Forgiveness as a Critical Factor in Alcohol Addiction Recovery: An Adlerian Perspective

A Research Paper

Presented to

The Faculty of the Adler Graduate School

In Partial Fulfillment of the Requirements for

the Degree of Master of Arts in

Adlerian Counseling and Psychotherapy

By:

Sara J. Toenies

2012
Acknowledgements

A special thank you to Jerry Holt, Clinical Director at Ark Counseling, LLC, who is and has been a mentor, director and someone I admire. I value the introduction you gave me to the world of addiction and the guidance you shared in the role forgiveness plays in recovery. I learned so much valuable information and appreciate the guidance you shared with me putting together the forgiveness therapy group.

I would also like to thank Roger Ballou and Sue Pye-Brokaw. I appreciate your advice, mentoring, feedback and encouragement on this paper. It was hard work, but I can honestly say I am proud of the paper. I look forward to using the proposed forgiveness group sessions at Ark Counseling, LLC. I will finally be leading my own group with my master’s degree!

Finally, and most importantly, I would like to thank my husband and best friend, Ryan Toenies. You will never know how much I appreciate all the time you allowed me to spend on school, multiple internships and completing this paper. I know much of this time was at the expense of us spending time together and being with our children. You have supported me to the end and pushed me to live my dream. For that I will forever be grateful. Thank you my love!
# Table of Contents

Acknowledgements ........................................................................................................ 2

Abstract .......................................................................................................................... Error! Bookmark not defined.

Forgiveness as a Critical Factor in Alcohol Addiction Recovery: An Adlerian Perspective .... 6

Recovery .......................................................................................................................... 7
  Defining Recovery ......................................................................................................... 7
  Stages of Recovery ...................................................................................................... 9

Things to Look For in Recovery ..................................................................................... 10
  Qualities of Alcoholics in Recovery ........................................................................... 10
  How Families Respond ............................................................................................... 10

Forgiveness .................................................................................................................... 11
  Defining Forgiveness .................................................................................................. 11
  Dimensions of Forgiveness ....................................................................................... 12
  Phases of Forgiveness ............................................................................................... 13

Relationship Between Mental Health and Forgiveness ................................................ 14
  Does Forgiveness Make a Difference? ........................................................................ 14
  To Prescribe Forgiveness or Not? ............................................................................... 14

Unforgiveness ................................................................................................................ 16
  Definition of Unforgiveness ...................................................................................... 16
  Transgressions .......................................................................................................... 17
  The Stress of Unforgiveness ...................................................................................... 18

Adlerian Perspective on Substance Abuse .................................................................... 19
  Social Interest ............................................................................................................ 19
  Life Tasks ................................................................................................................ 20
  Ideas That Work ......................................................................................................... 20

Similarities of Adlerian Theory with Alcoholics Anonymous ...................................... 21
  Bi-directional Addictions Model ............................................................................... 21
  Holistic Model .......................................................................................................... 22
  Lifestyle and Social Interest Concepts ...................................................................... 23

Interventions to Promote Forgiveness ......................................................................... 24
  Encouraging Techniques ......................................................................................... 24
Abstract

This paper explores how forgiveness helps support long-term recovery in people with alcohol addiction. Stages of recovery and forgiveness are reviewed as well as Adlerian perspectives on substance abuse. Similarities between Adlerian theory and Alcoholics Anonymous are evaluated and discussed as viable interventions to promote forgiveness. This paper also proposes a group therapy forgiveness strategy that encourages recovery and positive mental health outcomes for individuals suffering from alcohol addiction.
Forgiveness as a Critical Factor in Alcohol Addiction Recovery: An Adlerian Perspective

This paper analyzes information on forgiveness and supports the importance of granting and giving forgiveness in the recovery from alcohol addiction. Clinically, it is important to consider forgiveness and the direct relationship it has on one’s emotional and physical health. This direct relationship is an association based on rumination and the process of unforgiveness. Lack of resolution and the resultant stress of unforgiveness can increase physiological responses, thereby having a negative impact on overall physical health and well-being.

A critical issue discussed in this paper is the importance of defining the meaning of the words “forgiveness” and “recovery”. Many of the articles referenced in this paper express concern that forgiveness on many occasions is tied directly to reconciliation. Reconciliation has been seen overwhelmingly as a central part of forgiveness and thus has created many obstacles for today’s therapists.

By separating reconciliation from forgiveness, therapists can free clients to explore the topic of forgiveness. This allows them to refrain from putting the additional burden of needing to renew relationships with an offender that may have caused the client harm.

More research is needed in the area of forgiveness and its use in therapy. There are many different definitions of what forgiveness is, which has made researching the effectiveness of forgiveness difficult. The use of forgiveness is also thought of by some clinicians to be a spiritual or religious practice and avoided in therapy. However, research has shown positive correlations of forgiveness to mental health and the use of forgiveness in therapy should not be overlooked.

For individuals who suffer specifically from alcohol addiction, the most difficult part of forgiveness is accepting it from others. Accepting forgiveness involves forgiving oneself first.
Some alcohol addicts can admit their shortcomings and seek spiritual or other help to rid themselves of these identified defects. Many alcohol addicts experience unforgiving attitudes and acts by loved ones that are condescending, limiting their ability to move on and let go; to maintain forgiveness as a way of life. A quality that is overlooked by researchers is that forgiveness unites us with all humanity.

There are few instances where the process of forgiveness is not beneficial. However, positive mental and physical outcomes can have a significant healing affect in the recovery of alcohol addicts. They learn to feel united in their need to forgive and in their own need to be forgiven.

This paper first provides analysis of the definitions of recovery and forgiveness. There are many definitions and this can be confusing for clients. The stages of both recovery and forgiveness are defined as well as an Adlerian perspective on substance abuse. Adlerian concepts are analyzed and compared to Alcoholics Anonymous. Their compatibilities are emphasized as interventions that promote recovery in alcohol addicts. The paper concludes by proposing a series of sessions on forgiveness that can be conducted in a therapeutic environment for individuals suffering from alcohol addiction.

**Recovery**

**Defining Recovery**

Recovery has been defined by Nower & Blaszczynski (2008) as a generic term to describe adaptive changes in psychological functioning and/or reduction in symptomatology. Recovery is overcoming a problem or fighting off a disorder such as alcoholism. Recovery has different meanings for everyone. For the purpose of this paper, the definition as described by
Nower and Blaszczynski is adapted. This proposes changes in behavior and reducing problematic symptoms.

Brown and Lewis (1999) advance key assumptions when it comes to recovery for the alcoholic family. Recovery does not mean abstinence. However, abstinence does provide the foundation for the developmental process of recovery and helps the family start the journey of change. Recovery is not a single event or a prescribed outcome, but a developmental process where there is an emphasis on the big picture (Brown & Lewis, 1999).

Recovery is a difficult problem for therapists to treat. It is sometimes seen to be just as traumatic as drinking, but in its own paradoxical way. Many of the changes that an individual has to go through to obtain abstinence and maintain a recovery foundation are themselves traumatic (Brown & Lewis, 1999). Families and the individual face a dilemma because what is critical and necessary for maintaining recovery can also cause damage and problems without sufficient awareness and support.

For individuals struggling with alcohol addiction, being in recovery is a normal process that has clearly defined, predictable tasks and stages. A therapist can be guided in this process by remembering to focus on the organizing principles of loss of control, abstinence, and the long-term developmental process (Brown & Lewis, 1999). It is often said that the addict should trust the process and work through these stages at his or her own pace.

Recovery is also seen as an interaction as well as an interactive process. There are no predetermined goals or ends to achieve. It is an interaction between the individual and his or her family in their relationships with one another. This interaction may be seen as a constant tension between the individual and the focus shifts to the family as a whole (Brown & Lewis, 1999).
Both are vital to recovery though the primary focus may change depending on the stage and task the individual is in.

Drinking for the alcohol addict is often maintained by their false belief in control. Recovery for the alcohol addict is organized by the deep acceptance of the loss of control (Brown & Lewis, 1999). As a therapist, one does not have to help the addict and their family to fill the holes or help them regain control. A therapist can help the family by knocking down their defensive structures so that a new building process of recovery can begin.

**Stages of Recovery**

The first stage of recovery is the drinking stage. The primary focus of the drinking stage is on alcohol and drinking behavior (Brown & Lewis, 1999). In this stage, the alcoholic has lost the ability and the desire to stop drinking. The family of the alcoholic cannot control the addict and the core belief of (a) there is no alcoholism and (b) there is no loss of control, get in the way of the family’s efforts to help. Denial and minimization are a constant part of the alcoholic’s social life and way of being.

Stage two is the transition stage. This is where the family and individual have come to the realization that there is alcoholism and a loss of control. The alcoholic cannot control his or her drinking and the family cannot control the drinker. A challenging of the old beliefs may occur in which the family may have supported the drinking and denial (Brown & Lewis, 1999). Transition includes both the end of the drinking and the beginning of abstinence.

Early recovery is stage three. It is characterized by steady abstinence, where new attitudes, thinking, and behaviors become integrated (Brown & Lewis, 1999). A noticeable change from the transition stage is that the individual sees a reduction in his or her cravings and
impulsivity. The continuation of individual development occurs where the priority of the individual takes precedence over the family system.

The last stage of recovery is ongoing recovery. In this stage, individual recoveries are solid and attention can be turned back to the family system. This is the stage when the individual goes back to engaging in old activities they once enjoyed and develops new activities and relationships in more meaningful ways. Many individuals continue participation in AA-type programs and work the 12-step programs of recovery. This is also the stage where there is a spiritual focus and a need to have a relationship with a higher power (Brown & Lewis, 1999).

**Things to Look For in Recovery**

**Qualities of Alcoholics in Recovery**

In the book *Adult Children of Alcoholics* by Janet Geringer Woititz (1983), many characteristics of alcoholics are presented that provide indications on what to look for and expect along the way to recovery. These characteristics include (a) excessive dependency; (b) an inability to express emotions; (c) a low frustration tolerance level; (d) emotional immaturity; (e) high levels of anxiety in interpersonal relationships; (f) low self-esteem; (g) a sense of grandiosity; (h) feeling isolated; (i) perfectionism; (j) disrespect for people in authority; and (k) guilt. The characteristics of the alcoholic and his or her family responses tremendously influence the variables of success in recovery.

**How Families Respond**

Many families of alcoholics respond with denial and feeling a sense of protectiveness out of pity for the addict. Early in recovery, members may feel embarrassed and avoid situations out of guilt for enabling the alcoholic. As one can imagine, feelings of anger, hopelessness, and despair also creep up and devour any sense of normalcy for the family. The process of recovery
is very disruptive for both the addict and family. It means changing the way addicts perceive themselves as well as how the family perceives the addict. This is a tall order, but it can happen in the addicts’ own way and in their own time, usually with much patience. If the addict can take one step closer to forgiveness and be open to the concept, many doors will be opened.

Forgiveness

Defining Forgiveness

Forgiveness is acknowledging that an offense occurred, was unfair, and will always be unfair (Enright, 2001). It also means we have a moral right to be angry and to support the view that people should not hurt us. We have the right to respect. Forgiveness also requires that we give up something to which we have the right—namely our resentment or anger.

Forgiveness first and foremost is a choice. It is an act of mercy toward the offender in order to change the relationship between ourselves and those who have hurt us. We change the relationship because we are no longer controlled by angry feelings toward a person or persons.

Forgiving is more than accepting what happened. It means one can move on and remain indifferent. Ceasing to be angry is also a by-product of the forgiveness process (Enright, 2001). Forgiving is more than being neutral to the other and making oneself feel good. Forgiving, if practiced and properly understood, increases the forgiver’s well-being and overall emotional health.

Forgiving is not condoning or excusing the offense. It does not mean that one forgets about the painful experience the offender has caused, because trying to forget is seen as unhealthy (Enright, 2001). Forgiveness is also not seen as justifying, calming down, or pseudo-forgiving the offender. Many people feel that forgiveness is the same as reconciliation.
For the purpose of this paper, these concepts are viewed as different. Reconciliation is the act of two people coming together after having some sort of separation. Forgiving, on the other hand, is the moral action of one individual that starts as a private act, a decision of the human heart that is unseen (Enright, 2001). One can forgive someone and not reconcile, but one cannot truly reconcile without some sort of forgiveness taking place.

**Dimensions of Forgiveness**

Forgiveness has been seen as a specific dimension of religiousness and spirituality. It can enhance recovery, but the mechanisms through which they operate are unknown (Webb, Robinson and Brower, 2011). There have been concerns brought forward about the effects on the therapy process that forgiveness may invoke. Some researchers believe discussing forgiveness can imply moral or religious imperatives. In some situations, it may perpetuate the cycles of oppression, abuse, and reduce the motivation that anger can provide in working towards personal change (Wade, Meyer, & Johnson, 2008).

For individuals who perceive themselves as religious, forgiveness work in therapy is often welcomed. Wade et al. (2008) have suggested that these clients may find therapeutic interventions promoting forgiveness beneficial and possibly more so than interventions that exclude forgiveness. Research still indicates that caution should be exercised when evaluating the impact of forgiveness on the therapy process. It may not be a topic that is easily approached unless clients are specifically looking for treatments that help in achieving and promoting forgiveness.

When working with clients, it is paramount to find out what their definitions of recovery and forgiveness are. Education on what they are not is also beneficial and will help define what types of therapeutic interventions are best suited for them. For individuals that have a religious
background and view forgiveness spiritually and morally, the topic of forgiveness and spending
time focusing on it may be more warranted. Individuals who choose forgiveness show greater
motivation for positive change and dedication commitment.

Couples who have encountered trust issues through infidelity and/or substance abuse may
also find healing from the act of forgiving their partner. This has been shown to enhance overall
marital satisfaction and move the couple towards reconciliation.

**Phases of Forgiveness**

The first phase in forgiveness, as stated by Enright and Fitzgibbons (2000), is the
uncovering phase. In this phase the client’s goal is to develop a much better understanding about
the unfairness that occurred and how his or her reactions to it has affected his or her physical
health. This often comes from living with guilt for too long and letting negative emotions
compromise one’s life. The client is encouraged to work through levels of pain and ideally come
up with an altered worldview.

The second phase is the decision phase. The important thing for the client in this phase is
to take what he or she has learned in the uncovering phase and continue with his or her
motivation to change. This phase is about the client’s decision to choose forgiveness. The client
should have the opportunity to learn about what forgiveness is and is not in order to proceed
through the process and make sure this is what he or she wants. When a client asks for
forgiveness it is often seen as a gift to those who have hurt him or her.

The work phase is the third phase of forgiveness. In this phase it is important to
understand that the majority of the work happens here and the client enters into the deep process
of forgiveness. Reframing the situation, developing empathy and compassion for the offender,
and giving of a moral gift are all components the client moves through in this phase.
The final phase is the deepening phase. The client looks for meaning in his or her mistakes and failures and as he or she masters forgiveness he or she realizes a new purpose. The client discovers that he or she is not alone and others are still there to help. The goal at the end of this phase is to diminish resentments, experience a decrease in negative affect, and hopefully, a renewed purpose in life.

**Relationship Between Mental Health and Forgiveness**

**Does Forgiveness Make a Difference?**

In a Brown University study conducted by Jon Webb (2010), forgiveness was hypothesized with individuals with alcohol problems to have a negative association with depression, anxiety, and hostility symptoms. In support of this study, an article written by Robert McBrien (2004) produced evidence that forgiveness promotes marital adjustment and satisfaction and also reduces hostility, depression, and anxiety.

McCullough and Worthington (1994a) have also witnessed client benefits of forgiveness. These include (a) reduced negative emotions and improved well-being, (b) improved mental and physical health, (c) a sense of restored personal power, and (d) the restoration of the relationship.

Forgiveness has been used in different settings such as the workplace to moderate conflict and to encourage cooperation. It can be used as a problem-solving strategy that may reduce feelings of resentment, anger, and negative adjustments regarding the offender (Butler & Mullis, 2001).

This is an important discovery because it is believed that other than family, the workplace is the most powerful influence on an individual’s life experience.

**To Prescribe Forgiveness or Not?**

The majority of research on forgiveness shows evidence for therapists to prescribe, or at a minimum, be open to evaluating it in their practices. There is also empirical evidence suggesting
spirituality to help facilitate the prevention and treatment of substance use disorders (Lyons, Deane and Kelly, 2010). This spiritual connection was also supported by Ramsey (2008) who concluded that people of faith, and specifically older adults, benefit from forgiveness. Older generations are more likely to easily forgive. Well-being for them is found where interpersonal rifts meet forgiveness and healing.

Several suggestions from Wade, Bailey and Shaffer (2005) help identify which clients are more likely to desire and benefit from forgiveness. These guidelines include:

(a) therapists should not assume the client’s religious commitment and degree of unforgiveness over the offense are tied to the desire for the client to talk about forgiveness. It may give insight in understanding and helping the client deal with the hurt but does not provide evidence about the client’s desire to discuss forgiveness.

(b) the therapist should be aware of how long the client has been in therapy and the level of trust that has been developed with the client. In the research conducted by Wade, Bailey & Shaffer (2005) they found the longer a client had been in therapy the more willing they are to discuss forgiveness.

(c) if therapists have clients who they feel are interested in forgiveness interventions, they should assess for the level of self-esteem in the client. In this sample, the clients who showed more confidence and appreciated their abilities and strengths were more prone to engage in the concept of forgiveness.

Although there is strong support for promoting forgiveness, there are studies similar to the above that show forgiveness to involve spirituality and religion. These are seen negatively and involve particular commitments and beliefs. If a client is not religious or spiritual, this may
FORGIVENESS AS A CRITICAL FACTOR

not be well-accepted (Peteer, 2007). It is therefore critical again to explain what forgiveness is and what it is not and let the client determine whether it is a right choice for him or her.

An exception for promoting forgiveness was stated by Lamb (2002) for females who have suffered violence and abuse at the hands of men. This is fundamentally problematic. According to Lamb (2002), forgiveness in this situation may encourage a lack of self-respect and shut down feelings of anger. It may also reinforce gender role factors and put females back into a subordinate role where they feel the need to take care of others before themselves.

Forgiveness is not self-induced amnesia, nor does it require the victim to become a doormat (Knight & Hugenberger, 2007). Despite the popular adage, “forgive and forget”, one must remember to discriminate between forgiving and forgetting to avoid the risk of being re-victimized by those who have done wrong. Trust is earned, forgiveness is given. Forgiveness does not automatically restore trust, but it may allow offenders an opportunity to regain trust over time.

Unforgiveness

Definition of Unforgiveness

Rumination over transgressions, over time, may transform anger and fear into bitterness, hostility, resentment, hatred, and seething anger. When this happens, a toxic response occurs and leads to unforgiveness (Worthington, Scherer & Cooke, 2006). Unforgiveness is the inability to forgive and not make exception for an error or mistake.

Emotions involved with unforgiveness are characterized by a number of variables. First, it depends if the transgressions imposed by the addict are ongoing. Second, one should be aware that the addict typically does not commit one transgression, but several. The buildup of these occurrences affects the way people deal with him or her. Thirdly, individuals and family
members of the addict can become negative, or pessimistic, about the future and what lies ahead. This occurs because the addict has experienced chronic problems over time.

Unforgiveness and stress are connected and cause health consequences. Berry and Worthington (2001) found cortisol at baseline and cortisol reactivity to be positively correlated with measures of unforgiveness. This shows a connection to immune system functioning with unforgiveness and the need to encourage forgiveness as an alternative outcome.

**Transgressions**

Transgressions are offenses, hurts, or violations of boundaries. They can hurt and offend the victim and people vary in the way they interpret the transgressions (Worthington, Scherer & Cooke, 2006). Many transgressions are apparent when a family member is dependent on alcohol.

In families where an individual has alcohol dependence, members may experience and develop anger, blame, continuing fear, and resentment during the active dependence phase. Spouses and children may be humiliated or embarrassed for their loved ones in front of friends and acquaintances. They may avoid multiple situations and put their lives on hold in order to tend to the alcohol addict.

Transgressions can spread to social networks as well as to the spiritual (Worthington, Scherer & Cooke, 2006). Individuals with alcohol dependence may have misconduct at work, miss days, and encounter disciplinary actions. Spiritually, individuals with dependence may blame their higher power for all their troubles. He or she may wonder how this is allowed to happen to him or her. This likely creates a spiritual struggle.

Many individuals seeking treatment for alcohol dependence have a difficult time forgiving themselves. He or she may have problems identifying transgressions and cannot
forgive himself or herself for the transgressions he or she inflicted (Worthington, Scherer & Cooke, 2006). Worthington (2003) proposes that damage occurs to the addict’s self-concept and self-esteem because he or she admits he or she is the type of person that can inflict such transgressions. Self-acceptance and self-forgiveness are needed.

The Stress of Unforgiveness

People cope with stress in many different ways. Worthington (2005) identified more than 20 types of coping mechanisms. The coping mechanisms deal with injustice and unforgiveness. Three coping mechanisms will be explained as follows:

(a) problem-focused coping strategies are best described as strategies that target solving the problems that are perceived to be the cause of the stress. In some cases, the family may confront the alcohol addict. Careful attention needs to be exhibited so the addict does not feel controlled or coerced to stop drinking. This may have the opposite affect and cause the addict to drink more.

(b) meaning-focused coping strategies are attempts to put meaning and perspective on an event. This type of strategy can help the person who has been offended to acquire emotional or behavioral peace of mind. One has the decision to accept the offense or move on in life, or to make a decision to forgive. This will change the meaning of the offense. One also has the option to use meaning-focused coping to re-narrate the events of the transgression. This ties nicely into what narrative therapy encourages and could be used in conjunction with this strategy.

(c) emotion-focused coping is a strategy that attempts to manage one’s negative emotions rather than focusing on the meaning or problem behind it. Some of the positive emotions that lead to forgiveness involve empathy, compassion, sympathy,
and altruistic actions for the transgressor. In cases where alcohol dependency occurs within a family, love is mixed with the negative emotions of unforgiveness. Helping family members to empathize and feel compassion toward the dependent individual can help them forgive that person.

**Adlerian Perspective on Substance Abuse**

**Social Interest**

Alfred Adler states that social functioning is a barometer of an individual’s mental health (Ansbacher & Ansbacher, 1964). If an individual takes interest in helping others, this demonstrates social interest. This aids in having a sense of belonging and community. We seek a place in society where we are loved and valued. If we do not find it, we become discouraged and frequently are not able to function at full potential.

Addiction recovery and Adlerian therapy have very similar treatment goals. Fostering social interest is at the top of the list. Helping clients to feel valued, and as part of society, is another goal of therapy. The addict is encouraged to join a therapeutic community in order to feel he or she has a place to belong and have connection to others. A therapeutic environment, such as a 12-step program, allows the addict a sense of relief and eases some of the discouragement he or she has for life and the path he or she is currently on.

Addiction recovery from an Adlerian perspective will not be possible, and successful, until the addict learns a new way of going about life. Rejoining society may be a daunting task for the addict, as he or she has many consequences he or she needs to face up to. Steps 8 and 9 in the 12-step program allow the addict to once again feel valued. He or she is able to gain knowledge to repair what he or she has damaged along the way. The addict is able to take back certain responsibilities in society that were once avoided.
Life Tasks

An ideal goal of treatment for the addict is to help him or her address all the areas in life that were neglected or avoided due to fear or lack of encouragement. The addict lacks and needs help in developing the motivation and skills to meet the tasks of life. This is something not typically addressed in addiction treatment.

The treatment for addicts should assess the degree to which a client’s job is either a positive force in his or her life or is a contributing factor to the drinking problem (Prinz, 1993). If the workplace is a major stressor that adds to the problem, an alternative employment option should be encouraged.

For alcohol addicts, friendships are commonly formed and held together by the activity of drinking. Treating the addict in a therapeutic environment can provide opportunities for him or her to learn socialization skills that may not have been developed early on in childhood (Prinz, 1993). Assertiveness training and forming alternative recreational outlets are important skills the addict can learn to better equip him or her to manage life without the crutch of alcohol.

Love, marriage, and parenting are important sources of encouragement for the addict. They should be included as an integral part to treatment if possible. Many treatments have included family time into their programming. This is central to rebuilding good will between family members and allowing positive intentions toward each other to occur. Mutual conviction is developed and the addict may have less of a tendency to resort to harmful behaviors.

Ideas That Work

An Adlerian technique for substance-abuse therapy, as proposed by Don Dinkmeyer, Jr. (1990), is a group activity labeled the continuum of use activity. In this activity, the primary concepts include cooperation, goals, action orientation, and education/insight. It is an activity
that works for both large and small groups and can also be used in inpatient and outpatient settings.

The continuum of use activity provides a fun and nonthreatening atmosphere where the clients can explore the consequences associated with their specific drug or alcohol choices. This type of activity provides key information needed for making the difficult choices around drug or alcohol use. Important information is provided through the participants themselves and not given in a lecture-type format. This allows clients to feel less resistance in completing the overall activity. They enjoy learning from their peers.

Another idea that works for young clients is based on the ideas of Adler and Dreikurs. It is called a peer modeling program (Porter, Lerch, & Lewis, 1985). This program emphasizes preventative rather than remedial measures. The evaluation of the program by the young clients that participated was overall highly positive. Aspects of the program are based on creating a sub-peer group for high school students centered on positive behaviors. Lesson plans are designed to teach students to deal with developmental concerns, peer pressure, decision making, problem-solving, and becoming more responsible young people. Some of the major themes for the lesson plans are based on the ideas of striving for perfection, social interest, behavior has social meaning, and the courage to be imperfect.

Similarities of Adlerian Theory with Alcoholics Anonymous

Bi-directional Addictions Model

In the 1930’s, Alfred Alder transitioned into the U.S. during the same time as the birth of the first Alcoholics Anonymous groups (Linkenback, 1993). The principles for AA are similar in nature to Adler’s concepts, such as encouragement and the importance of social interest. The process by which AA accomplishes these principles is through the 12 steps.
There is a common thread between the different issues (e.g., drugs, pills, alcohol, gambling) that bring clients into treatment, and they all utilize a similar recovery process of using the 12 steps. It could be speculated that since these groups are unified by the 12 steps, they may have a common process to explain the etiology of their addictions (Linkenbach, 1993).

An approach to connect these common life-style threads is through an inverse examination of the 12 steps. An addictions blueprint addresses the addictive process, in which an individual successfully centers his or her life on an addictive behavior or substance (Linkenbach, 1993). This discouraged lifestyle leads to isolation from other people, the world, and oneself. Therefore, the addictive process is the inverse to Adler’s barometer of health, which is social interest.

**Holistic Model**

When the 12 steps of Alcoholics Anonymous (recovery) gets combined with the addictions blueprint, a holistic model can be created. This examines both the addictive and recovery processes (Linkenbach, 1993). This examination created the bi-directional addictions model, which joins the addictive and recovery process at their first steps. This is known as the fulcrum of choice. The fulcrum of choice is where the individual is at a crossroads and needs to decide which direction in his or her lifestyle he or she will go. Will he or she pick recovery or will he or she pick addiction?

In the bi-directional model, key Adlerian concepts are identified. These include freedom of choice, goal orientation, uniqueness, and social meaning. The bi-directional model provides an introduction for clients to gain a greater understanding of their addictions and recoveries (Linkenbach, 1993). It may also provide them insight into their decisions and why their recovery depends on their daily choices. The addictive process has social as well as spiritual meaning.
Behavior that contradicts social interest is a result of mistaken beliefs about belonging and being accepted (Linkenbach, 1993).

**Lifestyle and Social Interest Concepts**

When dealing with an alcohol addict, families often influence their addict’s choice of attitude and lifestyle. This is typically not done intentionally, but early childhood experiences tremendously shape the addict in what type of person he or she will become. By providing the client insight into the impact of these early experiences, he or she may no longer blame self, but rather understand why he or she initiated some of the destructive behaviors to begin with (Carroll, 1999).

Cooley (1997) is a proponent for using caution when exploring early family relationships of the alcohol addict. She recommends that care be taken when presenting lifestyle information, and to spread out the delivery of the information over several weeks. The reason to tread lightly is because the client may feel overwhelmed with these new discoveries, and too much insight could trigger a reactivation of denial and possibly bring on a relapse.

In a classical Adlerian perspective, alcohol addicts are seen to have a theme of avoiding the tasks of life and have a lifestyle that is self-indulgent and void of responsibility (Pienkowski, 2012). The AA model also identifies a main goal of developing self-discipline and accepting responsibility. These encompass Steps 4, 5, and 8. Dissolving the lifestyle, and helping the alcohol addict avoid black and white thinking, is a therapeutic goal that both Adlerians and the followers of AA encourage.

Social interest is also a common goal and is a practical application used by Adlerians and individuals involved with AA. Social interest is the capacity for an individual to engage in cooperation and have connection with and towards others. In AA, individuals spend a great deal
of time interacting in groups. They have a desire to reach out for help. An individual’s willingness to do the 12-steps is a good indication of the level of social interest the individual may possess (Pienkowski, 2012). This is Adler’s first life task and sets the stage for the individual contributing to society.

Zemore (2007) also supports a “helper therapy principle”. This proposes that helping helps the helper. When helpers share a common problem with helpees, they become committed to solving their problem and often are able to share what worked for them. In the process of persuading and encouraging others, the helper can persuade and encourage himself or herself.

Especially among alcohol addicts, there are many who have constructed their lifestyles to be full of pampering and being dependent on others to take care of them. This situation places them in an opportunity to put others in their service and to exploit the latter’s social interest for their own benefit (Mosak, 1990). If addicts from the beginning have a deficient interest in others, they tend to withdraw from life’s difficulties. Instead, they seek out pleasure.

To Mosak (1990), striving for pleasure appears to help explain the origin of addictive behavior. Every person strives for pleasure and to avoid nonpleasure at all extremes. This is a similar concept to what AA proposes. What characterizes the addict is minimal achievement of the ability to endure the adversities of life and grasping at all means to gain momentary pleasure.

**Interventions to Promote Forgiveness**

**Encouraging Techniques**

Reframing is one of the encouraging techniques proposed by Eckstein (1997) for the expansion of social interest. The goal is to produce a shift in either how the situation is perceived, in the meaning of the situation, or how one behaves toward the situation. In the case of encouraging forgiveness, the ideal outcome for a reframing intervention is to accomplish all
three goals (McBrien, 2004). The first step would be establishing new meaning for the situation, if given the option.

Meditation is another encouraging technique that brings an individual closer to wholeness, religious-consciousness, and forgiveness. It is similar to guided imagery and involves three steps. The mediator recalls someone who has provided love and compassion. Warm feelings are enjoyed that are associated with this memory. The mediator sends compassion and prayers to that person (McBrien, 2004).

The next step in meditation involves drawing up an image of a neutral person. This could be any person the individual may have encountered during the day, such as a receptionist or a clerk at the supermarket. Warm feelings from the image of the first person are recalled and additional sentiments and prayers are offered (McBrien, 2004). Finally, the process is repeated, this time imaging the offender. Positive feelings, prayers, and sentiments are offered yet again. This overall experience can incorporate all three of the reframing goals, as mentioned by Eckstein.

**Forgiveness Therapy**

For many individuals that have an addiction to alcohol, having a sense of salvation may produce the effect of promoting self-soothing and cleansing emotions. This has historically been embedded within AA and many other recovery self-help organizations. There is also evidence that suggests forgiveness is a solution to both addiction and recovery. In the case of alcoholics, if they are able to forgive themselves for disappointing others, this can often times lead to a successful road to recovery.

In alcohol-related outcomes researched by Webb et al. (2011), mental health individually played a role in the relationship between forgiveness of self and others. In addition, the authors,
reported social support and feeling forgiveness by God as being non-significant variables at baseline, follow-up, and longitudinally. This particular study was based on a sample of 149 individuals who were seeking outpatient substance abuse treatment for alcohol abuse (Webb et al, 2011). Many types of mediation techniques were utilized. Analysis was conducted over a 6-month period of time.

John Schibik (2006), in his article on Forgiveness Therapy in Psychological Trauma and Chemical Abuse Treatment, found forgiveness as being effective for both physical and mental health. Forgiveness therapy was thought to help heal the hurts from trauma and substance abuse by providing the character strengths that are often needed to resolve the conflict that arises within self, and with offenders. This particular process of forgiveness has two distinct phases. The first phase is to resolve unforgiveness and the second is to enact forgiveness.

Much of the research on alcoholism has shown group therapy as a preferred approach to treatment (Schibik, 2006). Alcoholism has been shown to impact much more than the addicted individual. There have been a number of factors that create the marginalization of family-focused treatment approaches to alcoholism. Many of our health care systems are built around the diagnosis and treatment of individuals (Steinglass, 2008). A large number of health insurance companies and their policies often exclude reimbursement for those people encouraging couples or family therapy as helpful interventions. More evidence in using forgiveness therapy, in addition to standard group therapy, is needed so it can be a core part of offerings at treatment facilities.

Forgiveness therapy targets anger, anxiety, and depression as a focus of treatment, as presented in the study conducted by Lin, Enright, Krahn and Baskin, (2004). Anger and its related emotions have been identified as triggers in substance abuse. Forgiveness therapy
proposes that resentment and its accompanying anger are often justifiable responses to severe wrongs. In helping clients move toward forgiveness, it is essential to explain the difference of forgiveness from condoning, reconciling, or forgetting (Lin et. al, 2004).

When clients are allowed to heal, their motivation to abuse substances may greatly be reduced. Forgiveness therapy goes beyond only treating the symptoms. It also treats the underlying causes of substance abuse. Past research, as illustrated by Worthington (2005), shows substance abuse to often be a symptom of underlying resentment and related emotional problems. Participants who completed forgiveness therapy had greater decreases in depression, anger, anxiety, and vulnerability to drug use (Worthington, 2005). When clients are not able to forgive (unforgiveness), they more often suffer from poor health. This is maintained by problematic coping skills and avoidance behaviors in regards to their substance abuse.

Forgiveness therapy is an approach that focuses and centers on clients’ thoughts, feelings, and behaviors about someone other than themselves. Forgiveness, for the client, is a personal decision to give up resentment and to respond with good will toward the person that caused the injustice and lasting hurt (Lin et. al, 2004). Forgiveness therapy can help the wronged person look at the injustice, consider forgiveness as an option, make a decision to forgive or not, and learn the skills to forgive.

There are five specific components of forgiveness therapy treatments, as researched by Blocher and Wade (2010). These are (a) defining forgiveness, (b) recalling the hurt, which is designed for helping clients tell their stories in a supportive environment, (c) helping clients build empathy for the offenders, (d) acknowledging one’s own offenses, which humanizes the offender, and (e) committing to forgiveness, which is the treatment goal/outcome.
Forgiveness therapy is a preferred therapy when there is a need to heal hurts of trauma and substance abuse. This is achieved by restoring character strengths that are critical to overcoming conflict within self and with offenders. Resolving unforgiveness and enacting forgiveness are two areas of focus.

Forgiveness therapy works well in targeting anger, anxiety, and depression. These emotions are often identified as triggers in substance abuse. It is beneficial when the treatment is centered on the thoughts, feelings, and behaviors about someone other than the addict. Motivation to abuse substances is reduced when addicts are allowed to heal through forgiveness.

**Step-by-Step Forgiveness**

There are many models and techniques for walking individuals and/or groups through the process of forgiveness. The model explained below is from the decision-based approach presented by Frederick A. DiBlasio (2000). This approach was used with couples who had experienced infidelity and who wished to participate in some form of therapy. Although the approach was used for this particular circumstance, it will work with other types of transgressions and hurts as well.

DiBlasio (2000) believes a decision to cognitively start the forgiveness process does not depend on the emotional readiness of the person. It will not instantly change feelings. Instead, the person appreciates the potential outcomes emotional hurt and pain exhibit throughout portions of the forgiveness process. If a client can approach the decision to forgive this way, the client is no longer a victim to his or her feelings and can obtain a sense of empowerment. This allows the client to overcome the hurt by taking initiative.

DiBlasio takes clients through a 13-step process of forgiveness. These steps are described in detail and a reminder is given for therapists. Great care needs to be taken when
going through the forgiveness process. Strong emotions can be evoked by the process. If the sessions do not have structure, the therapy can be ineffective or detrimental to the relationship being treated.

**Step 1:** In step 1, an explanation is given for the reason and benefits of forgiveness. Both the interpersonal and intrapersonal benefits are explained and their importance pointed out. DiBlasio identifies the following points that should be highlighted for clients:

(a) forgiveness is a decision to let go of resentment and bitterness.

(b) forgiveness is an act of will.

(c) it is possible to have emotional pain but also control revengeful thinking.

(d) both emotional pain and hurt are addressed throughout the duration of therapy.

(e) a decision to forgive is a beginning and not an end to therapy.

(f) there are many benefits to making a forgiveness decision.

(g) a person may choose not to forgive or to withhold forgiveness for the time being.

**Step 2:** In this step, each person is given an opportunity to reflect on what he or she would like forgiveness for. To choose and seek forgiveness is a decision for each person, but rarely is only one person solely responsible for the current dysfunction in the relationship. This can be an important step for couples dealing with an alcohol addiction, as the blame is often put solely on the addict. The goal is not to blame the other, but to be accountable for his or her contributions to the current dysfunction. As the individuals are preparing to seek forgiveness from each other, it is important to remind them that this is the time to come clean. Expectations about a particular response should try to be removed. This time is meant to be void of any demands of the other and is to be filled with freedom to respond in any way. Forgiveness should be looked at as a gift from the other.
Step 3: During this step, the additional steps of 4-13 are explained, and a choice is offered of whether the individuals want to go through the process. If an individual chooses to forego the process, the other individual has the option to proceed. Steps 4-12 are to be done in a fashion whereby one person completes all the steps before the other person is given the opportunity, and the steps are repeated. Individuals are always given time to decide and are not forced to make a quick decision.

Step 4: The offense is shared during this step. In the case of someone seeking forgiveness for alcohol dependence, the offender chooses to share or not share as much information as he or she wants. This approach encourages honesty and reduces the damage that may result from the information being discovered at a later time. A warning should be given explaining that the added information may cause the other person to reconsider trying to reconcile. DiBlasio (2000) states that direct communication regarding the offenses can be framed as a new beginning and a starting point to rebuilding trust. Addicts are often stuck in a negative cycle that includes guilt and shame. Being open and honest is an important first step for addicts in breaking this recursive cycle.

Step 5: After the offense has been stated, the offender now offers up an explanation for his or her behavior. Clinicians are advised to spend time explaining how to do this properly with clients. An explanation should be pointed out that it is not an excuse, but instead offers insight into what led to the offense. “I” statements should be encouraged for the client to use and owning his or her feelings versus passing the blame on the partner. If a client can express feelings and thoughts in this way, it can lead to empathy and more direct communication.

Step 6: In this step, the other partner is given the opportunity to ask questions of the offender. The partner may desire more specifics or details, or be uncertain about the information
that has been shared. It should be stated that information may not seem important to the offender, but it may be important to the partner. By gaining more clarity, this allows the partner to weigh the options that have been presented.

**Step 7:** Once the offended partner has no more questions to ask of his or her partner, he or she gives an emotional reaction to the partner. As stated in Step 5, the offended partner should be encouraged to own his or her own feelings and use “I” statements. Sharing feelings can often times be difficult to put into words, so enough time needs to be given for this step. DiBlasio (2000) encourages therapists to be patient as well as gentle as the offended partner expresses his or her emotional response.

**Step 8:** This step has a goal for the offender to express empathy for the feelings that the offended partner expressed. This type of communication is not often familiar to couples. It may take a considerable amount of guidance by the therapist for people to feel comfortable in sharing everything. Showing empathy requires genuine understanding and the offender needs to acknowledge how the other is feeling in response to the offenses. If this step is done correctly, the couple may reveal a considerable amount of vulnerability.

**Step 9:** In this step, a plan to discontinue behavior is developed by the offender. Having the offender make a legitimate plan to completely stop the behavior that is causing the pain is essential for forgiveness to occur. DiBlasio (2000) states that typically forgiveness and reconciliation occur at the same time. However, forgiveness can at times occur first and reconciliation occurs later. This is true in cases of relapse. For those addicted to alcohol, treatment and support groups are strongly encouraged. A desired plan is for the addict to remove himself or herself from situations or environments that are conducive to alcohol use. Maintaining a sponsor and having a third party who holds the addict responsible will hopefully
help the addict to stay faithful and on the right path. An ending goal would be for the offended partner to have unlimited access to treatment information and to engage with the third party or sponsor on a desired plan for the offender.

*Step 10:* The offended partner offers empathy for all the things that led up to the addiction and to the decision to discontinue use of alcohol. As one would imagine, tremendous loss is experienced when the addict gives up the addiction. The addiction typically has helped the addict cope with life and made him or her feel better, albeit momentarily. Some would compare this to losing a best friend and empathy is needed surrounding this loss. It is important to note that empathy from the offended partner can be offered as well.

*Step 11:* At this point, the coverage of the offenses has largely been completed. It is now time for the offended partner to decide if he or she will choose to forgive the offender. If the offended partner chooses to forgive, encouragement should be given to both to stay committed to their decision. It is common for the offender to have temptations to use the offense at a future time. This may be based on the fact that some feelings are too difficult to acknowledge and it takes time to learn forgiveness. Forgiveness is a choice and will take significant practice and patience.

*Step 12:* If the offended partner made the decision to forgive, the offender now has the opportunity to make a formal request for forgiveness. At this time it may be suggested that the couple hold hands or get comfortable for the exchange to happen. The therapist may choose to leave the room to allow the couple to have a full range of expression. The time and date can be noted for the couple to write down and remember to emphasize the meaning and importance of it.
Step 13: The couple, or individuals, will be moving to the last step and all should complete steps 4-12 before continuing on. After the initial person completes steps 4-12, the opposite person should repeat the steps and seek forgiveness for his or her contribution to the dysfunction in the relationship. It is suggested that the couple take part in some sort of ceremony, whether it be by themselves or in front of family members, to signify that the offense(s) are forgiven. An example is engraving wedding rings or exchanging wedding vows again. This provides the couple a symbol to remind them that each person chose to forgive and it reinforces the overall decision.

Some of the important takeaways for the couple include being vulnerable and learning to trust each other. They may be better able to communicate and share feelings. This is an important coping skill, especially for the addict, who may have just given up his or her main coping mechanism. Going through these steps does not mean the couple is done with therapy or that they should discontinue practicing communication and sharing their frustrations. It is helpful to reassure the couple that they can forgive, one event at a time, and they can decide together to be more forgiving in the future.

Proposed Forgiveness Group Therapy Sessions

Participants and Setting

Participants for the forgiveness group will be 18 years of age or older and be actively engaged in intensive outpatient treatment at Ark Counseling, LLC. During initial intake, or thereafter in discussion with his or her primary counselor, he or she has indicated he or she is willing to engage in processing one of his or her unresolved hurts. Ideally, participants will be in the contemplative stage of the transtheoretical model of human behavioral change as proposed by Prochaska, DiClemente, & Norcross (1992).
Design and Procedure

In addition to Ark’s standard chemical dependency treatment, participants will be involved with individual as well as group therapy sessions. There is coordination of care between the forgiveness therapy leader and the primary counselor on an as needed basis. A large portion of the information in the group therapy sessions focus on the readings by Enright, R.D. (2002). These are based on forgiveness as a choice and the REACH model.

The REACH model is utilized for the forgiveness therapy intervention as well as forgiveness exercises and homework. The forgiveness group will last approximately 10 sessions and is a “closed group”. Each of the sessions is 90 minutes in duration and group size is limited to no more than 8 participants.

The acronym for REACH represents: R = recall the hurt, E = empathize, A = altruistic gift of forgiveness, C = commitment to forgive (publicly), and H = holding on. In order to progress in the journey to forgiveness and move to the next stage, each participant must achieve the prior stage. This may be difficult for some participants because he or she may choose at any time not to forgive. Participants should not be pressured to forgive his or her offender by the therapist. A choice has to be given to the participant throughout the process or it may prove detrimental.

In working with the addicted population, many therapy approaches are effective and conducive to forgiveness therapy. Early on in the sessions, gestalt, person-centered, narrative, and adlerian theories will be used. The later sessions will include elements of behavioral, existential, rational emotive behavioral, cognitive behavioral, and reality theories.

Session 1: Before starting the “R” stage, the forgiveness therapist will lead the group through a psychoeducational session on what forgiveness is and what it is not. Concepts of
unforgiveness and the meaning of reconciliation will also be discussed. Forgiveness is seen as a two-step process: decisional and emotional. Both of these concepts involve forgiveness of others and forgiveness of self. Each dimension is a unilateral decision totally within the control of the participant.

Reconciliation between the participant and the offender cannot happen unless both individuals agree to repair their dysfunctional relationship. In some cases, reconciliation is not in the best interest or safe for the participant. A group discussion follows the psychoeductional presentation.

Sessions 2-5: In Sessions 2-5, recall the hurt (R), the forgiveness therapist gives each participant the opportunity to recall at least one of his or her offenses and share the experience with other group members. Forgiveness exercises comprised of making amends with an exercise from www.learningtогive.org are discussed with participants.

The making amends activity ties into steps 8 & 9 of Alcoholics Anonymous. Each participant will be asked to make 4 columns on a piece of paper with the following headings: “People I have harmed”, “Am I willing to make amends?”, “Can I make direct amends without causing injury to them or others?”, and “How will I make amends?” Each participant fills in the columns and homework is given. He or she will be asked to write a personal reflection about the value of forgiveness.

The forgiveness exercise from www.learningtогive.org involves a deflated balloon, paper, and pen. Each participant is asked to make a list of all the people in his or her life who have hurt him or her in some way, and with whom he or she is angry. For each person on his or her list, he or she should blow a breath of air into the balloon. The more anger a person feels, the more air he or she blows into the balloon. The participants should pinch off the balloon after
each breath and see how large the balloon gets. Ask the participants what he or she learned from the balloons. What will happen to him or her if they don’t let go of the anger? Some individuals prefer to sweep past hurts or transgressions under the rug. He or she believes recalling the transgressions will stir up old hurt and anger. The participant will be asked where he or she stands on this question and asked to complete a journal entry.

**Session 6:** In session 6, group discussion will focus on how each participant has used chemicals as a coping mechanism. This will be tied into the work the participant is doing on Step 1 in his or her treatment plan. Step 1 reads, “We admitted we were powerless over alcohol—that our lives had become unmanageable” (Alcoholics Anonymous, 2001). Participants are given a brochure on “Forgiveness”. He or she is asked to read it and reflect on it prior to session 7.

**Sessions 7-8:** During sessions 7-8 (E= empathize), participants are guided to reframe his or her offense from the offender’s perspective. The goals of these sessions are to instill some level of empathy for the intrapsychic suffering the offender may have experienced as a child. Unless the participant can reach some level of empathy, it is unlikely he or she will be able to forgive. The participant will make another journal entry and answer the following question, “Can you come up with a time when you had empathy for someone who hurt you and found it helped you forgive that person?”

**Session 9:** Session 9 (A= altruistic gift of forgiveness) explores the process of what forgiveness might “look like” from the participant’s perspective. The therapist will focus on cognitive as well as reality theory. These theories help the participant consider how his or her “unforgiving strategy” is hindering him or her in recovery. They also explore a variety of ways self-forgiveness and forgiveness of the offender may be framed.
C= commitment to forgive, is the last thing explored in this session. The participant is encouraged to make his or her forgiveness decision publicly known. This can be achieved in a number of ways. The participant should feel comfortable in his or her process before taking this step. Some examples are creating a poem or song that puts his or her thoughts to music and sharing it with others. The participant may also create a certificate of forgiveness. It can be displayed on a wall that shows others and is a reminder to himself or herself that he or she has forgiven. The participant will do two journal entries. Think about a time when you did something altruistic for someone who was needy. How did it make you feel and how long did the feeling last? Recall a person who hurt you in the past and think of three good things about that person. Was this difficult and did it help you at all?

Session 10: The last session is holding on to forgiveness (H). Participants are reminded that forgiveness is a journey. Often he or she must retrace his or her steps in order to achieve the desired outcome. This occurs in both decisional and emotional forgiveness of the offender and self. Ideas and practical skills are discussed and shared on how to create and maintain a support network. To end the session, a brief YouTube video will be shown. Participants will also be asked what character traits he or she wants to develop in himself or herself, what part he or she has in developing them, and if there is anyone else he or she would use as an accountability partner. These answers will be entered into his or her weekly journal.

Instruments and Measurements

Participants in the forgiveness group are given the PHQ-9 and GAD-7. This helps the therapist evaluate symptoms of depression and anxiety. It also detects if the participant has enough ego strength to participate in gestalt therapy used in the sessions. In gestalt therapy, the participant learns self-regulation and methods to tackle the burdens of the past. This helps to
achieve an adequate perception of present events. Relief for the participant comes with full awareness. Awareness will help the participant to be free from the burden, which keeps him or her captivated, and directs his or her individuality. The development starts after the participant acknowledges the pain of the past. Only when the participant becomes free from fear can he or she progress. Participants are completely responsible for his or her part, what he or she does, and the alternative he or she chooses.

There are 5 psychometric instruments used for each participant during pretest and posttest. These include: Coopersmith Self-Esteem Inventory (CSEI), the State-Trait Anxiety Inventory (STAI), the Spielberger State-Trait Anger Expression Scale (SSTAEI), Enright’s Forgiveness Inventory (EFI), and an adaptation of Wangberg and Milkman’s Adult Substance Use Survey. This particular survey will access the thoughts and feelings each participant has about drug use.

The measurements will be conducted at the beginning of forgiveness therapy, at the conclusion, and also 120 days after discharge from Ark’s treatment program. The PHQ-9 and GAD-7 will be re-administered during both posttests. A discussion with Ark staff will be conducted after the results have been compiled. Forgiveness interventions may be modified based on the findings and to improve overall treatment.

Summary

The variables of alcohol addiction, recovery, forgiveness, and their appropriate interventions support the proposal for forgiveness as a critical factor in the recovery of people with alcohol addictions. For clients that have specific past hurts, and need to overcome severe interpersonal damage, forgiveness therapy has proven valuable. Forgiveness has been shown to
increase relationship satisfaction and provide closure where acts of transgression need to be addressed.

Many researchers conclude that forgiveness is the cornerstone of a successful relationship. Additional studies need to support this important finding as forgiveness is also tied to greater increases in self-esteem and decreases in depression, anger, and anxiety. When addicts are not able to forgive, they tend to have problems with poor health and have an inability to develop proper coping skills. They are also unable to fully experience recovery and healing. These are the ultimate outcome for most addicts.

Alcoholics Anonymous and Adlerian theory have similarities in how they view substance abuse and concepts they encourage in recovery. These concepts include: social interest, the 3 life tasks, an individual’s lifestyle, and looking at the individual as a whole. A 12-step program in conjunction with group therapy is a viable option for helping individuals become the people they want to be.

An important concept is to encourage the client to gain insight into his or her decisions and why his or her recovery depends on his or her daily choices. The addictive process, and the behaviors associated with it, contradicts social interest. As a result, mistaken beliefs about belonging and acceptance are skewed. The client is stuck at a crossroads.

The process of forgiveness and using it as an intervention is not something that should be taken lightly. The client needs to be educated on what it is, and what it is not, and allowed enough time to completely “be” with his or her feelings and emotions. Forgiveness may allow us to reconcile with others and restore relations of value and trust. It can also free us from turmoil that comes from keeping grudges and not moving beyond resentment.
To reiterate, it is important to keep in mind that there are cases where providing forgiveness therapy may not be in the best interests of the client. This is an area that should be addressed more in depth with additional studies and kept in one’s awareness at all times. If not enough time is spent on the process of forgiveness, the healing aspect of it could be counterproductive.

**Conclusion**

Overall, forgiveness therapy acknowledges support for the client’s legitimacy of his or her emotions. These emotions could be resentment and hatred toward someone who has offended. Encouraging the client to express his or her emotions promotes ownership of his or her emotional experience. This can be empowering to the client and provides him or her the motivation needed for change. It allows the client to focus on his or her own concerns instead of getting stuck in blaming others and feeling victimized. This final outcome in the process can blossom forgiveness and new beginnings.

If clients have practiced forgiveness to any extent, he or she may realize the process to be incredible and transforming. He or she may come to accept that forgiveness is more than a skill that you practice, or a new way of feeling or behaving. Forgiveness can alter his or her sense of identity and his or her sense of who he or she is. He or she is no longer a victim of others or the past. As clients change how they think, feel, and behave, his and her sense of self may change for the better.
References

Adler and addiction treatment. In We Do Recover. Retrieved from

New York, NY: Author


imagining relationship events, and physical and mental health. Journal of Counseling
Psychology, 48, 447-455.

Blocher, W. G., & Wade, N.G. (2010). Sustained effectiveness of two brief group interventions:
comparing an explicit forgiveness-promoting treatment with a process-oriented treatment.
Journal of Mental Health Counseling, 32, 58-74.


Carroll, J. J. (1999). Compatibility of Adlerian theory and practice with the philosophy and
practices of alcoholics anonymous. Journal of Addictions & Offender Counseling, 19,
50-61.

Cooley, H. K. (1983). Alcoholism and drug dependency: some mistakes we can avoid. The
Journal of Adlerian Theory, Research & Practice, 39, 144-155


treatment. *Journal of Chemical Dependency Treatment, 8*, 227-253. doi:
10.1300/J034v08n02_12

model for treatment of alcohol and other drug problems. *Alcoholism Treatment
Quarterly, 26*, 9-29. doi: 10.1300/J020v26n01_02


interventions to promote forgiveness: a review of the literature. *Psychotherapy: Theory,
Research, Practice, Training, 45*, 88-102. doi: 10.1037/0033-3204.45.1.1.88

Brown University Digest of Addiction Theory & Application, 29*, 4-5.

Webb, J. R., Robinson, E. A. R., & Brower, K. J. (2011). Mental health, not social support,
mediates the forgiveness-alcohol outcome relationship. *Psychology of Addictive
Behaviors*. Advance online publication. doi: 10.1037/a0022502

Communications, Inc.


Downers Grove, IL: InterVarsity Press.