conducted via Google Meet and were transcribed using Otter.AI Meeting Notes during the interview to assist with data processing. At the close of the interview, I checked in with each participant about the impact of the interview and if needed referred the participant to additional support following the interview.

Screening

Individuals were screened utilizing a simple self-screening in the invitation to participate. If the individual answered affirmatively to all the screening questions the individual was included in the study.

Screening questions:

1. Have you experienced trauma, harm, or abuse as a child at the hands of a trusted adult in your life (parent, family friend, coach, teacher, etc.)?
2. Is this a topic you are able and willing to talk about with me?
3. Have you previously, or are you currently engaged in counseling with a licensed mental health professional to gain support for the trauma you experienced?
4. Are you an adult between the ages of 25 and 45 years old?

5. Do you have a history of, or current, suicidal thoughts or self-harming behaviors?
6. Do you have access to reliable high-speed internet, a computer, phone, or tablet with the ability to video conferencing using Google Meet, and a private space to talk?

The Researcher's Role

In qualitative research, the researcher is not an objective observer, but an active participant in the research in both the gathering and analysis of the data (Merriam & Tisdell, 2016). I interviewed each participant. The interpersonal nature of this interview process was a functional part of the data gathered. Qualitative research is about the experiences of human participants (Creswell & Poth, 2018). An objective and impersonal interview style would be counter to the goal of qualitative research, which is to fully understand the experience of the participant as it pertains to the research questions (Creswell & Poth, 2018).

I share a similar history to the participants interviewed in experiences and understanding due to my history of childhood interpersonal trauma. I also have my own experiences and struggles with forgiveness related to those who caused harm in my childhood. This history allowed me to become an instrument in the analysis and understanding of the experiences of my participants (Creswell & Poth, 2018).

Due to similar experiences in my past, there was a potential for bias in the analysis of the data weighted toward my personal experience. This bias could have influenced the interpretation of the data gathered and needed to be acknowledged and set aside during data analysis. I utilized member checks, and an external audit of the data to address the potential personal bias of the outcomes due to my own experiences.

While I am tangentially connected to the participants, as I am a member of each of the groups to be used to solicit participants, I did not know any of the members outside of the brief

interactions on social media. No participants were knowingly selected based on a personal connection to me. This helped to avoid bias based on previous knowledge or opinions of the individual's experience and history.

My role as a mental health professional increased the risk of dual relationships with participants who may view me in this role. Due to this, the informed consent procedure was used to clarify my role and provide options for individuals who wanted support before, during, or after the interview.

Data Collection

For this qualitative study, data were collected using semi-structured interviews. The interview questions were designed to elicit responses that would answer the research questions of this study. The semi-structured interview method was chosen as it provided consistency across participants and allowed flexibility for me to gain clarity if the answers elicited were not complete or were confusing (Merriam & Tisdell, 2016). Additionally, the semi-structured interview allowed the interviewer to gather consistent data while also allowing the participant freedom to provide information that may not have appeared in the initial questions (King et al., 2019). The interview was chosen as it provided anonymity to each participant while sharing personal details of their experiences that are sensitive as opposed to other personal data gathering options such as the focus group. I wanted firsthand accounts from participants and current experiences rather than utilizing historical data obtained by others or documented in other forms.

Interviews were conducted via video conference using Google Meet to allow for potential distance between participants and myself. The participants did not need to be in the same geographical location as me. Also, due to ongoing concerns around health and the recent pandemic, it was the best solution to provide safety for participants and myself by limiting

contact and preventing potential transmission of disease. Participants were asked to set aside a time when they would not be disrupted during the interview and would have privacy to talk about personal details that they might not want others to overhear. Individuals were asked to provide permission to be audio and video recorded to facilitate transcription of the interview. Individuals were free to choose to only agree to an audio recording. The audio was automatically transcribed via Otter.AI Voice Meeting and transcripts were verified manually.

Interviews were semi-structured to provide consistency across participants and allow flexibility for clarification of information provided. Interview questions were open-ended to allow each participant to share their experience freely rather than using restricted answer questions such as yes/no questions.

All data gathered during the interviews was secured electronically in a computer that is protected by biometrics and encrypted to ensure the safety of sensitive files. All names were replaced with pseudonyms to further protect individuals and maintain anonymity. Any data that was printed out to facilitate data processing and analysis were stored in a secure locking file cabinet in a locked office and was shredded as soon as the data processing was complete on a micro-crosscut paper shredder.

Interviews

Interviews are the primary source of data collection used in qualitative research (Creswell & Poth, 2018). Semi-structured interviews are a set of questions that are open-ended but designed to elicit consistent information from the sampled participants (King et al., 2019). Each participant may elaborate or answer differently but the information gathered by the research is consistent with the needs of the research questions. Merriam and Tisdell (Merriam & Tisdell, 2016) state that the semi-structured interview allows the researcher to respond to situations that

arise during the interview as well as acknowledge the emerging worldview of the participant.

This method was chosen because it provided consistency of the data obtained, flexibility to both the participant and me, and maintained autonomy the participant needed due to the sensitive nature of the information being discussed.

Data was collected via semi-structured interviews conducted online with each participant using Google Meet and automatically transcribed using Otter.AI. Transcriptions were verified by me and the participant before analysis. This was the primary tool to answer each of the research questions.

Standardized Open-Ended Semi-Structured Interview Questions

1. Please introduce yourself to me, as if we just met one another.
 - a. What is your name, age, and racial or ethnic identity?
 - b. Marital status?
2. Can you tell me about adults in your life as a child that you would say had a significant role? These may include parents, family members, teachers, coaches, religious authorities, etc.
3. Of these relationships which have endured for a period, or continue to be present in your life?
4. Did you have negative experiences connected to one of these significant relationships or someone else (abuse or neglect)?
5. How do you currently feel toward the person (or persons) who negatively impacted you as a child?
 - a. Is this how you have always felt toward them, or has it changed over time?
6. How would you say these experiences impacted you as you were growing up?

- a. Would you say these experiences continue to impact you today?
7. In what ways, if any, have the negative experiences in your childhood impacted how you view yourself?
 - a. Do you feel like you love yourself less than you should or struggle with self-esteem due to your childhood experiences?
8. What does forgiveness look like for you? If you choose to forgive someone for something, how would that change your thoughts, feelings, and actions toward that person and yourself in the relationship?
9. Regarding the negative experiences in your childhood, how do you feel about forgiving the person (or persons) who caused the trauma?
10. If you have been able to engage in forgiveness toward the person(s) that negatively impacted you as a child has anything changed for you since engaging in forgiveness?
 - a. Do you feel like those experiences hold the same negative impacts in your life or do you feel like that has improved?
11. If you have not engaged in forgiveness toward that person(s), what motivates you to abstain from forgiving?
12. Do you feel like your choice to forgive or not forgive impacts your ability to heal from childhood trauma? If so, in what ways?
13. Have you had (past or present) any feelings of guilt, shame, or self-blame for what happened to you as a child, or how you responded to your childhood events then or as an adult?
 - a. If so, do you feel like self-forgiveness is appropriate?

- b. How do you feel self-forgiveness would impact or has impacted, your healing process?
14. If you have engaged in self-forgiveness, how has it changed the way you view yourself?

Question one served to gain basic demographic information and began to develop rapport with the participant (King et al., 2019).

Questions two and three began to explore the relationships the participant had in their childhood. These questions purposefully did not directly ask about their trauma experiences as the participant began to get comfortable sharing with me and continued to build rapport while setting the stage for asking about the events of trauma they have experienced. Interpersonal relationships in childhood have lifelong impacts on the ability of the individual to have healthy relationships throughout life (Fehrenbach et al., 2013). These questions began to set the stage for the relationships they had that were abusive, as well as the protective relationships they had in childhood. They presented an opportunity for the individual to share meaningful relationships that have been supportive throughout their lives. This conversation provided an opportunity to explore how trauma continues to impact the participant's life.

Harmful relationships have significant impacts on the developing child and their ability to relate to others throughout their lives (Dorahy et al., 2013). Questions four and five began to explore the negative impacts of relationships in childhood. Question five provided an opportunity to share how harmful relationships continue to impact them in adulthood, which is a common issue for individuals who have experienced interpersonal trauma in childhood (Kaiser et al., 2018).

Interpersonal trauma often impacts individuals in complex ways. Relationships are often impacted by childhood interpersonal trauma; other areas impacted might include emotional

intelligence, ability to self-regulate, intolerance for disappointment or criticism, and difficulty with authority (Walker, 2014). Another major impact of this type of trauma impacts self-concept. An individual who has grown up with negative attachment models struggles to develop a healthy sense of self (Badr et al., 2018). They often struggle with low self-esteem, feelings of guilt, and self-alienation resulting in other mental health conditions and difficulty in maintaining personal goals (Cloitre et al., 2014). Questions six and seven provided an opportunity for me to explore the participant's expression of these experiences.

Forgiveness is a subject that is often talked about in general terms and is assumed to be a positive and healing experience for individuals who have experienced harm at the hands of another person (Kelly, 2018). Forgiveness is also something that is often resisted by individuals who experience interpersonal trauma (McCullough et al., 2013). To understand the reason that forgiveness can be emotionally charged and complex for survivors I wanted to get the perspective of the participants on how they understand and experience forgiveness. Questions eight and nine provided an opportunity for the participants and me to explore the role of forgiveness in their lives as it pertains to their childhood interpersonal trauma (RQ1).

Forgiveness plays a complex role in the lives of individuals who have experienced interpersonal trauma. Current research supports the positive role of forgiveness in mitigating the impacts of interpersonal harm (Jarrett et al., 2017; Orcutt et al., 2005). One area that has little specific research is individuals who have experienced interpersonal trauma in childhood. This was the motivation for this study: a desire to add to the current body of work on forgiveness, to capture the unique experiences of adults who experience interpersonal trauma in childhood, and how forgiveness played a role in their recovery. Questions ten through twelve gathered

information on the individual's experience with forgiveness and how this has impacted their experience with trauma (RQ2).

One common impact of interpersonal trauma, particularly in childhood, is inappropriate guilt and shame (Bynum & Goodie, 2014). Individuals often end up feeling like they did something to cause the caretakers in their life to reject or abuse them (Walker, 2014). This can result in a self-concept focused on a belief that they are somehow faulty, bad, or even dangerous (Bynum & Goodie, 2014). This negative self-concept often persists into adulthood even in the face of evidence, or even concrete knowledge by the adult, that these things are untrue (Swann et al., 2007). Questions thirteen and fourteen explored the participant's self-concept and how self-forgiveness (Yao et al., 2017) may have mitigated negative beliefs held by the child self (RQ3).

Data Analysis

Data Analysis in qualitative research should be simultaneous with data collection (Merriam & Tisdell, 2016). This is due to a fundamental difference in data collection from quantitative methods. In qualitative research, it is impossible to know every person you will interview, every question that may be asked, and all potential answers before beginning the data collection. Therefore, continually analyzing data as it is collected to identify themes and additional questions to ask is vital (Merriam & Tisdell, 2016).

A thematic analysis process was used to code and analyze the data collected. The goal was to identify common themes across the interviews about the research questions (Miles et al., 2020). Common themes and ideas were grouped. Themes were chosen by sorting the data from the transcripts and taking note of similar ideas and responses. Large groups were further broken up into sub-groups or more refined themes. For example, a broad response of clients reporting having engaged in forgiveness toward the perpetrator of their trauma. This might have been

broken up based on the gender of the participant or perpetrator, by the time frame of forgiveness, or even cross-matched with a theme that participants reported positive impacts on self-concept following forgiveness. A four-step process of analysis mentioned by Miles et al. (2020) was used. The four steps are data management, data reduction, data interpretation, and data representation. MaxQDA software was utilized to assist with each step of the analysis though did not replace the researcher in the role of coding. The themes identified with the software were reviewed for consistency and relevance to the study. Relevant themes were compiled and reviewed for use in the study results. The transcripts of the audio or video recordings were uploaded to the software following each interview and the analysis process started with cleaning and coding the data in each interview before proceeding to the interpretation and representation of findings. While the software assisted in the organization, storage, cleaning, and representation of the data, I verified all coding and adjusted as needed to match the themes emerging during analysis.

Trustworthiness

Trustworthiness in qualitative research is a debated topic. As Miles et al. (2020) discussed, it is not possible to get everything right, but it should be the goal of the research to not get everything wrong, either. The researcher must be aware that the results can and do impact the lives of real people. Therefore, trustworthiness in qualitative research is as much about the accuracy of the data collection and analysis as it is about the care taken that the data is not misused or causes harm to the participants.

Credibility

Credibility is the level of accuracy of the data presented. It ensures that the data analyzed accurately represent the information provided by the participants. To ensure credibility in this

study I utilized direct quotes wherever possible and utilized member checks to verify data when quotations were not possible. Additionally, the research utilized an external audit to verify the data and themes identified to further ensure credibility. Personal biases were addressed with support from the external audit to ensure that my personal experiences and biases did not sway the data to support those personal beliefs.

Dependability and Confirmability

Dependability is the ability of someone reading the study to trust the data and conclusions made by the researcher (Miles et al., 2020). Confirmability is the ability of another person to confirm the data represented without outside sources or by replicating the study. To achieve this, I verified data with participants using member checks. I utilized transcription software to transcribe all audio and video interviews and manually checked for accuracy. A detailed description of all procedures in the study allows for replication of the study in the future providing additional dependability and confirmability. All themes identified during the analysis are defined and described in detail to provide an understanding of the reasons they were chosen and how to replicate this theming in the future.

Transferability

Transferability is the idea that the conclusions of the research can be transferred to other settings or contexts (Miles et al., 2020). Miles et. al. (2020) also presents the quandary of transferability in qualitative research as this is about the experiences of real people and the feasibility of truly transferring the information from one setting to another may not be completely realistic. However, the goal is to present the material in a way that is persuasive to the reader and that the reader can find meaning and resonance in. To achieve this I provided

detailed descriptions of all areas of the sample population, the themes identified, and procedures used.

Ethical Considerations

Ethically conducted research is vital to this study (Merriam & Tisdell, 2016). The primary ethical consideration to be used is the application to, and approval by, the IRB before beginning the study (Merriam & Tisdell, 2016). Informed consent is required in all research involving human participants (Merriam & Tisdell, 2016) and was reviewed and obtained with all participants before engaging in the interviews. Data collected is required to be stored securely to limit unauthorized access and misuse of the information (Merriam & Tisdell, 2016). All data was stored securely when not being actively used. Recordings were stored on an encrypted portable device or on my encrypted computer that is accessed with biometrics (fingerprint scan) to ensure security. All printed data was stored in a locked file cabinet and kept in a locked office when not actively being used. All information provided by the participants was held confidential. Data that is a part of the research was sanitized to identify information and pseudonyms were given to participants to be used in coding and referenced in the research (Merriam & Tisdell, 2016).

This study utilized participants who have experienced significant childhood trauma and may still have challenges related to their experiences. Due to this, each participant was encouraged to have access to a therapist, or other support system, to support them should they become triggered or have adverse responses due to the interview. Additionally, I offered a list of resources and recommendations to participants who may not already have a therapist but would like to engage with some support following the interview.

Summary

The purpose of this hermeneutical phenomenology study was to explore and understand the experiences of individuals who have a history of childhood interpersonal trauma with forgiveness. This chapter provided a detailed accounting of the methods used in the conduct of this study. The chapter provided the reasoning for choosing the qualitative method, which is understanding the lived experience of individuals who have experienced interpersonal trauma in childhood and their relationship to and engagement with forgiveness. This chapter provided the research questions, setting, and criteria for the selection of participants and how these fit the goal of the study and promoted quality research outcomes. The researcher's role in the study was addressed. Data collection and data analysis procedures used were presented to provide the ability for replication of the study in the future and provide information supporting the validity of the study. Finally, trustworthiness was addressed and the ethical considerations discussing how this study prevented harm to the participants were presented.

CHAPTER FOUR: FINDINGS

Overview

The purpose of this hermeneutical phenomenology study was to explore how individuals who have experienced interpersonal trauma in childhood relate to forgiveness of the individual(s) who caused them harm and how forgiveness might impact their healing process and self-perception. Chapter four provides detailed descriptions of each of the 15 included participants through narrative portraits of the information obtained in the interviews. The findings presented were cultivated through review and analysis of the interview data provided by the participants. The data gathered and the analysis of that data is presented here. The results were presented under two subheadings. The first subheading described the theme development and themes identified during the analysis. The second subheading addresses how the research questions were answered by the responses of the participants during the interviews. Participant quotes were utilized throughout to provide clarity and understanding of the participants' lived experiences and interactions with the study phenomena. The chapter concludes with a summary of the findings related to the themes that emerged during the analysis.

Participants

Participants were recruited via social media. A formal recruitment post was provided, and individuals interested in participating contacted the researcher who screened them to ensure they met the criteria. All participants were provided informed consent and interview questions via email before the interview. Participants reviewed the consent form with the researcher at the beginning of the interview and provided verbal consent to participate and to be recorded. A pseudonym was assigned to each participant to preserve their privacy.

The participants of this study included 15 females who reported interpersonal violence in childhood. Men were not excluded but none volunteered to participate. It is uncertain if no men volunteered because fewer men identified with interpersonal trauma or if they just chose not to participate. Individuals provided basic demographic information including gender, race/ethnicity, and age. The participants were a multi-cultural group: four reported to be African American, two Hispanic, and one individual was from Jamaica, while the remainder were Caucasian. All participants were 25-45 years old with a mean age of 39 years. All participants self-identified as having experienced interpersonal trauma in childhood. Interpersonal trauma is defined as trauma that occurs due to the actions or inaction of another person. Specific to this study is trauma occurring due to the actions or inactions of a care provider or influential adult in a child's life. Participants are either currently engaged in professional trauma therapy or have engaged in professional therapy in the past. All individuals agreed to discuss forgiveness towards those who have harmed them, and how forgiveness as they define it impacts their healing journey.

Participants used in the study all met the screening and inclusion criteria described in Chapter Three. The interviews were transcribed verbatim. Occasionally quotes were used to provide an opportunity for the participants to speak about the phenomenon directly. Each participant was assigned a pseudonym to protect their anonymity. Below is an alphabetical narrative summary of the information provided by each participant during the interview. These offer a glimpse into the lived experience related by each participant and their relationship with the phenomenon.

Ann

Ann is a 33-year-old divorced woman who works as a therapist and communication specialist in Alabama. She was born after her older brother had died, so while she was not her

parents' only child she was raised as an only child. Ann was close to her grandparents as a child, though her maternal grandmother passed away when she was still young. Ann reports having few memories of this grandparent.

Ann reports the interpersonal trauma she experienced as a child was from her parents, one grandfather, and a friend of the family from church. Ann reported her grandfather committed suicide when she was 14 years old, and this impacted her a lot as a teen and young adult as she felt guilty for not knowing he was struggling and not telling him how important he was to her. Ann stated that both of her parents were physically, verbally, and emotionally abusive to her throughout her life. The family church friend was sexually abusing her and when she finally told her parents what had been going on for many years, her parents took his side. Ann reported this further degraded her relationship with her parents. Ann stated that she wanted to file charges against the man who abused her for years and her parents would not allow her to do this as a teen.

As an adult, Ann went to the authorities to file a complaint against the man who abused her, which resulted in prison time for him. Ann reports this was a significant part of her healing journey where she was able to get vindication for the abuse she suffered. She reported that she has been able to let go of the anger toward this individual as he was punished. However, Ann reported being unable to forgive her parents for their actions partly because of their unwillingness to acknowledge what they did and how it impacted her in her life.

Ann reported she continues to feel a lot of anger and resentment toward her parents for their overt trauma, as well as for ignoring the sexual abuse that occurred. "I still resent them a lot and I've had to really come to terms with that as an adult, that they don't understand me and don't want to and I don't respect them."

The interpersonal trauma Ann experienced had a significant negative impact on her teen and young adult years. She stated, "I coped with all of the stuff that had happened in very, very, very bad ways." At 20 years old she realized she had a choice to make. A choice of whether she was going to continue to allow the trauma to cause her to engage in making poor choices and living a life that created more pain, or choose to do something else to heal the trauma so that it was no longer dictating her life outcomes. This is when Ann began counseling and looking for alternatives.

Ann reported growing up in the church and being raised with a Biblical definition of forgiveness. She stated that this definition no longer aligns with her worldview, but she does not have another definition to replace it with. Ann reports that she has been unable to forgive her parents because they refuse to acknowledge the pain they caused and continue to deflect responsibility for their actions.

Ann struggled with a negative self-perception for much of her life, both due to blaming herself for the abuse she experienced and due to her reaction to the abuse as a teen and young adult:

I struggled for a very long time with feelings of guilt, shame, self-loathing, and disappointment toward myself because there was a time when I knew that I wasn't doing the right thing and I wasn't living right. I was far below my potential, and I didn't know how to fix it. So, there was a long time of very low self-esteem, you know, bad relationships. I mean, there was a long period of time where I did not feel like I was worth anything good.

Ann continued to explain that being able to extend self-compassion has completely changed how she feels about herself:

I realize now that any of the sexual stuff, any of the trauma, you know, any of that stuff was not my fault at all. I didn't cause it; I didn't do it. I realized that it doesn't make me a broken person. And I, again, had another epiphany moment a few years ago where I decided, instead of being ashamed of everything that I had been through, that I was going to be very open about it and use it however I could to help other people. Since then, there have been some negative things that have come from that. Yeah, overall for myself it's the complete opposite now. I know without a doubt that I deserve a good life and I work very hard for it. And I don't see myself as bad or flawed because of those things. I mean, obviously, I have issues, but I mean, we all have our weaknesses. But I don't see myself as damaged anymore.

Betty

Betty is a 40-year-old single woman from Jamaica who is living on the east coast of the United States and went to university in New Zealand. Betty grew up with her mother and two siblings in Jamaica. She reported there was a lot of extended family and a close-knit church community that was involved in her early life. Betty's father was never around. The male role model in her home was her maternal grandfather, whom she was close to. Betty describes her childhood home environment as very typical of Jamaican culture. Parents, and adults, do not apologize to children. It is the belief that adults do not owe children anything; no explanation or apologies of any kind. Any problem that she had with an adult in her life was determined to be Betty's fault for being disrespectful.

Betty's relationship with her mother was the primary source of trauma in her life. Though the lack of support and protection from the many other adults in her life reinforced this trauma. Betty stated that her mother was very physically abusive to herself and her siblings. Her mother

would wait until they were asleep in their rooms at night, then come in and beat them. Betty tried to tell other people what was going on at home, but no one ever believed her because her mother only beat them in private. Her mother was not kind in public, but to the adults around them, it was the typical parental correction of a child.

When Betty moved to New Zealand to go to university, she began to have health problems, but the doctors could find no cause for the things she was experiencing. The doctor then referred her to a psychologist who told her she was having panic attacks due to posttraumatic stress disorder (PTSD) from her mother's abuse of her as a child. This was when Betty began to understand the full impact of the abuse she suffered from her mother.

Betty continues to struggle with feelings of anger and resentment toward her mother. She reports this has caused her to become a bitter person. Betty struggles to trust other people, which impacts all her relationships. She has little contact with any family members and has few friends. Betty has decided that she will not have children because she is afraid she might reenact her mother's behavior.

Betty reports she is not able to engage in forgiveness. She reports she cannot even consider it unless her mother takes accountability for her actions. The ongoing feelings of anger and resentment toward her mother because of the trauma from her childhood keep her from being able to move forward in her life in the way she would like. When asked how her life would change without anger and resentment Betty stated, "It would be better, free," (Betty Interview, p. 7). Betty was not able to articulate a definition of forgiveness. When asked what forgiveness meant to her, she listed conditions that would be required for her to forgive, but not a definition of forgiveness. Betty stated, "For me, an apology is important. Not acknowledging that you did

something wrong to me. Yeah, so if you are if I'm able to get an apology from you, or if you apologized rather for me, that's the first step towards healing and you know, forgiveness.”

Betty was also unable to relate to the concept of self-compassion. She reported that she places all blame on her mother and harbors no shame or guilt for what happened to her or how she has responded to that abuse as an adult. Betty reports she is a confident person who knows what is right and wrong. Even with this statement, she still describes herself as bitter and expresses a desire not to feel that way.

Cassie

Cassie is a 39-year-old African American woman. She has been married for 20 years. She currently lives with her husband in West Virginia. She grew up in Maryland with her parents, grandparents, and an aunt as the primary adults in her life. Cassie's mother was the primary person involved in the interpersonal trauma in her childhood, though she reports her father's lack of involvement in the events at home contributed to her feeling unloved as a child. Cassie's father was the breadwinner and spent long hours at work. Her mother was responsible for running the household and her father never interfered with how her mother ran things, including how she treated the kids.

Cassie stated that she holds resentment toward her father and his lack of involvement even though he is dead. She stated, “We talk about forgiveness. For people that's alive, I guess you could go to them and forgive them. But people that are no longer here it is a little more difficult. My mother is still alive, and I haven't forgave her either; it is a work in progress.” Cassie said that not only has she not forgiven her parents for the harm they caused her, but her resentment toward them has grown since being a mother herself. “I have my own family and see how things are supposed to be or could have been.”

As a child, Cassie says she never really had friends because of her mother's behavior. She was afraid to bring friends home or let them see what her mother was like. So, she never brought friends home and kept people shut out of her life. "You can't grow friendships like that. You have to let people in and allow those friendships to grow." Cassie reported that these things continue to impact her relationships presently. She described challenges with trust and found herself placing her husband in the box that her mother had her dad in. "I began to put my husband in the box that my father was in. So, if you aren't self-aware, it kind of trickled down and you repeat the cycle."

Self-esteem has been a struggle for Cassie. She stated that she often did not feel like enough. This has impacted her marriage and her relationship with her children. Cassie reported, "With our first daughter I was too, almost too involved. To the point where I'm, you're just overbearing. Too much." Cassie continues to blame herself for the way she reacted to the trauma in her childhood. She acknowledges that engaging in self-compassion would be helpful. "Yeah, I think that would be important. To forgive myself for the way I responded and to understand that I too, couldn't help myself. And now that I do know better, I will do better. I will never respond in the way that I have in the past." The knowledge that it would benefit her has so far not resulted in her engaging with self-compassion.

Cassie struggles with the concept of forgiveness. She described forgiveness in the traditional Biblical definition of accepting the behavior and condoning it to a degree. "That I can fully understand that they couldn't help themselves. That they didn't know better. If they knew better, they would've done better." She said her feelings toward her parents would shift from resentment for their behavior to contentment with what they did.

Della

Della is a 44-year-old married Hispanic woman. Della had a close relationship with her parents, though that was more distant for a few years when she went to college and pursued her own life. Della had childhood trauma from being sexually abused by a neighbor and a member of the church she went to as a child. She reports she has not had contact with these individuals since the incidents were resolved, but reports these incidents negatively impacted her relationship with her parents because she felt like her parents blamed her for not being careful enough to prevent the abuse.

Della reported that as an adult she learned that her parents did the best they knew how to support her as a child with the information they had and the cultural norms they were working within. Della said her parents were immigrants and the family was very poor because of this. Della believes now that her parents kept emotionally distant because they were trying to shield her from the struggles they dealt with regularly.

Della struggled with feelings of guilt and shame as a young person because of the abuse she experienced. Della was confused because she thought bad things only happened to bad people. "I thought my parents had taught me how to be a good person, and they were good parents, therefore I didn't understand why bad people in our community could do this to me." Della worked harder in school to excel and to impress her parents to obtain their approval. Della often felt invisible as a child. Being one of five children meant that her parents were not able to dedicate time to her individually and they were busy working to support the family. Due to these experiences, Della has worked hard to parent her children more intentionally and provide them with some of the support that her parents were not able to give her.

Della struggled with self-esteem due to her experiences as a child. Della struggled with relationships and had few friends. She reports she would self-sabotage and did not believe in herself. “For many years I didn’t love myself enough to value my worth, and I struggled with self-esteem.”

When asked to describe how she understood or defined forgiveness Della provided the following statement:

Forgiveness for me is not forgetting the past but learning from it. I have forgiven my parents because it was not their intention to hurt me (and to this day they don’t realize how much they hurt me, because I have not shared this with them). When I was able to let go of the anger and resentment, I was able to grow closer to my parents and improve our communication and our relationship. I am able to speak freely to them now about my feelings and my parenting, and I thank them for all they did for me as a child and as an adult.

Della reports she is not sure if she has forgiven the two people who abused her as a child. She stated that she does not have any feelings for these people at this time in her life. She has moved on and continues to work on healing herself. Della stated that through forgiving her parents she has once again grown close to them and has also learned to love herself. She reports it was not until she was able to begin to engage in forgiveness that this healing began in her relationship with her parents and herself.

Della reports forgiving herself was also a significant part of her healing journey. “Self-forgiveness allowed me to begin my healing process. It was acknowledging that the negative trauma had occurred and accepting that it was not my fault that finally turned my life around. It took many years for self-forgiveness.” She has more self-esteem, can have healthy relationships,

and is more content with her place in the world since she quit being so hard on herself.

Forgiveness and self-compassion have both been transformative for her.

Elizabeth

Elizabeth is a 43-year-old woman who was born in Florida and grew up in the southwest part of Virginia and three years ago moved to Tennessee. Elizabeth has been a mental health and substance use counselor in the field for the last 19 years. Elizabeth currently works as a trauma therapist for the Veteran's Administration working with veterans who have experienced sexual trauma. Elizabeth is married and has two children. Elizabeth is of Latina heritage, "I am of Latin parentage, black and Caucasian; my father was Caucasian, and my mother was from Costa Rica." Elizabeth stated that her husband of 14 years is from Puerto Rico.

The important adults in Elizabeth's early life included her parents and a live-in boyfriend of her mother's following the death of her father when she was young. Elizabeth reported her father was a missionary in Costa Rica who met her mom on one of his trips. He was encouraged to marry her by her local pastor. Elizabeth's dad married her mother and moved her to the United States quickly, then passed away about four years later. Elizabeth said her mother had significant medical and mental health challenges throughout her life.

Elizabeth's mother never remarried but had a live-in boyfriend for many years. Elizabeth lived at home. This live-in boyfriend took advantage of her mother financially and then moved out once her money was gone. Elizabeth moved out of her mother's home when she was 18 years old to go to school. She reports her mother passed away three years later. She never had the opportunity to rebuild her relationship with her mother.

The live-in boyfriend who took advantage of her mother financially was also physically abusive to Elizabeth and her brother. She reported it was common for her and her brother to have

welts and bruises from getting beaten. Elizabeth reported her mother never did anything to stop the abuse even though she was aware of it. Elizabeth reported that as she began to develop the abuse toward her changed:

As I got older and started to physically develop breasts, hips, that sort of thing. That all of a sudden, he wanted to befriend me. Which he did. He isolated us from people in the community. He isolated us from friends. I wasn't able to wear makeup. I wasn't able to wear my hair or fix my hair. And then he ended up becoming a volunteer coach at the high school where my brother went to school. My brother was a year older than me. We were born the same day. But he failed. He failed a grade, so we ended up in the same year. We went through school together, basically. In order to continue controlling us and who we hung around. He became a volunteer coach and befriended everyone in the school. So, if I were ever to tell anyone what happened. Of course, no one would believe it. And in fact, the school where I went, there were coaches, it's weird because the coaches that were there were inappropriate with girls and there were actually investigations going on. So, he fit in like a glove on a hand.

Elizabeth reports this abuse went on until she was 18 years old and left home. Elizabeth reported that she resented her mother for not doing anything to protect her. Not only that, but her mother was jealous of her because of the attention that the boyfriend paid to Elizabeth. "As a mom, I think I expected more from her. It was almost like I didn't hate him as much as I did her and other people who didn't protect me."

Elizabeth explained the impacts that her early experiences had on her life both the positive and negative parts:

Oh, it's, it's impacted my whole life. It's formed who I am. It affects how I interact with other people. It has led me to the career that I'm in today. The Bible says that He will take the bad and use it for the good. As far as me having some resemblance of being productive in life and having some sort of purpose and meaning in what has happened to me, I have chosen a career field in working with people who've suffered from trauma. So had I not had those experiences, I wouldn't be doing what I'm doing now.

She reported that she feels like her life would have taken a very different direction if she had not had the trauma in her life. She sometimes wonders who she would be if things had been different. She reported it has impacted her ability to have relationships. This has impacted her marriage, as well as her ability to make friendships.

I asked Elizabeth how her early experiences impacted her self-perception. She reported significant impacts, particularly when she was young, on how she felt about herself:

Oh gosh! So, when I was a kid, going through this stuff, I always felt like I lived a double life. I would go to school, and I had one life. I tried to be happy-go-lucky. Never let anyone know that I was upset, mad, confused. I threw myself into my study. I locked myself in my room when I came home. I wasn't someone that would go outside and play a lot. I didn't have friends because I wasn't allowed to have friends. I didn't hang out at the mall or have a hangout place with friends. So, I always felt like I was damaged goods. I felt like, "What person in the world is ever going to want to be with me?" damaged goods.

Elizabeth reported that she has overcome this early struggle and now loves herself.

Elizabeth says things began to change for her when she met a woman pastor from Costa Rica, and she began to attend church. Elizabeth told this woman her story of abuse. It was the

first time she had ever told anyone what happened to her. She reported she was still angry at God for allowing her to be abused, but this was the turning point for her.

When asked how she defined forgiveness Elizabeth stated that it took her a long time to understand forgiveness. She stated:

My initial thought was Forgiveness means you just let something go and you say, "Okay, you're off the hook." That is not my conceptualization of forgiveness now. For me forgiveness is basically saying, I'm going to let this go, pardon me, I'm going to turn this over to something else, to my God. Forgiveness is... it's easier for me to find what it is not than what it is. It's not saying it was okay. For me, it's more of waiting for something else, something else bigger and greater than myself to issue consequences.

Elizabeth reported that forgiveness has allowed her to understand her mother better and to let her off the hook for some of her neglect in Elizabeth's childhood. "She was vulnerable. He targeted her. Here's a vulnerable person. She doesn't speak English. When he found out that my father left a big pot of money that was just more enticement for him."

Elizabeth said that since she has been able to forgive her mother she feels more at peace in her life. She stated that she cannot imagine forgiving the man who abused her for so many years. She still holds a lot of anger toward him and reports she is "waiting."

I asked about feelings of guilt or shame that Elizabeth might have had regarding the abuse as a child. "I did. I don't know. But as a, as a kid, and as a young woman in my 20s/30s I'd find myself saying that I went along with it. I didn't stop it. But honestly, there was no way for me to stop it. He threatened me." Elizabeth reported she had to extend compassion toward herself to change how she felt about what happened and improve her self-esteem.

One, it was not my fault, what happened. I was trapped in a lot of different ways. And with my husband, I've learned that there are people that understand this. When it was happening to me, no one ever talked to me about what sexual molestation is or what grooming is. I thought I was the only little girl in the whole world that this was happening to.

Elizabeth has found healing in engaging in self-compassion as she works through the impacts of her childhood trauma.

Elizabeth has been able to let go of her anger toward her mother. This ability to forgive came from understanding how vulnerable her mother was and that she was not capable of setting boundaries or protecting her children. Elizabeth's ability to forgive and to engage in self-compassion have had a positive impact on her life, relationships, and self-perception.

Freya

Freya is a 40-year-old, African American, single woman with no children. She is a doctoral student at Liberty University. The important adults in her life as a child were her parents, grandparents, and godparents. Freya continues to have relationships with these people other than her grandparents, who have passed. Freya's father was the person she identifies as causing interpersonal trauma in her early life. She also stated that her mother contributed to her childhood trauma. Freya noted that she had an uncle who was murdered when she was 14 years old, and this also caused additional distress for her.

Freya currently has a good relationship with her father but reported this was not always so. They mended their relationship when she was an adult. Freya reports the relationship is much improved, but she still has some unresolved issues.

Freya explained that her father's behavior when she was a child resulted in her looking for love externally. "I was looking for love in the wrong places, promiscuity, and just poor relationship-building skills." Freya continues to struggle with interpersonal relationships but reports that her ability to engage in healthy relationships has improved with time and healing work.

Self-esteem was a struggle for Freya when she was young. "I had self-esteem issues. I had issues with being selfish. I had issues with the way I perceive the world and maybe even their thoughts on me. Issues with control." Freya reported that, while she still has moments where she doubts herself, her self-perception has improved.

I think that I feel I'm coming to a good place with how I feel about myself and how I view myself because I've dealt with some depression and anxiety. So, I'm really starting to accept who I am as a person, even my flaws. And I'm starting to have a lot more self-esteem and a lot more confidence and I think that is helping me to get to the place that I wish I was at like sixteen.

Self-compassion was an important piece of improving her self-perception as she engaged in healing.

Freya reported that her forgiveness was about letting go of anger and resentment against her father and accepting who he was. She reported it was about "me being willing to accept him and love him. Without him truly understanding the impact that he had on me as a parent and as the leading male figure in my life." Mending the relationship was an important part of her forgiveness of her father. Freya was motivated to forgive her father when she was 16 years old, and he became gravely ill. She became the decision-maker for him regarding health and finances.

“I know that's a part of me. That whole experience helped me with him being able to be able to forgive him and to help support him through this phase of life.”

When asked how the ability to forgive her father impacted her ability to heal from her experiences as a child she reported:

Absolutely. It keeps me from being bitter. It keeps me from having the same cycle of relationship dynamics. It's forced me to take a look at myself and some of the decisions that I made when I wasn't healed versus the decisions that I make now that I am healed, and what I allow and accept in my own life.

Freya describes forgiveness as a vital part of her healing process that has improved more than just her relationship with her father. It has also improved how she feels about herself and how she views other relationships in her life.

Freya was asked if she had any feelings of shame or guilt about the trauma she experienced as a child.

With my dad, I think guilt. I don't know why. I've carried that. I'm not sure why. Just maybe being a kid and thinking that you know, if the kids got in trouble, maybe if we hadn't gotten in trouble and it would not have made him do certain things.

She struggled with feeling like she was responsible for causing her father to act in the ways that he did when she was young. She is now aware that she was never responsible for his actions or choices. This is part of what helped her forgive her father. She did this by extending herself compassion. “I realized that I was just a little girl who wanted her dad, and that wasn't wrong of me to want my dad.”

Freya had a positive experience with forgiveness. Although she stated that she still has work to do, it is something that she is willing to continue working on because even if her father

never acknowledges what he did, the improvement in the relationship between her father and herself is worth it. Freya also reported that self-compassion is a practice she must continue to engage in so that she continues to be able to move forward with her healing.

Greta

Greta is a 45-year-old married woman of Caucasian descent. She has grown children. She has a degree in speech/language pathology. Greta reported the important adults in her life as a child were her parents, teachers, and camp counselors. She reported she continues to have a relationship with her parents and has some connection with camp counselors from her youth.

Greta reports her parents were responsible for the trauma she experienced as a child and identifies her mother as the primary person responsible for her experiences. She reported that her feelings toward her parents at this time in her life vacillate between love and compassion, and having moments of anger when she has a memory come up.

Greta's relationship with her mother growing up was not blatantly horrible. She described her mother as a "cold fish" growing up and never felt loved or supported by her mother. It was not until she was an adult and engaged in therapy that she began to realize how bad things were. Greta is the fourth of eight children. Her mother was good with babies but once they became independent and began to explore the world for themselves, she was done with them. Greta reported feelings of confusion as a young child not understanding why her mother was rejecting her.

I believe because she was overwhelmed by her feelings of not knowing what to do with that. So, she kind of rewrote the story so that we were brats. And if we were brats, then she couldn't be a bad mommy. So that's why they're acting that way.

Greta now knows that this was not the truth but was her mother's way of addressing overwhelm. She can both acknowledge the pain it caused and that her mother did not have the skills to do differently at that time.

As a child, the impacts on Greta's life were significant. She was diagnosed with ADD as a child which she believes is due to the things occurring at home. She reported being in constant fight or flight mode growing up. "It's hard to pay attention to anything when you're constantly alert and looking around for peril." She was bullied by her siblings and kids at school. Her mother bullied her at home, and her father did nothing to intervene in any of these situations.

I've had a hard time talking to customer service people. You know, phone menus and things like that, because I guess I've seen them as the unapproachable adult who's not going to help me and doesn't want to help me. I thought I had some kind of pure bureaucracy phobia, but then I found out later this is directly out of my childhood. I have a hard time with sloggy kinds of work. Because I was not helped with that. I was not helped to tolerate that and encouraged to keep going and, you know, and helped to manage those feelings about the slog. So, I still have a really hard time with that. It's hard for me to try new things. It's been hard for me to try new things because of my siblings jeering at me. If I tried something and didn't do it perfectly, they would laugh at me and pointed at me and laughed. So, I got where I didn't want to try anything.

Greta continues to struggle with sensitivities that arose due to the lack of emotional support, validation, and connection with her caregivers as a child.

Greta had a negative perception of herself for many years. As a child, she reported feeling like she was "too much." She thought other people would not want to be around her. Greta was afraid of how others would view her. She was afraid people would judge her because

her mother did not love her. Even though she did know she was lovable, she was afraid to allow others to view her as lovable because then they might wonder why her mother did not love her. Her mother actively suppressed her successes in school and life. Her mother felt she was either showing off, or intentionally showing up her older brother who had a disability due to a head injury. Due to this, none of her accomplishments were celebrated and she was told not to talk about them or she would make her brother feel bad. This resulted in Greta doubting herself and her abilities throughout her life. She often felt guilty about success or feeling too good about herself.

Greta described forgiveness as something organic that came out of her healing process. Early in her journey, Greta had people telling her to “just forgive” her mother. She reported that this felt wrong and impossible.

If I had just said, “Okay, I forgive her.” It wouldn't have changed anything. It's not magic. You can't just make your anger go away. My anger needed to be. It was basically saying you're not welcome. That my anger is not welcome. I'm just going to shut the door on that anger so everything will be rosy. I do think my anger and my fear and my despair and all that vengefulness and everything that needed to be welcomed in and listened to and heard and held in compassion. In doing that, in really accepting all of my humanness, that was how I got to the point where I was able to accept her humanness and some things that have really helped me. There was also a fear that when people would say, “Just forgive her,” I had a fear that it was going to wipe out the truth of my experience. That was when I was very young. I felt that when I felt very young, I felt that. I think that's part of forgiveness is no longer expecting her to have responded in a way she didn't have the emotional wherewithal to respond. Back then in those situations, I stopped expecting her

to be something she wasn't and didn't have capacity she didn't have right. I think that was a big part of forgiving was letting go of those illusions and letting go of the demand that she be something that she couldn't have been.

Greta's process toward forgiveness allowed her to honor the pain she experienced and the very real anger she had before letting it go.

As a result of forgiving her mother, Greta began to understand her mother could not be the mother she needed. This helped Greta understand her pain and shift her perspective of both her and the situation. She feels less anger toward her mother at this stage of her healing. She does have moments when things are hard, but overall feels more content with who she is and her life. Because of this work, Greta can enjoy happy memories of her childhood. This was not possible before. All she used to have were bad and painful memories. Greta reported having feelings of shame as a child regarding her mother.

I think I felt ashamed of having understood that there was something wrong with her. I felt like I had done something sneaky to see that. Like, I shouldn't have been so perceptive. I also felt kind of ashamed that, that somebody might find out because people thought she was this perfect mother with these eight children. She had a nice outward appearance. She's very beautiful. It bothered me that they were going to find out that I didn't have a good mom after all. So, I felt some shame about that.

Greta reported that extending compassion to herself was necessary as she became a mother herself. She reported, "I wasn't a perfect mom. I was a good enough mom. And I was very conscientious, very intentionally was, a bit different kind of mom." Self-compassion helped her achieve this by recognizing that she did not have a good role model for mothering and that expecting her to be perfect was not fair or realistic.

Greta's experience with forgiveness was a positive one that resulted in her ability to improve her self-perception as well as her relationship with her mother. This was not an easy thing for her to engage in and came about after doing a lot of healing work validating the pain she experienced as a child. Letting go of anger and the expectation that her mother be the mom she needed to be, allowed her to understand her mother was not able to be different. Greta was also able to no longer feel responsible for her mother's inability to be there for Greta.

Helen

Helen is a 36-year-old single woman of African American heritage. She is from South Carolina and has worked in information technology for the last 10 years. Helen said the important adults in her life as a child included her great-grandmother, grandmother, mother, and some aunts and uncles. Helen's mother is the only one of these people who continues to be in her life as an adult. Helen reported that her stepfather passed away when she was a teen. When she turned 18 years old, she met her biological father, stepmother, and half-siblings. These people are now also important in her life.

Helen identified her stepfather as the person who caused interpersonal trauma for her as a child. She reported he molested her for many years. She also identified her stepbrother as another person who molested her. This stepbrother (from a prior marriage) was prosecuted and went to jail for his behavior. Helen was very young and had no memories of this happening. With her stepfather, she was old enough to know what was going on. Helen reported her stepfather died of cancer before she turned 18 years old. Helen said that when her stepfather got sick her feelings toward him shifted "I guess I kind of forgave him in a way because of how severe his illness was before he died. It kind of made me feel like you know, you kind of reap what you sow type of thing."

Helen reported that she does not harbor ill feelings toward the people who hurt her as a child. "I just don't think about it. Honestly. Well, I don't let it affect me negatively."

When she was a child, the events with her stepfather impacted her ability to reach out for help. She reported feeling guilty and did not want to cause her mother pain, so she did not tell her mom what was going on. Helen continues to struggle with sharing difficult things with her mother today because of this habit when she was younger. This prevents her from having the close and supportive relationship with her mother that she would like to have.

When asked how she perceives forgiveness, Helen was unable to articulate a definition. She stated:

It's like a thing that doesn't exist in my life. Because I'm kind of like a person where it's like, I may say, I forgive you, but not really. It's like once you cross me, once you hurt my feelings. Or you take advantage of me. I'm just completely done with him. So, I don't think forgiveness is a thing that I've learned to do yet.

Helen reported that she would need the person to acknowledge what they did, apologize, and demonstrate changed behavior for her to forgive. I continued to press for a definition of forgiveness and Helen could not provide one. "For me, personally, I don't have a definition because I'm like, there's no repairing the relationship. There's no forgetting about it. It's, you know, it's none of that." While Helen could not verbalize a definition, her comment that there was no repairing the relationship or forgetting demonstrated that her internalized definition of forgiveness was the traditional forgive-and-forget definition. Because her internalized definition of forgiveness does not align with her personal belief and value around forgiveness, it is impossible for her to engage in forgiveness.

While Helen is not able to engage in forgiveness, she is aware that this negatively impacts her ability to move forward with her healing.

I think just my inability to forgive doesn't allow me to actually have conversations like this, or actually even think about it because I'm not even thinking about forgiveness. So, I can't even start with 'Hey, let me talk about the things that kind of shaped who I am as a person that can't forgive, because I just don't allow myself to even think about the things that happened and why they happen or how they impacted me or my family.'

Helen would like to be able to forgive because she knows it would benefit her healing process by allowing her to have better relationships and trust others.

Helen reported feeling a lot of shame for blaming her mother for not doing anything to protect her as a child. She felt shame because later she found out her mother did not know what Helen's stepfather was doing. She treated her mother poorly at times as a teen because of what was going on, but could not tell her mother about the abuse. She carried feelings of guilt for this behavior for a long time. Helen reported that engaging in self-compassion helped her understand why she reacted the way she did and begin to repair the relationship with her mother. Helen reports her work on self-compassion is ongoing.

Helen's internalized definition of forgiveness places her in a place where she cannot engage in forgiving those who hurt her. She knows forgiveness would benefit her and her healing by allowing her to let go of the negative things in her past. But the expectation that she will repair a relationship and forget the bad behavior keeps her stuck. This causes a lot of confusion and frustration for her resulting in her avoiding dealing with the issues completely.

Iris

Iris is a 37-year-old woman of African and Panamanian descent. She has been married for five years. Iris reported the important adults in her life as a child included her adoptive parents and the ministers at her church. "We were always around some good religious leaders that really influenced my life as a child." Iris reported that she continues to have a relationship with her adoptive mother and her adoptive father has passed away. She does not have contact with her biological parents.

Iris reported her trauma experience was with her biological parents and in foster care before she was adopted at 5 years old. "My parents were doing drugs. My dad was in prison. And so, a lot of our relationship was writing letters." Even after she was adopted, she was encouraged to write letters to her biological father while he was in prison. She reported her father made a lot of promises about what he would do for and with her. These promises were always broken. "So that created a negative experience with having my hopes up, you know, from a child for so long. And just to see that I still wasn't chosen." Olivia also said that her adoptive father was abusive to her growing up, but for a long time she was not aware that it was wrong.

There was abuse, physical, mental, and emotional abuse in the home, and it was kind of, but I didn't know it was abuse. I thought because I was adopted because, you know, they had biological children, that that was the norm. You know, they just get treated lesser because they are not the real children.

Iris thought it was normal to be treated differently because she was adopted. Everyone in the home acted like it was normal and she had no way of knowing anything else. She was homeschooled so she did not have a lot of contact with outside perspectives.

Iris currently has a lot of compassion for her adoptive mother because she was married at a very young age, and her husband was the head of the house.

She always went along with what my dad said. As she grew up as you're supposed to be a wife, you're a minister's wife, and you're the helpmate. All these things that she was taught allowed her to see the abuse and neglect and not really step in because she felt like it wasn't her place.

After her adoptive father passed away, Iris' mother apologized to her for allowing him to treat her badly. Iris said her feelings toward her biological parents are more complicated. She reported that she has accepted that her father will never choose her over his drug use. She said she has forgiven him in a way, but still gets triggered by his behavior as it continues to be hurtful. Iris said her mother never acted like she wanted to be different. She always said she never wanted to be a mother. Iris said it is easy to forgive her because "She never tried to portray that she was anything other than what she was." Iris reported she used to try to get her mother to change and have a different relationship with her.

She's not trying to be a mom as much as I was trying to give her an opportunity for so long. Like, hey, come to this and do this as I realized I was somewhat forcing her to do something that she was consistently showing me she did not want to do. So, I accepted that.

Her current feelings toward these people who hurt her are not the same as they used to be. She used to work hard to get her biological parents to be different and almost beg them to want her. She reported this was a really hard time for her because she was constantly rejected.

Iris reported that these relationships have negatively impacted her relationships with her children.

When I had my daughter. I was very concerned about her, overly concerned about her emotional well-being to the point where when it was time to discipline, I didn't want to because I had been so harshly disciplined that I felt like even the slightest bit of correction was going to make her not feel loved.

She wanted to prevent her daughter from having any negative experiences. She hoped by never disciplining her that her daughter would never experience childhood trauma.

As a child, these experiences resulted in Iris feeling like she had to work hard to earn love and acceptance. She had to get good grades, do all the things her parents wanted from her, and never ask for too much. She thought if she was good enough then she would be loved and accepted. As an adult, Iris reported that her childhood experiences have caused her to be kinder, more compassionate, and more understanding of others. She became very concerned with the emotional experiences of others and making sure other people were getting what they needed.

I asked Iris how she views forgiveness. If she were to explain forgiveness to someone else, how would she explain it?

Forgiveness to me is I am choosing to forgive you. Meaning I'm choosing to not necessarily move forward by keeping you in my life. But I'm choosing to let go of the action that hurt me. I'm not holding on to it. I know how heavy that feels, and I'm choosing to release myself of that burden.

Iris is illustrating here an intrapersonal definition of forgiveness that allows her to move forward with her life regardless of the actions or choices of those who hurt her.

The way it changes my thoughts, feelings, and actions is I'm no longer looking at you to make it up to me. I'm no longer assuming that you need to do something to repair it. It's a decision that I'm making regardless of whether you change your actions or not.

Iris explained her reason for engaging in this form of forgiveness:

I am not expecting them to do anything in return and I can just walk away and free myself from it because it feels very much like a weight. When I forgive, I feel the weight has been lifted because I can move on and not have something trigger me and I'm consistently bringing this back up and blaming it on this experience.

I asked Iris if she ever struggled with forgiving those that hurt her:

Yes, every time I grew up and I would start to have issues because of my childhood trauma, and I would begin to think this is not my fault that I have these issues. This is their fault. So, it made it harder for me to forgive because I felt like I was consistently being faced with struggles that I didn't ask for. If I just wanted to be loved. If I just wanted to be accepted. Why do I have to fight so hard to get through this? Like why me? What did I do wrong? I didn't ask to be here. I didn't ask to be adopted, but I'm consistently being faced with these walls that I have to break down. I have to do more work on myself. When I didn't necessarily do anything.

When asked what changed for her that made her choose to engage in forgiveness Iris said, "I was tired of being in the same circle of not forgiving and being disappointed." Iris spent her childhood and much of her adult life begging her mother to love her and pay attention to her.

I guess it was just it almost became obsessive. Like I just needed it so badly. And she yelled at me one day and she said, I don't owe you anything. And when she said she didn't owe me anything, I realized that's what I literally thought. I'm like, no you owe me. Like you need to make it up to me and I'm going to give you the opportunity to do it.

Iris said this is when it clicked that she was causing herself ongoing pain by expecting her mother (and father) to do and be something they could not or would not. It was when she decided to give up on these expectations that she was able to forgive and begin real healing work.

As a result of her choice to forgive she reports feeling a lot more compassion for others and herself. She also does not take the things other people are doing personally anymore. Iris reports she knows that other people have their struggles, and their behavior mostly has nothing to do with her. Iris also said that because of forgiving her parents, the trauma impacts her less. She still has moments that are difficult, and memories can make her sad, but they no longer have the power to destroy her life or to make her do things that do not align with her values. "By choosing to forgive, I changed the narrative of that traumatic event. So, I can now look back on my childhood trauma and say but that's the reflection of good qualities about me not bad qualities about me."

Iris reported having shame about how she handled the impacts of her trauma before she engaged in forgiveness. She said that she regretted how long it took her to forgive and felt if she had done that earlier maybe she could have prevented some of the pain in her adult relationships. "I wouldn't have gone into it [her relationship]. Looking for that love, that attention, that affection, that validation. I went to a relationship trying to beg someone to give it to me and pretty much scared them away."

Iris said she had to engage in self-compassion in healing from her trauma. "One thing I do stick with from my before I forgave was that I don't think that it was my fault." After having her daughter and seeing the innocence and vulnerability of a child she began to understand that it was not her fault that her mother did not want a child. It is not her fault that her father could not make her a priority in his life. "So, I needed to forgive myself for how hard I was on myself and

really understand the only reason I made those decisions was because of my circumstance.” Iris stated that while she was not responsible for what happened to her as a child or even her trauma responses, she is responsible for changing the behavior now that she understands more. Iris reported that self-compassion was not just a nice thing to do, but was a vital part of her healing journey. “I had to forgive myself in order to really close that chapter of my childhood trauma and to not let it keep coming up again and again and again.” Iris reported her perception of herself has changed for the positive since choosing self-compassion.

So, I'm compassionate to myself every time that I'm triggered and instead of beating myself up about it, I say you know what? I can have compassion that this is a hard moment that I'm working through and I'm on a journey and it's continuous. And that's okay. And just give myself permission to feel those feelings and go through whatever restorative process I have to, whatever the routine or ritual or anything that I've learned as a tool, that it's okay to use the tool again.

She is kinder to herself and able to see her flaws as errors of judgment rather than personality flaws.

Iris demonstrated a definition of forgiveness that was intrapersonal and not based on benefiting others. She shared how it was not just beneficial but imperative for her to forgive her parents and herself to truly heal from her trauma. She also reported that both choices, forgiveness, and self-compassion, worked to help her shift how she viewed herself.

Jane

Jane is a 36-year-old Caucasian, divorced mother of 4 children, one of whom is adopted from foster care. Jane is currently a social worker but is back in school to pursue her law degree

at this time. She is not sure what specific area of law she would like to pursue, but possibly landlord/tenant, disability law, or foster care reform.

Jane stated that her mother was the primary adult in her life throughout her childhood as her father was in and out of prison and her mom moved the family frequently, resulting in limited connections with others. Jane stated her mother was very young (18) when she was born, and her mother had undiagnosed ADHD and bipolar disorder. This resulted in a chaotic childhood with frequent disruptions at home and school. Jane would be left home to watch her brother frequently when her mother was overwhelmed and would get a job hours from home and be gone for days at a time. Due to her mother's impulsive behavior, Jane and her siblings were often left without food or electricity because mom would spend all her money on other things and not be able to buy food or pay utilities. Jane's relationship with her father was very limited due to him being in prison a lot due to drug charges. She said her brother was the only one he interacted with when he was home. While he was in prison, he would write letters to them all and make promises that were inevitably broken when he returned home. This was very impactful and traumatic for Jane.

When Jane was four years old her mother met a man who became a stabilizing force in their lives. She said:

He was just kind of calm and steady. He wasn't the most affectionate or the most playful and nurturing, but he was at least there. He was at least there to make us dinner and get us off to school and things like that. So, he was really a steadying force even though at the time I don't think I realized it because he wasn't my favorite. He definitely preferred his daughter to my brother and I. But he at least showed up every day and we knew he was going to come home at a certain time and take care of us.

Jane's mother married this man when Jane was 12 years old and they remain together.

Jane reports having positive feelings toward her father and mother at this stage in her life. She had forgiven her father. She said, "I think it is because of my experience working with people who were addicts." Jane's father did something nice for her before he passed away suddenly. Jane said they had a conversation when he was at her grandmother's house one day that clarified his struggles for her and helped her understand that his inability to be there for her, had nothing to do with her.

My father told me 'I have to be honest with you. If somebody sat down right next to me right now, even with you across the table, and offered me drugs, I wouldn't be able to say no. 'I felt like that helped me a lot to be like, even he knows it's his issue. That is about his inability to say no to a substance.

Jane now understands that her father's addiction had a strong pull on him, and nothing could change that. It was not that she was not worthy of his love and attention. It was that he was not able to give it to her.

Jane also reported forgiving her mother. Understanding the consequences of untreated ADHD and bipolar disorder helped her have compassion for her mother and the choices her mother made when Jane was a child. "That is to her credit because she was doing her best even though she had all these issues. When she started to get her issues addressed, got on medication for depression, and started to do therapy." Jane reported she is now able to go talk with her mother about the distressing things in her childhood and her mother will acknowledge it, take responsibility for her past behavior, and apologize. This helped Jane with being able to forgive her mother but was not a requirement. Jane reported her mother is a much better grandmother to Jane's children.

When Jane was a child her mother's behavior caused her to feel, "very rejected and unloved, unwanted." Her mother could not make time for Jane and if Jane asked her mother to spend time with her, her mother reacted like it was an imposition and that Jane was being greedy and selfish. Jane said she moved out of her mother's house at 16 years old because they could no longer live together. Jane said her mother paid for her apartment so that Jane would not have to live at home. This made Jane feel even more rejected that her mom could not stand to be around her. Jane had to drop out of high school to get a job and pay for food and utilities. Her father's behavior also made her feel rejected. Whenever he was at home, he chose her brother over her. Even her stepfather chose his daughter over her. Jane had no adults in the home that made her feel wanted.

The impact this had on Jane's self-perception was significant. Jane reported she had very low self-esteem and had no real expectations of herself.

I dropped out of high school. I worked with kids at a daycare, and I just set my goals very, very low and basically felt like I didn't have any value inherently. The only way to have any value was to do good, helpful things for other people. Even going to college, I started at a community college because I had my son at that time. I very much undershot. Sorry, this is a terrible thing to say, I very much settled. When I got married. I just sort of settled for the first person that was interested because I never even considered that I was likable or that people would want to spend time with me.

Jane struggled for much of her adult life with this low self-esteem and negative perception of herself. She reported this began to change about 2 years ago when she began to go to therapy and work on her healing intentionally. With the support and encouragement of her therapist, she applied for law school and a scholarship program that she knew she would not get. She thought it

would be a fun trip as they paid for her to fly to campus to meet the scholarship committee in person for an interview. Jane was shocked when she got the scholarship and was admitted into law school.

When asked to state how she perceives forgiveness, Jane shared a definition that was intrapersonal and based on letting go of negative things.

I would say it's not holding on to negative feelings. Also not wanting the other person to like pay/suffer/regret it anymore. When you get to the point where you think "They are who they are and that's okay." And I don't need them to feel bad about this. Also, when I think of the thing that happened it doesn't hurt. Maybe it's sad. That's a really sad thing to happen to someone, but when it doesn't like hurt anymore, and I don't want any sort of like revenge or anything like that.

Jane said that forgiving her parents resulted in a lot less pain for her. "I don't feel like it was an attack on me. I'm still sad, but I'm compassionately sad." The grief of her lost childhood and all the ways it impacted her are still present, but she is no longer hurt and angered by her parent's behavior. When asked if forgiveness had changed how she experienced the negative impacts of trauma in her life she stated:

Definitely. Yeah, definitely. It used to be if it came up or I remembered something I would feel hurt and angry and triggered, and I'd be like reactive, and I really don't enjoy being reactive to things that are happening around me. I just like to be more thoughtful and in control of my emotions rather than having them in control of me.

Jane has experienced a reduction in the negative impacts of trauma in her life due to forgiving her parents.

Jane reported she used to have feelings of shame and guilt about being a difficult child for her mother and then making poor choices as an adult.

I did believe that it was my fault that people didn't want to be around. I think not being able to control myself, I felt a lot of guilt for that. Also, a lot of guilt for the way that my mom needed to avoid my behavior and how that affected my siblings because they were then also neglected and kind of left behind.

Jane also felt shame and guilt for the impulsive choices she made as an adult that negatively impacted her children and family.

Being diagnosed with ADHD and bipolar she was able to begin to understand that she was not making poor decisions because she was dumb or selfish but because she had two disorders that impacted her ability to manage impulse behavior. This was the beginning of engaging in self-compassion in her healing.

I do practice self-compassion and just 'Yep, you did that. That actually really makes sense why you did that because you have this thing from your childhood. This is the thing that happened today, and it was really hard and of course you did that. 'I do the of course thing quite a lot. That's something I learned in therapy to just say how things are and then say, of course, that's what's happening. Here's the explanation. You're not crazy at all, It makes sense.

Jane's ability to engage in self-compassion has not only resulted in a more positive self-perception, but it has improved her relationships with her mother and her children.

Jane articulated a definition of forgiveness that was intrapersonal. This definition of forgiveness allowed her to engage in forgiveness for her parents without the expectation that they would change. Jane reported that forgiveness for her was rooted in understanding the struggles

her parents had and having compassion for them. Forgiving her parents resulted in a reduction of negative symptoms of trauma. While there are still things she must work through due to her trauma, forgiveness gave her the ability to begin doing that. Engaging in self-compassion also allowed her to continue her healing process and be a better daughter and mother, not to mention being better able to love herself even with her flaws.

Kellie

Kellie is a 41-year-old Caucasian woman. She is a stay-at-home mother of three autistic children and has been married for 20 years. Kellie reported the important adults in her life as her mother and stepfather, and her biological father. She also had three sets of grandparents who were involved in her life. She reported her dad had a series of long-term relationships, but she never got close to any of them. She continues to be close to her mother and stepfather and has a relationship with her biological father, though not close.

Kellie reported her dad as the primary cause of trauma in her childhood. Kellie reported that her father was a big man who generally spoke with a loud tone that scared Kellie when she was a child. Her father also had a temper and would yell and say mean things when he was angry. Kellie reported her father had a grudge against her mother all her childhood and frequently said derogative things to Kellie regarding her mother. He also made mean comments about Kellie's appearance as a child calling her fat and trying to get her to work out or restrict her food intake. Kellie reported it was not until she was an adult that she realized that she was unhealthily skinny when he was making these comments. Kellie stated that he would often forget to pick her up from school or classes, which also caused her fear and panic because she was unsure of what to do and had no way to contact him. Kellie also reported some negative interactions with her stepfather's mother.

My step-grandma was over, and my mom and stepdad were fighting. I guess they were disagreeing about me. My step-grandma, like, I was in the basement sort of hiding doing a science project and my step-grandma came down and was like, when they get a divorce, it's going to be all your fault.

She also reported that this grandmother preferred her little brother who was her stepfather's biological son.

Kellie's relationship with her step-grandmother is distant. She has accepted that this woman will not change and bases her interaction on that understanding. Kellie does not harbor feelings or anger and resentment for her step-grandmother. Kellie reported that her relationship with her biological father is more complex. She reported that up to a few weeks ago she would have said:

I love him. He's a part of my life. I'll miss him. When he's gone. But not the big like, he's not. I mean, I wouldn't have thought he was much more to me than like the grandparents and great-great-grandparents, someone who gave me genetic material, who were a part of my history, but nothing special. But faced with his actual mortality. I found myself much more upset than I expected.

Kellie reports she still struggles with hurt feelings over her father's behavior as he continues to degrade her mother whenever possible as well as making derogatory remarks about Kellie's appearance if it is not to his standard.

As a child, Kellie struggled with conflicting emotions regarding her father. She reported "What I struggled with the most actually was like, not understanding why he wouldn't spend time with me and stuff. I really did just think it was because I wasn't worth it." She reported that her father never wanted kids and the only reason she was here was because her uncle convinced her

father that he should allow Kellie's mom to have a child. Kellie's dad resented this her whole life. She spent her whole life until she had a family of her own wondering how she could be good enough or pretty enough to be acceptable to her father. Kellie reported this caused her to have very little self-esteem for much of her life. Kellie reported that she learned early on to be responsible for protecting her mother from her father.

My mom was the person I loved most in the world, and I didn't want her being abused.

So, I took that on as a very big responsibility. I need to protect my mom. I know that started very early when I was five or six years old. I had to protect her because it was hurting me and there was no one else.

These things continue to impact Kellie as an adult in that she is very cautious about how she appears to others, she does not stand up for herself at times, and she works to make sure other people are happy at all costs. Kellie reports this impacts her marriage and her relationships with her kids as well as others in her life.

Kellie reported that her early understanding of forgiveness was an interpersonal one where "forgiveness meant that that was essentially synonymous with forgetting. Like, maybe you still remember that happened, but emotionally it was as if that had never happened." In recent years she has been involved in a support community, Celebrate Recovery, and through her engagement with them has come to understand that forgiveness is about her, not others.

I realized that forgiveness is more about yourself and your own emotions. It doesn't change the other person. It doesn't change what they did or what they'll do in the future. And you can still learn from the past and not trust them or not trust them in those situations depending on what happened. But forgiveness will mean that you have let go of the anger and it's not quite like letting go of the hurt because I think hurt stays with

you always, you know, grief and hurt are always there. But it no longer can, it's like it's like a bruise. You can see it's there. You know it's there. You can choose to touch it and make it hurt worse or you can ignore it and have no further pain as it heals. And it's sort of like that, that you let go of the hurt to the point where you can make a choice of how much you're gonna acknowledge it. And you're fully in control of whether or not it's impacting your actions.

Kellie's new understanding of forgiveness has allowed her to feel capable of forgiving her step-grandmother and father, or at least to begin that process.

Kellie reported it is difficult for her to fully forgive her father because he continues to behave in ways that are hurtful toward her mother and herself. Kellie describes herself as a "bleeding empath" which keeps her engaged with her father and finding herself hurt by his words. Her father is 72 years old, and she does not expect that he will change, but this keeps her from setting boundaries with him and keeps the situation unresolved for her. "There's a certain amount of it's really hard to let go of something when you haven't addressed it directly. I think maybe what it is, is in order to forgive your part in it you have to have stood up for yourself." Kellie acknowledges that she has not done this with her father.

Kellie reported that even though she has not forgiven her father completely, she has felt the benefits of understanding her father and letting go of old hurts. She reported her relationships are better and she can acknowledge that her father did his best with the skills and understanding that he had when she was growing up. Kellie continues working on forgiveness and learning to let go of past things.

Kellie reported that she did not harbor feelings that her father's behavior was her fault growing up. She was aware that it was not her fault. But she did report feelings of being

unworthy of love, being unacceptable, and being ugly. Kellie reported some feelings of regret for some of the choices she made as an adult resulting from her childhood experiences. Kellie was very focused on avoiding her father from feeling bad. She wanted to be able to forgive and move on without setting boundaries with him because she was afraid he would not understand.

Self-compassion is something that Kellie continues to struggle with. She has addressed the issue in therapy in the past. Kellie stated, "I have been working on it, but clearly, it's not something I've thought about as much." Kellie's need to make sure other people do not experience difficult emotions gets in the way of her being able to engage in self-compassion effectively. She reported she would rather wait to deal with things for when they are gone than cause them pain now, even if that continues to negatively impact her.

While Kellie has an intrapersonal definition of forgiveness that she articulated, it appears that she still has some internalized interpersonal meanings around forgiveness that keep her in limbo regarding her father and his continued negative behavior. This also impacts her ability to engage with self-compassion because her focus is on ensuring that her father does not experience the consequences of his behavior. Kellie has found some benefits from her forgiveness so far and acknowledges that there is still work to be done.

Laura

Laura is a 29-year-old African American woman who has been married for 9 years. She does not have any children. Laura recently graduated with her Ed.D. in Community Care and Counseling: Traumatology. She is a licensed social worker and has just opened her practice.

Laura stated that her mother, father, and stepfather were all a big part of her childhood. She also said she had an aunt and a couple of women who were the mothers of her best friends growing up. She reports still having a close relationship with her aunt and the mother of her best

friend who continues to be in her life. She reported she has lost contact with the other friend and her family over the years. Her relationships with her parents and stepfather are rocky due to the history there.

Laura's parents and stepfather are the sources of the childhood trauma in her life. She reported her experiences with her stepfather were tied to her mother and Laura's relationship with her. Laura's stepfather prioritized his relationship with Laura's mother over a relationship with Laura. This resulted in a limited relationship due to her mother's verbal and emotional abuse.

Laura reported her father left her mother when she was 8 years old after having an affair. He was not a healthy person. He lied to everyone and stole from people. Initially, she was living with her father until she was about 12 years old. She reported that at this age she began to see how bad his behavior was. Her father would lie about things that were happening and present her as a liar to people in her life. It began impacting her relationships, so she asked to go live with her mother. When Laura moved in with her mother it was not a better situation. She would connect with friends and her aunt for support. Her mother was jealous of this and would punish her for having those relationships.

My mom is also not a very honest human being; she also steals literally, and so, really jealous person. So, when I had these connections to my aunt growing up and my best friends 'moms growing up, my mom would like use that against me, she would punish me by like telling me I wasn't allowed to go to these people's houses, like isolating me from the other supports in my life or grounding me because I spent too much time with them. And she just would scream at us and it was just like not a very emotionally safe household.

Laura reports this impacted her relationship with her aunt who would withdraw from Laura after these incidents. Laura reported as a kid she was confused by her aunt doing this and felt rejected.

Laura reports her feelings toward her father have improved as she got older. She still feels he is not someone to be trusted, but she has accepted who he is and that it is unlikely to change. She reports her relationship with her mother is still contentious. Laura stated, "In terms of my mom, like, I have not forgiven her. In fact, I really don't enjoy being around her. I'm really hyper-vigilant when I'm around her."

Laura reported that her experiences with her parents growing up resulted in her struggling a lot with emotional problems. She was often depressed and suicidal growing up. She reported that her father did nothing to support her or her mother. Her mother also refused to work even though she was capable of working. Laura reported that she experienced periods when they were homeless or without necessities. She struggled at school because of this, "I was bullied in school because I know, like I was the dirty kid, you know, the dirty kid and mom smoked in the car and house, like, so close, so I smelled bad."

Laura reported these experiences continue to impact her life today. "I think like I have a scarcity mindset. Like, I work. I'm very money motivated, like, so much that it's like, I work all the time." Laura also struggles with relationships, often fearing that she will be rejected by those she loves. She struggles to trust people around her due to the lack of honesty and integrity of her parents. Laura also continues to experience symptoms of PTSD related to her early life.

When I asked Laura how her early experiences impacted how she views herself she said she struggles to acknowledge her success.

I just graduated with my doctorate and as I was coming up on this, that's when I started going to therapy because I realized that I was like going through this big, big, ginormous

life thing like a huge accomplishment. And like I said, I just opened my own practice again, another huge accomplishment, and I didn't really feel proud of myself, like it didn't feel as joyous or exciting, like my feelings toward towards it didn't match up to actually how big of a deal it was.

Laura reported that her ability to love herself aside from accomplishments is limited. Before she began to pursue her master's degree, she struggled with liking herself at all. Now any positive feelings about herself come from achievements.

After doing a lot of work on it, I'm more confident than I ever was. But up until 25, there was no esteem at all. Like I hated who I was. There wasn't a single thing that I was like, proud of, or liked about myself.

Laura continues to struggle with having an intrinsic positive view of herself. She continues to feel her worth is attached to how much work she does or how much she accomplishes in life.

When asked about her perception of forgiveness Laura reported, "It's just like acceptance of like, okay, like we can. We can like move past this. I can accept who you are." Laura also reported she cannot do this with her mother. Laura reported that forgiveness is for her, but her actions and struggles with forgiveness toward her mother suggest that she may have an internalized definition of forgiveness that does not reflect the definition she holds cognitively.

Laura reported that forgiving her father has resulted in letting go of feelings of anger and embarrassment toward him:

I'm not mad at him. anymore. I'm not embarrassed. I mean, he embarrassed me, but in a bad way, not as in like, I'm embarrassed by the human that you are. Hopefully, that makes sense. But like, I'm not, I'm not like ashamed for him to be my dad anymore. And I'm just like, this is who you are. And like the difference between the two is, I think, like,

my mindset is like, Oh, Dad doesn't have the choice to change or do something differently.

Laura stated that forgiving her father was not an active choice that she made. It just happened over time as she began to understand the challenges he had and why he did the things he did. She reported, "I wish it was a choice. Because I would forgive my mom, but it doesn't feel that way." When asked what the barrier was to forgive her mother she reported. "In my head, she has a choice to do something different. She had a choice to do something different when we were kids, and she does not choose to do something different."

In forgiving her father Laura reported that the way she holds or feels about the things that he did when she was a child has changed. She still struggles with the impact on herself, but it is different and something she reports she feels she has control over since engaging in forgiveness. "I still interpret them the same way. But I don't like, hold them. I don't carry the feeling of them." I asked if she thought she would experience a similar shift if she could forgive her mother and Laura stated, "Yeah, I don't think the intensity would be as much anymore."

Laura reported that as a child she felt a lot of shame about her circumstances. Being a poor kid, being homeless at times, not having food, and being dirty all caused her to feel ashamed that she was not better able to be like the other kids. She was aware her circumstances were not normal and was ashamed of that. She was ashamed of her parents and their dishonesty. Laura reported as an adult she had felt shame and guilt due to how she reacted when her trauma was triggered. Whenever a question came up in a relationship that caused her to feel like they may not want to be around her, she would act out. She would either immediately abandon the relationship and never talk to them again, or instigate a breach of the relationship that caused the other person to end it. "As I reflect on it, I'm like, holy crap, like this person actually might have

even been just trying to, like, grow our relationship or, you know, so a lot of that.” Laura felt a lot of guilt and shame over these behaviors.

When asked how self-compassion shows up in her life and the role it plays in her healing journey Laura replied:

I got the word grace tattooed on my arm right here because I, like, that's the word that I use for exactly what you're saying like, grace to myself, for myself grace to other people. It has become a significant, very meaningful word in my life. Because there's like, I'm getting emotional talking about it because it has been such a really, really big part of my journey of just like, recognition of like, Man, those like behaviors, the way that I acted and continue to act sometimes towards other human beings, like, being able to reflect on it and be like holy crap, like this is a really, like, this is a significant part of my upbringing and like, just the way that my mom and my dad interacted with me as a child in my experience, and like I can do the work just as I am to like, you know, not have that carryover, but I don't have to be pulled towards myself because this was a part of my experience.

Laura reported that having self-compassion (or grace as she identifies it) has helped her reframe her negative behaviors and lessened the negative feelings she has about herself. “I can step back and say, ‘You can have a little better understanding of yourself and like, why your gut reaction is to like, react to people like that.’” Laura reported this has had a big influence on her ability to grow and heal. She can be kinder to herself and love herself for surviving, rather than beating herself up for the actions that protected her as a child.

Laura articulated a conflict in her definition of forgiveness. Her education and training have taught her that forgiveness is for the person who was hurt, not for the person who caused

the harm. However, she has difficulty internalizing this definition and still holds an intrinsic belief that forgiveness is for the person who caused harm. This is interfering with her ability to forgive her mother and continue her healing journey. Laura said she knows it is a problem and would like to change it but does not know how. This might be in part because she is not sure of how she arrived at forgiveness for her father. Laura provides additional evidence on the importance of self-compassion in healing.

Mary

Mary is a 28-year-old Caucasian woman. She has a child and lives with her partner in Washington. Mary is a social worker in private practice.

Mary identified her parents, aunt, and her mother's partner for many years as people who were important in her life as a child. Mary said her mother began a relationship with a woman when she was 10 years old. This woman was abusive to her throughout the rest of her childhood and into her adult years until she passed away a year and a half ago.

Mary reported she currently feels indifferent toward this person. She does feel like she has been able to improve her relationship with her mother since this woman passed away as she had a lot of influence on Mary's relationship with her mother. Mary reported she has not always felt indifferent toward the woman who abused her:

It has definitely changed over time. That I mean, you know, forgiveness has been a big part, I think, just an understanding overall as to why, you know, she treated me the way that she did and that was a big part of it. You know, there still are times when I feel a little angry at her, but more so I'm different now.

Mary continues to work on forgiveness and improving her relationship with her mother now that there is not someone meddling in the relationship.

As a child, Mary reported having a lot of fear. Fear of doing or saying something wrong and having this woman angry at her. Mary reported having low self-esteem and self-worth growing up. "I think also, you know, she impacted the way I see relationships, I'm sure impacted my relationships with my other friends sometimes." As a child when her mother's partner was verbally abusing her, she would begin to agree and believe what this woman was saying about her. "And then, you know, would just kind of think that yeah, that she's probably right. You know, I am whatever she said, because that's what we do as kids. We believe what adults tell us." Mary said that she does not think she was aware of these impacts at the time it was happening, but as an adult looking back, she can see it. Mary reported that these things continue to impact how she views herself as an adult. It also continues to impact her self-esteem and self-worth.

When asked about her perception of forgiveness and how she would explain forgiveness to others Mary reported:

Forgiveness to me is getting to a point where you understand what or why the other person behaved or said what they did. An acceptance you know, you don't have. You don't have to necessarily agree or like what happened, but you get to a point where you kind of just, you know, accept that it did and, you know, you move on. I think understanding has been a big part of forgiveness for me.

Mary reported forgiveness is for her and not the woman who hurt her. It is meant to help her move on and heal, not to condone the harmful behavior. Mary reported that an important part of forgiveness for her was acknowledging the impact of the abuse and not trying to "brush it off."

Mary identified that forgiveness has resulted in benefits to how she views the things she experienced and herself.

It allows me to not feel so resentful and not feel so hurt or angry. You know, especially with this person in particular, you know, there's nothing about her that changed a whole lot until she passed. And she was always going to be my life. So, it was getting to a place where, you know, she would still do or say the things, but I was able to just kind of like, roll them off my back. Let them go. Because, you know, I knew who I was as a person. I knew, you know, that this was just kind of our her M.O. So yeah, I think it was just an acceptance of who she was as a person.

Mary reported she also had to extend forgiveness to her mother for not intervening and protecting her against her partner's behavior. Mary stated that it was rare for her mom to stand up for her. Her mother did not agree with her partner's behavior but took little action to stop it. Mary has been working on improving her relationship with her mother and understanding her mother's behavior since she started her healing journey. Mary also reported that she feels like forgiveness, for her, was a result of engaging in healing work, although it is an important piece of healing as well.

Mary reported she did not have any feelings of shame or guilt about her experiences as a child, but as an adult, she has experienced both because of how she has reacted to trauma triggers. She reported that the way she has behaved in relationships at times has resulted in her feeling guilty and ashamed of herself. She had to begin to understand that her behavior was a result of the trauma she experienced and was a survival response designed to protect her as a child.

Mary reported that she is only just beginning to work on understanding and utilizing self-compassion in her life. She reported that this is a current topic for her in therapy. Mary reported

that she has already noticed benefits in her self-perception and relationship with others from engaging in self-compassion.

Mary's conceptualization of forgiveness is an intrapersonal one. This was essential in her being able to forgive the woman who abused her because this person never acknowledged her poor behavior or made any effort to change it. Had she held an interpersonal definition of forgiveness, it is unlikely she would have been able or willing to engage in forgiving someone who continued to be toxic. Although Mary's engagement with self-compassion is more recent, she advocated for the benefit of self-compassion and reported it has already made a difference in her life.

Nancy

Nancy is a 42-year-old married mother of three. She is Caucasian. She reported the important adults in her life were her parents and stepparents. Growing up with her brother before her parents divorced, she was not always aware of the problems at home. Her mother was seriously mentally ill and this caused her to be erratic in her behavior and unpredictable, particularly when she was off her medication. Nancy related stories of her mom being angry or unable to provide care for her brother and herself. Her parents divorced due to her mother's mental problems when she was still a child. Nancy's father remarried not too long after the divorce.

Nancy's stepmother was self-centered and demanding. Nancy reported she was no longer able to spend time with her dad alone as her stepmother was jealous and wanted him to herself. Her stepmother also had two children and made it clear they were her priority in the family.

She did visit her mother regularly growing up and was close to her stepfather. But she was responsible for getting there and back on her own as her father was not generally allowed by

her stepmother to take her. She would travel by bus across the city until she was old enough to drive herself.

Nancy reported making poor choices as a teen and getting into some trouble due to the situation at home. She engaged in substance use and risky sexual activity. Nancy hung out with other teens who had limited supervision. At one time she reported losing her license as a teen due to multiple accidents and citations.

Nancy got pregnant as a teen with a man who was abusive. She stayed with this person because she felt like she had to, and it was her fault for getting pregnant. She reported having very low self-esteem at this point in her life and she did not feel like she deserved better. Nancy finally left when her baby's dad began to act in ways that threatened the baby.

Nancy reported her perception of forgiveness as:

Having understanding for why a person is did what they did. It is hard to be angry with someone once you understand their trauma and know that they are making choices from a place of fear and pain. It is easier to just let it go. It is just not worth it to hold onto that anger. It made me into a person I did not like.

Nancy's perception of forgiveness is an intrapersonal one although she does acknowledge that her parents also benefited from her forgiveness.

Nancy reported forgiving her mother for part of the trauma in her life as she grew up and developed a different relationship with her mother.

I could see that she was really sick. She was a good mother when she was doing well and on her meds. She helped me out when she could. When she was not doing well, she could not help it. I began to see that as I got older and felt bad for being angry with her over something she could not help.

Nancy was able to repair that relationship before her mother passed away from cancer.

Nancy has struggled with forgiveness toward her father and stepmother. It was not until her dad got sick that she began to realize he made choices to allow her stepmother to mistreat her as a child. Nancy reported she has worked through this with her dad and feels content with her dad who passed away a few years ago. She still harbors some anger against her stepmother for the behavior that left her feeling alone as a teen. She reported: "I understand that she is also a very damaged person and that she will likely never change, but it still hurts that things could have been different."

For Nancy, engaging in forgiveness toward her parents was a choice and an acknowledgment of their human failings. This allowed her to move on with her life and make different choices in her own life and parenting. Forgiveness was a way of ensuring the past was not repeated in her own life.

Nancy reports that self-compassion was challenging for her for many years. She felt like she was a failure as a mother. That her choices of men were the problem in her relationships. She blamed herself for things that happened. When she was able to understand why she did the things she did she began to feel better about herself.

I realized that I was living in a survival state. This made me make choices based on fear rather than my values. Once I knew this, I was able to be a little more kind to myself and my choices also got better. This also allowed me to understand where my parents were coming from and have compassion on them for the choices they made that impacted me.

Nancy's lived experience illustrated the importance of self-compassion in being able to engage in forgiveness, as well as shift her negative self-perception. Engaging in both forgiveness

and self-compassion has mitigated the negative impact of her early experiences. This has resulted in having the freedom to continue working on healing and improving her life and relationships.

Olivia

Olivia is a 45-year-old single woman of Caucasian descent. Olivia said the important adults in her life as a child included her parents and extended family of grandparents, aunts, and uncles. There were also other adults in her life including church members and neighbors. The relationships with adults from her childhood she currently engages with are her dad and a couple of aunts and uncles. The other people have either passed away or are no longer in her life. The people Olivia identifies as causing harm in her childhood are her parents, primarily her mother.

Olivia reported her mother had a lot of problems and she became aware very early in her life that her mother was not “normal.” Olivia said she was young when she recognized that:

Mom did not treat me like other mothers treat their kids. I wondered why mom did not love me. She was either absorbed in her own life and activities or she was screaming at me. It was only when she wanted me to participate in her interests, such as sewing or cooking, that she would interact with me. I was not allowed to do well at the things she enjoyed though. She did not want me to do things better than her. If I did well at something she enjoyed, she would pick my efforts apart and criticize every detail to discourage me from doing it again.

These behaviors occurred throughout Olivia’s childhood and adult life until she discontinued contact with her mother.

Olivia currently has a minimal relationship with her father and no contact with her mother. She is not angry at either of them at this time in her life, but it took many years to get to

that point. "Maintaining a relationship with my mother was only continuing to add to my distress and reinforced childhood trauma. It just was not worth it."

Olivia's parents separated when she was 8 years old and finalized the divorce 2 years later. Her memories of this time were of a lot of conflicts and disrupted home life due to the animosity between her parents and her parents using her to manipulate each other. Olivia reported this is when her relationship with her dad also became challenging.

The negative impact on Olivia's life as a child included increasing anxiety and fear, disrupted relationships with family, and losing friends due to moving away or being restricted from seeing people. She often felt isolated and alone. She also reported feeling like things were blamed on her a lot and that she was constantly in trouble. These things continued well into her adult life.

These events significantly impacted how she viewed herself as a child and how she views herself in adulthood. She reported low self-esteem, social phobia, and constant fear of being in trouble throughout her childhood. Olivia has improved these things as an adult and has improved how she sees herself.

I asked Olivia what forgiveness looks like for her and if she could define forgiveness in her life.

Well, that was hard for me for a long time. I was told growing up that forgiveness was for the person that hurt you. That you were supposed to fix the relationship. This always felt wrong to me and for a long time, I refused to even consider forgiveness. With time and therapy, I began to understand that forgiveness was about me, not them. I learned to let go of the hurtful feelings and anger I was carrying around. I learned about why my

mother was not able to love me and that she was also a very wounded person. So, I guess forgiveness is about letting go of things that hurt me.

Olivia has shifted from an interpersonal perception of forgiveness to an intrapersonal definition. According to her report, this has helped her engage in healing the wounds from her childhood. She also stated, "Forgiveness was something I had to choose to do. I had to wake up each morning and choose to view my mother with kindness and compassion for her problems instead of feeding the anger for the hurt she caused."

Since engaging in forgiveness, Olivia said she has been able to move forward with her healing and take back control of her life.

I am not tied to what happened so much anymore. It happened, I wish it didn't, it still impacts my life and relationships, but I am no longer weighed down by feelings of anger and resentment. I have the freedom to move away from all that pain and get on with life. Being able to let go of anger and resentment has increased her ability to engage in healing work, and it has also given her permission to be more compassionate toward herself. "Understanding that my mother was wounded, and that is what caused her to act out, allowed me to see that some of my own negative actions also come from my hurt."

Shame had a significant role in Olivia's life. She felt ashamed of her mother and never wanted to bring friends home because she was never sure if her mother would be in a good mood and be nice, or if she would scream at her and her friends. Olivia also felt shame about who she was. "I felt like I was a problem. The harder I tried to be good so my mother would love me, the worse things got. At some point, I just embraced I was a problem and quit trying." Olivia did things she was ashamed of as a child and as an adult. She is not aware these were about trying to survive the chaos she lived in, but for much of her life, she hated herself for these things.

Self-compassion was important in Olivia's healing process. "I was not able to have self-compassion before I forgave my mother though. I figured I was just like her and would never change, it was fate." When Olivia began to understand that her mother was also acting out of her pain and trauma, she was better able to be compassionate with herself and understand that it was not who she was, but the results of surviving impossible circumstances.

Olivia's experience with forgiveness was that it allowed her to regain control over her life, extend compassion toward herself, and move forward with a life she felt content with. Through forgiveness, she was able to put her own experiences into perspective and improve her self-perception. The internalized definition she had of forgiveness was the key to being able to begin this process.

Results

Thematic Analysis of the interviews using Miles et. al (2020) resulted in identifying three themes and two clear groups among the participants. The themes identified in the analysis include letting go, actualized forgiveness, and self-compassion. Two defining characteristics led to the development of the two groups of participants. The first defining characteristic that emerged was whether participants were able to engage in forgiveness. The first group identified were participants who were able to engage in forgiveness toward those who harmed them. The second group included participants who have been unable or unwilling to engage in forgiveness despite acknowledging that their lives would be better if they were able to do so. This first defining characteristic was important to take into consideration because the analysis revealed differences in how they answered the interview questions.

The second defining characteristic that separated the two groups by how they answered the interview questions was the definition of forgiveness that each participant held. The group

who was able to engage in forgiveness each stated a definition of forgiveness that was similar to the research definition of forgiveness utilized in this study. Forgiveness is a shift away from a desire for revenge or retribution toward the perpetrator and replaced with motivations that are neutral or benevolent (McCullough et al., 1997). This definition places the focus of forgiveness on benefiting the individual who was harmed. The group who has been unable or unwilling to engage in forgiveness either were unable to articulate a definition of forgiveness or hold a definition of forgiveness that is more related to a faith-based definition of forgiveness requiring the individual to turn the other cheek or act as if the harm never occurred. This definition emphasizes the repair of the relationship and is focused on benefiting the perpetrator of harm.

Theme Development

As I conducted interviews the themes quickly began to emerge from the conversations with participants. Initially, I just took mental note of the interesting responses of the participants that were common throughout the interviews. When I went back to review the interviews and clean up the transcripts, the major themes began to solidify. While conducting the second set of interviews to finish the data collection, I took a more active position in observing the themes that had already emerged to see if they continued to be consistent across the participants. This was the stage where I recognized the formation of two groups of participants with opposite experiences and definitions of forgiveness.

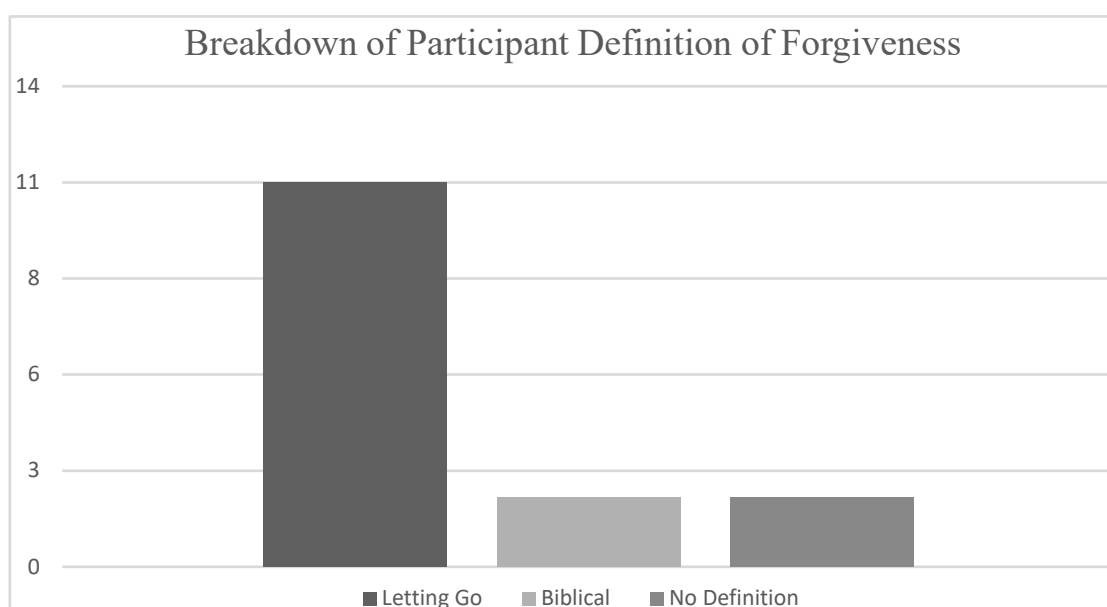
The discussion of the themes that emerged in analyzing the data is organized to first look at how the participants understood forgiveness (letting go of anger and resentment) to set the groundwork for examining the impact the participants' ability to let go of hurts (actualized forgiveness) has on the healing process as reported by the participants, then to examine how forgiveness for others and themselves impact the ability for individuals to have self-compassion.

Each of these themes will be introduced with a look at how each of the two groups experiences them differently.

Letting Go

Participants formed into two groups as they discussed their perspectives on forgiveness. The larger group reported an understanding of forgiveness that was intrapersonal and was about letting go of anger and resentment. That is, forgiveness is for the person who was harmed and not for the perpetrator of harm. The smaller group held a perspective of forgiveness that was external, meaning they viewed forgiveness as something that is for the perpetrator of harm. This group was unable or unwilling to let go of anger and resentment toward those who harmed them without acknowledgment and reparation.

It is About Me. One of the interview questions asked each participant to state how they perceive or define forgiveness. While there were minor variations in how each person defined forgiveness the participants fell into two groups if they were able to articulate a definition. The internalized understanding of forgiveness is important because it sets up the healing process for each participant.



The group of individuals who were able to experience forgiveness provided a similar understanding of forgiveness. They generally understood forgiveness as letting go of anger and resentment toward the individual or individuals who caused them harm in childhood. This is an intrapersonal perspective, meaning forgiveness is for the person harmed. This group of people reported that they had been able to engage in forgiveness toward the individual or individuals who harmed them. Jane reported, "I would say it's not holding on to negative feelings. Also not wanting the other person to like pay/suffer/regret it anymore." Della reports forgiveness has allowed her to build a better relationship with the people who caused her pain as a child, as she stated: "When I was able to let go of the anger and resentment, I was able to grow closer to my parents and improve our communication and our relationship." This group expressed an external view of forgiveness, that is, forgiveness is about others.

The group of participants who held an understanding of forgiveness in a way that supported healing had a marked positive impact on their ability to engage in forgiveness. Those who engaged in forgiveness had a perception of forgiveness that it was for the individual harmed, not the abuser. It was about letting go of anger and resentment to regain power over their own lives and not allow the harm to continue to dictate their lives and how they perceived themselves and others. They also did not correlate forgiveness with repairing the relationship. Some of them have repaired the relationship with individuals who harmed them, but that choice was not a part of the forgiveness process, but an independent choice made related to their capacity and the willingness of the individuals who harmed them to change their behavior.

It is About Others. The group who was not able to engage in forgiveness either was not able to provide a definition or provided a definition of forgiveness that focused on benefits to the perpetrator of harm. Whether or not this group could articulate a definition of forgiveness, they

shared an inability or unwillingness to consider forgiving those who harmed them. They held a common belief that forgiveness was external, meaning (interpersonal) it was more related to the perpetrator of harm and benefitting them than it was internal and done to benefit the person harmed.

The participants in this group who were able to articulate a definition of forgiveness reported an interpersonal definition of forgiveness, where forgiveness requires the individual to excuse the behavior, act as if it never happened, and work to repair the relationship. For these individuals, the definition of forgiveness was about acting as if the harm did not occur and working to mend the relationship, as well as maybe requiring a change in behavior from the perpetrator. This group of people reported not having engaged in forgiveness toward the perpetrators of harm. Ann reported, “[The] definition of forgiveness that I, that I know, that I grew up with, doesn't even fit into my worldview now, so I don't know what another definition of forgiveness would be.” Cassie had a different perspective of forgiveness, “If I ever get to the point of forgiveness, I think it will mean contentment with the person. That I can fully understand that they couldn't help themselves. That they didn't know better.” This perspective of forgiveness requires that either the person just did not know better, or you must condone the behavior for forgiveness to occur. What is interesting about Cassie's definition is her next statement, “It would be peace and not harbor anything, even when I look at them or talk to them. Not constantly thinking about things that hurt when I was growing up. Peace and contentment.” This hints at the perspective of the group which has been able to engage in forgiveness, that if Cassie could let go of anger and resentment, that she would feel peace and contentment.

Finally, two participants were unable to articulate a definition of forgiveness. These often stated the conditions that needed to be met for forgiveness to occur but could not clearly state

what the word forgiveness meant functionally. These participants also have not been able or willing to engage in forgiveness toward those who have harmed them. Betty stated that they are waiting for an apology, "If I'm able to get an apology from you, or if you apologized rather to me, that's the first step towards healing and, you know, forgiveness." Betty also reported that she knows she will never get acknowledgment of the harm that was caused to her and that due to this she is unable and unwilling to forgive the person who harmed her. Betty described herself as a "bitter person." Helen reported "It's like a thing that doesn't exist in my life." She reported that once someone hurt her, she is done with them and there is no going back.

Actualized Forgiveness

Under this theme, there are two sub-themes: freedom and restriction. The individuals who have an intrapersonal perspective of forgiveness experienced freedom having engaged in forgiving those who harmed them. The participants who had an externalized perspective of forgiveness experienced restrictions in their healing.

Freedom. There was a consensus among all the participants that forgiveness (letting go of anger and resentment) was an important part of the healing process. Both the group who reported having engaged in forgiveness and the group who has not engaged in forgiveness reported that their healing process would benefit from letting go of anger and resentment toward those who harmed them. I was not expecting this response from the group that has not engaged in forgiveness.

The participants who reported having engaged in forgiveness universally reported that letting go of anger and resentment has been a positive thing in their healing process. Some of them identified forgiveness as pivotal in their healing. These individuals stated that letting go of anger and resentment was necessary for them to move forward with their healing. One of these

individuals reported that forgiveness was a product of their healing process and they would not have been able to engage in forgiveness until they engaged in healing work. Greta said, "I think it's something that is organic, and it's something that happens as a product of doing the work, of working through the anger."

The individuals who reported that forgiveness was a pivotal part of their healing reported that forgiveness allowed them to regain control of their lives, instead of anger and resentment toward individuals keeping them stuck. They reported that not letting go of anger and resentment resulted in them feeling like the people who harmed them continued to run their lives due to events that were not their fault and they did not ask for as small children. Forgiveness allowed them to step away from harmful experiences and make choices in their lives that resulted in healing. Olivia stated, "I was able to let go of it. I am no longer tied to what happened. I can focus on what I want in my life. Learning to feel new things, trusting, and building relationships I can rely on."

Restriction. Many of the individuals who have not engaged in forgiveness reported knowing that if they could let go of anger and resentment, it would benefit them. Cassie reported "I wouldn't be doing things for her to appease her. I would actually be something that I enjoyed." Letting go of anger and resentment was acknowledged by all of the individuals who have not engaged in forgiveness as something that would aid in their healing processes. The lack of forgiveness is not due to any of them thinking that forgiveness would be bad or detrimental. Helen reported, "I think just my inability to forgive doesn't allow me to actually have conversations like this, or actually even think about it because I'm not even thinking about forgiveness." Ann reported a strong aversion to the idea of forgiveness as a concept. She

reported this was an integral part of the mental/emotional abuse she experienced as a child. Ann stated:

My parents used to make me, if I did anything wrong, they would make me sit down and write long apology letters and just this extreme guilt trip.... But then when they would do something wrong, they didn't apologize. They never apologized. And so, part of it I think, is definitely because of how I was raised.

When asked how her life would be different without the bitterness she holds, Betty reported, "It would be better, freer."

Self-Compassion

Self-compassion was a concept that all the participants connected to in some way. Most were able to engage in it to some extent. All reported that self-compassion was a vital part of healing and the ability to forgive those who had harmed them impacted their experience of self-compassion as well.

The group that has been able to engage in forgiveness toward those who harmed them has all had a positive and healing experience with self-compassion. They reported understanding how their experiences impacted their lives and, choosing to let go of the anger toward those who harmed them, also allowed them to feel compassionate toward behaviors they may have engaged in because of their trauma that caused others pain. When asked about self-compassion Iris reported:

Yes, because one thing I do stick with from my before I forgave was that I don't think that it was my fault. I believe, having my daughter and seeing the innocence of a child, there's no way that you know, a child would warrant that kind of treatment and neglect. Even if they're on their worst day or they're in a phase or you know, you're still, as the

parent, you're still supposed to be there to protect them and to love them and nurture them and this is your role. So, I needed to forgive myself for how hard I was on myself and really understand the only reason I made those decisions was because of my circumstance. Even if I didn't ask for my circumstance, I have to be responsible for handling it afterward.

Freya reported that self-compassion was important for her to resolve the guilt she carried thinking she was responsible for the bad things that happened to her. "I don't think that I was that person. I don't think that carrying guilt is necessarily the answer. Instead, I've had to work through it." Elizabeth reported her experience with self-compassion as:

Well, it made things a lot clearer. One, it was not my fault, what happened. I was trapped in a lot of different ways. And with my husband, I've learned that there are people that understand this. When it was happening to me, no one ever talked to me about what sexual molestation was or what grooming was. I thought I was the only little girl in the whole world that this was happening to.

The group of individuals who have not engaged in forgiveness had more challenges with engaging in self-compassion. Ann reported engaging in self-compassion for actions that they have engaged in previously that are not in line with their value system, however, many of them still struggle with conflicted feelings regarding their inability or unwillingness to engage in forgiveness. Cassie and Helen reported being aware that self-compassion would benefit them in their healing process, but struggled to allow themselves to offer self-compassion. Betty reported no need to extend her compassion as she places all blame on her mother. What is also interesting is that Betty describes herself as bitter and acknowledges that this is not the ideal way to live. I asked her how her life would be different without that bitterness. She reported that she would not

be stuck. This group often expressed a desire to be able to forgive and a barrier to that forgiveness that stems either from their definition of forgiveness and what they believe forgiveness requires of them or a belief that they cannot forgive the people who harmed them without receiving acknowledgment and apology for the harm from the perpetrator(s).

Self-compassion is reported by all but one of the participants to be a positive thing. Even so, those individuals who struggle with forgiveness for others also often struggle with self-compassion. Self-compassion is correlated with better emotional regulation, self-esteem, and positive mental health according to the reports of the study participants.

Research Question Responses

This section provides a concise exploration of the responses of the participants and how they relate to the research questions in the study. The discussion looks at each of the three research questions and how the participants' responses answered each question, depending on if they have engaged in forgiveness or not.

Research Question One

How do individuals who have experienced interpersonal trauma in childhood utilize forgiveness, as they define it, toward the people who have harmed them and themselves? Of the 15 participants in this study, there were two distinct categories of experiences with forgiveness toward individuals who had harmed them in childhood. The larger group consisted of individuals who had engaged in forgiveness toward those who had hurt them. These 11 participants reported that forgiveness for them was an act of letting go of anger and resentment toward those who had caused them harm to regain power over their own lives, and no longer allowing those who harmed them to influence the outcomes. Of this group, some reported that forgiveness was an active choice and a necessary part of the journey toward healing. Others reported that

forgiveness was a result of the healing process and allowed them to feel freer in their lives. All these participants describe forgiveness as an important piece of healing and influential in how they perceive themselves and their lives as adults. Nancy reported, "Holding on to anger was keeping me stuck. I needed to forgive to move on with my life." Iris reported she "was tired of being in the same circle of not forgiving and being disappointed. And I remember one day I just said I don't want to feel this way anymore. I don't want to wait." Mary reported her decision to forgive her mother's partner "[holding onto the anger] is not really doing anything for my life, besides being annoying."

The group of 4 participants who have not yet engaged in forgiveness toward those who have caused them harm all reported that they feel their lives would benefit from forgiving those who harmed them, but there are significant barriers to them engaging in forgiveness. These individuals all had different definitions of forgiveness or could not articulate a definition of forgiveness. Two individuals reported that forgiveness requires them to excuse the harmful behavior and possibly repair the relationship with those who caused harm. Cassie reported, "I think it will mean contentment with the person. That I can fully understand that they couldn't help themselves. That they didn't know better. If they knew better, they would've done better." Ann reported that forgiveness is an agreement between two people that requires an apology/behavior change from the perpetrator and willingness to not bring it up again from the other person. These individuals also reported a belief that forgiveness is for the perpetrator. Ann reported, "Logically, I know it's for me, but I feel like it's for the other person." The two individuals who did not articulate a definition of forgiveness reported a sense that, if they could forgive, their lives would improve, but could not articulate specific ways those improvements would manifest.

All four of these participants described feeling stuck in their healing process. They are waiting for the people who harmed them to acknowledge the harm they caused and apologize. They also state they are aware they will likely never get that from those people. This need for acknowledgment and belief that forgiveness is for the perpetrator of harm is keeping them stuck in the pain and anger of the past. They are not able to move forward. Forgiveness is not a tool they have access to for healing due to how they conceptualize it.

The lived experiences of the participants illustrated how forgiveness can be a powerful tool for healing, or a roadblock in their journey, depending on how they conceptualize forgiveness. For those who have an intrapersonal definition of forgiveness, healing is forgiving. Those who have an interpersonal definition of forgiveness feel stuck and unable to move forward.

Research Question Two

What role has their experience with forgiveness played in healing? Most study participants reported an increase in feelings of well-being, self-compassion, and emotional freedom from engaging in forgiveness toward those who have harmed them. Nancy reported, "It has helped me not be trapped in what happened. I am, like, back in control of my life." Jane reported that engaging in forgiveness has made her less reactive. "I just like to be more thoughtful and in control of my emotions rather than having them in control of me." Laura reported regarding her experience with forgiveness toward her father, "He's a million horrible things. I still interpret them the same way. But I don't, like, hold them. I don't carry the feeling of them." Mary reported her experience with forgiveness as, "It allows me to not feel so resentful, hurt, or angry.....it was getting to a place where.....I was able to just kind of like, roll them off my back. Let them go. Because I knew who I was as a person." For all these participants,

forgiveness had a positive impact and allowed them to find peace and healing from their childhood trauma.

The four participants who have not engaged in forgiveness were not able to answer this question effectively, though all reported a belief that being able to engage in forgiveness would have a positive impact on their healing journey. One participant reported that she felt that her healing was stuck and that she was waiting for the person who hurt her to acknowledge what they did so she could continue moving forward. When the participant holds a definition of forgiveness that does not align with their worldview, or they cannot articulate a definition of forgiveness, it is challenging for them to even imagine how forgiveness may impact their healing journey, though they all have a belief that it would have a positive impact. Helen shared her struggle between not being able to forgive and feeling like she is supposed to. "It's basically just a form of holding a grudge and not giving people grace, which I expect people to give me grace, so it can't be a one-sided coin. But it's hard." Ann discussed her relationship with forgiveness regarding the individual who abused her, "I feel like I came out on top after a very, very long, complicated, abusive, crazy 20 years; I came out on top, but I don't forgive him. But I just don't care anymore."

The participants who had an internalized definition of forgiveness were able to engage in forgiveness and found it beneficial to their healing. The participants who have an externalized definition of forgiveness were not able to engage in forgiveness and were unable to articulate the role forgiveness has in their lives. The data presented in the interviews illustrated that forgiveness could bring great healing for those who have an internalized definition and can be a roadblock to healing for those with an externalized definition of forgiveness. This is important because it has implications for working with trauma survivors.

Research Question Three

How do forgiveness and healing support and shift the individual's perception of self from a negative and trauma-based concept to a positive self-perception? Most of the participants in the study reported having struggled with low self-esteem or a negative self-concept at some point in their lives. There is a broad range of responses regarding where they feel their current self-perception is, ranging from still struggling with a negative self-image to acknowledging significant improvement. All of the participants reported that being able to understand that the things that happened to them were not their fault as children, and placing responsibility onto those adults who harmed them, helped them shift away from shame and self-blame. Greta reported; "When I was a child, for caring myself messily, sometimes not well at all. When I realized, Geez, I was a kid, I did the best I could. It wasn't my job, and I did the best I could." Those individuals who have engaged in self-compassion report significant improvements in self-esteem and positive self-perception. Della reported, "Self-forgiveness allowed me to begin my healing process. It was acknowledging that the negative trauma had occurred and accepting that it was not my fault that finally turned my life around." Interestingly, these individuals also report increased empathy towards those who caused them harm and their ability to forgive and move on with their healing. Olivia reported, "When I was able to see that I reacted due to my trauma, I um, was able to also see how damaged my mother was and how she also could not do better." While some of the participants continue to struggle with negative self-perception and feelings of guilt and shame, all of them have found self-compassion to help improve their self-perception.

The eleven participants who were able to engage in forgiveness and self-compassion all reported positive impacts on their healing. The four participants who have not been able to engage in forgiveness reported feeling stuck in a part of their healing and acknowledging that

forgiveness might or would be beneficial. Those who are not able to forgive report ongoing negative self-perceptions due to their inability to engage in forgiveness. The data support the idea that forgiveness and self-compassion both have positive implications for improved self-perceptions following interpersonal childhood trauma, provided the internalized definition of forgiveness is intrapersonal rather than interpersonal.

Summary

This chapter shared the findings of the study after thematic analysis. The findings were reviewed under the section's theme development and research question responses. The participants were introduced through narrative profiles that included brief backgrounds. The three themes that emerged from the data included *letting go*, *actualized forgiveness*, and *self-compassion*. The lived experiences of the participants illustrated their thoughts and feelings regarding how forgiveness impacted the symptoms they have due to interpersonal trauma in childhood, and the healing process they each continue to engage in. The difference between those who have engaged in forgiveness and those who have not was explored, as was the impact of the personally held definitions of forgiveness for each participant. Finally, the impact of forgiveness and self-compassion on each participant's self-perceptions was presented.

CHAPTER FIVE: CONCLUSION

Overview

The purpose of this hermeneutical phenomenology was to understand how individuals who have experienced interpersonal trauma in childhood engaged with forgiveness and the impact forgiveness has had on their symptoms. In addition, this study examined how forgiveness and self-compassion have impacted their self-concept which may have been negatively impacted by their early experiences. This chapter presents and discusses the findings of the study with my interpretations of the information gathered. It also includes a review of the implications of the study and how the findings might impact treatment for childhood trauma in the future. The limitations and delimitations of the study are examined, and recommendations for future research are presented.

Summary of Findings

This section provides a summary of the findings related to the themes that emerged from the data, as well as the research questions of the study. This study utilized a hermeneutical phenomenology qualitative study as outlined by Miles et al (2020). Analysis of the data provided from 15 interviews resulted in 3 major themes emerging from the experiences of the participants.

Themes

Theme development began as I was conducting interviews and continued as I began to review the transcripts. As I was conducting interviews and then reviewing transcripts, I began to look for commonalities and note differences in attitudes and beliefs around forgiveness and the participants' experiences with forgiveness. The differences in responses by the participants resulted in identifying two groups of participants that are separated by two defining characteristics. The groups were separated by their ability to forgive and their internalized

definition of forgiveness. I became aware the difference between the two groups was significant and required me to analyze the data separately as it had implications for practice, as well as future research. I identified the commonalities while reviewing the transcripts and defined three specific themes that are shared by all participants in both groups. The themes that emerged were consistent and clear from the beginning of the analysis, so all three were kept. In analyzing the data provided in the 15 interviews, three themes emerged. These themes are *letting go*, *actualized forgiveness*, and *self-compassion*. While all participants had the same themes identified, how they related to each theme was different depending on their definition of forgiveness and their ability to forgive, clarifying the need to identify separate groups of participants.

Letting Go

One of the interview questions was for the participants to describe what forgiveness meant to them. Each participant had a slightly different way of describing forgiveness. The responses from the participants fell into one of three categories, those who described forgiveness as letting go of anger (forgiveness is about me), those who described forgiveness from an external perspective requiring allowance for the behavior and repair of the relations (forgiveness is about others), and finally, those who were unable to provide a definition. It became clear that the definition the participants hold has had a significant impact on their relationship with forgiveness.

It is About Me. Individuals who held a definition of forgiveness described as letting go of anger were the most likely to have engaged in forgiveness and had a positive relationship with forgiveness. These participants identified that forgiveness was something they engaged in for their benefit and not for anyone else, including the perpetrator of harm. These participants

reported that letting go of anger and resentment was important for them to be able to move forward and was not about excusing behavior. All of these participants reported benefits and healing from letting go of things they cannot control or change from their childhood experiences.

It is About Others. Individuals who held an external view of forgiveness struggled to forgive those who had harmed them, particularly those who had not acknowledged their behavior or apologized. Those who struggled the most were the individuals who could not articulate a definition of forgiveness. They could identify how others defined it but did not agree with the definitions they had been given. These individuals also continued to experience the most distress related to the trauma they experienced. How an individual perceives forgiveness has a significant impact on whether the individual can engage in forgiveness.

While it is beyond the scope of this study to discuss the way that forgiveness is defined within Christianity, it is worth noting that the participants who were not able to engage in forgiveness primarily used a definition that is aligned with the traditional Christian definition. Therefore, it may be wise to reconsider how Biblical forgiveness is taught, as it is a powerful idea that can impact people who have experienced victimization at the hands of someone who was supposed to provide safety and connection for them when they were children. The participants in this study who hold on to the idea that they have to turn the other cheek or are obligated to excuse the behavior reported that they experienced increased distress and identity confusion, particularly for those who place great weight on their faith.

Actualized Forgiveness.

Depending on whether participants were able to engage in forgiveness played a role in their healing process. Those who were able to engage in forgiveness all reported experiencing

more freedom in their lives. Those who were not able to engage in forgiveness reported feeling stuck or restricted in their ability to heal and move beyond their experiences.

Freedom. The group of participants who were able to engage in forgiveness at some level experienced the most positive impact on their healing process. Each of these individuals reported an elevated level of peace in their lives and with their trauma histories. Many of these individuals have engaged in utilizing their past experiences in their professional lives to support other survivors and inform how they interact with others. This group of participants described forgiveness either as an essential piece of their healing journey or as a pleasant result of their healing journey.

Restriction. The participants who have not engaged in forgiveness reported experiencing roadblocks in their healing process. However, this group of participants all acknowledged that being able to engage in forgiveness would have a positive impact on their lives, result in feelings of peace, and positively impact their relationships with others as well as how they view themselves. Therefore, all participants indicated that forgiveness is (or would result in) a positive experience, whether they had engaged in it or not. Those who engaged in forgiveness experienced positive results and, those who have not, recognized that it would provide them with positive outcomes in their lives, even though they were not yet in a place where they were able to move forward in forgiveness.

Self-Compassion

All but one participant reported that they engaged in feelings of self-compassion when dealing with their childhood trauma. They also noted that self-compassion played an important role in their healing process. Some participants reported that self-compassion was something

they were working toward because they were aware that it would be useful in healing. Thus, self-compassion, for the participants in this study, is something that supports healing.

The one participant who reported not engaging in self-compassion explained that she never felt any feelings of guilt, shame, or blame related to the trauma she experienced. However, she consistently referred to herself as a “bitter person” and stated that she would feel much better and “freer” if she was not bitter. This indicates that she might benefit from engaging in self-compassion to support her healing and negative feelings of bitterness.

Research Questions

Each of the research questions was answered by the stories the participants shared. The experiences the participants provided through their narratives help to provide information to address the questions.

Research Question 1

How do individuals who have experienced interpersonal trauma in childhood utilize forgiveness, as they define it, toward the people who have harmed them and themselves? The participants who were able to engage in forgiveness had a universally positive experience. Each of these participants reported increased satisfaction with their lives and healing process. Most of them report having not continued a relationship with the individuals who caused them harm. Each of them described letting go of feelings of anger and resentment resulting in feeling free from the abuse and able to leave it behind. The participants who have not engaged in forgiveness reported continued feelings of anger and resentment that keep them tied to the trauma and the people who caused them harm.

Research Question 2

What role has their experience with forgiveness played in healing? The participants who have engaged in forgiveness state that forgiveness has had a major role in the healing process. Some of the participants reported that forgiveness played a pivotal role in their healing and was the catalyst for real healing to begin. Other participants reported that forgiveness was a result of their healing journey and played the role of providing evidence of their healing progression. The participants who have not yet engaged in forgiveness view their inability to engage in forgiveness as a barrier to healing. This means that they know forgiveness would improve their experience but are unable to engage in forgiveness. As identified in the themes, this appears to be due to how these individuals define forgiveness.

Research Question 3

How do forgiveness and healing support and shift the individual's perception of self from a negative and trauma-based concept to a positive self-perception? Each of the participants who reported having engaged in forgiveness reported that self-compassion is also a vital part of their healing process. Forgiveness and self-compassion both universally improved the image each participant had of themselves. Even the participants who have struggled with forgiveness reported a positive relationship with self-compassion. The ability to engage in forgiveness has allowed the participants to feel better about themselves by addressing feelings of guilt and establishing a more objective understanding of why the trauma occurred. Forgiving the people who caused harm increased positive feelings toward self and extending self-compassion reduces feelings of guilt and shame. Participants who have not engaged in forgiveness have more current struggles with negative self-concept, but still reported positive impacts from engaging with self-compassion.

Discussion

The literature review in Chapter Two presented the theoretical framework of this study based on Carl Rogers' humanistic theory of self and utilized Maslow's hierarchy of needs to help illustrate this theory. The second part of Chapter Two was divided into four sections: interpersonal trauma in childhood, perception of self, forgiveness, and self-compassion. Interpersonal trauma in childhood examined the types of traumata a child might experience and the research that discussed the impacts of this type of trauma on relationships, self-concept, and health outcomes. Perception of self-examined how interpersonal trauma warps the self-perception of an individual and results in struggles with identity, purpose, and self-esteem. The section on forgiveness presented an overview of the current research about forgiveness following a traumatic experience. The final section on self-compassion discussed the research on the benefits of self-compassion in mitigating the impacts of verbal/emotional abuse and lack of connection with adults in childhood. The following sections will examine the findings from this study as related to the various theories and empirical research discussed in Chapter Two.

Humanistic Theory of Self

The participants in the study all related the impacts of their trauma experiences as detrimental to how they viewed themselves as children, and many of them reported this as an ongoing struggle in their adult lives. This supports the literature presented in Chapter Two which discussed the detrimental effects of interpersonal abuse in childhood (De Bellis & Zisk, 2014; Ford et al., 2012; Hoeboer et al., 2021; Sherr et al., 2017; Snyder et al., 2012; Spinazzola et al., 2018). Each of the participants discussed how the lack of validation, connection, and support from a primary adult in their lives caused them to feel they were the cause of the problem, that there was something innately wrong with them, or to believe that they were irreparably damaged.

The participants described having struggles with mental health concerns, physical health concerns, self-harm, suicidal ideation, and low self-esteem throughout their lives. This negatively impacted their ability to develop healthy friendships as children and has impacted their ability to have healthy relationships as adults. It also impacted their ability to move up the needs hierarchy. This was evidenced by the common struggle with relationships and having each participant report low self-esteem (Crandall et al., 2020). In addition to the inability to move farther up the needs hierarchy, the participants reported struggling with understanding who they were in adulthood. This provides support for Rogers' theory that personality is something everyone participates in creating and, when a child is not allowed freedom to explore their identity without restriction, it creates identity confusion (Luyten et al., 2019; Noble-Carr & Woodman, 2018).

Each of the participants shared how interpersonal trauma has impacted their ability to pursue their personal goals in their lives and the struggle to find purpose and meaning. Some of the participants have found healing that has allowed them to move up Maslow's hierarchy of needs, though all of them reported still struggling at times with love and belonging needs and self-esteem needs. Many of them reported significant improvements in these areas through forgiveness, self-compassion, and trauma healing. Each of the participants is pursuing important personal goals that help them find meaning and purpose in their lives and experiences by utilizing their early trauma to support others. While these individuals expend great effort in the pursuit of self-actualization, that effort does not remove the negative impacts of their early experiences automatically. This has caused confusion and frustration in their lives. Many participants expressed how hard they worked to be successful, only for their trauma responses to disrupt those goals. Thus, while they are working hard to move forward and be successful, there

are moments when they feel life is more challenging because they experienced not having their needs met. Their survival responses get in the way of their goals by impacting relationships, both personal and professional, increasing self-doubt and self-sabotage, and even impacting their physical health, resulting in setbacks (Goldman & Greenberg, 2013; Tokayer, 2002).

When participants have their needs met, they are better able to grow and develop, although their healing journeys are not straightforward in the sense that they all reported moments where they struggle. Forgiveness has provided an opportunity for participants to feel more love and belonging in their relationships, and self-compassion allows them to have a more positive self-perception, resulting in increased esteem from others as well as themselves. The participants who reported engaging in forgiveness and self-compassion have all reported more success in personal and professional goals (self-actualization).

Empirical Literature

The stories shared by the participants related all the negative impacts and struggles identified in the literature common to individuals who have experienced interpersonal trauma as children. Their lived experiences were aligned with what the literature reports expected for individuals who grow up without safety in their homes. The following subsections will provide more detail on each of the areas of the literature identified.

Interpersonal Trauma in Childhood

As described in Chapter Two, each of the participants shared lived experiences of victimization in childhood at the hands of a parent or trusted adult in their lives. In addition to the primary victimization, all the participants shared a common theme of invalidation of their experiences from other adults, often parents, who had the responsibility to protect them. These multiple layers of trauma from a whole system of people who should provide safety

exponentially increased the detrimental impacts of the trauma the participants suffered (Drisko, 2019; Junewicz & Billick, 2018; Spinazzola et al., 2018). The importance of emotional connection with a child is described by Junewicz and Billick (2018). They discussed how attachment forms and that it requires consistent emotional availability of the primary caregiver. Drisko (2019) discussed attachment and the challenges a child faces when their primary care providers are unable or unwilling to provide consistent and effective care. Spinazzola et al. (2018) discussed the negative impacts of interpersonal childhood trauma on attachment and child development. Many of the participants shared that the primary trauma was less impactful than being blamed for the trauma or having it ignored and invalidated by the other adults in their lives. For the participants in this study, the apathy of an adult who saw what was happening and did nothing was more damaging than the primary trauma.

Perception of Self

Only one of the participants denied negative impacts on self-perception due to the trauma they experienced in childhood. This individual, while denying it, stated that she viewed herself as a “bitter person” and reported not being happy with this self-concept but saw no way to fix that. All the other participants validated the points in the empirical research by describing struggles with how they viewed themselves since childhood. They described feeling different from others, feeling like they do not belong either in their families or among peers. The participants shared a common belief that they were somehow to blame for what happened to them and a feeling that if they did better and tried harder they might be accepted by the adults in their lives. Many of the participants shared how they struggled with self-harm, suicidal ideation, and extremely low self-esteem throughout childhood and adolescence. Many state that this went

well into adulthood with some of them still struggling to feel worthy of love and acceptance. This is well supported by the literature presented in Chapter Two.

The participants described how their negative self-perception has held them back over the years in relationships, personal goals, and professional pursuits. Some participants have chosen not to have children for fear they would reenact the trauma with their children. Other participants struggle to have trusting relationships with an intimate partner. Many have put off personal and professional goals due to fear of failure or feeling like they are unworthy or incapable of success. These lived experiences also support the previous research on the impacts of interpersonal childhood trauma on how individuals perceive themselves.

Each of the participants shared the impact of shifting their perception of themselves to something more positive. Not all the participants have reached this stage of their healing journey, but all acknowledge that negative self-perception is problematic and are working on learning how to be more kind toward themselves. These experiences are also supported by the empirical literature. For trauma healing to occur it is just as important for the impacts to an individual's self-perception to be addressed as it is for the more direct impacts of the trauma to be addressed.

Forgiveness

This was an area that provided some surprises and was less well addressed in previous empirical research. The empirical research supported a positive correlation between engaging in forgiveness and increases in well-being. What was not well addressed was, specifically, interpersonal trauma in childhood. Most of the previous research had focused on traumas experienced in adulthood such as rape, domestic violence, and other physical victimization. None of the identified studies even addressed childhood trauma, let alone made it the focus of

the study. Additionally, none of the previous research examined how the definition of forgiveness that a person holds impacts their experience with forgiveness.

It became clear quickly in conducting interviews that the working definition an individual has of forgiveness has a significant impact on that person's ability to engage in forgiveness and the feelings they have about considering forgiveness toward those who harmed them and even themselves. This was unexpected and surprising to me. I was aware that a person's definition might change their relationship toward forgiveness, but I was surprised about how definitive and clear this was across a sample population. While previous research had identified a difference between the common understanding of forgiveness and the research definition they utilized, and was utilized in this study, it was not clear the impact of the definition held on the ability to engage in forgiveness.

Participants who held a definition aligned with my research definition, letting go of anger and the need for retribution, were the ones who were able to engage in forgiveness. Each of these participants identified forgiveness as something they did for themselves, to free them from the trauma and regain control over their lives. These participants stated that forgiveness is not about repairing the relationship or excusing the behavior of the person that harmed them but placing responsibility back on that person and allowing the participant to move forward in their lives free from the attachment to the trauma and person who caused harm.

Just as consistently as the group who engage in forgiveness, those participants who were unable to define forgiveness or held a more traditionally Biblical, or interpersonal, definition of forgiveness were unable or unwilling to engage in forgiveness toward those who cause harm. These individuals reported believing that forgiveness was for the perpetrator of harm, that it required some level of repair to the relationship, and required the perpetrator of harm to

acknowledge and apologize for their behavior. The participants in this group acknowledged they were unlikely to ever have these conditions met and, therefore, felt like forgiveness was out of reach for them.

Self-Compassion

There are copious amounts of research on the benefits of self-compassion. The benefits discussed in the research reviewed in Chapter Two are mostly aimed at a broad audience. This study wanted to look at the benefits of self-compassion for individuals who experienced negative self-perception due to interpersonal trauma in childhood. The lived experiences related to the participants supported and enhanced the previous research findings on the benefits of self-compassion. The term self-compassion was chosen over identifying self-forgiveness because I felt like the connotation that someone who experienced childhood trauma needed to forgive themselves might also lean toward the idea that the child had done something wrong to cause the trauma to happen.

The concept of self-compassion was to provide an “of course” reasoning for the negative self-perception of the participants. “Of course, you struggle with relationships, you never had a healthy relationship with your parents as a child.” Or “Of, course you struggle to trust people because none of the adults in your life as a child were trustworthy.” This idea of looking at what they experienced as a cause for the behaviors the participant had that they did not like, rather than their identity being tied to that poor behavior, is what the participants reported helping change the negative self-perceptions. Once the participants began to understand why they behaved in certain ways, why they acted out or had poor social skills, they understood that they did nothing wrong. They identified that these behaviors were rooted in trying to survive

impossible circumstances. This was the catalyst for shifting how they felt about themselves and extending self-compassion. Greta shared this:

Self-compassion, definitely. Because I've come to see that I couldn't help but see it. I just saw it. I just did. I understood it. I was a perceptive little kid. I understood that and I saw that and I'm, I didn't do anything wrong by seeing something that was exhibited in front of me.

Iris shared her experience with self-compassion:

Yes, I don't think that it was my fault [anymore]. I believe, having my daughter and seeing the innocence of a child, there's no way that you know, a child would warrant that kind of treatment and neglect. Even if they're on their worst day or they're in a phase or you know, you're still, as the parent, you're still supposed to be there to protect them and to love them and nurture them and this is your role. So, I needed to forgive myself for how hard I was on myself and really understand the only reason I made those decisions was because of my circumstance. Even if I didn't ask for my circumstance, I have to be responsible for handling it afterward.

Each of the participants related similar experiences of overcoming self-blame either for causing the trauma or for their behavior in relationships since.

Implications

The results of this study have practical, theoretical, and empirical implications for the future. Interpersonal trauma in childhood has numerous negative impacts on the mental, physical, and emotional health of survivors. Forgiveness is a piece of the healing process that is

often overlooked and is underrepresented in the empirical literature, particularly for this specific population.

Theoretical Implications

The results of the data gathered in this study are aligned with the theory that informs this study. Carl Rogers' humanistic theory of self was illustrated in the lived experiences of the participants of this study. Individuals who were not provided basic connection, validation, and safety by the adults charged with their care developed perceptions of themselves that were, at best, inaccurate and frequently extremely detrimental to their development of identity and self-esteem.

It was the participants' engagement with forgiveness and self-compassion that allowed them to begin healing those early wounds and build any identity that was in line with their values and beliefs. Engaging in forgiveness presented the possibility for increased feelings of love and belonging (Maslow level three). This ability to forgive others also increased the participants' sense of integrity in their value system. Which led to increases in self-love, self-worth (Maslow level four), and the ability to pursue self-actualization through personal and professional goals (Maslow level five).

Utilizing Maslow's Hierarchy of Needs while using Rogers' Humanistic Theory of Self as a framework in therapeutic work may be useful in assisting those individuals who struggle with the idea of forgiveness and engagement in self-compassion. Rogers' theory helps the therapist contextualize the need for self-exploration and Maslow's hierarchy provides concrete steps to work through the process of healing for the individual.

Empirical implications

The information from previous research is once again illustrated in the lived experiences of the study participants. The data on forgiveness from other studies covered in Chapter Two related the benefits of forgiveness on other populations of people. This study furthers the understanding of the value of forgiveness in trauma healing by adding information specific to a previously unresearched population. This study also furthers the understanding of the importance of how an individual defines forgiveness.

Previous research studies have identified forgiveness as a reduction of anger, resentment, and a desire for retribution toward the person who caused harm (Lawler-Row et al., 2007). In a study conducted by Orcutt et al (2008) the difficulty in defining forgiveness was discussed and how many people had an easier time stating what forgiveness was not rather than what it is. This phenomenon was illustrated by the participants in this study as well. Two participants were not able to state a definition of forgiveness for themselves. They both reported that they had been raised with the Biblical definition of forgiveness and could not embrace that due to the harm they had experienced; they also could not say what they felt forgiveness was. Both reported that it was easier to say what forgiveness was not. What was interesting is even though they rejected the definition and beliefs around forgiveness that they had grown up with both still tangibly embraced this definition in their statements for why they could not forgive the people who had harmed them.

A final empirical implication is the need for additional research to better understand the complex relationship between trauma, forgiveness, healing, and self-compassion. This study only began to identify the interactions between these things and more research would provide a more detailed understanding of these dynamics and their importance. Childhood trauma is a complex

phenomenon and the impacts on an individual are complicated and diverse. It is not possible to understand all the implications through engagement with a few participants in a single study.

Implications for Practice

The responses shared by the participants in the study illustrated how important forgiveness has been in their healing journeys from trauma. Just as important as implementing forgiveness is how the individual conceptualizes forgiveness. A definition of forgiveness that places emphasis on benefits to the perpetrator and encourages or requires repair of the relationship is detrimental to this population. It not only prevents them from receiving the positive benefits of forgiveness but further stigmatizes this population by making them responsible for the behavior of the perpetrator and the impacts of the abuse.

Consistently across the sample population, those who have engaged in forgiveness and have noticed a positive impact all had a definition that focused on the benefits to the individual harmed and had very little to do with the person who caused the harm. All of these participants reported letting go of anger and a need for retribution, allowing them to regain power in their own lives and leave the trauma, as well as the person(s) who caused the trauma, behind. Some of these individuals have had no further contact with the person that harmed them. Some have rebuilt a healthy relationship with that person. Those who have rebuilt a relationship report it was due to the person who harmed them acknowledging the behavior and working to repair that harm.

Just as consistently in the sample population, those participants who have not engaged in forgiveness are those who hold a definition of forgiveness that places emphasis and control on the person who caused the harm. Each of these people reported feeling that they were obligated to repair the relationship and, because of this, required the person or persons to acknowledge

their behavior and apologize before they could engage in forgiveness. Some of the participants in this group stated they knew forgiveness was not about the perpetrator, but they still felt like it was and felt stuck in being able to do anything differently.

Providers that treat adults who have experienced interpersonal trauma in childhood may want to integrate education and treatment modalities that address the conceptualization of forgiveness. To support this population effectively, it may be necessary to address the ideas they have about forgiveness that are keeping them tied to the trauma and the people that caused them harm.

As illustrated by the participants in this study, having an internalized definition of forgiveness that is external (interpersonal) results in negative outcomes, particularly when the person(s) who harmed them either continue to abuse or are unwilling to acknowledge the harm. The treatment provider must assist in reframing forgiveness toward a definition that is internal (intrapersonal) so that an individual can have the benefit of letting go of the negative feelings regardless of the choices of those who caused their trauma. In addition to addressing the internalized definition of forgiveness, providers need to assist trauma survivors to understand the potential benefits of self-compassion, and to support them in building skills to engage in self-compassion, as well as forgiveness, as a part of the treatment goals for trauma healing.

Delimitations and Limitations

The delimitations in this study were chosen to make the data easier to process as well as to limit outliers in the data gathered. I chose to limit the age range of the study to 25-45 years old to capture a group of participants who share similar cultural and social beliefs around the concept of forgiveness. Having done some preliminary unofficial surveys while preparing for the study it was found that older generations predominately shared a definition of forgiveness that related

more to the Biblical definition that is common than the working research definition that I was using. This would not have been useful in understanding the positive impacts of forgiveness from the research definition that I was using. I chose to limit the lower end of the age group to 25 years old because I wanted participants to have had time to at least begin working on the trauma history with a professional for ethical and safety reasons. Additionally, since I was examining interpersonal trauma in childhood, it was likely that younger participants may have still been living with or otherwise tied to the people that harmed them and that would not have been appropriate to engage them in this study while they were still actively dealing with the trauma.

The other delimitation was a requirement that participants be either actively engaged in trauma therapy or have previously engaged in professional therapy. This was to ensure that participants had access to skills and support to process any difficult emotions that might have come up due to participation in the study. Additionally, individuals were asked to not participate if there were any current or recent suicidal ideation or self-harm actions. I wanted to, as best as I could, limit the potential negative impact of talking about childhood traumas.

Due to the nature of qualitative research, and my role as the researcher to identify themes, my beliefs and biases could influence the data and outcomes. I have attempted to prevent this by presenting data using quotes from the participants, having an external audit to verify the themes I saw emerging, and refraining from using my personal experiences as data in the research. It is impossible however to remove all bias when the researcher is involved in the interpretation of narrative data.

The major limitation of this study was that as a qualitative study gathering individual interviews, it was impossible to have a large comprehensive population of participants. Additionally, since the study did not recruit for specific genders, the participants ended up all

being women, which will limit the ability to generalize this information across genders. It is not known if other gender identities would have similar experiences to this study's sample population.

Due to the participants who volunteered there were no male volunteers. This limits the ability to generalize this data in a larger population including men. It is unknown if the results would be different for male individuals who have experienced interpersonal trauma in childhood. The experience of males in this population may be different from the female population of this study.

Recommendations for Future Research

It is recommended that another similar study be conducted focusing on male or gender non-conforming individuals to explore how they might be similar or different in their lived experiences with childhood interpersonal trauma and forgiveness. A study focusing on other genders would provide more data that could generalize better across a larger population. It would be able to identify if there are significantly different beliefs around forgiveness that might impact treatment and healing for the larger population.

One of the participants expressed a desire to have someone examine how forgiveness applies to other relationships following interpersonal childhood trauma. Specifically, she related how there were a lot of feelings of guilt, shame, and hard feelings amongst the siblings for older siblings leaving home and leaving younger siblings behind in a toxic environment. "For a study about the impact on the siblings, it has a significant impact. We have trouble forgiving each other based on the guilt of us leaving the nest and leaving our siblings behind," (Laura Interview, p. 8).

It may also be useful to conduct a targeted study regarding the definitions of forgiveness and their usefulness or detrimental impacts on healing following trauma. This small study

presented some interesting findings that show how a person contextualizes forgiveness has a significant impact, not only on their ability to forgive but on their ability to continue moving forward in the healing process. It would be wise to better understand this through a larger but targeted study.

Finally, it may be important to conduct a study targeting the relationship between self-compassion and forgiveness. Is self-compassion a vital piece of forgiveness? Or is forgiving others something necessary for effective self-compassion? Does engaging in one assist the individual in getting to the other? Understanding more completely this relationship between forgiveness and self-compassion could bring more understanding of how to help support trauma survivors in their healing process.

Summary

This hermeneutical phenomenology study based on Carl Rogers' humanistic theory of self and Maslow's hierarchy of needs endeavored to explore the lived experiences of participants who experienced interpersonal trauma in childhood and their relationship with forgiveness. The goal was to understand if forgiveness was a positive experience for this population, and if so, what benefits they experienced. Additionally, I wanted to understand how the participant's conceptualization of forgiveness correlated with their engagement with forgiveness. Utilizing thematic analysis, three recurring themes emerged from the stories: letting go, actualized forgiveness, and self-compassion. The understanding achieved in reviewing all the stories provided by participants was that forgiveness was a universally positive thing in the lives of this population. Even participants who reported not engaging stated they wanted to or knew it would be useful to their healing. Also, the way each participant conceptualized forgiveness had a significant impact on the interaction with forgiveness in their lives. Finally, forgiveness was

paired with self-compassion as an important and positive part of the process of healing for most of the participants. For survivors of interpersonal childhood trauma, forgiveness and self-compassion are vital to healing, but can be negatively impacted if the conceptualized definition of forgiveness is focused on interpersonal rather than intrapersonal goals.

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APPENDIX A: IRB APPROVAL

LIBERTY UNIVERSITY

INSTITUTIONAL REVIEW BOARD

February 14, 2023

Tia Lawler
Daniel Marston

Re: IRB Exemption - IRB-FY22-23-727 A PHENOMENOLOGICAL STUDY EXPLORING THE EXPERIENCES ADULT SURVIVORS OF INTERPERSONAL CHILDHOOD TRAUMA HAVE WITH FORGIVENESS IN THEIR HEALING JOURNEY

Dear Tia Lawler, Daniel Marston,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data-safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human participants' research is exempt from the policy set forth in 45 CFR 46.104(d):

Category 2. (iii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:

The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

Your stamped consent form(s) and final versions of your study documents can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB. Your stamped consent form(s) should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document(s) should be made available without alteration.

Please note that this exemption only applies to your current research application, and any

modifications to your protocol must be reported to the Liberty University IRB for verification of continued exemption status. You may report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at irb@liberty.edu.

Sincerely,

G. Michele Baker, MA, CIP

Administrative Chair of Institutional Research

Research Ethics Office

APPENDIX B: FLYER



Research Participants Needed

A PHENOMENOLOGICAL STUDY EXPLORING THE EXPERIENCES ADULT SURVIVORS OF INTERPERSONAL CHILDHOOD TRAUMA HAVE WITH FORGIVENESS IN THEIR HEALING JOURNEY

- Are you between 25 and 45 years of age?
- Did you experience interpersonal trauma as a child from a trusted adult in your life (parent, family friend, coach, teacher)?
- Are you currently working, or have previously worked, with a mental health professional on these issues?
- Are you able and willing to explore the idea of forgiveness as a part of the trauma healing process?
- Are you able and willing to participate in a 45-60 minute interview via online video conferencing?

If you answered **YES** to all of these questions, you may be eligible to participate in this research study

The purpose of this study is to explore the experiences adults who experienced interpersonal trauma in childhood have with forgiveness toward those who have harmed them. Participants will be asked to complete an interview via online video conferencing and review the transcript of their interview for errors. Benefits included adding to the body of research in understanding the role of forgiveness in healing interpersonal trauma and aiding in improving trauma treatment programs for the future.

This study is being conducted online using video conferencing

Tia Lawler a doctoral candidate in the School of Behavioral Sciences at Liberty University is conducting the study. Please contact her at

APPENDIX C: INTERVIEW PROTOCOL

1. Please introduce yourself to me, as if we just met one another.
 - a. What is your name, age, and racial or ethnic identity?
 - b. Marital status?
2. Can you tell me about adults in your life as a child that you would say had a significant role? These may include parents, family members, teachers, coaches, religious authorities, etc.
3. Of these relationships which have endured for a period, or continue to be present in your life?
4. Did you have negative experiences connected to one of these significant relationships or someone else (abuse or neglect)?
5. How do you currently feel toward the person (or persons) who negatively impacted you as a child?
 - a. Is this how you have always felt toward them, or has it changed over time?
6. How would you say these experiences impacted you as you were growing up?
 - a. Would you say these experiences continue to impact you today?
7. In what ways, if any, have the negative experiences in your childhood impacted how you view yourself?
 - a. Do you feel like you love yourself less than you should or struggle with self-esteem due to your childhood experiences?
8. What does forgiveness look like for you? If you choose to forgive someone for something, how would that change your thoughts, feelings, and actions toward that person and yourself in the relationship?

9. Regarding the negative experiences in your childhood, how do you feel about forgiving the person (or persons) who caused the trauma?
10. If you have been able to engage in forgiveness toward the person(s) that negatively impacted you as a child has anything changed for you since engaging in forgiveness?
 - a. Do you feel like those experiences hold the same negative impacts in your life or do you feel like that has improved?
11. If you have not engaged in forgiveness toward that person(s), what motivates you to abstain from forgiving?
12. Do you feel like your choice to forgive or not forgive impacts your ability to heal from childhood trauma? If so, in what ways?
13. Have you had (past or present) any feelings of guilt, shame, or self-blame for what happened to you as a child, or how you responded to your childhood events then or as an adult?
 - a. If so, do you feel like self-forgiveness is appropriate?
 - b. How do you feel self-forgiveness would impact or has impacted, your healing process?
14. If you have engaged in self-forgiveness, how has it changed the way you view yourself?

APPENDIX D: CONSENT FORM

CONSENT FORM

Title of the Project: A Phenomenological Study Exploring the Experiences Adult Survivors of Interpersonal Childhood Trauma Have with Forgiveness in Their Healing Journey

Principle Investigator: Tia L. Lawler. Ed.D student, Liberty University

Invitation to Participate in a Research Study

You are invited to participate in this research study. To participate you must be between 25 and 45 years old, have experienced interpersonal trauma as a child (before 18 years of age), and are currently working with a mental health professional (or have worked with one in the past regarding your trauma). You must be willing and able to participate in a 60 min online interview that will be recorded and transcribed. Participation in this study is completely voluntary.

Please review this entire form before deciding whether to participate in this study.

About the Study

The purpose of this study is to explore the experiences adults who experienced interpersonal trauma in childhood have with forgiveness toward those who have harmed them. This study will explore the impact forgiveness has on trauma symptoms and healing from trauma from the perspective of the individuals themselves.

What to expect if I Participate in this study

If you choose to participate in this study, you will be asked to do the following things.

1. Be recorded either by video or audio only.
2. To participate in a 45-60 minute interview about your experience with forgiveness as it relates to your experience with interpersonal trauma as a child.
3. Review the transcript to ensure accuracy.

What are the benefits of this study?

Participants should not expect to receive direct benefits from this study.

The benefits to society include a better understanding of how symptoms of interpersonal trauma are impacted by forgiveness and potential direction for future treatment of interpersonal trauma from childhood.

What are the potential risks of participation in this study?

Potential risks include discomfort from talking about trauma, recurrence of traumatic memories, or recurrence of trauma symptoms.

How will my personal information be protected?

All data collected as a part of this study will be stored digitally on a computer that is accessed with biometrics (fingerprint). Pseudonyms will be used to identify all participants to protect privacy and no identifying information will be attached to the data that will be saved or utilized. Interviews will be conducted via Google Meet and will be conducted in a secure location where others may not overhear the interview.

Interviews will be recorded and transcribed. Recordings and transcripts will be stored securely on a computer that is accessed with biometrics (fingerprint) for three years before being destroyed. Only the researcher will have access to the recordings and transcripts.

How will I be compensated for participating?

There is no compensation for participation in this study.

Are there any conflicts of interest?

The research does not have any conflicts of interest.

Is participation voluntary?

Participation in this study is completely voluntary. Participation or refusal to participate will not impact your relationship with the researcher, Liberty University, or any group utilized to recruit participants. You may withdraw from the study at any time for any reason. You may choose not to answer any question during the interview that you are uncomfortable answering.

What happens if I want to withdraw?

If you would like to withdraw, please inform the researcher immediately that you would like to withdraw. If you withdraw, all information gathered up to the time of withdrawal will be immediately erased and will not be included in the study.

Whom do I contact if I have questions or concerns?

If you have questions or concerns now, please ask them. If you have questions or concerns at any time during the study, you may contact the principal researcher Tia Lawler at
or the faculty sponsor associated with the study Dr. Daniel Marston at

Whom do I contact if I have questions about my rights as a research participant?

If you have any questions or concerns regarding participation in this study and would prefer to talk to someone other than the researcher or faculty sponsor please contact the Institutional Review Board at 1971 University Blvd., Green Hall Ste. 2845, Lynchburg VA 24515, or email them at irb@liberty.edu

My Consent

By signing this document, you are agreeing to participate in this study. Please be sure you understand what the study is about and have your questions answered before signing. You may download and save a copy of this document to keep for your records. The researcher will keep a copy of this document to keep with the study records. If you have questions about the study after signing this document, you can contact the study team with the information provided above.

I have read and understood the information provided in this document. I have been able to ask any questions I had regarding participation in this study and have had them answered. I consent to participation in this study.

Please select an option below:

- ☐ I agree to be video, ***and*** audio recorded as a part of my participation in this study.
- ☐ I agree to be audio recorded ***only*** as a part of my participation in this study.

Printed name

Signature

Date