

Liberty University John W. Rawlings School of Divinity

Full Prospectus

of

**Early Forgiveness Intervention in
Substance Abuse Recovery**

A Thesis Project Submitted to
the Faculty of Liberty University School of Divinity
in Candidacy for the Degree of
Doctor of Ministry

By

Susan Janos

Lynchburg, Virginia

April 2024

Copyright © 2024, by Susan Janos
All Rights Reserved

Liberty University John W. Rawlings School of Divinity

Thesis Project Approval Sheet

Mentor Name & Title

Reader Name & Title

THE DOCTOR OF MINISTRY THESIS PROJECT ABSTRACT

Susan Janos

Liberty University John W. Rawlings School of Divinity, April 9, 2024

Mentor: Dr. Mark Plaza

Recent statistics have shown significant increases in substance abuse in the United States indicated by rising overdose deaths¹ and hospital stays nationwide.² This study was conducted to determine if early forgiveness intervention by chaplains and clergy affects the decisions of individuals struggling with substance abuse in considering forgiveness as a pathway to recovery. Based on the success of the Alcoholics Anonymous 12-step recovery program³ and recent studies, this research addressed forgiveness as a pathway to recovery for those struggling with substance abuse. Forgiveness was considered in one or more of five areas: forgiveness of self, forgiveness of others, forgiveness from others, forgiveness of God/Higher Power, and forgiveness from God/Higher Power. The study consisted of a Substance Abuse Spirituality Survey, advertised in addiction recovery centers with residents admitted for substance abuse recovery. The research was qualitative, consisting of 50 patient surveys addressing emotional pain and the need for forgiveness. Participants were encouraged to write personal feelings toward forgiveness at the end of the survey. Observations of resident responses from facility administrators were also considered in the research results. The study achieved an overall positive effect on the residents of the recovery centers in recognizing forgiveness of self, of others, from others, of God, and from God as important components in substance abuse recovery. In addition, the study affirmed opportunity for frontline chaplains and clergy to offer early forgiveness intervention to those struggling with substance abuse.

Key words: substance abuse, addiction recovery, alcohol addiction, drug addiction, overdose, forgiveness, 12-step program

¹ “Drug Overdoses Death Rates,” NIDA. National Institute on Drug Abuse, February 9, 2021. <https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates>.

² Pamela L. Owens, Kathryn R. Fingar, Kimberly W. McDermott, Pradip K. Muhuri, and Kevin C. Heslin, “Inpatient Stays Involving Mental and Substance Use Disorders,” 2016. HCUP Statistical Brief #249. March 2019. Agency for Healthcare Research and Quality, Rockville, MD. <https://pubmed.ncbi.nlm.nih.gov/31063293/>.

³ Lauren Brande, “Alcoholics Anonymous: The Big Book and the 12 Steps of AA,” Kelly Doren, editor. American Addiction Centers. Last updated Nov. 14, 2023. <https://www.recovery.org/alcoholics-anonymous/big-book/>.

Contents

| | |
|---|-----------|
| CHAPTER 1: INTRODUCTION..... | 1 |
| Ministry Context | 1 |
| Relevant Statistics..... | 6 |
| Problem Presented | 9 |
| Purpose Statement | 11 |
| Basic Assumptions | 12 |
| Definitions | 12 |
| Limitations..... | 17 |
| Delimitations..... | 18 |
| Thesis Statement | 19 |
| Objectives..... | 20 |
| | |
| CHAPTER 2: CONCEPTUAL FRAMEWORK..... | 23 |
| Literature Review | 23 |
| The Role of Forgiveness in Addiction Recovery..... | 23 |
| Forgiveness in Substance-Abuse Counseling..... | 34 |
| Biblical Evidence for Forgiveness..... | 36 |
| Chaplains and Clergy as Early Interventionists..... | 38 |
| Research Literature Conclusion..... | 40 |
| Theological Foundations | 41 |
| Forgiveness as a Constant Theme..... | 44 |
| Theoretical Foundations..... | 47 |
| Forgiveness in the 12-step Process..... | 56 |
| The Process of Forgiveness in the Prodigal Son..... | 57 |
| Necessity of Continual Transformation..... | 59 |
| | |
| CHAPTER 3: METHODOLOGY | 62 |
| Intervention Design..... | 64 |
| Survey Design..... | 65 |
| Survey Questions..... | 69 |

| | |
|--|-----------|
| Measurable Outcomes..... | 71 |
| Setting..... | 71 |
| Population..... | 72 |
| Ethical Considerations..... | 72 |
| Tools..... | 72 |
| Timeline..... | 73 |
| Implementation of the Intervention Design..... | 73 |
| | |
| CHAPTER 4: RESULTS | 75 |
| Objective One: Emotional Pain | 75 |
| Objective Two: Partly Responsible for Pain | 76 |
| Objective Three: Complete Responsibility for Pain | 77 |
| Objective Four: Wronged by Others | 78 |
| Objective Five: Committed Wrongs Against Others..... | 79 |
| Objective Six: Disappointment with God | 80 |
| Objective Seven: Disappointed God..... | 81 |
| Objective Eight: Open to Forgiveness..... | 82 |
| Objective Nine: Demographics | 83 |
| Objective Ten: Participant Comments | 87 |
| Objective Eleven: Communication..... | 89 |
| Chaplains And Spiritual Care..... | 90 |
| Comments from Administrators | 91 |
| Importance of Forgiveness | 92 |
| | |
| CHAPTER 5: CONCLUSION..... | 95 |
| Review of the Problem..... | 95 |
| Reviewing the Purpose | 96 |
| Thesis Statement Review | 97 |
| Objectives Overview | 97 |
| Evaluation of Objective One: Emotional Pain..... | 97 |
| Evaluation of Objective Two: Partly Responsible for Pain..... | 98 |

| | |
|--|------------|
| Evaluation of Objective Three: Complete Responsibility for Pain..... | 99 |
| Evaluation of Objective Four: Wronged by Others..... | 99 |
| Evaluation of Objective Five: Committed Wrongs Against Others..... | 100 |
| Evaluation of Objective Six: Disappointment with God..... | 100 |
| Evaluation of Objective Seven: Disappointed God..... | 100 |
| Evaluation of Objective Eight: Open to Forgiveness..... | 101 |
| Evaluation of Objective Nine: Demographics..... | 101 |
| Evaluation of Objective Ten: Participants Comments..... | 102 |
| Evaluation of Objective Eleven: Communication..... | 104 |
| Comments of Administrators..... | 105 |
| Review of Precedent Literature..... | 105 |
| Reviewing Theological Foundations..... | 107 |
| Reviewing Theoretical Foundations..... | 109 |
| Final Conclusions..... | 111 |
| | |
| Bibliography | 112 |
| Appendix A: Advertisement/Recruitment Sheet | 121 |
| Appendix B: Information Sheet..... | 122 |
| Appendix C: Spirituality Substance Abuse Survey | 124 |
| Appendix D: Survey Table Summary..... | 127 |
| Appendix E: Data Tables | 128 |
| Appendix F: IRB Approval..... | 132 |

Tables

| | | |
|-----|--|-------|
| 1. | Emotional Pain..... | 75 |
| 2. | Partly Responsible for Emotional Pain..... | 76 |
| 3. | Complete Responsibility for Emotional Pain | 77 |
| 4. | Wronged by Others | 79 |
| 5. | Committed Wrongs Against Others..... | 80 |
| 6. | Disappointed by God | 81 |
| 7. | Disappointed God | 82 |
| 8. | Open to Forgiveness | 83 |
| 9.1 | Age/Gender Demographics..... | 84 |
| 9.2 | Age/Gender Demographic Comparison..... | 84 |
| 9.3 | Spiritual Identity | 85-86 |
| 10. | Categorized Comments..... | 88 |
| 11. | Communications | 89 |
| 12. | Overall Survey Results | 93 |

Illustrations

Figures

1.

Methodological Approach

65

Abbreviations

| | |
|-------|--|
| AA | <i>Alcoholics Anonymous</i> |
| DMIN | <i>Doctor of Ministry</i> |
| HIPPA | <i>Health Insurance Portability and Accountability Act</i> |
| IRB | <i>Institutional Review Board</i> |
| NA | <i>Narcotics Anonymous</i> |
| PI | <i>Principal Investigator</i> |
| SOD | <i>John W. Rawlings School of Divinity</i> |
| S/R | <i>Spirituality and Religion</i> |
| SUD | <i>Substance Use Disorder</i> |

CHAPTER 1: INTRODUCTION

Healthcare chaplains and other clergy often encounter individuals suffering from substance abuse and addiction. This is a common statistic in the United States. The Agency for Healthcare Research and Quality found in 2016 that nearly 10 million inpatient hospital stays had a principal (2.2 million) or secondary (7.7 million) mental and/or substance use disorder (MSUD) diagnosis, constituting 6.1 and 21.7 percent of all inpatient stays, respectively.¹ Patients experiencing these conditions are frequently subject to life-threatening illnesses and destruction of relationships and careers. This research seeks to discover if early intervention with forgiveness guidance may help individuals find relief from substance abuse before they are faced with additional physical, emotional, and/or spiritual injury. Individuals may receive inner strength that will help them recover from substance abuse by considering forgiveness in one or more of five areas: forgiveness of self, forgiveness of others, forgiveness from others, forgiveness of God, and forgiveness from God. In the first section of this research, readers will find the ministry context, problem statement, purpose statement, basic assumptions, limitations, delimitations, and thesis statement for the effects of early forgiveness intervention in substance abuse recovery.

Ministry Context

No one sets out to be addicted to drugs or alcohol and often individuals struggling with substance abuse lose sight of what is important in life including loving God, loving family, and loving their neighbor. When a lawyer questioned Christ about the greatest commandment, He responded, “Love the Lord thy God with all thy heart, and with all thy soul, and with all thy mind. This is the first and great commandment. And the second is like unto it, Thou shalt love

¹ Pamela L. Owens et al., “Inpatient Stays Involving Mental and Substance Use Disorders, 2016,” National Center for Biotechnology Information, March 2019, <https://pubmed.ncbi.nlm.nih.gov/31063293/>.

thy neighbour as thyself” (Matt. 22:37-40, King James Version). In contrast to the Great Commandment, an addict puts getting high above all other wants and needs in life—even if an addict wants to quit, consistent drug use may have affected the individual’s brain, where quitting may seem impossible.² However, nothing is impossible with God (Matt. 19:26; Mark 10:27; Luke 1:37, 18:27).

The principal investigator (PI) in this study is a clinical chaplain employed by Good Samaritan Hospital in Lexington, Kentucky. The hospital often admits patients who are struggling with withdrawal or injury from substance abuse, not only residing in Lexington but in the regional area of Eastern Kentucky including many rural and mountain communities. Due to hospital research restrictions, the PI was unable to conduct research at Good Samaritan Hospital; however, the research will be conducted in a substance abuse recovery center and sober living facility also located in the greater metropolitan area of Lexington, Kentucky. These facilities, Liberty Place Recovery Center for Women and Shepherds House, a recovery center for men, serve the same population with which the PI works at Good Samaritan Hospital.

Liberty Place Recovery Center for Women is a non-profit, 108-bed residential, long-term substance abuse recovery center for women located in Richmond, Kentucky.³ Richmond is one of the smaller communities located in the Lexington, Kentucky, metropolitan area. The facility provides a program of hope and support for women recovering from substance abuse and/or alcoholism, preparing them to lead stable, sober, and productive lives.⁴ Liberty Place is part of the Kentucky River Foothills Development Council, Inc., and partners with the Mountain

² "Understanding Drug Use and Addiction Drug Facts," National Institute on Drug Abuse, June 6, 2018, accessed Jan. 28, 2024, <https://nida.nih.gov/publications/drugfacts/understanding-drug-use-addiction>.

³ "Liberty Place Recovery Center for Women," Kentucky River Foothills Development Council, Inc., 2024, <https://foothillscap.org/programs/liberty-place/>.

⁴ Ibid.

Comprehensive Care Center, Kentucky Housing Corporation, the Department of Corrections, Kentucky Department for Local Government, and the FHL Bank of Cincinnati.⁵

Liberty Place recognizes substance use disorder, including opioid use disorder, as a serious disease that requires focused intervention.⁶ It operates as a transitional supportive housing development, utilizing a unique recovery program model that includes daily living skills training, peer support, and sober job responsibilities to practice sober living.⁷ Residents may begin in the SOS (Safe Off the Streets), 16-bed dormitory, after qualifying through a telephone interview and background check.⁸ The program starts with two Motivational Tracks: (1) Finding a mentor, participating in a 12-step program, and taking Criminal Thinking and Recovery Dynamics classes, and (2) Transitioning into on-site apartments with income-based fees and continuing participation in recovery activities and program assessments.⁹ In the second Motivational Track, the residents work through two phases with the first phase consisting of adjusting to community living and on-site work assignments, participation in community meetings to address house issues and concerns, and earning privileges such as overnight and weekend passes.¹⁰ The second phase allows residents to seek outside employment, become peer mentors for others, continue participation in self-help meetings, develop plans for independent living off-site, and maintain sobriety after completing the program including ongoing recovery activities.¹¹

⁵ “Liberty Place Recovery Center for Women.”

⁶ Ibid.

⁷ Ibid.

⁸ Ibid.

⁹ Ibid.

¹⁰ Ibid.

¹¹ Ibid.

Shepherds House opened in 1989, funded originally by Good Shepherd Episcopal Church in Lexington, Kentucky, and born out of an idea from a parishioner whose son needed to be admitted to a sober-living facility.¹² The organization operates a number of recovery programs and facilities in Central Kentucky including three locations in Lexington with 32 beds designated as recovery housing for men.¹³

The Shepherds House stated mission, vision, and values include:

The Shepherds House's mission is to enhance the community's overall health and well-being by providing an unparalleled level of care to clients who struggle with substance use disorder. To this end, the Shepherds House's facilities aim to offer a wide-ranging variety of treatment options in order to best serve the needs of our increasingly diverse community. Moreover, all of our programs are guided and animated by a fundamental principle: clients who are the authors of their own recovery journey are best equipped to reclaim control over their lives; and, in realizing their potential and actualizing their talents, will contribute toward the flourishing of a brighter community. Our vision is to serve as a model of excellence in all areas of substance use disorder treatment, providing broad access to a comprehensive range of treatment services, delivered with exemplary professionalism and an unsurpassed quality of care community. Values: Utilize 12 Step Programs, Individual Therapy, Community Living, Groups, Employment and other daily tasks to learn to live life Sober while putting life's pieces back together.¹⁴

The recovery program, Learning to Live, is a 12-to-18-month residential course with weekly programs including target case management/peer support, a house manager, group therapy, individual therapy with a licensed therapist, and EMDR (Eye Movement Desensitization and Reprocessing therapy), recreational therapy, and cognitive therapy.¹⁵

The house program includes three phases and a graduate plan.¹⁶ Orientation runs from 7 to 30 days and includes \$110 rent/week, sign-outs with a "Phase" client, work to secure

¹² "About Us," Shepherds House, 2024, <https://www.shepherdshouseinc.com/about-us>.

¹³ "Learning to Live," Shepherds House, 2024, <https://www.shepherdshouseinc.com/programs/recovery-residence>.

¹⁴ "About Us."

¹⁵ "Learning to Live."

¹⁶ Ibid.

employment and go to work, obtain an AA sponsor, and be current on rent to move to first phase.¹⁷ Residents move into the first phase once they have secured employment, found an AA sponsor, and paid rent in full, which allows them to sign-out alone and adhere to curfew hours.¹⁸ The second phase is estimated at 30 days with an established solid and active recovery course including completion of Step 2 of the AA program.¹⁹ The third phase is estimated at 90 days and includes moving into Lyndhurst Apartments, a ¾ way transitional living house with 4-person efficiency apartments at \$405/month.²⁰ Graduate housing is the last step with individual efficiency apartments at \$450/month and leading Wednesday night groups at Shepherds House.²¹

Residents also participate in a 90-day, 12-step AA/NA program, followed by a five meeting/week remainder program.²² Residents are required to work 30 hours a week with job search and vocational assistance provided. There is a rental fee for the participants in each phase with a \$250 client intake fee.²³ Residents follow directives including attending 25-30 hours of weekly recovery programs, completing required weekly assigned house chores, actively working the recovery program, adhering to program core of integrity, accountability, and courage, participating in random drug and alcohol screenings, not driving a car in first 30 days, and refraining from phones/computers until reaching the third phase.²⁴ These residents have faced difficult life challenges and their unique experiences qualify them for this study.

¹⁷ “Learning to Live.”

¹⁸ Ibid.

¹⁹ Ibid.

²⁰ Ibid.

²¹ Ibid.

²² Ibid.

²³ Ibid.

²⁴ Ibid.

Relevant Statistics

In 2018, the United States recorded more than 67,000 deaths from drug overdoses,²⁵ a statistic that indicates the widespread challenges of substance abuse. That statistic had a substantial increase in 2021 to 106,000 deaths from drug overdoses.²⁶ As these statistics have shown, some who engaged in substance abuse tragically do not survive the results. However, chaplains and clergy may be able to visit individuals struggling with substance abuse as chaplains and clergy are often consulted for spiritual assistance in hospitals and recovery centers. In the PTSD Clergy Toolkit, the U.S. Department of Veterans Affairs states, “Clergy members often serve as front line mental health responders.”²⁷ As the PI serves as a hospital chaplain to the greater metropolitan area of Lexington, Kentucky, this area’s statistics are important in understanding the nature of this study.

The city of Lexington has a population of approximately 323,000, with the citizens in the following race percents: white, 75.4 percent; black, 14.4 percent; Hispanic/Latino, 7.2 percent; and the remainder a mixture of races.²⁸ Of the citizens in Lexington-Fayette County, 90.9 percent graduated from high school and those holding a bachelor’s degree or higher was 42.9 percent (2014-2018).²⁹ The mean income of households in 2018 dollars (2014-2018) was \$54,918 with the per capita income in the past 12 months in 2018 dollars (2014-2018) at \$32,965; and persons

²⁵ “Understanding the Epidemic,” Centers for Disease Control and Prevention, 2018. <https://www.cdc.gov/drugoverdose/epidemic/index.html>.

²⁶ “Drug Overdoes Death Rates,” National Institute on Drug Abuse, February 9, 2021, <https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates>.

²⁷ “Clergy Toolkit,” The U. S. Department of Veterans Affairs, 2023, <https://www.ptsd.va.gov/professional/treat/care/toolkits/clergy/>.

²⁸ “QuickFacts, Lexington-Fayette, Kentucky,” United States Census Bureau, 2019, <https://www.census.gov/quickfacts/fact/table/US,KY,lexingtonfayettekentucky/PST045219>.

²⁹ Ibid.

in poverty at a rate of 17.8 percent.³⁰ Statistics that differ significantly from the state of Kentucky include the state high school graduation rate of 85.7 percent compared to 90.9 percent in Lexington-Fayette County, and the state average of those with a bachelor's degree at 23.6 percent compared to Lexington-Fayette County at 42.9 percent.³¹ Lexington is the home of the University of Kentucky which may affect the greater number of high school and college graduates in the city and county. Significant differences in the overall statistics for the United States include a Hispanic/Latino population of 18.5 percent compared to Lexington's 7.2 percent, and the country's poverty level at 11.8 percent in comparison to Lexington at 17.8 percent, and the state of Kentucky at 16.9 percent.³² Conclusions to these statistic comparisons point to a higher poverty level in the Lexington-Fayette area than the state of Kentucky, and Kentucky having a higher poverty rate than the national average. In the article, "2018 Poverty Rates in the United States," Kentucky rated with the sixth highest poverty level at 16.9 percent, only exceeded by Mississippi at 19.7 percent, New Mexico at 19.5 percent, Louisiana at 18.6 percent, West Virginia at 17.8 percent, and Arkansas at 17.2 percent.³³

According to the Pew Research Center, the adult religion composition in the state of Kentucky is 76 percent Christian with 65 percent Protestant and 10 percent Catholic.³⁴ The preceding facts highlight the population where the PI works as a chaplain with the majority of people that hold a Christian belief (76 percent) and a high percent rate of those in poverty (17.8

³⁰ "QuickFacts, Lexington-Fayette, Kentucky."

³¹ Ibid.

³² Ibid.

³³ "2018 Poverty Rate in the United States," United States Census Bureau, September 26, 2019, <https://www.census.gov/library/visualizations/interactive/2018-poverty-rate.html>.

³⁴ "Religious Landscape Studies, Adults in Kentucky," Pew Research Center, 2014, <https://www.pewforum.org/religious-landscape-study/state/kentucky/>.

percent). The two facilities where this research was conducted—Liberty Place Recovery Center and Shepherd’s House Sober Living—also serve the same population.

In addition to these statistics, the number of drug overdose deaths in the state of Kentucky are higher than the overall statistics in the United States (US). The US recorded 67,367 drug overdose deaths in 2018 (a rate of 20.2 per 100,000 people) and in Kentucky, the number of deaths was 989 (a rate of 23.4 per 100,000 people)—the Kentucky rate is 3.2 points higher than the US average.³⁵ According to drugabusestatistics.org, in the annual period of March 2020 to March 2021, the US recorded 97,770 overdose deaths.³⁶ Total deaths during this period are 36.1 percent higher than the previous period of December 2018 to December 2019 (71,130).³⁷ In Kentucky during March 2020 to March 2021, 1,380 overdose deaths were recorded (a rate of 32.5 per 100,000), a statistic 57 percent above the national average.³⁸ This is also a substantial increase from the 2018 statistic of 23.4 overdose deaths per 100,000 people.³⁹ In addition, these statistics do not reflect the number of individuals that die of other complications from drug use such as infective endocarditis (DA-IE) and other organ damage. Research has shown that the incidents of DA-IE in patients with a primary or secondary diagnosis has nearly doubled between the years 2002 and 2016 in the United States with all US regions affected.⁴⁰

³⁵ “Kentucky: Opioid-Involved Deaths and Related Harms,” National Institute on Drug Abuse, May 1, 2020, <https://www.drugabuse.gov/drug-topics/opioids/opioid-summaries-by-state/kentucky-opioid-involved-deaths-related-harms>.

³⁶ “Drug Overdose Death Rates.”

³⁷ Ibid.

³⁸ “Kentucky: Opioid-Involved Deaths and Related Harms.”

³⁹ Ibid.

⁴⁰ Amer N. Kadri, Bryan Wilner, Adrian V. Hernandez, Georges Nakhoul, Johnny Chahine, Brian Griffin, Gosta Pettersson, Richard Grimm, Jose Navia, Steven Gordon, Samir R. Kapadia, Serge C. Harb, “Geographic Trends, Patient Characteristics, and Outcomes of Infective Endocarditis Associated with Drug Abuse in the United States From 2002 to 2016,” *Journal of the American Heart Association* 8, no. 19 (September 8, 2019): e012969, <https://doi.org/10.1161/jaha.119.012969>.

Problem Presented

The problem this research addresses is that individuals struggling with substance abuse (drugs or alcohol) may never consider how the spiritual concept of forgiveness may help them to recover from substance abuse, even though forgiveness is a proven concept that has helped other patients recover.⁴¹ Forgiveness of self and others are concepts accepted in many religions, as well as the non-religious, agnostics, and atheists. However, forgiveness of God or from God has particular significance in Kentucky with the high percent of Christian belief in the state (76 percent).⁴² Patients may have a spiritual or religious upbringing but have neglected their spiritual heritage. Others may have rejected Christianity completely until faced with a life-threatening diagnosis. In a study where all SUD participants identified as strongly spiritual, it was found that “spirituality and religious practices suffered in complex ways during active addiction but went ‘hand in hand’ with recovery.”⁴³ This study indicates a religious background was beneficial to the participants in recovery, even if they abandoned their beliefs for a time.

Some individuals with SUD may have participated in harmful behaviors while under the influence of substances and may feel they are no longer worthy to be forgiven or accepted by God. In a study of 99 patients hospitalized for drug abuse disorders, 70 patients reported participating in more than one harmful behavior with the most common harmful behavior reported as “aggression by force and attack” (65.5 percent).⁴⁴ In a national study of more than

⁴¹ Brande, “Alcoholics Anonymous: The Big Book and the 12 Steps of AA.”

⁴² “Religious Landscape Studies, Adults in Kentucky.”

⁴³ Adrianna J. Heinz, Elizabeth R. Disney, David H. Epstein, Louise A. Glezen, Pamela I. Clark, Kenzie L. Preston, “A Focus-group Study on Spirituality and Substance-user Treatment,” *Subst Use Misuse*, 45, no. 1-2 (2010): 134-53, doi:10.3109/10826080903035130.

⁴⁴ Naghmeh Mokhber, Negar Asgharipour, and Atiolreza Bananaj, “Frequency of Harmful Behaviors in Patients Who are Suffering from Substances Abuse,” *Int J High Risk Behav Addict*, 1, no. 3 (Fall 2012): 132-6, doi: 10.5812/ijhrba.7403.

6,000 admitted to facilities for substance use disorder, 72 percent of men and 50 percent of women reported violence perpetration.⁴⁵ Some may embrace unworthiness as an excuse for staying in their addiction. Others may believe they have passed the point of no return and expect to die of their addiction. In these situations, patients may feel hopeless.

The biblical text provides hope for those struggling with substance abuse as it states, “If we confess our sins, he is faithful and just to forgive us our sins, and to cleanse us from all unrighteousness” (1 John 1:9, KJV). In addition to forgiveness, accepting Christ allows the Spirit of God to help individuals overcome abusive behaviors: “Therefore, dear brothers and sisters, you have no obligation to do what your sinful nature urges you to do. For if you live by its dictates, you will die. But if through the power of the Spirit you put to death the deeds of your sinful nature, you will live (Rom. 8:13-14, New Living Translation).”

Those who struggle with substance abuse also have a destiny in Christ, and finding purpose and meaning in their life is an important aspect in recovery. The eleventh step in the AA program is to seek God’s purpose for one’s life.⁴⁶ Ephesians 2:10 states: “For we are God’s masterpiece. He has created us anew in Christ Jesus, so we can do the good things he planned for us long ago” (NLT). These biblical principles provide a pathway to recovery for those struggling with substance abuse. The problem in this research study is two-fold: 1) Substance abusers may not understand or consider forgiveness as a pathway to recovery and 2) frontline chaplains/clergy may not understand the importance of presenting forgiveness as a pathway for addiction

⁴⁵ Mandi L. Burnette, Mark Ilgen, Susan M. Frayne, Emma Lucas, Julia Mayo, Julie C. Weitlauf, “Violence Perpetration and Childhood Abuse Among Men and Women in Substance Abuse Treatment,” *J Subst Abuse Treat*, 35, no. 2 (2008): 217–22, <https://pubmed.ncbi.nlm.nih.gov/18248945/>.

⁴⁶ “The Twelve Steps,” Alcoholics Anonymous, Alcoholics Anonymous World Services, Inc., 2022, <https://www.aa.org/the-twelve-steps>.

recovery. The study does not assert that forgiveness is the only element required but a vital aspect in addiction recovery.

Purpose Statement

The purpose for this research is to discover if early forgiveness intervention, shared by chaplains and clergy to individuals suffering from substance-abuse, will help these individuals embrace forgiveness and receive inner strength to assist in recovery from substance abuse. Application of the concept of forgiveness may allow individuals to live out their lives as content and responsible members of their communities. The concept of forgiveness in substance abuse may include five areas based on previous research by Robinson et al.⁴⁷ and Sremac and Ganzevoort:⁴⁸ 1) forgiveness of self, 2) forgiveness of others, 3) forgiveness from others, 4) forgiveness of God, and 5) forgiveness from God.

Studies have shown that drug addiction can lead to guilt and shame, which if not addressed can lead to lower recovery rates.⁴⁹ Forgiveness of self and others has been found to be important in addiction recovery.⁵⁰ In the acclaimed Alcoholics Anonymous 12-step recovery program, forgiveness of self and others are precluded by Divine forgiveness in the third step.⁵¹ The third step must be addressed in order to move forward. Early intervention may allow individuals to discover that God will help them even if they are actively abusing substances and,

⁴⁷ Elizabeth A. R. Robinson, Amy R. Krentzman, Jon R. Webb, and Kirk J. Brower, "Six-month Changes in Spirituality and Religiousness in Alcoholics Predict Drinking Outcomes at Nine Months," *Journal of Studies on Alcohol and Drugs*, 72, no. 4 (July 2011): 660.

⁴⁸ Srdjan Sremac and R. Ruard Ganzevoort, "Addiction and Spiritual Transformation: An Empirical Study on Narratives of Recovering Addicts' Conversion Testimonies in Dutch and Serbian Contexts," *Archiv für Religionspsychologie = Archive for the psychology of religion*. 35, no. 3 (September 2013): 407.

⁴⁹ Breanna J. McGaffin, Geoffrey C. B. Lyons, and Frank P. Deane, "Self-Forgiveness, Shame, and Guilt in Recovery from Drug and Alcohol Problems," *Substance Abuse* 34, no. 4 (2013): 396. doi:10.1080/08897077.2013.781564.

⁵⁰ Ibid.

⁵¹ Brande, "Alcoholics Anonymous."

in turn, begin the recovery process sooner. Patients who consider the concept of forgiveness in its various aspects (forgiveness of self, of others, from others, of God, and from God) may be able to avoid life-threatening injury from substance abuse and the destruction of their relationships, finances, and careers.

Basic Assumptions

The researcher assumes participants in the survey meet the qualifications specified in the survey advertisement: 1) over 18 years of age and 2) admitted to a recovery center or sober living house for assistance with substance abuse (alcohol or narcotic). Both qualifications are met by the residents of Liberty Place Recovery Center and Shepherds House Sober Living since the residents are over 18 and admitted due to substance abuse. If the participants consider the emotionally and spiritually healing attributes of forgiveness, whether forgiveness of self, of/from others, or of/from God/Higher Power, they may embrace forgiveness as a potential solution to help them recover. The study assumes the participants will be honest in their answers, as their identity will be anonymous in the published work.

Definitions

The following terms will be defined in this section as they pertain to this research: addiction, Christianity, forgiveness, reconciliation, recovery, spirituality, religion, substance abuse and substance use disorder. Although other terms may be defined within the text in their application of the section, the above terms have multiple applications throughout this study. In addition, of the terms defined, there may be additional explanations added by various authors in their research studies.

Addiction: According to Dictionary.com, addiction is defined as, “the fact or condition of being addicted to a particular substance, thing, or activity.”⁵² Addicted in turn is defined as, “physically and mentally dependent on a particular substance, and unable to stop taking it without incurring adverse effects.” A more detailed definition is found with the American Psychological Association, and is perhaps more applicable in scientific inquiry:

n. a state of psychological and/or physical dependence on the use of drugs or other substances, such as alcohol, or on activities or behaviors. The term is often used as an equivalent term for substance use disorder or substance dependence and can be applied to non-substance-related behavioral addictions, such as sex, exercise, and gambling. A chemical substance with significant potential for producing dependence is called an addictive drug. —addictive *adj.*⁵³

Christianity: As this research pertains to an area that has a majority percent of people with Christian beliefs, “Christianity” is considered as, “the religion derived from Jesus Christ, based on the Bible as sacred Scripture, and professed by Eastern, Roman Catholic, and Protestant bodies.”⁵⁴

Forgiveness: Forgiveness is defined as an internal process, "a means of reducing negative responses to offense," voluntarily commenced by the victim that does not require reconciliation, restitution, retribution, or any return to being vulnerable by the victim, and allows the victim the right to hold an offender accountable.⁵⁵ Enright and Fitzgibbons define forgiveness as a rational realization within people of unfair treatment by others; people who choose to forsake resentment and similar responses of which they have a right, and attempt to respond to the offender based on the moral principle of charity, which may include generosity, compassion, moral love, and

⁵² “Addiction,” Dictionary.com, 2024. <https://www.dictionary.com/browse/addiction>.

⁵³ “Addiction,” APA Dictionary of Psychology, November 15, 2023. <https://dictionary.apa.org/addiction>.

⁵⁴ “Christianity,” *Merriam-Webster.com Dictionary*, s. v., accessed February 10, 2021, <https://www.merriam-webster.com/dictionary/Christianity>.

⁵⁵ Jon R. Webb and Richard P Trautman, “Forgiveness and Alcohol Use,” *Addictive Disorders and Their Treatment*, 9, no. 1 (March 2010): 9, 11.

unconditional worth (to which the offender has no right, by nature of the harmful acts or act).⁵⁶ In addition, forgiveness is recognized as a universal construct that is not a panacea but applicable potentially to individuals regardless of culture, geography, or historical context.⁵⁷ In this research with participants who struggle with substance-abuse, forgiveness may be in the form of: (1) self-forgiveness, (2) forgiveness of others who may have wronged the participant, (3) forgiveness from others of whom the participants may have wronged, (4) forgiveness given to God for disappointments or hurts experienced by the participant, and (5) forgiveness from God for wrongs committed. VanderWeele states, “Forgiveness is generally understood as a victim’s replacing ill will toward the wrongdoer with goodwill or as the reducing of negative thoughts, emotions, and behaviors and replacing these with positive thoughts, emotions, and behaviors toward the offender.”⁵⁸ In considering the forgiveness of oneself and others, as well as receiving forgiveness from God or giving forgiveness to God, VanderWeele’s research holds significance. It is widely accepted in moral and theological understandings of social relationships and character that forgiveness is considered “a good in and of itself.”⁵⁹ Forgiveness has the potential to free the victim from the past, free the victim from dependence on the perpetrator, and promote compassion, acceptance, harmony, and love in human relations.⁶⁰

Reconciliation: This term has several meanings according to Dictionary.com including:

(1) “the restoration of friendly relations” and (2) “the action of making one view or belief

⁵⁶ Robert D. Enright and Richard P. Fitzgibbons, *Helping Clients Forgive: An Empirical Guide for Resolving Anger and Restoring Help* (Washington, D. C.: American Psychological Association, 2000), 24.

⁵⁷ Jon. R. Webb, “Spiritual Factors and Adjustment in Medical Rehabilitation: Understanding Forgiveness as a Means of Coping,” in A.E. DellOrto & P.W. Power Eds.), *The Psychological and Social Impact of Illness and Disability* ed. A. E. DellOrto and P. W. Power, 5th ed. (New York, NY: Springer, 2007), 455–471.

⁵⁸ Tyler J. VanderWeele, “Is Forgiveness a Public Health Issue?” *American Journal of Public Health* 108, no. 2 (2018): 189.

⁵⁹ *Ibid.*, 190.

⁶⁰ *Ibid.*

compatible with another.” For the sake of this research, reconciliation is defined as the interactions between individuals rather than items. Merriam-Webster.com defines reconciliation as “the action of reconciling” and “the state of being reconciled,” with the verb form appropriate to this research defining reconcile as, “to restore friendship or harmony” and “settle, resolve,” as in settling differences.⁶¹ In addition to the concept of reconciliation between individuals, there is also the concept of reconciliation with God. This is a vital concept in Christianity and in turn, reconciliation with the Transcendent holds importance in every religion. Christianity, however, is the only religion that allows an individual complete access to God, being reconciled by receiving Jesus Christ as Lord, through His life, death, and resurrection. White shares of humanity’s reconciliation with God in the New Testament: “‘the basis of reconciliation is the death of his Son,’ ‘through the cross,’ ‘by the blood of his cross,’ ‘by Christ’s physical body through death’ (Rom. 5:10; Eph. 2:16; Col. 1:20, 22); and its means are “through Christ...made...to be sin” (2 Cor. 5:18, 21).⁶² White calls this concept “the central concept in Christianity,” and comments, “reconciliation is exemplified in Jesus’ attitude toward sinners.”⁶³ Reconciliation then holds significant importance in the recovery of substance abuse and in the whole of human existence.

Recovery: The definition of recovery is in the sense of substance abuse. It is defined by the National Institute on Drug Abuse as,

A process of change through which people improve their health and wellness, live self-directed lives, and strive to reach their full potential. Even people with severe and chronic substance use disorders can, with help, overcome their illness and regain health and social function. This is called *remission*. Being *in recovery* is when those positive changes and values become part of a voluntarily adopted lifestyle. While many people in recovery believe that abstinence from all substance use is a cardinal feature of a recovery

⁶¹ “Reconciliation,” *Merriam-Webster.com Dictionary*, s.v. “reconciliation,” accessed March 15, 2024, <https://www.merriam-webster.com/dictionary/reconciliation>.

⁶² R. E. O. White, “Reconciliation,” in *Evangelical Dictionary of Theology*, ed. Walter A. Elwell, 2nd ed. (Grand Rapids, MI: Baker Academic, 2001), 993.

⁶³ *Ibid.*, 992.

lifestyle, others report that handling negative feelings without using substances and living a contributive life are more important parts of their recovery.⁶⁴

Religion: Although there are many varied definitions of religion, the American Psychological Association (APA) has perhaps the most appropriate definition for this research study:

n. a system of spiritual beliefs, practices, or both, typically organized around the worship of an all-powerful deity (or deities) and involving behaviors such as prayer, meditation, and participation in collective rituals. Other common features of organized religions are the belief that certain moral teachings have divine authority, and the recognition of certain people, places, texts, or objects as holy or sacred. —religious *adj.*⁶⁵

Spirituality: In this research, the definition of spirituality from Hanna in the *Journal of Mental Health Counseling* states that spirituality may range from the sacred to the non-material and often in association with a deity.⁶⁶ The APA defines spirituality as: “*n.* (1) a concern for or sensitivity to things of the spirit or soul, especially as opposed to materialistic concerns, (2) more specifically, a concern for God and a sensitivity to religious experience, which may include the practice of a particular religion but may also exist without such practice,” and “(3) the fact or state of being incorporeal.”⁶⁷ Incorporeal is defined by Dictionary.com as an adjective, “not composed of matter; having no material existence.”⁶⁸

Substance Abuse: The quick definition from Dictionary.com records, “noun. Overindulgence in or dependence on an addictive substance, especially alcohol or drugs.” The APA has a more robust definition applicable to this study:

⁶⁴ “About Recovery,” National Institute on Drug Abuse (NIDA), accessed March 11, 2024, <https://nida.nih.gov/research-topics/recovery>.

⁶⁵ “Religion,” American Psychological Association, April 19, 2018, <https://dictionary.apa.org/religion>.

⁶⁶ Fred J. Hanna, “Reframing Spirituality: AA, the 12 Steps, and the Mental Health Counsellor,” *Journal of Mental Health Counseling*, 14 (April 1992): 169.

⁶⁷ “Spirituality,” American Psychological Association, April 9, 2018, <https://dictionary.apa.org/spirituality>.

⁶⁸ “Incorporeal,” Dictionary.com, 2024. <https://www.dictionary.com/browse/incorporeal>.

In *DSM-IV-TR*, a pattern of compulsive substance use marked by recurrent significant social, occupational, legal, or interpersonal adverse consequences, with nine associated drug classes: alcohol, amphetamines, cannabis, cocaine, hallucinogens, inhalants, opioids, phencyclidines, and sedatives, hypnotics, or anxiolytics. In *DSM-5* and *DSM-5-TR*, however, both substance abuse and substance dependence are integrated into substance use disorder and are no longer considered distinct diagnoses.⁶⁹

Substance Use Disorder (SUD) is defined by the APA as:

A cluster of physiological, behavioral, and cognitive symptoms associated with the continued use of substances despite substance-related problems, distress, and/or impairment, such as impaired control and risky use. In *DSM-5* and *DSM-5-TR*, the diagnosis combines and replaces the previous diagnoses of substance abuse and substance dependence from *DSM-IV-TR*, and includes separate categories of specific “use disorders” following the same pattern of consolidation: alcohol use disorder, for example, combines and replaces the previous diagnoses of alcohol abuse and alcohol dependence. Other subcategories of substance use disorder include cannabis use disorder; phencyclidine use disorder; other hallucinogen use disorder; inhalant use disorder; opioid use disorder; sedative, hypnotic, or anxiolytic use disorder; stimulant use disorder; tobacco use disorder; and other (or unknown) substance use disorder; with mild, moderate, or severe sub-classifications depending on the number of symptoms that an individual may have.⁷⁰

These definitions clarify the terms in relation to this study and for those working in clinical settings.

Limitations

Limitations in this study include the research design, sample size, and location bias. Ideally, the research design would be conducted in a hospital setting where the principal investigator works as a clinical chaplain and has access to patient populations; however, approvals from large medical facilities proved to be unmanageable. The research design chosen was to offer surveys in smaller facilities with more flexible approval processes. Future studies in medical facilities may yield more detailed responses from those in the beginning stages of

⁶⁹ “Substance Abuse,” American Psychological Association, November 15, 2023, <https://dictionary.apa.org/substance-abuse>.

⁷⁰ “Substance Use Disorder,” American Psychological Association, November 18, 2023, <https://dictionary.apa.org/substance-use-disorder>.

substance abuse. In addition, the sample size used was limited to the residents of two recovery facilities. Although participation rates were 100 percent of the residents, time constraints for the PI did not allow further survey locations to be included. Regarding locality bias, the survey was conducted in the greater metropolitan area of Lexington, Kentucky—an area with a large Christian population and a high poverty rate. Further studies in other locations with different demographics may yield additional and differing results. However, the research conducted provides valuable insight into a sampling of views of those struggling with substance abuse—how early forgiveness intervention may have shortened their time in substance abuse and provided an opportunity for recovery and healing.

Delimitations

The study will specifically examine individuals struggling with substance abuse in the Lexington, Kentucky area, where the PI works as a clinical chaplain. This study will directly influence the work of clergy and chaplains in an area where there is a large Christian population⁷¹ and poverty rates are higher than the national or state average.⁷² In addition, there is a significant amount of drug abuse in Kentucky indicated by the high percent of drug overdose deaths. Between March 2020 to March 2021, 1,380 overdose deaths were recorded in Kentucky (a rate of 32.5 per 100,000), 57 percent above the national average.⁷³ The delimitation of the locality draws attention to an area that has suffered greatly from the effects of illegal drugs and substance abuse.

⁷¹ “Religious Landscape Studies, Adults in Kentucky.”

⁷² “2018 Poverty Rate in the United States,” United States Census Bureau, September 26, 2019, <https://www.census.gov/library/visualizations/interactive/2018-poverty-rate.html>.

⁷³ “Drug Overdose Death Rates,” National Center for Drug Abuse Statistics, 2023, <https://drugabusestatistics.org/drug-overdose-deaths/#kentucky>.

Although the study is administered in only two recovery facilities, one for biological men and one for biological women, the study gives an indication of effect of substance abuse on genders and the effect of early forgiveness intervention on genders. The study has a focus on adults over the age of 18. Future studies on younger individuals would help to identify the average age individuals begin to struggle with substance abuse. It may also indicate the willingness of younger individuals to embrace forgiveness as a pathway to recovery. The survey addresses spirituality in individuals struggling with substance abuse with a specific focus on forgiveness. Forgiveness represents a significant part of one's spiritual life but there may be other aspects of spirituality that could be considered in future studies including spirituality practices and rituals, the act of giving in charity, or a new commitment to God. Topics such as these may indicate how other aspects of spirituality help individuals overcome the effects of addiction.

Thesis Statement

With recognition of the problem and the purpose for this study, the following thesis statement encompasses the entirety of the research:

If individuals struggling with substance abuse, currently residing in recovery facilities in the greater metropolitan area of Lexington, Kentucky, receive early forgiveness intervention by chaplains or clergy, these individuals may embrace forgiveness of self, forgiveness of/from others, and/or forgiveness of/from God/Higher Power as a pathway to recovery from substance abuse.

Statistically, the 12-step program introduced by Alcoholics Anonymous has been the most utilized program in recovery from substance abuse and includes forgiveness of or from self, others, and God.⁷⁴ Webb states in relation to recovery from substance abuse, "By choosing to

⁷⁴ Lisa K. McCoy et al., "Conceptual Bases of Christian, Faith Based Substance Abuse Rehabilitation Programs: Qualitative Analysis of Staff Interviews," *Substance Abuse Journal*, 25 (2004): 1–11.

forgive, as well as choosing to admit powerlessness and unmanageability, one becomes free of the overwhelming weight of rumination and thus more able to redirect one's energy and efforts toward more productive solutions."⁷⁵

Although the individuals are currently in recovery facilities, they may or may not have been exposed to any guidance on forgiveness. Early understanding of the success of substance abuse recovery through embracing forgiveness may convince individuals to pursue forgiveness, helping them in the recovery journey before they are faced with additional illness and injury. The success of this research will be measured by the participants' responses to a survey administered by the PI. To answer the survey questions, participants must evaluate their lives in respect to emotional pain, responsibility for this pain, and openness to learning more about the concept of forgiveness.

Objectives

The main objective of the survey is to determine if participants, admitted to recovery facilities for substance abuse, would be open to learning more about forgiveness as a pathway to recovery and if they would trust chaplains or clergy to meet with them.

Research conclusions involve answering the following objectives:

Objective 1:

Discover if participants have feelings of emotional pain as a means of establishing a context for forgiveness.

Objective 2:

Discover if participants attribute any of their emotional/spiritual pain to self to ascertain if forgiveness of self may contribute to recovery from substance abuse, while leaving room for other factors.

⁷⁵ Jon R. Webb, *Understanding Forgiveness and Addiction: Theory, Research, and Clinical Application*, 1st ed., (New York, NY: Routledge, Taylor, and Francis, 2021), 139.

Objective 3:

Discover if participants attribute all their emotional/spiritual pain to self to ascertain if forgiveness of self may be the main contributor to recovery from substance abuse.

Objective 4:

Discover if participants feel they have been wronged by others to ascertain if forgiveness of others may contribute to recovery.

Objective 5:

Discover if participants feel they have committed wrongs against others to ascertain if forgiveness from others may contribute to recovery.

Objective 6:

Discover if participants feel God/Higher Power has disappointed them to ascertain if forgiveness of God/Higher Power may contribute to recovery.

Objective 7:

Discover if participants feel they have disappointed God/Higher Power to ascertain if forgiveness from God/Higher Power may contribute to recovery.

Objective 8:

Discover if any area of forgiveness contributes to the participants' emotional/spiritual pain; and if so, would the participants be open to learning more about forgiveness.

Objective 9:

Gather demographics of age, gender, and spiritual identity to determine if any demographic is more open to learning about forgiveness.

Objective 10:

Allow participants to add comments regarding forgiveness to bring more clarity to their situations.

Objective 11:

Determine the types of people with which participants would be willing to discuss forgiveness.

In summary, the survey hopes to discover if participants are experiencing emotional pain. If so, do they attribute any of their emotional pain to the need for forgiveness of self, forgiveness of or from others, and/or forgiveness of or from God/Higher Power? The recognition of any area of forgiveness contributing to participants' emotional pain, and a willingness to learn more about forgiveness in recovery from substance abuse would indicate a positive outcome. This research

hopes to show that individuals who receive a greater understanding of forgiveness may take steps to recover from substance abuse sooner. Any opportunity to intervene in an individual struggling with substance abuse may rescue that person from serious injury, illness, or death. In addition, it allows an individual to consider eternity and the importance of faith in God. Jesus said He is the way, the truth, and the life—no one comes to God except through Jesus Christ (John 14:6). This research holds importance for individuals to live their best life now and in eternity.

CHAPTER 2: CONCEPTUAL FRAMEWORK

Substance abuse has been a common occurrence across the United States and indicated in the need for the creation of Alcoholics Anonymous in 1935. There are more than 14,000 drug treatment centers in the United States alone.⁷⁶ Multiple studies have been conducted on how to help substance-abuse patients recover. The following is a review of literature on these studies with a focus on forgiveness. In addition, this chapter contains psychological, theological, and theoretical foundations for the importance of forgiveness in substance abuse or addiction recovery.

Literature Review

This review of literature is separated into three main categories, (1) the role of forgiveness in addiction recovery, (2) forgiveness in substance-abuse counseling, and (3) biblical evidence for forgiveness. The first category includes studies and literature that applies to the effect of forgiveness on substance-abuse patients. The second category has a focus on studies of forgiveness in counseling those challenged with substance-abuse. The third category includes literature that supports forgiveness from a biblical standpoint.

The Role of Forgiveness in Addiction Recovery

In Webb and Trautman's study on alcoholism and forgiveness, their research set out to show forgiveness as a major component in the recovery from substance abuse.⁷⁷ The research revealed forgiveness as a construct and process in Motivational Enhancement Theory (MET), Cognitive Behavioral Coping Skills Therapy (CBCST), 12-Step Facilitation Therapy, and other psychotherapies but few provided empirical evidence for these relationships.⁷⁸ Definition of

⁷⁶ "Top 10 Drug Treatment Centers," Addiction Center, 2020, <https://www.addictioncenter.com/>.

⁷⁷ Webb and Trautman, "Forgiveness and Alcohol Use," 8–17.

⁷⁸ *Ibid.*, 11.

these various therapies utilized in substance abuse treatment include the following. “Motivational Enhancement Therapy (MET) is a therapeutic approach aimed at helping individuals identify and resolve ambivalence regarding alcohol and other drug use.”⁷⁹ MET may also be referred to as motivational interviewing with a focus on increasing motivation and goal setting.⁸⁰ Cognitive Behavioral Coping Skills Therapy (CBCST), used in numerous psychiatric disorders, has a central goal of designing “techniques through which mal-adaptive responses can be ‘unlearned’ and replaced with adaptive responses.”⁸¹ Twelve-Step facilitative therapy (TSF) is in reference to forms of treatment that seek “to increase attendance and involvement with 12-step mutual support groups.”⁸²

Specifically, the 12-Step Facilitation Therapy, originating in Alcoholics Anonymous, is applicable to forgiveness of self, others, and/or divine forgiveness. Webb and Trautman see forgiveness related to each of the steps in the 12-Step Model: “Forgiveness is inextricably embedded in the 12-Step Model of the process of recovery from addiction.”⁸³ Even though the term forgiveness is not mentioned in other therapies, similar methods are used.⁸⁴ Webb and

⁷⁹ “Motivational Enhancement Therapy,” Columbia University, Irving Medical Center, New York, 2024, <https://www.columbiadoctors.org/treatments-conditions/motivational-enhancement-therapy>.

⁸⁰ Ibid.

⁸¹ Richard Longabaugh and Jon Morgenstern, “Cognitive-behavioral Coping-skills Therapy for Alcohol Dependence. Current Status and Future Directions,” *Alcohol Research and Health: The Journal of the National Institute on Alcohol Abuse and Alcoholism* 23, no. 2 (1999): 78-85.

⁸² Elizabeth A Wells, Dennis M. Donovan, Dennis C. Dailey, Suzanne Doyle, Greg Brigham, Sharon Garrett, Michelle Ingalsbe, Mary A. Hatch-Maillette, Harold I. Perl, and Robrina Walker, “Is Level of Exposure to a 12-step Facilitation Therapy Associated with Treatment Outcome?” *Journal of Substance Abuse Treatment* 47, no. 4 (2014): 265-74, doi:10.1016/j.jsat.2014.06.003. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4138275/>.

⁸³ Webb and Trautman, “Forgiveness and Alcohol Use,” 11.

⁸⁴ Ibid.

Trautman conclude that more research focused on the dimensions and influence of forgiveness on substance abuse recovery is needed.⁸⁵

According to Robinson et al., several previous studies found positive results of recovery from alcohol dependence through forgiveness of self, and spiritual and religious change (S/R).⁸⁶ The participants were drawn from treatment programs or Alcoholics Anonymous (AA) groups and those in the community.⁸⁷ By focusing their study on those two groups, Robinson et al. discovered forgiveness of self and S/R had positive effects on both those in AA and those in the community.⁸⁸ In their quantitative study of 364 individuals, they utilized the BMMRS (Brief Multidimensional Measure of Religiousness/Spirituality),⁸⁹ which includes forgiveness by God, forgiveness of self, and forgiveness of others. The study measured between baseline and six months to predict the drinking outcomes at nine months. Results indicated significant change in 8 of the 12 S/R measures with the most significant results found in increases in S/R private practices and forgiveness of self as indicators of improvements in drinking outcomes.⁹⁰ The authors recommended future studies to include S/R variables, including various types of forgiveness "...given the strong effects found for forgiveness of self."⁹¹

⁸⁵ Webb and Trautman, "Forgiveness and Alcohol Use," 15.

⁸⁶ Elizabeth A. R. Robinson, Amy R. Krentzman, Jon R. Webb, and Kirk J. Brower. "Six-month Changes in Spirituality and Religiousness in Alcoholics Predict Drinking Outcomes at Nine Months." *Journal of Studies on Alcohol and Drugs*, July 2011, 660. *Gale OneFile: Health and Medicine* (accessed June 27, 2020). https://link-gale-com.ezproxy.liberty.edu/apps/doc/A261452349/HRCA?u=vic_liberty&sid=HRCA&xid=1d62f814.

⁸⁷ Ibid.

⁸⁸ Ibid.

⁸⁹ "Multidimensional Measure of Religiousness/Spirituality for Use in Health Research," Fetzer Institute, 2003, <https://fetzer.org/resources/multidimensional-measurement-religiousnessspirituality-use-health-research>.

⁹⁰ Robinson et al., "Six-month Changes in Spirituality and Religiousness," 660.

⁹¹ Ibid.

Sremac and Ganzevoort surveyed 31 participants (27 recommended from Christian rehabilitation facilities and 4 referrals from the research participants) who were addicted to hard drugs (crack/cocaine and/or opiates), abstinent for at least four years, and recorded a form of spiritual transformation.⁹² The study was conducted in the Netherlands with participants' median age of 43 (9 women, 22 men), including 9 Dutch, 11 from a migrant group, and 11 from a Serbian group.⁹³ Research was conducted using interviews with standard interview questions including the impact of spirituality and religious community in participants' recovery.⁹⁴ The study revealed seven aspects in spiritual/religious change with one aspect identified as a major element in recovery—the aspect of “forgiveness verses guilt” including three types: (1) forgiveness of self, (2) forgiveness of others, and (3) forgiveness by God.⁹⁵ Many participants were enabled to regain self-worth through forgiveness from God and of others.⁹⁶ In addition, forgiveness helped participants to begin to rebuild relationships previously damaged by drug abuse.⁹⁷ The study is significant in its emphasis of forgiveness of others and forgiveness from God as important components in substance abuse recovery.

Braun et al. also conducted a study on religiosity, guilt, altruism, and forgiveness in relation to alcohol dependency.⁹⁸ Their research, conducted in Germany, stands in contrast to the positive results of S/R found in other studies. The research included six detailed questionnaires

⁹² Sremac and Ganzevoort, “Addiction and Spiritual Transformation,” 407.

⁹³ Ibid.

⁹⁴ Ibid.

⁹⁵ Ibid., 414.

⁹⁶ Ibid., 420.

⁹⁷ Ibid.

⁹⁸ Birgit Braun, Christian Weinland, Johannes Kornhuber, and Bernd Lenz, “Religiosity, Guilt, Altruism and Forgiveness in Alcohol Dependence: Results of a Cross-Sectional and Prospective Cohort Study,” *Alcohol and Alcoholism* 53, no. 4 (July 1, 2018): 426.

administered to 166 alcoholic-dependent patients compared with 240 healthy controls over a 24-month period.⁹⁹ The patients reported more religious denominational affiliation, higher guilt, and lower altruism than the control group. In addition, the patients who scored higher on the private religious practices and religious affiliation had more frequent re-admission rates. Braun et al. concluded that religious private practice, denominational affiliation, lower attainability of altruism, and guilt are risk factors for alcohol dependency and predict worse outcomes at follow-up.¹⁰⁰ The PI calls into the question the methods of this study, as the control group did not have alcohol dependency issues and the nature of the questionnaires appeared to be burdensome to patients. Of the 200 patients involved, 34 did not complete the study and their results were not considered.¹⁰¹ The authors speculated that the patients' challenges with chronic illness and life burden motivated them to consider existential items such as the sense of life, answers of which may be found in religious world outlooks.¹⁰² The study's findings stand in contrast to studies within the USA from Hodge et al.¹⁰³ and Michalak et al.,¹⁰⁴ which both found religious affiliation with alcohol abstinence.¹⁰⁵ Braun et al. associates these contrary findings with denominations in the USA that prohibit alcohol such as Mormons, Muslims, and Seventh Day Adventists,¹⁰⁶ although that is speculation on the authors' part. Nevertheless, the study should be

⁹⁹ Braun et al., 426.

¹⁰⁰ Ibid.

¹⁰¹ Ibid., 428.

¹⁰² Ibid., 432.

¹⁰³ David R. Hodge, Paul Cardenas, and Harry Montoya, "Substance Use: Spirituality and Religious Participation Factors Among Rural Youths," *Social Work Research* 25 (2001):153–61.

¹⁰⁴ Laurence Michalak, Karen Trocki, and Jason Bond, "Religion and Alcohol in the U.S. National Alcohol Survey: How Important is Religion for Abstinence and Drinking?" *Drug and Alcohol Dependence* 16 (2007): 268–80.

¹⁰⁵ Braun et al., "Religiosity, Guilt, Altruism and Forgiveness in Alcohol Dependence," 431.

¹⁰⁶ Ibid.

considered in light of the research conducted and endorsed by the Ethics Committee (NOAH study ID 81_12 B) of the Medical Faculty of the Friedrich-Alexander University Erlangen-Nurnberg.¹⁰⁷

As spirituality is often associated with substance-abuse recovery through rehabilitation programs based in faith principles, Lyons et al. conducted research to explain how spirituality aids in this process.¹⁰⁸ Lyons et al. refers to forgiveness and purpose in life as spiritual mechanisms that help mediate the recovery process with recovery defined as a reduction in the symptoms of dependence on substance, abstinence from substance, and increased life engagement.¹⁰⁹ With the 12-step program created by the founders of Alcoholics Anonymous as one of the most popular treatment programs for substance abuse, the study considers forgiveness as a vital component and highly relevant to understanding spirituality and religion in treatment of substance abuse disorders.¹¹⁰ In addition, the study considers secular programs for substance abuse an opportunity for patients to experience spiritual growth as part of their improvement in psychological well-being.¹¹¹ The study reveals positive outcomes for patients who experience spiritual awakenings from multiple sources and summarizes that spiritual exploration with the goal of spiritual awakening is essential for substance abuse recovery.¹¹² Regardless of one's religious orientation, forgiveness is now seen as a mechanism that is beneficial to one's

¹⁰⁷ Braun et al., 426.

¹⁰⁸ Geoffrey C. B. Lyons, Frank P. Deane, and Peter J. Kelly, "Forgiveness and Purpose in Life as Spiritual Mechanisms of Recovery from Substance Use Disorders," *Addiction Research and Theory* 18, no. 5 (October 2010): 528.

¹⁰⁹ Ibid.

¹¹⁰ Lisa K. McCoy, John A. Hermos, Barbara G. Bokhour, and Susan M. Frayne, "Conceptual Bases of Christian, Faith Based Substance Abuse Rehabilitation Programs: Qualitative Analysis of Staff Interviews," *Substance Abuse Journal* 25 (2004):1.

¹¹¹ Lyons et al., "Forgiveness and Purpose in Life," 529.

¹¹² Ibid., 536

psychological well-being.¹¹³ The article compares and draws parallels between the 12-Step Program, Forgiveness Therapy,¹¹⁴ and forgiveness in Jesus Christ as taught by Christianity.¹¹⁵ The article reviews studies that show resentment and anger are obstacles for substance abuse recovery and forgiveness is one way to mitigate those challenges.¹¹⁶ The 12-steps of AA educate those struggling with substance abuse on topics and cognitive methods which have a close resemblance to the various phases of process-based forgiveness therapy.¹¹⁷ Resentment may be viewed as the biggest barrier to recovery, and if substance use disorders are suggestive of a spiritual void, then it could be resentment that is sustaining the spiritual void inherent in dependence and substance abuse.¹¹⁸ By learning to forgive oneself and others, individuals are thought to be overcoming resentment, filling their spiritual void, and moving toward improved well-being and recovery.¹¹⁹

In summary, Lyons et al. determined that forgiveness is positively associated with recovery from substance abuse, as well as spirituality.¹²⁰ Other improvements from forgiveness include reductions in hostility and anger, and improved mental health.¹²¹ In a study of college age students struggling with alcohol abuse, Webb and Brewer found forgiveness of self and

¹¹³ Lyons et al, 536.

¹¹⁴ Robert D. Enright and Richard P. Fitzgibbons, *Forgiveness Therapy: An Empirical Guide for Resolving Anger and Restoring Hope*, 2nd ed. (Washington, D.C: American Psychological Association, 2015), pg. #.

¹¹⁵ Lyons et al., "Forgiveness and Purpose in Life," 535.

¹¹⁶ *Ibid.*, 536.

¹¹⁷ *Ibid.*, 534.

¹¹⁸ *Ibid.*

¹¹⁹ *Ibid.*

¹²⁰ *Ibid.*, 536

¹²¹ *Ibid.*

forgiveness by God as important elements in recovery.¹²² Webb and Brewer conducted a study of 721 college students in two institutions located in the southern Appalachian region of Tennessee, an area similar in demographics to the focus of this study, the Lexington, Kentucky metropolitan area.¹²³ This area mirrors the Webb and Brewer study where the majority of individuals consider themselves religious or spiritual, as opposed to unsure, atheist, or agnostic. The study utilized the BMMRS including Feeling Forgiven by God, Forgiveness of Self, and Forgiveness of Others.¹²⁴ In comparison to Non/OK Drinkers versus Likely to be Harmful or Hazardous Drinkers, forgiveness levels were significantly lower in the Harmful/Hazardous group.¹²⁵ In the sample, Forgiveness of Self and Feeling Forgiven by God were associated with not drinking alcohol and not being a Harmful/Hazardous drinker.¹²⁶ In addition, Feeling Forgiven by God was the most important factor in fewer alcohol related problems in college students, while, Forgiveness of Self was the most important factor related to prevention of relapse.¹²⁷ Although the study was specific to college-age individuals, the study size was large with 721 participants and relevant to the importance of forgiveness in relation to alcohol abuse which could also be considered as “substance abuse.”

In another study conducted by McGaffin, Lyons, and Deane, 133 individuals (74 percent male, average age of 37), in a 16-week residential treatment for substance abuse, were surveyed on the topics of shame, guilt, and self-forgiveness, with self-forgiveness showing potential to

¹²² Jon R. Webb and Ken Brewer, “Forgiveness and College Student Drinking in Southern Appalachia,” *Journal of Substance Use* 15, no. 6 (December 2010): 417-433.

¹²³ *Ibid.*, 419-420.

¹²⁴ *Ibid.*, 421.

¹²⁵ *Ibid.*, 425.

¹²⁶ *Ibid.*

¹²⁷ *Ibid.*

reduce the negative experiences of shame and guilt.¹²⁸ This study was conducted in Australia but the results bear relevance to the topic of the effect of forgiveness on recovery from substance abuse. McGaffin, Lyons, and Deane hypothesized that self-forgiveness may have a positive effect on the shame-use cycle, where individuals feel shame because they used a substance, and then use the substance to forget the shame.¹²⁹ Before answering the survey, the substance-abuse patients went through a variety of programs including 12-step based interventions, skills training, individual counseling, and psychoeducation.¹³⁰ The conclusion of the study found that if an individual is able to accept, rather than avoid, unpleasant emotions towards oneself in shame, and past mistakes in guilt, they may increase their opportunity to participate in self-forgiveness.¹³¹ The study did not measure feeling forgiven by God, which may increase the abilities of the individuals to accept unpleasant emotions in shame and past mistakes in guilt. Sremac and Ganzevoort comment of recovering addicts, “The idea that they had been forgiven by God and others was what enabled many participants to regain feelings of self-worth.”¹³² As such, it seems the study left out an important component in evaluating the ability to forgive oneself in recovery from substance abuse.

Medlock et al. conducted a study focused on religious coping in 331 substance abuse patients receiving acute inpatient detoxification.¹³³ The study considered positive versus negative

¹²⁸ Breanna J. McGaffin, Geoffrey C. B. Lyons, and Frank P. Deane, “Self-Forgiveness, Shame, and Guilt in Recovery from Drug and Alcohol Problems,” *Substance Abuse* 34, no. 4 (2013): 396. doi:10.1080/08897077.2013.781564.

¹²⁹ McGaffin, Lyons, and Deane, “Self-Forgiveness, Shame, and Guilt in Recovery,” 396.

¹³⁰ *Ibid.*, 402.

¹³¹ *Ibid.*

¹³² Sremac and Ganzevoort, “Addiction and Spiritual Transformation,” 420.

¹³³ Morgan M. Medlock et al., David H. Rosmarin, Hilary S. Connery, Margaret L. Griffin, Roger D. Weiss, Sterling L. Karakula, and R. Kathryn McHugh, “Religious Coping in Patients with Severe Substance Use Disorders Receiving Acute Inpatient Detoxification,” *The American Journal on Addictions* 26, no. 7 (2017): 744, doi:10.1111/ajad.12606.

religious coping in patients.¹³⁴ The results revealed that positive religious coping had associations with fewer days of drug use pre-admission and greater mutual-help participation, as well as modest lower drug cravings.¹³⁵ Negative religious coping was associated with higher drug cravings and lower confidence in patient ability to remain abstinent after discharge.¹³⁶ The study defined religious coping, according to Pargament, Koenig, and Perez, as how patients used religion to understand and handle stressors.¹³⁷ Of interest in this study, positive religious coping included a greater association to 12-step mutual-help participation.¹³⁸ Although the study did not call out forgiveness as an indicator of positive religious coping, the association with a 12-step, mutual-help program would also associate the individual with exposure to the concept for forgiveness and belief in submission to God or a Higher Power, as well as spiritual transformation/conversion. Medlock et al. further states their findings and suggest that positive religious coping is an important predictor of participation in 12-step programs and the efficacy of those programs in substance abuse disorder recovery.¹³⁹

A closer review of the empirical studies on the role of spirituality/religiosity (S/R) in 12-step recovery programs was the goal of Dermatis and Galanter.¹⁴⁰ This study followed up with members of recovery programs after substance abuse treatment, compared to those independent of formal treatment.¹⁴¹ The authors maintain that spirituality is central to the Alcoholics

¹³⁴ Medlock et al., 744.

¹³⁵ Ibid., 749.

¹³⁶ Ibid.

¹³⁷ Kenneth Pargament, Harold G. Koenig, and L. M. Perez, "The Many Methods of Religious Coping: Development and Initial Validation of the RCOPE," *Journal of Clinical Psychology* 56, no. 4 (2000): 519-43.

¹³⁸ Medlock et al., "Religious Coping in Patients," 749.

¹³⁹ Ibid.

¹⁴⁰ Helen Dermatis and Marc Galanter, "The Role of Twelve-Step-Related Spirituality in Addiction Recovery," *Journal of Religion and Health* 55, no. 2 (2016): 510.

¹⁴¹ Ibid.

Anonymous (AA) program, indicated by the 12 steps members are to apply in working through the program and in the Twelve Traditions that serve as guidelines for the functions of AA groups.¹⁴² The 12 steps are aimed at developing a greater awareness and functionality of a person's orientation to God, including God's forgiving nature, something that the founders of AA experienced personally in the 1930s.¹⁴³ Dermatis and Galanter review studies conducted about AA from 1964 to 2014. They conclude that S/R characteristics, which partially mediate the relationship between alcohol consumption outcomes and the 12-step program, include S/R practices, God consciousness experiences, or a combination of both.¹⁴⁴ In addition, in long-term recovery patients, S/R characteristics may play a role in believing in the universality of a Higher Power, feeling God's presence daily, and continued program involvement in sponsoring other AA members.¹⁴⁵ The authors also conclude that feeling God's presence daily prevents the miracle of sobriety from fading in the member's awareness.¹⁴⁶ A sense of gratitude for sobriety may also contribute to the renewal process of daily interaction with God.¹⁴⁷ The ongoing AA fellowship and involvement allows members to fulfill an important role in society.¹⁴⁸ Although the article did not specifically emphasize the role of forgiveness in long-term sobriety, forgiveness embedded in the 12 steps contributes to each of the positive characteristics that the sum of these studies attributed to the AA 12-step program.

¹⁴² Dermatis and Galanter, "The Role of Twelve-Step-Related Spirituality," 511.

¹⁴³ Ibid.

¹⁴⁴ Ibid., 517-518.

¹⁴⁵ Ibid., 518-519.

¹⁴⁶ Ibid., 519.

¹⁴⁷ Ibid.

¹⁴⁸ Ibid.

Forgiveness in Substance-Abuse Counseling

Kerlin presents a review of women in Christian substance abuse treatment with a focus on forgiveness, as well as attachment styles and improvement in mental health symptoms.¹⁴⁹ The study was conducted in one location, the Shalom House Ministry, with 118 women over a two-year period.¹⁵⁰ The women were surveyed for changes in mental health symptoms between the 3-month program entry and exit.¹⁵¹ There were also those who stayed a second 90-days who were surveyed again upon exit of the second 90-days.¹⁵² Kerlin relates that an understanding of forgiveness comes from the study of Scripture for Christians, as forgiveness is taught in the first book of the Bible in Joseph's story (Gen. 50:17) and modeled through Christ's response in his crucifixion (Luke 23:34).¹⁵³ Other references Kerlin adds include the Lord's Prayer (Matt. 6:9-13), Peter's question of how many times to forgive (Matt. 18:17-22), and the parable of the unforgiving servant (Matt. 18:21-35).¹⁵⁴ Kerlin reinforces that forgiveness is understood as relating to substance abuse and an important factor in 12-step programs like the one used at Shalom House Ministries.¹⁵⁵ This study found that the women avoided offenders rather than to seek out revenge, with all but one of the scores on revenge coming in low.¹⁵⁶ Avoidance of intimacy with God correlated with the revenge scale, of which Kerlin was not surprised as

¹⁴⁹Ann Marie Kerlin, "Women in Christian Substance Abuse Treatment: Forgiveness, Attachment Styles, and Improvements in Co-Occurring Mental Health Symptoms," *Journal of Religion and Health* vol. 59, no. 6 (2020): page 3168.

¹⁵⁰ Ibid.

¹⁵¹ Ibid.

¹⁵² Ibid.

¹⁵³ Ibid.

¹⁵⁴ Ibid.

¹⁵⁵ Ibid.

¹⁵⁶ Ibid.

forgiveness is central in Christianity.¹⁵⁷ Kerlin's study did not reveal any new findings but rather added to the empirical studies that forgiveness is an important part of recovery from substance abuse.

Clinton and Hawkins present material that counselors would use in addressing patients who are dealing with various challenges, including substance abuse and forgiveness from a Christian counselor's point-of-view.¹⁵⁸ In reference to the study of the influence of forgiveness on substance-abuse patients, Clinton and Hawkins share that addiction is considered sin from a biblical standpoint, but with God's intervention and compassionate accountability of other believers, the addict can be set free from substance abuse.¹⁵⁹ The price for the sin of addiction has been paid by the sacrifice of Jesus Christ (Heb. 13:20-21). Healing and forgiveness are available (1 Peter 2:24). The authors counsel that redeemed individuals have responsibility to consciously choose to refuse the temptation of substance abuse and to rely on the power of the Holy Spirit to overcome.¹⁶⁰ Clinton and Hawkins also use formal descriptions of substance abuse and the consequences of such behavior.¹⁶¹ Although this contribution is based on experience and process rather than a study, the information holds importance to describe relevant topics and enforce the spiritual perspective on substance abuse and forgiveness.

Scott and Lambert add information on counseling hard cases, which is applicable to those dealing with unforgiveness and substance abuse.¹⁶² The authors share that God's grace is not as

¹⁵⁷ Kerlin, 3168.

¹⁵⁸ Tim Clinton and Ron Hawkins, *The Quick Reference Guide to Biblical Counseling* (Grand Rapids, MI: Baker Books, 2009), 23-24.

¹⁵⁹ Ibid.

¹⁶⁰ Ibid., 24.

¹⁶¹ Ibid., 19.

¹⁶² Stuart Scott and Heath Lambert, *Counseling the Hard Cases: True Stories Illustrating God's Resources in Scripture* (Nashville, TN: B&H Academic, 2015), 257-285.

concerned with one's performance but rather the performance of Jesus Christ as the Savior, and His standing in the place of the substance-abuse patient.¹⁶³ The biblical example of Jesus overcoming temptation includes the use of Scripture to ward off the attack of Satan (Matt. 4:1-22) and although this is a powerful method to overcome temptation, the emphasis is that Jesus is one's redeemer and able to carry one through difficult circumstances.¹⁶⁴ Often those who are struggling with counseling issues have an inaccurate view of God resulting in an inadequate relationship with Christ.¹⁶⁵ It would follow that an important part in recovery from substance abuse is helping patients understand the nature of God who loves them and has provided a Savior who has paid for their sins.

Biblical Evidence for Forgiveness

Duguid asserts that the entire Bible is about the Savior, Who is introduced in the New Testament as Jesus of Nazareth.¹⁶⁶ Duguid points out that the gospel of salvation in Christ Jesus is the central focus of the Bible—receiving His forgiveness for the sin nature experienced in a fallen world.¹⁶⁷ Reading the Old Testament in concert with the New Testament lays a foundation for understanding God's great love for individuals, the depth of sin, and the power of Christ in His death and resurrection to forgive by removing sin and guilt. Duguid shares that this revelation of God's love allows for the gospel to begin a slow transformational work of changing individuals from the inside out.¹⁶⁸ Instead of motivation for change in one's habits by fear and

¹⁶³ Scott and Lambert, *Counseling the Hard Cases*, 263.

¹⁶⁴ Ibid.

¹⁶⁵ Ibid., 260.

¹⁶⁶ Iain M. Duguid, *Is Jesus in the Old Testament? Basics of the Faith Series* (Phillipsburg, NJ: P&R Publishing Company, 2013), 7.

¹⁶⁷ Ibid., 8-9.

¹⁶⁸ Ibid., 10.

guilt, a transformed spirit motivates by Divine love received, and returned in love and obedience to God.

Sandra Wilson’s book, *Hurt People Hurt People*, is a study on the tendencies of people to adopt self-protective, defensive thinking and behaviors when they feel relationally or emotionally threatened.¹⁶⁹ Because humanity lives in a fallen world, many people determine to trust themselves and choose lifestyles that make them feel safe and comfortable.¹⁷⁰ This may lead to covering up hurts and pain with substance abuse and anger.¹⁷¹ Wilson sees the only lasting solution to this dilemma as the gospel of Jesus Christ—forgiveness of sins and a transformed spirit.¹⁷² Wilson brings understanding for why individuals turn to substances to numb the pain in their souls and shows that the only perfect healing for these wounds comes from the perfect healer, Jesus Christ.

Nouwen relates that a grateful life remembers Jesus’ suffering and attempts to imitate Him in situations when one is not in control—personal, family, or general occasions of loss.¹⁷³ Often individuals suffer loss and breakage because of human weakness and Nouwen counsels that God is close to the brokenhearted and supports individuals as they forgive those who wound them.¹⁷⁴ It is in the movement from resentment of others to gratitude for God’s love and healing that individuals may receive the “deep waters of inner freedom and love.”¹⁷⁵ Nouwen shares that

¹⁶⁹ Sandra D. Wilson, *Hurt People Hurt People: Hope and Healing for Yourself and Your Relationships* (Grand Rapids, MI: Discovery House, 2015), 12.

¹⁷⁰ Ibid.

¹⁷¹ Ibid.

¹⁷² Ibid., 14.

¹⁷³ Henri J. M. Nouwen, *From Fear to Love: Lenten Reflections on the Parable of the Prodigal Son* (Fenton, MO: Creative Communication for the Parish, 2009), 27.

¹⁷⁴ Ibid.

¹⁷⁵ Ibid.

all human love is limited—only an expression of the unconditional love of God. As individuals journey in search of God, they are acknowledging the limited human love they have received and continuing in pursuit of the source of unlimited love, the Divine.¹⁷⁶ Recognition of the limits of human love, considering God’s unconditional love, allows individuals to forgive the people who have wounded them, just as they themselves receive forgiveness from the Father.¹⁷⁷

Chaplains and Clergy as Early Interventionists

Although many of the studies focus on patients in recovery programs, part of the challenge this research endeavors to discover is if chaplains or clergy have a specific role to play in providing early forgiveness intervention to those struggling with substance abuse. Especially since chaplains and clergy may encounter those in their struggle, whether that be in a clinical setting, outreach ministry, or church services. It is that intervention that may shorten the time of struggle individuals experience and bring healing and recovery sooner.

Wang, Bergland, and Kessler conducted a study of 8,098 US respondents from ages 15 to 54 to determine the part of clergy in providing treatment to people with mental disorders.¹⁷⁸ They compared contacts with six types of professionals: clergy, psychiatrists, general medical physicians, other mental health specialists, alternative treatment providers, and human services providers.¹⁷⁹ Clergy had the highest contacts in the study (23.5 percent) with psychiatrists and general medical physicians coming in at 16.7 percent each.¹⁸⁰ The findings also showed that

¹⁷⁶ Nouwen, *From Fear to Love*, 29.

¹⁷⁷ Ibid.

¹⁷⁸ Philip S. Wang, Patricia A. Berglund, and Ronald C. Kessler, “Patterns and Correlates of Contacting Clergy for Mental Disorders in the United States,” *Health Services Research* 38, no. 2 (2003): 647, <https://doi.org/10.1111/1475-6773.00138>.

¹⁷⁹ Ibid.

¹⁸⁰ Ibid.

nearly one-quarter of the individuals seeking help from clergy in a given year had the “most seriously impaired mental disorders” and the majority of those seeking help did so exclusively from clergy.¹⁸¹ Although the study is assessing treatment of mental disorders, certainly substance abuse may be associated with mental disorders as a contributor and precursor. Kelly and Daley state, “Epidemiological studies find that psychiatric disorders, including mental disorders and substance use disorders, are common among adults and highly comorbid.”¹⁸² This is reinforced when referenced by the NIDA, “Drug use and other mental illness often co-exist. In some cases, mental disorders such as anxiety, depression, or schizophrenia may come before addiction. In other cases, drug use may trigger or worsen those mental health conditions, particularly in people with specific vulnerabilities.”¹⁸³ Britt found that soldiers who returned from Bosnia were required to undergo medical screening including a psychological questionnaire assessing depression, PTSD, and alcohol abuse, with those scoring high enough required to have a mental health interview.¹⁸⁴ It appears the US Military recognizes SUD as a mental health risk.

Wang, Berglund, and Kessler conclude that US clergy play a “crucial role” in the system of mental health care delivery.¹⁸⁵ The NIDA states that substance abuse is a “treatable disorder” and with a close relationship between substance abuse (SUD) and mental health disorders (MHD).¹⁸⁶ The NIDA recommends some identical treatments for SUD and MHD including:

¹⁸¹ Wang, Berglund, and Kessler, “Patterns and Correlates of Contacting Clergy,” 647.

¹⁸² Thomas M. Kelly and Dennis C. Daley, “Integrated Treatment of Substance Use and Psychiatric Disorders,” *Soc Work Public Health* 28 (2013): 388, doi:10.1080/19371918.2013.774673.

¹⁸³ “Addiction and Health,” National Institute on Drug Abuse, March 22, 2022, accessed Nov. 13, 2023, <https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/addiction-health>.

¹⁸⁴ Thomas W. Britt, “The Stigma of Psychological Problems in a Work Environment: Evidence from the Screening of Service Members Returning from Bosnia,” *Journal of Applied Social Psychology* 30, no. 8: 2000: 1599-1618.

¹⁸⁵ Wang, Berglund, and Kessler, “Patterns and Correlates of Contacting Clergy,” 648.

¹⁸⁶ “Addiction and Health.”

cognitive-behavioral therapy (CBT), motivational enhancement therapy (MET), and contingency management including positive reinforcement for counseling and taking treatment medications.¹⁸⁷ NIDA also acknowledges the efficacy of Twelve-step Facilitation (TSF) programs such as AA for SUDs.¹⁸⁸

With evidence of the importance of chaplains and clergy in the mental health system of the United States, Wang, Berglund, and Kessler conclude that interventions may be necessary to make certain clergy identify the presence and severity of mental health disorders, provided therapies of sufficient quality, and work with health care professionals as needed.¹⁸⁹ Research indicates that chaplains and clergy hold an important role in early intervention for those struggling with substance abuse.

Research Literature Conclusion

In conclusion, the research literature reflected in this review shows a sampling of recent studies on the effect of forgiveness on substance abuse patients, as well as biblical evidence for forgiveness. Overall, the studies have shown forgiveness of self, forgiveness of others, forgiveness from others, and forgiving or feeling forgiven by God are important components in the ability to stay sober longer, in abstinence, and in leading a more productive and happier life. Although many of the studies focus on patients in recovery programs, this research is designed to provide awareness to chaplains and clergy of the importance of providing early forgiveness intervention to those struggling with substance abuse. Early intervention may shorten individuals' experiences with substances, giving the opportunity for healing and recovery sooner.

¹⁸⁷ "Addiction and Health."

¹⁸⁸ Ibid.

¹⁸⁹ Wang, Berglund, and Kessler, "Patterns and Correlates of Contacting Clergy," 648.

Each of these studies contribute a part of the concept of receiving or giving forgiveness and show that educating substance-abuse patients about forgiveness of self, others, and/or God may help them start on the road to recovery.

Theological Foundations

The Holy Bible in its entirety, from the book of Genesis to the Revelation of Jesus Christ, conveys God's plan to reconcile humanity to Himself. Although humanity is born in sin (Rom. 3:23), Jesus, the Christ, came as a propitiation (sacrifice, NLT) for sin and to provide reconciliation with the almighty God for those who believe (Rom. 3:25-26). Grider states:

For us to receive forgiveness, repentance is necessary (Luke 17:3-4). For the holy God to extend forgiveness, the shedding of blood (Heb. 9:22) until no life is left (Lev. 17:11) is prerequisite—ultimately, the once-for-all (Heb. 9:26) spilling of Christ's blood and his [sic] rising again (Rom. 4:25).¹⁹⁰

If individuals confess their sins, God is faithful and just to forgive their sins and cleanse them from all unrighteousness (1 John 1:9). It is fair and just for God to forgive all those who believe on Jesus Christ, receiving His righteousness as their own (Rom. 3:26). This principle of forgiveness is shown throughout Scripture as the nature of the loving and merciful God, including the following examples.

Jesus, while traveling through Samaria, waited at Jacob's well while His disciples went into town to buy food (John 4:4-6). The mixed-race Samaritan people were considered a class lower than the pure Jewish people and Jews avoided social relationships with them. When a Samaritan woman came to draw water, Jesus asked her for a drink (v. 7). The woman replied, "How can you ask me for a drink?" as the Jews would not use the dishes of a Samaritan (v. 9). Jesus replies by sharing the gospel with her—offering her the living water that gives eternal life

¹⁹⁰ J. Kenneth Grider, "Forgiveness," *Evangelical Dictionary of Theology*, ed. Walter A. Elwell, 2nd ed. (Grand Rapids, MI: Baker Academic, 2001), 460.

(vv. 13-14). She desires this water, but Jesus also exposes her sin, letting her know that she has had five husbands and the one she is living with currently is not her husband (vv. 15-18). The woman acknowledges that Jesus may be the Messiah and Jesus confirms He is the Christ (vv. 25-26). Jesus acknowledged her sin and offered her forgiveness to bring her into relationship with Him.

In the book of John, Jesus shares that He will send the Holy Spirit to convict people of sin, of righteousness, and of judgment (John 16:8). Jesus explains, “about sin, because people do not believe in me; about righteousness, because I am going to the Father where you can see me no longer; and about judgment, because the prince of this world now stands condemned” (vv. 9-11, New International Version). The work of the Holy Spirit is vital for people to come to Christ. People must acknowledge that they are sinners to receive the Savior. Forgiveness is given for those who will accept Jesus Christ as their Lord, placing them in Christ and the kingdom of God (Rom. 10:9-10).

Jesus illustrates forgiveness for sins, even of those who already know Him, when He forgives and restores Peter after he denied Christ three times. On the evening of Jesus’ arrest, Jesus tells the disciples that He is leaving. Peter wants to come with Jesus and declares he will die for Him, but Jesus counters that Peter will deny Him three times before the rooster crows in the morning (John 13:37-38). Just as Jesus predicted, Peter denies he knows Jesus three times and then the rooster crows (John 18:17, 25-26). The Scriptures say Peter goes away and weeps bitterly (Matt. 26:75; Luke 22:62). According to the Scriptures, Peter is not found at the crucifixion. One may assume he is ashamed. After Jesus rises from the dead, there is an exchange between Peter and Jesus. Jesus asks Peter three times if he loves Him. Peter acknowledges that he does, to which Jesus replies for Peter to feed Jesus’ sheep—to continue in

leadership in sharing the gospel (John 21:15-17). Jesus displays His love, forgives Peter, and restores his place in the kingdom. Peter continues in his place as the leader of the disciples as he preaches the gospel to the public in Acts 2 and 4. Thousands of people accept Jesus as the Messiah. These incidents display the great mercy and love of God to forgive and restore. The Psalms declare that God is ready to forgive and bestow mercy to all who call on Him (Ps. 86:5, 100:5, 106:1, 107:1, 118:1).

The parable of the prodigal son also illustrates forgiveness even for those who betray the Lord. Jesus shares the story with the crowds in Luke 15. The younger son asks his father for his inheritance, departs the country, and wastes the money on “loose living” (v. 13, New American Standard Bible). After his money is gone, the son finds work feeding swine and eventually, comes to his senses. He replies, “I will get up and go to my father, and will say to him, ‘Father, I have sinned against heaven, and in your sight; I am no longer worthy to be called your son; make me as one of your hired men,’” (vv. 18-19, NASB). When the son returns, the father sees him from afar and has compassion for him; he runs and embraces him (vv. 20-21). The father dresses him in new clothes and has a celebration because the son that was lost has been found (vv. 22-24, 32). This story was told to the crowds in the context of a sinner who repents (v. 7). Forgiveness is once again highlighted as bestowed by the Father God, even to those who have betrayed Him. This concept of forgiveness and reconciliation is foundational to Christianity, as also in SUD literature. The biblical text shows this vital concept: “Now all *these* things are from God, who reconciled us to Himself through Christ and gave us the ministry of reconciliation, namely, that God was in Christ reconciling the world to Himself, not counting their wrongdoings against them, and He has committed to us the word of reconciliation” (2 Cor. 5:18-19, NASB).

Forgiveness as a Constant Theme

The concept of forgiveness was established in God's original plan for humanity, recorded in the ancient biblical text, and assimilated into all cultures. Webb adds that forgiveness is recognized as a universal construct that is not a panacea but applicable potentially to individuals regardless of culture, geography, or historical context.¹⁹¹ The concept is universally understood as given by grace. Enright and Fitzgibbons show unmerited favor or grace in forgiveness—a rational realization within people of unfair treatment by others; these people choose to forsake resentment and similar responses of which they have a right, and attempt to respond to the offender based on the moral principle of charity, which may include generosity, compassion, moral love, and unconditional worth (to which the offender has no right, by nature of the harmful acts or act).¹⁹² There are three words in the Old Testament Hebrew and four words in the New Testament Greek that denote forgiveness. In Hebrew the words are defined as: to cover, to pardon, and to bear—take away [guilt].¹⁹³ Only the last definition is used in human forgiveness and forgiveness by God. The first two, “to cover” and “to pardon,” are only used in Divine forgiveness.¹⁹⁴ The Old Testament indicates that God alone can completely pardon. Grider adds that the only book of religion that teaches God completely forgives sin is the Bible.¹⁹⁵ In the New Testament, the lesser used Greek words are defined as “forgiveness,” “putting

¹⁹¹ Jon R. Webb, “Spiritual Factors and Adjustment in Medical Rehabilitation: Understanding Forgiveness as a Means of Coping,” (In A. E. Dell Orto and P. W. Power Eds.), *The Psychological and Social Impact of Illness and Disability*, 5th ed. (New York, NY: Springer, 2007) pp. 455-471. Reprinted from: *Journal of Applied Rehabilitation Counseling*, 34, 16–24.

¹⁹² Enright and Fitzgibbons, “Forgiveness Therapy,” 24.

¹⁹³ Grider, “Forgiveness,” 460.

¹⁹⁴ Ibid.

¹⁹⁵ Ibid.

aside/disregarding”, “to forgive sins” or “the graciousness of God’s forgiveness.”¹⁹⁶ However, the New Testament word used the most for forgiveness is *aphesis*, and “conveys the idea of ‘sending away’ or ‘letting go.’”¹⁹⁷ This is used for both human and Divine forgiveness. In Paul’s use for the word designating forgiveness, *charizesthai*, the initiative for forgiveness is with God, as a “ready forgiveness,” also shown as the gracious Father in the parable of the prodigal son.¹⁹⁸ God is graciously ready and willing to forgive if one comes to Him as in the prodigal son returning to his father.

Forgiveness is a constant of God’s character throughout the biblical text, and completed in the death, resurrection, and ministry of intercession of Christ Jesus. Duguid asserts every page of the Old Testament is designed to unfold the gospel of Jesus Christ, completed by His sufferings and resurrection, and carried out by the outpouring of the Holy Spirit on all who will receive Him.¹⁹⁹ Grider adds, “Deceived by the serpent, the man and the woman chose to rebel and disobey God.... What is more, because all of us are covenantally [sic] related to Adam—he was acting on our behalf—all of us were implicated in his crime (Rom. 5:12).”²⁰⁰

Sin reigned after the fall of humankind, but God had a plan that is unveiled throughout the biblical text and that plan includes Divine forgiveness in Christ Jesus. The writer of the book of Hebrews asserts that the Old Testament by itself is necessarily incomplete (Heb. 8:13).²⁰¹ From the beginning, God's purpose was to have a people dedicated to Himself that He could

¹⁹⁶ Grider, “Forgiveness,” 460

¹⁹⁷ Ibid.

¹⁹⁸ Ibid.

¹⁹⁹ Duguid, *Is Jesus in the Old Testament*, 8.

²⁰⁰ Ibid., 25.

²⁰¹ Ibid., 17.

bless.²⁰² According to Jeremiah, God's people could not keep the first covenant and were judged for their sin; they repeatedly disobeyed God, from the garden of Eden, throughout the history of the children of Israel.²⁰³ By understanding the history of sin, it is clear that only a covenant based on the free gift of God's grace in Christ could accomplish God's purpose to make a holy people.²⁰⁴

In Genesis 12, God spoke the creative Word over Abraham, separating him from his ungodly surroundings and giving him a covenant promise that all the nations would be blessed through him.²⁰⁵ God's covenant with Abraham was an important part of God's design to reconcile humanity to Himself.²⁰⁶ In the book of Romans, the apostle Paul argues that just as death reigned over all people from the sin of Adam, how much more does righteousness reign in the one Man, Jesus Christ: "For if by the transgression of the one the many died, much more did the grace of God and the gift by the grace of the one Man, Jesus Christ, abound to the many" (Rm. 5:15, NASB). Jesus is the last Adam (1 Cor. 15:45), the true Son of Abraham (Matt. 1:1), and Head of the true Israel—the people of God, the Body of Christ (Eph. 1:22-23).²⁰⁷ The goal of the law of the Old Testament was always salvation in Jesus Christ (Rom. 10:4),²⁰⁸ salvation as in repentance for sin and forgiveness from God. Jesus understood universal sin and the need of humanity that originated in rebelliousness (Matt. 7:3, 13:41, 24:12) and lawlessness (Matt. 21:28-29), causing sickness of the soul in humans (Mark 2:17), which defiles from deep within

²⁰² Duguid, *Is Jesus in the Old Testament*, 17.

²⁰³ Ibid.

²⁰⁴ Ibid.

²⁰⁵ Ibid., 26.

²⁰⁶ Ibid.

²⁰⁷ Ibid., 32.

²⁰⁸ Ibid.

the personalities of individuals (Matt. 7:15-16, 12:35; cf. 5:21-22, 27-28, 15:19-20, 23:25) and leaves all of humanity in debt to God for unpaid obligations (Matt. 6:12, 18:23-24).²⁰⁹ Jesus called all to repentance (Mark 1:15; Luke 5:32, 13:3, 5, 15:10) and taught daily prayer for forgiveness (Matt. 6:12; Luke 11:4), Himself offered forgiveness (Mark 2:5).²¹⁰ Jesus fulfilled the law for anyone who receives Him, as He and all those who receive Him by faith are perfect in righteousness and acceptable to God.²¹¹ God chose individuals to be His friends—compatriots with God, made in God’s image and invested with a nonnegotiable dignity.²¹² Despite sinful rebellion and declarations of independence, that imputed status was never annulled.²¹³ When humans are in agreement with Christ, they are being transformed into His likeness—a Christian identity that is formulated on God’s grace.²¹⁴

The disciples were taught by Christ Jesus that the central theme of entire Old Testament was His sufferings, resurrection, and proclamation of this good news to all nations.²¹⁵ Luke 24 records, “Thus it is written, that the Christ should suffer and rise again on the third day, and that repentance for forgiveness of sins would be proclaimed in His name to all the nations” (vv. 46-47, NASB). Understanding Divine forgiveness is necessary for one to receive Christ as Savior and to continuously walk with Him without the constant guilt of sin.

²⁰⁹ R. E. O. White, “Salvation,” in *Evangelical Dictionary of Theology*, ed. Walter A. Elwell, 2nd ed. (Grand Rapids, MI: Baker Academic, 2001), 1050.

²¹⁰ White, “Salvation,” 1050.

²¹¹ Ibid.

²¹² David G. Benner, *Surrender to Love: Discovering the Heart of Christian Spirituality* (Downers Grove, IL: InterVarsity Press, 2015), 26.

²¹³ Ibid.

²¹⁴ Charles A. Kollar, *Solution-Focused Pastoral Counseling: An Effective Short-term Approach for Getting People Back on Track* (Grand Rapids, MI: Zondervan, 2011), 53.

²¹⁵ Duguid, *Is Jesus in the Old Testament*, 8.

Theoretical Foundations

Although the ancient concept of forgiveness is well established within the biblical text, forgiveness as a theoretical principle in recovery from substance abuse or other psychological challenges (i.e. domestic abuse, sexual abuse, moral injury, post-traumatic stress) is relatively new in treatment therapy as is psychotherapy as a whole considering the American Psychological Association was founded in 1892.²¹⁶ McCullough, Pargament, and Thoresen comment that the early psychologists never considered the concept of forgiveness including Sigmund Freud, William James, Stanley Hall, and Gordon Allport, and in addition, the field of mental health paid little attention to forgiveness including Carl Jung, Karen Horney, Alfred Adler, and Viktor Frankl.²¹⁷ The concepts of forgiveness introduced in AA in 1935, were somewhat ignored in psychological therapies perhaps due to the connection with spirituality and religion and the need to separate religion from science from a secular viewpoint. Webb adds, “The study for recognition, through peer-reviewed scientific publication, of the fledgling field of the psychology of forgiveness seemed to be a function of common assumptions regarding the close, and thus problematic association of forgiveness with religion and religious practices.”²¹⁸

McCullough, Pargament, and Thoresen comment that research interest in forgiveness might be separated into two time periods, 1932 to 1980, and 1980 to 2000, with the first time period showing very little attention to the concept of forgiveness in psychology, mental health, or the social sciences and the second time period showing a much stronger emphasis on forgiveness

²¹⁶ “APA History,” American Psychological Association, 2008, <https://www.apa.org/about/apa/archives/apa-history>.

²¹⁷ Michael E. McCullough, Kenneth I. Pargament, and Carl E. Thoresen, “The Psychology of Forgiveness: History, Conceptual Issues, and Overview,” in Michael E. McCullough, Kenneth I. Pargament, and Carl E. Thoresen (Eds.), *Forgiveness: Theory, Research, and Practice* (New York, NY: Guilford Press, 2000), 2.

²¹⁸ Webb, “Spiritual Factors and Adjustment,” 58.

in these disciplines.²¹⁹ In the field of pastoral care (mental health and pastoral counseling) during the first time period, several attempts were made to advance the role of forgiveness including Andras Angyal (1952),²²⁰ who championed the view that forgiveness from God was a corrective to pathological guilt that might underlie psychopathology.²²¹ Clients would have the opportunity to feel forgiven for moral and ethical failure, and to forgive others.²²² But it wasn't until the social changes of the 60s and 70s that forgiveness as a social construct began to receive attention. Lamb attributes this to the social changes within societies with a focus on helping women and children victims in abusive environments.²²³ The 80s and 90s advanced these actions in helping underprivileged people groups, with a stronger focus on mental health and in addition, a focus on healthier lifestyles including physical and mental health.²²⁴ The beginnings of forgiveness therapy were ways to help victims receive freedom from the wrongs they had experienced, although Lamb sees challenges in individual treatment alone while neglecting the societal wrongs.²²⁵ Lamb points out valid concerns regarding society but they are beyond the scope of this paper. She does, however, show significant progression of societal thought toward the importance of forgiveness. In 2000, McCullough, Pargament, and Thoresen felt that scientific research on forgiveness had become more relevant and the current research was laying an important foundation in understanding the nature of forgiveness and its effects on human health

²¹⁹ McCullough, Pargament, and Thoresen, "The Psychology of Forgiveness," 3.

²²⁰ Andras Angyal, "The Convergence of Psychotherapy and Religion," *Journal of Pastoral Care* 5, no. 4 (1952): 4-14.

²²¹ McCullough, Pargament, and Thoresen, "The Psychology of Forgiveness," 3.

²²² Ibid.

²²³ Sharon Lamb, "Forgiveness Therapy: The Context and Conflict," *Journal of Theoretical and Philosophical Psychology* 25, no. 1 (2005): 69.

²²⁴ Ibid., 69-70.

²²⁵ Ibid., 74-75.

and well-being.²²⁶ Many papers and treatments emerged in the late 1990s in the fields of social psychology, mental psychology, and clinical/counseling psychology, with a major contributor being the John Templeton Foundation, which funded research on forgiveness with nearly 30 different laboratories over a three-year period.²²⁷

According to McCullough, Pargament, and Thoresen, most researchers have agreed with the concept for forgiveness put forth by Enright and Coyle in 1998, expressing forgiveness was differentiated from “excusing” (implying the offender had a good reason), “pardoning” (a legal term), “forgetting” (implying the memory of offense was not in conscious awareness), “denying” (implying refusal to perceive harmful injuries had been incurred), “condoning” (implying a justification of the offense), and “reconciliation” (restoration of a relationship).²²⁸ McCullough, Pargament, and Thoresen saw this as a conceptual progress in understanding forgiveness and proposes that forgiveness is a psychological and psychosocial construct in that it is interpersonal and intrapersonal in form similar to empathy, trust, and prejudice.²²⁹ The scientific community is called upon to acknowledge at the very least that forgiveness be defined as, “intraindividual, prosocial change toward a transgressor that is situated within an interpersonal context.”²³⁰ Webb’s research has shown that the psychological study of forgiveness since the 1990s has received increasing attention and “the construct of forgiveness is now readily accepted as a human strength and virtue; a core construct in the field of positive psychology.”²³¹

²²⁶ McCullough, Pargament, and Thoresen, “The Psychology of Forgiveness,” 3.

²²⁷ *Ibid.*, 6.

²²⁸ McCullough, Pargament, and Thoresen, “The Psychology of Forgiveness,” 8.

²²⁹ McCullough, Pargament, and Thoresen, “The Psychology of Forgiveness,” 8-9.

²³⁰ *Ibid.*, 9.

²³¹ Webb, “Spiritual Factors and Adjustment,” 59.

In 2021, Webb records 51 extant, scientific psychological, peer-reviewed studies regarding forgiveness and addiction, with more than 85 percent connecting forgiveness to addiction recovery.²³² In addition, a number of models of forgiveness therapy are utilized, especially within the clinical treatment of positive psychology.²³³ Models include the Enright Model intervention and the REACH model, endorsed by PositivePsychology.com.²³⁴

Forgiveness has been embraced in the scientific field of positive psychology, but its roots clearly originated in spirituality. Webb et al. comments that the concept of forgiveness is central to every mainstream spiritual belief system including Judeo-Christian, Islamic, Hindu, and Buddhist, whether monotheistic or polytheistic, found in Eastern or Western cultures, confirmed by religious scholars, and found within sacred text/scripture.²³⁵ Webb asserts that over time, psychologists have put forth varied definitions and separations of religion and spirituality.²³⁶ Spirituality has recently emerged as its own field of inquiry, separated out from religion or religiousness, and distinctions between these two fields have developed with humans described as “(1) religious and spiritual, (2) religious, but not spiritual, (3) spiritual, but not religious, and (4) not religious and not spiritual.”²³⁷

In answer to these developments, Webb et al. created the RiTE Model of Spirituality which brought together the religion versus spirituality dichotomy into a singular, overarching

²³² Webb, “Spiritual Factors and Adjustment,” 59.

²³³ Lamb, “Forgiveness Therapy,” 68.

²³⁴ Joshua Schultz, “Forgiveness Therapy: 6+ Techniques to Help Clients Forgive,” PositivePsychology.com B.V., Sept. 24, 2020. <https://positivepsychology.com/forgiveness-in-therapy/>.

²³⁵ Webb et al., “Forgiveness and Health,” 2012.

²³⁶ Webb, “Spiritual Factors and Adjustment,” 59.

²³⁷ GESIS (Ed.). ISSP 2008 - Religion III, Variable Report: Documentation release 2018/10/26, related to the international dataset Archive-Study-No. ZA4950 Version 2.3.0 Variable Reports 2018|17, quoted in Jon R. Webb, *Understanding Forgiveness and Addiction: Theory, Research, and Clinical Application*, 1st ed. (New York, NY: Routledge, 2021), 59-60.

term, Spirituality, consisting of three sub-constructs: “(1) Ritualistic Spirituality, a structured connection with deity; (2) Theistic Spirituality, a non-structured connection with deity; and (3) Existential Spirituality, a transcendent, yet non-theistic search for meaning and purpose.”²³⁸ The three dimensions, Ritualistic, Theistic, and Existential, share common characteristics but there are also important differences. As secular clinicians work with individuals regarding spirituality, the RiTE Model of Spirituality brings clarity in understanding the patient/client perspective of spirituality without attributing pathology to their religious beliefs. Webb explains that each of the dimensions have common characteristics but also each pair shares particular emphasis pointing to essential differences from the third.²³⁹ Readers can find the illustrated RiTE Model in the research study by John R. Webb, Loren L. Toussaint, and Chris S. Dula, titled “Ritualistic, Theistic, and Existential Spirituality: Initial Psychometric Qualities of the Rite Measure of Spirituality,” published in the 2014 *Journal of Religion and Health* 53, no. 4, featured on pages 972–985. The authors share the following:

Ritualistic Spirituality and Theistic Spirituality revere the divine, whereas Existential Spirituality typically does not. Ritualistic Spirituality and Existential Spirituality prioritize observance of principle, whereas Theistic Spirituality largely does not. And, Theistic Spirituality and Existential Spirituality focus on the pursuit of meaning and purpose, whereas Ritualistic Spirituality may not. Additionally, the intersection of: (1) Ritualistic Spirituality with Theistic Spirituality as opposed to Existential Spirituality indicates a theistic versus non-theistic quality to spirituality, (2) Ritualistic Spirituality with Existential Spirituality as opposed to Theistic Spirituality indicates a structured versus non-structured quality to spirituality, and (3) Theistic Spirituality with Existential Spirituality as opposed to Ritualistic Spirituality indicates a contemplative versus non-contemplative quality to spirituality.²⁴⁰

²³⁸ Webb, “Spiritual Factors and Adjustment,” 61.

²³⁹ Ibid.

²⁴⁰ John R. Webb, Loren L. Toussaint, and Chris S. Dula, “Ritualistic, Theistic, and Existential Spirituality: Initial Psychometric Qualities of the Rite Measure of Spirituality,” *Journal of Religion and Health* 53, no. 4 (2014): 974–975, doi:10.1007/s10943-013-9697-y.

Webb calls this model Targeted Spirituality and considers it consistent with the Relation-based Spirituality Model created by Worthington and Sandage.²⁴¹ In Relation-based Spirituality, spirituality is defined as “a person’s experience of relationship with the Sacred”²⁴² or “sacred objects.”²⁴³ Webb adds that the sacred for an individual can vary and is widely conceptualized.²⁴⁴ Worthington and Sandage state the model includes, “God or humanity or nature or simply the aspects of life that are beyond comprehension and seen as ‘higher’ or ‘transcendent.’”²⁴⁵ Spirituality is seen to include religious, human, nature, or transcendent spirituality, recognizing many things potentially to be considered sacred including love for country, right to privacy, right to life and others.²⁴⁶ In the context of forgiveness, the victim has a fundamental relational spirituality that directs appraisals of the various relationships involved: the victim and the sacred, the offender and the sacred, and the transgression itself and the sacred.²⁴⁷ In Relational Spirituality, spirituality is tied very closely to if, how, and when the victim will forgive the offender. In both Targeted Spirituality and Relational Spirituality, forgiveness is driven in the context of one’s spirituality.

Moving from conceptual spirituality and forgiveness models, there are many types of practical forgiveness therapies with several practical models that are employed in the clinical

²⁴¹ Webb, “Spiritual Factors and Adjustment,” 62.

²⁴² Don E. Davis, Everett L. Worthington Jr, Joshua N. Hook, Daryl R. Van Tongeren, Jeffrey D. Green, and David J. Jennings II, "Relational Spirituality and the Development of the Similarity of the Offender's Spirituality Scale," *Psychology of Religion and Spirituality* 1, no. 4 (2009): 249.

²⁴³ Everette. L. Worthington, Jr and Steven J. Sandage. "Forgiveness and Spirituality in Psychotherapy: A Relational Approach. American Psychological Association." *Health Services Research*, 38, no. 2 (2003): 647.

²⁴⁴ Webb, “Spiritual Factors and Adjustment,” 63.

²⁴⁵ Worthington and Sandage, “Forgiveness and Spirituality in Psychotherapy,” 68.

²⁴⁶ Ibid.

²⁴⁷ Ibid.

community including the Enright Model and the REACH Model—both associated with Positive Psychology.²⁴⁸ The Enright Model is summarized in its phases of forgiveness:

Goals of the Phases of Forgiveness

- (1) Uncovering
Client gains insight into whether and how the injustice and subsequent injury have compromised his or her life.
- (2) Decision
Client gains an accurate understanding of the nature of forgiveness and decides to commit to forgiving based on this understanding.
- (3) Work
Client gains a cognitive understanding of the offender and begins to view the offender in a new light, resulting in positive change in affect about the offender, about the self, and about the relationship.
- (4) Deepening
Client finds increasing meaning in the suffering; feels more connected with others; and experiences decreased negative affect and, at times, renewed purpose in life.²⁴⁹

Each phase contains additional steps and specific directions, with 20 steps in total.²⁵⁰ The Enright model does not mention God or Higher Power but includes statements that may include God such as Step 9 which states, “A change of heart/conversion/new insights...” and Step 15 which states, “Giving a moral gift to the offender.”²⁵¹

The REACH Model designed by Worthington and Wade takes a slightly different approach, although similarities can be seen between Uncovering and Recall the Hurt; Work and Emotionally Replace Negative Emotions; Decision with Altruist Gift of Forgiveness and

²⁴⁸ Schultz, “Forgiveness Therapy.”

²⁴⁹ Enright and Fitzgibbons, *Forgiveness Therapy*, 59.

²⁵⁰ *Ibid.*, 60.

²⁵¹ *Ibid.*

Commitment to the Forgiveness Experienced; and Deepening with Reinstate Decisional Forgiveness.

The Five Steps to REACH Forgiveness

R = Recall the Hurt.

Participants tell their story while trying to be as objective as they can.

E = Emotionally Replace Negative Emotions with Empathy, Sympathy, Compassion, or Love. Helping people experience different emotions is the key step in REACH Forgiveness.

A = Altruistic Gift of Forgiveness.

People are invited to reflect on a time that they offended someone who forgave them.

C = Commitment to the Forgiveness Experienced.

People describe the percent of the initial unforgiveness that they have forgiven since the intervention began. Rituals such as writing an account of the transgression and burning the paper solidify the forgiveness experienced.

H = Hold onto Forgiveness When Doubt Occurs.

People might doubt that they have forgiven a perpetrator...They are told that feeling anger and fear at seeing an offender is the body's way of warning of a potentially harmful situation, not unforgiveness.

Re-invite Decisional Forgiveness.

After people have worked through emotional changes, they are invited to reconsider whether they want to decide to forgive.

12 Steps to Being a More Forgiving Person.

People generalize their learning from the target transgression to a more forgiving disposition. They complete 12 exercises in writing. In the first, they identify 10 events in their lives with some continuing unforgiveness. In subsequent steps, they work through those events using REACH Forgiveness.

Complete the Final Self-assessments.

People complete the four questionnaires that they completed at the outset of the group. They can self-score to see their progress.²⁵²

²⁵² Everett L. Worthington and Nathaniel G. Wade, *Handbook of Forgiveness*, 2nd ed. (New York, NY: Routledge, 2020), 278-279.

The REACH method, as the Enright Model, does not have a specific step that recognizes God or a Higher Power in its process. Participants could perhaps attribute Step A, The Altruist Gift of Forgiveness to being forgiven by God but the concept is not specifically written in the model. Both models illustrate the need for the RiTE Model of Spirituality by Webb et al. that incorporates a belief in God for effective use by clinicians.²⁵³ Both REACH and Enright Models would benefit from adding a stronger theistic spirituality component to the process of forgiveness.

Forgiveness in the 12-step Process

The 12-step program introduced by AA makes mention of a Power/God in the second step and this Power/God is foundational for success in the rest of the 12 steps. Not only is Divine forgiveness important, but also forgiveness of self and forgiveness of others. AA's 12-step program includes: admission of powerlessness over alcohol (step 1); acknowledging only a Power/God greater than oneself can help (step 2); submitting one's will to that Power/God (step 3); taking an inventory of all moral wrongs (step 4); confession of these wrongs to God, to oneself, and to another person (step 5); acknowledgment of self as ready to have God remove character flaws (step 6); in humility, requesting God to remove shortcomings (step 7); listing all people that one has harmed and make amends as much as possible, not causing any further harm (step 8 and 9); continuing to take inventory of wrongs and admit promptly (step 10); making conscious effort to build relationship with God and follow his guidance (step 11); and recognizing this spiritual awakening, helping others who are alcoholics, and using learned principles in all affairs (step 12).²⁵⁴ From a biblical perspective, the 12 steps call one to belief in

²⁵³ Webb et al., "Forgiveness and Health," 2012.

²⁵⁴ "The Twelve Steps."

God, repentance/asking for forgiveness of God, requesting forgiveness/making amends to others, and ultimately forgiving self after making amends (step 9). Waypoint Recovery Center states of step 9, “Whether direct, indirect, or symbolic, making amends can help you forgive yourself by giving you a way to express genuine remorse for your past actions.”²⁵⁵ Lyons et al. adds that renewed communication between parties that result from seeking forgiveness may further insight into the feelings, needs, and rights of others.²⁵⁶ In particular, it may help individuals understand what the need to receive forgiveness feels like and motivate them to extend forgiveness to others.²⁵⁷ By continuing to grow in one’s relationship with God (step 11), forgiveness of/from God, of/from others, and self, becomes part of a daily routine. Considering again the biblical story of the prodigal son, this process is illustrated more fully.

The Process of Forgiveness in the Prodigal Son

The process of forgiveness is shown in the parable of the prodigal son, told by Jesus in Luke 15:11-32. The son takes his inheritance and journeys to a far country. The Scriptures reads he, “wasted his substance with riotous living” (v. 13, KJV). While serving as a hired man, the prodigal son comes to himself and returns to his father seeking forgiveness (v. 17-21). Not only does the father forgive him but celebrates his return (v. 22). As the celebration begins, the father’s other son—faithful but resentful—is told his brother has returned and takes offense that his father has never had a celebration for him, even though he has been faithful (v. 28-30). The father helps the faithful son understand that all the father had has always belonged to the faithful

²⁵⁵ “Forgiveness in Recovery: How to Forgive Yourself and Others,” Waypoint Recovery Center, North Charleston, SC, 2022, <https://waypointrecoverycenter.com/forgiveness-in-recovery-how-to-forgive-yourself-and-others/>.

²⁵⁶ Lyons et al., “Forgiveness and Purpose in Life,” 534.

²⁵⁷ Ibid.

son, and now, celebration is appropriate because the son who was considered dead, has been found alive (v. 31-32).

Forgiveness is seen in different aspects of this story: the prodigal son requests forgiveness of the father (repentance and seeking forgiveness from God/from others), the father forgives the son (forgiveness from God, forgiveness from others), the prodigal son forgives himself in receiving the blessing of the father (self-forgiveness), the father forgives the faithful son for his resentment (forgiveness from God), and the faithful son forgives the father (forgiveness of God) and the prodigal son/brother (forgiveness of others). The prodigal son incident corresponds with what Jesus Christ told the apostle Peter in Matthew 18:21-22. Peter asks Jesus that if his brother offends him, should he forgive him even up to seven times. Jesus responds, “Seventy times seven,” (v. 22, KJV). Jesus indicated the importance of not allowing offenses to stay in one’s life but to always forgive. The writer of Hebrews adds to the importance of forgiveness when the author shares to “see to it that no one comes short of the grace of God; that no root of bitterness springing up causes trouble, and by it many become defiled” (Heb. 12:15, NASB). The lack of forgiveness of others, forgiveness of God, and/or self, causes resentment and perhaps even believers may become defiled. In addition, VanderWeele confirms that it is widely accepted in moral and theological understandings of social relationships and character that forgiveness is considered “a good in and of itself.”²⁵⁸ Forgiveness has the potential to free the victim from the past, free the victim from dependence on the perpetrator, and promote compassion, acceptance, harmony, and love in human relations.²⁵⁹

²⁵⁸ VanderWeele, “Is Forgiveness a Public Health Issue,” 190.

²⁵⁹ Ibid.

Necessity of Continual Transformation

Salvation is just the beginning of life in Christ. Christians live in a fallen world and although they strive to be like Christ, they make mistakes. In their mistakes, they must turn to God to help them overcome. The gospel, Christ's death and resurrection, is not just the power by which sinners are saved to life eternal but also the power by which Christians are consistently transformed into new creatures in Christ Jesus.²⁶⁰ Wilson adds that people do not stop being human when they become Christians; they may continue to struggle with self-protection, a human trait that leads people to hurt themselves and others.²⁶¹ Substance abuse is an example of this type of hurt. Humanity is imperfect, full of sinful and broken people who are more apt to trust in themselves, inevitably and unknowingly choosing life-styles that make them feel safe and comfortable.²⁶² This often means choosing lifestyles that cause more pain for themselves and others, lifestyles of chaos.²⁶³ The good news is chaos is not the dominate reality in the world that God made, even though, from a post-fall perspective, it may seem that way.²⁶⁴ The dominate reality in this world is the Lord God Almighty—and life in His Son.²⁶⁵ Jesus Christ of Nazareth is the only perfect Healer of a broken and hurt people.²⁶⁶

Addiction perhaps poses challenges to the human spirit as much or more as any other condition.²⁶⁷ The vast array of treatment programs, including Alcoholics Anonymous, show that

²⁶⁰ Sandra D. Wilson, *Hurt People Hurt People: Hope and Healing for Yourself and Your Relationships* (Grand Rapids, MI: Discovery House, 2015), 10.

²⁶¹ *Ibid.*, 13.

²⁶² *Ibid.*

²⁶³ *Ibid.*, 12.

²⁶⁴ Duguid, *Is Jesus in the Old Testament*, 24.

²⁶⁵ *Ibid.*

²⁶⁶ Wilson, *Hurt People Hurt People*, 14.

²⁶⁷ Gordon J. Hilsman, *Spiritual Care in Common Terms: How Chaplains Can Effectively Describe the Spiritual Needs of Patients in Medical Records* (Philadelphia, PA: Jessica Kingsley Publishers, 2017), 146.

for most struggling with substance abuse, recovery includes a major spiritual component.²⁶⁸ Addiction is sin because it causes the individual to depend on something other than God for the feelings of security, enjoyment, and happiness.²⁶⁹ However, no sin is stronger than God's power, the power that raised Jesus Christ from the dead; addiction can be forgiven and overcome by the blood of Jesus Christ.²⁷⁰ For those struggling with substance abuse, if they understand that God forgives them in midst of their struggles and will work with them even while they are using, they may turn to God sooner. Scott and Lambert add that God's grace means God is not primarily concerned with one's performance, but instead the performance of Jesus Christ as one's Savior standing in one's place.²⁷¹ Duguid emphasizes believers in Christ Jesus receive power to be consistently transformed to be more like Christ, as new creatures who have been born again.²⁷² This is a daily process. The redeemed individual must make a conscious daily decision to refuse the temptation of the world including abusing substances and he or she must rely on the Holy Spirit's power to overcome.²⁷³ Empowered with an understanding of God's grace in forgiveness and inner strength, addicts may find freedom from substance abuse through a greater understanding of Divine forgiveness. Considering the principles and process of forgiveness, the research this project focuses on will encourage chaplains and/or clergy to offer guidance to those struggling with substance abuse on the emotionally and spiritually healing attributes of

²⁶⁸ Gordon J. Hilsman, *Spiritual Care in Common Terms*, 146.

²⁶⁹ Tim Clinton and Diane Langberg, *The Quick Reference Guide to Counseling Women* (Grand Rapids, MI: Baker Books, 2011), 112.

²⁷⁰ *Ibid.*

²⁷¹ Scott and Lambert, *Counseling the Hard Cases*, 263.

²⁷² Duguid, *Is Jesus in the Old Testament*, 10.

²⁷³ Clinton and Hawkins, *The Quick Reference Guide to Biblical Counseling*, 24.

forgiveness. Perhaps these individuals may embrace forgiveness as a solution to help them to overcome their addictions.

CHAPTER 3: METHOLODOGY

This study seeks to discover the impact of offering early intervention on the emotionally and spiritually healing attributes of forgiveness in the recovery from substance abuse, especially from chaplains or clergy with access to those struggling with substance abuse. The problem the research addresses is that individuals struggling with substance abuse, including drugs or alcohol, may never consider the spiritual concept of forgiveness as an avenue to help them recover from substance abuse, even though forgiveness is a proven concept that has helped other patients recover.²⁷⁴ The problem has an additional element in that frontline chaplains or clergy may not realize the importance of presenting forgiveness in addiction recovery. The study does not assert that forgiveness is the only element required but an essential aspect in addiction recovery.

The purpose for this research is to discover if early forgiveness intervention from chaplains or clergy, given to individuals suffering from substance-abuse, will help them embrace forgiveness and receive inner strength to assist in recovery from substance abuse. Therefore, the thesis states: If individuals struggling with substance abuse, currently residing in recovery facilities in the greater metropolitan area of Lexington, Kentucky, receive early forgiveness intervention by chaplains or clergy, these individuals may embrace forgiveness of self, forgiveness of or from others, and/or forgiveness of or from God/Higher Power as a pathway to recovery from substance abuse.

Based on the literature review, the research presupposes a greater understanding of forgiveness given by chaplains or clergy in clinical settings, including but not limited to

²⁷⁴ Brande, "Alcoholics Anonymous."

substance abuse recovery centers and sober living houses, will help individuals give and receive forgiveness, facilitating a pathway to recovery from substance abuse.

Research conclusions involve answering the following objectives:

Objective 1:

Discover if participants have feelings of emotional/spiritual pain as a means of establishing a context for forgiveness.

Objective 2:

Discover if participants attribute any of their emotional/spiritual pain to self, to ascertain if forgiveness of self may contribute to recovery while leaving room for other factors.

Objective 3:

Discover if participants attribute all their emotional/spiritual pain to self, to ascertain if forgiveness of self is the main contributor to recovery.

Objective 4:

Discover if participants feel they have been wronged by others to ascertain if forgiveness of others may contribute to recovery from substance abuse.

Objective 5:

Discover if participants feel they have committed wrongs against others to ascertain if forgiveness from others may contribute to recovery.

Objective 6:

Discover if participants feel God/Higher Power has disappointed them to ascertain if forgiveness of God/Higher Power may contribute to recovery.

Objective 7:

Discover if participants feel they have disappointed God/Higher Power to ascertain if forgiveness from God/Higher Power may contribute to recovery.

Objective 8:

Discover if any area of forgiveness contributes to the participants' emotional/spiritual pain; and if so, would the participants be open to learning more about forgiveness.

Objective 9:

Gather demographics of age, gender, and spiritual identity to determine if any demographic is more open to learning about forgiveness.

Objective 10:

Allow participants to add comments regarding forgiveness to bring more clarity to their situations.

Objective 11:

Determine what types of people with which participants would be willing to discuss forgiveness.

In summary, the survey hopes to discover if participants are experiencing emotional and/or spiritual pain. If so, do participants attribute their emotional/spiritual pain to the need for 1) forgiveness of self, 2) forgiveness of others, 3) forgiveness from others, 4) forgiveness of God, or 5) forgiveness from God? The participants are asked what type of individual with whom they would be willing to discuss forgiveness.

Intervention Design

This research will consist of a survey questionnaire including demographic information and additional comments. The PI originally sought to conduct interviews in a hospital setting but the internal approval process became too great to overcome. Instead, the PI designed a qualitative survey that provides participants the opportunity to evaluate their relationships considering the concept of forgiveness, providing rich and meaningful data.²⁷⁵ The surveys will be distributed in a two recovery centers, one for men and one for women, facilitated by the recovery centers' administrators. Due to the schedules and security of the recovery facilities, the administrators of the facilities will offer the survey to residents as they are available. The surveys will be picked up from the administrators by the PI as soon as they are completed, approximately 1-2 weeks. The PI will record any observations from the administrators noted when the residents took the surveys. The PI will tabulate the results of the surveys in an excel document and formulate the results based on each of the objectives. Participants' comments and administrators' observations will be added to further clarify responses, providing data triangulation. The figure

²⁷⁵ Jorge Hecker and Neringa Kalpokas, "Qualitative research methods, types, & examples," Atlas.ti., accessed Feb. 22, 2024, <https://atlasti.com/guides/qualitative-research-guide-part-1/qualitative-research-methods>.

below highlights the survey responses as the most important element in the study with participants' comments following, then administrators' observations, in contributing to the results.

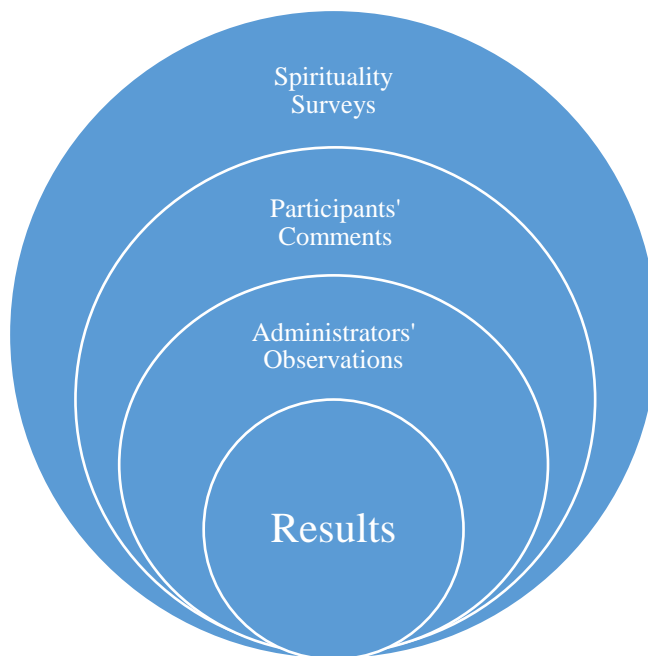


Figure 2. Methodology Approach.

All surveys are anonymous and no identifiable information will be retained. No HIPPA information or documentation is required since participants are not submitting any identifiable information. Surveys will be stored in a lock box at the residence of the PI, and only the PI will have access to the surveys. The surveys will be retained for a minimum of three years and then they will be shredded. Details of the design include the following criteria.

Survey Design

The survey design consists of three parts as directed by the Liberty University's IRB: an advertisement/recruitment page, a two-page information sheet, and three-page survey.

Advertisement/Recruitment Sheet

The advertisement/recruitment sheet statements are below. Please refer to Appendix A for the full advertisement/recruitment page.

- The name of the survey—Substance Abuse Spirituality Survey
- The criteria to qualify—over 18 years of age and admitted to a substance abuse recovery center or sober living house.
- The purpose of the study—understanding more about the spirituality of those struggling with substance abuse.
- The survey requirements and time frame—complete a 15-minute survey attached.
- Compensation—a snack food item.
- Format—an anonymous survey with no personal identifying information included.
- Brief instructions to participate—fill out the attached survey and hand in to your administrator.
- PI contact information—Susan Janos, MDiv, BCC, a doctoral candidate in the Rawlings School of Divinity at Liberty University, is conducting this study. sjanos@liberty.edu.

Two-page Information Sheet

The information sheet follows the set design guidelines by the PI's educational institute in the following categories. Please refer to Appendix B for the complete information sheet.

- Invitation to participate in the study—including voluntary participation, participant qualifications, and PI information as the researcher and doctoral candidate.
- Purpose and reason for study.
- What happens if one chooses to take part in the study.
- How the participant or others may benefit from the study.
- What risks might be involved.
- How personal information is protected.
- Compensation.
- Researcher conflicts of interest.
- Voluntary participation statement.
- Actions for withdrawal from study.
- Contact information for questions or concerns about the study.
- Contact information for questions on participants' rights.

Three-page Survey

The survey aligns directly with the objectives for this study. The participants read a short introduction, forgiveness overview, and instructions to answer eight questions using a Likert scale to determine how much they agree or disagree with the statements. A Likert scale is used due to its nonparametric procedure which fits the unknown nature of the underlying population's views on forgiveness. Hoskins states, "Parametric tests are based on assumptions about the distribution of the underlying population from which the sample was taken."²⁷⁶ In contrast, "Nonparametric tests do not rely on assumptions about the shape or parameters of the underlying population distribution [...] If the data deviate strongly from the assumptions of a parametric procedure, using the parametric procedure could lead to incorrect conclusions."²⁷⁷

It should be noted that Likert scale surveys are subject to distortion in several areas including central tendency bias or an avoidance of using the extreme response categories; acquiescence bias or a tendency to agree with statements as presented; and social desirability bias or a tendency of participants to portray themselves or an organization more "in a more favorable light."²⁷⁸ However, the Likert scale may result in a better participation outcome due to the familiar format, variable scale of answers, and anonymity of the participant.²⁷⁹ The survey poses an additional question to participants determining who they might be willing to talk to about forgiveness, two questions on gender and age, and a multiple-choice question for spiritual

²⁷⁶ Tonya Hoskin, "Parametric and Non-parametric: Demystifying the Terms," Mayo Foundation for Education and Research, 1998-2024, <https://www.mayo.edu/research/documents/parametric-and-nonparametric-demystifying-the-terms/doc-20408960>.

²⁷⁷ Ibid.

²⁷⁸ "Likert Analysis," University of St. Andrews, United Kingdom, accessed Feb. 11, 2024, <https://www.st-andrews.ac.uk/media/ceed/students/mathssupport/Likert.pdf>.

²⁷⁹ Saul Mcleod, "Likert Scale Questionnaire: Examples and Analysis," Simple Psychology, July 31, 2023, <https://www.simplypsychology.org/likert-scale.html>.

identities. Finally, the participants are given space to add any comments that may clarify their thoughts on forgiveness.

Introduction

The introduction affirms the participant and reiterates the purpose of the study, compensation, and anonymity to make sure the participants are informed. It reads as follows:

What has happened to you is unique and this research hopes to understand more about your story from a spiritual perspective. Please answer the following questions and feel free to add comments at the bottom. You will receive a snack food item for participating in the survey. The results are completely anonymous, and your personal contact information is not required.

Forgiveness Overview

To give the participants context to respond to specific questions on forgiveness, a short overview of the research results of forgiveness and substance abuse are summarized. The overview is intentionally short to accommodate the participants condition in substance-abuse recovery and respect for their time. The forgiveness overview reads as follows. To view the survey in entirety, please refer to Appendix C.

Research has shown the acts of forgiving and receiving forgiveness are important in substance abuse recovery.

The spiritual concept of forgiveness may involve one or more of five areas:

- Forgiving Yourself
- Forgiving Others
- Receiving Forgiveness from Others
- Forgiving God/Higher Power
- Receiving Forgiveness from God/Higher Power

Survey Questions

Each question aligns with the five areas of forgiveness identified in previous research.²⁸⁰

The first question establishes a baseline need for forgiveness. If participants do not have emotional pain, they may not feel any need to consider forgiveness. The first question reads: “I have feelings of emotional pain: anger, resentment, disappointment, fear, or hurt.” The participants respond to the statement based on the Likert scale: strongly disagree, somewhat disagree, neither agree nor disagree, somewhat agree, strongly agree. Each response is assigned a number with strongly disagree designated by the number one and strongly agree by the number five. Once a baseline need for forgiveness is established, the participants are asked to consider what areas of the five areas of forgiveness apply to their experiences. The first five statements read as follows and responses are all based on the same Likert scale responses:

1. I have feelings of emotional pain: anger, resentment, disappointment, fear, or hurt.
2. I feel I am partly responsible for my emotional pain.
3. I feel I am the only one responsible for my emotional pain.
4. I feel I have been wronged or hurt by others.
5. I feel I have committed wrongs against others and/or hurt others.
6. I feel God/Higher Power has wronged or disappointed me.
7. I feel I have wronged or disappointed God/Higher Power.

After the participants identify what areas of forgiveness apply to their situation, they are asked to evaluate if they are willing to consider forgiveness in recovery. The eighth statement reads as follows: “I may be open to considering forgiveness in substance abuse recovery.” Likert scale responses are utilized once again.

The next question requests the participants to choose the types of individuals they may be willing to talk with about forgiveness. This question is designed for clergy and chaplains to understand their potential influence with individuals struggling with substance abuse. With the

²⁸⁰ Sremac and Ganzevoort, “Addiction and Spiritual Transformation,” pg. #.

decline in Christianity in the United States over the last few decades,²⁸¹ the results will give a micro indicator of the influence of Christian leaders on this demographic and what type of individuals are more likely to be considered best for confidential thoughts about forgiveness, spirituality, and relationships. The final three questions regard demographics. Participants are requested to mark if they are male, female, other, or prefer not to disclose. They are also asked to mark age range with the choices including: 18-35, 36-55, 56 and over, or prefer not to disclose. Demographic questions are included to pinpoint if any gender or age bracket is more likely to pursue counsel on forgiveness and which age brackets are more likely to struggle with substance abuse.

The third demographic question requests the individual to mark their spiritual identity. Spiritual identity in this sampling may indicate which identities are more open to discussing forgiveness. Choices include the following categories.

- Agnostic: Belief in a God who is not involved in humanity
- Atheist: No belief in God/Higher Power
- Buddhist
- Catholic/Christian
- Christian/Protestant
- Eastern Orthodox Christian
- General Belief in God/Higher Power
- Hindu
- Islamic
- Pagan
- Other
- Prefer not to disclose

The final space is for participants to leave comments regarding their experiences and forgiveness. They are not required to leave comments. It is completely voluntary. The section

²⁸¹ “Modeling the Future of Religion in America,” Pew Research Center, September 13, 2022, <https://www.pewresearch.org/religion/2022/09/13/modeling-the-future-of-religion-in-america/>.

reads as follows: “Please add any comments regarding forgiveness here.” This section serves as a triangulation data point since the PI is unable to be present when the residents take the survey.

Measurable Outcomes

Each of the eight objectives is viewed as a measurable outcome, as well as an overall response toward agreement that forgiveness is needed. Results will be tabulated in charts to show the propensity toward “Agree” or “Strongly Agree.” A positive outcome of the research will be indicated by the recognition of forgiveness contributing to participants’ emotional and spiritual pain, and participants’ willingness to learn more about forgiveness in recovery from substance abuse. A positive outcome would further indicate that individuals who receive a greater understanding of forgiveness may take steps to recover from substance abuse sooner. Early forgiveness intervention with a substance abusers may spare them from serious injury, illness, or death. In addition, forgiveness intervention may contribute to individuals reflecting on eternity and exploring their beliefs about God, furthering the PI’s hopes for individuals’ redemption. The biblical text states God’s love for humanity and hopes to save them: “For God so loved the world that He gave His only begotten Son, that whoever believes in Him should not perish but have everlasting life” (John 3:16, NKJV). When faced with the devastation of substance abuse, an individual’s willingness to forgive and/or receive forgiveness are important aspects considering one’s eternal destiny.

Setting

The setting of the surveys are two separate facilities for those struggling with substance abuse: 1) Liberty Road Recovery Center for Women and 2) Shepherd’s House sober living facility (for men). The facilities house between 20 and 30 residents and are in the greater Lexington, Kentucky metropolitan area. Residents live at both facilities during their recovery

time and the facilities hope to prepare them to re-enter society without dependence on substances. Both facilities are secured to protect the residents.

Population

The qualifications for the research population are to be 18 years of age or older and admitted to a substance abuse recovery facility. The population must be admitted to facilities in the greater Lexington, Kentucky metropolitan area. Participants may be from any gender, nationality, or social-economic status to participate in the study. Participants must have a basic understanding of the English language to read and comprehend the survey.

Ethical Considerations

Since the survey is voluntary, the participants are free to choose or decline participation in the survey. The survey is anonymous and no personal information will be retained by the researcher. However, to protect the health of the participant, the information sheet makes it clear that they should not participate if they feel uncomfortable: “Your care and recovery are of utmost importance, and you are advised not to participate in the study if it will in any way negatively affect your recovery.” In addition, since the participants are residing in recovery facilities, the facilities employ staff workers trained to assist participants if they are upset by any information in the survey.

If participants choose to stop taking the survey, they are instructed to not submit the survey for inclusion. For questions, participants may contact the researcher via email or phone, or the researcher’s faculty chair by email.

Tools

The research tools needed for each facility include 30 survey packets consisting of recruitment forms/advertisements, information sheets, and three-page surveys. The survey

packets will be given to each administrator in a file box containing a secured folder for completed surveys, 30 pens, and a variety of chips, granola bars, and chocolate candy bars as compensation for participation.

Timeline

The administrators are to distribute and collect surveys and contact the PI within a week. The PI will then pick up the surveys and record any observations noticed by the administrators. The PI hopes to have between 30 and 50 surveys for the analysis. Data analysis should take one to two weeks. Finalized research may be submitted for review within an eight- to ten-week period.

Implementation of the Intervention Design

The PI communicated with the facility administrators to conduct the surveys in December of 2023. The PI had a family emergency and had to delay the surveys until January of 2024. The PI dropped off the file boxes with the surveys to the facility administrators. The administrators were gracious and conducted the surveys over the course of a week. The PI picked up the surveys and consulted with the administrators for observations. The administrator of the women's facility was not available when the PI picked up the surveys. The PI sent the administrator an email and left a phone message for any observations. In order to conduct a triangulation of data, the PI compiled the data from the questionnaires presented in a Likert scale, recorded the participants comments about the survey, and recorded the observations of the administrators.²⁸² The PI considers the open comments in the questionnaires as opportunities to

²⁸² Nancy Carter, Denise Bryant-Lukosius, Alba DiCenso, Jennifer Blythe, and Alan J. Neville, "The Use of Triangulation in Qualitative Research," *Oncology Nursing Forum* 41, no. 5 (2014): 545-547, <https://pubmed.ncbi.nlm.nih.gov/25158659/>.

gather qualitative data in “field notes,”²⁸³ allowing the participants to share their thoughts as to how they view forgiveness in relation to their addiction. Stringer recommends using the questions as triggers and allowing the participant to elaborate on their own story.²⁸⁴

With the survey distribution conducted by the administrators, the PI was able to bracket out personal bias from the surveys. In addition, the PI will keep a confidential, reflective journal to evaluate her own thoughts and presuppositions to bracket out any biases. This type of journal is summarized in four points by Lincoln and Guba: (1) a log of evolving perceptions; (2) a log of day-to-day procedures; (3) a log of methodological decision points; and (4) a log of day-to-day personal introspections.²⁸⁵ With the greatest contributor to the research a qualitative survey format, the reflective journal may not have the same significance if the PI was able to personally interview the participants. However, the PI is employed as a clinical chaplain and interacts frequently with individuals struggling with substance abuse. The PI found the log a viable tool to mitigate bias in their day-to-day work.

²⁸³ Tim Sensing, *Qualitative Research: A Multi-Methods Approach to Projects for Doctor of Ministry Theses* (Eugene, OR: Wipf & Stock, 2011), 58.

²⁸⁴ Ernest T. Stringer, *Action Research*, 4th ed. (Washington, DC: Sage Publications, 2013), 106, <https://libertyonline.vitalsource.com/#/books/9781483320731/cfi/6/18!/4/2/4@0:0>.

²⁸⁵ Yvonna S. Lincoln and Egon G. Guba, “Establishing Dependability and Confirmability in Naturalistic Inquiry Through an Audit,” 1982, <https://files.eric.ed.gov/fulltext/ED216019.pdf>.

CHAPTER 4: RESULTS

The results of the survey are presented with each objective in an excel bar chart analysis. After objectives, viable trends in demographics are highlighted, as well as types of individuals with which participants would be willing to discuss forgiveness. Finally, an overall analysis is reviewed. The survey participants included 23 men and 27 women, with 50 total participants. Significant statistical differences between male and female responses are included.

Objective One: Emotional Pain

The first objective is to determine if participants have feelings of emotional pain as a means for establishing a context for forgiveness. The first question frames the remainder of the survey as it lays the foundation that participants may suffer emotional pain in substance abuse. Emotional pain is described as anger, resentment, disappointment, fear, or hurt. The results show 82 percent of participants felt they had emotional pain.

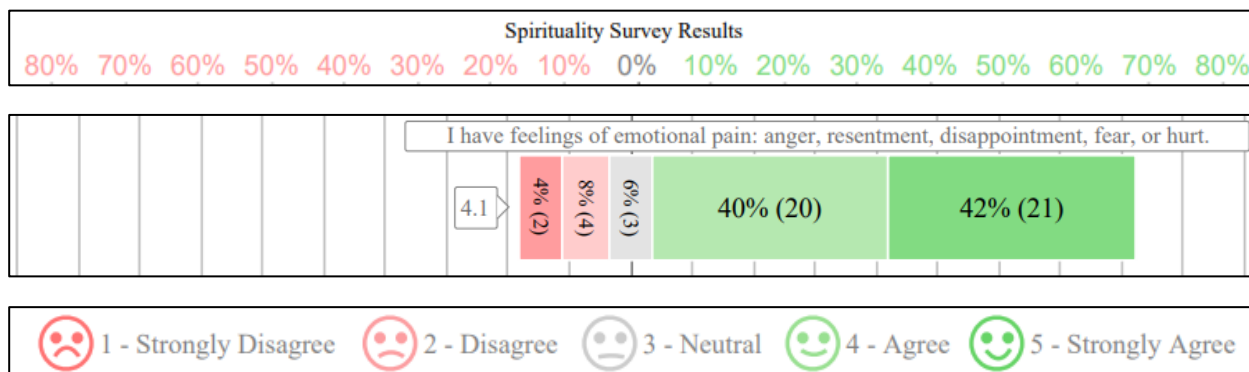


Table 1. Emotional Pain.

In viewing this question between men and women, the results were weighted higher with women over men. Of the 27 women, 26 indicated the agreed or strongly agreed for a total of 96 percent. Of the men, 15 of 23 agreed or strongly agreed for a total of 65 percent. The women in this sampling agreed with having emotional pain over men by 31 percentage points. The results

established that in this sampling, emotional pain is associated with substance abuse recovery, especially in women.

Objective Two: Partly Responsible for Pain

The second objective is to discover if participants attribute some of their emotional pain to themselves. This question helps determine if self-forgiveness may contribute to substance abuse recovery, while leaving room for other factors.

Results show overwhelmingly that participants feel partly responsible for their emotional pain with 86 percent in agreement. Both men and women agreed, with only one man and one woman in disagreement with the statement.

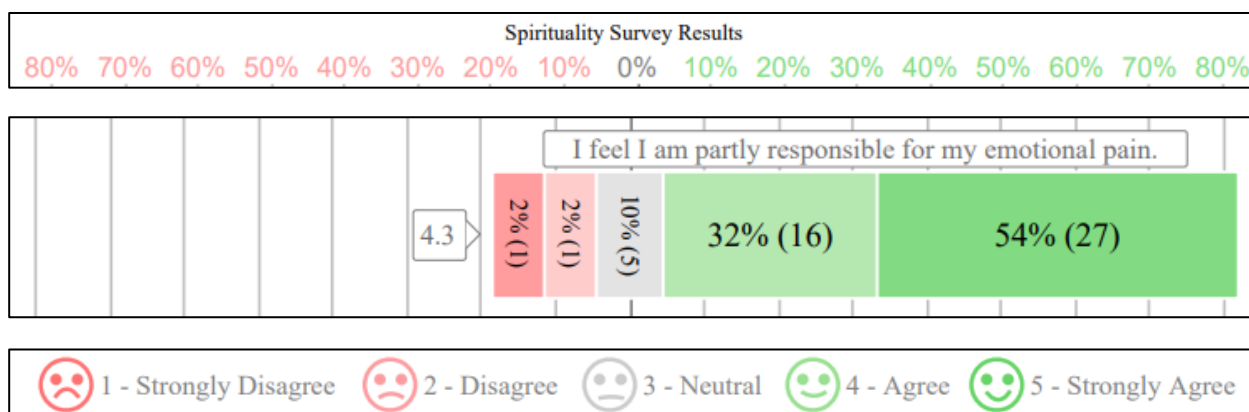


Table 2. Partly Responsible for Emotional Pain.

McGaffin, Lyons, and Deane state: “People with drug and/or alcohol problems often experience feelings of shame and guilt, which have been associated with poorer recovery. Self-forgiveness has the potential to reduce these negative experiences.”²⁸⁶ In addition, individuals with high levels of shame with low levels of self-forgiveness had considerably higher levels of

²⁸⁶ McGaffin, Lyons, and Deane, “Self-Forgiveness, Shame, and Guilt in Recovery,” 396.

alcohol consumption, implying those who are highly ashamed and unable or unwilling to engage in forgiveness of self may be more likely to abuse alcohol.²⁸⁷

This finding is significant in that those struggling with substance abuse feel overwhelmingly responsible for at least some of their pain. Self-forgiveness is shown to be an important consideration for both men and women struggling with substance abuse.

Objective Three: Complete Responsibility for Pain

The third objective is to discover if participants attribute all their emotional pain to themselves. This question helps determine if self-forgiveness is the main contributor to substance abuse recovery. It is also an indicator of participants who may have higher challenges with guilt and shame in relation to substance abuse as indicated by McGaffin, Lyons, and Deane.²⁸⁸ Shame can make recovery more difficult.

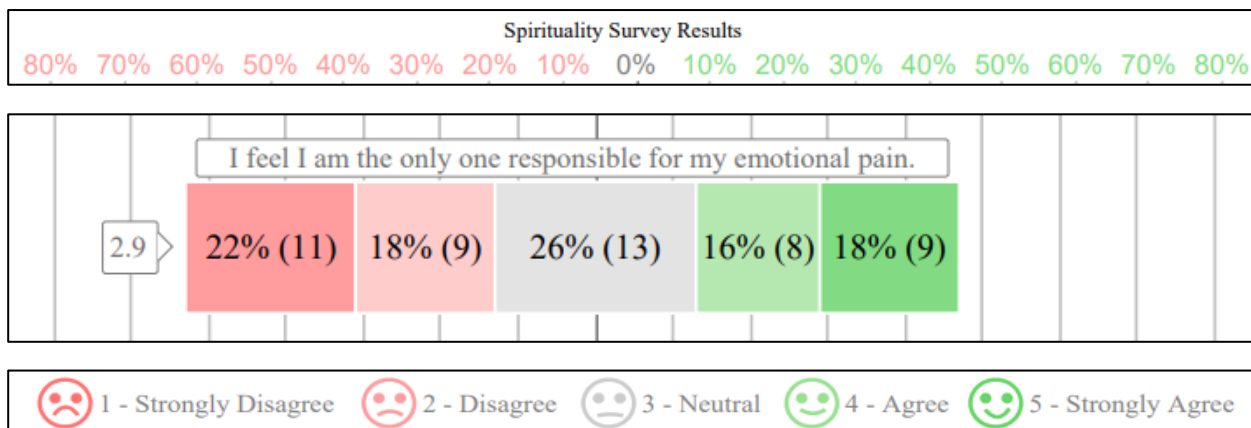


Table 3. Complete Responsibility for Emotional Pain.

²⁸⁷ McGaffin, Lyons, and Deane, "Self-Forgiveness, Shame, and Guilt in Recovery," 397.

²⁸⁸ Ibid.

Wilson writes, “Shame is rooted in the lie that human beings can and should be perfect.”²⁸⁹ When people who are shame-prone make mistakes, they believe they are a mistake, which is the lens through which they see everything.²⁹⁰ Feeling completely responsible for the emotional pain one is experiencing, especially in substance abuse recovery, may hinder the ability to forgive oneself.

The results of Complete Responsibility have a greater distribution between levels of agreement than the establishment of emotional pain, or Partly Responsible with most participants choosing a neutral stance on this question (26 percent). The second highest percentage strongly disagrees with the statement (22 percent). Disagree and neutral categories together equal 66 percent. Those who agreed with the statement came in at only 34 percent.

In a breakdown of men and women, women agreed that they were the only ones responsible for their pain at 41 percent, while men came in at 26 percent. Although the percentage was under 50 percent for both men and women, women seemed more likely to attribute their pain to themselves than men. Women and men struggling with substance abuse who attribute complete responsibility for their pain to themselves may need more intense therapy in self-forgiveness than others.

Objective Four: Wronged by Others

The fourth objective is to discover if participants feel they have been wronged by others to ascertain if forgiveness of others may contribute to recovery from substance abuse. McGaffin, Lyons, and Deane state, “Increasing forgiveness is one potential mechanism for reducing the

²⁸⁹ Wilson, *Hurt People Hurt People*, 17.

²⁹⁰ *Ibid.*

negative effects of resentment on recovery.”²⁹¹ Feeling wronged by others may indicate holding resentment.

Results reveal that 66 percent of participants agree that they have been wronged by others. On the converse, 34 percent are neutral or disagree they have been wronged by others. In the comparison of male and female, males agreed with wronged by others at 48 percent, while females came in at 81 percent, a percentage point spread of 33. Women overwhelmingly felt they had been wronged by others. In the women participants, there were zero that disagreed with the statement and only 5 of the 27 that were neutral. The distribution of categories for men included 8 that disagreed, 4 neutral, and 11 of 23 participants agreed.

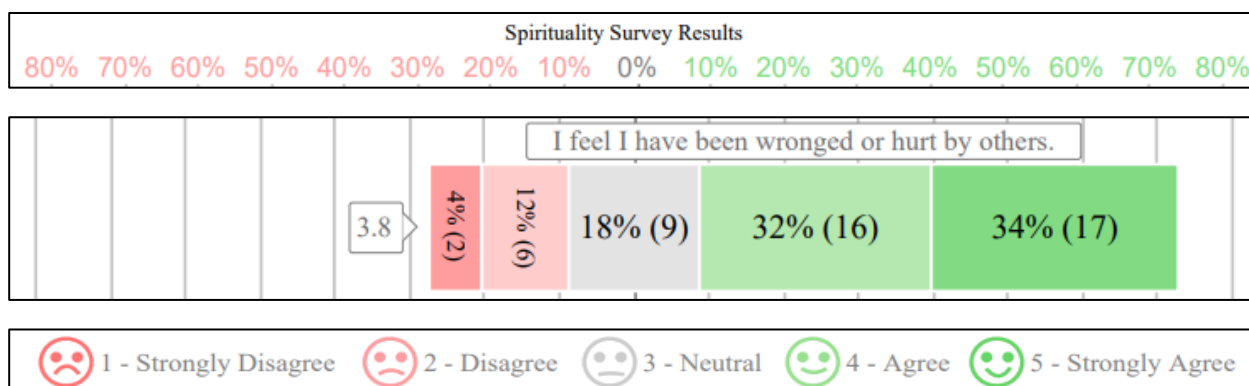


Table 4. Wronged by Others.

Objective Five: Committed Wrongs Against Others

In the fifth objective, participants marked if they felt they had committed wrongs against others. This question was to determine if forgiveness from others may contribute to substance abuse recovery. Results overwhelmingly showed both men and women agreed that they had committed wrongs or hurt others with 88 percent. Only 6 of the 50 participants were neutral or disagreed. This statement gained more agreement than any other in the survey. The majority

²⁹¹ McGaffin, Lyons, and Deane, “Self-Forgiveness, Shame, and Guilt in Recovery,” 396.

agreement indicates a great need within those who struggle from substance abuse to receive forgiveness from others who they perceive they have hurt or wronged. Sremac and Ganzevoort found forgiveness helped addicts to “begin to rebuild relationships that had been damaged by many years of drug use.”²⁹² Seeking forgiveness from others is also an important step in 12-step Recovery Programs. In steps eight and nine, AA encourages those in recovery to list all people they have harmed and make amends as much as possible, not causing any further harm.²⁹³

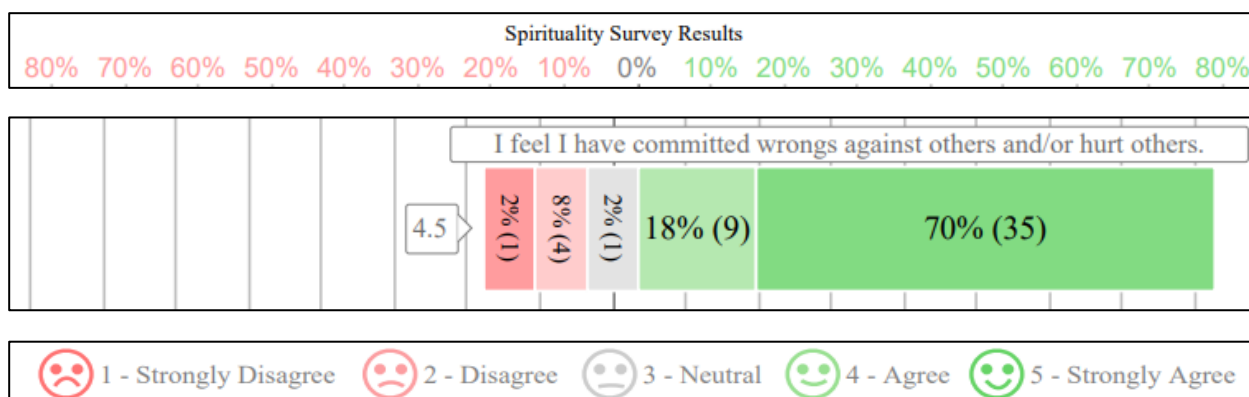


Table 5. Committed Wrongs Against Others.

Objective Six: Disappointment with God

The sixth objective was to discover if participants felt God/Higher Power had disappointed them to ascertain if forgiveness of God/Higher Power may contribute to recovery. The analysis shows only 8 percent in agreement with the statement and 92 percent in disagreement or neutral. Participants showed the greatest disagreement with this statement in the survey. In the literature review on forgiveness and substance abuse, very little information pertained specifically to forgiveness of God. The low affirmation and lack of literature signify this objective holds the lowest importance in the relationship between forgiveness and substance

²⁹² Sremac and Ganzevoort, “Addiction and Spiritual Transformation,” 420.

²⁹³ “The Twelve Steps.”

abuse. However, for those who do feel God has disappointed them, this belief may be difficult to overcome. Perhaps the most obvious example in the Bible is the disappointment of Judas Iscariot in Jesus the Christ that caused Judas to betray Christ to the chief priests (Matt. 26:14-16, 47-48).

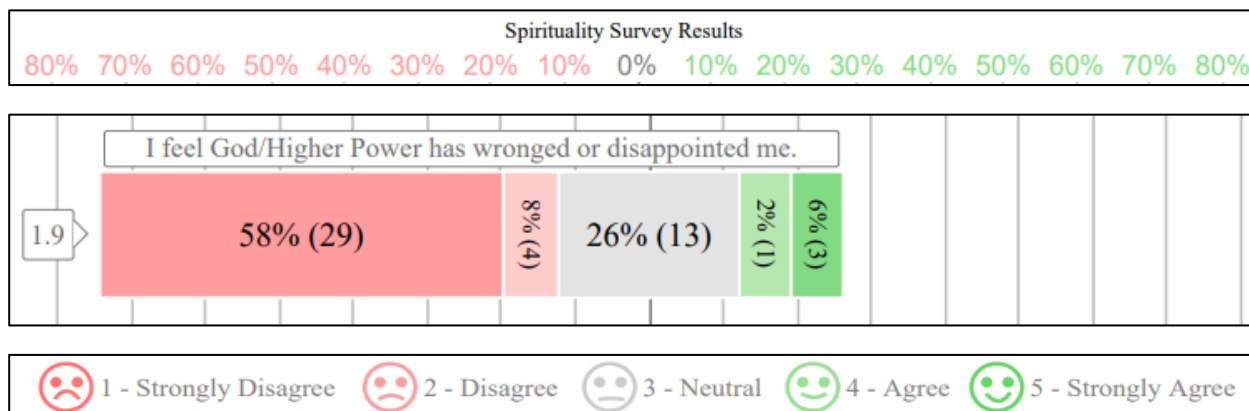


Table 6. Disappointed by God.

Objective Seven: Disappointed God

In the seventh objective, participants marked if they feel they had disappointed God/Higher Power. This question is to ascertain if forgiveness from God/Higher Power may contribute to recovery. Although not the highest percentage, the totals are significant at 74 percent in agreement. In disagreement or neutral is 26 percent.

In the categories of men and women, men agreed with 61 percent and women agreed with 85 percent. Only 4 of 27 women were neutral and there were zero women in disagreement. The distribution with men is 14 in agreement, 4 neutral, and 5 in disagreement. It is worth noting that zero women disagreed they had disappointed God. Sremac and Ganzevoort found in research with those struggling with substance abuse that participants who understood themselves as being forgiven by God and others was what enabled them to regain their feelings of self-worth.²⁹⁴ The

²⁹⁴ Sremac and Ganzevoort, "Addiction and Spiritual Transformation," 420.

narratives in their study revealed forgiveness as contributing “to liberation and psychological and spiritual well-being and self-development.”²⁹⁵ The conclusion indicated forgiveness as offering possibilities of reconciliation with God, others, and self, and is also considered “a necessary antidote to the insular existence experienced while addicted.”²⁹⁶ Converted recovering addicts “find relief after the suppression of guilt by divine forgiveness.”²⁹⁷

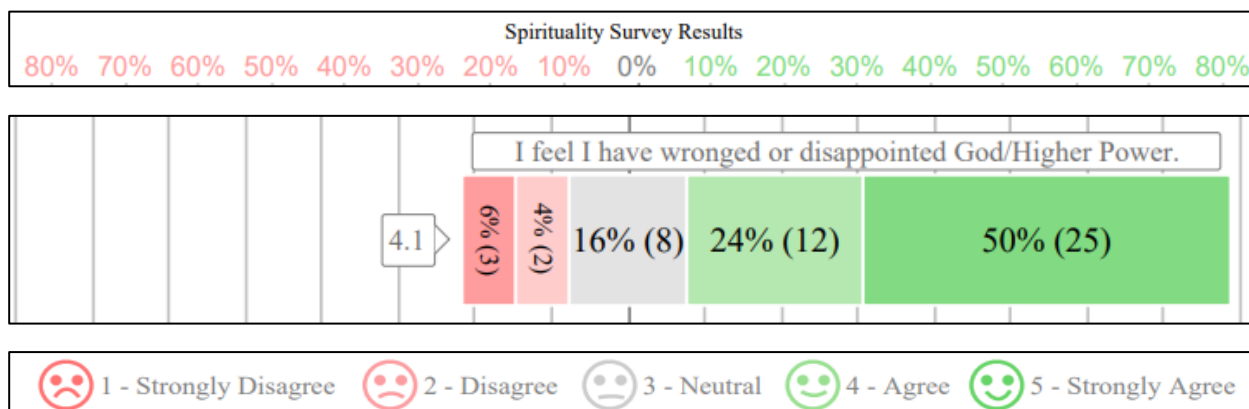


Table 7. Disappointed God.

Objective Eight: Open to Forgiveness

The eighth objective is to discover if any area of forgiveness contributes to the participants’ emotional pain, and if so, would the participants be open to learning more about forgiveness. Serving as a capstone to the previous questions, this question indicates if recognition of the need for forgiveness translates to seeking help or learning more about the impact of forgiveness on substance abuse recovery. Results indicated 81 percent of participants were open to learning more about forgiveness. On the converse, 19 percent were neutral or in disagreement.

²⁹⁵ Sremac and Ganzevoort, “Addiction and Spiritual Transformation,” 421.

²⁹⁶ Ibid.

²⁹⁷ Ibid.

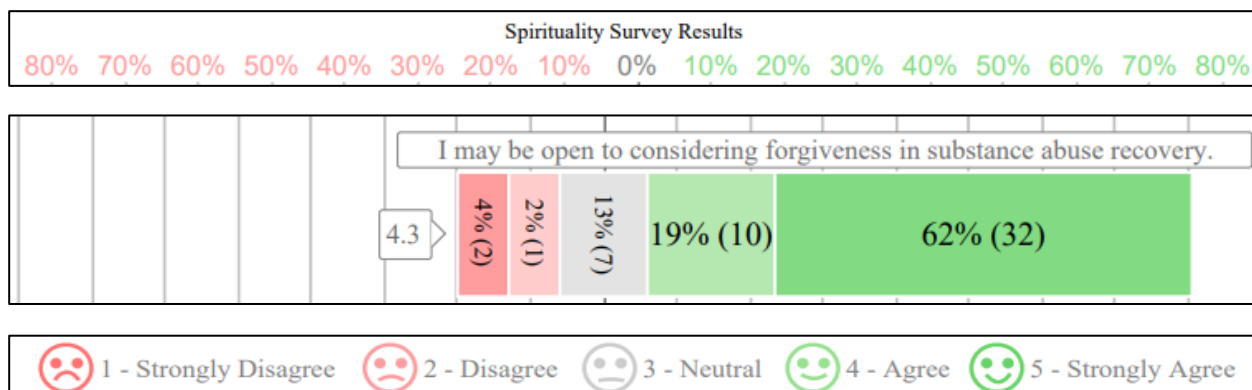


Table 8. Open to Forgiveness.

When considering the male and female categories, males came in at 74 percent in agreement, while women came in at 93 percent. This is the largest percentage of women marking agreement in the survey. As the capstone of the study, 81 percent agreement confirms that those in substance abuse treatment who receive early forgiveness intervention may embrace forgiveness of self, of/from others, and/or of/from God/Higher Power as a pathway to recovery.

Objective Nine: Demographics

Objective nine is to gather demographics of age, gender, and spiritual identity to show if any demographic is more open to learning about forgiveness in substance abuse recovery. Significant findings in these categories include the following.

The survey included 23 men and 27 women. The age brackets included the following categories: 18-35, 36-55, Over 55, Prefer Not to Disclose. One of the male participants marked each age bracket instead of choosing one and skewed the results slightly to read 25 males instead of the actual 23. Without knowing which answer was correct, the PI left all three answers in place. The results still show most individuals in recovery centers are in the 36-55 age bracket with 29 participants; however, the results of the 18-35 age bracket are not far behind at 21 participants.

| | Male | Female | Not Disclosed | Totals |
|----------------------|------|--------|---------------|--------|
| Age 18-35 | 10 | 11 | 0 | 21 |
| Age 36-55 | 14 | 15 | 0 | 29 |
| Over 55 | 1 | 1 | 0 | 2 |
| Not Disclosed | 0 | 0 | 0 | 0 |
| Totals | 25 | 27 | 0 | 52 |

Table 9.1. Age/Gender Demographics.

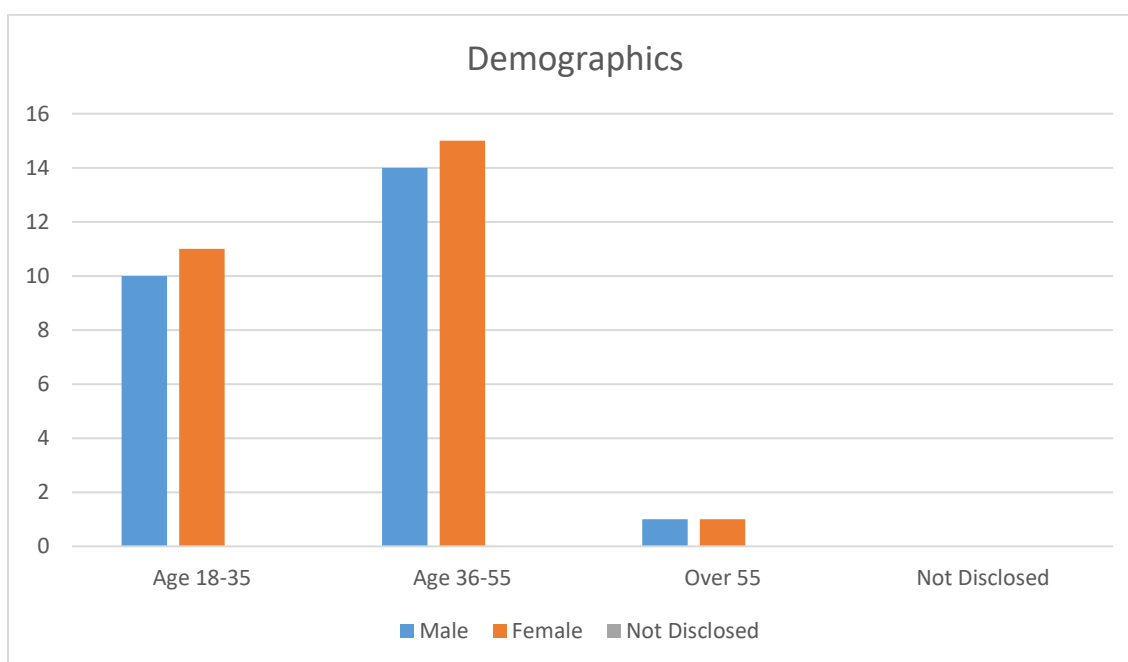


Table 9.2. Age/Gender Demographic Bar Comparison.

It is interesting to note there are very few participants over age 55. Is this because those who struggle with substance abuse rarely live to age 55 or perhaps, at that point, the individuals have given up hope of overcoming their addiction? Those questions cannot be answered in this study but would be of value in future studies. In either case, the lack of individuals in the eldest category suggests that early forgiveness intervention would be of benefit. Table 9.2 shows a visual of the male and female demographics of the study, again, illustrating the highest number of participants in the age 36-55 bracket and very few participants in the over age 55 bracket.

Participants were also asked to mark their spiritual identity. Recent surveys showed a high percent of the Kentucky population who identify as having Christian belief (76 percent).²⁹⁸ This question helps to identify how the religious landscape of Kentucky statistics translates to those who struggle with substance abuse.

In reviewing the results, one of the women marked “Atheist” and “Other” to give a total of 28 women instead of 27, and an overall total of 51 rather than 50. However, since both of those categories are numerically ranked lower, the PI felt this addition did not significantly affect the overall conclusion. Also, due to rounding up in the percents, the total is equal to 102 percent rather than 100 percent. For easier understanding, the PI felt rounding up was more important than an exact total of 100 percent. At 39.2 percent, Christian/Protestant came in as the highest percent. When added with Catholic/Christian at 9.8 percent and Eastern Orthodox at 2 percent, the overall total for Christian believers is 51 percent. This is significantly lower than the state average at 76 percent of Christians found in the Pew study,²⁹⁹ but perhaps adjoining Catholic and Protestant to Christian may have confused the participants. This may have caused some participants to mark General Belief instead. When adding General Belief to the other Christian categories, the total percent is 64.7, much closer to the Pew study.

| Spiritual Identity | Male | Female | Total | Rank | percent |
|----------------------|------|--------|-------|-----------------|-----------------|
| Christian/Protestant | 10 | 10 | 20 | 1 st | 39.2 percent |

²⁹⁸ “Religious Landscape Studies.”

²⁹⁹ Ibid.

| | | | | | |
|--|----|----|----|-----------------------|-----------------|
| General Belief in God/Higher Power | 3 | 9 | 12 | 2 nd | 23.5 percent |
| Prefer Not to Disclose | 3 | 4 | 7 | 3 rd | 13.7 percent |
| Catholic/Christian | 3 | 2 | 5 | 4 th | 9.8 percent |
| Other | 2 | 1 | 3 | 5 th | 5.9 percent |
| Agnostic: Belief in a God who is not involved in humanity | 2 | 0 | 2 | 6 th | 3.9 percent |
| Atheist: No belief in God/Higher Power | 0 | 1 | 1 | 7 th (tie) | 2.0 percent |
| Buddhist | 1 | 0 | 1 | 7 th (tie) | 2.0 percent |
| Eastern Orthodox | 0 | 1 | 1 | 7 th (tie) | 2.0 percent |
| Hindu | 0 | 0 | 0 | | 0 percent |
| Islamic | 0 | 0 | 0 | | 0 percent |
| Pagan | 0 | 0 | 0 | | 0 percent |
| Totals | 23 | 28 | 51 | | 102 percent |

Table 9.3. Spiritual Identity.

Objective Ten: Participant Comments

This objective was added to allow participants to add comments regarding forgiveness to bring more clarity to their situations. Each of the comments has been divided into the category that holds most significance for that comment: Self-forgiveness, Forgiveness of Others, Forgiveness from Others, Forgiveness of God, Forgiveness from God, and General. The survey number is noted for reference. All female surveys start with A and all male surveys start with B, but a column has been added to designate Male or Female (M/F) for easy reference.

| Forgiveness Category | Survey Number | M/F | Comment |
|----------------------|---------------|-----|---|
| Self | | | |
| | A11 | F | First you have to forgive yourself. Then ask God for forgiveness. |
| | A26 | F | I feel like I must forgive myself before I can move on... |
| | A15 | F | I know that God has forgiven me, so I am working towards forgiving myself for the harm I've caused myself and others. It's easy for me to forgive others, but hard to forgive myself. |
| | A15 | F | I know the only true freedom is to forgive and be forgiven. I work every day to get closer to my God. |
| | B18 | M | It's my fault I'm here. |
| | B19 | M | If I can forgive myself, I can forgive others. |
| | B23 | M | Just forgive myself for what I've done to myself and my family. |
| Of Others | | | |
| | A20 | F | I am forgiven and I have/will forgive those that have wronged me. |
| | B10 | M | God through Jesus forgave me, so I have to forgive others and myself. |
| From Others | | | |

| | | | |
|-----------------|-----|---|---|
| | A1 | F | I know that God forgives me for my sins know I am here working on asking for forgiveness from my family and friends. |
| | B22 | M | I feel like we all deserve a second chance and forgiveness. |
| Of God | | | |
| | B17 | M | May I be forgiven for my resentments with my Higher Power/personal forgiveness. |
| From God | | | |
| | B5 | M | Forgiveness and spirituality, I want God to forgive me for my wrongs. |
| | B10 | M | I'm working real hard on my forgiveness to God and hope he forgives me. |
| General | | | |
| | A25 | F | If and when the program is worked properly forgiveness is very likely and possible, and knowing and realizing this helps to keep me on the right path for myself and community. |
| | B9 | M | It takes time. |
| | B12 | M | Forgiveness is for you, not the offender. |

Table 10. Categorized Comments.

Of note in the comments, the majority are in the Self-forgiveness category. This is true for men and women. In addition, there are comments in every category showing each category holds its own significance depending upon the individual. Female surveys yielded seven comments and two of the comments came from one individual. There were six females who submitted comments. In contrast, there were 10 comments from the male surveys. When paired with the total surveys, the percent of females who submitted comments is 22 percent and the percent of males is 43 percent.

Objective Eleven: Communication

The final objective is to determine if there are certain types of people participants would be willing to talk with about forgiveness. This objective holds significance to the PI as she is a clinical chaplain and has an interest in discovering if chaplains and clergy have a role in advising those struggling with substance abuse about the concept of forgiveness. It should be noted that participants were free to choose more than one category; hence, the total in the Type of Person table is 123 with only 50 survey participants. Results of the survey question are as follows:

| Type of Person | Male | Female | Totals | Rank | percent |
|--------------------------------------|------|--------|--------|-----------------------|------------|
| Family Member | 15 | 14 | 29 | 1 st | 58 percent |
| Friend | 15 | 12 | 27 | 2 nd | 54 percent |
| Therapist | 14 | 8 | 22 | 3 rd | 44 percent |
| Chaplain/Clergy/ Religious Leader | 6 | 9 | 15 | 4 th (tie) | 30 percent |
| Mentor | 11 | 4 | 15 | 4 th (tie) | 30 percent |
| Medical Provider | 5 | 2 | 7 | 6 th | 14 percent |
| Not Necessary | 1 | 3 | 4 | 7 th (tie) | 8 percent |
| Other | 2 | 2 | 4 | 7 th (tie) | 8 percent |
| Totals | 69 | 54 | 123 | | |

Table 11. Forgiveness Communication.

Family Member (58 percent) was the top category for the participants to discuss forgiveness with followed closely by Friend (54 percent). Therapist came in third (44 percent) followed by a tie for 4th between Chaplain/Clergy/Religious Leader and Mentor at 30 percent. When designing the categories, the PI felt Chaplain could not stand alone as many individuals do

not understand what a chaplain is or does. However, by pairing Chaplain with Clergy and Religious Leader, perhaps the category was diluted, especially if individuals had negative experiences with religious leaders in their past. Regardless, the category of Chaplain/Clergy/Religious Leader did score significantly (30 percent) in the survey, although not as high as other categories.

Chaplains And Spiritual Care

Clinical chaplains are trained to work within hospital systems as spiritual care givers, including to those struggling with substance abuse. Hilsman shares, “The staple of supportive care given by established chaplains fails when it is used solely to minister to addicted patients, although it is a good place to start.”³⁰⁰ An effective method is for chaplains to utilize patient-centered, specific spiritual care goals in correspondence with a medical team.³⁰¹ Collaboration with medical teams should be the standard of clinical chaplains to provide the best care to the patient. Roberts adds of a chaplain’s work that “the single most important factor affecting human well-being is how we feel about the answers informing our lives. And when it comes to spiritual care, knowing how individuals connect emotionally to their beliefs is critical in providing support.”³⁰² Hilsman comments that spiritual care givers (chaplains/clergy) are often skilled in identifying care goals from a spiritual perspective as the patient’s needs emerge from the individualized rapport facilitated by listening actively to the inner world of the patient, keeping questions to a minimum.³⁰³ Additionally, “A spiritual care giver may need to challenge behavior

³⁰⁰ Gordon J. Hilsman, *Spiritual Care in Common Terms: How Chaplains Can Effectively Describe the Spiritual Needs of Patients in Medical Records* (Philadelphia, PA: Jessica Kingsley Publishers, 2017), 99-100.

³⁰¹ *Ibid.*

³⁰² Stephen B. Roberts, ed., *Professional Spiritual and Pastoral Care: A Practical Clergy and Chaplain's Handbook* (Woodstock, VT: Skylight Paths Publishing, 2016), 133.

³⁰³ *Ibid.*, 103.

gently, incisively confronting perspectives that are sabotaging a person's human spirit."³⁰⁴

Chaplains play a key role in clinical environments, identifying patients' spiritual needs that may also effect the patients' physical and mental well-being. This is certainly applicable in substance abuse with a high percent of individuals experiencing emotional pain and in need of some form of forgiveness.

Scott and Lambert also address the importance of spiritual care: "Medications, at their best, may stabilize a person's mood and mind for a season but they do not have the ability to change the person."³⁰⁵ Change can be a long process with addicts due to a number of tendencies: "they may love their sin, be ashamed of their sin, be too proud or self-sufficient to seek help, lack the desire to change, believe they can overcome alone, or don't want to bother friends or family with their complex problems."³⁰⁶ The hard cases of addiction reveal pronounced needs in the addict for the powerful grace of God.³⁰⁷ Those struggling with substance abuse could benefit from the acceptance, care, and support given by clinical chaplains and clergy.

Comments from Administrators

To achieve data triangulation, this study has combined the survey questions, survey participant comments, and administrator comments to confirm results. Due to the flexible schedules of the participants and security measures of the facilities, the PI was not able to be present when participants took surveys. The PI was able to talk over the phone to the administrator from the Shepherds House (male residents) and the administrator from Liberty Road (female residents) sent an email with her comments. The comments are shorter than the PI

³⁰⁴ Roberts, *Professional Spiritual and Pastoral Care*, 102.

³⁰⁵ Scott and Lambert, *Counseling the Hard Cases*, 283.

³⁰⁶ *Ibid.*, 284.

³⁰⁷ *Ibid.*

would have preferred but the information does add valid information to the research, especially in confirmation that the surveys received 100 percent participation.

Shepherds House Administrator Comments:

All the residents took the survey with no complaints. Some of the guys asked what it was for, and I explained it was for a church. They were all happy about the snacks. A few of the guys are going to church now. There's a pastor who comes over, picks them up, and takes them church.

Liberty Road Recovery Center Administrator Comments:

I spoke with the residents' coordinators and unfortunately, they did not have much info to share other than the girls were all excited to trade in their survey for snacks 😊. There was not a group that all were able to do these together so there wasn't any group discussion at the end.

The comments confirm the residents took the surveys and had positive attitudes toward the surveys. Of special note is that several of the male participants started going to church. Although the comments were brief, they add another data point toward positive outcomes from early intervention on forgiveness as a pathway to recovery.

Importance of Forgiveness

In Likert scale analysis, the entire survey is often considered a positive outcome or positive attitude if the results are greatest in the categories of “Agree” and “Strongly Agree”. The sixth question asked participants if they felt God/Higher Power had disappointed them. This question trended toward Somewhat Disagree/Strongly Disagree with 66 percent and another 26 percent neutral for a total of 92 percent. If by looking at the overall attitude toward forgiveness, this question may skew the results some because many did not see the statement as something with which they agreed. The other four categories trended toward Somewhat Agree/Strongly Agree. Regardless, the overall results showing in the bar chart to follow signifies at least 65 percent of the participants have thoughts about needing forgiveness in one or more of the five

categories: 1) forgiving self, 2) forgiving others, 3) receiving forgiveness from others, 4) forgiving God/Higher Power, or 5) receiving forgiveness from God/Higher Power.

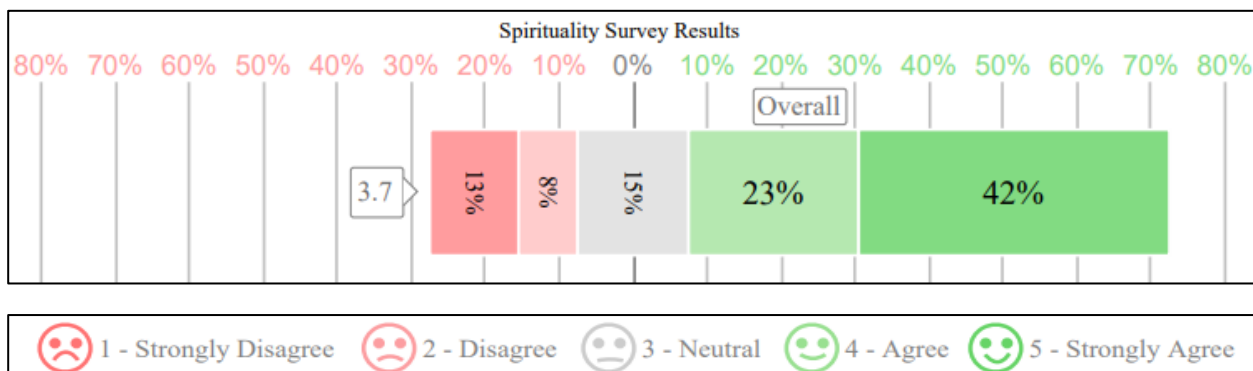


Table 12. Overall Survey Results.

The 65 percent trend toward Somewhat Agree/Strongly Agree would indicate a positive outcome toward the hypothesis that those struggling with substance abuse desire or need forgiveness in some way. Please refer to Appendix D for all survey tables.

In summary, the survey shows participants have experienced emotional pain and they attribute their emotional pain to the following. percents in agreement are included:

- 1) Experiencing emotional pain: 82 percent
- 2) Partly responsible for pain/self-forgiveness: 86 percent
- 3) Completely responsible for pain/self-forgiveness: 34 percent
- 4) Wronged by others/forgiveness of others: 66 percent
- 5) Wronged others/forgiveness from others: 88 percent
- 6) Disappointed with God/forgiveness of God: 8 percent
- 7) Disappointed God/forgiveness from God: 74 percent
- 8) Open to learning more about forgiveness: 81 percent
- 9) Overall affirmation of forgiveness intervention: 65 percent

Participants overall recognized a need for forgiveness and most (81 percent) were open to learning more about forgiveness. There were 46 of 50 participants (92 percent) who identified several types of people with which they would they feel comfortable discussing this topic including family, friends, mentors, chaplains/clergy/religious leaders, and mentors. Although the PI would have liked to see higher percents in chaplain/clergy/religious leaders, 30 percent of

participants were open to talking with this category about forgiveness. This is significant considering the participants are struggling with substance abuse and chaplains often encounter patients in clinical settings suffering from substance abuse. This encourages further exploration of these results in relation to previous literatures and the objectives for this study.

CHAPTER 5: CONCLUSION

This research study was conducted to assist clinical chaplains working in healthcare facilities and other clergy that often encounter individuals suffering from substance abuse. The research results indicated that if those struggling with substance abuse are exposed to early forgiveness intervention, they may seek forgiveness as a pathway to recovery. To explore these results further, the problem the research addresses, the purpose for the research, and the thesis for this research will be revisited. Objectives will be evaluated and opportunities for further studies will be considered. A brief literature review will be included to highlight the research findings in contrast to previous studies including theological and theoretical perspectives.

Review of the Problem

As mentioned previously, US statistics show an alarming rise in overdose deaths with no end in sight. In 2018, records show 67,000 people died from an overdose³⁰⁸ and by 2021, that number rose to 106,000,³⁰⁹ a 63 percent increase. In addition, hospital records have also shown dramatic numbers of those suffering in either a principle stay or secondary stay comprising more than 20 percent of all hospital stays nationwide due to mental and/or substance use disorder diagnosis. In 2016, almost 10 million inpatient hospital stays recorded a principal (2.2 million) or secondary (7.7 million) mental and/or substance use disorder (MSUD) diagnosis, comprising 6.1 percent and 21.7 percent of all US inpatient stays, respectively.³¹⁰ If these statistics follow the 63 percent increase of overdose deaths between 2018 and 2021, the totals are at least 16 million MSUD inpatient hospital stays. When multiplied by the 2020 average total of \$11K per hospital

³⁰⁸ “Understanding the Epidemic.”

³⁰⁹ “Drug Overdoes Death Rates.”

³¹⁰ Owens et al, “Inpatient Stays Involving Mental and Substance Use Disorders.”

stay,³¹¹ the costs quickly escalate to 180B per year. It is worth mentioning again that the cost to society is staggering not only in billions of dollars but also millions of ruined lives. There is no statistic that indicates the number of those victims who never heard that forgiveness was available in Christ Jesus. This research will contribute to the understanding that early forgiveness intervention given by chaplains and clergy in clinical settings can help those struggling with substance abuse find a pathway to recovery sooner.

Reviewing the Purpose

This qualitative study sought to discover the impact of offering early intervention on the emotionally and spiritually healing attributes of forgiveness in the recovery from substance abuse, especially from clinical chaplains and clergy with early access to those who are struggling with addiction.

Patients experiencing these conditions may be subject to destruction of relationships and careers, as well as life-threatening illnesses including liver cirrhosis and infective endocarditis.³¹² This research strived to uncover if early intervention with forgiveness guidance may help individuals find relief from substance abuse before they are diagnosed with additional physical and/or emotional injury. The PI hypothesized that by considering forgiveness, individuals may receive inner strength that will help them make lasting changes in recovery from substance abuse. Five areas of forgiveness were considered: 1) forgiveness of self, 2) forgiveness of others, 3) forgiveness from others, 4) forgiveness of God, and 5) forgiveness from God.

³¹¹ Kelly Tucker, "Study: Covid-19 Hospitalization Costs, Outcomes in 2020 Improved Over Time." *Texas A&M Today*, January 3, 2022, <https://today.tamu.edu/2022/01/03/study-covid-19-hospitalization-costs-outcomes-in-2020-improved-over-time/>.

³¹² Kadri et al., "Geographic Trends, Patient Characteristics, and Outcomes of Infective Endocarditis," e012969.

Thesis Statement Review

The thesis statement was designed to encompass the problem and the purpose for this research study. The thesis states:

If individuals struggling with substance abuse, currently residing in recovery facilities in the greater metropolitan area of Lexington, Kentucky, receive early forgiveness intervention by chaplains or clergy, these individuals may embrace forgiveness of self, forgiveness of or from others, and/or forgiveness of or from God/Higher Power as a pathway to recovery from substance abuse.

The research yielded results which indicated a positive outcome to the thesis statement as shown through the objectives being met with qualitative research.

Objectives Overview

The PI set out to resolve 11 specific objectives based on a data-triangulation of 1) survey results administered to the residents at two substance abuse recovery facilities, 2) comments on forgiveness written by the survey participants, and 3) observations from the survey administrators in each facility. Although the greater share of information in the research was gleaned from the survey, the PI considers this research qualitative in that the survey questions were designed to provide deep, rich content from the participants.³¹³ Conclusions involved the following objectives.

Evaluation of Objective One: Emotional Pain

The first objective was an important element to establish a context for forgiveness in the remainder of the survey. The preface to the first question was an introduction that stated: 1) the participants and their stories are important and unique, and 2) forgiveness is a proven concept that has helped others overcome substance abuse. The participants rated an 82 percent agreement with the statement, “I have feelings of emotional pain: anger, resentment, disappointment, fear,

³¹³ Hecker and Kalpokas, “Qualitative research methods, types, & examples.”

or hurt.” Although both women (96 percent) and men (65 percent) agreed with having emotional pain, the women in this sampling agreed 31 percent points higher than men, indicating a greater recognition of emotional pain by women struggling with substance abuse. This objective established there is a precedence for emotional pain tied to substance abuse, especially in women. This is a positive outcome in showing the relationship between substance abuse and emotional pain. The rest of the questions in this survey relate directly back to the emotional pain the participant is experiencing.

Evaluation of Objective Two: Partly Responsible for Pain

In the second objective, participants overwhelmingly rated (86 percent) their agreement with the statement, “I am partly responsible for my emotional pain.” In fact, more individuals somewhat agreed or strongly agreed that they were partly responsible for their emotional pain than those who stated they had emotional pain. This objective confirms that self-forgiveness is an important element in resolving emotional pain of those in substance abuse recovery. The category of partly responsible was specifically chosen as the second statement to leave way for other factors that may have caused emotional pain and make it easier for participants to determine where to place responsibility for their pain.

When comparing to the 12-step program, the establishment of emotional pain relates to the first and second step: (step 1) admission of powerlessness over the substance and (step 2) acknowledging only a Power/God greater than oneself can help.³¹⁴ Although admitting emotional pain does not necessarily acknowledge God, it does speak to having a problem with pain and not being able to rid oneself from it without help.

³¹⁴ Lyons et al., “Forgiveness and Purpose in Life,” 535.

Evaluation of Objective Three: Complete Responsibility for Pain

The third objective asks for the level of agreement with the statement: “I feel I am the only one responsible for my emotional pain.” This question is a very direct self-evaluation of emotional pain. Results were significantly lower with only 34 percent in agreement, yet the results may still be considered as a positive response for the need for forgiveness in that it helped to identify that 34 percent of participants blamed themselves solely for their emotional pain, a heavy burden to bear. The relationship between guilt, shame, and self-forgiveness is significant according to McGaffin, Lyons, and Deane.³¹⁵ Complete Responsibility also relates closely to the first two steps of the 12-step recovery program, originally designed by AA.³¹⁶ This is perhaps an area that warrants further research, the association between shame and complete responsibility for the emotional pain of substance abuse.

Evaluation of Objective Four: Wronged by Others

The fourth objective asks participants to rate if others had wronged them: “I feel that I have been wronged or hurt by others.” This statement reveals if there is a need for forgiveness of others. The statistics showed 68 percent of participants agreed with the statement, with women overwhelmingly coming in at 81 percent agreement. Men agreed with this statement at 48 percent. It is significant that women may have a greater challenge with forgiveness of others than men. It should be noted that even though participants may have rated this question in agreement, they may not currently hold grudges against others. In the comments section of the study, some comments revealed that participants had forgiven others or were actively working toward

³¹⁵ McGaffin, Lyons, and Deane, “Self-Forgiveness, Shame, and Guilt in Recovery,” 396-397.

³¹⁶ Lyons et al., “Forgiveness and Purpose in Life,” 535.

forgiveness: “I am forgiven and I have/will forgive those who have wronged me,” and “God through Jesus forgave me and I have to forgive others and myself.”

Evaluation of Objective Five: Committed Wrongs Against Others

Objective five was added to determine if participants feel they need forgiveness from others for what they have done. The statement reads: “I feel I have committed wrongs and/or hurt others.” The statistics showed overwhelmingly that both men and women felt they had hurt others with 88 percent in agreement. This was the highest level of agreement in the study. The objective is positive toward the need of forgiveness from others and perhaps also forgiveness of self in perpetrating the wrong that was done. The high rating further shows those struggling with substance abuse must feel guilt and shame. Yet, at the same time, there is an element of hope, in that they are seeking recovery.

Evaluation of Objective Six: Disappointment with God

This objective had the greatest disagreement with 92 percent. Only 8 percent of participants felt God had disappointed them. The statement itself required agreement that there was a God/Higher Power, however 26 percent were neutral in their rating. This is the highest neutral rating in the study, along with self-responsibility for pain. Objective six indicates most participants do not blame God for their pain.

Evaluation of Objective Seven: Disappointed God

On the converse of disappointment with God is that the participants disappointed God. The statement for objective seven reads: “I feel I have wronged or disappointed God/Higher Power.” The totals are significant at 74 percent in agreement, with only Partly Responsible for Pain coming in higher at 86 percent, other than the first question establishing pain at 81 percent. The statistics show men and women both in agreement, men at 61 percent and women at 85

percent. Of the five types of forgiveness, this category lands in second place with most in agreement. In this sample population, there is a need established for forgiveness from God.

Evaluation of Objective Eight: Open to Forgiveness

This objective was designed to discover if a need for forgiveness is established, would the participants be open to learning more about forgiveness. The statement reads: "I may be open to considering forgiveness in substance abuse recovery." This objective is the heart of the study and the hope of the PI that the participants are willing to further explore forgiveness as a pathway to recovery. The overall agreement was 81 percent, with males at 74 percent and women at 95 percent. Results indicated affirmatively that the participants recognized a need for forgiveness and were open to learning more about forgiveness and substance abuse recovery. This statistic indicates further study should be conducted with a deeper dive into what it means to forgive, how to forgive, and how to receive forgiveness. There are many 12-step programs in use, but the results of this study highlight the importance for forgiveness in any substance abuse recovery program. In addition, this further confirms the hypothesis that those struggling with substance abuse may be open and willing to discuss forgiveness and seek a pathway through forgiveness to recovery.

Evaluation of Objective Nine: Demographics

The demographic objective has been used throughout the previous objectives in recognizing areas where men and women differ in responsibility for emotional pain and the need for forgiveness. In this sample population, women scored significantly higher on feeling others had wronged them (81 percent agreement for women and 48 percent agreement for men); self-responsibility for pain (women at 41 percent, men at 26 percent); and open to learning more about forgiveness (95 percent for women and 74 percent for men).

Of further interest, the sample population was younger to middle age, with 21 participants in ages 18-35 and 29 participants in ages 36-55. There were only two individuals in the 55 plus category, with one of those being an outlier since the participant marked each category. Perhaps with the increasing overdose death rates, there are simply very few individuals in the older age group. The PI can only speculate the reasons, but further study may indicate why there are so few elderly people dealing with substance abuse.

The demographic category also requested participants to mark their spiritual identity offering a variety of religious categories, Other, and Prefer Not to Disclose. Statistics lined up with the research demographic for Kentucky with approximately 76 percent Christian (including Protestant and Catholic).³¹⁷ The last study on Kentucky's religious landscape found was in 2014. The comparison with the sample population for this study was 51 percent Christian including Christian/Protestant at 39.2 percent, Catholic/Christian at 9.8 percent, and Eastern Orthodox at 2 percent. When adding in the General Belief in God/Higher Power Category at 23.5 percent, the total comes up to 64.7 percent potentially Christian, with only a 11.3 percent difference in the Christian statistic of 76 percent from 2014. The Christian/Protestant ranked the highest and then General Belief in God ranked second. This difference in the religious landscape of the sample population may warrant further study to identify if people are moving toward a personal religion outside of the established church. For this sample population, however, the statics pointed to most participants that had some sort of belief in a Christian doctrine of God.

Evaluation of Objective Ten: Participants Comments

Although some reference was given to comments earlier, the category is worthy of its own discussion and contribution to the study. Not all participants left comments, only 6 females

³¹⁷ "Religious Landscape Studies."

(22 percent) and 10 males (43 percent). It is interesting that more men felt at liberty to submit comments.

Comments were divided by the PI into six categories, separated by their most dominate thought on forgiveness: Self, Of Others, From Others, Of God, From God, General. Most of the comments were placed in Self-forgiveness, 7 of 17 comments (41 percent). Significant comments added by A15 somewhat summarized the study:

I know that God has forgiven me, so I am working towards forgiving myself for the harm I've caused myself and others. It's easy for me to forgive others, but hard to forgive myself. I know the only true freedom is to forgive and be forgiven. I work every day to get closer to my God.

The participant highlights forgiveness from God, forgiveness of self (hard), forgiveness from others, forgiveness of others (easier), overall importance of forgiveness, and drawing closer to God. Some comments reveal a deep sense of guilt and shame:

I feel like I must forgive myself before I can move on...(A11)

It's my fault I'm here. (B18)

If I can forgive myself, I can forgive others. (B19)

Just forgive myself for what I've done to myself and my family. (B23)

I'm working real [sic] hard on my forgiveness to God and hope he forgives me. (B10)

May I be forgiven for my resentments with my Higher Power/personal forgiveness. (B17)

Forgiveness and spirituality, I want God to forgive me for my wrongs. (B5)

The comments give a brief look into the pain within the individuals. They confirm participants recognized the need for forgiveness, and some were actively working toward or already had received/given forgiveness.

Evaluation of Objective Eleven: Communication

Objective Eleven was to identify the type of person someone struggling with substance abuse would be willing to talk with about forgiveness. This objective provides an indication to the second part of the problem presented: a need for frontline chaplains/clergy to be aware of the importance of forgiveness as a pathway for addiction recovery when encountering those struggling with substance abuse.

The type of person with whom participants chose to discuss forgiveness and percents of the whole included: 1) Family Member—58 percent, 2) Friend—54 percent, 3) Therapist—44 percent, 4) Chaplain/Clergy/Religious Leader—30 percent, 5) Mentor—30 percent. Whether or not those types of people understand forgiveness or are equipped to talk with the participant about forgiveness is unknown. However, the Chaplain/Clergy/Religious Leader category is more likely to be prepared than others to cover the scope of forgiveness since they are theologically trained. In practicality, clinical chaplains frequently encounter those struggling with substance abuse indicated by the millions of hospital admissions every year.³¹⁸ Although the Chaplain/Clergy/Religious Leader category did not score the highest, it did score 30 percent and that indicates there are opportunities for these leaders to share with individuals struggling with substance abuse. The PI considers this a positive outcome for Objective Eleven.

³¹⁸ Tucker, “Study: Covid-19 Hospitalization Costs.”

Comments of Administrators

In the data triangulation of this research, comments of the administrators of the surveys must be considered. The comments were sparse; however, they did reveal some significant observations. Both administrators observed that the participants were happy to turn in their surveys for a food snack item. What this indicated to the PI is that participants were not upset by the survey and perhaps appreciated the content. Participants had to think about their feelings toward themselves, others, and God considering forgiveness—a worthy endeavor. They also had to reflect on their actions, actions against them, and belief in God. The surveys provided a time of soul searching that seemed to be well received. In addition, the administrator at the male recovery facility commented that several of the residents had started going to church since taking the survey. These actions indicate even a small effort in sharing the concept of forgiveness can make an eternal difference in an individual's life. Potentially, those individuals may influence many others in the future to find forgiveness in Christ.

Review of Precedent Literature

The literature review in Chapter 2 reveals several studies where forgiveness is shown in relationship to substance abuse as well as a study showing the importance of chaplains in frontline counseling and ministry.

The most significant research is perhaps Webb and Trautman's study on alcoholism and forgiveness where they contend that forgiveness is a major component in the recovery from substance abuse.³¹⁹ The research presented forgiveness as a construct and process in Cognitive Behavioral Coping Skills Therapy (CBCST), 12-Step Facilitation Therapy, Motivational Enhancement Theory (MET), and other psychotherapies; however, few provided empirical

³¹⁹ Webb and Trautman, "Forgiveness and Alcohol Use," 11.

evidence for these relationships. The 12-Step Facilitation Therapy which originated in AA, is applicable to forgiveness of self, others, and/or divine forgiveness. This study gives credence for early forgiveness intervention for those struggling with substance abuse. Webb and Trautman see forgiveness related to each of the steps in the 12-Step Model.³²⁰ Webb and Trautman conclude more research focused on the dimensions and influence of forgiveness on substance abuse recovery is needed.³²¹ Early forgiveness intervention may be considered as part of the continued research on the dimensions and influence of forgiveness on substance abuse recovery.

Robinson et al. also conducted a study that helped form a framework for early forgiveness intervention. Robinson et al. built on previous positive results from alcohol dependence through forgiveness of self, and spiritual and religious change (S/R); participants came from treatment programs or AA groups and those in the community with positive effects found in both groups.³²² In their quantitative study of 364 individuals, they utilized the BMMRS (Brief Multidimensional Measure of Religiousness/Spirituality) over a period of nine months, which included forgiveness by God, forgiveness of self, and forgiveness of others.³²³ Results indicated significant change in 8 of the 12 S/R measures with the most notable results showing increases in S/R private practices and forgiveness of self as indicators of improvements in drinking outcomes.³²⁴

Another important study to this research was conducted by Wang, Berglund, and Kessler with 8,098 US respondents from ages 15 to 54 to determine the part of clergy in providing

³²⁰ Webb and Trautman, "Forgiveness and Alcohol Use," 11.

³²¹ *Ibid.*, 15.

³²² Robinson et al., "Six-month Changes in Spirituality and Religiousness," 660.

³²³ "Multidimensional Measure of Religiousness/Spirituality."

³²⁴ Robinson et al., "Six-month Changes in Spirituality and Religiousness," 660.

treatment to people with mental disorders.³²⁵ Although the study focused on mental disorders, substance abuse is often associated with mental disorders. Kelly and Daley state, “Epidemiological studies find that psychiatric disorders, including mental disorders and substance use disorders, are common among adults and highly comorbid.”³²⁶

Wang, Berglund, and Kessler compared contacts with six types of professionals: clergy, psychiatrists, general medical physicians, other mental health specialists, alternative treatment providers, and human services providers.³²⁷ Clergy had the highest contacts in the study (23.5 percent) with psychiatrist and general medical physicians coming in at 16.7 percent each.³²⁸ The findings also showed that nearly one-quarter of the individuals seeking help from clergy in a given year had the “most seriously impaired mental disorders” and the majority of those seeking help did so exclusively from clergy.³²⁹ The findings substantiate the value of frontline chaplains and clergy presenting early forgiveness intervention to those struggling with substance abuse.

Reviewing Theological Foundations

A foundation principle in Christianity is forgiveness. Salvation is forgiveness of sins by receiving redemption in Christ and restoration of an individual’s relationship with God (Rom. 3:23, 6:23, 5:30, 10:9-10, 13). This foundational principle extends to the five types of forgiveness including forgiveness of self, forgiveness of others, forgiveness from others, forgiveness of God, and forgiveness from God. Jesus illustrates forgiveness of others is necessary to maintain forgiveness from God. In the parable of forgiveness in Matthew 18:23-35,

³²⁵ Wang, Berglund, and Kessler, “Patterns and Correlates of Contacting Clergy,” 647.

³²⁶ Kelly and Daley, “Integrated Treatment of Substance Use.”

³²⁷ Wang, Berglund, and Kessler, “Patterns and Correlates of Contacting Clergy,” 647.

³²⁸ Ibid.

³²⁹ Ibid.

the king is settling accounts with his servants. A servant who owes him a great sum of money begs for forgiveness. The king has compassion and grants forgiveness. Then that same servant goes out and requires payment from another for a very small amount. The man begs for forgiveness, but the servant has him thrown in jail. When the king hears of the actions of his servant, he changes his mind: “And his lord, moved with anger, handed him over to the torturers until he should repay all that was owed him” (Matt. 10:34, NASB). In the same way, Jesus adds, the Father will do to anyone who does not forgive his brother (v. 35). This parable arose from a question by Peter: “‘Lord, how often shall my brother sin against me and I forgive him? Up to seven times?’ Jesus said to him, ‘I do not say to you, up to seven times, but up to seventy times seven’” (vv. 21-22, NASB). Forgiveness of others is well established.

By reviewing the parable of the prodigal son (Luke 15:11-32), all five types of forgiveness are illustrated. The youngest son takes his inheritance and leaves home for a far country. He “wasted his substance with riotous living” (v. 13, KJV). While serving as a hired man, the prodigal son recognizes his father’s servants are better off than he and he returns to his father seeking forgiveness (v. 17-21). The father forgives him and celebrates his return (v. 22). The older son, however, is resentful because his father has never had a celebration for him, even though he has been faithful (v. 28-30). The father counsels the faithful son that all the father has always belonged to him, and now, celebration is appropriate because the son who was considered dead, is alive (v. 31-32).

Forgiveness is seen in different aspects of this story: the prodigal son requests forgiveness of the father (seeking forgiveness from God/from others), the father forgives the son (receiving forgiveness of God/giving forgiveness to others), the prodigal son forgives himself in receiving the blessing of the father (self-forgiveness), and the faithful son forgives the father and

prodigal son (giving forgiveness to God and others). Theologically, early forgiveness intervention is a foundational concept within the biblical text and the Christian life. Offering early forgiveness guidance to others struggling with substance abuse is a biblically solid principle.

Reviewing Theoretical Foundations

Not only is forgiveness a foundational theological principle, but it is also a theoretical foundation for freedom. Forgiveness by grace is a constant of God’s character throughout the entire biblical text, and completed in Jesus’ death, resurrection, and current ministry of intercession. Duguid asserts the entire Old Testament is designed to explain the Gospel of Jesus Christ, completed by his sufferings and resurrection, and carried out by the outpouring of the Holy Spirit.³³⁰

The disciples were also taught by Christ Jesus that the central theme of the Old Testament was the Christ—his sufferings, resurrection, and proclamation of the Good News.³³¹ Luke 24 records, “Thus it is written, that the Christ should suffer and rise again on the third day, and that repentance for forgiveness of sins would be proclaimed in His name to all the nations” (vv. 46-47, NASB). Divine forgiveness is necessary to receive Christ as Savior and walk with him free from the guilt and shame of sin.

Although Christians strive to be like Christ, they live in a fallen world and make mistakes. They must turn to God to help them overcome to live in freedom from sin. The Gospel is not just the power by which sinners are saved to life eternal but also the power by which Christians are consistently transformed into new creatures in Christ Jesus.³³² Wilson adds that

³³⁰ Duguid, *Is Jesus in the Old Testament*, 8.

³³¹ *Ibid.*

³³² *Ibid.*, 10.

people do not stop being human when they become Christians; some continue to struggle with self-protection, a human trait that leads people to hurt themselves and others.³³³ An example of this type of hurt is substance abuse. Humanity is full of sinful and broken people who are tempted to trust in themselves, inevitably and unknowingly choosing poor life-styles that make them feel safe and comfortable.³³⁴ Safe and comfortable may also cause pain for themselves and others—lifestyles of chaos.³³⁵ Chaos, however, is not the dominate reality in the world God made.³³⁶ The dominate reality in this world is the Lord God Almighty—and life in his Son.³³⁷ Jesus Christ is the only perfect healer of people who are hurt and broken.³³⁸ This establishes early forgiveness intervention as a theoretically sound principle to bring healing to those hurting from substance abuse.

Regarding further studies, there were several areas that came to light as needing more research. First, the current study could be conducted in other parts of the country to see if forgiveness is viewed as important as it is in Kentucky. As originally conceptualized, the study was to take place in a hospital setting where chaplains had access to the patient population, but the approval process proved to be too burdensome. It would be beneficial to study the effects of early forgiveness intervention when individuals are first confronted with physical challenges due to substance abuse. Another area that may shed more light on substance abuse recovery is to study the effects of other aspects of spirituality including practices and rituals, giving in charity, or new commitments to God. Finally, further research is warranted on forgiveness as it pertains

³³³ Wilson, *Hurt People, Hurt People*, 13.

³³⁴ *Ibid.*, 12.

³³⁵ *Ibid.*

³³⁶ Duguid, *Is Jesus in the Old Testament*, 24.

³³⁷ *Ibid.*

³³⁸ Wilson, *Hurt People Hurt People*, 14.

to the deeper aspects of guilt and shame in substance abuse. This current study focused on individuals over the age of 18. It would be helpful to study the effects of forgiveness on adolescents in hopes of helping them to avoid the deception and destruction of substance abuse.

Final Conclusions

This research study sought to discover the impact of offering early forgiveness intervention in the recovery from substance abuse, especially from chaplains or clergy with access to those struggling with substance abuse.

After analyzing research results, considering previous studies, and reviewing theological and theoretical foundations, the PI concludes the research was successful in showing forgiveness guidance holds a vital role in helping with substance abuse recovery. In addition, research confirms that chaplains and clergy who have access to those struggling with substance abuse may start these individuals on the pathway to recovery sooner by offering early forgiveness intervention.

Therefore, the thesis statement is confirmed:

If individuals struggling with substance abuse, currently residing in recovery facilities in the greater metropolitan area of Lexington, Kentucky, receive early forgiveness intervention by chaplains or clergy, these individuals may embrace forgiveness of self, forgiveness of or from others, and/or forgiveness of or from God/Higher Power as a pathway to recovery from substance abuse.

Bibliography

- “2018 Poverty Rate in the United States.” United States Census Bureau, September 26, 2019. <https://www.census.gov/library/visualizations/interactive/2018-poverty-rate.html>.
- “About Us.” Shepherds House. 2024. <https://www.shepherdshouseinc.com/about-us>.
- Alcoholics Anonymous: The Story of how Many Thousands of Men and Women have Recovered from Alcoholism*. 4th ed., new and revised. New York, NY: Alcoholics Anonymous World Services, 2001.
- Angyal, Andras. “The Convergence of Psychotherapy and Religion.” *Journal of Pastoral Care* 5, no. 4 (1952): 4-14.
- “APA History.” American Psychological Association. 2008. <https://www.apa.org/about/apa/archives/apa-history>.
- BMMRS. “Brief Multidimensional Measure of Religiousness/Spirituality.” 2003. <https://fetzer.org/resources/multidimensional-measurement-religiousnessspirituality-use-health-research>.
- Brandt, Lauren. “Alcoholics Anonymous: The Big Book and the 12 Steps of AA.” Edited by Kelly Doren. American Addiction Centers. Last updated Nov. 14, 2023. <https://www.recovery.org/alcoholics-anonymous/big-book/>.
- Braun, Birgit, Christian Weinland, Johannes Kornhuber, and Bernd Lenz. “Religiosity, Guilt, Altruism and Forgiveness in Alcohol Dependence: Results of a Cross-Sectional and Prospective Cohort Study.” *Alcohol and Alcoholism* 53, no. 4 (July 1, 2018): 426–434.
- Britt, Thomas W. “The Stigma of Psychological Problems in a Work Environment: Evidence from the Screening of Service Members Returning from Bosnia.” *Journal of Applied Social Psychology* 30, no. 8 (2000): 1599-1618.
- Burnette, Mandi L., Mark Ilgen, Susan M. Frayne, Emma Lucas, Julia Mayo, Julie C. Weitlauf. “Violence Perpetration and Childhood Abuse Among Men and Women in Substance Abuse Treatment.” *J Subst Abuse Treat* 35, no. 2 (2008): 217–22. <https://pubmed.ncbi.nlm.nih.gov/18248945/>.
- Campbell, Leah. “Addicted to Meds: One Nurse’s Story of Addiction and Recovery.” Healthline. June 15, 2019. <https://www.healthline.com/health-news/should-doctors-be-drug-tested>.
- Carter, Nancy, Denise Bryant-Lukosius, Alba DiCenso, Jennifer Blythe, and Alan J. Neville. “The Use of Triangulation in Qualitative Research.” *Oncology Nursing Forum* 41, no. 5 (2014): 545-547.
- “Clergy Toolkit.” U.S. Department of Veteran’s Affairs. 2023. <https://www.ptsd.va.gov/professional/treat/care/toolkits/clergy/>.

- Clinton, Tim and Ron Hawkins. *The Quick Reference Guide to Biblical Counseling*. Grand Rapids, MI: Baker Books, 2009.
- Connors, Gerard J., J. Scott Tonigan, and William R. Miller. "A Measure of Religious Background and Behavior for Use in Behavior Change Research." *Psychology of Addictive Behaviors* 10, no. 2 (1996): 90-96.
- Davis, Don E., Everett L. Worthington, Jr, Joshua N. Hook, Daryl R. Van Tongeren, Jeffrey D. Green, and David J. Jennings II. "Relational spirituality and the development of the Similarity of the Offender's Spirituality Scale." *Psychology of Religion and Spirituality* 1, no. 4 (2009): 249-262.
- Davis, Don E., Joshua N. Hook, and Everett L. Worthington, Jr. "Relational spirituality and forgiveness: The roles of attachment to God, religious coping, and viewing the transgression as a desecration." *Journal of Psychology & Christianity* 27, no. 4 (2008): 293-301.
- Dermatis, Helen, and Marc Galanter. "The Role of Twelve-Step-Related Spirituality in Addiction Recovery." *Journal of Religion and Health* 55, no. 2 (2016): 510-521.
- "Drug Overdose Death Rates." NCDAS. National Center for Drug Abuse Statistics. 2023. <https://drugabusestatistics.org/drug-overdose-deaths/#kentucky>.
- "Drug Overdoes Death Rates." NIDA. National Institute on Drug Abuse. February 9, 2023. <https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates>.
- Duguid, Iain M. *Is Jesus in the Old Testament?* Phillipsburg, NJ: P&R Publishing Company, 2013.
- Enright, Robert D., and Richard P. Fitzgibbons. *Forgiveness Therapy: An Empirical Guide for Resolving Anger and Restoring Hope*. 2nd ed. Washington, D. C.: American Psychological Association, 2015. doi:10.1037/14526-000.
- _____. *Helping Clients Forgive: An Empirical Guide for Resolving Anger and Restoring Help*. Washington, D. C.: American Psychological Association, 2000. <https://doi.org/10.1037/14526-000>.
- Enright, Robert D., and R. L. Zell. "Problems Encountered When We Forgive One Another." *Journal of Psychology and Christianity* 8, no.1 (1989): 52–60.
- "Forgiveness in Recovery: How to Forgive Yourself and Others." Waypoint Recovery Center, North Charleston, SC. 2022. <https://waypointrecoverycenter.com/forgiveness-in-recovery-how-to-forgive-yourself-and-others/>.
- GESIS (Ed.) (2018). ISSP 2008 - Religion III. Variable Report: Documentation release 2018/10/26, related to the international dataset Archive-Study-No. ZA4950 Version 2.3.0 Variable Reports 2018|17. Cologne: Author. Quoted in Jon R. Webb. *Understanding*

- Forgiveness and Addiction: Theory, Research, and Clinical Application*. 1st ed. New York, NY: Routledge, 2021, 59-60.
- Grider, J. Kenneth. "Forgiveness." *Evangelical Dictionary of Theology*. Edited by Walter A. Elwell. 2nd ed. Grand Rapids, MI: Baker Academic, 2001.
- Hanna, Fred J. "Reframing Spirituality: AA, the 12 Steps, and the Mental Health Counselor." *Journal of Mental Health Counseling* 14, no. 2 (1992): 166–179.
- Hecker, Jorge, and Neringa Kalpokas. "Qualitative Research Methods, Types, and Examples," Atlas.ti. Accessed February 22, 2024. <https://atlasti.com/guides/qualitative-research-guide-part-1/qualitative-research-methods>.
- Heinz, Adrianna J., Elizabeth R. Disney, David H. Epstein, Louise A. Glezen, Pamela I. Clark, Kenzie L. Preston. "A Focus-group Study on Spirituality and Substance-user Treatment." *Subst Use Misuse* 45, no. 1-2 (2010):134-53. doi:10.3109/10826080903035130.
- Hilsman, Gordon J. *Spiritual Care in Common Terms: How Chaplains Can Effectively Describe the Spiritual Needs of Patients in Medical Records*. Philadelphia, PA: Jessica Kingsley Publishers, 2017.
- Hodge, David R., Paul Cardenas, and Harry Montoya. "Substance Use: Spirituality and Religious Participation Factors Among Rural Youths." *Social Work Research* 25 (2001): 153–61.
- Hope, Donald. "The Healing Paradox of Forgiveness." *Psychotherapy: Theory, Research, Practice, Training* 24, no. 2 (1987): 240–244. doi:10.1037/h0085710.
- Hoskin, Tonya. "Parametric and Non-parametric: Demystifying the Terms." Mayo Foundation for Education and Research, 1998-2024. <https://www.mayo.edu/research/documents/parametric-and-nonparametric-demystifying-the-terms/doc-20408960>.
- Kadri, Amer N., Bryan Wilner, Adrian V. Hernandez, Georges Nakhoul, Johnny Chahine, Brian Griffin, Gosta Pettersson, Richard Grimm, Jose Navia, Steven Gordon, Samir R. Kapadia, Serge C. Harb. "Geographic Trends, Patient Characteristics, and Outcomes of Infective Endocarditis Associated with Drug Abuse in the United States From 2002 to 2016." *Journal of the American Heart Association* 8, no. 19 (September 8, 2019): e012969. <https://doi.org/10.1161/jaha.119.012969>.
- Kelly, Thomas M. and Dennis C. Daley. "Integrated Treatment of Substance Use and Psychiatric Disorders." *Soc Work Public Health*. 28 (2013): 388-406. doi:10.1080/19371918.2013.774673.

- “Kentucky: Opioid-Involved Deaths and Related Harms.” NIDA. National Institute on Drug Abuse. May 1, 2020. <https://www.drugabuse.gov/drug-topics/opioids/opioid-summaries-by-state/kentucky-opioid-involved-deaths-related-harms>.
- Kerlin, Ann Marie. “Women in Christian Substance Abuse Treatment; Forgiveness, Attachment Styles, and Improvements in Co-Occurring Mental Health Symptoms.” *Journal of Religion and Health* vol. 59, issue 6 (November 12, 2019): 3168-3192.
- Krentzman, Amy R. "A Full and Thankful Heart: Writings About Gratitude by Alcoholics Anonymous Co-Founder, Bill Wilson." *Addiction Research & Theory* 27, no. 6 (2019): 451-461.
- Lamb, Sharon. “Forgiveness Therapy: The Context and Conflict.” *Journal of Theoretical and Philosophical Psychology* 25, no. 1 (2005): 61–80.
- “Learning to Live,” Shepherds House. 2024. <https://www.shepherdshouseinc.com/programs/recovery-residence>.
- Levin, Jeffrey S., and Harold Y. Vanderpool. "Religious Factors in Physical Health and the Prevention of Illness." *Religion And Prevention in Mental Health* vol 9, issue 2 (2014): 83-103.
- “Liberty Place Recovery Center for Women.” Kentucky River Foothills Development Council, Inc. 2024. <https://foothillscap.org/programs/liberty-place/>.
- “Likert Analysis,” University of St. Andrews, United Kingdom. Accessed February 11, 2024. <https://www.st-andrews.ac.uk/media/ceed/students/mathssupport/Likert.pdf>.
- Lincoln, Yvonna S., and Egon G. Guba. “Establishing Dependability and Confirmability in Naturalistic Inquiry Through an Audit.” 1982. <https://files.eric.ed.gov/fulltext/ED216019.pdf>.
- Longabaugh, Richard, and Jon Morgenstern, “Cognitive-behavioral Coping-skills Therapy for Alcohol Dependence. Current Status and Future Directions.” *Alcohol Research and Health: The Journal of the National Institute on Alcohol Abuse and Alcoholism* 23, no. 2 (1999): 78-85.
- Lyons, Geoffrey C. B., Frank P. Deane, and Peter J. Kelly. “Forgiveness and Purpose in Life as Spiritual Mechanisms of Recovery from Substance Use Disorders.” *Addiction Research and Theory* 18, no. 5 (October 2010): 528–543.
- McCoy, Lisa K., John A. Hermos, Barbara G. Bokhour, and Susan M. Frayne. “Conceptual Bases of Christian, Faith Based Substance Abuse Rehabilitation Programs: Qualitative Analysis of Staff Interviews.” *Substance Abuse Journal* 25, no. 3 (2004): 1–11.
- McCullough, Michael E., Kenneth I. Pargament, and Carl E. Thoresen. “The Psychology of Forgiveness: History, Conceptual Issues, and Overview.” In *Forgiveness: Theory,*

- Research, and Practice*, edited by Michael E. McCullough, Kenneth I. Pargament, and Carl E. Thoresen, 1-14. New York, NY: Guilford Press, 2000.
- McGaffin, Breanna J., Geoffrey C. B. Lyons, and Frank P. Deane. "Self-Forgiveness, Shame, and Guilt in Recovery from Drug and Alcohol Problems." *Substance Abuse Journal* 34, no. 4 (2013): 396–404. doi:10.1080/08897077.2013.781564.
- McLeod, Saul. "Likert Scale Questionnaire: Examples and Analysis." *Simple Psychology*, July 31, 2023. <https://www.simplypsychology.org/likert-scale.html>.
- McMinn, Mark R., William L. Hathaway, Scott W. Woods, and Kimberly N. Snow. "What American Psychological Association Leaders have to Say about Psychology of Religion and Spirituality." *Psychology of Religion and Spirituality* 1, no. 1 (2009): 3-13.
- Medlock, Morgan M., David H. Rosmarin, Hilary S. Connery, Margaret L. Griffin, Roger D. Weiss, Sterling L. Karakula, and R. Kathryn McHugh. "Religious Coping in Patients with Severe Substance Use Disorders Receiving Acute Inpatient Detoxification." *The American Journal on Addictions* 26, no. 7 (2017): 744–50. doi:10.1111/ajad.12606.
- Michalak, Laurence, Karen Trocki, and Jason Bond. "Religion and Alcohol in the U.S. National Alcohol Survey: How Important is Religion for Abstention and Drinking?" *Drug and Alcohol Dependence* 87, no. 2-3 (2017): 268–80.
- "Modeling the Future of Religion in America." Pew Research Center. September 13, 2022. <https://www.pewresearch.org/religion/2022/09/13/modeling-the-future-of-religion-in-america/>.
- Mokhber, Naghmer, Negar Asgharipour, Atiolreza Bananaj. "Frequency of Harmful Behaviors in Patients Who are Suffering from Substances Abuse." *Int J High Risk Behav Addict* 1, no. 3 (Fall 2012): 132-6. doi:10.5812/ijhrba.7403.
- Nouwen, Henri J. M. *From Fear to Love: Lenten Reflections on the Parable of the Prodigal Son*. Fenton, MO: Creative Communication for the Parish, 2009.
- Oman, Doug. "Defining Religion and Spirituality." In *Handbook of the Psychology of Religion and Spirituality*, edited by Raymond F. Paloutzian and Crystal L. Park, 23-47. 2nd ed. New York, NY: Guilford Press, 2013.
- Owens, Pamela L., Kathryn R. Fingar, Kimberly W. McDermott, Pradip K. Muhuri, and Kevin C. Heslin. "Inpatient Stays Involving Mental and Substance Use Disorders, 2016." HCUP Statistical Brief #249, March 2019. Agency for Healthcare Research and Quality, Rockville, MD. <https://pubmed.ncbi.nlm.nih.gov/31063293/>.
- Pargament, Kenneth, Harold. G. Koenig, and L. M. Perez. "The Many Methods of Religious Coping: Development and Initial Validation of the RCOPE." *Journal of Clinical Psychology* 56, no. 4 (2000): 519-43.

- Pingleton, Jared P. "The Role and Function of Forgiveness in the Psychotherapeutic Process." *Journal of Psychology and Theology* 17, no. 1 (1989): 27-35.
- "QuickFacts, Lexington-Fayette, Kentucky." United States Census Bureau. 2019. <https://www.census.gov/quickfacts/fact/table/US,KY,lexingtonfayettekentucky/PST045219>.
- "Religious Landscape Studies, Adults in Kentucky." Pew Research Center. 2014. <https://www.pewforum.org/religious-landscape-study/state/kentucky/>.
- Robinson, Elizabeth A R et al. "Six-month Changes in Spirituality and Religiousness in Alcoholics Predict Drinking Outcomes at Nine Months." *Journal of Studies on Alcohol and Drugs* 72, no. 4 (2011): 660-8. doi:10.15288/jsad.2011.72.660.
- Sandage, Steven J., and F. LeRon Shults. "Relational spirituality and transformation: A relational integration model." *Journal of Psychology & Christianity* 26, no. 3 (2007): 261-269.
- Satne, Paula. "Forgiveness and Moral Development." *Philosophia* 44, no. 4 (2016): 1029-1055.
- Schultz, Joshua. "Forgiveness Therapy: 6+ Techniques to Help Clients Forgive." PositivePsychology.com. Sept. 24, 2020. <https://positivepsychology.com/forgiveness-in-therapy/>.
- Scott, Stuart, and Heath Lambert. *Counseling the Hard Cases: True Stories Illustrating God's Resources in Scripture*. Nashville, TN: Broadman and Holman Academic, 2015.
- Sensing, Tim. *Qualitative Research: A Multi-Methods Approach to Projects for Doctor of Ministry Theses*. Eugene, OR: Wipf & Stock, 2011.
- Shapiro, Shauna, Hooria Jazaieri, and Sarah Sousa. "Mindfulness, Mental Health, and Positive Psychology." In *Meditation and Positive Psychology*, Itai Ivtzan and Tim Lomas, Eds. London, UK: Routledge, 2016. 10.1093/oxfordhb/9780199396511.013.50.
- Shontz, F. C., and Charlotte Rosenak. "Psychological Theories and the Need for Forgiveness: Assessment and Critique." *Journal of Psychology and Christianity* 7, no. 1 (1988): 23-31.
- Snyder, Charles Richard, and Shane J. Lopez, eds. *Handbook of Positive Psychology*. Oxford University Press, 2001.
- Sperry, Len Ed, and Edward P. Shafranske. "Spiritually Oriented Psychotherapy. American Psychological Association." In S. J. Lopez & C. R. Snyder (Eds.), *Oxford Handbook of Positive Psychology* (2nd ed.). New York, NY: Oxford University Press, 2005.
- Sremac, Srdjan, and R. Ruard Ganzevoort. "Addiction and Spiritual Transformation: An Empirical Study on Narratives of Recovering Addicts' Conversion Testimonies in Dutch and Serbian Contexts." *Archiv für Religionspsychologie = Archive for the Psychology of Religion* 35, no. 3 (September 2013): 399-435.

- Stringer, Ernest T. *Action Research*. 4th ed. Washington, DC: Sage Publications, 2013.
<https://libertyonline.vitalsource.com/#/books/9781483320731/cfi/6/18!/4/2/4@0:0>.
- Tangney, June Price, Angela L. Boone, and Ronda Dearing. "Forgiving the Self: Conceptual Issues and Empirical findings." In *Handbook of Forgiveness*, 167-182. Routledge, 2007.
- "The Twelve Steps." Alcoholics Anonymous. Alcoholics Anonymous World Services, Inc. 2022. <https://www.aa.org/the-twelve-steps>.
- Thielman, Samuel B. "Reflections on the Role of Religion in the History of Psychiatry." In *Handbook of Religion and Mental Health*, 3-20. Cambridge, MA: Academic Press, 1998.
- "Top 10 Drug Treatment Centers." Addiction Center. 2020. <https://www.addictioncenter.com/>.
- Tucker, Kelly. "Study: Covid-19 Hospitalization Costs, Outcomes in 2020 Improved Over Time." *Texas A&M Today*, January 3, 2022. <https://today.tamu.edu/2022/01/03/study-covid-19-hospitalization-costs-outcomes-in-2020-improved-over-time/>.
- "Understanding Drug Use and Addiction Drug Facts." NIDA. *National Institute on Drug Abuse*. June 6, 2018. <https://nida.nih.gov/publications/drugfacts/understanding-drug-use-addiction>. Accessed 28 Jan. 2024.
- "Understanding the Epidemic." Centers for Disease Control and Prevention. 2018. <https://www.cdc.gov/drugoverdose/epidemic/index.html>.
- VanderWeele, Tyler J. "Is Forgiveness a Public Health Issue?" *American Journal of Public Health* 108, no. 2 (2012): 189-190.
- Wang, Philip S., Patricia A. Berglund, and Ronald C. Kessler. "Patterns and Correlates of Contacting Clergy for Mental Disorders in the United States." *Health Services Research* 38, no. 2 (2003): 647, <https://doi.org/10.1111/1475-6773.00138>.
- Webb, Jon R. "Spiritual Factors and Adjustment in Medical Rehabilitation: Understanding Forgiveness as a Means of Coping." In *The Psychological and Social Impact of Illness and Disability*, edited by A. E. Dell Orto and P. W. Power, 455-471. 5th ed. New York, NY: Springer, 2007.
- _____. *Understanding Forgiveness and Addiction: Theory, Research, and Clinical Application*. 1st ed. New York, NY: Routledge, 2021.
- Webb, Jon R., Jameson K. Hirsch, and Loren Toussaint. "Forgiveness as a Positive Psychotherapy for Addiction and Suicide: Theory, Research, and Practice." *Spirituality in Clinical Practice* 2, no. 1 (2015): 48-60.
- _____. "Self-Forgiveness and Pursuit of the Sacred: The Role of Pastoral-Related Care." In *Handbook of the Psychology of Self-Forgiveness*, edited by Lydia Woodyatt, Everett L. Worthington, Jr., Michael Wenzel, Brandon J. Griffin. New York, NY: Springer, 2017. https://doi.org/10.1007/978-3-319-60573-9_22.

- Webb, Jon R., and Ken Brewer, "Forgiveness and College Student Drinking in Southern Appalachia." *Journal of Substance Use* 15, no. 6 (December 2010): 417–433.
- Webb, Jon R., and Loren L. Toussaint. "Forgiveness, Well-being, and Mental Health." In *Handbook of Forgiveness*, 188-197. New York, NY: Routledge, 2019.
- Webb, Jon R., Loren Toussaint, and Chris S. Dula. "Ritualistic, Theistic, and Existential Spirituality: Initial Psychometric Qualities of the Rite Measure of Spirituality." *Journal of Religion and Health* 53 (2014): 972-985.
- Webb, Jon R., Loren Toussaint, and Elizabeth Conway-Williams. "Forgiveness and Health: Psycho-Spiritual Integration and the Promotion of Better Healthcare." *Journal of Health Care Chaplaincy* 18, no. 1-2 (2012): 57-73.
- Webb, Jon R., and Richard P Trautman. "Forgiveness and Alcohol Use." *Addictive Disorders & Their Treatment* 9, no. 1 (March 2010): 8–17.
- Wells, Elizabeth A., Dennis M. Donovan, Dennis C. Dailey, Suzanne Doyle, Greg Brigham, Sharon Garrett, Michelle Ingalsbe, Mary A. Hatch-Maillette, Harold I. Perl, and Robrina Walker. "Is Level of Exposure to a 12-step Facilitation Therapy Associated with Treatment Outcome?" *Journal of Substance Abuse Treatment* 47, no. 4 (2014): 265-74. doi:10.1016/j.jsat.2014.06.003.
- White, R. E. O. "Reconciliation." In *Evangelical Dictionary of Theology*, edited by Walter A. Elwell, 993-994. 2nd ed. Grand Rapids, MI: Baker Academic, 2001.
- _____. "Salvation." In *Evangelical Dictionary of Theology*, edited by Walter A. Elwell, [page range]. 2nd ed. Grand Rapids, MI: Baker Academic, 2001.
- Widiger, Thomas A., and Paul T. Costa, Jr. *Personality Disorders and the Five-Factor Model of Personality: Rationale for the Third Edition*. Washington, DC: American Psychological Association, 2013.
- Wilson, Sandra D. *Hurt People Hurt People: Hope and Healing for Yourself and Your Relationships*. Grand Rapids, MI: Discovery House, 2015.
- Woodyatt, Lydia, Michael Wenzel, and Brandon J. Griffin, eds. *Handbook of the Psychology of Self-forgiveness*. Cham, Switzerland: Springer International Publishing, 2017.
- Worthington, Jr, Everett L. *Forgiveness and Reconciliation: Theory and Application*. New York: Routledge, 2013.
- Worthington, Jr, Everett L., Constance B. Sharp, Andrea J. Lerner, and Jeffrey R. Sharp. "Interpersonal Forgiveness as an Example of Loving One's Enemies." *Journal of Psychology and Theology* 34, no. 1 (2006): 32-42.
- Worthington, Everett L., and Frederick DiBlasio. "Promoting Mutual Forgiveness within the Fractured Relationship." *Psychotherapy: Theory, Research, Practice, Training* 27, no. 2 (1990): 219.

Worthington, Everett L., and Nathaniel G. Wade. *Handbook of Forgiveness*. 2nd ed. New York, NY: Routledge, 2020.

Worthington, Jr., Everett L., and Steven J. Sandage. "Forgiveness and Spirituality in Psychotherapy: A Relational Approach. American Psychological Association." *Health Services Research* 38, no. 2 (2003): 647, <https://doi.org/10.1111/1475-6773.00138>.

Yandell, Keith E. "The Metaphysics and Morality of Forgiveness." In *Exploring Forgiveness* by Robert D. Enright and Joanna North. Wisconsin: University of Wisconsin Press, 1998, 35-45.

Zinnbauer, Brian J., and Kenneth I. Pargament. "Religiousness and Spirituality." In *Handbook of the Psychology of Religion and Spirituality*, edited by Raymond F. Paloutzian and Crystal L. Park, 21–42. New York, NY: Guilford Press, 2005.

Appendix A: Advertisement/Recruitment Sheet

Research Participants Needed

Substance Abuse Spirituality Survey

- Are you over 18 years of age?
- Admitted to a substance abuse recovery center or sober living house?

If you answered “yes,” to both questions above, you may be eligible to participate in a research study.

The purpose of this research study is to understand more about the spiritual health of those struggling with substance abuse.



Interested participants will be asked to complete a 15-minute survey attached to this packet. You will receive a snack food item for participating.



Participation will be completely anonymous, and no personal, identifying information will be collected.

To participate in the study, fill out the survey attached and hand in to your administrator.

Susan Janos, MDiv, BCC, a doctoral candidate in the Rawlings School of Divinity at Liberty University, is conducting this study.

Appendix B: Information Sheet

Information Sheet

Forgiveness Research

Rev. Susan E. Janos, Chaplain

Liberty University, School of Divinity

Invitation to be Part of a Research Study

You are invited to participate in a research study on the effect of guidance on the emotionally and spiritually healing attributes of forgiveness in substance-abuse recovery. Taking part in this research is voluntary. Your care and recovery are of utmost importance, and you are advised not to participate in the study if it will in any way negatively affect your recovery. Please take time to read this entire form and ask questions before deciding whether to take part in this research project.

Participant qualifications include:

- 18 years of age or older
- A history of substance abuse as indicated by admission to a recovery facility

Rev. Susan E. Janos, the researcher and doctoral candidate in the School of Divinity at Liberty University, is conducting this study. Rev. Janos is also a clinical chaplain at Good Samaritan Hospital in Lexington, Kentucky.

What is the study about and why is it being done?

The purpose of the study is to determine if early intervention on the emotionally and spiritually healing attributes of forgiveness helps individuals consider forgiveness as a pathway to recovery from substance abuse.

What will happen if you take part in this study?

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

- 1) Answer a nine-question survey regarding forgiveness and three multiple-choice demographic questions, taking about 15 minutes.

How could you or others benefit from this study?

The direct benefits participants should expect to receive from taking part in this study are obtaining guidance on the emotionally and spiritually healing attributes of forgiveness and considering forgiveness as a pathway to recovery from substance abuse.

Benefits to society include research on how forgiveness may help individuals struggling with substance abuse and to inform chaplains and clergy of the importance of early forgiveness intervention for those struggling with substance abuse.

What risks might you experience from being in this study?

The study involves minimal risks, meaning the risks are equal to the risks encountered in everyday life. As a mandatory reporter, the researcher is obligated by Kentucky State and

Federal law to disclose violations of the law including abuse, neglect, or exploitation of children, adults, elderly, and disabled persons.

How will personal information be protected?

The records of this study will be kept private. Research records will be stored securely, and only the researcher will have access to the records.

How will you be compensated for being part of the study?

Participants will be compensated with a food snack item after participating in the survey.

Does the researcher have any conflicts of interest?

The researcher serves as a chaplain at Good Samaritan Hospital. This disclosure is made so that you can decide if this relationship will affect your willingness to participate in this study. No action will be taken against an individual based on his or her decision to participate in this study.

Is study participation voluntary?

The decision to participate in this study is voluntary and will not affect your current or future relations with Good Samaritan Hospital or Liberty University. All participants are free to withdraw from the study or to not answer any questions at any time without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please inform the researcher that you wish to discontinue your participation, and do not submit your study materials. Your responses will not be recorded or included in the study.

Whom do you contact if you have questions or concerns about the study?

Rev. Susan E. Janos is the researcher conducting this study. Feel free to ask any questions of the researcher about the study at this time. If you have any later questions, you may contact Susan E. Janos at [REDACTED] or contact her at the Good Samaritan Office of Pastoral Care at [REDACTED]. You may also contact the researcher's faculty chair, Dr. Mark Plaza, at [REDACTED].

Whom do you contact if you have questions about your rights as a research participant?

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

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Appendix C: Spirituality Substance Abuse Survey

Substance Abuse Spirituality Survey

Rev. Susan E. Janos, MDiv, BCC
Liberty University, School of Divinity

What has happened to you is unique and this research hopes to understand more about your story from a spiritual perspective. Please answer the following questions and feel free to add comments at the bottom.

You will receive a snack food item for participating in the survey. The results are completely anonymous, and your personal contact information is not required.

Research has shown the acts of forgiving and receiving forgiveness are important in substance abuse recovery.

The spiritual concept of forgiveness may involve one or more of five areas:

- Forgiving Yourself
- Forgiving Others
- Receiving Forgiveness from Others
- Forgiving God/Higher Power
- Receiving Forgiveness from God/Higher Power

Considering your experiences, please **circle** or mark the best response to the following questions:

| | Strongly disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Strongly agree |
|---|-------------------|-------------------|----------------------------|----------------|----------------|
| 1. I have feelings of emotional pain: anger, resentment, disappointment, fear, or hurt. | 1 | 2 | 3 | 4 | 5 |
| 2. I feel I am partly responsible for my emotional pain. | 1 | 2 | 3 | 4 | 5 |
| 3. I feel I am the only one responsible for my emotional pain. | 1 | 2 | 3 | 4 | 5 |
| 4. I feel I have been wronged or hurt by others. | 1 | 2 | 3 | 4 | 5 |

| | Strongly disagree | Somewhat disagree | Neither agree nor disagree | Somewhat agree | Strongly agree |
|---|-------------------|-------------------|----------------------------|----------------|----------------|
| 5. I feel I have committed wrongs against others and/or hurt others. | 1 | 2 | 3 | 4 | 5 |
| 6. I feel God/Higher Power has wronged or disappointed me. | 1 | 2 | 3 | 4 | 5 |
| 7. I feel I have wronged or disappointed God/Higher Power. | 1 | 2 | 3 | 4 | 5 |
| 8. I may be open to considering forgiveness in substance abuse recovery. | 1 | 2 | 3 | 4 | 5 |

9. I would consider talking about forgiveness with:

- Chaplain/Clergy/Religious Leader
- Family Member
- Friend
- Medical Provider
- Mentor
- Therapist
- Other
- Not necessary

Demographics

Gender

- Male
- Female
- Other
- Prefer not to disclose

Age

- 18-35
- 36-55
- 56 and over

- Prefer not to disclose

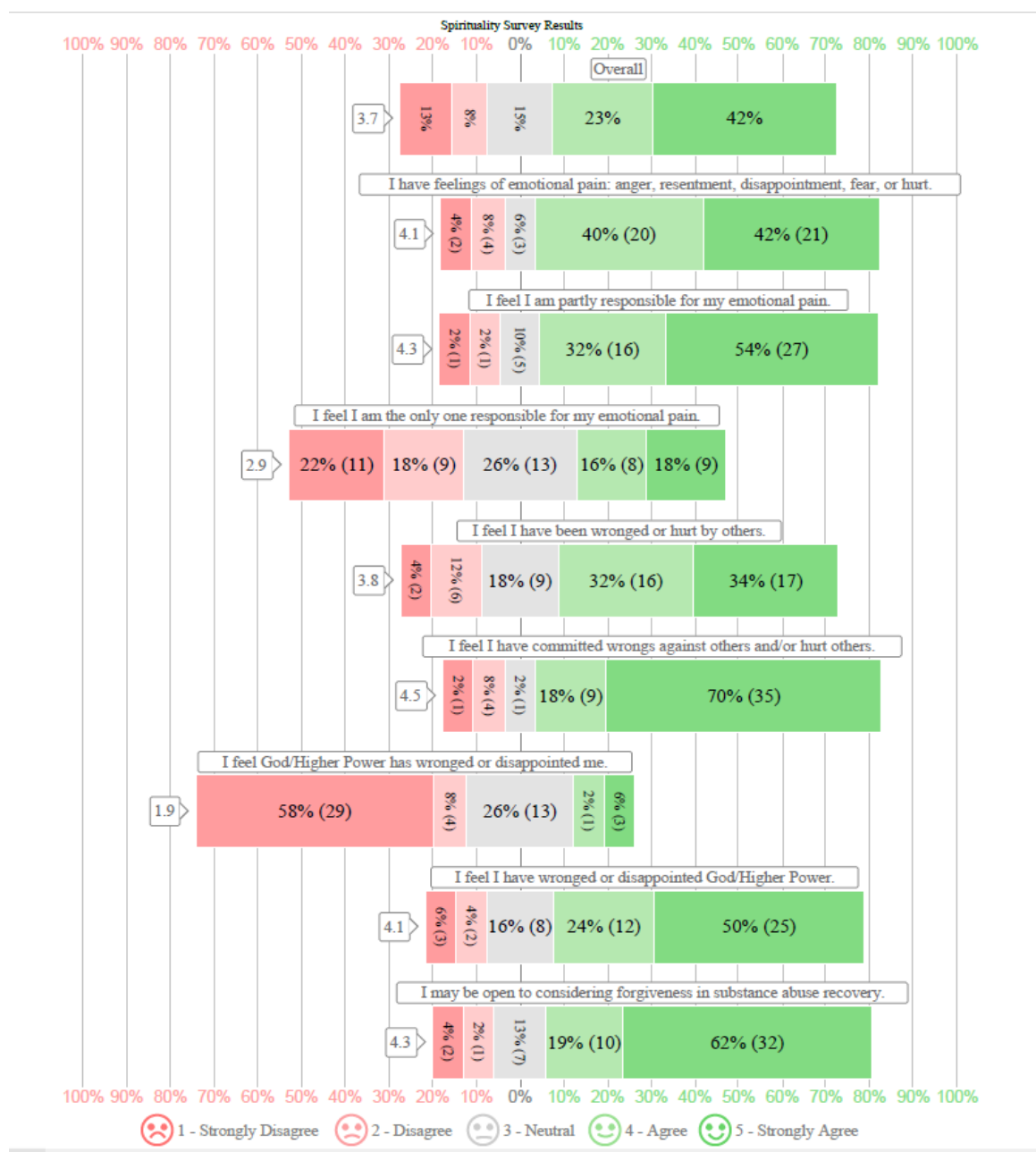
Spiritual Identity

- Agnostic: Belief in a God who is not involved in humanity
- Atheist: No belief in God/Higher Power
- Buddhist
- Catholic/Christian
- Christian/Protestant
- Eastern Orthodox Christian
- General Belief in God/Higher Power
- Hindu
- Islamic
- Pagan
- Other
- Prefer not to disclose

Please add any comments regarding forgiveness here:

Thank you for your participation. Please turn in your survey to your facility administrator and choose a snack food item.

Appendix D: Survey Table Summary



Appendix E: Data Tables

| | Male | Female | Not Disclosed | Totals |
|----------------------|------|--------|---------------|--------|
| Age 18-35 | 10 | 11 | 0 | 21 |
| Age 36-55 | 14 | 15 | 0 | 29 |
| Over 55 | 1 | 1 | 0 | 2 |
| Not Disclosed | 0 | 0 | 0 | 0 |
| Totals | 25 | 27 | 0 | 52 |

Table 9.1. Age/Gender Demographics.

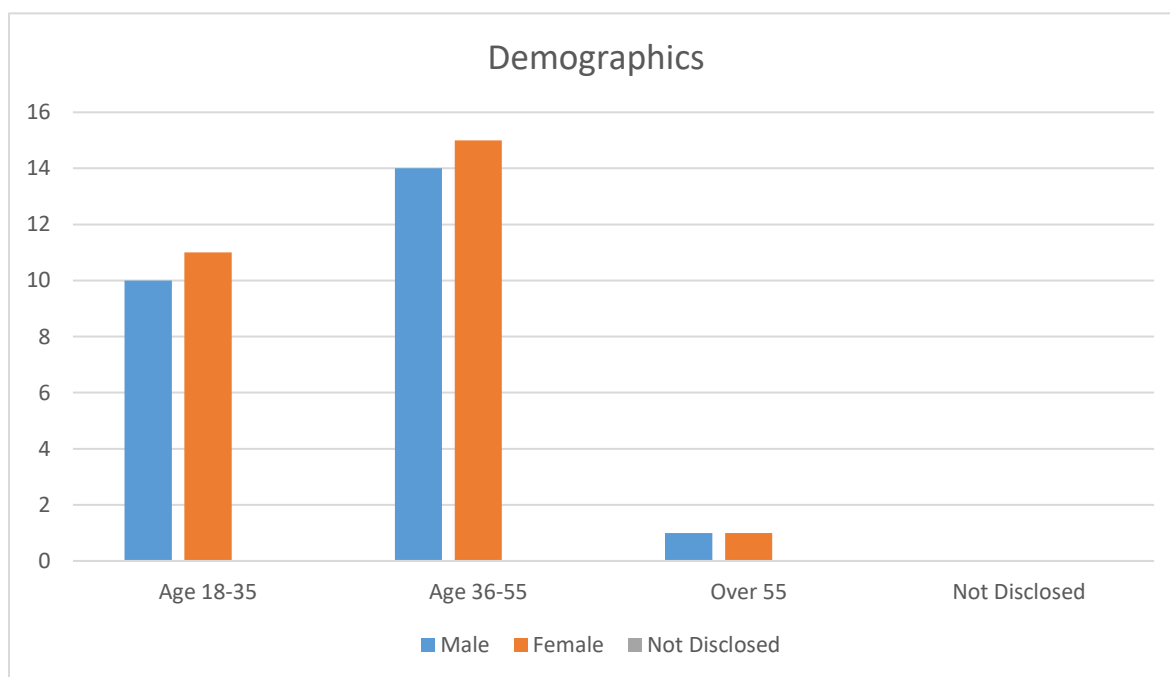


Table 9.2. Age/Gender Demographics Bar Chart.

| Spiritual Identity | Male | Female | Total | Rank | Percent |
|---|------|--------|-------|-----------------------|--------------|
| Christian/Protestant | 10 | 10 | 20 | 1 st | 39.2 percent |
| General Belief in God/Higher Power | 3 | 9 | 12 | 2 nd | 23.5 percent |
| Prefer Not to Disclose | 3 | 4 | 7 | 3 rd | 13.7 percent |
| Catholic/Christian | 3 | 2 | 5 | 4 th | 9.8 percent |
| Other | 2 | 1 | 3 | 5 th | 5.9 percent |
| Agnostic: Belief in a God who is not involved in humanity | 2 | 0 | 2 | 6 th | 3.9 percent |
| Atheist: No belief in God/Higher Power | 0 | 1 | 1 | 7 th (tie) | 2.0 percent |
| Buddhist | 1 | 0 | 1 | 7 th (tie) | 2.0 percent |
| Eastern Orthodox | 0 | 1 | 1 | 7 th (tie) | 2.0 percent |
| Hindu | 0 | 0 | 0 | | 0 percent |
| Islamic | 0 | 0 | 0 | | 0 percent |
| Pagan | 0 | 0 | 0 | | 0 percent |
| Totals | 23 | 28 | 51 | | 102 percent |

Table 9.3. Spiritual Identity.

| Forgiveness Category | Survey Number | M/F | Comment |
|----------------------|---------------|-----|---|
| Self | | | |
| | A11 | F | First you have to forgive yourself. Then ask God for forgiveness. |
| | A26 | F | I feel like I must forgive myself before I can move on... |
| | A15 | F | I know that God has forgiven me, so I am working towards forgiving myself for the harm I've caused myself and others. It's easy for me to forgive others, but hard to forgive myself. |
| | A15 | F | I know the only true freedom is to forgive and be forgiven. I work every day to get closer to my God. |
| | B18 | M | It's my fault I'm here. |
| | B19 | M | If I can forgive myself, I can forgive others. |
| | B23 | M | Just forgive myself for what I've done to myself and my family. |
| Of Others | | | |
| | A20 | F | I am forgiven and I have/will forgive those that have wronged me. |
| | B10 | M | God through Jesus forgave me, so I have to forgive others and myself. |
| From Others | | | |
| | A1 | F | I know that God forgives me for my sins know I am here working on asking for forgiveness from my family and friends. |
| | B22 | M | I feel like we all deserve a second chance and forgiveness. |
| Of God | | | |
| | B17 | M | May I be forgiven for my resentments with my Higher Power/personal forgiveness. |
| From God | | | |
| | B5 | M | Forgiveness and spirituality, I want God to forgive me for my wrongs. |

| | | | |
|----------------|-----|---|---|
| | B10 | M | I'm working real hard on my forgiveness to God and hope he forgives me. |
| General | | | |
| | A25 | F | If and when the program is worked properly forgiveness is very likely and possible, and knowing and realizing this helps to keep me on the right path for myself and community. |
| | B9 | M | It takes time. |
| | B12 | M | Forgiveness is for you, not the offender. |

Table 10. Categorized Comments.

| Type of Person | Male | Female | Totals | Rank | percent |
|--------------------------------------|------|--------|--------|-----------------------|------------|
| Family Member | 15 | 14 | 29 | 1 st | 58 percent |
| Friend | 15 | 12 | 27 | 2 nd | 54 percent |
| Therapist | 14 | 8 | 22 | 3 rd | 44 percent |
| Chaplain/Clergy/ Religious Leader | 6 | 9 | 15 | 4 th (tie) | 30 percent |
| Mentor | 11 | 4 | 15 | 4 th (tie) | 30 percent |
| Medical Provider | 5 | 2 | 7 | 6 th | 14 percent |
| Not Necessary | 1 | 3 | 4 | 7 th (tie) | 8 percent |
| Other | 2 | 2 | 4 | 7 th (tie) | 8 percent |
| Totals | 69 | 54 | 123 | | |

Table 11. Forgiveness Communication.

Appendix F: IRB Approval

LIBERTY UNIVERSITY

INSTITUTIONAL REVIEW BOARD

November 27, 2023

Susan Janos
Mark Plaza

Re: IRB Exemption - IRB-FY20-21-631 Early Forgiveness Intervention with Substance-Abuse Patients

Dear Susan Janos, Mark Plaza,

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.(i). 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 cannot readily be ascertained, directly or through identifiers linked to the subjects;

For a PDF of your exemption letter, click on your study number in the My Studies card on your Cayuse dashboard. Next, click the Submissions bar beside the Study Details bar on the Study details page. Finally, click Initial under Submission Type and choose the Letters tab toward the bottom of the Submission Details page. Your information sheet and final versions of your study documents can also be found on the same page under the Attachments tab.

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, PhD, CIP
Administrative Chair
Research Ethics Office