



Emotion-Focused Therapy, Forgiveness, and Aging:  
An Integrated Approach to Enhancing Emotional Well-Being

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*Forgiveness is an agreement  
Between my right to be angry and my right to love.  
It refuses to remain in the destructive pain  
and instead chooses to accept it  
and transform it into more greater love.*

*Forgiveness feels that the person responsible for the offense  
is also a vulnerable being,  
capable of transforming their feelings and actions.*

*Forgiving is a genuine power,  
one of personal and social renewal.*



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**EMOTION-FOCUSED THERAPY, FORGIVENESS, AND AGING:  
AN INTEGRATED APPROACH TO ENHANCING EMOTIONAL WELL-BEING**

**Abstract**

In recent decades, particularly within the realm of psychology, research has increasingly highlighted the importance of forgiveness in enhancing personal well-being and fostering sociocultural development. Research and clinical practice in this area have expanded considerably. Forgiveness is seen as a response to unjust situations, closely connected to emotional dynamics and their transformative potential. Thus, emphasizing the emotional dimension of forgiveness is crucial. This is one of the reasons why the thesis focuses on Emotion-Focused Therapy (EFT) as a therapeutic model. Despite the growing attention to EFT and forgiveness in psychology, certain areas still require further exploration—among them, forgiveness in older adults. Given the distinctive challenges encountered by older adults, alongside the increasing demographic of this population, the beneficial effects of forgiveness on their health become increasingly apparent. The focus of this research is to investigate forgiveness in the older population using EFT to address emotional injuries caused by offenses. This approach aims to fill a gap in current studies and ultimately promote well-being in this demographic. In the beginning of our research (Chapter I), we aimed to explore the effects of resentment and forgiveness on individuals aged 65 and older over time. We opted for a qualitative approach, which allowed us to explore genuine experiences in depth. Based on the analysis of participants' discourse, this preliminary research identified specific effects of resentment and forgiveness. Moreover, it revealed that, as time passes, various factors may influence the experience of forgiveness in different ways. The initial study shed light on a range of strategies participants utilized to address offenses, leading to further research. In this subsequent study (Chapter II), our goal was to understand the main challenges encountered by individuals aged 65 and older in the forgiveness process. Using the

Dialogical Self Theory (DST), we examined possible internal self-narratives that may impede forgiveness. The findings revealed various internal processes that may hinder or complicate the process of forgiveness. So, the initial two studies underscored the significance of forgiveness within our population. Additionally, they elucidated a spectrum of coping strategies—some facilitating and others complicating—that a sample of individuals from this specific population tends to adopt when grappling with resentment and forgiveness. Based on the exploratory results from the first two studies and the current state of research, we found it important to validate a brief EFT to address emotional injuries caused by offenses in older adults. To achieve this goal, we developed a randomized clinical trial protocol, proposed as a future study (Chapter III). Our objective was to develop a protocol that would establish the foundation for a clinical trial assessing the acceptability and feasibility of EFT in addressing emotional injuries resulting from offenses in individuals aged 65 and older. This protocol also aims to analyze the effects on forgiveness, the process of letting go, unresolved issues, quality of life, and depression. Subsequently, in our final study (Chapter IV), in line with the designed protocol, we examined the results of a single case study of EFT for resolving emotional injury—comprising twelve weekly sessions with an older individual. We employed the Hermeneutic Single Case Efficacy Design to investigate whether the changes observed in therapy were indeed attributable to it and how the therapy influenced these changes. Both qualitative and quantitative data were collected at various time points. The study unveiled significant potential for future research in this area. So, our thesis is structured around four studies: I) Time, Resentment, and Forgiveness: Impact on the Well-Being of Older Adults; II) Aging and Forgiveness: What Difficulties do Older Adults Face in the Process of Forgiving?; III) Emotion-Focused Therapy and Forgiveness in the Older Population: Protocol for a Feasibility Randomized Controlled Trial; IV) Emotion-Focused Therapy for Resolving Emotional Injuries in Older Adults: A Hermeneutic Single-Case Efficacy Design Study.

# **TERAPIA FOCADA NAS EMOÇÕES E PERDÃO EM ADULTOS MAIORES DE IDADE: ABORDAGEM INTEGRADA PARA PROMOVER O BEM-ESTAR EMOCIONAL**

## **Resumo**

Nas últimas décadas, no domínio da psicologia, diversos estudos têm sublinhado a relevância do perdão tanto para o bem-estar individual quanto para o desenvolvimento sociocultural. A investigação e a prática clínica neste campo expandiram-se significativamente. O perdão é uma resposta a situações de injustiça, intimamente associado a dinâmicas emocionais e ao seu potencial transformador. A dimensão emocional do perdão é crucial, justificando também o foco desta tese na Terapia Focada nas Emoções (TFE) como modelo terapêutico. Apesar do crescente interesse pela TFE e pelo perdão na psicologia, algumas áreas permanecem insuficientemente exploradas, especialmente o perdão em adultos maiores de idade—igual ou superior a 65 anos. Neste grupo demográfico, que enfrenta desafios específicos e está em crescimento, o impacto do perdão na saúde tende a ser positivo. A presente tese visa investigar o perdão nesta população específica, utilizando a TFE para abordar problemáticas emocionais resultantes de ofensas, procurando preencher uma lacuna na literatura atual e promover o bem-estar. No início da tese (Capítulo I), examinamos como o ressentimento e o perdão podem afetar indivíduos com 65 anos ou mais ao longo do tempo. Optamos por uma abordagem qualitativa, que nos permitiu explorar experiências genuínas em profundidade. Com base na análise do discurso dos participantes, o estudo identificou efeitos específicos do ressentimento e do perdão, revelando que, com o passar do tempo, diversos fatores podem influenciar a experiência do perdão. Este estudo introdutório revelou uma série de estratégias utilizadas pelos participantes para lidar com ofensas, levando a um estudo subsequente (Capítulo II). O objetivo deste segundo estudo foi compreender os principais desafios que indivíduos com 65 anos ou mais enfrentam no processo de perdão. Usando a Teoria do Self Dialógico, analisamos narrativas

internas em torno do processo de perdoar ou não. Os resultados revelaram processos internos que podem dificultar o perdão. Em síntese, os dois primeiros estudos sublinharam a relevância do perdão nesta população e mostraram um conjunto de estratégias—algumas facilitadoras e outras perturbadoras—que a amostra tende a adotar ao lidar com ressentimento e perdão. Com base nos resultados exploratórios dos dois primeiros estudos e no estado atual da investigação, considerámos importante validar uma intervenção breve de TFE para tratar os problemas emocionais causados por ofensas na nossa população-alvo. Para alcançar esse objetivo, desenvolvemos um protocolo de ensaio clínico randomizado (Capítulo III). A meta foi criar um protocolo que possa servir de base para um ensaio clínico que avalie a aceitabilidade e a viabilidade da TFE direcionada à resolução dos problemas emocionais resultantes de ofensas em pessoas com 65 ou mais anos. Além disso, visamos avaliar o impacto dessa intervenção no perdão, no processo de deixar ir, em assuntos inacabados, na qualidade de vida e na depressão. Seguidamente, no quarto estudo (Capítulo IV), alinhado com o protocolo, avaliámos os resultados de uma intervenção de TFE para resolução de problemas emocionais—doze sessões semanais com um adulto maior. Para este estudo de caso, utilizámos o Design de Estudo de Caso Único Hermenêutico para investigar se as mudanças observadas na terapia foram realmente resultantes desta e como a terapia contribuiu para essas mudanças. Dados qualitativos e quantitativos foram recolhidos em diversos momentos. O estudo revelou um potencial significativo para pesquisas futuras. Em síntese, a tese estrutura-se em quatro estudos: I) Tempo, Ressentimento e Perdão: Impacto no Bem-estar em Adultos Maiores; II) Envelhecimento e Perdão: Quais as Dificuldades que os Adultos Maiores Enfrentam no Processo de Perdoar? III) Terapia Focada nas Emoções e Perdão na População Maior: Protocolo para a Viabilidade de um Ensaio Clínico Randomizado; IV) Terapia Focada nas Emoções para Resolução de Problemas Emocionais em Adultos Maiores: Design de Eficácia Hermenêutica de Estudo de Caso.

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## **INTRODUCTION**



## INTRODUCTION

Several life contexts have sparked my interest in pursuing a PhD in psychology. One important moment occurred during my professional internship, where I had the opportunity to gain valuable insights from various therapeutic experiences. During this period, I embraced two fundamental principles that now define my professional mission: absolute respect for the unique identity of each individual and an unwavering commitment to upholding the highest standards of clinical practice.

This formative period also provided me with the opportunity to familiarize myself with various therapeutic approaches. Among them, two stood out: Cognitive Behavioral Therapy (CBT) and Emotion-Focused Therapy (EFT). However, while deepening my understanding of these therapeutic models, I never lost sight of the fact that the primary focus should always be on the individual receiving support, rather than solely on any specific therapeutic approach.

Actually, I developed a profound affection for EFT, as its principles deeply resonated with me and awakened me to its therapeutic benefits. So much so that I chose to continue my internship focusing on this approach and actively sought opportunities to expand my understanding of it. This pursuit led me to the University of Maia, where I had the privilege of learning from some of the best experts in EFT worldwide.

The University of Maia offered me a highly innovative PhD format in the national panorama—‘the first based on the scientist-practitioner model, preparing highly qualified professionals, capable of having an excellent practice, complemented with research activity (practice investigated)’—. Because I aimed to balance my doctoral studies in Theology with Psychology, I did not hesitate to start my PhD journey in Clinical Psychology.

This desire provided me the opportunity to become part of a research group focused on forgiveness within the Department of Social and Behavioral Sciences at the University of Maia (led by the scientific advisor of this PhD thesis). Prior to the onset of the pandemic, I was invited to present a paper at an international symposium, which explored the contrasts between forgiveness from a biblical-theological perspective and a psychological standpoint.

In essence, my PhD study began with a focus on EFT and forgiveness. Why target the older population? For two primary reasons: Firstly, I was already working with this demographic. Secondly, I observed the absence of EFT and forgiveness studies tailored specifically for this age group.

## INTERPERSONAL FORGIVENESS

### *Definition of interpersonal forgiveness*

In recent years, the study of forgiveness has transitioned from being primarily a theological concern to also becoming a significant theme in psychological research (Hampton et al., 2023; Mróz & Kaleta, 2023; Worthington, 2020). Despite the lack of an unanimous definition of forgiveness in the field of psychology, there exists a broad agreement that it is distinct from reconciliation, does not absolve the injurer's responsibility, and does not entail forgetting the past (Coleman, 1998; Enright & Fitzgibbons, 2015; Prieto-Ursúa, 2021; Worthington & Wade, 2014). Furthermore, it is evident that forgiveness is independent of any entity and does not interfere with social norms (Long et al., 2020; Meneses & Greenberg, 2019).

Two leading scholars in the field of forgiveness from a psychological perspective are Robert Enright, who developed the Process Model of Forgiveness (Enright, 2001; Freedman &

Enright, 2020, Pettigrove & Enright, 2023), and Everett Worthington, the author of the REACH Forgiveness model (Worthington, 2020).

From a psychological point of view, not forgiving is not the opposite of forgiving (Worthington, 2020). Unforgiving may include letting go of unpleasant feelings toward the injurer. But may not include pleasant feelings toward them and may not express a desire for forgiveness (Meneses & Greenberg, 2019). According to Enright et al. (1998), forgiveness can be understood as a moral attitude that involves two key components. Firstly, it entails letting go of unpleasant thoughts, behaviors, and feelings associated with an offense. Secondly, it encompasses valuing feelings of compassion and care (Enright et al., 2016).

Worthington (2020) emphasizes the interplay between emotional and motivational aspects within the concept of forgiveness. He delineates two main forms of forgiveness: decisional forgiveness and emotional forgiveness. The decision to forgive, on one hand, involves consciously choosing to overcome a personal offense, setting aside feelings of anger and resentment towards the injurer (Worthington et al., 2014). Emotional forgiveness, on the other hand, embraces transforming unpleasant emotions into pleasant ones, such as compassion, love, and empathy, as described by Worthington (2020).

Authors hold differing views on whether forgiveness is considered an intrapersonal or interpersonal phenomenon (Costa et al., 2021; Enright et al., 1998). There is also disagreement regarding whether forgiveness primarily entails letting go of negative feelings, behaviors, and thoughts or embracing the transformation of these emotions into pleasant ones (Freedman & Zarifkar, 2016; Hampton et al., 2023). Nevertheless, there is consensus that forgiveness is a multifaceted process involving emotional, cognitive, and behavioral components (Allemand et al., 2012; Freedman & Enright, 2020; Kim et al., 2022; McCullough et al., 2013).

Emotional components encompass a wide range of feelings, including resentment, anger, revenge, hatred, empathy, love, care, and compassion. Cognitive components involve transitioning from a negative to a positive motivational state, often achieved through reappraisal of the situation. Behavioral components can be reflected in expressive and conciliatory actions (Coleman, 1998; Freedman & Enright, 2020; Hill et al., 2018; Worthington, 2020).

The combination of these elements enriches and deepens the complexity of the forgiveness (Enright, 2001). It is a dynamic process marked by progress and setbacks, condensed into several key stages: acknowledgment of the offense, willingness to forgive, cognitive and emotional processing, and behavioral disposition (Freedman & Enright, 2020; Hill et al., 2018; Li et al., 2024; Worthington, 2020).

Thus, forgiveness, understood as an interpersonal experience, encompasses both individual and contextual levels (Vygotsky, 1986). Consequently, the process of forgiving typically involves two primary facets (Freedman & Enright, 2020; Worthington, 2020). The initial facet pertains to tending to one's own emotional conditions when confronted with an offense—possible blockages, expression of anger, indignation, and sadness (Kim & Enright, 2014). However, if these emotional states are excessively intense and obstructive, they may neglect essential needs—such as support, validation, empathy, love, and protective anger (Allemand & Flückiger, 2020). In other words, forgiveness can be seen as a call to responsibility for how one feels when faced with an offense—in order to adequately respond to psychological needs (Meneses & Greenberg, 2019).

The second major facet of the forgiveness process involves developing empathy toward oneself, the situation, and the injurer (Enright et al., 1998; Prieto-Ursúa & Echevoyen, 2015). Empathy pertains to the capacity to comprehend feelings in their nature and complexity (Elliott

et al., 2023). Essentially, it encompasses the ability to analyze the context, perspective, and circumstances with compassion—specifically, how the injurer is able to fulfill their needs (Akhtar et al., 2017; Yu et al., 2023; Worthington, 2020).

In the process of forgiving, according to McCullough et al. (1998), four main variables can condition the process itself: socio-cognitive; related to transgression; specific to the type of relationship between the offended and the injurer; and characteristics of the offended person. The socio-cognitive variables—how the offended person thinks and feels about the injurer and the transgression—emerge as the most determining (Fincham, 2010; McCullough et al., 2013).

Briefly, forgiveness can be comprehended as the emotional process that results from the personal commitment to assume a compassionate and transformative attitude towards the sentiments linked with an offense. Indeed, forgiveness embodies the interplay between one's emotional responses and contemplation of those responses (Worthington, 2020). It represents a dialectical process focused on emotional transformation, in which a new meaning is constructed from a specific problem (Freedman & Enright, 2020; Kim et al., 2022).

### ***Benefits of forgiveness***

Studies have shown that forgiveness is associated with a range of benefits across physical, emotional, relational, and spiritual domains (Cowden et al., 2023; Prieto-Ursúa & Echegoyen, 2015). Furthermore, forgiveness correlates with enhanced self-esteem, hope, and life satisfaction, fostering improved family and social connections (Kent et al., 2018). The advantages of forgiveness amplify when its various aspects—decisional, emotional, and behavioral—are fully embraced and integrated (Chen et al., 2023; Tao et al., 2021).

Actually, an increasing openness to forgiveness can result in feelings of relief, affection, serenity, and increased motivation (Kent et al., 2018; Rey & Extremera, 2016). Research

suggests a positive association between forgiveness and problem-solving abilities, as well as emotional regulation strategies (Davis et al., 2015; Ho et al., 2020). Additionally, forgiveness shows a negative correlation with rumination, avoidance strategies, self-criticism, and key indicators of end-of-life proximity (Ingersoll-Dayton et al., 2010; Toussaint et al., 2016).

Empirical studies reveal positive associations between forgiveness and psychological well-being and overall health (Toussaint et al., 2016). Forgiveness has also been associated with improvements in cholesterol levels, hypertension, and sleep quality (Tao et al., 2021). According to Waltman et al. (2009), forgiveness may reduce destructive anger and enhance heart function. Additionally, Lee and Enright (2019) emphasize forgiveness's beneficial effects on guilt, fatigue, anxiety, and depression.

Indeed, forgiveness, along with self-forgiveness (Costa et al., 2021; Prieto-Ursúa & Echegoyen, 2015; Vismaya et al., 2024), plays a crucial role in establishing, reinforcing, and maintaining meaningful, profound, and enduring emotional bonds, which are crucial for meeting core psychological needs (Bowlby, 1997; Hirst et al., 2019; Safari et al., 2023). Therefore, throughout the course of life, individuals' ability to learn and adapt is intricately linked to the quality of their interpersonal relationships, the continuous reinforcement of their autonomy, and the cultivation of self-kindness (Kent et al., 2018; McCluskey, 2005). Forgiveness can significantly contribute to this learning process and even facilitate the development of internal models representing one's own experiences, ultimately enhancing the quality of relationships across the lifespan (McCluskey, 2005).

A longitudinal study demonstrated that forgiveness is associated with improved psychological well-being and a reduction in psychological stress factors (Long et al., 2020). This research—based on a longitudinal analysis of data (from 2008 to 2015) involving 54,703

nurses in the United States (ages 43–64 years)—examined the prospective relationship between forgiveness and various outcomes related to psychosocial well-being, mental health, health behaviors, and physical health in midlife. To evaluate each outcome in connection with forgiveness, linear, logistic, and Poisson regression models were utilized (Long et al., 2020). Long et al. (2020) further demonstrated that forgiveness is positively associated with feelings of positive affect and social integration, while inversely correlated with increased stress levels and depression.

Webster et al. (2021) explored how the severity of recent transgressions by a spouse, partner, or another close relationship impacts self-reported physical health in older adults. They also examined how forgiveness, in the context of a specific event, can mitigate the negative health effects of these transgressions, comparing outcomes based on whether the transgressor was a spouse/partner or another close individual. Data were collected from respondents aged 50 and older in the Detroit Metropolitan Area (N=380). Structural equation modeling revealed that greater transgression severity was associated with poorer self-rated health, while forgiveness served as a key moderating factor. Briefly, the authors found that forgiveness can act as a valuable resource, helping individuals cope emotionally with stressful events.

Similarly, Rey & Extremera (2016) explored how adaptive emotional regulation strategies influenced the link between forgiveness and health-related quality of life in a group of 350 Spanish adults aged 55 and above. The researchers found that positive refocusing and reappraisal played a partial role in mediating the association between forgiveness and mental health, while planning strategies partially mediated the link between forgiveness and physical health (Rey & Extremera, 2016). In summary, according to various authors and studies, forgiveness can manifest as a valuable means of promoting overall health and well-being.

### *Unforgiveness and emotional injury*

When individuals encounter unjust situations, they may struggle to forgive. Faced with an offense, protective anger can be a normative emotional response (Worthington, 2020; Záhorcová et al., 2023). Hence, anger emerges as a stress response triggered by the perception of the need to defend certain personal values in the face of an unfair situation (Li et al., 2024; Meneses & Greenberg, 2019).

However, persistent and increasing anger can lead to harmful and chronic effects over time (Krause & Hayward, 2015; Yan et al., 2023). Indeed, prolonged anger tends to manifest in responses such as silence, resentment, destructive anger, feelings of victimization, devaluation of others, and apathy, perpetuating negative emotional cycles (Meneses & Greenberg, 2019). These responses can solidify into maladaptive patterns, making it difficult to access adaptive responses, such as expressing protective anger, and fulfilling fundamental needs like support and understanding (Akhtar et al., 2017; Greenberg & Goldman, 2019).

In fact, a lack of emotional awareness and restricted access to fundamental emotional needs can exacerbate the effects of resentment (Elliott et al., 2023; Yan et al., 2023). Similarly, emotional dysregulation, stemming from an insecure environment and/or the inability to cope with stress, can complicate this entire process (Greenberg, 2015). Moreover, this complex maladaptive emotional dynamic can foster the growth of contradictory and repressive processes within the self (Greenberg & Goldman, 2019). Consequently, emotional injuries and internal conflicts may intensify (Cunha et al., 2018).

Thus, protective anger, a natural response to an offense, if not properly addressed, can evolve into enduring unforgiveness and manifest as destructive anger—in the form of repressed anger as well as explosive anger (Greenberg, 2015; Worthington & Scherer, 2004). This sheds

light on how persistent rumination tends to be connected to the development of destructive anger (Titova et al., 2022).

Numerous studies have documented the harmful effects of destructive anger on health, highlighting that this response can not only trigger painful memories but also initiate detrimental emotional patterns (Billingsley & Losin, 2017; Gold & Davis, 2005; Titova et al., 2022; Yan et al., 2023). In one such study, Titova et al. (2022) assessed 47,077 Swedish adults aged 56 to 94, who completed questionnaires regarding their experiences with anger, lifestyle habits, and health characteristics. Participants were followed for up to 9 years to assess cardiovascular outcomes and mortality through linkage to the Swedish National Patient and Death Registers. Multivariable analyses revealed that frequent episodes of intense anger were associated with an increased risk of heart failure, atrial fibrillation, and cardiovascular disease mortality.

In fact, this form of anger can adversely impacts emotions, thoughts, behaviors, interpersonal relationships, and self-identity (Greenberg & Goldman, 2019). It exacerbates challenges in personal, familial, social, and professional contexts (Worthington, 2020). Furthermore, this manner of dealing with anger may encourage unhealthy lifestyle choices, including smoking and excessive alcohol consumption (Freedman & Enright, 2020; Kim et al., 2022).

Seawell and colleagues (2014) conducted a longitudinal analysis involving 1,054 individuals aged 66 and older in the United States to examine the prospective relationship between unforgiveness and self-reported physical health, as well as potential positive psychological mediators of this relationship. Data were collected at two time points, three years apart. They measured trait unforgiveness, self-rated physical health, socio-demographic factors, health behaviors, and positive psychological traits (e.g., life satisfaction, self-esteem). The

findings indicated that unforgiveness was associated with declines in self-reported physical health three years later. Moreover, the association between unforgiveness and self-reported health was mediated by a latent variable representing positive psychological traits, which tends to lessen the negative impact of unforgiveness on physical health over time (Seawell et al., 2014). Additionally, studies by Golden et al. (2006) associated such anger with the emergence of type 2 diabetes, and Zhang et al. (2019) found it to significantly elevate the risk of road accidents.

Summarizing, comprehensive research indicates that destructive anger can complicate the process of forgiveness, provoke stress, and increase depression, anxiety, and social withdrawal (Greenberg, 2015; Yan et al., 2023). Additionally, it can inflict various harms that impair the immune system, potentially leading to worsening health outcomes over time (Toussaint et al., 2016). So, considering the extensive benefits of forgiveness and the harms of destructive anger, the importance of developing therapies aimed at facilitating forgiveness becomes evident. In fact, beyond all else, it is crucial to mitigate the potential negative impact of accumulated stress over the years resulting from interpersonal offenses (Seawell et al., 2014).

### ***Intervention proposals focused on forgiveness***

Considering the advantages of forgiveness and the risks of destructive anger for people's well-being, various intervention strategies centered on forgiveness have emerged (Worthington, 2020). In essence, these interventions aim to enhance emotional well-being by addressing the emotional harm caused by an offense. Some of these proposals explicitly concentrate on fostering forgiveness (such as the REACH Forgiveness model; Worthington, 2020), while others incorporate it (like Emotion-Focused Therapy; Meneses & Greenberg, 2019).

Most therapeutic designs are based on the work of Enright, McCullough, and Worthington (Hebl & Enright, 1993; McCullough et al., 2013; Worthington, 2020). Some approaches target certain groups and populations. Others adopt a more preventive and psychoeducational approach (Enright & Fitzgibbons, 2015; Freedman & Enright, 2020; Santana & Lopes, 2012; Worthington, 2020). In fact, as we will demonstrate subsequently, several primary therapeutic models centered on forgiveness emerge.

Enright et al. (1998) developed an intervention proposal consisting of twenty stages that individuals may go through during the forgiveness process. This comprises four main phases: the discovery phase, involving the awareness that injustice and its harm can impact one's life; the decision phase, entailing understanding the value of forgiveness and choosing to forgive; the work phase, focusing on practicing forgiveness by altering one's feelings toward the injurer, oneself, and the relationship; and the outcome/deepening phase, involving a deeper understanding of suffering, increased connection with others, reduced negative emotions, and renewed life purpose (Enright et al., 1998; Enright & Fitzgibbons, 2015; Enright et al., 2022). Enright's Process of Forgiveness model, grounded in moral, developmental, and procedural foundations, integrates cognitive, emotional, and behavioural dimensions (Enright, 2001). This model has been tested in psychotherapeutic and psychoeducational groups, including individuals with anxiety, depressive, or trauma-related symptoms, as well as couples and families, addressing both physical and mental health issues (Enright & Fitzgibbons, 2015; Enright et al., 2022; Wade et al., 2014).

Worthington's (REACH Forgiveness model; Worthington, 2020) integrates five main steps towards forgiveness: remembering the injury caused by the offense and making the decision to forgive (R—Recall); putting oneself in the other's shoes and empathizing with

unpleasant emotions, transforming them into pleasant ones (E—Empathize); granting forgiveness in an altruistic way (A—Altruistic); committing to consolidate the previous emotional experience and the decision to forgive (C—Commit); preserving the decision to forgive over time (H—Hold). Worthington’s model, like Enright’s, has strong evidence supporting its effectiveness (Davis et al., 2015; Freedman & Enright, 2020; Toussaint et al., 2020; Worthington, 2020). Worthington’s model has been effectively applied across various populations and clinical contexts, including individuals with anxiety disorders, trauma survivors, couples in conflict, religious groups, and older adult cancer patients in end-of-life care (Worthington, 2020).

Luskin (2001) developed a cognitive-behavioral approach called ‘Forgive for Good’. According to Luskin et al. (2005), forgiveness occurs in four main stages: awareness of destructive anger; recognition that this anger is unhealthy; experiencing the positive effects of forgiveness; and choosing forgiveness instead of destructive anger. Based on these stages, Luskin et al. (2005) propose nine steps to forgiveness: 1) identify the injustice suffered; 2) decide to want to feel better; 3) understand the value of forgiveness; 4) focus on the present; 5) use relaxation techniques and deconditioning; 6) reformulate control expectations; 7) invest in personal goals and do not dwell on intrusive thoughts; 8) choose to experience pleasant emotions such as serenity, and; 9) rewrite the personal narrative to include the choice to forgive. Luskin’s forgiveness research primarily focuses on populations experiencing stress and trauma, such as adults dealing with relationship issues, trauma, and loss, with a particular emphasis on group interventions. Although this model has less research support than previous models, it is still considered an evidence-based practice that promotes health (Luskin et al., 2005; Tibbits et al., 2006; Toussaint et al., 2020).

Hill (2001), whose research focuses on couple and family therapy, emphasizes the dimensions of discovery and empathy in the process of forgiveness. Discovery involves recognizing the situation, the injury, the experience, and one's personal similarities with those who may inflict harm, while empathy facilitates the understanding of one's own vulnerability and that of others, serving as a pathway to forgiveness (Hill et al., 2011). Hill (2001) considers various relational contexts in the forgiveness process, including social and historical environments, factors like gender, race, education, family forgiveness systems, and spiritual, emotional, and physical well-being (Hill et al., 2011). These dimensions can influence one's ability to forgive, making forgiveness both an intrapersonal and interpersonal process (Hill et al., 2011). It involves several stages similar to those of the grieving process: recognizing the reality of loss or injustice, experiencing and processing the accompanying pain or overcoming shame and related emotions, making the necessary adjustments, and ultimately letting go of resentment to forgive, thereby fostering a life grounded in hope (Hill et al., 2011).

Coleman (1998) delineates a therapeutic approach that emphasizes its systemic dimension, taking into account the patterns established within the family of origin. This approach focuses on transitioning from dysfunctional patterns to adjusted ones, with forgiveness emerging as a key element in supporting new behaviors (Coleman, 1998; Hill et al., 2011). Coleman (1998) argues that forgiveness goes beyond being a moral imperative or theological norm; it is essential for overcoming dysfunctional reactions like anger, hatred, and resentment, and for promoting personal development and love. He proposes five steps in the forgiveness process: identifying the hurt, confrontation, dialogue to understand, forgiving, and letting go (Coleman, 1998; Hill et al., 2011).

Gordon et al. (2009) propose a forgiveness intervention model, particularly designed for couples, which parallels that of trauma. They outline three main stages in this process: addressing the impact, exploring the context of the situation and finding new meaning, and reassessing the relationship (Hill et al., 2011). This approach to forgiveness focuses particularly on adopting a realistic and contextualized view of the relationship, while aiming to transform negative emotions. Gordon et al. (2009) argue that this process can lead to a reinterpretation of beliefs about personal security, the partner, and the relationship itself.

Building upon the framework of EFT, Greenberg has conducted various studies that underscore the themes of forgiveness and letting go. He compared the impact of individual EFT therapy to that of a psychoeducational intervention group in addressing harm related to interpersonal offenses (Greenberg et al., 2008). Additionally, Greenberg investigated the efficacy of EFT for couples grappling with unresolved emotional wounds (Greenberg et al., 2010). Building on these findings, Greenberg and Meneses (2019) developed a protocol centered on forgiveness within the EFT framework.

Worthington et al. (2000) conducted a meta-analysis using data from twelve group interventions focused on forgiveness, confirming their effectiveness. Participants in the group interventions focused on forgiveness showed an improvement in forgiveness levels compared to the control group. The meta-analysis also revealed that interventions consisting of six or more sessions were significantly more effective compared to those involving less than six hours of contact with clients (Worthington et al., 2000). Additionally, individual treatments focused on forgiveness yielded similarly positive results (Worthington et al., 2000). It is noteworthy that the results of Worthington et al. (2000) were corroborated by two subsequent meta-analyses (Baskin & Enright, 2004; Wade et al., 2014) that indicated interventions explicitly focused on

forgiveness promoted forgiveness, hope, and self-esteem, and reduced anxiety and depression (Freedman & Enright, 2020; McCullough & Witvliet, 2002; Worthington et al., 2014).

More specifically, Wade et al. (2014) conducted a meta-analysis of both published and unpublished reports on forgiveness interventions, reviewing 54 studies involving a total of 4,030 participants, with an average age of 44.9 years. Approximately one-third of these studies investigated Worthington's model, and another third focused on Enright's model—the research groups led by these two authors, who are notorious scholars in the field, were largely responsible for advancing the study of forgiveness (Wade et al., 2014). The remaining third included a variety of other studies (DiBlasio et al., 2000; Gordon, 2003; Greenberg et al., 2008, 2010; Harris et al., 2006; Humphrey, 1999; Luskin et al., 2000, 2001, 2005; Makinen & Johnson, 2006; Rye & Pargament, 2002; Rye et al., 2005; Toussaint et al., 2020). Among these studies, 42 were conducted as group interventions, six focused on couples, and six were individual interventions (Wade et al., 2014). The majority of these interventions, including alternative treatments and psychoeducation, are aimed at group therapy, couples and relationship therapy, and individual therapy, with a focus on forgiveness both in general and within contexts related to religion, stress, and trauma (Wade et al., 2014).

The meta-analysis of Wade et al. (2014) found that participants who received explicit forgiveness treatments reported significantly greater forgiveness than those who received no treatment and those who received alternative treatments. The study suggests that treatments focused on forgiveness had a positive impact on depression, anxiety, and hope. The duration of treatment, severity of the offense, treatment model, and treatment modality (individual or group) were considered as the main moderating variables (Wade et al., 2014). Notably, this meta-analysis includes two studies (Greenberg et al., 2008; Greenberg et al., 2010) on EFT for

forgiveness and emotional harm resolution, both yielding particularly significant results that are of particular relevance to our analysis.

In this context, it is noteworthy to mention a meta-analysis by Gao et al. (2022) investigating the association between forgiveness and subjective well-being, encompassing a total of 83 studies with 39,104 participants. The findings of this meta-analysis revealed that individuals who practice forgiveness tend to experience greater subjective well-being, increased life satisfaction, more positive emotions, and fewer negative emotions (Gao et al., 2022).

Additionally, López et al. (2021) conducted a meta-analysis examining the effectiveness of forgiveness interventions among older adults, focusing on studies published between 1990 and 2020. This analysis included 451 participants across twelve studies. Of these, three were based on Enright's model (Hansen et al., 2009; Hebl & Enright, 1993; Ingersoll-Dayton et al., 2008), two on Worthington's model (Allemand et al., 2013; Allemand & Flückiger, 2020), and two on The Art of Happiness' model, where forgiveness is one of eight core topics (Greenawalt et al., 2018; Turner et al., 2017). Additional studies followed the Memories, Gratitude, and Forgiveness model (Ramírez et al., 2013), the Memories, Gratitude, Humor, and Forgiveness model (Ortega et al., 2015), the Body–Mind–Spirit Program, which includes forgiveness as one of twelve topics (Lee et al., 2012), Luskin's model (Foulk et al., 2017), and the Reminiscence Program on Self-Forgiveness (Jo & An, 2018). Most of the initiatives were group-based and focused on older adults living in the community, with women comprising the majority of participants. The meta-analysis revealed that participants in forgiveness-focused interventions demonstrated significantly higher levels of forgiveness compared to control groups. These programs were also associated with reductions in depression, stress, and anger, as well as

improvements in life satisfaction, subjective happiness, and overall psychological well-being (López et al., 2021).

In summary, on one hand, forgiveness can be highly beneficial for people's well-being, while on the other hand, destructive anger is clearly detrimental to individuals. Consequently, it matters to care for the emotional injuries resulting from offenses. Indeed, a substantial body of scholarly literature concurs that the promotion of forgiveness as a psychotherapeutic tool not only aims to alleviate the adverse consequences of resentment but also operates as a crucial mechanism for enhancing individual well-being (Bollinger, 2017; Wade et al., 2018). Among other intervention proposals, EFT emerges as one of the therapeutic models that facilitate the forgiveness process, offering promising prospects for individuals' well-being (Greenberg et al., 2008; Meneses & Greenberg, 2019; Wade et al., 2014).

## FORGIVENESS IN EMOTION-FOCUSED THERAPY

### *Emotion-Focused Therapy*

Emotion-Focused Therapy is an evidence-based treatment for various psychological issues, such as depression, anxiety, trauma, and eating disorders (Cunha et al., 2018; Elliott et al., 2004; Glisenti et al., 2021; Greenberg & Goldman, 2019; Paivio & Pascual-Leone, 2010). Anchored in a neo-humanistic perspective, EFT is informed by contemporary psychological theories of human functioning (Auszra et al., 2013; Greenberg, 2017), with a particular focus on affective neuroscience and the theory of emotions (Damasio, 2010; Greenberg, 2017; Herrmann et al., 2016; Pascual-Leone & Greenberg, 2007).

EFT was developed by Greenberg and his colleagues in the 1980s (Greenberg, 2010, 2015, 2017), drawing from their empirical studies of the change process (Elliott, 2010;

Greenberg et al., 1993). This therapy was particularly influenced by Person-Centered Therapy (Rogers, 1951), Gestalt Therapy (Perls et al., 1951), and the dialectical constructivist approach (Greenberg & Pascual-Leone, 1995).

In accordance with EFT, emotions play a crucial role in the construction and organization of the self (Balbi, 2004; Greenberg, 2010). Emotions provide coherence to human existence, serving as expressions of situational data and finely tuned guiding forces for our needs, desires, and goals (Greenberg & Goldman, 2019). Thus, for Greenberg (2010), emotions are at the core of all human experience and serve as the central element of human functioning and psychotherapy itself. So, the focus of therapy is to work with emotions (Greenberg, 2017).

Greenberg (2017) underscores that humans actualize themselves at two main levels: the implicit or unconscious, and the explicit or conscious level. The implicit mode of understanding serves as the foundation for the explicit mode (Damasio, 2010; Greenberg & Goldman, 2019; Guidano, 1987). EFT values the deeper understanding, recognizing it as the locus for authentic transformation (Greenberg, 2015; Piaget & Inhelder, 1973).

As noted by LeDoux (2012), emotions, as brain phenomena with distinct neurochemical and physiological foundations, involve numerous physiological processes. Certainly, emotions have a significant impact on physical health, the immune system, and overall bodily well-being (Greenberg, 2010; LeDoux, 2012). So, it is essential to consider both their somatic and motivational aspects (Greenberg & Goldman, 2019).

Aligned with the theory of emotions (Auszra et al., 2013; Damasio, 2010; Frijda, 2016; Herrmann et al., 2016; LeDoux, 2012), Greenberg (2010) highlights that emotional production follows two distinct paths: the shorter and quicker route from the amygdala, which triggers automatic responses in the brain and body, and the longer and slower pathway of the neocortex,

which interprets emotions through cognitive mediation (LeDoux, 2012). So, the neocortex enriches the inherent adaptive wisdom of emotions by introducing a more complex form of response known as emotion schemes (Greenberg, 2010).

According to Greenberg and Paivio (1997), emotion schemes consist of inherited emotional responses and meanings acquired through various life experiences. Emotion schemes act as systems of meaning derived from life experiences stored in autobiographical memories, each with its own internal structure (Greenberg, 2010; Greenberg & Goldman, 2019). They are constituted by emotions connected to memories of the self in the situation (Greenberg, 2010). Therefore, this is how the emotional response can be reconstructed or reframed after the event (Greenberg, 2010).

Hence, EFT understands that emotions unfold dynamically and holistically. On one hand, a cascade of emotion schemes is swiftly and automatically activated in response to relevant cues. On the other hand, automatic cognitive processing occurs through a separate, slower pathway, giving rise to conscious emotion (Elliott et al., 2004; Greenberg & Pascual-Leone, 1995). Throughout this process, EFT particularly values the experiential dimension, acknowledging the uniqueness, responsibility, and self-determination of each individual, along with their inherent drive to fulfill essential needs (Elliott et al., 2004; Greenberg & Goldman, 2019).

Thus, each emotion expresses a need and, consequently, prompts an action within the context of personal and social experiences as a whole (Elliott et al., 2004). Thus, the emotional response unfolds within a dialogical process of constructing meaning (Salgado & Cunha, 2018). This process encompasses the innate capacity to feel, the ability to reflect on this capacity, the interconnectedness of these realities, and their relationship with the environment (Greenberg, 2017). As attention is focused on this process, conscious emotional experience emerges. This

experience tends to be symbolized by words, giving rise to beliefs, translating representations of oneself, evoking narratives, and directing attention (Cunha et al., 2017; Greenberg & Goldman, 2019).

Following Elliott et al. (2004), this comprehensive process creates a narrative that allows, at each moment, an implicit, dialectical, and meaningful synthesis of various emotion schemes into one of many self-organizations. It is this organization that provides the sense of what is happening (Damasio, 2010; Greenberg, 2015). This sense reflects a holistic experience that integrates, according to EFT, five primary dimensions: perceptual, expressive, conceptual, motivational, and the inherent dynamics of the emotional scheme itself, which organize these four dimensions (Elliott et al., 2004; Greenberg & Goldman, 2019). Consequently, it represents an ongoing process of self-organization, appearing stable as it facilitates better adaptation to realities and the coherent integration of their various dimensions (Cunha et al., 2017; Salgado & Cunha, 2018). Essentially, the self comprises ‘parts’ or ‘voices’ that can communicate individually, interact with each other, and even oppose one another (Elliott et al., 2004; Guidano, 1987).

EFT delineates four main emotional responses: primary adaptive emotion, maladaptive primary emotion, secondary reactive emotion (an emotional reaction to a primary emotion), and instrumental emotion (an emotional reaction intended to be displayed and influence others) (Elliott et al., 2004; Greenberg & Goldman, 2019). The primary adaptive emotion represents the normal function of emotion, which is to rapidly process specific information to take effective actions that align with the situation and are satisfactory for the individual and their context (Greenberg & Goldman, 2019). However, various factors can hinder emotional processing, such

as lack of emotional awareness, non-adaptive emotional responses, emotional dysregulation, and difficulty in constructing existential meaning (Greenberg, 2015).

In this context, EFT adopts a phenomenological approach to emotional dysfunction, emphasizing the client's immediate subjective experience to uncover and address the underlying causes of their difficulties or distressing experiences (Greenberg, 2010). This diagnostic process encourages clients to discern between adaptive and maladaptive emotional responses, fostering awareness and understanding of their emotional experiences (Greenberg & Goldman, 2019).

According to EFT, the therapist's mission is grounded in two principles: genuine presence with the client in a relationship of complete acceptance, and the proposal and facilitation of therapeutic tasks tailored to the client's needs (Shahar, 2014). In this process, the client's problematic states serve as indicators pointing toward more suitable therapeutic tasks (Greenberg & Goldman, 2019). Therapy aims to enhance access to the client's inner world, with the therapeutic process facilitated as clients make sense of their emotions through awareness, expression, regulation, reflection, transformation, and corrective emotional experiences (Greenberg, 2015).

Thus, in EFT, the therapist serves as a facilitator in accessing emotions by attuning to affect, considering bodily sensations, recalling past episodes, focusing on experience, regulating emotions, and facilitating new emotional experiences (Elliott et al., 2004). As a result, emotion-focused therapists perceive individuals as complex, multifaceted beings, and view therapy as a dialectical process between stability and change. The therapist assumes the role of an experiential guide, well-versed in the client's subjective experiences and emotional processes (Elliott et al., 2001; Greenberg & Goldman, 2019).

Fundamentally, treatment in EFT is connected to core adaptive needs—attachment, identity, and meaning (Greenberg, 2015). When faced with maladaptive emotional responses, mobilizing and validating these needs serve as a pathway to adaptive emotions, rejecting messages that lack love, respect, and meaning (Greenberg & Goldman, 2019). So, EFT aims to facilitate new experiences of the self, particularly by working with emotion schemes, articulating their outputs in language, and then exploring and reflecting on this experience to create new meanings (Greenberg & Goldman, 2019).

### ***Emotion-Focused Therapy and forgiveness***

Meneses and Greenberg (2019) developed a protocol integrating EFT and forgiveness, demonstrating its effectiveness in facilitating the forgiveness process within the context of interpersonal offenses. This protocol works by transforming unpleasant feelings, thoughts, and behaviors into empathy, compassion, and love. Furthermore, Greenberg et al. (2008) propose that activating memories and exploring the underlying meanings associated with offensive situations can significantly enhance emotional transformation.

Among various forgiveness-focused approaches, EFT places emotions at the core of the therapeutic process (Meneses & Greenberg, 2019). EFT posits that change occurs through clients' emotional experiences themselves, allowing them to introduce new narratives and inputs (Greenberg et al., 2010). Therefore, it is crucial to access disowned painful feelings related to the offense, including sadness, anger, and resentment (Greenberg & Goldman, 2019).

The protocol developed by Meneses and Greenberg (2019) for addressing emotional injuries through EFT and forgiveness is grounded in a robust foundation of prior empirical studies (Greenberg et al., 2008; Greenberg et al., 2010). In their seminal study, Greenberg et al. (2008) evaluated the efficacy of EFT employing the empty-chair dialogue task specifically

designed for individuals who had experienced emotional harm from significant others. This research examined the mechanisms by which forgiveness facilitates the healing of interpersonal wounds and elucidated the intricate connection between emotional release and the process of forgiveness. A sample of forty-six participants with unresolved emotional injuries was randomly assigned to either individual EFT or a psychoeducational group. Comprehensive assessments were conducted at three key intervals: prior to treatment, immediately post-treatment, and at a three-month follow-up. The findings indicated that participants undergoing EFT exhibited significantly greater advancements in forgiveness, letting go, and symptom reduction compared to those receiving psychoeducational interventions (Greenberg et al., 2008).

In their second study, Greenberg et al. (2010) sought to assess the effectiveness of EFT in helping couples resolve long-standing emotional wounds, such as betrayal or abandonment, that had remained unresolved for over two years. Twenty couples participated, using a waitlist control design, and underwent 10–12 therapy sessions. Couples who received treatment showed significant improvements in relationship satisfaction, trust, and forgiveness, as well as reductions in emotional symptoms and complaints compared to the waitlist phase. These improvements were generally sustained at a 3-month follow-up, except for trust, which declined among injured partners. By the end of therapy, 11 couples had fully forgiven their partners, and six had made progress. The findings suggest EFT is effective in addressing marital distress and promoting forgiveness, though additional sessions may be needed for long-term trust rebuilding.

Building on prior research, the protocol developed by Meneses and Greenberg (2019) for addressing emotional injuries through EFT and forgiveness is structured around five key stages that are intricately interconnected and dynamic. The initial phase of therapy is

fundamentally defined by the establishment of a therapeutic alliance, which is essential for fostering effective intervention. This phase seeks to cultivate an environment marked by empathy, trust, and safety, facilitating the client's willingness to engage deeply in the therapeutic process. The therapeutic approach with its focus on addressing the injury caused by the offense is presented (Greenberg et al., 2008). Once the therapeutic relationship is robustly established, and the client feels genuinely prepared while having identified a significant marker indicative of an unresolved past issue that impacts their present experience, the introduction of the empty-chair task can be implemented (Meneses & Greenberg, 2019). This task—proposed between the first and second phases of therapy—encourages clients to imaginatively face their significant other (Goldman & Goldstein, 2023; Greenberg et al., 2010). By engaging in this imaginative dialogue, clients are given the opportunity to express their feelings, needs, and grievances directly, which can be crucial for emotional healing. It can assist in activating the client's internal perspective on the offense, thus enabling the exploration and assignment of meaning that follow emotional arousal (Greenberg et al., 2008).

The second phase of therapy is fundamentally characterized by its focus on the activation and exploration of emotions and needs (Greenberg et al., 2008). This phase involves recognizing, experiencing, and expressing emotions such as sadness, anger, and vulnerability related to the offense, while continuously validating the client's perspective in an empathetic and exploratory manner (Greenberg et al., 2010; Meneses & Greenberg, 2019). The empty-chair task can be utilized when markers of unresolved issues emerge, aiming to facilitate the recognition and differentiation of feelings and encourage emotional expression. This process addresses potentially maladaptive emotional responses, ensuring careful attention is given to resolving what remains unfinished concerning the injury. The primary intention is to connect

with core emotions by recognizing and symbolizing unmet needs (Goldman & Goldstein, 2023; Meneses & Greenberg, 2019).

The third phase of therapy primarily engages with the client's self-interruption markers, such as blockage, resignation, and hopelessness, while promoting awareness of how these processes can hinder the expression of significant feelings and needs (Dailey et al., 2024; Greenberg & Pascual-Leone, 1995; Sharbanee & Greenberg, 2023). This phase encourages an active and conscious approach to emotional experiences, recognizing self-interruption processes through the two-chair enactment task (Bailey et al., 2022; Goldman & Goldstein, 2023; Greenberg & Watson, 2006). In this task, clients are invited to enact the self-interruption process through an imaginary dialogue between two aspects of themselves: one part that begins to express an emotion or associated need, and another part that attempts to prevent that expression or experience (Greenberg & Watson, 2006).

The fourth phase primarily focuses on accessing previously unexpressed adaptive primary emotions, mobilizing and promoting the acknowledgment of unmet needs, and facilitating changes in how the client perceives the injurer. This often leads to a more compassionate view of the injurer, which can be achieved by understanding the motivations underlying their actions (Meneses & Greenberg, 2019). As a result, this process, through the activation and direct expression of emotions and a strong sense of the validity of their needs, can enhance processes of letting go and forgiveness (Meneses & Greenberg, 2019).

The final phase is characterized by the culmination of the therapeutic process as the client actively engages in their emotional journey, recognizing change as a continuous process. In this phase, issues related to separation and loss are addressed, and clients tend to feel empowered

to take responsibility for their emotional well-being, find new meanings in their experiences, and prepare for potential setbacks (Greenberg et al., 2008; Meneses & Greenberg, 2019).

Succinctly, Meneses and Greenberg (2019) posit that the resolution of emotional injuries within the framework of EFT can be achieved by transforming maladaptive feelings associated with the offense into adaptive ones, thereby fostering both self-empathy and compassion towards the injurer. However, the therapeutic journey can also conclude without necessarily cultivating compassion for the injurer, as noted by Greenberg et al. (2010). This indicates that resolution can be attained through the process of letting go, which encompasses the transformation of maladaptive emotions and the addressing of unmet needs related to the offense.

## FORGIVENESS AND AGING

### *Challenges and opportunities of aging*

The research of aging has gained considerable significance in recent decades for various reasons, including the persistent increase in the older adult population, advancements in the quality of life, and extended life expectancy of these individuals. These changes have revealed a range of consequences, particularly regarding the growing importance of this population group in social structures and healthcare systems (Bengtson & Settersten, 2016; Paúl et al., 2017; Rothermund et al., 2023; Urtamo et al., 2019). Notably, Portugal ranks among the countries with the highest aging index worldwide (Fonseca, 2021), and projections suggest that by 2050, approximately one in every two individuals will be over the age of 55 (Eurostat, 2019).

Aging can be comprehended as a multidimensional process of personal development, with gains and losses, influenced by various internal and external factors specific to age, individual characteristics, and context (Araújo et al., 2021; Bengtson & Settersten, 2016; Birren

& Shaie, 2006; Lima, 2010; Ribeiro et al., 2023). There are no universal standards or concepts that univocally characterize aging (Fonseca, 2021; Rothermund et al., 2023).

Aging integrates three main components (Paúl, 2017). Biological aging involves a series of natural, irreversible changes and losses, which are visible and have a significant impact on health (Aldwin, 2007; Ho et al., 2023; Mafalda & Paúl, 2015). Social aging integrates roles, habits, and personal expectations built by society, culture, and history (Paúl, 2017). Psychological aging brings, on one hand, cognitive losses—which can also result from personal and contextual variables such as demotivation, depression, or isolation (Aldwin, 2007; Lederman & Shefler, 2023; Paúl et al., 2015; Oude Voshaar, 2023). On the other hand, psychological aging tends to involve gains in knowledge, experience, self-regulation, emotional wisdom, and social cognition, gains that are associated with personality characteristics, learnings, strategies, and life paths of each individual (Carstensen et al., 2011; Ho et al., 2023; Paúl & Fonseca, 2005; Ribeiro et al., 2023).

The biological, social, and psychological components of aging interact with each other (Birren & Shaie, 2006; Ordóñez-Carabaño et al., 2020; Paúl & Ribeiro, 2012; Rothermund et al., 2023). Studies point to potential correlations among these dimensions, such as health, lifestyle, context, and problem-solving strategies (Birren & Schaie, 2006; Manfredi et al., 2019; Paúl et al., 2017; Plugge, 2021; Rothermund et al., 2023).

As aging is a continuously changing process, various authors distinguish among several typologies of it (Plugge, 2021). Primary or normal aging refers to the changes that occur in line with the inevitable alterations that arise throughout life. Secondary or pathological aging points to changes resulting from age-related diseases (Busse & Pfeiffer, 1969). Tertiary or terminal

aging refers to sudden changes that tend to culminate in death (Birren & Schaie, 2006; Rothermund et al., 2023).

Indeed, gerontology has been moving away from a focus primarily on the frailties of aging (Bengtson & Settersten, 2016; Fonseca, 2021). This shift is evident in the increase of positive approaches such as successful aging (Rowe & Kahn, 1997), active aging (WHO, 2002), healthy aging (Kalache & Kickbusch, 1997; WHO, 2002), and aging in place (Fonseca, 2021; WHO, 2015a). Each of these approaches underscores critical dimensions of aging, including successful aging, active engagement, health maintenance, autonomy, security, lifelong learning, social participation, ecological involvement, and overall quality of life (Plugge, 2021; Ribeiro et al., 2023).

The WHO (2002, 2015a) characterizes aging as the process of developing and maintaining functional capacity that contributes to the well-being of individuals. Just like other stages of human development, aging has its own unique characteristics (Fonseca, 2021). This underscores the importance of studying aging in alignment with humanistic values and the biopsychosocial dimensions that define it, highlighting the uniqueness of each individual, the quality of interpersonal relationships, and the dimension of transcendence (Araújo et al., 2021).

Fonseca (2021) points out the relevance of understanding aging in light of its developmental potential, adaptation to this potential, and its own limits. In this sense, various psychological theories of aging address people's health, including psychological health (Araújo et al., 2021). Among these, classical theories (such as Erikson's Psychosocial Theory of Personality Development, 1950), modern theories (such as Life-span Development and Aging by Baltes et al., 1980, 2006), and contemporary theories (such as Gerotranscendence by Tornstam, 1994; Wadensten, 2007) are prominent. The various theories seek to understand how

the multiple processes and components of aging interrelate and can enhance the quality of life of individuals and their contexts (Young & Vitaliano, 2007).

In reality, the quality of aging (Aldwin et al., 2007) is associated with various facets, including the promotion of healthy lifestyles, acceptance of losses, maximization of individual abilities, and the development of self-compassion (Baltes & Smith, 2009). Furthermore, factors such as satisfaction with life, social support, adaptation to changes, and adherence to internal values contribute to successful aging (Hill et al., 2018).

As individuals confront the opportunities and challenges associated with aging, their capacity to adapt to changing life circumstances is crucial for their overall well-being (Aldwin et al., 2007; Fonseca, 2021). Erikson and his colleagues (1986) posited that the quality of adaptation in later life is rooted in the ability to synthesize past, present, and future experiences. This integrative capacity fosters a sense of integrity, which stands in contrast to the despair that may arise from negative or frustrating life perceptions (Birren & Schaie, 2006; Erikson & Erikson, 1998; Gilleard, 2022; Ribeiro et al., 2023).

Several authors underline that, despite the tendency for physical and cognitive health losses as years go by, older adults tend to experience high levels of affective and emotional well-being (Oude Voshaar, 2023). However, as in other age groups, emotional problems such as depression coexist, and their significance often goes unnoticed (Ermer & Proulx, 2016).

Aging can present psychosocial challenges such as social isolation, loneliness, elder abuse, and dementia (Maldonado Briegas et al., 2020). Therefore, it is important to emphasize that lifestyle factors, such as self-care, not only promote personal health but also help in better managing the impact of psychosocial challenges. In fact, psychological well-being tends to

include autonomy, personal growth and self-acceptance, environmental control, health promotion, life goals, psychological care, and social relationships (Aula & Masoodian, 2023).

In recent years, forgiveness has been acknowledged as a pivotal resource for successful aging due to its links with well-being and longevity, underscoring the significance of exploring forgiveness during this developmental phase (Worthington et al., 2020). Brudek et al. (2023) emphasize that forgiveness can play an essential role in preventing various health issues. Thus, understanding forgiveness within the context of aging can provide important insights into enhancing physical, mental, and emotional health as individuals age.

In summary, aging can be understood as a universal phenomenon composed of multiple interrelated components and continuous processes (Rothermund et al., 2023; WHO, 2020). It is distinguished by each person's intrinsic capacities and life history—both biological and psychological—as well as extrinsic factors shaped by the surrounding context (Bengtson & Settersten, 2016; Urtamo et al., 2019). Living in environments that support these intrinsic and functional capacities is crucial for successful aging, and among other dimensions, forgiveness emerges as an important variable (Urtamo et al., 2019; WHO, 2020).

### ***Interpersonal forgiveness and aging***

Why study forgiveness in older ages? There are several compelling reasons to do so. Firstly, the study of forgiveness among older adults is crucial, just as it is at any other stage of life (Worthington, 2020). Moreover, an individual's capacity for forgiveness develops and evolves throughout their lifespan (Carstensen & Meeks, 2021). However, according to Toussaint et al. (2020), only 5% of forgiveness studies have included older adults in their samples.

Carstensen and Meeks (2021) propose that individuals' perceptions and interpretations of forgiveness evolve and deepen with age. As people age, they tend to prioritize emotional well-being, relationships, development of resources, prosocial attitudes, and overall quality of life, especially as they contemplate their future prospects (Brudek et al., 2023). This shift often leads them to embrace lifestyles that align with their core values, fostering an increased openness to introspection and a willingness to address and reconcile past grievances (Monteiro et al., 2024). Ermer et al. (2022) further assert that as individuals progress through the aging process, the importance of forgiveness and introspection increasingly supersedes the tendency to harbor resentment. This developmental stage thus presents a significant opportunity for addressing and resolving longstanding interpersonal conflicts and emotional grievances.

In this context, Ghaemmaghami et al. (2011) studied age and gender differences in forgiveness. The study examined these differences in relation to real-life transgressions. Participants, including emerging adults, young adults, middle-aged adults, and older adults, were asked to recall their most recent serious interpersonal transgression and completed the Transgression-Related Interpersonal Motivations Inventory (TRIM-18—McCullough et al., 1998, 2003). This inventory measured their motivations for avoidance, revenge, and benevolence toward the injurer, as well as their general concern about forgiveness. The findings revealed that middle-aged adults exhibited higher levels of avoidance compared to their younger counterparts, while young men demonstrated a stronger inclination towards revenge than both middle-aged and older men; notably, no significant age-related differences were found among women. Additionally, the results indicated that older adults tend to harbor fewer angry memories towards their offenders and employ more effective strategies for anger regulation than younger individuals. Furthermore, the concept of forgiveness emerged as a more salient

topic in the daily lives of middle-aged adults and women. In conclusion, these findings highlight the profound influence of age within the domain of forgiveness research, suggesting that developmental stages can significantly shape emotional responses and coping strategies (Ermer et al., 2022; Ghaemmaghami et al., 2011; Worthington et al., 2014).

Hill et al. (2018) investigated the emotional aspects of forgiveness across different stages of adulthood. The aim of the study was to determine the interaction between forgiveness, chronological age, and future time perspective in predicting affective states at both the trait and daily levels. A total of 332 participants, with a mean age of 45.5 years, completed initial assessments related to forgiveness, positive and negative affect, and future time perspective, in addition to conducting daily evaluations of their affect over a period of up to ten days. The results revealed that the relationships between forgiveness and emotional well-being varied according to age, future time perspective, and the level of analysis.

Indeed, several scholars suggest that older individuals are more predisposed to both offering and receiving forgiveness compared to earlier stages of life (Allemand & Olaru, 2021; Krause & Hayward, 2013; Tao et al., 2021). Two main explanations aim to understand these differences in forgiveness across ages. One argues that neurological changes may underlie these changes as they can modify moral judgment and affect blame and forgiveness (Billingsley & Losin, 2017). Another explanation considers that the progressive perception of time limitations due to aging may lead individuals to focus on concerns related to the end of life rather than its beginning (Gabrian et al., 2017). In fact, faced with the constraints imposed by time, the older people tend to reorganize their lives around a set of values that enhance their capacity for change and choice (Band-Winterstein et al., 2024; Gabrian et al., 2017).

Beyond the reasons already presented, research by Toussaint et al. (2016) suggests an inverse correlation between forgiveness and indicators of end-of-life circumstances, which reinforces the significance of forgiveness in later life stages. Similarly, the positive correlation between forgiveness and the well-being of older individuals, as noted by Davis et al. (2015) and Ingersoll-Dayton et al. (2010), further supports the importance of studying forgiveness in the context of aging.

Several authors, such as Billingsley et al. (2017), McCullough et al. (2013), and Petersen et al. (2012), argue that forgiveness mechanisms are integral to human evolution, regulating interpersonal dynamics with transgressors. This process can serve as an emotional regulatory mechanism by considering potential future consequences and benefits. Thus, forgiveness can emerge throughout individuals' lives as an important resource that can facilitate the resolution of problems and stressful situations, bring people closer together, and strengthen bonds between them, thereby significantly contributing to healthy aging (Brudek et al., 2023; Ho et al., 2023; Kim et al., 2022). In this regard, Worthington (2020) emphasizes that forgiveness can not only enhance well-being but also contribute to increased longevity.

Conversely, Webster et al. (2021) found that the severity of emotional injury resulting from transgressions is positively associated with a decline in the quality of physical health in older adults. Thus, forgiveness can diminish the adverse effects of transgressions on health, playing a significant role in successful aging (Brudek et al., 2023). Indeed, the positive association between forgiveness and health underscores the importance of further research into forgiveness within the context of aging, as highlighted by Rey and Extremera (2015).

Prabhakar et al. (2024) conducted a comprehensive investigation into the similarities and differences in forgiveness among older adults residing in nursing homes and those living

with their families. The study focused on perceived transgressions and the corresponding forgiveness processes among Indian older adults across these two environments. Utilizing thematic content analysis, interviews were conducted with 22 older adults. The findings revealed that the predominant perceived transgressions among nursing home residents included severe loss, substantial neglect, and acts of betrayal, whereas the transgressions perceived by elders living within family settings primarily concerned routine, day-to-day issues. Notably, the phenomenon of pseudo-forgiveness was more prevalent among nursing home residents, largely due to feelings of helplessness and a fear of losing respect. In contrast, for older adults residing with family, factors such as social affiliation, perceived harm, acknowledgment of the offense, and anticipated consequences of punishment emerged as pivotal precursors to forgiveness. Both groups recognized the critical importance of several factors—including the nature of the transgression, the intent behind it, relational dynamics, attributions, and adherence to socio-cultural and moral values—in influencing the process of forgiveness (Prabhakar et al., 2024).

Despite the several reasons that underscore the importance of forgiveness in older age, the study by Prabhakar et al. (2024) indicates that, on one hand, lack of social support, negative attributions, and age-related disabilities can influence the nature and dynamics of forgiveness among older individuals in nursing homes. On the other hand, maintaining relationships, avoiding conflicts, feeling insecure, and dependency tend to shape forgiveness among older individuals living with their families (Prabhakar et al., 2024). Indeed, despite the potential positive effects of forgiveness, they are not guaranteed, and it is important that they be properly understood and contextualized (Band-Winterstein et al., 2024).

In the absence of a unified understanding of forgiveness, Band-Winterstein et al. (2024) emphasize the importance of addressing forgiveness, particularly in later stages of life,

considering its various dimensions and its broad personal and social complexity. This process encompasses variables such as each individual's life cycle, traumatic experiences, their resolution or lack thereof, vulnerability processes, as well as potential networks of abuse and prior victimization experiences (Maldonado Briegas et al., 2020).

Band-Winterstein et al. (2024) underscore that the experience of abuse—one of the main psychosocial challenges in aging (León et al., 2020; Maldonado Briegas et al., 2020)—entails a violation of basic trust and tends to evoke a wide range of emotions (anger, fear, sadness, revenge), thoughts (hostility, loss of respect for the aggressor), and behaviors (minimization or engagement in aggressive actions, avoidance). Therefore, it is essential for individuals to recognize the depth of the forgiveness process and be free to acknowledge and express their needs in an adjusted manner (Band-Winterstein et al., 2024; Prieto-Ursúa, 2021).

In fact, the interaction between forgiveness and aging remains limited and underexplored (Band-Winterstein et al., 2024). Although studies in these areas have been enriched with a more holistic, subjective, and psychosocial perspective, it is important to pursue a universal, comprehensive, and consensus-based understanding of them, incorporating better indicators of this phenomenon (Urtamo et al., 2019).

Finally, given the scarcity of studies focusing on forgiveness in later stages of life, the limited variables considered and methodological approaches utilized, and the potential benefits of forgiveness (Wade et al., 2018), it is important to develop more effective prevention and intervention strategies tailored to older populations (Rey & Extremera, 2015). In this regard, given the increasing significance that studies on EFT and forgiveness have assumed, and acknowledging that these two topics have yet to be specifically examined in relation to the older

population, the present thesis aims to address these research gaps and contribute to this particular body of knowledge.

### CRITICAL REFLECTION

In recent decades, there has been a significant proliferation of academic research pertaining to EFT, forgiveness, and the dynamics of aging. This growth has produced considerable benefits for the field of psychological science. Nevertheless, despite these advancements, both research and clinical practices in EFT and forgiveness—particularly those centered on aging—face a range of challenges.

Firstly, there exists a conceptual challenge. There is a lack of established and unanimous concepts of forgiveness and aging, making it difficult to achieve consensus in these areas. So, efforts to refine and broaden these concepts by aligning them more closely with human reality and embracing interdisciplinarity are crucial steps forward. It is essential not to confuse these concepts with others, such as reconciliation, particularly within the context of forgiveness.

The conceptual complexity surrounding forgiveness and aging is often shaped by biases and prejudices. On one hand, forgiveness is frequently associated with religious contexts, which can constrain its scope and limit access to essential psychological dimensions, such as emotional agency. On the other hand, aging is commonly stereotyped and linked to disability and decline, resulting in ageism. In reality, transcending these biases and prejudices is crucial for adequately recognizing the unique characteristics and potential of older adults.

An additional challenge resides within the epistemological domain. While research on forgiveness has predominantly focused on the emotional experiences of individuals, particularly those who have been victimized, this emphasis, albeit important, may have eclipsed another significant concern: emotional illiteracy, which pervades all age groups. This insufficient

emotional understanding can obstruct the processes of forgiveness and aging. Consequently, it is imperative to allocate resources towards research and interventions designed to enhance emotional education. These initiatives are crucial for promoting psychological well-being across various age demographics. Moreover, considering the broad spectrum of offenses that may necessitate a process of forgiveness, some can be particularly sensitive, requiring challenging processes of acceptance, self-forgiveness, and expressions of freedom.

In this context, EFT plays a crucial role for two key reasons. First, there is a significant lack of studies investigating this therapeutic model specifically designed for older adults. Second, given that emotional illiteracy persists across diverse age groups, EFT places a strong emphasis on a therapeutic approach that prioritizes the understanding, experience, and expression of emotions. Indeed, investing in emotional education can markedly enhance psychological well-being across the lifespan.

Furthermore, this highlights the significant research avenues and clinical strategies for promotion that remain available for advancing the study of forgiveness and aging in relation to community and cultural factors, including prevailing narratives. Understanding how context and culture shape forgiveness and aging, and vice versa, is crucial. In this regard, the exploration of forgiveness and aging can be substantially enhanced by integrating dimensions such as the social environment and discourse, which are often marked by violence and escalating conflict.

Moreover, a critical challenge in examining these topics, particularly among older adults, lies in the manner in which they are approached. It is imperative to consider a comprehensive range of psychosocial variables. While it is acknowledged that forgiveness generally yields benefits, a poorly informed understanding may inadvertently exacerbate emotional injury, particularly by reinforcing potential situations of abuse and/or revictimization.

Epistemologically, quantitative and descriptive studies dominate our thematic area. While these approaches are valuable, there is a pressing need for research that emphasizes the subjective dimension of individuals' real and meaningful experiences, as well as the procedural aspect—the dynamics that drive changes in well-being.

Despite the well-documented benefits of forgiveness for health, there is a notable scarcity of studies aimed at promoting and facilitating forgiveness among older adults and younger generations. Addressing this gap is essential, as today's younger generations will inevitably transition into tomorrow's older adults. In this context, there are numerous avenues to explore in order to enhance and promote the benefits that forgiveness can yield for mental health and the quality of life of individuals, both in the present and in the future.

Methodologically, the topics under investigation present challenges due to the broad definitions of forgiveness and aging, as well as the utilization of diverse assessment instruments, which can complicate the comparison of results and outcomes. Furthermore, studies frequently employ small and restricted participant samples, thereby limiting the generalizability of findings. Therefore, it is imperative to develop a universal understanding of forgiveness and aging, along with their associated benefits for humanity.

Longitudinal studies of forgiveness and aging are also lacking but are immensely relevant for understanding phenomena across the lifespan. These studies can help identify patterns, cause-and-effect relationships, and the development of individual and collective parameters. Therefore, it is crucial for studies to employ combined methodologies to comprehensively explore the implications of forgiveness for health and its relationship with the quality of aging. More in-depth research is needed to analyze how forgiveness translates into benefits for physical and mental health.

In summary, the study of EFT, forgiveness, and aging has made significant progress, yet there are numerous avenues available for further exploration and understanding of its value. Opportunities for development in our thematic area include leveraging technology, fostering universality in concepts and methodologies, focusing on the injurer and self-forgiveness, and integrating forgiveness and aging into public education and health systems.

In light of the aforementioned considerations, the significance, focus, and relevance of the present thesis, titled “Emotion-Focused Therapy, Forgiveness, and Aging: An Integrated Approach to Enhancing Emotional Well-Being,” become evident. The thesis is organized into four principal chapters, each addressing a distinct aspect of the subject matter:

**Chapter I**—Time, Resentment, and Forgiveness: Impact on the Well-Being of Older Adults (Study 1)

**Chapter II**—Aging and Forgiveness: What Difficulties do Older Adults Face in the Process of Forgiving? (Study 2)

**Chapter III**—Emotion Focused Therapy and Forgiveness in the Older Population: Protocol for a Feasibility Randomized Controlled Trial (Study 3)

**Chapter IV**—Emotion-Focused Therapy for Resolving Emotional Injuries in Older Adults: A Hermeneutic Single-Case Efficacy Design Study (Study 4)



**CHAPTER I:**  
TIME, RESENTMENT, AND FORGIVENESS: IMPACT ON THE WELL-BEING OF  
OLDER ADULTS



## CHAPTER I

### TIME, RESENTMENT, AND FORGIVENESS: IMPACT ON THE WELL-BEING OF OLDER ADULTS<sup>1</sup>

#### ABSTRACT

The present study explores how resentment and forgiveness can affect older people and how resentment can be alleviated or intensified over time. The research is based on a qualitative methodology, using life history interviews, carried out in two moments. Data were collected from 20 individuals over 65 years old and were subjected to thematic content analysis. The results point to different negative impacts of resentment on well-being and distinct benefits of forgiveness. Our results suggest that over time a set of variables influence the experience of forgiving. Subsequent studies are needed to investigate these variables and validate intervention plans focused on forgiveness among older population.

#### INTRODUCTION

Although forgiveness has been a constant presence in people's lives, it is only in recent decades that it has been studied with frequency and depth in psychology (Costa et al., 2021). Various authors emphasize the significance of forgiveness for the quality of personal, family, and social life (Billingsley & Losin, 2017; Worthington, 2020). Contemporary challenges, such as rising life expectancy and the recognition of the potential impacts of forgiveness and

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<sup>1</sup> The study published by Almeida, B., & Cunha, C. (2023) titled "Time, Resentment, and Forgiveness: Impact on the Well-Being of Older Adults" appears in *Trends in Psychology*. The article can be accessed via the following DOI: <https://doi.org/10.1007/s43076-023-00343-2>.

unforgiveness on individual well-being, have increased interest in these topics (Akhtar et al., 2017). The specific objectives of this study are to explore how resentment and forgiveness impact well-being in an older adult sample, and how resentment may either diminish or intensify over time.

Several studies verify that aging incorporates biological, psychological, and social dimensions (Araújo et al., 2021; Derdaele et al., 2019; Drewelies et al., 2019; Paúl et al., 2017). Like the other stages of development, the most advanced phase of life brings specific challenges, including retirement, losses, and physical health problems (Baltes & Smith, 2009; Bengtson & Settersten, 2016; Rothermund et al., 2023; Toussaint et al., 2016). Most people enjoy good emotional health in this process (Suanet & Huxhold, 2020). However, many individuals encounter significant challenges such as depression, anxiety, cognitive impairment, social isolation, and insomnia (Ermer & Proulx, 2016; Suanet & Huxhold, 2020). The prevalence of these issues continues to increase, largely due to the aging population's growth (Drewelies et al., 2019; Krause & Hayward, 2015).

According to the United Nations (United Nations [UN], 2019) there were 703 million older adults worldwide in 2019. It is estimated that by 2050, the global number of older adults will more than double, reaching over 1.5 billion people. The growth in the number of older individuals is expected to occur across all regions of the world between 2019 and 2050 (UN, 2019). In Portugal, for example, around 22% of the population is over 65, and it is projected that by 2050, one in three (33%) people will be over 65 years of age. Currently, in Portugal, more than 50% of primary health care provided for this population is associated with psychological health (FFMS, 2020).

In fact, the quality of aging is highly associated with how individuals adapt to it, including the typical vulnerabilities of senescence (Araújo et al., 2021; McCluskey, 2005; McLeod et al., 2021; Rothermund et al., 2023). Successful aging is correlated with promoting healthy lifestyles, valuing personal characteristics, compensating for losses through optimization and selection of personal and social resources, and cultivating self-compassion (Baltes & Smith, 2009; Bengtson & Settersten, 2016; Paúl et al., 2017).

Older adults often link successful aging with health, life satisfaction, social relationships, autonomy, adaptability to change, capacity for self-care until death, positive self-esteem, and alignment with inner values (Hill et al., 2018; Rey & Extremera, 2016; Rothermund et al., 2023). In this context, forgiveness has gained particular importance due to its positive correlation with well-being and longevity (Davis et al., 2015).

From a psychological perspective, forgiveness arises from a personal commitment to adopt a compassionate attitude towards the feelings associated with an offense directed at oneself (Freedman & Zarifkar, 2016; Meneses & Greenberg, 2019). It is a process that integrates the dialectic between one's emotions and reflecting on those feelings with the aim of emotional transformation (Akhtar et al., 2017; Meneses & Greenberg, 2019). Worthington (2020) distinguishes between the decision to forgive—as the intention not to retaliate against the injurer—and emotional forgiveness—which involves an emotional shift from resentment, hurt, and sadness to forgiveness, compassion, and love—.

Forgiveness can entail two main steps (Kim & Enright, 2014; Worthington, 2020). The first involves attending to one's emotional states that may arise from an offense. If these emotions are too intense, they may neglect fundamental needs such as support, respect, and dignity (Meneses & Greenberg, 2019). The second major step of forgiveness is to consider the

injurer's behavior within its context, perspective, circumstances, and needs (Hill et al., 2018; Yu et al., 2021).

Studies indicate the wide-ranging benefits of forgiveness for well-being (Allemand & Olaru, 2021; Hill et al., 2018; Worthington, 2020). Psychotherapeutic approaches demonstrate positive results, with some explicitly focusing on promoting forgiveness (e.g., REACH Forgiveness model—Worthington, 2020) and others indirectly facilitating it (e.g., Emotion-Focused Therapy—Meneses & Greenberg, 2019).

The concept of forgiveness remains subject to varying interpretations and lacks a universally accepted definition (Enright & Fitzgibbons, 2015; Meneses & Greenberg, 2019; Worthington, 2020). However, there is consensus regarding what forgiveness is not in relation to other constructs (Fincham et al., 2006). In fact, forgiving is not excusing the injurer, and it differs from forgetting—the notion that the memory of the offense has vanished from consciousness (Meneses & Greenberg, 2019; Worthington, 2020). Unlike reconciliation, which implies restoring a relationship, forgiveness does not necessarily involve this (Fincham et al., 2006). While acceptance may involve the victim altering their perspective on the offense, forgiveness does not require this (Meneses & Greenberg, 2019). Forgiveness also differs from denying the harm suffered and from absolution, which is typically granted by a figure of authority (Fincham, 2010).

It is unanimously agreed among authors that the experience of forgiveness integrates emotional, cognitive, and behavioral components (Allemand & Olaru, 2021; Billingsley & Losin, 2017; Wenzel et al., 2020). The set formed by these components enriches the phenomenon of forgiveness, which typically encompasses several stages: awareness of the

offense, desire to forgive, cognitive processing, and emotional and behavioral response (Hill et al., 2018; Worthington, 2020).

Thus, forgiveness—view as a dynamic process—can be understood as an intrapersonal experience occurring across multiple components and levels, both conscious and unconscious, within the context of social interaction. In this way, the emotional wounds caused by offenses may experience an appropriate emotional transformation (Meneses & Greenberg, 2019). Pederson (2014) suggests that forgiveness narratives can diverge across three main dimensions: the internal process versus external action, self-liberation versus liberation for others, and a gradual developmental process versus a transformation in a single moment.

Resentment is an emotional response that can arise following an interpersonal offense (Meneses & Greenberg, 2019). What can become detrimental to well-being, both physical and mental, is persistent, destructive, and painful resentment (Krause & Hayward, 2015). So, when the emotions resulting from an offense are not addressed, it can lead to a cycle of silence, detachment, aggression, or apathy, prolonging emotional distress (Meneses & Greenberg, 2019). This response may hinder access to fundamental needs and consequently prevent a more adaptive emotional response or hinder transformation (Greenberg & Goldman, 2019).

Therefore, in response to an interpersonal offense, dysfunctional psychological processes may emerge, including a lack of emotional awareness, experiential avoidance, activation of schematic memories tied to maladaptive emotional reactions, rigid narratives, and conflicts between different parts of the self and others (Greenberg et al., 2008; Salgado & Cunha, 2018). When this occurs, resolving emotional injuries can involve forgiveness or the process of letting go (Meneses & Greenberg, 2019). These processes may entail transforming thoughts, feelings, and behaviors into compassion, generosity, and love for oneself and others

(Ghaemmaghami et al., 2011; Hill et al., 2018). According to Greenberg et al. (2008), activating memories and implicit meanings related to the offense can facilitate emotional transformation and a shift in perspective. The goal is to transform maladaptive emotional responses and access more adaptive emotional responses to promote improved well-being (Meneses & Greenberg, 2019).

The literature on the potential effects of time on the forgiveness process is quite limited (Carstensen, 2006; De Geest & Meganck, 2019). The prevailing consensus is that the process of forgiveness unfolds over time in a dynamic, progressive, interdependent, and complex manner (Meneses & Greenberg, 2019; Worthington, 2020). With time, the injury resulting from an offense can either soften or intensify, influencing levels of life satisfaction (Randall & Bishop, 2022).

Thus, the correlation between time and forgiveness is not necessarily positive or direct (Tao et al., 2021). The interplay of various variables—such as the personality and circumstances of the offended individual, the severity of the offense, and the quality of the relationship between the offended and the injurers—can result in different effects (Gold & Davis, 2005). Motivations for revenge and avoidance behaviors typically diminish over time (McCullough et al., 2003). The decision to forgive and genuine emotional forgiveness often involve neuronal processes that differ in manner and duration (Billingsley & Losin, 2017).

The meaning of time tends to evolve over the years and can contribute to the understanding of forgiveness (Carstensen, 2006; Ermer & Proulx, 2016). In fact, time itself may be linked to promoting forgiveness, as it allows the offended party to develop prosocial motivations (Gold & Davis, 2005; McCullough et al., 2003). However, forgiveness does not necessarily follow a linear trajectory over time (Kaleta & Mróx, 2018). Indeed, a stressful event,

such as an offense, may take longer than expected to recover from and can negatively impact well-being for several years (Freedman & Zarifkar, 2016; Ho et al., 2020). Beliefs such as the notion that time heals all wounds and the assumption that most people are resilient can complicate the process of resolving emotional injuries caused by an offense (Infurna & Luthar, 2016).

There are numerous reasons that highlight the importance of forgiveness among the older population (Allemand & Flückiger, 2020; Hantman & Cohen, 2010). Firstly, the ability to forgive evolves throughout the life cycle (Akhtar et al., 2017; Baltes & Smith, 2009). Older adults tend to express more forgiveness than younger individuals in line with the development of social and forgiveness skills (Allemand & Olaru, 2021).

Furthermore, the very concept of forgiveness may change over time, particularly in relation to the perception of future time (Carstensen, 2006; Worthington, 2020). Aging often leads to an increased emphasis on the value of well-being and relationships (Kaleta & Mróz, 2018). Another reason for studying forgiveness and aging is the evidence that this stage of development is particularly conducive to introspection, problem-solving, and prioritizing past and present needs (Ho et al., 2020; López et al., 2021; Steiner et al., 2011).

Studies have found that individuals who recount their life stories tend to experience greater life satisfaction and are less prone to depression (Robertson & Swickert, 2018). Through the process of recounting and reflecting on their lives, forgiveness can emerge as a facilitator of finding meaning in past experiences (Allemand & Olaru, 2021). Therefore, forgiveness becomes increasingly important at this stage of development (Ermer & Proulx, 2016), aligning with evidence suggesting a negative association between forgiveness and key indicators of end-of-life outcomes such as cardiovascular, endocrine, and immune system health (Krause &

Hayward, 2015; Toussaint et al., 2016). Considering the positive correlation between forgiveness and problem-solving abilities and emotional regulation strategies (Ho et al., 2020; Davis et al., 2015), as well as the negative correlation between forgiveness and rumination, avoidance, and self-criticism (Ingersoll-Dayton et al., 2010), studying forgiveness during this stage of development becomes particularly relevant.

Despite acknowledging the impact of forgiveness and resentment on individuals' (physical and mental) health, only a few studies aim to analyze, experientially, how forgiveness and resentment affect older adults (Wenzel et al., 2020). It is important to understand how time can influence the forgiveness process and to study how offenses are resolved in order to enhance the well-being of this population. The present study aimed to explore—in a sample of older adults—how time, resentment, and forgiveness can affect well-being. To this end, we addressed three main research questions: RQ1. How is resentment in the context of an interpersonal offense alleviated or intensified over time? RQ2. How does resentment impact well-being? RQ3. What is the impact of forgiveness on well-being?

## METHOD

### *Research design*

To study how resentment and forgiveness can affect older people and how resentment can be alleviated or intensified over time, we conducted an exploratory qualitative study. We aimed to interpret the participants' meanings, emotions, and experiences through inductive analysis. In this regard, we chose the life history technique as a data collection tool to capture the phenomenon under investigation (Amado, 2014). Based on the participants' narratives, we prioritized dimensions that are typically not encompassed by quantitative approaches, placing

special emphasis on what is particular, individual, and unique (Almeida & Brandão, 2020; Robertson & Swickert, 2018). We used a semi-structured interview format, in which ten questions emerged as stimuli to explore our three research questions.

### *Study participants*

Data were collected from twenty individuals over 65 years of age (in 2022, aged between 66 and 85 years with an average age of 71.85), who have suffered an experience of emotional injury resulting from an interpersonal offense. The majority of participants were female (65% females and 35% males), and all were currently retired from their former jobs.

According to Sandelowski (2004), qualitative samples should be large enough to open up new possibilities for understanding the phenomenon under study and small enough to allow for a deep and focused analysis of the topic in question. Although these studies cannot be generalized to the global population, all of them—with well-conducted methods and strong indicators in the results—can have positive implications for psychotherapy (Shaheen et al., 2019; Vasileiou et al., 2018). Detailed information on the participants is briefly presented in Table 1.

**Table 1: Brief descriptions of participants**

<b>Age</b>	<b>Gender</b>	<b>Profession</b>	<b>Family situation</b>	<b>Aging across the years is...</b>
81-85	Female	Nurse	Single	Learn / Improve / Accept
76-80	Female	Nurse	Widower	Sadness / Impotence / Doubt
71-75	Female	Nurse	Single	Luck / Happiness / Health
66-70	Male	Bank officer	Married	Longing / Gratitude / Resignation
71-75	Female	Domestic	Widower	Renovation / Action / Care
76-80	Female	Teacher	Single	River / Renovation / Change
76-80	Female	Teacher	Married	Faith / Hope / Job
76-80	Male	Military	Widower	Way / Learn / Natural
71-75	Female	Pharmacist	Widower	Peace / Love / Care

71-75	Female	Bank officer	Widower	Difficult / Inevitable / Move on
66-70	Female	Teacher	Divorced	Lost / End of the line / Way
76-80	Male	Engineer	Married	Growth / Maturity / Tranquility
86-90	Female	Teacher	Married	Live / Learn / Freedom
66-70	Male	Teacher	Married	Normal / Universal / Natural
81-85	Female	Teacher	Divorced	Surprise / Unspeakable / Shortly
76-80	Male	Entrepreneur	Married	Natural / Sadness / Happiness
76-80	Female	Domestic	Married	Learn / Love / Happiness
86-90	Male	Artist	Widower	Sing / Help / Contemplation
81-85	Female	Nurse	Widower	Activity / Action / Care
71-75	Male	Entrepreneur	Married	Renovation / Living / Departure

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## ***Procedures***

### *Data collection*

We used the life history technique as a tool for collecting information. This technique encourages participants to recount their experiences, offering a more realistic approach to reality, facilitating exploration of emotional dynamics, and enhancing the study with levels of depth that might otherwise be challenging to attain (Almeida & Brandão, 2020; Amado, 2014; Levitt et al., 2017). Throughout this study, we considered the participants as specialists, interpreters, and agents responsible for their own development (Brandão, 2007; Fonseca et al., 2012). Thus, we conducted semi-structured interviews to allow each participant to narrate their personal history.

The interview guide was validated through a pre-test interview with spoken reflection. Based on the literature and the research questions (Robertson & Swickert, 2018; Sandelowski, 2004; Worthington, 2020), a semi-structured interview was crafted comprising ten main content questions: How has your experience of aging unfolded over the years? What is the process of aging like for you? Would you be willing to share a situation from your life where you felt

unfairly offended? Do you perceive that this offense has improved or worsened over time? Have you held any feelings of resentment regarding experiences in which you were unjustly offended? What kind of impact does resentment have on you? Do you believe that forgiveness has the potential to alleviate your feelings of resentment? Can you recall an experience in which you forgave someone? What effects do you believe forgiveness and unforgiveness have? Are there any specific experiences that you consider unforgivable?

After receiving approval from the University's Ethics Committee (see appendix), we disseminated and explained the study to various institutions and within our social network. The inclusion criteria for the study were as follows: individuals of both sexes, aged over 65 years, who have experienced emotional injury due to interpersonal offense, and who do not exhibit psychological disturbances or cognitive deficits that might interfere with the study's objectives. Additionally, if they are currently prescribed any medication or treatment, it must have been stabilized for at least four weeks (Shvedko et al., 2018; Timulak et al., 2020).

We formulated an exclusion criterion that applied to potential participants who reported serious offenses, particularly incest or sexual abuse. We made this decision under the assumption that conducting interviews about such memories could trigger intense vulnerability and suffering in the participants. Therefore, we chose not to focus our study on emotionally distressing processes, due to their significance and severity, as this might not be beneficial for the participants (Levitt et al., 2017).

Thus, individuals who expressed interest in participating in the study attended a preliminary interview where the study's objectives, inclusion criteria, and ethical and confidentiality requirements were explained. Among those who showed interest and met the

criteria, they were asked to sign an informed consent form and undergo a more detailed evaluation to ensure they met the study's criteria.

In this way, we selected the first 24 individuals for our study. So, additional participants were brought in to offset the expected dropout rates. Among the 24 participants, only two did not finish both stages of data collection. From the 22 completed interviews, a random selection of 20 was made for the study (Amado, 2014; Shaheen et al., 2019). This number of participants was based on similar qualitative studies (Buggins et al., 2021; McAdams & Logan, 2006) and the researchers' conclusion that the level of depth and breadth of the study's subject matter achieved sufficient consistency (Vasileiou et al., 2018).

Interviews were scheduled based on each participant's availability, and due to the pandemic context, they were conducted over the phone. The interviews were recorded with participants' permission, with durations ranging from 45 to 58 minutes. After transcription, the interviews were returned to the participants for validation, approximately thirty days after the initial interview (Amado, 2014; Braun & Clarke, 2006; Levitt et al., 2017; McLeod et al., 2021).

So, the second interview aims to further explore the data gathered in the first interview and allow for any clarifications—both the interviewee and the interviewer have a copy of the transcript from the first interview—. There is no predetermined time interval between each interview (Brandão, 2007; Levitt et al., 2017). The respective interval must be long enough for the transcription of the interviews and for participants to internally process them, yet short enough to maintain continuity with the first interview (Almeida & Brandão, 2020; Braun & Clarke, 2006). The average time period between the first and second interviews was 38 days, with the shortest interval between interviews being 34 days and the longest being 44 days.

Researchers utilized a logbook to document the information collected during the study (Levitt et al., 2017; McLeod et al., 2021).

### *Data analysis*

The interviews underwent thematic content analysis (McLeod et al., 2021). The corpus of analysis comprised the transcribed interviews, with each theme serving as the unit of analysis. Initially, we verified if the transcribed material accurately reflected the participants' statements. Subsequently, we conducted an initial scan of the text. Finally, we engaged in a more comprehensive reading of the data, leading to the development of a system of categories and the coding process (McLeod et al., 2021). Each category was assigned a name and an operational definition. To ensure the quality of research inferences (following Guba & Lincoln's recommendations, 1994), specifically in terms of the sustainability and validity of certain explanations, we adhered to two major criteria: reliability and authenticity (Amado, 2014). The establishment of categories was validated by an independent specialized psychologist who also coded three of the interviews. Since our codings largely aligned, we validated our own. To enhance the interpretation and validity of the results, we emphasized excerpts extracted from the participants' statements (Almeida & Brandão, 2020; Amado, 2014; McLeod et al., 2021).

## RESULTS

Our qualitative analysis highlights three main themes: firstly, over time, a combination of factors tends to alleviate the emotional injury resulting from an offense—as one participant (P) stated, “the passage of time can help, but it is not enough” (P4); secondly, resentment stemming from an offense is associated with lower well-being in various ways—as expressed by another participant, “when I remember, I am shaken and disturbed” (P14); thirdly,

forgiveness, in its various forms, has a positive impact on individuals' well-being—as expressed by a participant, “it brings relief, I feel more relieved, I feel happy and peaceful, I manage to fix the pain and sadness” (P1). These main themes encompass several sub-domains that underscore the significance of forgiveness in the participants' experiences.

***Over time, a set of variables can contribute to relieving injury***

Of the twenty participants, nineteen stated that over time resentment tends to diminish. Only one participant mentioned that over time resentment grows—“with the passage of time, it becomes more acute and heavy” (P9). Therefore, 95% of the participants declared that time helps to soften resentment. These participants expressed that over time, several variables can contribute to the relief of emotional injury:

“with the passage of time, the offense decreases [...] as we age, we tend to forget more.” (P5)

“time attenuates a lot, because our minds are occupied with other things and the injury diminishes.” (P13)

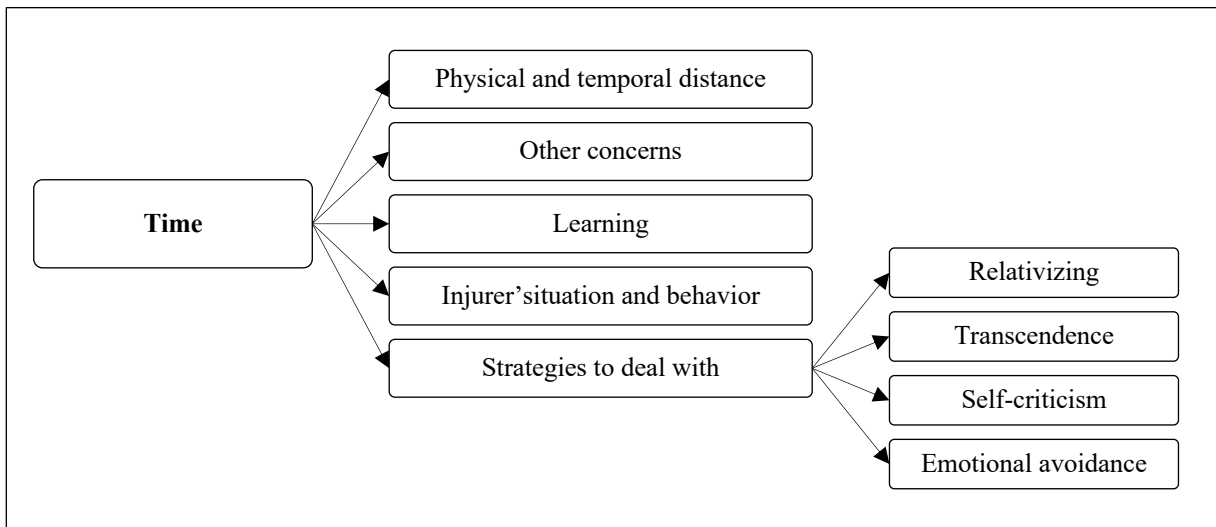
This evidence, almost generalized in the participants' discourse, allows us to identify five main variables—categories or sub-themes—that, together with time, can soften resentment: the physical and temporal distance from the situation (“it passed with time and with the physical distance”—P4); other concerns (“time helps because the person has other problems”—P12); learning (“with the passage of time, the injury of the offense is healed [...] everything becomes broader and more understandable, there are more important things in life”—P15); changes in

the injurer’s situation and behavior (“I feel compassion for my sister also for the difficulties she has been going through”—P7); and other personal efforts and strategies to deal with the problem (“the passage of time can help, but it must also be resolved with other forces”—P20).

In this dynamic process, we identified four main strategies participants use to overcome their resentment: relativizing the problem (“it gets healed over time and, above all, with the way we look at the offense”—P11); openness to faith and transcendence (“when God tells us to see how God sees him, I consider this bad behavior”—P8); self-criticism (“even a priest told me that it couldn’t be like that, that I would have to overcome it”—P10); and emotional avoidance (“when I think about it, I don’t feel anything, I can’t hear about it”—P7).

In summary, as evidenced in Figure 1, while practically all participants report that time is associated with the softening of resentment, some strategies adopted in this regard seem to alleviate emotional injury, while others seem to intensify it, particularly through self-criticism and emotional avoidance.

**Figure 1: Variables that over time can influence the impact of resentment**



*How does resentment affect emotional well-being?*

All participants report that resentment has a negative impact on their lives. Their responses indicate five main impacts on well-being: physiological, mental, emotional, behavioral, and sense of self (Table 2). According to the participants’ statements and feelings, these five different expressions of resentment manifest themselves in an interdependent manner, with each encompassing sub-themes that highlight the complexity and interconnectedness of these processes.

**Table 2: Dimensions of resentment impact**

<b>Resentment impact:</b>	Physiological:	Cardiac activation
		Stress
	Mental:	Sleep difficulties
		Rumination
		Depletion of mental energy
		Loss of focus
		Difficulty in problem-solving
	Behavioral:	Himself
		With injurer
		With others
	Emotional:	Sadness
		Anger
		Deception
		Indignation
	Sense of self:	Anguish
		Negative affect
		Neglected self
		Feelings of inferiority

From a physiological standpoint, all participants explicitly or implicitly reveal, to varying degrees, sporadically or continuously, that over time, resentment tends to be associated with increased physiological activation. This increase can be summarized in three main sub-

themes: cardiac activation, stress levels, and sleep difficulties. According to the participants' discourse, this combination of variables can result in feelings such as fatigue, tension, and physical exhaustion.

“I felt like a weight was pressing down my body [...] at night, I had difficulty sleeping.” (P1)

“I feel pain in my chest, tachycardia [...] I become slower, heavier, more distant from myself and others; it leads me to isolation.” (P9)

We observe that resentment can also have a negative mental impact. We were able to identify in the participants' speeches main sub-categories of cognitive or mental consequences caused by resentment, namely, in the form of continuous rumination, mental fatigue, loss of focus, and difficulty in problem-solving. The participants particularly highlight the mental dimension in their narratives and internal processes. These tend to be marked by elaborate reflective dynamics, as the following examples attest:

“there are things I couldn't forget [...] when they come to mind [...] I don't want to remember, I resist remembering [...] I don't want [...] to go back there, not to slip.” (P1)

“there are moments of explosion when I start thinking about these things.” (P7)

Another effect of resentment reported by all respondents is emotional. We found four sets of emotional states among the participants—sadness, anger, deception, and indignation—which are assumed, with greater or lesser intensity, as a burden that accompanies them. The emotional dimension, despite being less emphasized in the verbal speech of the participants, proves to be significantly important in the non-verbal communication and its intense impact with the other components listed.

“I feel sad [...] a kind of annoyance, psychological discomfort, there was no explanation, something that doesn’t come out of me, almost like a wound, sadness, anger.” (P1)

“I felt tension, revolt, I didn’t distance myself from people or situations, but I didn’t act either [...] I was sad.” (P2)

From our collected data, resentment can also manifest behaviorally. The behavioral impact of resentment can involve attitudes towards oneself, towards others, or towards the injurers themselves. These behavioral dynamics can lead to physical separation, which depends on variables such as relational complexity and the degree of involvement in it. This type of resentment impact is associated with isolation, representing a social dimension of resentment.

“Resentment gives me pain, it also creates distance between my brother and me. I try to get closer and so does he, but there is something that makes it difficult.” (P3)

“It makes me slower, heavier, further removed from myself and others, leading me to isolation.” (P9)

Regarding the sense of self—understood here as the feeling of what happens, the continuous process of self-organization (Greenberg & Goldman, 2019)—the participants refer to the impact of resentment on their relationship with themselves. We were able to identify in the participants’ speeches four main sub-themes: experiences of anguish, negative affect, neglected self, and feelings of inferiority.

“It’s always negative. It’s always a way of expressing my saddest self, incapacitated, something that prevents me from doing what I want, it can make me lose my capacity in relation to all of this. As if it paralyzed me.” (P4)

“Resentment affected me, I felt diminished, I couldn’t do things well, added to the resentment by blaming, I felt sad [...] I felt diminished, erased.” (P11)

### ***What is the impact of forgiveness on people’s well-being?***

Considering our third research question, a significant divergence is evident in the findings pertaining to the impact of resentment. We identified five primary themes reflecting the positive effects of forgiveness on the well-being of our participants: physiological, cognitive, emotional, behavioral, and self-transformation (see Table 3). These various expressions of impact revealed in the participants’ discourse encompass different sub-dimensions that are interconnected with each other.

**Table 3: Dimensions of forgiveness impact**

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<b>Forgiveness impact:</b>	Physiological:	Tranquility
		Serenity
		Calm
	Mental:	Less rumination
		Decrease negative thoughts
		More Focus
	Emotional:	Relief
		Peace
		Joy
	Behavioral:	Himself
		With injurer
		In context
	Transformation of self:	Sense of satisfaction
		Improve internal narratives
		More empathy

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At a physiological level, in contrast to what was mentioned about resentment, forgiveness seems to have an impact on the level of arousal itself. This is expressed by the participants in three significant ways: tranquility, serenity, and calm.

“It makes me feel good because it removes the negativity from me [...] It allows me to be well [...] It’s like a tranquilizer, everything is fine with me, I don’t have a stone biting or tormenting me [...] Forgiveness gives me rest [...] We transition from nightmares, nervousness, rebellion, insomnia, to peace, as if it were a tranquilizer.” (P8)

“It relieves the feeling in my stomach, and even in my head, I feel better, relieved, I sleep better, I relax.” (P9)

Another type of impact mentioned by the participants is related to the cognitive dimension. Indeed, among the various expressions associated with this kind of impact, we identified three main categories: reduction of rumination, decrease of negative thoughts, and increased focus on the present moment.

“It allows me to focus on my responsibilities.” (P2)

“I can be more relaxed, stop thinking about the conflict, and stop wasting energy on it.” (P4)

Participants report that forgiveness is associated with different emotional states that bring about well-being. Among the various emotions reported by the participants, we were able to identify three most representative: relief, peace, and joy. According to the participants’ discourse, these described feelings tend to appear particularly linked to the transformation or overcoming of feelings such as anguish, fear, and sadness caused by resentment in the face of the offense. Participants thus indicate that forgiveness:

“It allows us to overcome anguish, fear, sadness, suffering, the accumulation of tensions that hurt and spoil everything.” (P3)

“when you are able to truly forgive, it brings a special enjoyment, well-being, serenity. It feels very good.” (P7)

Another sub-theme supported by the participants' discourse refers to the fact that forgiveness can have a positive impact on one's own behavior. Participants discuss three main domains of this type of impact: in those who forgive, in those who are forgiven, and on the social context itself. Following the participants' narratives, forgiveness tends to promote peace, reconciliation, and understanding between people. It should also be noted that the participants tend to report that forgiveness provides for more harmonious family and social behaviors.

“It allows for the restoration of bonds, a good atmosphere, and happiness.” (P2)

“It brings me happiness, I feel better, I walk better, I feel more energy, I feel more connected with other people and with myself.” (P9)

Finally, a fifth type of forgiveness impact mentioned by the participants concerns the transformation of the self—learning about oneself and one's relationships in a more compassionate and accomplished way (Baltes & Smith, 2009). Around the dimension of the transformation of the self, we identify three main sub-themes in the responses of the participants: a sense of satisfaction and personal openness; improvement of internal narratives; and increased empathy for others.

“It allows us to step out of ourselves and put ourselves in the other's shoes.” (P4)

“It has a great impact. And all of it. I am the happiest woman in the world for not harboring negative feelings such as resentment and envy [...] I feel more fulfilled.” (P5)

## DISCUSSION

This study aims to explore how time, resentment, and forgiveness can impact the well-being of older adults. Our qualitative analysis enhances the understanding of the potential effects of resentment and forgiveness on the well-being of this population.

The thematic analysis reveals two main themes from our initial research question—How is resentment in the context of an offense alleviated or intensified over time? First, the process of forgiveness unfolds over time. Second, while a certain period is necessary to address the offense, the alleviation of injury does not solely depend on the passage of time. Instead, this process appears to be influenced by a set of variables experienced over time. These perspectives from participants are supported by various authors (Kent et al., 2018; Randall & Bishop, 2022). The factors influencing forgiveness can be categorized into different spheres: the offended person, the injurer, and the relationship between the offended and the injurer (Carstensen, 2006; Worthington, 2020).

According to the participants' discourse, with a specific focus on the sphere of the offended person, several dimensions emerge as relevant to alleviating emotional injury over time: temporal and physical distance, the emergence of other concerns, learning, changes in the injurer's situation and behavior, and strategies used to deal with the situation. Some strategies mentioned—such as relativization and transcendence—can resolve the emotional injury, while others, specifically through processes of self-criticism and emotional avoidance, may lead to its intensification (Thompson et al., 2015). This ambiguity is reflected in the participants' verbal and non-verbal expressions. In light of this more or less latent internal conflict, it's important to note that offended individuals tend to reduce their motivations for distancing and revenge over time and decide to forgive (Enright & Fitzgibbons, 2015; Worthington, 2020). However,

they do not show a similar increase in benevolent and compassionate motivations towards injurers over time (McCullough et al., 2003; Toussaint et al., 2016).

In fact, the psychological processes that enhance the desire to reestablish relationships with an injurer tend to be more complex and time-consuming than those that promote avoidance and retaliation against an injurer (Enright & Fitzgibbons, 2015; Fincham, 2010; McCullough et al., 2003). In reality, different forgiving patterns, which may be more or less contradictory, can coexist over time (Gold & Davis, 2005). The participants' testimonies allow us to observe that time is more associated with the decision to forgive and the corresponding attitude of avoiding conflicts, rather than with emotional forgiveness—a process of transforming emotions (such as sadness, resentment, anger into empathy, compassion, love), which, when it occurs, takes a longer period of time (McCullough et al., 2003; Worthington, 2020).

With the passage of time, oscillations and ambiguities may persist, in ways that are more or less intense and either implicit or explicit, in the process of injury alleviation (Robertson & Swickert, 2018). This process appears to be influenced by various variables—personal, situational, and interpersonal—which collectively shape the meaning and emotional experience of the offense. Certainly, McCullough et al. (1998) mention that multiple key variables can impact the process: socio-cognitive elements, factors related to the transgression itself, the nature of the relationship between the offended and the injurer, and traits of the offended individual. Among these, the foremost variable—how the offended person perceives and emotionally responds to the injurer and the transgression—stands out as the most influential (McCullough et al., 1998).

In essence, the manner in which an individual processes this meaning seems particularly linked to how injury can be alleviated over time. For these reasons, and especially in

consideration of the quality of aging, valuing this process is important (Suanet & Huxhold, 2020; Wenzel et al., 2020). Indeed, while interpersonal conflicts are inevitable and their impact can vary in severity, it is fundamentally an individual's capacity to transform these conflicts that supports the possibility and effectiveness of forgiveness (Meneses & Greenberg, 2019; Worthington, 2020).

Based on our participants' experiences, we identified that resentment can negatively impact personal well-being in various ways—physiologically, mentally, behaviorally, emotionally, and sense of self. Resentment—with its complexity and interconnected dimensions—is detrimental to physical health and can affect blood pressure, cardiac function, and the immune system (Billingsley & Losin, 2017). It can increase stress and, if intense and persistent, can impact digestion, blood circulation, and sexual performance (Krause & Hayward, 2015; Titova et al., 2022).

In fact, resentment can lead to the continuous recall of past memories and trigger depressive, anxious, phobic, and psychosomatic responses (Gold & Davis, 2005). The activation of these processes and their interrelations can exacerbate difficulties across different contexts—family, social networks, and work—which are often linked to cycles of shame and further resentment (Thompson et al., 2005; Worthington, 2020). So, resentment can profoundly impact various dimensions of human experience, including emotions (such as anger, sadness, frustration, depression, disgust, loneliness, and feelings of betrayal), cognitive processes (encompassing blame, rumination, thoughts related to forgiveness, confusion, revenge, and apprehension), behavioral patterns (including withdrawal and isolation), interpersonal connections (manifested through relationship termination and avoidance), and, consequently, self-perception (Wenzel et al., 2020; Williamson & Gonzales, 2007).

Thus, resentment can persist beyond the initial offense event, as its significance can manifest in bodily sensations, mental constructs, and emotions with behavioral and self-related implications (Akhtar et al., 2017; Meneses & Greenberg, 2019). Despite this evidence, our participants tend not to focus on healing the emotional wound but rather on discussing and avoiding it. This tendency may be understood in light of the internal conflicts and strategies adopted by those offended, as described earlier (Salgado & Cunha, 2018). We recognize that unprocessed or unaddressed emotions can contribute to dynamics of silence, detachment, and aggression—potentially intensifying these feelings (Meneses & Greenberg, 2019). Simultaneously, they can exacerbate the dissatisfaction of core needs such as support and understanding, which are crucial on multiple levels, including for healing resentment (Greenberg & Goldman, 2019). Therefore, some of the suffering resulting from an offense may stem from mechanisms like lack of awareness, denial, memory activation, and non-adaptive responses, founded on rigid and dysfunctional processes (Greenberg, 2015). So, the way individuals handle resentment is closely related to its effects and the emotional processing strategies they employ.

Our phenomenological approach reveals that forgiveness can enhance well-being across physiological, mental, behavioral, emotional, and self-awareness dimensions. These aspects, as discussed by our participants, are interconnected. A broad consensus among researchers supports the notion that forgiveness is linked to numerous benefits, including physical, emotional, relational, and spiritual well-being (Friedberg et al., 2009; Kent et al., 2018). Consistent with our participants' experiences, forgiveness is associated with a reduction in symptoms of anxiety and depression (Ermer & Proulx, 2016; López et al., 2021).

Indeed, forgiveness, which does not necessarily imply reconciliation, excusing the injurer, erasing the past, or undermining moral and social values (Worthington, 2020), can lead to feelings of relief, love, tranquility, understanding, and increased motivation (Rey & Extremera, 2016). In this regard, forgiveness, through its multifaceted positive impacts, can promote family and social cohesion and contribute to societal progress (Hill et al., 2018; Kent et al., 2018). It can facilitate overcoming the injury caused by the offense and foster emotional growth towards improved well-being. In fact, well-being tends to improve when the decision to forgive is integrated with emotional forgiveness itself (Tao et al., 2021; Worthington, 2020).

In this context, it is important to emphasize that forming meaningful, profound, and enduring emotional connections fulfills a core psychological need (Bowlby, 1997). The expression of this universal need varies individually throughout the lifespan, influenced by important variables such as the context, the capacity to integrate new learnings, and emotional regulation (Baltes & Smith, 2009; Meneses & Greenberg, 2019). So, the manner in which individuals—securely or insecurely—embrace new learnings correlates positively with relationship quality, autonomy, and self-esteem enhancement (McCluskey, 2005).

Certainly, the ability for emotional regulation—modulating emotional activation to integrate various experiences—facilitates self-reorganization, especially in situations of interpersonal offense (Greenberg & Goldman, 2019). Different emotion regulation strategies—awareness and understanding of one’s feelings, acceptance of emotions, managing action tendencies, and acting according to personal values, goals, and contexts (Greenberg, 2015)—can influence how individuals approach forgiveness and may underpin improved well-being (Ho et al., 2020).

In fact, despite the acknowledged benefits of forgiveness, our participants suggest that the forgiveness process is far from linear; it is often cyclical and dynamic, marked by both advancements and setbacks (Suanet & Huxhold, 2020; Wenzel et al., 2020). This variability may arise from the differing priorities and strategies employed by participants, which are not always congruent, as well as the complex interplay of factors influencing the forgiveness process (Allemand & Flückiger, 2020). Moreover, the participants' inability to explicitly distinguish between decisional forgiveness and emotional forgiveness may further contribute to the fluctuations observed in the process (Worthington, 2020). While participants frequently express a willingness to forgive, they simultaneously struggle with the emotional transformation required for full forgiveness. Their narratives underscore the notion that time, fresh insights, and adaptive coping strategies—such as reinterpreting their personal stories—can facilitate the positive outcomes associated with forgiveness (Allemand & Olaru, 2021).

In the dynamics of forgiveness, participants distinguish between intrapersonal and interpersonal dimensions. Paradoxically, they reveal that their primary focus is, on one hand, on alleviating internal suffering and, on the other, on avoiding inappropriate or antisocial actions toward the offender. However, even though the resolution of internal suffering may be more readily achieved through forgiveness or the process of letting go (Meneses & Greenberg, 2019), this perspective does not always prevail among participants. In this context, it is important to note that an analysis of participants' narratives concerning difficulties in the forgiveness process reveals that 27% pertain to internal conflicts, 25% to rationalization processes, 20% to feelings of vulnerability, 16% to dynamics of lacking responsibility, and 12% to avoidance strategies. These challenges appear to be interconnected (Davis et al., 2015; Worthington, 2020) and,

simultaneously, align with our findings, which indicate that time alone is not a determining factor in alleviating emotional injury (Billingsley & Losin, 2017; Carstensen, 2006).

In light of the discussion thus far, it becomes clear how this research lays the groundwork for the development of a targeted intervention protocol that may support individuals in their forgiveness process, addressing the specific challenges identified. Our study also underscores the importance of decision-making and emotional forgiveness in truly resolving the emotional injury caused by an offense. Assuming that aging is often linked to an enhanced capacity for introspection and the ability to relativize experiences (Baltes & Smith, 2009; López et al., 2021), when these tendencies are coupled with the advancement of emotional learning and transformative processes (Meneses & Greenberg, 2019), a substantial potential for successful aging emerges.

## CONCLUSION

Our qualitative study provides insight into how, over time, a variety of factors can alleviate the injury of resentment and facilitate the forgiveness process. Our research highlights that resentment is associated with a broad range of negative impacts, including physiological, emotional, cognitive, behavioral, social, and self-related aspects. Participants in our study affirm that forgiveness—both the decision to forgive and emotional forgiveness—results in significant benefits for well-being across physiological, cognitive, emotional, social, behavioral, and self-transformation dimensions. The study offers insight into how the interpretation of the offense influences the alleviation of associated injury over time, emphasizing the importance of valuing this process.

Despite the limited number of participants, our study's strength lies in its close examination of their lived experiences. We identify a range of subjective variables—such as

self-disruption processes, internal conflicts, difficulty accessing emotions, vulnerabilities, and cycles of rationalization—that may influence individuals’ understanding and experience of forgiveness, warranting further investigation in future studies. Certainly, to enhance knowledge in this field of study, future research should delve deeper into the factors that may influence the forgiveness process. Concurrently, our initial study underscores the importance of investigating strategies, preventive measures, and intervention protocols aimed at enhancing the well-being of older individuals who have experienced emotional injuries resulting from offenses.

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**CHAPTER II:**

AGING AND FORGIVENESS: WHAT DIFFICULTIES DO OLDER ADULTS FACE IN  
THE PROCESS OF FORGIVING?



## CHAPTER II

### AGING AND FORGIVENESS: WHAT DIFFICULTIES DO OLDER ADULTS FACE IN THE PROCESS OF FORGIVING?<sup>2</sup>

#### ABSTRACT

Forgiveness is a process in which individuals may experience different emotions, motivations, and interpretations in response to an offense. This emotional process seeks to promote personal and social well-being as its ultimate goal. The present study explores the main difficulties that people over 65 years old face in this process. We used the life story technique as primary research material to address our research question: What difficulties do older adults face in the process of forgiving? Thematic content analysis allowed identifying a set of meanings from the data. Our participants (N=20) report five main difficulties when attempting to forgive: self-conflicts; avoidance of the painful experience by being purely conceptual; overwhelming vulnerability; assignment of forgiveness responsibility to an Other; avoidance by suppression of the painful experience. We explore—through the Dialogical Self Theory—the way in which these difficulties imply the experience of forgiving. The difficulties experienced underscore the importance of exploring facilitative therapeutic strategies to assist individuals over 65 years old who are willing to forgive those who have offended them.

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<sup>2</sup> The study authored by Almeida, B., & Cunha, C. has been submitted for publication and is currently in the final stages of the peer review process.

## INTRODUCTION

### *Forgiveness and the dialogical self*

The experience of forgiveness has increasingly been recognized in psychology for its ability to facilitate an adaptive emotional response to interpersonal offenses (Toussaint, 2022). Among the various definitions of forgiveness, two aspects of its emotional expression stand out: its potential to reduce resentment, aggressive anger, and distress, and its capacity to foster feelings of support, empathy, and compassion (McCauley et al., 2022; Worthington & Wade, 2020).

Indeed, the process of forgiveness unfolds within the self, involving a dialogue with both oneself and others (Meneses & Greenberg, 2019). This underscores the importance of flexibility in emotional expression when confronted with injustice. In other words, the nature of this dialogical process is essential for the experience of forgiveness itself (Pederson, 2014; Rey & Extremera, 2016).

The narratives surrounding forgiveness can be more self-directed or externally projected (Basto et al., 2021). The length of these narratives can vary significantly over time, as forgiveness may occur in a single moment or unfold over time (Pederson, 2014). The typical dimensions of forgiveness—emotional, behavioral, cognitive, and social (Almeida & Cunha, 2023; McCauley et al., 2022; Wenzel et al., 2020)—interact with each other to construct the meaning of forgiveness (Żurawska-Żyła et al., 2022). In fact, the elaboration of the significance and value of forgiveness occurs through language—in syntheses and discursive tensions—unfolding subtly and indirectly (Tao et al., 2021). In this process, the multitude of voices or positions within the self and the dialogue between them can either facilitate the forgiveness process or generate instability that complicates emotional healing (Cunha et al., 2017).

Therefore, the self—as the interpreter of lived experiences (Meneses & Greenberg, 2019)—realizes itself continuously (Torges et al., 2013; Worthington, 2020).

Within this framework, the conceptualization of the self as a community of multiple I-positions assumes particular significance (Hermans, 2014). Over time and space, the self is recognized as a dynamic process (d’Alte et al., 2007), where diverse positions are articulated through narrative (Hermans, 2010). So, the dialogical self integrates an internal community of experiences interacting with its contexts (Hermans, 2010). From this emerges personal identity, which is not reduced to a single entity—there is no singular voice nor absolute consciousness of collectivity (d’Alte et al., 2007).

In this regard, according to Dialogical Self Theory (DST), the perception of events and one’s own experience and its meaning integrates the relevant social audience—both internal and external—as well as the reality to which it is directed (Cunha & Salgado, 2017; Hermans & Dimaggio, 2004). Diverse positions articulate distinct perspectives of the self (Salgado et al., 2013), with each position voicing its unique narrative concerning its respective ‘me’ (Cunha et al., 2021). This continuous and multifaceted dialogue contributes to the formation of a narratively structured and decentralized self (Bento et al., 2012; Hermans & Salgado, 2010).

Considering this dynamic process, and in alignment with various authors (Basto et al., 2021; Cunha et al., 2021), the manner in which different voices converge and engage in dialogue is particularly essential for self-experience. Thus, self-regulation—conceived as a systemic process that reorganizes the continuous flow of personal experiences while preserving its unity and integrity (Hermans & Dimaggio, 2004)—is especially significant in how this dialogue unfolds. In fact, this process necessitates a certain degree of stability, which can be compromised in multiple ways (Salgado et al., 2013).

Among these, Valsiner (2002) identifies two main problematic patterns: expansion and appropriation of voices or positions. Expansion may involve the escalation of different voices, becoming increasingly extreme. For instance, as described by Valsiner (2002), voice X1 asserts, “Life is positive,” which is countered by voice Y1 stating, “Life is negative.” This escalates to voice X1 declaring, “Life is good,” opposed by voice Y1’s claim, “Life is bad,” and further intensifies with voice X1 proclaiming, “Life is excellent!” while voice Y1 retorts, “Life is horrible!”

Alternatively, expansion can lead to a dynamic of dissociation or separation between voices—eliminating their relationship—resulting in a univocal feeling and the neutralization or avoidance of some voices. For example, as illustrated by Valsiner (2002), voice X states, “Life is good,” and voice Y asserts, “Life is bad.” This evolves into voice X proclaiming, “Life is good and nothing else!” and voice Y declaring, “Life is bad and nothing else!”

From the perspective of expansion processes, we can understand appropriation, particularly domination, where a dominant voice subjugates another voice to itself (Cunha & Salgado, 2018). An example of this process would be as follows (Valsiner, 2002): voice X asserts, “Life is good,” while voice Y counters, “Life is bad.” As the dominant voice takes over, it suppresses the other, proclaiming, “Life is goooooooodddd!!!... there is nothing bad” (traces of voice Y). Domination may also lead to the expropriation of the submissive voice, resulting in a monopolization of the self. To illustrate this phenomenon, consider the following example (Valsiner, 2002): voice X asserts, “Life is good,” while voice Y counters, “Life is bad.” Subsequently, voice Y reinforces its position by stating, “Life is bad,” thus engaging in a monological process. Finally, a process of ventriloquism may emerge, wherein one voice infiltrates another, utilizing it as a means to articulate its own interests (Cunha et al., 2017;

Valsiner, 2002). To illustrate this process, consider the following example (Valsiner, 2002): voice X asserts, “Life is good,” while voice Y counters, “Life is bad.” Subsequently, voice X(Y) reaffirms, “Life is bad in general; however, in many respects, life is good.”

These unregulated processes and their interconnections can give rise to repetitive and inflexible dynamics (Greenberg & Goldman, 2019), complicating the resolution of personal issues and resulting in varying degrees of emotional distress (Cunha et al., 2017). Moreover, these emotional disorders can substantially impact individuals’ health; therefore, it is imperative to address and treat them to safeguard the well-being of those affected.

### ***Forgiveness in the older population***

More than 50% of primary healthcare visits in the population are associated with psychological problems such as anxiety, depression, stress, and insomnia (Harris, 2023). Among the older population—although most individuals maintain good mental health—various psychological issues coexist (Araújo et al., 2021). Moreover, these issues tend to increase due to the growth of this demographic group (Allemand & Olaru, 2021; United Nations, 2019).

The aging process encompasses factors specific to age, the individual, and the context (Krause & Hayward, 2015; United Nations, 2019). Naturally, it presents specific challenges (Urtamo et al., 2019), and its quality largely depends on how individuals adapt to it and integrate their past, present, and future (Wenzel et al., 2020).

People consider the following dimensions as the most significant in the successful aging process: maintaining good health; experiencing life satisfaction; engaging in social interactions; maintaining autonomy; adapting to age-related changes; practicing self-care; and aligning actions with internal values (Allemand & Olaru, 2021; Baltes & Smith, 2009). Indeed, healthy

aging tends to be associated with higher levels of self-efficacy, hope, and a sense of purpose in life (Araújo et al., 2021).

Now, in the face of injustice, individuals may find it challenging to forgive and, notably, may experience protective anger as a normative emotional response to a specific offense (Worthington, 2020; Záhorcová et al., 2023). However, if confronted with injustice, an escalated anger response—whether directed outward or inward—can lead to detrimental effects over time (Krause & Hayward, 2015). In fact, prolonged anger tends to result in responses such as resentment, destructive anger, feelings of victimization, devaluation of others, and apathy, thereby perpetuating negative emotional cycles (Greenberg & Goldman, 2019; Meneses & Greenberg, 2019).

A significant body of research has thoroughly established the harmful impact of destructive anger on health; this emotional reaction not only can revive troubling memories but also trigger negative emotional patterns (Kaźmierczak et al., 2023; Titova et al., 2022). Such forms of anger negatively impact emotions, thoughts, behaviors, interpersonal relationships, and self-identity, exacerbating challenges in personal, familial, social, and professional spheres (Meneses & Greenberg, 2019; Worthington, 2020).

A longitudinal study—with 47,077 adults aged between 56 and 94 years (Titova et al., 2022)—demonstrated that a decline in protective anger coupled with a rise in destructive anger increases the risk of developing coronary heart disease and exacerbates its severity. Seawell and colleagues (2014), in a longitudinal analysis involving 1,054 older adults, found a significant correlation between unforgiveness and deteriorating physical health. Furthermore, unforgiveness can inflict various damages that compromise the immune system, potentially leading to worsening health outcomes over time (Toussaint et al., 2016).

For all these reasons, in recent years, with the aim of optimizing health, forgiveness has been valued as an important resource to promote successful aging (López et al., 2021; Worthington & Wade, 2020). Indeed, studying forgiveness within this population is particularly relevant—not only due to the increasing number of older adults—but also because of its association with well-being and longevity, as well as its importance in preventing health issues and enhancing quality of life (Toussaint et al., 2016).

In reality, there are few studies that focus on forgiveness at this stage of life. Nonetheless, within the realm of psychological research, there has been an increasing recognition in recent decades of the potential benefits of forgiveness and the risks associated with destructive anger (Allemand & Olaru, 2021; Krause & Hayward, 2015). This has led to a heightened emphasis on exploring intervention methodologies centered around forgiveness. These interventions aim to enhance emotional well-being by addressing the emotional harm caused by transgressions.

A meta-analysis conducted by Worthington et al. (2000) revealed that participants engaged in forgiveness-focused group interventions experienced a significant increase in forgiveness levels compared to control groups. The meta-analysis found that interventions consisting of six or more sessions showed enhanced effectiveness. Additionally, individualized forgiveness-focused treatments yielded similarly encouraging results (Worthington et al., 2014).

The findings of Worthington and Wade (2020) were substantiated by subsequent meta-analysis conducted by Baskin and Enright (2004) and Wade et al. (2005). These studies underscored that interventions explicitly targeting forgiveness not only fostered forgiveness but

also engendered hope and strengthened self-esteem, while simultaneously mitigating symptoms of anxiety and depression (Wade et al., 2014).

Wade et al. (2014) conducted a meta-analysis that revealed individuals who participated in explicit forgiveness interventions exhibited significantly higher levels of forgiveness, alongside marked improvements in emotional well-being, compared to those who did not receive such interventions. The research demonstrates that therapeutic interventions centered on forgiveness can yield significant benefits, particularly in reducing symptoms of depression and anxiety, while enhancing levels of hope (Wade et al., 2014).

A meta-analysis carried out by Gao et al. (2022) revealed that individuals who practice forgiveness tend to experience improved subjective well-being, increased life satisfaction, heightened positive emotions, and reduced negative emotions. In this context, a meta-analysis conducted by López et al. (2021), which focused on the efficacy of forgiveness interventions among older individuals and encompassed studies published from 1990 to 2020, indicated that participants who underwent forgiveness interventions reported higher levels of forgiveness compared to those who did not participate. Additionally, these interventions were linked to positive outcomes concerning depression, stress, anger, life satisfaction, subjective happiness, and psychological well-being (López et al., 2021).

Band-Winterstein et al. (2024) highlight the importance of addressing forgiveness, particularly in later stages of life, considering its multifaceted nature and its extensive personal and social complexity. This encompasses variables such as each individual's life cycle, traumatic experiences—resolution or lack thereof—vulnerability processes, potential networks of abuse, and prior experiences of victimization (Band-Winterstein et al., 2024).

In light of the evidence, the intersection of forgiveness and aging remains an underexplored and insufficiently studied area (Band-Winterstein et al., 2024). While research in these domains has increasingly embraced more holistic, subjective, and psychosocial approaches, there remains an urgent need to establish a more comprehensive and universally accepted understanding by incorporating clearer indicators of these phenomena (Urtamo et al., 2019). Among the major challenges are the limited number of studies specifically addressing forgiveness in later life, the narrow range of variables considered, and the methodological constraints in existing research, which have also impeded a fuller understanding of the potential benefits of forgiveness (Wade et al., 2014).

Despite the growing body of research on Emotion-Focused Therapy (EFT) centered on forgiveness, no studies specifically target older adults (Rey & Extremera, 2016). This is how we understand the special interest of our research group on the themes of forgiveness and aging. In fact, we have already carried out a first study on the impacts of resentment and forgiveness on the emotional health of people over 65 years of age. Our preliminary findings indicate a significant correlation between resentment and detrimental effects on individuals' lives. The findings of this study indicate five primary negative effects on well-being: physiological, mental, emotional, behavioral, and sense of self. These various manifestations of resentment appear to be interrelated, with each comprising sub-themes that underscore the complexity and interconnected nature of these phenomena (Almeida & Cunha, 2023).

### ***The present study***

This study aims to contribute to the understanding of the main difficulties that older people may face in the process of resolving emotional injury resulting from a significant interpersonal offense. To this end, we draw particularly on DST and EFT. The DST and EFT

converge in their emphasis on the multiplicity of self-expressions and their dialogical dynamics. While DST highlights the interaction between self-positions (Hermans, 2014), EFT focuses on the adaptive integration of various emotional expressions (Greenberg & Goldman, 2019). Both approaches underscore the significance of internal dialogue as a fundamental process for exploring emotions, resolving dissonances, and enhancing emotional regulation and well-being (Cunha et al., 2017).

Through this integration, our study aims to contribute to a deeper understanding of the forgiveness process by exploring the dynamics of the dialogical self and the associated emotional expressions, which can either hinder or facilitate forgiveness. By doing so, we aim to shed light on our research question and provide a more nuanced discussion, ultimately offering insights into the complexities of the forgiveness process. So, in light of the DST, and looking at a set of self-narratives from older individuals, the goal of this research is to comprehend their most salient dialogical self-processes that may hinder forgiveness or the resolution of emotional injury in the context of an offense. In this sense, our research question (RQ) is: What difficulties do older adults face in the process of forgiving?

## METHOD

### *Research design overview*

Aligned with our RQ, we aim to comprehend the primary difficulties encountered by older individuals in the forgiveness process. We have adopted a qualitative methodology, utilizing the life story approach to collect our data (Amado, 2014). The corpus of analysis comprised a set of 20 transcribed semi-structured interviews. Essentially, the procedures

employed in this study are grounded in previously collected data, as this research constitutes the second phase of a two-stage study.

Phase 1: We investigated how resentment and forgiveness can impact individuals over 65 years of age over time. To accomplish this, we analyzed data from 20 semi-structured interviews using the thematic content analysis (Bardin, 2011). We proceeded with the coding and categorization of the data along with their respective operational definitions. This process resulted in five main thematic units. The coding and categorization process was validated by an expert researcher in psychology. Upon comparison, the validation of our coding and categorization was confirmed.

Phase 2: Building upon the initial study, this research aims to understand the primary difficulties faced by older individuals in the forgiveness process. Through the thematic content analysis of the semi-structured interviews (Bardin, 2011), we coded and categorized the main dialogical processes expressive of difficulties in the forgiveness process. We drew upon the DST (Hermans, 2010; Salgado & Hermans, 2005) and the key processes that may influence an inadequate expression of the self, specifically its dialogical nature (Lysaker & Lysaker, 2011). The coding and categorization process were validated—with minor improvements—following an independent audit.

### *Data sources*

#### *Researcher description*

With several years of clinical experience and research, the authors of this study are particularly focused on the topics of EFT and forgiveness. They are part of a research group with several published studies (Almeida & Cunha, 2023; Costa et al., 2021; Moniz et al., 2024). The first author is a PhD student in psychology and a Psychologist with previous training in EFT. The second author is a Psychologist with a PhD in psychology, with specialization in Clinical and Health Psychology and advanced specialization in psychotherapy, according to their National Psychologists' Association. She is also a certified EFT therapist and supervisor (according to the isEFT—International Society of Emotion Focused Therapy). She is an Associate Professor and researcher with several publications in psychotherapy process research and clinical psychology, namely on the topic of forgiveness (Almeida & Cunha, 2023; Costa et al., 2021; Cunha & Salgado, 2018; Cunha et al., 2021; Moniz et al., 2024; Salgado et al., 2013). The second author is the scientific advisor for this study.

The first author conducted the 20 semi-structured interviews, along with their respective transcriptions, as well as the coding and categorization of the data. Subsequently, the coding and categorization process was validated—with minor corrections—by an independent psychologist who conducted an audit of the study. This psychologist is a female researcher with a PhD in Clinical Psychology, with previous publications on forgiveness, and clinical experience in the forgiveness process (Costa et al., 2021). This same psychologist conducted the participant selection process.

To enhance the quality of this study, researchers exclude potential prejudices related to the forgiveness process, thus assuming that forgiveness is: 1) an integral component of personal

life cycles and their surrounding contexts—often difficult and paradoxical—which must always be taken into consideration; 2) a culturally prescribed aspect deemed important, sometimes overshadowing the need to recognize the harm caused by an interpersonal offense and to adequately address its implicit processes; 3) one of several ways—though not the only one—to properly care for and resolve emotional injuries resulting from interpersonal relationships.

### *Participants*

The average age of the twenty participants in the study was 71.85 years, ranging from 66 to 85 years old. Two-thirds of the participants were women (N=13), while the remainder were men (N=7). Eight participants were married, three were single, seven were widowed, and two were divorced. All were retired from their previous professions, which included six teachers, four nurses, two entrepreneurs, two bank employees, one artist, one pharmacist, one engineer, one military officer, and two housewives. All participants resided in the metropolitan area of Porto (Portugal) and were of middle social class. Eighteen of the participants lived in their own homes, with seven of them living alone. Two out of the 20 participants resided in senior living facilities.

All participants demonstrated good cognitive abilities and demonstrated an aptitude for comprehending the questions posed during the interview. Regarding the emotional injuries stemming from interpersonal offenses that were reported by them, ten participants experienced a situation of injustice within a family context, seven in friendships, and three in a professional setting. One participant reported being very satisfied with life, nine were satisfied, five were slightly satisfied, one was neutral, and four were slightly dissatisfied with life, averaging 26.7 out of 35 on the Satisfaction With Life Scale (SWLS—Diener et al., 1955). It is worth noting

the absence of significant relationships between researchers and participants that could impact the research process.

### ***Participants recruitment***

Taking into account our research question and insights from comparable studies (Lysne et al., 2021; Pitkala & Strandberg, 2022; Prabhakar et al., 2024; Shvedko et al., 2018), this analysis established the following criteria for participant selection: (1) aged 65 years or above; (2) having encountered an interpersonal offense—participants were asked, “Can you recall a situation in the past where you felt unfairly treated?”; (3) absence of psychiatric disorders that might potentially influence the study’s outcomes; (4) achieving a score of  $\geq 26$  on the Montreal Cognitive Assessment (MoCA).

The strategy for recruiting participants was based on disseminating the study through our social network and in our urban area, including senior living facilities, through informal invitations and flyers. Individuals who expressed interest in participating in the study were invited for a preliminary interview, conducted via phone call. After this initial contact, an invitation letter was sent to eligible participants, outlining the aims of the study as well as the ethical and confidentiality guidelines involved (Amado, 2014). Among the eligible individuals who responded positively to the invitation letter, after the consent process, they participated in a more detailed initial assessment to ensure they met the inclusion criteria for the study. This involved administering the Structured Clinical Interview for DSM-5-Research Version (SCID-5-RV) to assess mental health conditions, as well as the MoCA (Nasreddine et al., 2005) and SWLS (Diener et al., 1985).

Consequently, twenty adults over 65 years old were selected for the study. Although the sample size does not allow for generalizations, it aligns with the study’s objective of analyzing

in-depth the meanings, experiences, and identity dynamics surrounding the experience of forgiveness (Shaheen et al., 2019). Indeed, the 20 participants demonstrated a consistent and recurring set of processes/difficulties, indicating that further recruitment may be unnecessary.

In accordance with the protocol we established and explicitly articulated in the informed consent, we opted to recruit 24 individuals for our research, with the aim of ensuring that a minimum of 20 participants successfully completed both stages of the semi-structured interview. This strategy involved enlisting additional participants to compensate for anticipated dropout rates. Ultimately, of the 24 individuals recruited, only two failed to complete both phases of data collection. Consequently, a random selection of 20 participants was derived from the remaining 22 interviews for inclusion in the analysis (Amado, 2014).

### ***Data collection***

This study builds upon data collected during Phase I of our research, comprising 20 semi-structured interviews with older adults. These interviews explored the meanings and emotional processes experienced by participants in response to an offense and the resulting emotional injury. The interview protocol was previously validated through a pre-test and is informed by recent psychological research focusing on forgiveness and aging (Band-Winterstein et al., 2024; McCauley et al., 2022; Prabhakar et al., 2024).

The interviews, tailored to accommodate the participants' schedules, were conducted via telephone, with an average duration of 51 minutes. The data collected through the interviews was audio-recorded and meticulously transcribed. After transcription, the interviews were printed and sent to each participant respectively. They had one month to review them and confirm that the transcriptions accurately reflected their responses. Approximately thirty days later, we conducted a second meeting with each participant, with an average interval of 38 days

between the first and second interview sessions. This second session provided an opportunity to discuss and delve deeper into the data collected during the first interview session with each participant and to make any necessary corrections related to the initial data collection phase and corresponding transcripts (Amado, 2014; Vaismoradi et al., 2013).

## *Analysis*

### *Data-analytic strategies*

The data were subjected to thematic content analysis (Bardin, 2011). Our analysis centered on the interview transcripts—our corpus of analysis—where we adopted themes as units of meaning and content segments (Brandão & Lopes, 2017). During this preliminary analysis phase, we verified if the transcribed material aligned with the data collected across the two interview stages (Assarroudi et al., 2018). Then, we conducted a floating reading of our corpus analysis, focusing on the emerging hypotheses from the data and editing the text informatively to facilitate further analysis. Subsequently, through an exhaustive and detailed analysis employing the coding process, we transformed the raw data into units representative of specific content based on their frequency and significance (Amado, 2014; Bardin, 2011).

The coding and categorization process was conducted based on our research question, the existing literature on aging and forgiveness (McLeod et al., 2021; Prabhakar et al., 2024), and the principles of DST (Hermans, 2010). Building upon these theoretical foundations, we systematically coded and categorized the primary dialogical processes that elucidate the challenges inherent in the forgiveness process. Concurrently, for each identified difficulty, we aimed to schematically illustrate the essential dynamic and discursive processes within the self

that may hinder an adequate expression of self in the context of resolving the emotional harm resulting from an offense (Lysaker & Lysaker, 2011; Valsiner, 2002).

The coding process involved three main stages: segmentation, aggregation, and enumeration (Assarroudi et al., 2018). The validity of the coding was ensured by a second coder, achieving a consistency level of over 90% (Miles & Huberman, 1994). Following this, we categorized the data into groups sharing common, significant, and distinctive characteristics, in line with the study objectives (Amado, 2014). Finally, each category was supported by its respective operational definition, thus translating the underlying content of the category into text (Assarroudi et al., 2018; Bardin, 2011).

#### *Methodological integrity*

We adopted a set of strategies to ensure the quality of inferences based on two main criteria: reliability and authenticity (Amado, 2014; Guba & Lincoln, 1994). Regarding the reliability criterion, we began by validating the interview script through a pre-test interview with spoken reflection, involving a subject with characteristics similar to the target population. To ensure the credibility of the data collected in the interviews, they were recorded, transcribed, returned to the participants, and validated by them. Throughout the study, we considered the life contexts of the participants to strengthen the interpretation of the data. We used a logbook to record all relevant information, integrating it into the study's objective and triangulating different sources of information to ensure greater consistency. The process of data production and analysis was thoroughly delineated, as well as the underlying principles of the research, minimizing any biases that may exist around the analyzed themes.

The coding and categorization process, which stemmed from meticulous data analysis, adhered to six fundamental rules to ensure its quality: exhaustiveness, exclusivity, homogeneity,

pertinence, objectivity, and productivity (Amado, 2014). Subsequently, the coding and categorization process was validated—with minor corrections—by an independent clinical psychologist and researcher who conducted an audit of the study. We aimed to be objective in the analysis and presentation of the data, avoiding bias with values other than those of the participants. In this regard, and also to facilitate reader understanding, we highlighted excerpts from the participants' speeches in the presentation of the results. For each identified theme, we highlight speech segments from the same interview that relate to the experienced difficulty. Within these segments, we juxtapose the dynamics of voices or self-positions that may emerge during these struggles to better illustrate the findings.

Regarding the authenticity criterion, we considered all positions in life stories, seeking to attribute to each of them their fair value. To do so, we adopted an attitude of authentic listening and coherent discourse during the interviews. Whenever necessary, we collected information that could facilitate understanding of how individuals deal with perceived offenses and the respective resolution process. Thus, we aimed to integrate research and therapy in pursuit of a more authentic well-being for the participants.

## RESULTS

Our qualitative analysis points to five main following themes: Self-conflicts—"I can forgive, but sometimes I remember situations and sadness comes" (P11); Avoidance of the painful experience by being purely conceptual—"For me, forgiving means forgetting and never thinking about it again" (P1); Overwhelming vulnerability—"I become nervous, impatient, and demoralized, with no motivation" (P9); Assignment of forgiveness responsibility to an Other—"I am not God, I don't have forgiveness in my hand, I just don't want him bad" (P15);

Avoidance by suppression of the painful experience—“I never felt offended and for me we have to move on and don’t think much about those offenses” (P2) (Table 4).

**Table 4: Themes–Operational definition**

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***Self-conflicts:***

Conflict arises between two distant, divergent, intense, and non-dialogical aspects of the self. These contrasting positions tend to shape perceptions, emotions, narratives, and behaviors, perpetuating the emotional suffering associated with the offense.

***Avoidance of the painful experience by being purely conceptual:***

A self voice predominantly conceptualizes its own experience, disregarding other voices and drawing conclusions without allowing room to experience its own emotions.

***Overwhelming vulnerability:***

Voice expressing overwhelming fragility and insecurity. This voice tends to be amplified and accompanied by a fractured vocal quality, conveying profound weakness, exhaustion, or desolation.

***Assignment of forgiveness responsibility to an Other:***

A voice that attributes the responsibility for the felt emotions to others or external causes, delegates the responsibility for forgiveness to third parties, and resigns oneself to a feeling about which one believes nothing can be done.

***Avoidance by suppression of the painful experience:***

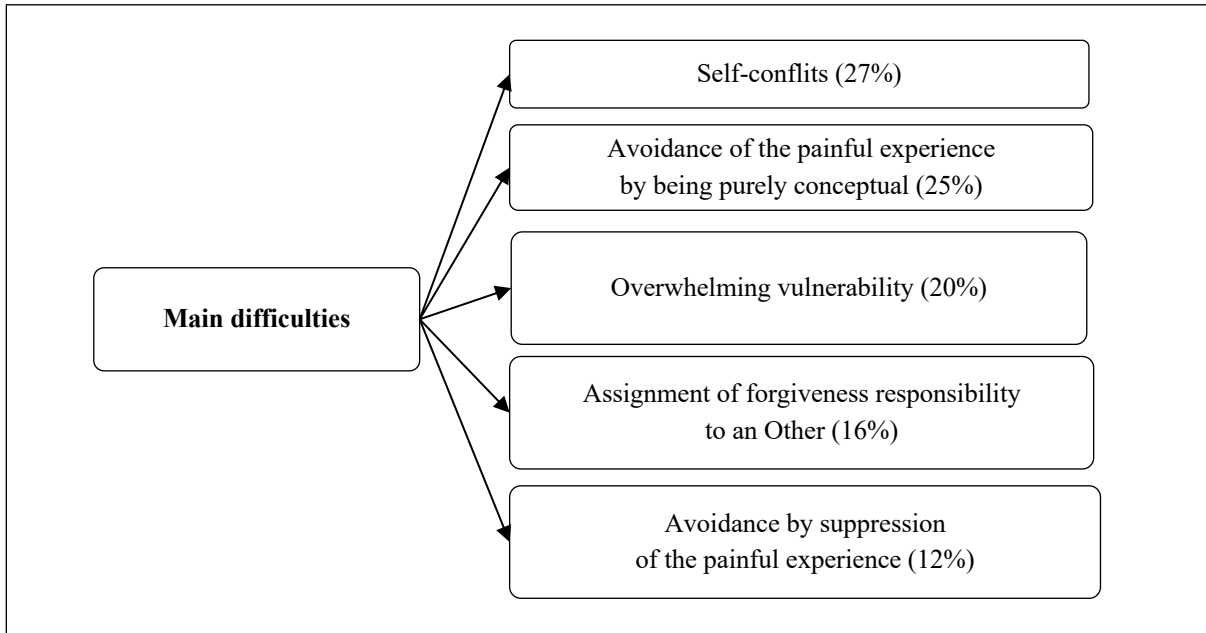
A voice that actively denies or avoids the experience and expression of emotional injury associated with the offense, hindering awareness of the interruption process and access to the denied internal experience.

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Through a meticulous analysis of our data and considering the frequency with which each identified theme appeared, we determined the prevalence of each difficulty mentioned by the participants. This prevalence was calculated by enumerating themes and utilizing a formula based on the weighted frequency, considering both the percentage of words related to each theme relative to the total number of words—20,481—and the percentage of each theme’s frequency in relation to the total set of themes—423—(Bardin, 2011). Thus, we identified the prevalence of themes as follows: self-conflicts (27%); Avoidance of the painful experience by being purely conceptual (25%); Overwhelming vulnerability (20%); Assignment of forgiveness

responsibility to an Other (16%); Avoidance through suppression of the painful experience (12%) (Fig. 2)

**Figure 2: Main difficulties older adults face in the process of forgiveness**



In line with the data-analytic strategies, our results include examples of participants' responses—see below—featuring dialogical expressions based on theoretical elements of DST as a methodological tool. Among these elements, we highlight various internal and external self-positions, internal contradictions and conflicts, and cycles of extreme, repetitive, and closed dialogues. We aimed to understand how the dialogue between different self-positions can, on the one hand, evolve to open up new perspectives, changes, or positions, or, on the other hand, replicate cycles that hinder personal development. Consistent with the aim of our study, we particularly focus on the salient dialogical processes of the self that may impede or obstruct forgiveness.

### *Self-conflicts*

All participants (N=20; 100%) reported having forgiven, yet simultaneously acknowledged that, in one way or another, the pain of the offense still persists in the present. An ambivalence prevails in their speeches, suggesting conflicts within the self around the offense and its meaning—one part of the self leaving or distancing from the offense and another part of the self returning to the problem, without actually solving it.

Thus, in the participants' discourse, we were able to signal voices of the self that are in significantly divergent positions, in increasing escalation and, at the same time, lacking dialogue between them. These voices, on the one hand, implicitly tend to avoid engaging in dialogue, and, on the other hand, explicitly tend to reveal themselves as being in a closed, cyclical conflict ("I don't speak to her, but if she provokes me, she'll get it"—P5). This unstable, extreme, persistent, and non-integrating pattern of dialogic relationship in the self (Valsiner, 2002) may not facilitate the process of forgiveness itself. See the following example:

"I don't speak to her, but if she provokes me, she'll get it [...] and it won't be a small thing [...] I'm going to go after her like a bitch and I'm going to mess her up, then she'll feel it. [...] Forgiving, I'm fine, I'm really fine with myself. Forgiving makes me feel the greatest happiness of my life, I feel serene, very serene, I don't feel angry or anything, there are no explanations. Forgiving has a great impact. And everything. I am the happiest woman in the world for not holding any resentment or grudge." (P5)

Voice x1: “I don’t speak to her.”

Voice y1: “Forgiving, I’m fine, I’m really fine with myself.”

Voice x2: “I’m going to go after her like a bitch.”

Voice y2: “I feel serene, very serene, I don’t feel angry or anything.”

Voice X3: “I’m going to mess her up, then she’ll feel it.”

Voice Y3: “I am the happiest woman in the world for not holding any resentment.”

In summary, the narratives listed—in line with the experiences expressed by other participants in the study—reveal conflicts within the self in the process of forgiving. These self-conflicts can be defined as two distant, divergent, intense, and non-communicating self-positions (Greenberg, 2015). Indeed, one voice expresses a set of needs, which may be adaptive, while another voice tends to devalue or oppose the first voice in a coercive manner, thus seeking to cope with the emotional injury experienced. According to EFT (Greenberg & Goldman, 2019), these divergent positions may express internalized maladaptive patterns that, on one hand, may unconsciously influence perceptions, emotions, narratives, and behaviors, and on the other hand, may contribute to the maintenance of emotional problems.

***Avoidance of the painful experience by being purely conceptual***

Another difficulty identified in the participants’ narratives concerns the way they all (N=20; 100% of the participants) often adopt a predominantly rational discourse when reporting their experiences of forgiveness. This intellectualized voice tends to assume, on the one hand, an external position (“Forgiveness implies that whoever hurt me wants to be forgiven”—P12).

On the other hand, asserts itself as dominant, often without being accompanied by the emotional expression that is also essential for the process of forgiveness and the resolution of emotional injury (Meneses & Greenberg, 2019; Worthington & Wade, 2020). Given the overwhelming presence of the rational voice, which tends to be excessively intense, repetitive, and closed off (“If I’m shocked, it passes; I don’t dwell on it, I forget [...] I have more to do”—P12), the emotional position is often dominated, neglected, and diminished (Valsiner, 2002). Let’s look at the paradigmatic example:

“Did I forgive? Forgiveness implies that whoever hurt me wants to be forgiven. The problem of forgiveness only arises when people want to be forgiven. If I’m shocked, it passes, I don’t dwell on it, I forget, I focus on other things, there’s so much to live for. I can maintain control; if you do this to me, I will do this. I have more to do. I’m very lonely. I move on. I meditate. I made a mistake and now I move forward. I address what I feel, things have passed, I don’t waste time with them.” (P12).

Voice x1: “The problem of forgiveness only arises when people want to be forgiven.”

Voice y1: “If I’m shocked, it passes, I don’t dwell on it, I forget.”

Voice X1: “I can maintain control [...] I address what I feel, things have passed.”

The excerpts, therefore, reveal an avoidance of painful experiences through the adoption of a purely conceptual stance. This aspect of the self can be understood as a predominantly rational or discursive perspective on the experience itself. Thus, this voice, without taking into account the other voices within the self, may persist in employing rationality to formulate conclusions, judgments, and behaviors, all the while neglecting to provide the necessary time and space to authentically connect with their emotions (Greenberg, 2015). Consequently, it tends to disregard the meaning, reflection, differentiation, and elaboration that could arise from the emotional experience itself. This voice often describes what happens as if it were an observer, characterizing events in a precise and continuous manner (Elliott et al., 2004).

### ***Overwhelming vulnerability***

All participants (N=20; 100%) utilize metaphors to describe the emotional injury resulting from an offense—“a wound”, “a burden”, “a weight”. The impact of resentment can translate into significant and intense states of vulnerability—fragility, insecurity, loneliness, anguish. According to the participants’ narratives, vulnerability often becomes so overwhelming within a closed-loop internal dialogue (“I carry the pain with me. I was born like this”—P19) that it contributes to a loss of energy, a focus on pain, isolation, and a reduction in self-care and the ability to solve personal and social problems. This voice of vulnerability tends to dominate, to escalate and, consequently, become a unique perspective and feeling that can become a monological speech (“I felt negative energies. I felt lower [...] unable to say anything”—P19). Indeed, this internal process can neutralize access to and the satisfaction of needs associated with a state of vulnerability, thereby hindering the forgiveness process itself. Moreover, it disregards the openness to dialogue from other internal positions (“I distanced

myself so I wouldn't face situations and people that were bad for me"—P19) (Meneses & Greenberg, 2019). Consider the following narrative:

“I don't want to nourish these feelings; I only sow peace and goodness [...] It hurt me a lot; I'm sad, angry; I suffered a lot. I felt negative energies. I felt lower, more depressed; I didn't even go to my village; I distanced myself so I wouldn't face situations and people that were bad for me. Nobody knew [...] I was silent. People could offend me, but I didn't retaliate; I'm blocked, unable to say anything. You can treat me like a dog, I don't respond, I'm blocked without being able to say anything. I was born this way. I fulfill everyone's wishes. [...] I understand the pain, but all I do is distance myself; I carry the pain with me. I was born like this.” (P19)

Voice x1: “I don't want to nourish these feelings; I only sow peace and goodness.”

Voice y1: “It hurt me a lot; I'm sad, angry. I suffered a lot. I felt negative energies.”

Voice Y1: “I carry the pain with me. I was born like this.”

The narratives reveal overwhelming vulnerability. This tends to manifest as emotional states of significant fragility and deep insecurity (Greenberg, 2015), linked to feelings of isolation and disconnection. These intensely vulnerable voices are often amplified through vivid imagery and metaphors, accompanied by a more fragile and broken vocal quality (Elliott et al., 2004). These emotional states of profound vulnerability point to deep feelings of weakness,

helplessness, struggle, despair, or personal desolation. As such, these emotional experiences tend to be associated with sensations of immense depletion and exposure (Greenberg, 2015).

*Assignment of forgiveness responsibility to an Other*

Nearly all participants exhibit difficulty in taking ownership of the ability to forgive, often attributing this responsibility to an Other (or an entity) external to their own personal experience. So, eighteen participants (90%) revealed that they devalue the expressive voice of emotional injury and the respective agency and emotional processing as they transfer these needs—as if it were an externalization—to another responsible agent (Greenberg & Goldman, 2019). They tend to persist in a monologue of the self that points the responsibility for forgiveness to God, to the circumstances, to the context of the offense, and/or to time itself. Indeed, an external position tends to dominate with overwhelming preponderance in a closed and repetitive cycle (“the one who has to forgive is God”—P10), which is somewhat disabling as it neglects the internal and autonomous perspective. Let’s look at the following narrative:

“I don’t hold a grudge, I don’t think so. I forgave. I honestly don’t know. The fact that things are more forgotten [...] God helps me [...] the one who has to forgive is God, who forgives everyone [...] it is my obligation.” (P10)

Voice X: “I don’t hold a grudge, I don’t think so. I forgave.”

Voice Y: “God helps me.”

Voice Y: “the one who has to forgive is God, who forgives everyone.”

The passages suggest a transfer of the act of forgiveness to an external entity (often a higher power, such as God). This shift can be characterized by delegating the capacity to forgive to an outside source, thereby relinquishing personal autonomy over one's emotional experience and its construction. Consequently, this voice often refrains from taking accountable participation in the forgiveness process through several mechanisms. These include externalizing the responsibility for one's emotional experiences, thus attributing them to other individuals or external circumstances. Furthermore, there is a tendency to delegate the resolution of conflicts to third parties, as well as a resignation to perceived misfortunes or feelings that are believed to be immutable (Greenberg & Goldman, 2019).

*Avoidance through suppressing the painful experience*

Another difficulty identified in the discourse of seventeen of the participants (85%) concerns internal processes of avoidance. In their narratives they reveal self-positions that block other internal voices. The participants express—usually in an automatic and unconscious way—voices that interrupt, avoid, and intend to make forget the expressive voice of resentment itself. Indeed, a circular contradiction prevails, inhibiting dialogue and obstructing the potential for new alternatives in internal discourse and the attainment of satisfactory understanding. In this way, the voice expressing pain or resentment is neglected and neutralized by dominant and extreme voices that can block it (“Sadness envelops me, prompting a desire to redirect my thoughts”—P1), preventing access to the emotional injury caused by the offense and its proper processing. One example follows below:

“When those memories resurface, I strive to forget. They are so intense that I seek distraction, feeling a profound ache within. Sadness envelops me, prompting a desire to redirect my thoughts. If they persist, I retreat to the sea. I find a way to forget and not feel these states of pain. The emotional toll is significant. I endeavor to push aside any reminders, avoiding the reopening of old wounds. Although I sense healing, there lingers a fear [...] I dare not dwell.” (P1)

Voice X: “When those memories resurface, I strive to forget.”

Voice Y: “feeling a profound ache within. Sadness envelops me.”

Voice X: “I sense healing.”

In summary, the described narratives manifest avoidance by suppression of the painful experience. Thus, a predominant voice of the self denies or avoids the emotional injury associated with the offense. Consequently, it tends to actively block and/or suppress the experience and expression of emotional injury, hindering, through its non-acceptance, awareness of the interruption process and access to the denied internal experience. This voice is often associated with resignation and a general inability to feel, which can evoke feelings of oppression, blockage, and constriction, further exacerbated by potentially unconscious interruption of access to primary needs. These self-interruption processes tend to be self-protective and driven by fear of re-experiencing emotional injury (Greenberg, 2015).

## DISCUSSION

The results identify five main challenges in the forgiveness process: internal conflicts; avoidance of painful experience by being purely conceptual; overwhelming vulnerability; assignment of forgiveness responsibility to an Other; avoidance by suppression of the painful experience. A cross-sectional analysis reveals that these difficulties are dynamically interconnected.

In fact, aligning with other studies (Allemand & Flückiger, 2020), our findings point to a series of processes that emerge and interact with one another when someone faces an offense. These include perception, thinking, self-concept, specific situational activations, inherent psychological processes, each person's life cycle, and their contexts—these latter dimensions being particularly relevant in aging (Gao et al., 2022). Indeed, this explains the range of positions that manifest in the forgiveness process, with varying levels of depth as shown by our results and identified by Valsiner (2007) and Żurawska-Żyła et al. (2022).

In line with the DST, our findings support the notion that dialogue within the self plays a crucial role in the quality of resolving emotional issues stemming from an offense (Cunha & Salgado, 2017). Conversely, a lack of dialogue between inner voices or their extreme divergence can lead to or exacerbate emotional difficulties (Valsiner, 2007).

Indeed, the self positions and interacts both in internal and external dialogues, with its different voices playing roles in various situations. In offensive situations, parts of the self may attempt to protect against the implications of the offense—such as unresolved past issues, social pressures, or the activation of destructive beliefs—while simultaneously seeking to address the specific situation and meet the emotional needs it generates. Our findings reveal that these different self-positions influence each other, creating a dialogue flow that can be more or less

fluid. Consistent with other studies (Meneses & Greenberg, 2019; Rey & Extremera, 2016), our results suggest that understanding these dialogic processes is crucial for assessing how people handle offensive and emotional situations. Strategies such as denial, avoidance, cyclic conflicts, reframing, and seeking support can either positively or negatively impact how the self interacts with others and manages emotional injury in response to an offense (Hermans, 2014; Záhorcová et al., 2023). Therefore, it is important to consider how these strategies influence the resolution of internal conflicts and adaptation to painful experiences.

In fact, internal conflicts emerge as the main obstacle in the forgiveness process, as our study reveals. These conflicts, as suggested by Greenberg and Meneses (2019), tend to hinder access to fundamental needs and generate problematic reactions and vague feelings. Therefore, resolving these conflicts is crucial in a forgiveness process, as their non-resolution not only makes forgiveness more difficult but can also lead to additional emotional problems (Patrão et al., 2019).

Furthermore, another difficulty noted by our participants involves how they adopt a predominantly rational discourse when discussing their forgiveness experiences. Various authors mention that this predominantly rational tendency may stem from prioritizing social harmony over resolving one's emotional wounds (Worthington, 2020). In fact, the emotional process associated with forgiveness is much more complex and prolonged than the conceptual one (Worthington & Wade, 2020), which may also contribute to the predominance of the latter.

In this context, in line with the literature (Allemand & Olaru, 2021; Worthington & Wade, 2020), our results suggest that emotional problems arising and unresolved in the context of an offense can condition the forgiveness process and the well-being of individuals (Cunha et al., 2017). Furthermore, profound vulnerability can serve as a significant barrier to the process

of forgiveness and, when combined with other factors (Greenberg & Goldman, 2019; McCauley et al., 2022), may also exacerbate emotional injury.

Our findings suggest that certain self-processes can block both internal and external dialogue, resulting in emotional resistance, unresolved internal conflicts, and closed cycles that intensify pain (Hermans & Salgado, 2010; Żurawska-Żyła et al., 2022). A voice that wishes to forgive may be hindered by another voice steeped in resentment, preventing both from being adequately addressed. These blockages can hinder personal development by obstructing the integration of different self-voices and their emotional needs (Cunha & Salgado, 2017). As a result, strategies characterized by closed inner dialogues may arise, such as persistent voices refusing to forgive. These internal dialogues can block the resolution of painful emotional experiences and hinder the necessary changes (Bento et al., 2012; Żurawska-Żyła et al., 2022). Moreover, these processes can be linked to unresolved past experiences, perpetuating negative cycles and increasing the difficulty of moving toward forgiveness and emotional resolution (Hermans, 2014). In this context, forgiveness, from a dialogical perspective, can be valued as a process that helps individuals process both present and past emotions, fostering self-integration, resolving internal conflicts, and facilitating emotional growth and the resolution of pain. Thus, the importance of developing research and interventions that prioritize the emotional processes associated with interpersonal offenses—including excessive vulnerability—becomes evident in light of transformative emotional experiences, as suggested by several authors (Cunha & Salgado, 2018; Greenberg & Goldman, 2019; McLeod et al., 2021).

Furthermore, our participants indicate that externalizing responsibility for forgiveness represents an additional challenge in this process (Wenzel et al., 2020). While spirituality can facilitate forgiveness (McCauley et al., 2022), several authors underscore the emotional risks of

avoiding feeling, notably increasing emotional dysregulation and fostering disorganized narratives (Greenberg & Goldman, 2019). In this context, it is also understood that avoiding the emotional injury resulting from an offense constitutes another reported difficulty. In other words, the importance of valuing the emotional dimension in dealing with an offense in view of individuals' well-being is reinforced (Rey & Extremera, 2016; Żurawska-Żyła et al., 2022).

For future research, it would be beneficial to build upon the current findings by examining how potential internal conflicts may evolve over time and influence the forgiveness process. Our study highlights the importance of recognizing how certain dialogic processes can hinder the resolution of emotional harm caused by an offense, while integrative and transformative dialogic processes can enhance individuals' well-being.

Additionally, our findings indicate that varying levels of vulnerability may affect the ability to forgive. Much work remains to be done to fully understand how rational discourse about forgiveness impacts emotional resolution and how misaligned religious beliefs may shape the externalization of forgiveness responsibility. Furthermore, we suggest exploring how avoidance and closed-off voices influence emotional regulation and how forgiveness-related emotional processes evolve with age. Finally, our study opens the door to further research and the development of targeted therapeutic tools and interventions to promote forgiveness and emotional well-being, particularly among older adults.

Thus, among the emerging research fields of forgiveness and aging, the study of emotional processes in the context of an offense and how to care for them in a manner adjusted to individuals' needs stands out. Indeed, as noted by Band-Winterstein et al. (2024), comprehending forgiveness and aging requires particular attention. Developing more effective prevention and intervention strategies tailored specifically for older populations is crucial.

## CONCLUSION

In the process of forgiveness, several difficulties can emerge, including self-conflicts; avoidance of the painful experience by adopting a purely conceptual stance; overwhelming vulnerability; assignment of forgiveness responsibility to an Other; avoidance by suppression of the painful experience. These challenges are interrelated and influence each other. From the perspective of the dialogical self, these difficulties may stem from dysfunctions in the self's dialogue, due to either a lack of interaction between different voices or the dominance of certain voices to the extent that others are silenced. Indeed, the dialogue between these voices, especially the importance of giving voice to the emotional aspects, proves to be crucial.

Our study does not allow us to generalize its results to other populations or establish cause-and-effect relationships. Nevertheless, we present exploratory findings of considerable depth, highlighting the need for further investigation. In fact, the promotion and increase of this type of research will allow for better strategies, prevention, and intervention plans to emerge for this specific population. Our research would benefit if it were extended quantitatively and contextually. The investigation paves the way for a specific intervention protocol that can support individuals in their forgiveness process, addressing some of the challenges now brought to light.

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**CHAPTER III:**

**EMOTION-FOCUSED THERAPY AND FORGIVENESS IN THE OLDER POPULATION:  
PROTOCOL FOR A FEASIBILITY RANDOMIZED CONTROLLED TRIAL**



## CHAPTER III

### EMOTION-FOCUSED THERAPY AND FORGIVENESS IN THE OLDER POPULATION: PROTOCOL FOR A FEASIBILITY RANDOMIZED CONTROLLED TRIAL<sup>3</sup>

#### ABSTRACT

Over recent decades, Emotion-Focused Therapy, aging, and forgiveness have garnered significant attention in the field of psychology. However, there is a lack of studies on Emotion-Focused Therapy and forgiveness specifically tailored for older adults. This article describes a protocol to assess the feasibility and acceptability of a randomized controlled trial of Emotion-Focused Therapy for the resolution of emotional injury in individuals over the age of 65 in the context of interpersonal offenses. The study is structured as a two-arm, parallel-group randomized trial with a waiting list control. We propose recruiting a sample of 70 participants, randomly assigned to either an immediate intervention group, which will receive Emotion-Focused Therapy over twelve weekly sessions, or a control group that will receive the same therapy after a twelve-week waiting period. Data will be collected in the beginning, middle, and at the end of therapy, and in two planned follow-ups (three and six months after therapy). Once this protocol is implemented, if the therapy proves to be feasible, acceptable, and shows promising results, the findings will inform a large-scale randomized clinical trial to advance the understanding of psychotherapy.

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<sup>3</sup> The study authored by Almeida, B., and Cunha, C. has been submitted for publication and is currently in the peer review process.

## INTRODUCTION

Forgiveness has become a significant area of study in contemporary psychological research (Worthington & Wade, 2020). The complexity of forgiveness, coupled with its multifaceted nature and varied interpretations, has resulted in the absence of a consensus definition within the field of psychology (Meneses & Greenberg, 2019). Nevertheless, there is broad agreement that forgiveness is distinct from reconciliation, does not absolve the injurer's responsibility, and does not entail forgetting the past (Enright & Fitzgibbons, 2015; Worthington & Wade, 2020).

From a psychological perspective, we can distinguish between letting go—an emotional process through which the needs and feelings related to the offense are appropriately addressed without developing empathy towards the injurer—and forgiveness, which also involves the development of empathy towards the injurer (Meneses & Greenberg, 2019; Worthington & Wade, 2020; Záhorcová et al., 2023).

Thus, without seeking to establish a definitive definition of forgiveness, and in alignment with prior statements, we define it as the process by which individuals address the unpleasant emotions associated with an offense directed at them, while cultivating empathy and compassion for themselves, for the situation, and toward the injurer (Meneses & Greenberg, 2019; Toussaint et al., 2016). It may encompass several stages: acknowledging the harm done, being open to the prospect of forgiveness, and nurturing the emotional, mental, and behavioral components essential for forgiveness (Freedman & Enright, 2020; Worthington, 2020).

In this context, resentment can be a response—among other possible reactions—to unjust and offensive situations. However, it can become detrimental and chronic if it persists and intensifies over time (Worthington, 2020). Such chronic resentment may lead to

maladaptive behaviors, thoughts, and feelings such as silence, murmuring, fear, destructive anger, isolation, sadness, and apathy, hindering a person's ability to respond appropriately to the offensive experience (Band-Winterstein et al., 2024; Meneses & Greenberg, 2019).

Recognizing the harmful consequences of chronic resentment, various clinical approaches focused on forgiveness have emerged recently (Toussaint et al., 2016; Záhorcová et al., 2023). These therapies aim to enhance emotional well-being by addressing the emotional injury caused by an interpersonal offense. Certain interventions actively foster forgiveness, exemplified by the REACH Forgiveness model (Worthington, 2020) and the Enright Process of Forgiveness model (Enright, 2019). Conversely, other methodologies integrate forgiveness as one potential avenue for addressing emotional injuries. For instance, Emotion-Focused Therapy (EFT) presents the option of letting go—without necessarily involving forgiveness—as a viable strategy for healing emotional wounds (Meneses & Greenberg, 2019).

Meneses and Greenberg (2019) propose an EFT protocol for the resolution of emotional injuries, which has been found to facilitate the forgiveness process by transforming painful feelings, thoughts, and actions into empathy, compassion, and love. According to EFT, therapeutic change occurs through activating painful emotions and memories and changing clients' emotional experiences (Sharbanee & Greenberg, 2023). So, accessing disowned painful feelings related to the offense, including sadness, anger, and resentment, is crucial (Greenberg & Goldman, 2019; von Humboldt & Leal, 2015).

A meta-analysis examining the effectiveness of psychotherapeutic interventions in promoting forgiveness (Wade et al., 2014) revealed that participants who underwent therapy focused on forgiveness experienced significantly higher levels of forgiveness compared to those who received no therapy and those undergoing alternative therapies. Furthermore, the studies

analyzed by Wade et al. (2014) indicated that EFT was one of the therapies with very positive results for resolving the emotional injury caused by an offense, as indicated by the primary forgiveness measure (e.g. Enright Forgiveness Inventory–EFI; Enright et al., 2000; Subkoviak et al., 1995).

While the benefits of EFT for addressing the emotional injuries resulting from interpersonal offenses and enhancing well-being are evident (Dailey et al., 2024; Wade et al., 2014), there are currently no studies examining its impact specifically on older adults. Nevertheless, it is now well established that forgiveness has gained recognition as a potential resource for promoting psychological well-being in later life, due to its association with overall well-being and longevity (Worthington et al., 2020).

Studying forgiveness in later adulthood is justified for several reasons. The ability to forgive develops and evolves over a person’s lifetime (Carstensen & Meeks, 2021), even though only 5% of forgiveness research has included older adults in their samples (Toussaint et al., 2020). This stage of life provides a valuable opportunity to address and resolve long-standing issues, particularly through processes of meaning reconstruction (Band-Winterstein et al., 2024; Ermer, 2022).

Toussaint et al. (2016) found an inverse relationship between forgiveness and indicators of end-of-life circumstances. Various scholars highlight that forgiveness can serve as a crucial resource throughout one’s life, helping to resolve problems, alleviate stress, strengthen relationships, and contribute significantly to healthy aging (Brudek et al., 2023; Ho et al., 2023). So, forgiveness has the potential to reduce the negative impacts of transgressions on health, playing a key role in successful aging (Brudek et al., 2023).

However, despite its potential benefits, the effects of forgiveness are not guaranteed and must be carefully understood and contextualized (Band-Winterstein et al., 2024). It is crucial to consider aging in terms of its primary components—biological, psychological, and social (Paúl, 2017)—as well as its distinct categories: normal, pathological, and terminal aging (Birren & Schaie, 2006; Rothermund et al., 2023).

Several studies indicate that forgiveness has unique implications for older adults compared to the general population (López et al., 2021). López et al. (2021) conducted a meta-analysis focusing on the effectiveness of forgiveness therapies among older adults, covering studies published from 1990 to 2020. Their analysis revealed that participants who underwent forgiveness therapies reported higher levels of forgiveness compared to those who did not (López et al., 2021). Furthermore, these therapies were found to be negatively associated with levels of depression, stress, and anger, while being positively associated with indices of life satisfaction, subjective happiness, and psychological well-being (López et al., 2021; Toussaint et al., 2016).

In fact, research on aging has been steadily growing, driven by several factors including the increasing older population and advances in their quality of life (Bengtson & Settersten, 2016; Paúl et al., 2017). Aging is a multifaceted process of personal development characterized by both gains and losses, influenced by various age-specific internal and external factors, individual traits, and the surrounding context (Araújo et al., 2021). This multifaceted process encompasses aspects such as fostering healthy lifestyles, acknowledging and adapting to inevitable losses, optimizing individual capabilities, and cultivating self-compassion (Bengtson & Settersten, 2016).

Aging can involve psychosocial difficulties such as social isolation, loneliness, memory lapses, elder abuse, and dementia (León et al., 2020). Moreover, the psychological well-being of this population is closely linked to autonomy, personal growth, self-acceptance, environmental control, health promotion, life goals, psychological care, and social relationships (Bengtson & Settersten, 2016).

According to Erikson (1963), around age 65 individuals confront the final crisis: integrity versus despair. So, this period can be characterized by deep reflection, acceptance, and the integration of past events into a meaningful whole. Despair may manifest as an inability to reconcile life's difficulties (Malone et al., 2016). Given the above, we might hypothesize the significant role that forgiveness can play in fostering physical, mental, and emotional well-being as individuals age (Enright & Fitzgibbons, 2015; Worthington et al., 2020).

Despite the potential positive effects of forgiveness, these outcomes are not guaranteed (Band-Winterstein et al., 2024). Band-Winterstein et al. (2024), for instance, remind us that elder abuse—one of the primary psychosocial difficulties that tend to arise in aging (León et al., 2020)—involves a breach of fundamental trust and tends to be associated with specific feelings (anger, fear, sadness, revenge), thoughts (hostility, loss of respect for the aggressor), and behaviors (minimizing or engaging in aggressive actions, avoidance). Therefore, it is essential for individuals, in the process of forgiveness, to be aware and free to fulfill their fundamental psychological needs (Band-Winterstein et al., 2024; Enright & Fitzgibbons, 2015). For example, assertive anger is healthy, and setting boundaries is important, as no form of abuse should ever be tolerated.

In this context, a prior exploratory study conducted by our research team (Almeida & Cunha, 2023) indicates that individuals over the age of 65 encounter distinct challenges in the

forgiveness process. These challenges include internal conflicts, avoidance of the painful experience through a purely conceptual approach, heightened vulnerability, externalizing responsibility for forgiveness, and the suppression of the painful experience. These difficulties are often dynamically interconnected.

Now, EFT is highly effective for resolving internal conflicts by focusing on empathic attunement and emotions as central to therapy (Meneses & Greenberg, 2019). By accessing deep emotions, it helps restructure painful experiences and their meanings, allowing for new emotional experiences to emerge (Cunha et al., 2017). This dynamic process adapts to individual needs, facilitating the resolution of unresolved conflicts (Greenberg & Goldman, 2019).

Indeed, a variety of reasons—such as the need for an integrated understanding of forgiveness and aging, the scarcity of studies on forgiveness among older adults, the potential benefits of forgiveness, and the absence of EFT studies for older adults—justify exploring the impact of EFT applied to resolving emotional injuries in individuals over the age of 65.

Given all that has been mentioned so far, the importance of a study protocol in this context becomes clear, as it offers access to emerging research and guides the practical application of the findings (Lysne et al., 2021; Pilarik et al., 2024). Protocols outline and justify research objectives, methods, participant criteria, interventions, and data collection, ensuring alignment with the study's goals (Dawe et al., 2022). They support rigorous implementation, replicability, and efficiency while upholding scientific integrity, ethical standards, participant protection, and facilitating ethical approvals (Griffiths et al., 2024; Morgan et al., 2018).

Thus, our current paper serves as a preliminary investigation preceding a larger study, in which we aim to design a feasibility protocol for a randomized controlled trial (RCT) using Emotion-Focused Therapy to resolve emotional injury in individuals over 65 years of age.

### ***Research objectives***

The present study objectives are the following:

Primary—to assess the feasibility of the therapy: recruitment, retention, and engagement rates; questionnaire and home activity completion; and the acceptability of the therapy: participant involvement and their reports of its credibility and satisfaction.

Secondary—to explore the preliminary efficacy EFT for resolving emotional injuries in the older population through the following outcomes: Forgiveness; Letting go; Unfinished Business; Quality of life; Depression.

In summary, the aim of our study is to design/provide a methodologically consistent and effective protocol that serves as the foundation for a RCT using EFT to address emotional injuries in individuals over 65 years of age in the context of interpersonal offenses. Indeed, a feasibility study, in essence, functions as a tool to assess the viability of the main trial—specifically in terms of recruitment, retention, measurements, and other parameters—without necessarily focusing on clinical outcomes (Foroughe et al., 2024; Lysne et al., 2021; Shvedko et al., 2018).

## METHOD

### *Study design*

This feasibility protocol is a two-arm, parallel, double-blinded, RCT aimed at informing a future trial assessing the effectiveness of EFT in resolving emotional injuries in older adults in the context of interpersonal offenses. The study plans to enroll 70 participants, with half randomly assigned to the EFT intervention and the other half placed on a waiting list to join the therapy after three months, during which they will be assessed (Bruce et al., 2022). Data will be collected at the beginning, midway, and end of the therapy, as well as three and six months post-therapy (follow-ups). The study follows SPIRIT guidelines and CONSORT standards (Boutron et al., 2017), consistent with prior research (Table 5) (Lysne et al., 2021; Shvedko et al., 2018).

**Table 5: Study procedures**

Timepoint	Participant Timeline						
	Enrollment	Allocation	Post allocation				
	-t1	0	t1	t2	t3	t4	t5
<b>Enrollment:</b>							
Eligibility screen	X						
Informed consent	X						
Allocation		X					
<b>Therapy:</b>							
Initial assessments							
Clinical Data		X					
MoCA		X					
SCID-5-RV		X					
EFT			◆————◆				
<b>Measures of acceptability and feasibility:</b>							
CEQ			X				
Satisfaction therapy module			◆————◆				
Homework evaluation			◆————◆				
Recruitment rates					X		
Participation retention					X		
Questionnaire feasibility					X		
CCIP					X		X
<b>Therapy outcomes:</b>							
EFI			X	X	X	X	X
Letting Go			X	X	X	X	X
UFB FN			X	X	X	X	X
WHOQOL-OLD			X	X	X	X	X
GDS-15			X	X	X	X	X

Schedule for enrollment, therapy, and assessment: -t1, before allocation; t0, allocation; t1, start of therapy; t2, sixth session; t3, last session; t4, two months after therapy; t5, six months after therapy; MoCA Montreal Cognitive Assessment; SCID-5-RV Structured Clinical Interview for DSM-5-Research Version; CEQ Credibility/Expectation Questionnaire; CCIP Client Change Interview Protocol; EFI The Enright *Forgiveness* Inventory; Letting Go Measure; UFB FN Unfinished Business Feelings and Needs Scale; WHOQOL-OLD, World Health Organization Quality of Life-Old Module; GDS Geriatric Depression Scale-15.

### *Study setting*

The research will include individuals aged 65 years or older, of both genders, who meet the study's inclusion criteria. Therapy sessions will be conducted individually and in person, in offices suited for psychological practice (Foroughe et al., 2024; Lysne et al., 2021). Participants residing in senior housing will have the option, subject to agreement with their institution, to have sessions conducted in their facilities. Each session will last one hour and occur weekly over a three-month period, resulting in a total of 12 sessions per participant, in accordance with the EFT protocol for resolving emotional injuries established by Meneses and Greenberg (2019), with adaptations presented below.

At the conclusion of the designated sessions, in accordance with the study plan (Table 5), assessment data will be gathered in paper format. When a participant misses a session, it will be rescheduled as soon as possible. The questionnaires will be completed after the sessions (if warranted, at home during the following week), regardless of significant calendar discrepancies (Foroughe et al., 2024; Shvedko et al., 2018). Only participants who completed the study according to the protocol will be included in the analysis. Detailed records of any dropout reasons will be kept. If participants require extended support, provisions for longer therapy sessions may be made as a clinical decision. For those who exceed the twelve-week period due to clinical reasons, the analysis will be split into two parts: one including all participants up to week 12, and a separate analysis assessing the impact of extra weeks for these participants only (Dawe et al., 2022; Pilarik et al., 2024). The current study protocol has been submitted to and approved by the university's Ethics Committee, with the ethical board granting approval under the number 40/2022 (see appendix).

### ***Participants***

Our feasibility study will include a minimum total sample of 70 older participants, with 35 randomly allocated to the intervention group (IG) and 35 to the waitlist control group (CG) (Lysne et al., 2020; Shvedko et al., 2021). Although feasibility studies do not require large samples (Billingham et al., 2013; Foroughe et al., 2024), they should adequately represent the target population and be sufficiently large to fulfill the study's objectives. Billingham et al. (2013) agree that feasibility RCTs typically recruit between 24 to 50 participants per arm on average, with the exact number depending on the specific aims and objectives of the study. Larger sample sizes may be necessary for more complex or ambitious goals (in accordance with the G\*Power requirements for comparing two groups; Faul et al., 2009). Based on all of this, we propose to include 80 individuals in our study to ensure that at least 35 participants complete each comparison group (minimum N=70). Additional participants will be recruited to account for typical dropout rates.

Considering the study's objectives and similar study designs (Foroughe et al., 2024; Lysne et al., 2021; Shvedko et al., 2018; Timulak et al., 2020), our eligibility criteria include being 65 or older, having experienced an interpersonal offense, residing at home or in a senior residence, stable prescribed medication use, scoring  $\geq 26$  on the MoCA (Montreal Cognitive Assessment), and fluency in Portuguese or English. Exclusion criteria include reporting an offense less than a year old, severe emotional injuries (such as being a victim of domestic violence or abuse), psychiatric disorders, suicidal ideation, parasuicidal behavior, recent loss of a loved one, involvement in other therapies or clinical studies, current alcohol or drug abuse, living with another participant, and frequent hospitalizations.

### ***Recruitment***

The recruitment, selection, and randomization process will be managed by an independent psychologist. Recruitment strategies include distributing posters and flyers in locations such as supermarkets, pharmacies, and senior living facilities, as well as promoting through social media. The goal of the recruitment posters and flyers is to inform and invite potential participants to EFT, aimed at individuals who have experienced personal offenses. The key question posed will be: “Have you been the target of an injustice in the past that may still be affecting you emotionally?”

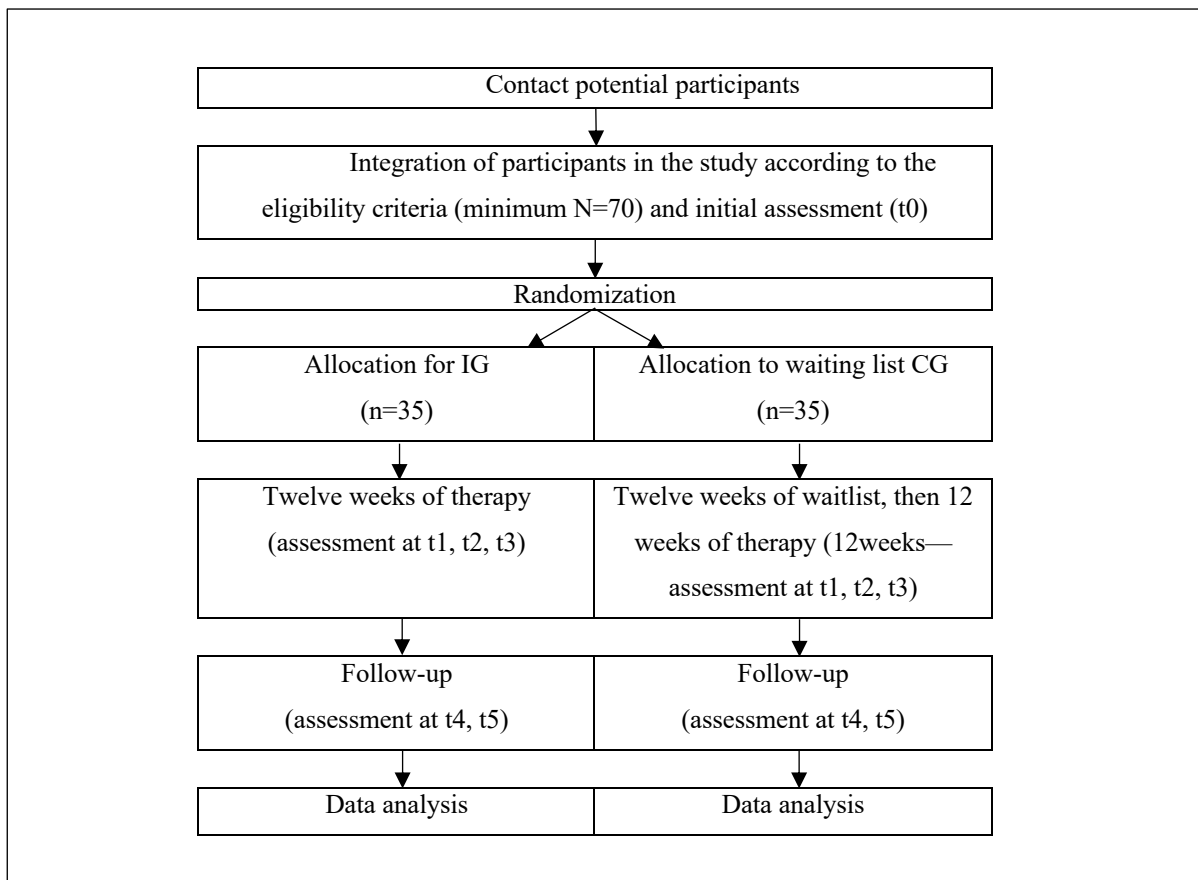
Those who express interest will be invited to a preliminary interview, conducted either in person or via phone/videoconference (McMahon et al., 2022; Shvedko et al., 2018). After obtaining consent, eligible individuals will be subjected to a comprehensive assessment to confirm that they meet the study’s inclusion criteria. This includes administering the Structured Clinical Interview for DSM-5–Research Version (SCID-5-RV) to assess mental health conditions and MoCA to screen various cognitive domains (Nasreddine et al., 2005; Shvedko et al., 2020; Simões et al., 2008).

### ***Randomization***

Participants will be randomly assigned to either the immediate IG or the waitlist CG using a computer-generated block randomization method to minimize bias and ensure equitable allocation between groups (Lysne et al., 2021; McMahon et al., 2022; Pitkala & Strandberg, 2022). Randomization will be enhanced through stratification based on key participant characteristics—age, gender, educational level, and spirituality—to ensure a balanced distribution across both groups (Shvedko et al., 2018; Wade et al., 2005).

The CG will not receive any information about the therapy or recommendations to preserve the integrity of the CG. The allocation process will be double-blinded, with group assignments concealed from both the principal investigator and the participants (Figure 3) (Bruce et al., 2022; Pitkala & Strandberg 2022).

**Figure 3: Overview of study processes**



***Therapy***

Participants will be offered twelve in-person sessions, scheduled once a week. The therapy is structured into five phases (Table 6), following the protocol proposed by Meneses and Greenberg (2019). This approach emphasizes emotions in the therapeutic process and

addresses the primary difficulties reported by adults in relation to forgiveness. Each session will be adapted to meet the specific needs of the clients.

**Table 6: EFT for the resolution of emotional injuries session content**

<b>Phase</b>	<b>Content</b>	<b>Home Practice</b>
Phase I:	Creating an alliance	Diary of feelings towards the injurer.
Phase II:	Evocation and exploration	Particular attention can be given to awareness of emotional experiences
Phase III:	Self-interruption work	Drafting the letter to the injurer and its response (for personal use only); encouraging reflection and the identification of difficulties in forgiveness
Phase IV:	Empowerment and letting go or forgiving	Narratives of new meanings of the experience and the injurer
Phase V:	Termination	

*Phase I: Creating an alliance*

The initial phase of therapy emphasizes the establishment and reinforcement of the therapeutic alliance to cultivate a safe, exploratory, and empathetic environment. This phase is used to validate the emotional injury reported during the initial assessment and to clarify its most challenging aspects (Meneses & Greenberg, 2019). The therapeutic process dynamics are presented to the client, emphasizing the focus on difficulties arising from the experienced offense. Once the client feels ready, the therapeutic relationship is sufficiently solid, and the marker of an unresolved past situation contributing to the present emotional injury is identified, the empty chair dialogue task can be introduced (Cunha et al., 2017; Elliott et al., 2001). This task involves the client visualizing the injurer in an empty chair, to facilitate the exploration,

awareness, expression, and processing of emotions to address, unmet needs and resolve emotional injuries (Elliott et al., 2001). It is a collaborative process between the therapist and the client, with a particular emphasis on the emotions associated with the emotional injury (Meneses & Greenberg, 2019; Mónaco et al., 2022; Sharbanee & Greenberg, 2023).

*Phase II: Evocation and exploration*

The second phase of therapy primarily involves accessing and addressing problematic emotional processes and the needs that may arise from them. Therapists try to identify emerging markers, namely, feelings of pain, sadness, anger, vulnerability that clients may feel when remembering what happened or what offended them (Greenberg & Goldman, 2019; Meneses & Greenberg, 2019). Along with the empathic and exploratory stance of the therapeutic process, the empty chair task continues to be proposed when markers of unfinished business appear to help participants deal with the lingering feelings of pain due to the emotional injury. The task facilitates the activation and exploration of emotions, recognition and differentiation of feelings, and the identification of various forms of anger. It can also assist clients in identifying secondary or non-adaptive emotions while accessing primary emotions. Thus, the empty chair task can facilitate clients' connection with and expression of their unmet emotional needs (Almeida et al., 2024; von Humboldt & Leal, 2015).

*Phase III: Self-Interruption work*

The interruption of experienced emotions is a prevalent challenge in addressing unfinished business (Sharbanee & Greenberg, 2023). Consequently, there is often a necessity to address self-interruptions during the deepening phase of the empty chair dialogue (Meneses & Greenberg, 2019). So, this third phase specifically aims to assist participants in recognizing

markers of self-interruption, typically manifested as emotional constriction, resignation, or hopelessness (Cunha et al., 2017; Elliott et al., 2001; Meneses & Greenberg, 2019). To deal with self-interruptions, we employ the therapeutic task of two-chair enactment, which entails engaging in an imaginative dialogue between different voices of the self: the voice that interrupts or obstructs and the experiencing self, who endures the consequences of this interruption (Elliott et al., 2001). Through this approach, clients can access their self-interruptions, which are often rooted in experiential avoidance. This enables us to address, among other emotional processes, feelings of hopelessness and discouragement that may emerge from the interruption process (Dailey et al., 2024).

#### *Phase IV: Empowerment and letting go or forgiving*

This stage of the process aims to deepen emotional processing by accessing painful, chronic emotions, and their underlying unmet needs (Greenberg & Goldman, 2019). This emotional deepening process can facilitate the recognition and expression of the core pain (Meneses & Greenberg, 2019). Therapists aim to facilitate clients' mourning of unmet needs, promoting opportunities to fulfill those needs, and fostering new perspectives on the offense (Meneses & Greenberg, 2019). The forgiveness process usually involves changing the view of the injurer, that becomes softened, for example, through an understanding of the reasons underlying the offense. The emotional transformation of resentment can happen through an emotional response that involves compassion and love (Meneses & Greenberg, 2019).

#### *Phase V: Termination*

The therapy seeks to address several key dimensions: the client's role as an agent of their own emotions; the experience of change as a continuous process; the acceptance of

separation and loss; and the prevention of potential relapses (Meneses & Greenberg, 2019). Ultimately, the therapeutic process aims to culminate in forgiveness, which involves an adjusted regulation of the expression of resentment, anger, and shame associated with the offense, alongside the cultivation of compassion. Alternatively, the therapy may conclude with a process of letting go, which entails a thoughtful processing of unmet needs and feelings related to the offense and the offender, without necessarily fostering empathy or compassion toward the latter (Dailey et al., 2024; Meneses & Greenberg, 2019).

### *Anticipated adjustments of this protocol for older populations*

Considering the current literature (Band-Winterstein et al., 2024; Brudek et al., 2023), including our own studies (Almeida & Cunha, 2023), we estimate that the older population may face specific difficulties in the process of forgiveness and resolution of emotional injuries. So, we anticipate a set of specificities and adaptations to the Meneses and Greenberg (2019) protocol.

### *Phase I specificities*

Studies indicate that psychosocial difficulties, such as social isolation or elder neglect (León et al., 2020), can lead individuals to minimize interpersonal offenses and their respective emotional injuries (Band-Winterstein et al., 2024). For example, a person who is dependent upon a family member may not express their true feelings and may (superficially) forgive to avoid negative interpersonal consequences (Prabhakar et al., 2024). While recognizing the importance of valuing current relationships, therapists may need to facilitate clients' awareness of the significance of acknowledging their own suffering and the negative consequences of emotional injury, as blocking the emotional process can lead to additional problems (much like

the contrast between normative versus complicated grief, as proposed by Sharbanee & Greenberg, 2023). To address this issue, we propose that clients undertake experiential formulation as a therapeutic task aimed at highlighting the importance and value of accessing avoided emotions (Greenberg & Goldman, 2019), alongside the promotion of greater self-awareness and self-acceptance throughout the therapeutic process and beyond. This aims to explore client difficulties in experiential terms, emphasizing therapy's focus on personal feelings and not necessarily on changes on relationships (i.e. forgiveness does not imply reconciliation). Indeed, the intention is to allow individuals to access their experiences more freely and authentically, without necessitating behavioral changes or causing negative repercussions (Cunha et al., 2017).

#### *Phase II specificities*

Previous studies by the present authors (Almeida & Cunha, 2023) have identified specific difficulties (or markers) that older individuals may face in the process of forgiving. One such difficulty is avoiding painful experiences by being purely conceptual. For instance, an older person might say, "I feel neither anger nor sadness [...] Forgiving is like lifting a weight off my shoulders [...] I don't feel the need for support or affection." This type of narrative is often characterized by an overly intellectualized self-voice that suppresses a more vulnerable, experiential voice, which may signal the presence of self-interruption (Greenberg, 2015). In therapy, tasks such as empathic exploration (Elliott et al., 2004) and focusing (Gendlin, 1981) can be proposed to encourage grounding in the experience. Subsequently, the two-chair enactment task (Bailey et al., 2022; Greenberg & Watson, 2006) can be employed to facilitate dialogue between the dominant voice and the disowned voice.

### *Phase III specificities*

A previous study with older people (Almeida & Cunha, 2023) showed that all participants struggled with internal conflicts in the process of forgiveness. An example narrative is: “To me, forgiving means forgetting and never dwelling on it again [...] when I forgive, I don’t forget, because the memory resurfaces, along with the hurt and sorrow.” These conflicts are characterized by a persistent divergence between two dimensions (or voices) of the self that do not communicate with each other. This marker—self-conflict or negative self-treatment—can be addressed in therapy through the two-chair dialogue task, aiming for a satisfactory understanding between the conflicting parts (Bailey et al., 2022; Elliott et al., 2004; Sharbanee & Greenberg, 2023).

Another difficulty we anticipate is avoidance by suppression of the painful experience. Consider the following example: “If I am shocked, it passes. I don’t think, I forget, I focus on other things. There is so much to live for [...] I can keep control.” This may reflect an automatic tendency to deny or avoid the emotional injury caused by the offense, hindering recognition of the interruption process and access to the repressed internal experience. We identify this marker as a potential process of self-interruption, often involving immersion in painful memories and a focus on other dimensions or problems. The two-chair enactment task can be beneficial in bringing the automatically interrupted voice into action (Bailey et al., 2022; Greenberg & Watson, 2006).

Another challenge we foresee is that older individuals might delegate the responsibility of forgiveness to others, including a divine entity. For example: “Thinking about God helps, because it gives me peace, relieves me [...] The one who forgives is God.” In line with what has been observed in our studies (Almeida & Cunha, 2023; Moniz et al., 2024), this response may

indicate a collapse of the self in reaction to profound despair caused by the emotional injury (Gunst et al., 2020). This type of despair can be characterized by a sense of loss of agency, where one feels entirely powerless and submits to another (e.g. delegating forgiveness, justice or repair to a divine entity), demonstrating profound demobilization (Malone et al., 2016). Considering this marker, tasks such as empathic affirmation (Greenberg, 2017) and compassionate self-soothing (Sutherland et al., 2014) can be beneficial.

#### *Phase IV and Phase V specificities*

Based on our prior research (Almeida & Cunha, 2023; Prabhakar et al., 2024), it is important to emphasize that certain emotional experiences resulting from therapy can indicate that the therapeutic process is progressing positively. These encompass physiological indicators like serenity, tranquility, and calmness; cognitive shifts such as reduced rumination, enhanced learning, and decreased negative thoughts; emotional transformations including peace, joy, and relief; behavioral adaptations towards oneself, others, and the environment; and self-transformation, characterized by satisfaction, the cultivation of new internal narratives, heightened empathy and compassion, and receptiveness to transcendence.

We anticipate that transforming the emotional difficulties associated with emotional injury and fostering self-narrative reconstruction may pose a significant challenge for this population. This age group is particularly susceptible to promoting satisfactory personal integration and enhancing positive life meaning, which are crucial developmental tasks at this stage of life (Brudek et al., 2023; Erikson, 1963; Prabhakar et al., 2024). Indeed, we see this as a consolidation of change, a reconciliation of the self with one's life, necessitating specific narrative-meaning reconstruction work, as outlined in the self-narrative reconstruction task (Cunha et al., 2017), which we consider particularly suitable for this population.

### *Therapists*

Sessions will be administered by psychologists with several years of psychotherapy training research and clinical practice in EFT. The first author holds a PhD in Theology (Almeida, 2014) and is a PhD student in Psychology and a psychologist with previous training in EFT. The second author is a psychologist with a PhD in Psychology, specializing in Clinical and Health Psychology. She holds an advanced specialization in psychotherapy, as recognized by the National Psychologists' Association. Additionally, she has authored numerous scientific articles in the field (Almeida & Cunha, 2023; Costa et al., 2021; Cunha & Salgado, 2018; Cunha et al., 2021; Moniz et al., 2024; Salgado et al., 2013). Furthermore, she is a certified Emotion-Focused Therapy (EFT) therapist and supervisor, as accredited by the International Society of Emotion-Focused Therapy (IsEFT). She provides supervision and training in EFT and will serve as one of the ongoing supervisors for the team.

Our therapy team will also involve two more psychologists with training in EFT, involved in the PhD program of the university. All therapists will be trained in this protocol (Meneses & Greenberg, 2019) and supervised by a certified EFT supervisor. The four therapists, with a commitment to avoiding any form of ageism, will be encouraged—through peer supervision—to address the key vulnerabilities, needs, and potential of this age group (Bengtson & Settersten, 2016). In addition to the four psychologists who are part of the therapy team, this research will involve another psychologist who will be responsible for the recruitment process and the assessment procedures. This psychologist—to safeguard the reliability of the evaluation results—will not be involved in the therapeutic process.

### ***Therapy fidelity***

The team of therapists will be provided with and instructed on a therapy protocol. They will also receive a checklist outlining specific procedures typical of each therapy phase. Therapy sessions will be audio and video recorded, and a selection of these recordings will be randomly analyzed by psychologists with supervisory experience in EFT to ensure adherence to the model and fidelity of therapy procedures. Therapists will receive supervision from a qualified EFT supervisor, which will involve corrective feedback to ensure therapist adherence and competence in relation to the EFT model (Greenberg & Goldman, 2019). To evaluate how closely therapists follow the EFT model, we use the Person-Centered and Experiential Psychotherapy Scale (PCEPS-EFT-9) (Elliott et al., 2022; Freire et al., 2014). This scale evaluates the quality level of an EFT therapist, based on their observable performance, using a Likert scale from one to six.

### ***Participant retention***

To minimize possible abandonment of therapy, those involved in the study will always be alerted in advance about their appointments and will have the possibility of rescheduling them if clients are unable to attend (Lysne et al., 2021).

### ***Assessments and measures***

Several questionnaires will be proposed to assess the acceptability, feasibility, and to explore the effectiveness of the therapy—see Table 5.

### *Intervention acceptability measures*

#### Therapy credibility and expectancy

We will use the Credibility/Expectancy Questionnaire (CEQ) (Devilly & Borkovec, 2000; Silva et al., 2021) to measure treatment credibility and client outcome expectations. The CEQ is a self-report questionnaire composed of six items grouped into two subscales: treatment credibility and expected outcome—on a 9 item Likert scale. Credibility assesses the degree of confidence that participants have in the usefulness of therapy regarding their difficulties. Expectation assesses how much participants believe they can benefit from the therapy (Silva et al., 2021).

#### Session satisfaction module

To evaluate participants' assessment of each specific session of the intervention protocol, they will be asked at the end of each session to rate how beneficial they found each session and corresponding homework activity. This will be done through a simple question, with responses varying on a 5-point Likert scale (Lysne et al., 2021).

#### Global therapy satisfaction

To assess participants' satisfaction with the global intervention, we will use the Client Change Interview Protocol (CCIP) (Elliott et al., 2001; Sales et al., 2007). This semi-structured interview, comprising open-ended questions, has a duration of approximately 60 minutes and is administered at the conclusion of therapy (at t3 and t5). The CCIP explores potential processes of change experienced by clients during therapy, covering attributions, meanings, and relevance. Participants evaluate specific changes they have experienced using a 5-point scale, assessing the extent to which these changes were expected, likely without therapy, and their perceived value (Elliott & Rodgers, 2008). Any negative evaluations derived from the Session

Satisfaction Module will also be examined. Consequently, these procedures are intended to facilitate necessary adjustments to the treatment protocol, thereby enhancing its feasibility and acceptability based on client feedback.

#### *Intervention feasibility measures*

##### Recruitment rates

Refers to the number of participants able to join the therapy as a result of the recruitment process.

##### Participation rates

Participants who completely discontinue therapy should be classified as dropouts.

##### Questionnaire feasibility

The feasibility of the questionnaires will be measured by evaluating the completion rates of the questionnaires including the degree of missing data.

##### Homework evaluation

To assess the value of homework, an adapted version of the Homework Rating Scale (HRS-Kazantzis et al., 2004) will be employed, consisting of seven questions rated on a 5-point Likert scale. Participants will be asked to evaluate their level of achievement, understanding, effort, utility, relevance, satisfaction, and the impact of the exploratory tasks assigned during the therapy weeks (Lysne et al., 2021).

#### *Exploratory outcomes*

The exploratory results encompass the primary outcome variables of forgiveness, letting go, and unfinished business, as well as the secondary outcome variables of quality of life and depression.

### *Enright Forgiveness Inventory*

The Enright Forgiveness Inventory (EFI—Enright et al., 2000) is a self-report measure designed to assess the level of forgiveness in response to a specific offending situation. The scale begins by asking participants to visualize the personal offense and imagine what happened. In a second phase, participants are asked to describe the offense in their own words. The EFI scale comprises 60 items organized into three 20-item subscales that measure affect, behavior, and cognition related to forgiveness, utilizing a 6-point Likert scale known as the Attitude Scale. Additionally, the EFI concludes with a final question assessed on a 5-point Likert scale, which evaluates the extent to which clients report having forgiven their injurer.

### *Letting Go Measure*

The Letting Go Measure (Greenberg et al., 2008) is a self-report assessment comprising a single item. It evaluates the extent to which individuals have let go of their negative emotions towards the injurer. Scores range on a Likert scale from 1 to 5 points.

### *Unfinished Business Questionnaire*

The Unfinished Business Feelings and Needs Scale (UFB FN—Greenberg et al., 2008; Singh, 1994) consists of a 6-item scale designed to measure the extent to which an individual who has experienced an unfair situation feels acceptance and empathy toward the person who has harmed them, utilizing a 5-point Likert scale.

### *Quality of Life*

The European Portuguese World Health Organization Quality of Life Assessment in Older Adults (WHOQOL—OLD) (Power et al., 2005; Vilar et al., 2016) comprises 28 items

classified on a five-point scale and encompassing seven domains: sensory, autonomy, activities, social, death, intimacy, and family life (Vilar et al., 2016).

### *Geriatric Depression Scale–15*

The Geriatric Depression Scale–15 (GDS-15; Matos et al., 2019; Yesavage & Sheikh, 1986) is specifically designed for screening depressive symptoms in older adults. It consists of 15 straightforward questions, each requiring a simple Yes or No response. The scale ranges from zero (indicating no depressive symptoms) to 15 points (representing the highest severity of depressive symptoms), with each affirmative response scored as 1 point. The cut-off points are defined as follows: 0 to 4 for the absence of depressive symptoms, 5 to 8 for mild symptoms, 9 to 11 for moderate symptoms, and 12 to 15 for severe symptoms (Matos et al., 2019).

### ***Data handling and storage***

The data protection plan, approved by the Ethics Committee—with the ethical board granting approval under the number 40/2022 (see appendix)—ensures that participants are informed about the study’s objectives, confidentiality, and data management procedures, and sign an informed consent form. Consent forms will be securely stored in the principal author’s office. Participants will be assigned codes, and their names kept separate from other data. The collected data will be stored in a locked box within a securely closed cabinet, to which only the author has access. This cabinet is located in the investigator’s personal workspace, with no access permitted to third parties. Data will be digitized for analysis, with stringent accuracy checks and password-protected access for trial staff. Audio and video recordings will be securely stored and destroyed six months post-therapy. Any changes to data handling will be reviewed by the ethics committee.

### ***Data collection***

As illustrated in Table 5, various questionnaires will be administered throughout the study—from participant selection to the two planned follow-up assessments. To minimize the burden on participants, questionnaires scheduled for completion at the end of the therapy will be distributed either during the final session or at home between sessions. The questionnaires will be returned in sealed envelopes to the therapists, who will then hand them over to the psychologist responsible for the evaluation process. This independent psychologist will also conduct the initial assessment for study integration and the final qualitative interview.

To efficiently assess whether potential participants meet the study criteria, eligible individuals will undergo the Structured Clinical Interview for DSM-5—Research Version (SCID-5-RV—First et al., 2015) and the Montreal Cognitive Assessment (MoCA—Nasreddine et al., 2005; Simões et al., 2008). Additionally, socio-demographic data, including age, gender, occupation, religious beliefs, current medications, and details regarding the interpersonal offense or emotional injury experienced, will be collected at the outset.

After participants are assigned to their respective groups, three assessment points will be established: before therapy begins, at the sixth session, and at the final session. These assessments will focus on Forgiveness, Letting Go, Unfinished Business, Quality of Life, and Depression. Before therapy commences, the CEQ will also be administered. Following each session, the Satisfaction Therapy Module and Homework Evaluation will be conducted. Upon completion of therapy (t3 and t5), the CCIP will be administered. To ensure adherence to the therapy protocol, sessions will be recorded for subsequent supervisory evaluation. Research assistants will provide updates and reminders for follow-ups via telephone and/or email.

## *Statistics and data analysis*

### *Quantitative analysis*

Quantitative data analysis will be conducted using SPSS version 29.0 for Windows (SPSS Inc., Chicago, IL), with a significance level set at  $p < 0.05$ . Hypothesis testing will be preliminary and exploratory in nature. In this regard, we propose using one-way ANOVA to compare the results between the intervention group and the control group at the end of the intervention, mixed ANOVA to compare the intervention and control groups at different time points, and ANCOVA to compare the two groups while controlling for the effects of each of the five variables.

The ratio of individuals who accepted the invitation to participate in the study relative to the total number of formal invitations sent will help determine the recruitment size. It is anticipated that accurately quantifying the total number of individuals reached through various channels may prove challenging. Additionally, the ratio of participants who complete therapy compared to those who initially commenced it will offer insights into retention rates. Furthermore, the completion rates of the questionnaires will serve as an indicator of their feasibility. Other measures, including assessments of acceptability and feasibility—such as the CEQ, CCIP, Session Satisfaction Module, and Homework Evaluation—will be assessed through exploratory data analysis (Lysne et al., 2021).

To identify and quantify potential associations among the different variables for the main trial, Pearson correlations will be performed to analyze observed changes over time in the control group for all outcome variables. Sample size estimation for a future large-scale randomized controlled trial will be calculated for the most relevant outcomes using the method

based on mean differences between the intervention and control groups, utilizing G\*Power software Version 3.1 (Faul et al., 2009).

### *Qualitative analysis*

The data collected from the CCIP will be recorded. After being transcribed, they will be subject to respective analysis.

### *Progression criteria*

This study protocol will be developed for broader research based on the assessment of its acceptability and feasibility. Regarding the CEQ measure, the study will proceed without changes if the result is  $\geq 6$  on a 9-point Likert scale. The study will also progress without changes in the Session Satisfaction Module if the result is  $\geq 3$  on a 5-point Likert scale. For recruitment, the progression criterion will be a rate of 75-100% of the sample size (Carswell et al., 2019). The criterion for retention level will be a rate  $>80\%$  (McMahon et al., 2022). The progression criterion for the questionnaires will be a response rate  $>90\%$ . For homework assessment, a score of  $\geq 3$  on a 5-point Likert scale will be required (Lysne et al., 2021; McMahon et al., 2022; Shvedko et al., 2020). Additionally, a level equal to or greater than 30% will be necessary for scores achieved in the exploratory outcomes through therapy to be considered significant (Lysne et al., 2021).

### *Ethics approval and consent to participate*

The protocol adheres to the ethical standards outlined in the Code of Ethics of the Portuguese Association of Psychologists (aligned with the American Psychological Association) and has received approval from the Ethics Committee of the University of Maia. The ethical board granted approval under the reference number 40/2022 (see appendix).

Participants will be fully informed about the study's context, goals, and methodologies before giving informed consent. Participation is voluntary, and participants can withdraw at any time and request a summary of the findings.

### ***Dissemination***

The study results will be published in high-impact journals and presented at an international conference. Participants may receive the results if interested, provided in a customized document. This study is expected to lay the groundwork for a larger protocol, ultimately leading to a randomized clinical trial with appropriate partnerships and funding.

## DISCUSSION

The increasing older population and associated challenges underscore the importance of prioritizing their emotional well-being. EFT could be essential in personal primary care for the senior population, as well as within their families and communities. Given the significance of forgiveness for the quality of life of older adults, and the lack of EFT studies focusing on forgiveness and the resolution of emotional injuries in this demographic, this feasibility study aims to advance psychological research in these areas.

Feasibility studies, as initial research steps, estimate key parameters before main studies (McMahon et al., 2022; Shvedko et al., 2020). They outline optimal conduct for RCTs, lacking the statistical power to justify effects (Eldridge et al., 2016). Many authors emphasize the importance of feasibility studies for future RCTs, including assessing acceptability and feedback of participants (Lysne et al., 2021), which is contemplated here through several measures (self-report and interviews). Older individuals are underrepresented in clinical trials,

with only 7% of RCTs in 2012 specifically studying older adults (van Eijk et al., 2023), which reinforces the potential contributions of this study to the literature.

Despite the potential of this study, it has limitations. The sample size (N=70) restricts generalization and conclusions regarding the effectiveness of the therapy, necessitating caution in interpretation. Longer follow-up periods could enhance the study by providing more robust data on the impact of the therapy; however, implementing such follow-ups may be challenging within this population. Additionally, ensuring uniform characteristics among sample members and across groups may prove difficult (Lysne et al., 2021). In summary, aging and forgiveness are increasingly significant in people's lives. Demonstrating the feasibility and acceptability of EFT and forgiveness could significantly enhance the quality of life for older individuals and their contexts.

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**CHAPTER IV:**

EMOTION-FOCUSED THERAPY FOR RESOLVING EMOTIONAL INJURIES IN  
OLDER ADULTS: A HERMENEUTIC SINGLE-CASE EFFICACY DESIGN STUDY



## CHAPTER IV

### EMOTION-FOCUSED THERAPY FOR RESOLVING EMOTIONAL INJURIES IN OLDER ADULTS: A HERMENEUTIC SINGLE-CASE EFFICACY DESIGN STUDY<sup>4</sup>

#### ABSTRACT:

Recent years have seen significant growth in the study of forgiveness in aging within the field of psychological science. Forgiveness has the potential to facilitate a more positive aging process. Emotion-Focused Therapy (EFT) has emerged as a therapeutic approach with positive outcomes in treating various psychological issues. However, there is currently no EFT specifically designed to address emotional injuries caused by offenses directed at older adults. This study aims to evaluate EFT for addressing emotional injuries in an older adult who has experienced an offense, delivered over twelve weekly sessions. To conduct this evaluation, we employed the interpretive approach of the Hermeneutic Single-Case Efficacy Design. Both quantitative and qualitative data were collected at different times during the therapy and at two follow-up points. From the beginning of therapy to the second follow-up, the client's forgiveness level increased from 124 to 186 (RCI = 5.99\*). The Letting Go level rose from 1 to 4 out of 5, indicating a significant change according to the authors' guidelines. Additionally, the quality of life score improved from 83 to 101 (RCI = 2.49\*), and the depression score decreased from 8 to 4 out of 15 (RCI = -1.74). We compiled a comprehensive case record of the client's change process, which was evaluated by three judges. They corroborated that significant changes emerged throughout the psychotherapy sessions and that the therapy contributed to these changes. The results of this pioneering study on EFT, aging, and forgiveness reveal important potential for future research.

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<sup>4</sup> The study authored by Almeida, B., Silva, S., & Cunha, C. has been submitted for publication and is currently in the final stages of the peer review process.

## INTRODUCTION

Emotion-Focused Therapy (EFT) is an empirically validated therapeutic approach for various clinical scenarios (Greenberg & Goldman, 2019). EFT has proven effective in treating a range of issues, including depression and generalized anxiety, and demonstrates therapeutic outcomes that are comparable to or exceed those achieved with other approaches, such as Cognitive-Behavioral Therapy (Greenberg & Watson, 2022; Timulak et al., 2022).

According to Greenberg and Goldman (2019), EFT posits that emotions guide information and actions towards adaptive personal responses to the context. However, emotions can become problematic due to past trauma, emotional avoidance, or maladaptive emotional responses (Greenberg, 2017). EFT aims to help clients recognize their emotional processes in a safe, supportive environment (Greenberg & Goldman, 2019). In fact, strengthening the therapeutic alliance can enhance the success of therapeutic tasks aimed at the client's development in alignment with their aspirations and social context (Cunha et al., 2017). EFT emphasizes that awareness and expression of primary emotions can disrupt maladaptive cycles and facilitate satisfying emotional experiences (Timulak et al., 2022). So, in EFT, emotion serves both as the target and the primary agent of therapeutic change (Greenberg, 2017).

Faced with an interpersonal offense, resentment can arise as an emotional response (Meneses & Greenberg, 2019; Yan et al., 2023). It seeks—at the time and circumstances of the offense—to respond to the impact of an injustice in the form of support, protection, or protective anger (Worthington & Wade, 2020). However, when resentment manifests as a chronic, painful, and intense emotional response, it can become detrimental to personal and social well-being (Enright & Fitzgibbons, 2015). It can generate responses of silence, distancing, aggressiveness, apathy, and, perhaps, worsening the emotional injury or widening its lasting impact (Kim et al.,

2022; Titova et al., 2022). This process can make it difficult to access fundamental needs and prevent a more adjusted emotional response (Meneses & Greenberg, 2019).

In cases of chronic resentment in the context of an interpersonal offense, the EFT approach proposed by Meneses and Greenberg (2019) can be beneficial in two main ways. Initially, the process involves strengthening the therapeutic relationship by promoting an alliance grounded in empathetic attunement (Meneses & Greenberg, 2019). Subsequently, healing is facilitated through emotional expression that aligns with the specific needs arising from the injury (Greenberg, 2017). This process underscores the importance of forgiveness and/or letting go as integral components of the therapeutic endeavor (Enright & Fitzgibbons, 2015).

Although there is limited consensus regarding its definition among scholars (Worthington, 2020), forgiveness can be understood, from a psychological perspective, as the emotional process through which an individual chooses to adopt a more compassionate and transformative stance in response to a personal injustice (Meneses & Greenberg, 2019). In essence, it is a process that integrates mental, behavioral, emotional, social, and contextual dimensions, involving the capacity to feel and reflect more positively in pursuit of a healthy response to a particular offense (Worthington, 2020).

In fact, the study of forgiveness has assumed a prominent place in psychological science (Enright & Fitzgibbons, 2015; Haroon et al. 2021; Worthington & Wade, 2020). Several therapy models—verified by meta-analyses (Lee & Enright, 2019; López et al., 2021; Wade et al., 2014)—corroborate the importance of forgiveness in the prevention, promotion, and care of mental health. Wade et al. (2014) highlight that therapies aimed at resolving emotional injury caused by an offense produced better results in the forgiveness variable for those who participated in

the therapy compared to those who did not. On the other hand, these levels of improvement in forgiveness were higher compared to those who participated in other therapies that were not focused on forgiveness (Wade et al., 2014). EFT applied to resolving emotional injuries has shown promising outcomes (Greenberg et al., 2008; Greenberg et al., 2010; Meneses & Greenberg, 2019). Wade et al. (2014) specifically highlight EFT as one of the most effective intervention models for fostering forgiveness. Nonetheless, this therapeutic approach has yet to be studied among older adults.

In this context, it is crucial to emphasize the particular significance that forgiveness holds for older adults compared to the general population (Billingsley et al., 2017). López et al. (2021) note that older adults who participated in forgiveness interventions reported higher levels of forgiveness by the end of the process compared to those who did not integrate into therapy. Furthermore, therapeutic approaches focused on forgiveness are associated with positive outcomes, including a sense of fulfillment, enhanced happiness, and overall well-being (Toussaint et al., 2016).

The older population has been growing significantly (United Nations, 2019) and faces unique challenges, including social isolation, loneliness, elder abuse, cognitive frailties, and dementia (Band-Winterstein et al., 2024; Paúl et al., 2017; Sittler et al., 2022). Therefore, lifestyle factors such as self-care, autonomy, social context, health promotion, and life goals are crucial (Hill et al., 2018; López et al., 2021). As with other life stages, the ability of older adults to adapt to challenges is vital for successful aging (Gilleard, 2022).

Forgiveness has become increasingly important for the older population for various reasons, particularly due to its positive correlation with factors indicating an enhanced quality of life, especially over time (Hill et al., 2018; Lopez et al., 2021). Research by Toussaint et al.

(2015) suggests an inverse correlation between forgiveness and indicators of end-of-life circumstances, highlighting its significance in later life stages. Authors like Billingsley et al. (2017), argue that forgiveness mechanisms are essential for human evolution, regulating interpersonal dynamics and serving as an emotional regulatory mechanism. So, forgiveness can help resolve problems and stressful situations, strengthen bonds, and significantly contribute to healthy aging (Kim et al., 2022).

In this regard, previous studies conducted by our research team have evidenced the distinct impacts of forgiveness on older adults (Costa et al., 2021; Moniz et al., 2024) as well as the challenges they tend to encounter in the process of forgiving (Almeida & Cunha, 2023). Briefly, on one hand, there are numerous potential benefits of forgiveness for older adults. On the other hand, this demographic often faces challenges within the forgiveness process itself. Recognizing the scarcity of studies on EFT, forgiveness, and aging, this study seeks to explore how and to what extent this type of therapy can enhance their well-being. To address this, we utilize the Hermeneutic Single-Case Efficacy Design (HSCED) as an interpretive method (Elliott, 2002).

This methodology is particularly significant when investigating the application of therapy to a population group that has not been studied previously (Elliott, 2002). Indeed, HSCED enables—in a non-generalizable manner—exploration of potential changes in the therapeutic process, delving into real-life situations with depth, and utilizing multiple sources of evidence, including quantitative and qualitative data (Benelli et al., 2018; Spence et al., 2019).

Therefore, to better identify potential changes achieved through the therapeutic process, based on a comprehensive and extensive set of information about the client and the therapy, the

HSCED proposes the constitution of judges (Elliott, 2002; Wall et al., 2017). These judges, through detailed critical reflection, are tasked with identifying aspects of the therapy that may have contributed to changes, as well as those that may have contradicted these changes (Benelli et al., 2018). Finally, the judges are asked to reach a final judgment (MacLeod et al., 2012). Therefore, our goal is to maximize our learning from this HSCED to advance studies on EFT, forgiveness, and aging.

### ***The Present study***

In line with the methodology utilized by other HSCED studies (MacLeod et al., 2012; Wall et al., 2017), the present study seeks to examine in-depth the efficacy of EFT applied for the resolution of emotional injury directed at a client over 65 years old, considering three research questions: Did the client change significantly over the course of therapy? Is this change largely due to the effects of the therapy? What factors contributed to these changes?

## **METHOD**

### ***Participants***

*Client.* A 71-year-old widowed man named ‘John’ (fictional name), with a higher education degree and retired since 2021, was chosen to participate in this study (this participant fulfilled the recruitment criteria explained below). He is the father of a 17-year-old boy and a 19-year-old girl. John received psychological support after his wife passed away five years ago and successfully overcame an oncological issue four years ago. He describes himself as honest, demanding, dedicated, and resilient. Despite enjoying life on his farm, John felt deeply offended and wronged in early 2022 (fifteen months before starting therapy) when his human resources director, whom he had previously assisted significantly, harmed him while calculating his

pension. John has a strong social network, does not take any medication that could affect the study's results, has no history of alcohol or drug use, and no current mental health concerns or recent hospitalizations.

*Therapist.* The therapist, who is also the primary author of this study, was a 49-year-old male researcher at the time of the therapy. He has been a practicing clinical psychologist for eight years and has 20 years of research experience. He is a Psychologist, with a Master's degree in Psychology, and is completing his PhD in psychology with a specialization in Clinical Psychology. He also holds a prior PhD in Theology (Almeida, 2014). He received training and clinical supervision in EFT in recent years, and the present intervention was supervised throughout this therapeutic process.

*Research team.* The research team involved four researchers. A first researcher was a female Psychologist in her thirties, with a PhD in Psychology, with 9 years of experience in psychotherapy, and training in EFT. She carried out the quantitative assessment and the Client Change Interview Protocol (CCIP—see below). She felt a good rapport with the client. She mentioned that John presented some difficulties dealing with technology.

A second researcher (first author of this study) acted as the therapist and data analysis judge (see section Therapist, above). A third researcher judge was a female Psychologist in her thirties, with a specialization in Clinical and Health Psychology, with a PhD in Psychology and 10 years of clinical practice in Cognitive Behavioral Therapy. She is also trained in EFT and has experience researching this model and the client change process.

The fourth researcher was a Psychologist in her forties, with a specialization in Clinical and Health Psychology and advanced specialization in Psychotherapy. She holds a PhD in Psychology and is certified as an EFT therapist and supervisor by the isEFT (International

Society of Emotion-Focused Therapy) providing supervision and training in EFT. Additionally, she supervised all the stages of this study and acted as an auditor for the data analysis. As a researcher, she has several publications in psychotherapy process research and clinical psychology, focusing on EFT (Almeida & Cunha, 2023; Costa et al., 2021; Cunha & Salgado, 2018; Cunha et al., 2021; Moniz et al., 2024; Salgado et al., 2013).

***Measures: Developing a rich case record***

Considering our research objectives and the HSCED methodology (MacLeod et al., 2012), we utilized various assessment measures. We aimed to develop a comprehensive and in-depth understanding of the case (Almeida & Cunha, 2023). To this end, we applied the following assessment measures:

*Quantitative assessment*

To assess the extent of the client's change throughout the therapy, we used four quantitative measures: the first two as primary outcome variables and the rest as secondary variables.

—Forgiveness (assessed through the Enright Forgiveness Inventory—EFI; Enright et al., 2000; Subkoviak et al., 1995): EFI is a self-report measure designed to measure the level of forgiveness in response to a specific offense. The EFI consists of 60 items divided into three 20-item subscales that assess affect, behavior, and cognition related to forgiveness, using a 6-point Likert scale. Scores range from 60 to 360, with higher scores indicating higher levels of forgiveness (Molinero et al., 2023; Sodani et al., 2019; Song et al., 2024).

—Letting Go (assessed through the Letting Go Measure; Greenberg et al., 2008): The Letting Go is a self-report instrument comprising a single item that evaluates the extent to which

individuals have released their negative emotions toward the injurer. Responses are measured on a Likert scale ranging from 1 to 5.

—Quality of Life (The World Health Organization Quality of Life-Older Adults Module—WHOQOL–OLD; Vilar et al., 2016): The WHOQOL–OLD consists of 28 items rated on a five-point scale and covering seven domains: sensory, autonomy, activities, social, death, intimacy, and family life (Vilar et al., 2016). Scores range from 28 to 140, with higher scores indicating higher levels of quality of life.

—Depression (Geriatric Depression Scale–15; Matos et al., 2019; Yesavage & Sheikh, 1986): The GDS-15 screens for depressive symptoms in older adults using 15 simple Yes or No questions, with each Yes response scoring 1 point. Scores range from 0 to 15, with higher scores indicating more severe symptoms. According to Matos et al. (2019), a score ranging from 0 to 4 is considered normal symptoms, 5 to 8 indicates mild depressive symptoms, 9 to 11 indicates moderate depressive symptoms, and 12 to 15 indicates severe depressive symptoms.

Each of these measures was administered (by the first researcher) at the start of the therapy, midway through (sixth session), at the end of therapy (twelfth session), and during two follow-ups (one and three months after the end of therapy).

### *Qualitative assessment*

The HSCED emphasizes the importance of qualitative data, providing access to dimensions uniquely captured by this approach, such as personal experiences and their underlying dynamics. In this context, we employed the following two assessment instruments in this study.

—Helpful Aspects of Therapy (HAT; Elliott et al., 2001; Llewelyn et al., 1988). The HAT is a semi-structured measure to collect the client’s perceptions regarding the main changes

that have occurred in each therapy session (Llewelyn et al., 1988). The client was asked to identify and describe the most relevant events from the session—specifically, which ones helped, how they helped, and to what extent—on a 5-point Likert scale. The client was also asked to point out any negative events and rate them on a 5-point Likert scale.

—Client Change Interview Protocol (CCIP—Elliott et al., 2001; Sales et al., 2007). The CCIP is an interview with a set of open questions seeking to analyze possible processes of change of clients in therapy: attributions, meanings, relevance (Spence et al., 2019). The interview assesses the specific changes reported by the participant—on a 5-point Likert scale—in terms of how expected they were, the likelihood that these improvements would have occurred without the therapy, and their value to the participant (Elliott & Rodgers, 2008). The CCIP, administered at the end of therapy, was transcribed verbatim.

### ***Procedures***

#### *Study authorization*

The Ethics Committee of the University of Maia granted approval for this study and its data protection plan under reference number 40/2022 (see appendix). The client signed an informed consent form before beginning their participation in the study (facilitated by the first author). The participant's name was changed to ensure anonymity. Data was only accessible to the authors and audio recordings were deleted after six months post-therapy.

#### *Eligibility criteria*

Drawing from the study's objectives and similar research designs (MacLeod et al., 2012), and building upon our previous research (Almeida & Cunha, 2023), we established five criteria for participant selection: (1) being over the age of 64; (2) answering affirmatively to the

question, “Have you been the target of an injustice in the past that may still be affecting you emotionally?”; (3) this injustice/injury occurred at least a year ago; (4) absence of psychiatric disorders; (5) good cognitive ability.

#### *Participant recruitment*

Recruitment for the study started with advertisements in the first author’s psychology clinic. Respondents were introduced to the study. Among those who met the selection criteria, a more thorough discussion took place regarding the implications of the therapy. Those willing to participate, after giving informed consent, underwent formal evaluation using the Structured Clinical Interview for DSM-5-Research Version (SCID-5-RV) (First et al., 2005) and the Montreal Cognitive Assessment (MoCA) (Nasreddine et al., 2005; Simões et al., 2008) to confirm they met the inclusion criteria. The first two clients meeting the criteria were selected to ensure that at least one completed the therapeutic process. Ultimately, only one client completed the protocol as intended.

#### *Judging process*

The HSCED evaluation process unfolds in three main phases (Benelli et al., 2018):

—Development of rich case record: Case information, data from quantitative and qualitative measures, HAT weekly information, transcript of the CCIP, coding criteria, and therapist’s notes.

—Hermeneutic analysis: Critical reflection on the results and effectiveness of the therapy based on the detailed case record. Each judge presented a report affirming the importance and significance of the therapy in the observed changes in the client. Additionally, each judge provided a separate report explaining the reasons that might refute its relevance.

Subsequently, each judge reviewed the reports of the other judges and provided rebuttals to both sets of reports.

—Adjudication: The two judges, along with a third judge-auditor, reviewed the detailed case record and the affirmative and skeptical arguments concerning the significance of the therapy. They were asked to evaluate and determine the most comprehensive and convincing arguments. The judges provided a rationale for their decision, outlining the key reasons that justified their choice.

So, a team of three judges was formed to evaluate the case according to the three research questions (Elliott & Rodgers, 2008). Selected for their experience in EFT and psychotherapy research, each judge received the case record and instructions on assessing the therapy's effectiveness (Benelli et al., 2018; Wall et al., 2017). The judges focused on indicators of therapy effectiveness, including retrospective attribution, therapeutic process results, internal therapy variables, recurrent problem changes, and procedural adjustments (Benelli et al., 2018). They also considered factors external to therapy, such as trivial changes, relational artifacts, expectation artifacts, self-correction processes, and extra-therapeutic events (Spence et al., 2019; Wall et al., 2017). Based on the case record and hermeneutic analysis, the judges reached a consensus on the research questions. They assessed the likelihood of the client having changed significantly throughout the therapy as a result of it (our first research question—RQ) using a scale from 0 to 100% (MacLeod et al., 2012). They evaluated the extent to which these effects were attributable to the therapy (second RQ) and the corresponding contributing factors (third RQ).

## RESULTS

### *Course of therapy*

According to the therapist, the therapy was structured around three main axes: the specific challenges faced by the older population (Gilleard, 2022; López et al., 2021), their main difficulties in the process of forgiving (Almeida & Cunha, 2023), and a set of therapeutic strategies aligned with Meneses and Greenberg's EFT framework (2019).

The therapy started in February and lasted three months with twelve weekly sessions. Follow-ups occurred one and three months after therapy ended. Based on the judges' evaluation, the therapy was conducted in five major phases, summarized as follows. In Phase I (sessions 1 and 2), the therapeutic alliance was reinforced (Elliott et al., 2023), during which John provided a comprehensive description of the context surrounding his offense and the associated emotional distress. EFT was subsequently introduced. Phase II (sessions 3 to 5) concentrated on problematic emotional processes, including feelings of pain, sadness, and anger. The empty chair task was introduced to address markers of unresolved issues from the past. Phase III (sessions 6 to 8) focused on self-interruption markers, aiming to help the client access and process these blocked emotional states. Phase IV (sessions 9 and 10) focused on accessing and addressing unattended emotional states, including fundamental primary needs, allowing for a reinterpretation of past experiences. Phase V (sessions 11 and 12) concluded the therapy, with the client actively addressing and experiencing their emotions, embracing change as a process, feeling more capable of anticipating potential setbacks (Greenberg et al., 2008; Greenberg et al., 2010; Meneses & Greenberg, 2019).

## *Summary of rich case record*

### *Exploratory outcomes*

Table 7 summarizes John’s outcome data. Scores from the EFI, Letting Go, WHOQOL–OLD, and GDS–15 are presented for the pre-therapy, mid-therapy, end-therapy, and first follow-up after one month, as well as the second follow-up after three months.

**Table 7: Quantitative outcome measures**

	Pre-Therapy	6th session	End Therapy	Post 1	Post 2
<b>Measure:</b>					
EFI	124	134	164	185	186
Letting Go	1	2	3	3	4
WHOQOL-OLD	83	91	96	99	101
GDS-15	8	6	4	4	4

Note: Post 1: First follow-up one month after the end of therapy; Post 2: Second follow-up three months after therapy termination.

John demonstrated progressive improvements across all assessed measures. To evaluate the reliability of these changes, we used the reliable change index (RCI) as our criterion. The RCI is a psychometric tool employed to determine whether a change in an individual’s score over time is statistically significant. It is calculated as the ratio of the observed difference (e.g., the difference in a score at the end of therapy compared to the beginning) to the standard error of measurement for that difference (Guhn et al., 2014).

For that purpose we used Jacobson and Truax (1991) RCI formula:  $\frac{X_{t+1}-X_t}{S_{DIFF}}$ , in which  $S_{DIFF}$  stands for  $2 \times \sqrt{SE_M^2}$ , where  $SE_M$  is  $SD \times \sqrt{1 - r_{xx}}$ , and  $X_{t+1} - X_t$  corresponds to the observed difference between a measurement score at moment t2 (e.g. at the end of therapy) and

at moment t1 (e.g. at the beginning of therapy). To obtain the standard deviation (SD) and  $r_{xx}$  (reliability, usually test-retest or Cronbach's alpha), we refer to the data from previously published validations (Greenberg et al., 2008; Justo-Henriques et al., 2023; Molinero et al., 2023; Vilar et al., 2016). After solving the RCI formula, we obtain a standardized difference score, which theoretically follows a normal distribution and can be interpreted accordingly. For RCI values  $\geq 1.96$  or  $\leq -1.96$ , we can reject the null hypothesis that the observed difference is due to chance (Table 8).

So, EFI results showed a clinically significant change when comparing results before therapy (EFI=124) and at the end of therapy (EFI=164), RCI=3.87 ( $\geq 1.96$ ) or 3 months after the end (EFI=186), RCI=5.99 ( $\geq 1.96$ ). Letting Go measure showed a clinically significant change when comparing results before therapy (Letting Go measure=1) with the results obtained at 3 months follow up, because this was the period of assessment in which the level 4 of the scale was reported. WHOQOL-OLD, that scored 83 at the beginning of therapy did not show a clinically significant change at the end of the therapy (score of 96) (RCI=1.80). At 3 months follow up (score of 101) a clinically significant change emerged, RCI=2.49 ( $\geq 1.96$ ). Depression assessed with GDS-15 did not show a clinically significant change, despite having diminished from score 8 to score 4 at the end of therapy, maintaining this results at 3 months of follow-up, both with RCI of -1.74. A higher value of  $r_{xx}$ , (e.g. 0.86) would result in the conclusion of a clinically significant change. It is important to note that according to the scale's cutoff point, a score of 4 is considered indicative of "normal" symptoms (Justo-Henriques et al., 2023; Matos et al., 2019).

**Table 8: Reliable Change Index (RCI) assessment**

Measure	Normative Values				RCI				
	Pre-Therapy	End of Therapy	3 Months Follow up	SD	$r_{xx}$	$SE_M$	$S_{DIFF}$	End of Therapy – Pre-Therapy	3 Months Follow up – Pre-Therapy
EFI	124	164	186	23.13	0.90	7.31	10.34	3.87*	5.99*
Letting Go measure	1	3	4	Reach the level 4 of the scale				< 4	≥ 4 #
WHOQOL-OLD	83	96	101	17.03	0.91	5.11	7.23	1.80	2.49*
GDS-15	8	4	4	3.75	0.81	1.63	2.30	-1.74	-1.74

EFI, Enright Forgiveness Inventory; WHOQOL-OLD, World Health Organization Quality of Life-Older Adults Module; GDS-15, Geriatric Depression Scale–15; SD, standard deviation,  $r_{xx}$ , instrument reliability,  $SE_M$ , Standard error of measurement=  $SD \times \sqrt{1 - r_{xx}}$ ;  $S_{DIFF}$ , SD of the errors of measurement of the difference scores=  $2 \times \sqrt{SE_M^2}$ ; \* statistically significant; #significant change according to authors guidelines

### *Helpful Aspects of Therapy*

After each session, the client completed the HAT. John highlighted the following events as particularly important to his therapeutic process: the EFT model and its focus on forgiveness, empathic attunement with a psychologist, the possibility of expressing oneself without reservation, the empty chair task, attending to past emotional processes, becoming aware of internal blocks, the empathetic unfolding of sessions.

According to John’s assessment, the significance of the events is particularly associated with emotional processes—feelings of relief, openness, understanding, and emotional processing; cognitive dimensions—greater open-mindedness, awareness, and readiness for new meanings; and empathic attunement—putting oneself in someone else’s shoes (Elliott et al., 2023). Table 9 illustrates the key events mentioned by the participant in each session, including what made them significant and their respective evaluation on a scale of 1 to 5.

**Table 9: John’s Helpful Aspect of Therapy (HAT)**

<b>Session</b>	<b>Rating</b>	<b>Events</b>	<b>What made the event feel important</b>
1	5	“Introduction to the EFT and the significance of forgiveness and letting go.”	“Feeling relief and openness.”
2	5	“Attentive and engaging listening from the psychologist.”	“I experienced being validated, understood, comforted, and protected.”
3	5	“I can fully express myself without reservations or fears.”	“A weight lifted off me. I got lighter.”
4	4	“The psychologist encouraged me to speak from a new perspective, addressing the person who had offended me.”	“At the end of the session, despite its intensity, I felt curiously more relaxed and peaceful.”
5	4	“Speaking openly and candidly to those who offended me triggered very strong emotions.”	“Ceasing to be so focused on my thoughts and my pain. It allowed me not only to open my heart but also to liberate myself from certain feelings.”

6	5	“Dialogue with the empty chair.”	“The dialogue with the chair not only allowed me to address my feelings, but gradually allowed putting myself in the other’s shoes.”
7	5	“I expressed all my anger without ever having imagined how strong and significant it was and still is.”	“Honestly, I had never considered that feeling angry could be something beneficial and positive, as I had always viewed anger as something negative.”
8	5	“During the session, I discussed my pain over losing my wife, my suffering, my children, and my constant struggle.”	“I felt a lot of support from the psychologist, and I came to understand that I don’t need to spend my life constantly fighting or being so demanding with myself.”
9	4	“I talked about my childhood, how demanding it was, and the strictness of my upbringing, often without acknowledging my own emotions. I always aimed for excellence.”	“It was surprising for me to find myself revisiting my childhood. It was empowering to be able to give it new meaning and to allow myself to reinvent certain strategies that may have originated from the past.”
10	5	“The depth of the dialogue throughout the session made me aware of how challenging it is and how I tend to avoid certain feelings.”	“I understood and felt that although it’s difficult to address certain feelings, taking care of them actually relieves and supports me.”
11	5	“The dialogue throughout the session and how it unfolded.”	“I felt more aware of my emotions and how to manage them, rather than judging or condemning those who offended me [...] I started to see myself differently.”
12	5	“The session was meaningful [...] It encompassed all the significance built up over the course of several weeks.”	“Letting go of some feelings that affected me so deeply has been the most important thing.”

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*Main changes*

At the end of the therapy, five main changes emerged from the perspective of the client, according to the CCIP: “I found a space of trust”, “I feel much better”, “stones that covered forgotten things were lifted up”, “became more able to deal with my emotions”, and “freed myself from negative thoughts from the past”. From these other sub-dimensions emerged (table 10).

**Table 10: John’s changes identified in the CCIP and its sub-dimensions**

Changes	Sub-dimensions
1 “I found a space of trust”	“Trust was very important.” “I felt very involved—I left happier.”
2 “I feel much better”	“More relieved.” “I experience greater joy in living.” “I feel more creative and proactive.”
3 “Stones that covered forgotten things were lifted up”	“I opened my heart a lot. I said everything.” “We delved inside, and I connected with what I felt in my chest.”
4. “I became more able to deal with my emotions”	“I accessed my deepest feelings, even though they hurt me a lot.” “I can’t change the past, but I can change how I deal with my emotions.” “I felt that the anger and hatred could be resolved.”
5. “I freed myself from negative feelings from the past”	“I chose not to leave anything unresolved.” “I let go of negative feelings.”

For each of the five main changes, the client was asked to rate from 1 to 5: i) How surprised he was by the change, ii) how much this could happen without therapy, and iii) the importance of this change? The results are found in the table 11.

**Table 11: John’s assessment of his changes**

Change	Level of surprise at change <sup>a</sup>	Likelihood without therapy <sup>b</sup>	Importance of change <sup>c</sup>
1 “I found a space of trust”	4	1	5
2 “I feel much better”	4	1	5
3 “Stones that covered forgotten things were lifted up”	5	1	5
4. “I became more able to deal with my emotions”	4	1	4
5. “I freed myself from negative feelings from the past”	4	1	5

Note: <sup>a</sup>1 = expected, 3 = neither, 5 = surprising

<sup>b</sup>1 = unlikely, 3 = neither, 5 = likely

<sup>c</sup>1 = not at all, 3 = moderately, 5 = extremely

John mentioned that he was somewhat surprised by four of these changes and very surprised by one (“stones that covered forgotten things were lifted up”). He emphasized that these changes certainly would not have occurred without the therapy. John also underscored that all these changes were of utmost importance to him, except for feeling more able to manage his emotions, which he considered only somewhat important. When asked about negative experiences in therapy, he only referred to some moments, which, while beneficial, were particularly emotionally demanding, specifically, the expression of anger and the ability to forgive.

### ***Hermeneutic analysis***

*Affirmative brief:* This report succinctly delineates the significant changes observed in the client during therapy, verifies that these changes occurred due to the therapy, and outlines the factors that contributed to these changes (Benelli et al., 2018). Indeed, both the quantitative and qualitative evaluations indicate clear improvements in the client following therapy. Starting with the quantitative results, from the start of therapy to the second follow-up, the client’s forgiveness level rose from 124 to 186 (RCI=5,99\*), Letting Go level increased from 1 to 4 out of 5 (significant change according to authors guidelines), quality of life improved from 83 to 101 (RCI=2,49\*), and depression score dropped from 8 to 4 out of 15 (RCI=-1,74).

Following the qualitative results, we also observed clear improvements in the client. John asserted “I found a sense of calm and reduced the impact of the loss I experienced during my retirement”. The client expressed other changes, including feeling more confident in psychology. He mentioned feeling more open to discussing himself and experiencing relief from addressing past burdens. He asserted that he had learned to handle certain situations more effectively, particularly in responding to unfair events—this last change appears to have been particularly significant for John.

A deeper look into the progress of the therapy and the client's own statements reveals several factors that may have contributed to the therapeutic improvements. During the initial phase (sessions 2 to 4), the client expressed significant therapeutic openness and trust, revealing feeling very welcomed and listened to: "Above all, the fact that I was with a psychologist. He understands me and allows me to open and talk. There was a session where I felt low. But it was very important; it moved me a lot, and we talked extensively about anger and forgiveness."

Sessions 5 and 6 seem to have been particularly important in how the client started to confront the offense, express his anger, and accept his own pain. How he began to express his anger was one of the most significant changes. At the outset of the therapy, the client exhibited intense signs of anger—both verbally and emotionally—and throughout therapy, their intensity was moderated.

The client mentioned being quite surprised by the various improvements that occurred during the therapy. In addition to these changes, the client highlighted the significance of the empty chair task and dialogues with the critical self: "The dialogue with the chair not only allowed me to address my feelings, but gradually putting myself in the other's shoes helped me to let go."

John emphasized the importance of the work experiences proposed and carried out at home in the process of constructing meaning. His dedication and the progression of the sessions aided him: "I feel much better [...] stones that covered forgotten things were lifted up [...]. I became better able to deal with my emotions; I freed myself from negative feelings from the past."

Sessions 8 to 12 appear to have been particularly significant in how he began to cope with the losses felt—both at work and in the family. Indeed, this process had a positive impact on emotional regulation and interaction with his children. It is worth noting that there was a significant shift in self-perception, especially in session 11.

The judges confirm that the client did not express significant expectations before therapy, nor did social desirability prevail. John appeared to demonstrate a pattern of honesty in his speech. The client's increasing commitment to therapy seems to be related to his engagement in the therapeutic process. John's routines have not changed significantly to the extent that any notable external factor can be identified; on the contrary, the client reports feeling more empowered following the therapy.

*Skeptical arguments:* The summary of the skeptical perspective questions the consistency of the changes in the client as a primary result of therapy (Benelli et al., 2018; Wall et al., 2017). It suggests that other situations in John's life may have contributed to the observed changes. Thus, it is improbable that the changes experienced by our client were solely the result of therapy (Elliott, 2002; Spence et al., 2019). According to the skeptical position, the changes may have occurred through self-help and self-correction processes. Indeed, John's own altruism may have contributed to the development of his ability to cope with his pain. Additionally, the judges report that the changes that occurred may have been influenced in some way by other extra-therapy factors such as the arrival of spring and the impact of the context—relationships, family dynamics, and other life situations.

*Affirmative rebuttal:* The affirmative rebuttal challenged the sceptic's report, which suggested that the observed changes could be attributed to life circumstances outside of therapy. It also dismissed the idea that self-help and self-correction processes played a significant role in these changes, and it refuted the notion that external factors—such as the onset of spring or contextual influences like relationships, family dynamics, and various life situations—significantly impacted the outcomes. The changes manifested throughout the therapy period.

*Sceptic rebuttal:* It emphasized that the exploratory outcomes achieved could hardly be attributed solely to the therapy itself. It also reiterated that the results might have been influenced by personal and contextual variables beyond the therapy while continuing to argue that the evidence of change shown by participants might reflect social desirability.

### ***Adjudication***

The judges, through an independent assessment, concluded that the client improved and with a 95% level of certainty that these improvements were due to the therapy (following the procedures of MacLeod et al., 2012). The therapeutic alliance, the psychologist's empathy, the empty chair task, and the client's efforts—particularly his experiential work at home—were the factors of the therapy that most promoted therapeutic improvements (Elliott, 2002). The judges concurred that the way the client adhered to therapy and how he accessed and processed his anger were also crucial factors for the outcome of the intervention.

Judge I reported that the client's openness to emotions was crucial for the process of change and noted the client's interest in extending therapy for additional personal issues. Judge I also highlighted that the therapy consistently focused on forgiveness, as agreed with the client.

Judge II observed that the changes noted resulted from the therapy, emphasizing that the client expressed a desire for more time for exercises and sessions. Judge II acknowledged that multiple variables were involved, including contextual and environmental factors, which, despite their lower degree of causality, should not be disregarded.

## **DISCUSSION**

The purpose of this study was to gain a better understanding of EFT for resolving emotional injuries in an older adult resulting from an offense. We gathered feedback, particularly from the client, to determine if he improved, whether these improvements were due to the therapy, and

which factors contributed to these changes. Both qualitative and quantitative results showed significant client improvements attributed to the therapy (Elliott, 2010).

Concerning the qualitative results, in the initial sessions, John exhibited intense, undifferentiated, and unregulated anger. It is interesting that he stated, “I don’t have anger. Anger is a bad thing”, a marker for emotional avoidance or interrupted emotions (Greenberg, 2017). It appears that the client did not acknowledge his anger, considering it a negative emotion to be avoided at all costs—to the extent of denying its existence. This aligns with literature indicating that anger is a powerful and prevalent emotion (Enright & Fitzgibbons, 2015). However, avoiding it can lead to negative outcomes such as impulsivity, isolation, and health issues (Greenberg & Goldman, 2019).

Yet, with therapy progress, John not only acknowledged his anger but also allowed himself, through therapy, to recognize, express and adjust to it. Actually, based on the data from the HAT during therapy, the results of the present study support the hypothesis that our client attended to his anger and regulated his own emotional state—“I had never considered that feeling angry could be something beneficial and positive, as I had always viewed anger as something negative.”

The results strongly indicate that the client has begun to feel more connected to himself, experiencing greater confidence and an overall improvement: “I feel more relieved; I feel more creative.” In fact, consistent with the findings in the literature (Toussaint et al., 2015), the reduction of destructive anger is linked to enhanced well-being, as evidenced in our client’s case.

In this regard, and considering our quantitative results, the client experienced improvements in forgiveness, letting go, well-being, and decreased depression levels during therapy (Liegert et al., 2024). This pattern of results is consistent with the previous literature studies showing a positive link between forgiveness and quality of life and a negative link with

depression (Kim et al., 2022). According to Meneses and Greenberg (2019), letting go—as an integral process inherent in forgiveness—can allow individuals to transform the pain of the past and the associated stress. In fact, John reported feeling better and more relieved. He expressed a desire for the best for the injurer, even if he does not intend to forgive or dwell on it further (Enright & Fitzgibbons, 2015).

Our study, supported by the literature (e.g., Gilleard, 2022), shows that the older population faces specific vulnerabilities that can challenge their coping abilities and contexts. One of the most significant findings is the need to address these difficulties in the forgiveness process (Band-Winterstein et al., 2024). If left unaddressed, these issues can lead to feelings of helplessness, lack of support, and a belief in being undeserving of love (Greenberg, 2017; MacLeod et al., 2012).

It is noteworthy that the judges observed that during therapy, John’s acknowledgment of his vulnerability and feelings of unworthiness contributed to his ability to transform processes of self-interruption. This change aligns with the EFT model, which emphasizes that expressing core emotions can disrupt maladaptive cycles and foster fulfilling emotional experiences such as care, support, and self-compassion (Greenberg & Goldman, 2019).

Actually, our findings highlight that as John became more aware and proactive in managing his emotions, he likely shifted his focus towards satisfying his needs rather than dwelling on resentment, revenge, or hopelessness (Meneses & Greenberg, 2019). Similarly, he likely began to enhance his emotional regulation skills—“I freed myself from negative feelings from the past. I felt that the anger and hatred could be resolved. I chose not to leave any pending. Let go of negative feelings.” One interpretation of these results is that, on one hand, the therapy had a significant impact on the client. On the other hand, consistent with the findings of several authors (Kim et al., 2022; Worthington, 2020), the process of letting go and forgiving appears to have manifested

across various dimensions of the client's life, including their sense of self, personal well-being, family, and relationships.

Another important result identified by our judges is the key factors contributing to the client's positive changes in therapy, including the therapeutic alliance, the psychologist's empathy, therapeutic tasks, and the client's efforts. These findings are aligned with literature highlighting the crucial role of a strong therapeutic alliance in facilitating progress (Cunha et al., 2018; Elliott et al., 2023). It is noteworthy that John emphasized how the empathic connection with the psychologist helped him express his struggles. In the EFT model, the value of empathic attunement is particularly emphasized as it serves as a fundamental basis for promoting understanding and support on one hand, while simultaneously reducing defensive strategies (Greenberg & Goldman, 2019). This, in turn, facilitates corrective emotional experiences (Elliott et al., 2023). Indeed, the empathic attunement experienced by the participant was crucial to the therapy's success and transformed John's previously skeptical view of psychology.

In this regard, as particularly evident in the client's assessment expressed in the HAT, various EFT therapeutic tasks were crucial throughout the therapy. Among these, the empty chair task represented a significant turning point for this client. John expressed that this task was crucial for him to access and express his own anger, to the extent that he not only freed himself from destructive anger but also started to see anger as a positive attribute, one that empowered him and gave him increased mastery.

According to Meneses and Greenberg (2019), the empty chair task involves visualizing the injurer in an empty chair to create an emotional connection, helping address emotional injuries. This task aims to access essential needs underlying maladaptive emotions like fear, shame, anger, and sadness. Taken together, our findings indicate that John used the task to access unmet needs,

particularly anger and sadness, leading to more adaptive responses. The CCIP results show this as a major change for John, who also found the therapy to be a trusted space where he felt better, more capable of handling his emotions, and free from negative past thoughts.

It is significant that the judges emphasized the likely role of the two-chair enactment task in helping the client access his self-interruption processes (Greenberg, 2017). In fact, according to EFT, this task is particularly designed to facilitate a dialogue between the part of the self that causes interruptions and the part that experiences them (Greenberg & Goldman, 2019). In this context, it is noteworthy that John reported accessing “forgotten emotions”, revisiting “past episodes”, and becoming aware of vivid and symbolic emotional cues—“stones that covered forgotten things were lifted up [...] I became better able to deal with my emotions.”

Considering everything discussed thus far, in terms of future research, given the positive effects of various EFT therapeutic tasks in John’s therapy, it would be valuable to further explore their significance. This underscores the need for more comprehensive studies on EFT for addressing emotional injuries within this population.

The results of our study cannot establish causal connections to the older population (MacLeod et al., 2012). Although it provides valuable insights, it has several limitations. The most significant limitation is the small sample size (N=1), which restricts the generalizability of the results. More frequent quantitative measures could have better delineated the changes observed. Furthermore, it would be beneficial if the scales used had stronger validation in studies specific to our population and had clearly defined cutoff points. Larger studies with more extensive samples and longitudinal evaluations, including follow-ups, would offer more robust findings. Additionally, a preliminary qualitative interview could have provided deeper insights.

Unavoidable biases from both participants and psychologists, as well as challenges related to the client's technology use, can also impacted the study.

However, this research, the first to integrate EFT, aging, and forgiveness, takes the initial steps toward a better understanding of these complex phenomena, offering a deep insight into the client's psychological processes. It lays a crucial foundation for developing EFT to address emotional injuries in individuals over 65.

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## **CONCLUSION**



## CONCLUSION

The conclusion of the thesis begins with a synthesis of the research conducted, offering a succinct summary of the key findings and the ensuing discussions. This is followed by an in-depth reflection on the central themes implicated in the analysis of the study. The section concludes by addressing the study's limitations and proposing new directions for future research.

### THEORETICAL FRAMEWORK OF THE MAIN RESULTS

Our conclusion is drawn from four studies, forming a set of meanings that align coherently with the theory (Elliott et al., 2023; Ho et al., 2023; McCauley et al., 2022; Mróz & Kaleta, 2023; Webster et al., 2021; Záhorcová et al., 2023; Żurawska-Żyła et al., 2022). Collectively, these studies support the understanding that Emotion-Focused Therapy (EFT) and forgiveness can offer psychological well-being benefits for older individuals.

In the initial phase of our research (Chapter I—Time, Resentment, and Forgiveness: Impact on the Well-Being of Older Adults), we aimed to study how resentment and forgiveness can shape the lives of older adults over time. Using a qualitative methodology and the life story technique, we analyzed the real-life contexts, concrete experiences, and subjective processes of 20 participants aged 65 and older, in alignment with our research objectives. This initial study highlighted that time, along with other variables can contribute to a reduction in resentment.

At the same time, this approach allowed us to identify the wide-ranging effects that resentment and forgiveness can have on individual well-being, including physiological, mental, emotional, behavioral, and aspects of personal identity. On one hand, when resentment persists over time, it is often associated with heightened stress, rumination, a loss of focus, self-destructive and harmful behaviors towards others, as well as feelings of sadness, anger, anxiety, and

inferiority. On the other hand, forgiveness is generally correlated with higher levels of calmness and tranquility, fewer negative thoughts, greater focus, joy, peace, constructive behaviors towards oneself and others, and an overall sense of personal fulfillment.

This preliminary research (Chapter I) unveiled several factors that can influence the forgiveness process over time. These factors include the physical and temporal distance from the initial event, the presence of alternative focal points of attention, subsequent learning experiences, shifts in understanding of the situation and the transgressor's actions, as well as individual efforts and coping strategies employed to address the issue. Among these strategies are the relativization of the problem, openness to transcendence, internalization of guilt, and emotional avoidance. While these and other strategies can at times facilitate the forgiveness process, they may also present challenges and complexities.

In fact, our initial study (Chapter I) illuminated specific challenges that older individuals encounter in the forgiveness process. Building on this understanding and maintaining a qualitative approach, we further expanded our analysis through life history interviews in our second study (Chapter II—Aging and Forgiveness: What Difficulties do Older Adults Face in the Process of Forgiving?). Our aim here was precisely to investigate the main challenges encountered by individuals over 65 during the forgiveness process. Thus, based on the lens of Dialogical Self Theory, we analyzed different self-views or positions that could underlie problematic processes surrounding forgiveness.

The findings identified a series of potential challenges inherent in the forgiveness process, including self-conflicts, avoidance of the painful experience by being purely conceptual, overwhelming vulnerability, assignment of forgiveness responsibility to an Other, and avoidance

by suppression of the painful experience. Indeed, our findings emphasized the importance of recognizing how various self-positions interact to influence the dynamics of forgiveness.

Together, the first two studies highlight the pivotal role that forgiveness can play in the well-being of older adults, while also shedding light on certain dynamics—some conducive and others inhibiting—that individuals utilize in response to resentment arising from an offense. In fact, individuals face a variety of emotional challenges throughout this process. Among these challenges, a key aspect is how they tend to manage particularly intense emotions such as anger, fear, and sadness, which may be triggered. At the same time, individuals often need to confront their own patterns and styles of coping with pain, such as tendencies toward emotional avoidance or suppression. In this sense, the process may involve not only addressing past painful experiences but also opening up to new narratives and meanings.

Consequently, the significance of examining forgiveness within this demographic becomes evident and raises relevant questions: What preventative strategies can enhance an appropriate response from older individuals when confronted with an offense? How might psychotherapeutic interventions focused on forgiveness aid in resolving the emotional injuries resulting from offenses among older people?

Undoubtedly, resentment can intensify significantly and trigger maladaptive and harmful emotional responses (Krause & Hayward, 2015). Multiple studies indicate that persistent resentment can impede the forgiveness process, resulting in heightened stress, severe emotional distress, and compromised immune function (Kaźmierczak et al., 2023; Rey & Extremera, 2016; Worthington, 2020; Yan et al., 2023). Moreover, chronic resentment is associated with notable health detriments that tend to worsen over time (Toussaint et al., 2016).

Conversely, forgiveness can play a decisive role in resolving emotional injuries arising from resentment and promoting personal and social well-being (Kim et al., 2022; Meneses & Greenberg, 2019; Toussaint, 2022). In this context, EFT focused on healing emotional injuries emerges as a promising therapeutic approach for addressing emotional wounds caused by interpersonal offenses (Greenberg et al., 2008; Greenberg et al., 2010; Meneses & Greenberg, 2019). However, there is a lack of studies on the effectiveness of EFT for healing emotional injuries caused by offenses in older individuals.

Now, there are several compelling reasons to investigate forgiveness and aging (Allemand & Flückiger, 2020; Derdaele et al., 2019). It is observed that the capacity for forgiveness tends to evolve over time, as does the understanding of forgiveness itself, deepening with age (Carstensen, 2006; Ermer & Proulx, 2016; Toussaint, 2022; Wade & Worthington, 2020). Furthermore, forgiveness has been found to be inversely correlated with key indicators of end-of-life circumstances, such as destructive anger and self-criticism, while positively associated with emotional well-being and adaptive coping with stress (Davis et al., 2015; Krause & Hayward, 2015; Toussaint et al., 2016). Therefore, studying forgiveness in this stage of life is pivotal for promoting health and well-being in this ever-growing demographic (Allemand & Olaru, 2021). In essence, successful aging is intertwined with the cultivation of healthy lifestyles, the optimization and selection of personal and social resources, and the nurturing self-compassion (Allemand & Olaru, 2021; McLeod et al., 2021).

Drawing on these insights and in line with the findings of the first two studies, we sought to investigate the impact of EFT for healing emotional injuries caused by offenses in older individuals. In this context, our third study (Chapter III—Emotion Focused Therapy and Forgiveness in the Older Population: Protocol for a Feasibility Randomized Controlled Trial)

involved developing a protocol for a randomized clinical trial on EFT and forgiveness, targeting individuals over 65 who are dealing with emotional wounds caused by an offense.

Our objective was to develop a protocol to evaluate the acceptability and feasibility of EFT focused on healing emotional injuries, as well as its effects on forgiveness, letting go, unfinished business, quality of life, and depression. We drew upon the framework established in previous clinical trials (Gibbs et al., 2015; Lysne et al., 2021; McMahon et al., 2022; Timulak et al., 2020) to propose a sample size of 70 participants, randomized into two groups: an immediate intervention group (IG), receiving EFT for twelve weekly sessions after enrollment, and a control group (CG), receiving EFT after a twelve-week waiting period. We planned to collect both quantitative and qualitative data at the beginning, middle, and end of the intervention, as well as during two follow-up assessments.

With the clinical trial protocol in place, we embarked on the final phase of our research. In the fourth study (Chapter IV—Emotion-Focused Therapy for Resolving Emotional Injuries in Older Adults: A Hermeneutic Single-Case Efficacy Design Study), we delved into examining the process and impact of EFT in addressing emotional injuries among older individuals in the context of an offense. Employing the methodology of a Hermeneutic Single-Case Efficacy Design (HSCED) (Elliott, 2002), we conducted twelve sessions over the course of 12 weeks with a client meeting the study's inclusion criteria.

Drawing upon the extensive case record and considering both supportive and opposing arguments regarding the client's progress, we observed significant improvements throughout the therapy (Benelli et al., 2018; Elliott, 2002; Spence et al., 2019; Stephen et al., 2022; Wall et al., 2017). Indeed, the participant exhibited enhanced forgiveness, letting go, quality of life, and

reduced depression during and after the therapy, underscoring promising avenues for future research.

As highlighted by Meneses and Greenberg (2019), in EFT for addressing emotional injuries stemming from an offense, the key process lies in building a compassionate therapeutic alliance and implementing therapeutic strategies that resonate with the client's objectives. This approach fosters a safe environment for clients to authentically express their emotions (Greenberg, 2017). To address past offenses within the context of a robust and well-established therapeutic alliance, EFT frequently initiates the process with the empty chair dialogue task. This therapeutic task can facilitate emotional exploration and contribute to the resolution of emotional injuries (Greenberg & Goldman, 2019).

Following the therapeutic process of accessing neglected or devalued emotions, the therapeutic task of two chairs can be introduced to bring attention to potential self-interruption and experiential avoidance processes (Cunha et al., 2017; Greenberg, 2017). The objective is to delve into painful emotions and their underlying unmet needs while simultaneously creating opportunities to address and fulfill these needs adequately (Meneses & Greenberg, 2019). In this manner, new perspectives on the experience and alternative viewpoints regarding the injurer can be explored (Greenberg, 2017; Meneses & Greenberg, 2019). Consequently, the emotional transformation of resentment can manifest through an emotional response involving love, compassion, forgiveness, and/or letting go (Greenberg et al., 2008).

Briefly, EFT, known for its effectiveness in addressing emotional injuries (Greenberg & Goldman, 2019; Meneses & Greenberg, 2019), emerges as a therapeutic approach with significant potential to enhance the well-being of older individuals grappling with chronic resentment.

Consolidating research in this area is imperative.

## COMPREHENSIVE REFLECTION AND CONTRIBUTIONS

The study of EFT, forgiveness, and aging has seen significant growth in recent years. Forgiveness has been shown to provide substantial benefits for older individuals; however, research integrating these dimensions remains limited. Notably, there is a lack of studies specifically addressing the intersection of EFT and forgiveness within this demographic. This gap highlights the importance of the internal coherence of this thesis.

Initially, the research explores the benefits and challenges associated with resentment and forgiveness among older adults. It subsequently delves into the key emotional processes that may obstruct the journey toward forgiveness within this population. Following this, a clinical trial protocol is proposed to evaluate the acceptability and feasibility of EFT in addressing emotional injuries among older adults in the context of an offense. This protocol includes primary variables such as forgiveness, letting go, and unfinished business, as well as secondary variables like quality of life and depression. Ultimately, through a Hermeneutic Single Case Efficacy Design (HSCED), the study critically analyzes the processes and transformations experienced by an older adult, particularly concerning forgiveness, letting go, quality of life, and depression during a brief EFT.

In alignment with recent studies (Araújo et al., 2021; Brudek et al., 2023), our research emphasizes the necessity of analyzing and understanding the concepts under investigation within their inherently human context. Beyond the originality of this thesis—particularly regarding EFT, forgiveness, and aging—it predominantly highlights the human dimensions of these variables. Therefore, the scope of this study extends beyond a purely quantitative perspective, incorporating a comprehensive exploration of qualitative aspects as well.

This research is fundamentally focused on the authentic human experience and its inherent psychological dimensions. A key contribution of this thesis, derived from its findings, is the

emphasis on recognizing emotional agency and responsibility within the forgiveness process—specifically for the offended individual and implicitly for the perpetrator and the contextual factors surrounding the offense. In this regard, the study highlights the necessity of facilitating emotional processes that enable the adequate fulfillment of the psychological needs of all parties involved. This leads to a pronounced focus on emotional expression throughout the thesis, particularly concerning protective anger, forgiveness, and love. These elements collectively underscore the significance of EFT, especially regarding emotions as a central dimension in the therapeutic process and in facilitating meaningful change (Greenberg, 2015).

In this context, it is evident that the primary objective of this research is to contribute to the field of psychological science by providing insights and therapeutic methodologies—aligned with EFT (Greenberg & Goldman, 2019)—that have the potential to enhance overall well-being. The findings of this thesis further emphasize that forgiveness and the quality of aging are mutually influenced by cultural contexts and their implicit and explicit narratives. This underscores the urgent need to deepen our understanding of these psychological domains and their intricate interactions.

Consistent with the majority of studies in this area (Worthington & Wade, 2020), this thesis emphasizes the emotional dimensions of individuals, particularly those who have experienced offenses. It simultaneously underscores the importance of addressing both the offenders and the contexts of these offenses. Furthermore, it acknowledges the evidence of a persistent lack of emotional literacy across older populations and all age groups, which may impede the processes of forgiveness and aging (Cristóvão et al., 2023). Consequently, this study highlights the necessity of investing in research and interventions that foster emotional literacy, encompassing emotional identification, agency, regulation, expression, meaning, and transformation.

Building upon the aforementioned points, our research, in line with various authors (Araújo et al., 2021; Kim et al., 2022; Worthington & Wade, 2020), recognizes that, despite acknowledging the uniqueness of each individual and context, the absence of a transcultural conceptual framework for forgiveness and aging—coupled with the diverse instruments and methodologies employed to assess these variables—can hinder effective advancement in psychological science (Pettigrove & Enright, 2023; Worthington, 2020).

In this context, the present thesis underscores the necessity of enhancing longitudinal studies focused on forgiveness and aging. Such research provides invaluable insights into the dynamics of forgiveness throughout the lifespan, facilitating the identification of patterns, causal relationships, and the assessment of both individual and collective development. Alongside advocating for longitudinal studies, it is crucial to increase sample size and representativeness to enable robust generalizations of findings. Additionally, this study emphasizes the importance of dispelling stigma and misconceptions associated with both aging and forgiveness. Recognizing and appreciating the unique characteristics and potential of these concepts is vital for advancing their respective psychological research and interventions.

Thus, a significant avenue of research that emerges within our theme pertains to the longitudinal impact of forgiveness and its correlation with the aging process itself. Therefore, it is imperative to investigate the extent to which interventions focused on promoting forgiveness yield positive outcomes for older individuals. This research will be instrumental in advancing the field. Moreover, this study emphasizes the critical importance of complementing other research efforts within the same domain, particularly those related to intergenerational dynamics. Recognizing aging as a lifelong process of personal development involving both gains and losses, fostering interactions between individuals of different age groups can enhance well-being and quality of life

for all. Consequently, intergenerational engagement requires specialized knowledge and should be nurtured from early childhood in family and educational settings.

The decision to prioritize forgiveness within this population aligns with its ecological significance. Leveraging the interdisciplinary nature of science can further augment forgiveness initiatives to benefit humanity's well-being (Cowden et al., 2023; Worthington & Cowden, 2017). Therefore, there is a pressing need to enhance integrated methodologies, consistent with the recognized benefits of forgiveness on individuals' health, encompassing both physical and biological processes. Indeed, this underscores the significance of investing in interdisciplinary studies that incorporate lifestyle, emotional, cognitive, and social processes, as well as their interactions with the biological mechanisms of aging and associated reparative processes. Bridging the gaps among these diverse disciplines may significantly enhance our theoretical understanding of human aging and facilitate more effective interventions for improved aging outcomes (Rothermund et al., 2023).

In conclusion, the exploration of EFT, forgiveness, and aging has yielded significant advancements; however, it also faces substantial challenges. Among these challenges are the universality of concepts, the integration of diverse methodologies, and the cultural and ecological understanding of forgiveness and aging. Nevertheless, these challenges also provide substantial opportunities for progress within this field.

#### LIMITATIONS AND FUTURE STUDIES

The thesis naturally comes with its limitations, which can serve as stepping stones for future research endeavors. Indeed, our research philosophy views science as an ongoing journey of continual and comprehensive advancement of scientific knowledge.

The first study, outlined in Chapter I—Time, Resentment, and Forgiveness: Impact on the Well-Being of Older Adults, follows a methodology similar to other researches (Sandelowski, 2004; Shaheen et al., 2019). It opts for a sample size (N=20) that is sufficiently robust to foster a fresh understanding of the phenomenon under scrutiny, yet compact enough to allow for an in-depth exploration. However, the sample's size prohibits the generalization of results to other demographic segments. The study's cross-sectional design, in line with various other research methodologies (Levitt et al., 2017; Vasileiou et al., 2018), offers certain benefits. However, it lacks the capacity to track outcomes over time or establish causal predictive validity. Consequently, there is a call for future studies to prioritize the longitudinal dimension and utilize more representative samples, notwithstanding the challenges inherent in such methodological choices.

The second study, discussed in Chapter II—Aging and Forgiveness: What Difficulties do Older Adults Face in the Process of Forgiving?, follows a similar trajectory to the first one, deepening our understanding in the field—particularly given the inherent subjectivity involved—to the extent of identifying the self-problematic patterns that may hinder the forgiveness process (Braun & Clarke, 2006). However, similar to what precedes it, this study does not lend itself to the generalization of results or the establishment of causal relationships. Indeed, the second study suggests that various self-expression patterns may influence an appropriate forgiveness process or emotional injury resolution stemming from an offense. Nevertheless, this second study highlights the need to further explore how these patterns interact with one another. Consequently, there is a critical need in future research endeavors to explore in greater depth the intricate ways in which these patterns influence the forgiveness process. Such an exploration will pave the way for the development of more robust strategies, preventative measures, and intervention plans tailored

specifically for this demographic. This may involve the expansion of qualitative, quantitative, and longitudinal investigations.

The third study, delineated in Chapter III—Emotion-Focused Therapy, Forgiveness, and Aging: Protocol for a Feasibility Randomized Controlled Trial, aligns with the study’s objectives by engaging a sample of 70 participants, a figure consistent with other clinical trials (McMahon et al., 2022; Shvedko et al., 2018). Clinical trials, by their nature, are primarily designed to explore the efficacy of therapies (Gibbs et al., 2015). However, they require ongoing critical analysis to ensure proper execution and mitigate the risk of various biases, including those that may emerge post-randomization. It is worth noting that the participants in our trial may not entirely represent the older population. It is essential to acknowledge that while the trial can assess treatment effects and demonstrate improvement in one group over another, it does not elucidate the underlying reasons for such changes, necessitating a causal mediation analysis. Moreover, the study does not guarantee the generalizability of its findings to other populations, settings, or time periods. Thus, this study serves as a foundational step for further exploration and investigation.

The fourth study, outlined in Chapter IV— Emotion-Focused Therapy for Emotional Injury Resolution in the Older Population: A Hermeneutic Single-Case Efficacy Design Study, provides an in-depth exploration of psychological processes and phenomena that are typically challenging to explore (MacLeod et al., 2022). This single-participant case study is innovative and sets the stage for implementing EFT specifically targeting forgiveness within the older population. However, due to its focus on individual experiential change processes, the results cannot be generalized to other populations or used to establish cause-and-effect relationships. Indeed, based on the exploratory findings of previous studies, there is a clear indication of the need for expanded investigations, such as larger sample sizes, to validate and solidify knowledge. Another potential

limitation of this study pertains to the inherent influence of therapist-researchers and the individual-centered analysis. As a result, the interpretation of results, despite all efforts made to minimize bias, may differ among researchers operating from alternative theoretical perspectives, who may identify distinct themes and formulate different assumptions (Stephen et al., 2022).

Lastly, echoing the sentiments of several authors (Worthington & Wade, 2020), our study contributes to the growing and imperative development of research and interventions concerning forgiveness and aging in all their facets. Indeed, in recent years, significant progress has been made in understanding this topic, aiming to advance both personal development and psychological science. We anticipate that further studies will underscore the significance of EFT, forgiveness, and aging.



## **Embracing our shared humanity**

To what extent can feelings of resentment, anger, and sadness resulting from an offense be beneficial? Is the harm caused by an offense proportional to the courage required to forgive or release the distressing emotions it provokes?

Acts of courage possess transformative potential. Genuine forgiveness, in particular, can lead to profound relief, love, tranquility, and renewed motivation. It enhances emotional and social well-being, fostering inner peace and promoting understanding both within oneself and in relation to others. This may represent a hallmark of true progress in civilization, perhaps indicating a new dimension or transcendence.

Maybe the first step involves addressing one's emotional state, both individually and collectively. It is natural to experience anger, indignation, and sadness when confronted with an offense. However, allowing these emotions to become excessively intense or suppressing them can obscure deeper needs, such as the need for support, respect, and dignity.

It might be time to fully embrace our shared humanity.



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## **APPENDIX**





**CONSELHO DE ÉTICA E DEONTOLOGIA**  
**UNIVERSIDADE DA MAIA**

**DECISÃO FINAL**

**Parecer N.º 40/2022**

**Investigador(a) responsável/orientador(a):** Bernardo Corrêa d'Almeida

**Data de envio do projeto:** 22.03.2021

**Data da decisão final:** 11.10.2022

**Título do Projeto:** Perdão e Terapia Focada nas Emoções na População Maior Idade:

Intervenção Clínica Breve para Resolução do Dano Emocional

**Resolução:** As alterações efetuadas pelos autores permitem a este CED dar o seu Parecer favorável ao Projeto “Perdão e Terapia Focada nas Emoções na População Maior Idade:

Intervenção Clínica Breve para Resolução do Dano Emocional”.

Universidade da Maia, 11 de outubro de 2022

O Presidente do Conselho de Ética e Deontologia

Doutor Fernando Almeida