Teaching forgiveness: Exploring psychoeducational and therapeutic strategies to foster well-being

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Abstract

This review article explores forgiveness education as a multidimensional process encompassing cognitive, emotional, physiological, and neural aspects. Foundational CBT-based frameworks, including Enright's model, REACH, Forgiveness for Good, and Restore, provide structured and effective methods for fostering forgiveness of others and oneself. Building on these, alternative approaches such as acceptance and commitment therapy, compassion-focused therapy, and relaxation-based emotional freedom techniques may enhance therapeutic effectiveness by tackling barriers like rigid self-judgment and unresolved resentment. Furthermore, interventions such as biofeedback, neurofeedback, and polyvagal theory highlight the importance of physiological self-regulation in emotion processing. Despite these advancements, the absence of interventions addressing perceived divine forgiveness—a factor with profound psychological and relational significance—emerges as a critical gap. The review emphasizes the potential for multidisciplinary collaboration to create culturally sensitive forgiveness education models that integrate psychological approaches with spiritual practices, offering comprehensive pathways for emotional growth and healing.

Keywords: **Forgiveness education, cognitive-behavioral therapy, emotion regulation, neurofeedback.**

Nauczanie przebaczenia: przegląd metod psychoedukacyjnych i terapeutycznych na rzecz wspierania dobrostanu

Streszczenie

Niniejszy przegląd analizuje edukację przebaczenia jako proces wielowymiarowy, obejmujący aspekty poznawcze, emocjonalne, fizjologiczne i neuronalne. Podstawowe ramy teoretyczne oparte na terapii poznawczo-behawioralnej, takie jak Model

Procesu Przebaczenia Enrighta, „REACH", Przebaczenie na Dobre czy „Restore", dostarczają cennych i uporządkowanych metod wspierania przebaczenia innym i sobie. Rozwijając te koncepcje, alternatywne podejścia, takie jak terapia akceptacji i zaangażowania (ACT), terapia skoncentrowana na współczuciu (CFT) czy techniki relaksacyjne (EFT), mogą zwiększyć prozdrowotne efekty poprzez koncentrację na przezwyciężaniu barier obejmujących sztywne samoosądy czy nierozwiązane urazy. Natomiast interwencje typu biofeedback, neurofeedback oraz oparte na teorii poliwagalnej podkreślają znaczenie fizjologicznej autoregulacji w przetwarzaniu emocji. Pomimo znaczącego postępu, zauważalny jest brak interwencji dotyczących postrzeganego przebaczenia przez Boga, odgrywającego ważną rolę psychologiczną i relacyjną. Przegląd wskazuje na potrzebę multidyscyplinarnej współpracy w celu opracowania kulturowo wrażliwych modeli edukacji przebaczenia, które integrują podejścia psychologiczne z praktykami duchowymi, oferując całościowe drogi rozwoju emocjonalnego i uzdrowienia.

Słowa kluczowe: **Edukacja do przebaczenia, terapia poznawczo-behawioralna, regulacja emocji, neurofeedback.**

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1. INTRODUCTION

Forgiveness is a profound psychological construct, deeply relevant to both mental and physical health (Rasmussen et al., 2019; see also Toussaint et al., 2020; Webb & Toussaint, 2020). Historically rooted in moral and spiritual traditions, it has increasingly become a focus of scientific exploration (Stephen Benard et al., 2022; Worthington & Scherer, 2004). Defined broadly, forgiveness entails a conscious decision to let go of resentment or a desire for revenge toward someone who has caused harm (Toussaint, 2022). Crucially, forgiveness does not mean excusing, condoning, or forgetting an offense, nor does it necessarily involve reconciling with the offender. Instead, it is primarily an intrapersonal process, enabling individuals to release negative emotions and cultivate more constructive feelings, such as compassion or empathy (Toussaint et al., 2015). Given its demonstrated influence on overall well-being, therapeutic and psychoeducational approaches have increasingly sought to integrate forgiveness as a process to nurture emotion transformation and health (Lin et al., 2014; Wade et al., 2014).

The purpose of this article is to examine various approaches to forgiveness education and their contributions to emotional health and well-being. Before delving into specific educational models, we first explore the construct of forgiveness itself. This will involve articulating its definitions, examining its dimensions, and analyzing its established correlations with health and well-being. Building on this conceptual groundwork, the review will then transition to foundational cognitive-behavioral therapy (CBT) models of forgiveness education, including the well-established intervention-based frameworks of Enright's Forgiveness Process Model (Enright & Human Development Study Group, 1991; Freedman & Enright, 1996), REACH Forgiveness (Worthington, 2019), Forgive for Good (Luskin, 2002), and Restore (Toussaint et al., 2014).

Some therapeutic perspectives, although predating many forgiveness-specific models, will also be discussed as attractive supports or alternative approaches for addressing forgiveness. These will include acceptance and commitment therapy (ACT; Hayes et al., 2011), which emphasizes psychological flexibility and values-based action, and compassion-focused therapy (CFT; Gilbert, 2010), which highlights the role of compassion, possibly useful in overcoming barriers to forgiveness. We then discuss relaxation-based approaches, including the emotional freedom technique (EFT; Craig & Fowlie, 1995), which may enhance forgiveness by reducing stress and fostering emotion self-regulation. Additionally, polyvagal theory will be discussed for its focus on autonomic nervous system regulation in promoting emotional safety and relational health (Porges, 2007). Complementary physiological interventions like biofeedback and neurofeedback will also be discussed for their ability to enhance self-awareness and emotion regulation by providing real-time insights into physiological states (Lehrer et al., 2013; Skalski, Pochwatko, et al., 2021). While these latter approaches are potentially beneficial in supporting forgiveness processes, they do not represent forgiveness-specific therapies but rather complementary strategies that might be integrated into broader forgiveness education frameworks.

The literature for this review was gathered through a comprehensive search of academic databases, including PubMed, PsycINFO, and Google Scholar, conducted in the fall of 2024. Search terms included "forgiveness interventions", "models of forgiveness", "emotion regulation", "autonomic nervous system and emotional healing", and "innovative therapeutic approaches in psychology." The review prioritized peer-reviewed studies, theoretical frameworks, and reviews to ensure a thorough and balanced analysis. This approach enabled the identification of core forgiveness treatment models as well as the exploration of methods that could extend or complement classical interventions, providing a multidimensional perspective on the integration of psychological, physiological, and emotional processes in forgiveness education.

2. UNDERSTANDING FORGIVENESS

In psychological research, forgiveness is understood as a multidimensional construct comprising various facets. Forgiveness of others involves replacing negative emotions like anger and bitterness with understanding or even goodwill toward an offender. It is often associated with improved interpersonal relationships and mental health outcomes (Toussaint, 2022). Self-forgiveness, on the other hand, refers to releasing self-condemnation and replacing it with self-compassion. This process requires accountability and the restoration of personal values to avoid the risks of superficial or „cheap grace," which lacks genuine emotional repair (Bem et al., 2021; Woodyatt et al., 2017). A less frequently studied dimension is divine forgiveness, which appears in religious and spiritual traditions, reflecting a belief in being forgiven by a higher power. This dimension not only fosters psychological peace and resilience but also uniquely necessitates reconciliation between the individual and a self-selected and self-congruent conceptualization of their creator (Fincham, 2022). This reconciliation process is deeply rooted in spiritual practices and beliefs, varying significantly across cultural and theological contexts (Fincham & May, 2021; Stephen Benard et al., 2022; Strabbing, 2017).

2. 1. Forgiveness and its Impact on Health

Theoretical frameworks further illuminate the mechanisms of forgiveness. For example, the stress-and-coping model of forgiveness (Strelan, 2020; Worthington & Scherer, 2004) positions this phenomenon as an emotion-focused coping strategy that mitigates the negative effects of interpersonal conflict on mental and physical health. Rooted in Lazarus and Folkman's (1984) stress-and-coping theory, this model proposes that forgiveness reduces stress by reshaping the cognitive appraisal of harm and addressing the emotional distress that accompanies it. Through the alleviation of hostility and bitterness, forgiveness acts as a protective mechanism, shielding individuals from the detrimental health outcomes associated with unresolved stress (Toussaint et al., 2016).

Empirical research has consistently highlighted the health benefits of forgiveness. Studies demonstrate that forgiveness is associated with reductions in depression, anxiety, and overall psychological distress (Gall & Bilodeau, 2021; Long et al., 2020; Skalski-Bednarz, Toussaint, Konaszewski, et al., 2024b; Toussaint et al., 2023). An emerging literature supports the empirical association of forgiveness with better outcomes related to both addictive behavior and suicidal behavior (Webb, 2021). Furthermore, forgiveness enhances life satisfaction and supports physical health partly by mitigating stress and promoting adaptive emotion regulation (Worthington, 2019). In longitudinal studies, forgiveness has been shown to protect against the deleterious effects of chronic stress and hostility on cognitive and emotional functioning (Toussaint et al., 2018).

2.2. Forgiveness and Human Flourishing

Forgiveness also aligns with broader concepts of flourishing, defined as the experience of optimal mental and physical health, happiness, and purpose (VanderWeele, 2017). By alleviating emotional burdens and fostering interpersonal harmony, forgiveness contributes significantly to this holistic state of well-being. Flourishing, in turn, encompasses not only individual health and happiness but also meaningful social connections, resilience, and personal growth. The interplay between forgiveness and flourishing suggests that forgiveness interventions, when appropriately implemented, can promote both individual and collective well-being (Toussaint, 2022).

2.3. Classical Models of Forgiveness Education

Forgiveness education has become an increasingly recognized approach in therapeutic and educational settings, offering structured pathways for individuals to let go of negative emotions and foster emotional well-being. CBT, a cornerstone of this framework, emphasizes identifying and restructuring maladaptive thoughts that contribute to negative emotions and behaviors, enabling healthier responses to interpersonal conflicts (Macintosh et al., 2007). Forgiveness, supported by CBT, has been shown to alleviate resentment and stress, promoting both mental and physical health (Worthington & Scherer, 2004). Evidence suggests that CBT-based forgiveness interventions are effective in reducing resentment, enhancing emotion regulation, and fostering empathy. For instance, they have shown significant benefits for patients by improving emotion regulation and interpersonal forgiveness (Khayatan et al., 2018). Similarly, such interventions are effective in reducing self-condemnation and promoting self-forgiveness and self-compassion, as seen in healthy adults and combat veterans (Cornish & Wade, 2015; Maguen et al., 2017). In this section, we will review the primary forgiveness-focused interventions grounded in cognitive-behavioral principles. These therapies, while rooted in CBT, often incorporate motivational and relaxation-based components to maximize their impact. By blending cognitive restructuring with emotional processing, they provide a comprehensive approach to fostering forgiveness across a variety of contexts and populations.

2.4. Enright's Forgiveness Process Model

The intervention-based Enright's Forgiveness Process Model (Enright & Human Development Study Group, 1991) is a structured framework designed to guide individuals through a transformative journey of forgiveness, particularly within therapeutic contexts (Freedman & Enright, 1996). Rooted in principles consistent with CBT, the model comprises four key phases—uncovering, decision, work, and outcome—each addressing specific aspects of emotional recovery and personal growth.

In the uncovering phase, participants confront the emotional pain associated with a transgression, recognizing how unforgiveness contributes to psychological distress, such as anxiety and rumination, and progressing toward emotional catharsis. During the decision phase, participants consciously commit to forgiveness, understanding it as an empowering and deliberate act rather than passive emotional change. The work phase, central to the model, emphasizes reframing the offense and fostering empathy toward the offender, enabling participants to transform anger into compassion and regain control of emotions. Finally, the outcome phase involves achieving emotional release, self-esteem, and psychological growth, with additional benefits extending to physical health (Enright, 2001; Freedman & Enright, 1996).

Research on Enright's forgiveness therapy has highlighted its effectiveness in addressing both emotional and physical impacts of trauma. Early studies with survivors of incest showed significant reductions in anxiety and depression, along with increases in self-esteem and hope, with the effects sustained for over 14 months (Freedman & Enright, 1996). Similarly, women who experienced emotional abuse reported improved forgiveness, self-esteem, and environmental mastery, along with reduced depression and post-traumatic stress disorder (PTSD) symptoms compared to alternative treatments (Reed & Enright, 2006). Freedman et al. (2017) further demonstrated that forgiveness therapy can lead to greater reductions in anger and anxiety and improved interpersonal functioning among female survivors of abuse, compared to non-forgiveness-focused interventions. Additionally, studies with women suffering from fibromyalgia and childhood trauma reported not only psychological improvements but also physical symptom relief, such as reduced chronic pain and fatigue (Lee & Enright, 2014). Freedman and Enright (2020) provide a broad update on the empirical support for Enright's Forgiveness Process Model.

2.5. REACH Forgiveness

Equally prominent in the scientific discourse alongside Enright's model is the REACH Forgiveness model (Worthington, 2019). This structured therapeutic approach focuses on five key steps encapsulated by the acronym REACH: recall, empathize, altruistic gift, commit, and hold. The model highlights the central role of empathy, humility, and commitment in facilitating emotional healing and interpersonal reconciliation (Worthington, 2019). It begins with recall, where individuals acknowledge and process an offense in a supportive environment, often through narrative retelling or reflective exercises. In empathize, participants work to understand the offender's perspective, employing techniques like writing from the offender's viewpoint to humanize them and reduce emotional barriers. The altruistic gift phase encourages individuals to reflect on times they have been forgiven, fostering humility and an openness to forgive by recognizing shared human imperfection. Commit involves formally deciding to forgive, often through actions like writing a forgiveness statement or verbalizing the decision in therapy. Finally, hold prepares individuals for the inevitable experiences of doubt and recollection of the hurt, helping them maintain forgiveness by distinguishing between remembering the offense and re-experiencing negative emotions (Worthington, 2019).

The REACH Forgiveness model is extensively researched and effective across diverse contexts and adaptations. Wade et al.'s (2014) meta-analysis identified REACH Forgiveness and Enright's Process Model as the most studied forgiveness interventions, with an equal number of trials on these two approaches together equaling the total of all other forgiveness studies combined. A key finding was that the duration of treatment significantly influenced forgiveness outcomes, with measurable progress observed for each hour of intervention. For instance, a 6-hour psychoeducational group session typically results in substantial improvements in forgiveness, accompanied by reductions in depression and anxiety and an increase in hope, which may be a driving mechanism for these positive effects. The model's flexibility has allowed its adaptation to various populations and settings, including universities, workplaces, and justice systems, and it is available in multiple languages (e.g., English, Indonesian, Ukrainian, Mandarin, Spanish, Polish), further expanding its accessibility (Lin et al., 2014; Toussaint et al., 2020; Worthington, 2024a; Worthington et al., 2012). While individual therapy offers slightly greater improvements, group sessions and free self-guided workbooks (see Worthington, 2024b) have proven similarly effective for most participants (Worthington, 2023). A Christian-adapted workbook focusing on harms within faith communities demonstrated strong results, with significant gains in forgiveness and emotional well-being (Skalski-Bednarz, 2024). However, there is no evidence that religiously adapted interventions are more effective than secular ones, though early findings suggest they may provide additional spiritual benefits for some individuals (Worthington et al., 2012). The REACH model's structured design and simple framework make it a practical tool for both professionals and lay facilitators; indeed, Worthington's REACH Forgiveness interventions are intentionally designed not to require administration by formally trained clinicians. Even brief integrations of forgiveness worked into clinical practice, such as 1 or 2 hours, can yield small but meaningful improvements in emotional health and interpersonal relationships (Ho et al., 2024).

2.6. Forgive for Good

An interesting but somewhat less widely studied approach is the Forgive for Good intervention (Luskin, 2002). This nine-step process is designed to guide individuals through forgiveness and achieve emotional peace by addressing unresolved hurt, reframing an offender's actions, and building resilience through personal empowerment. The process begins with identifying and articulating emotions about an event and acknowledging which aspects are unacceptable, a step that often involves sharing feelings with trusted individuals to externalize and clarify the conflicting emotions. Participants then commit to making forgiveness a personal choice for their own well-being, emphasizing that forgiveness is distinct from reconciliation or condoning the offender's actions. Forgiveness is framed as achieving peace by taking the experience less personally and revising one's

grievance story to focus on growth rather than victimhood. Participants are encouraged to gain perspective by recognizing that their distress primarily stems from their current emotional responses rather than some original offense, allowing forgiveness to address the ongoing emotional pain. Stress-management techniques, such as mindfulness and deep breathing, are introduced to calm the body's fight-or-flight response, helping reduce immediate emotional reactivity and support long-term regulation. A crucial step involves letting go of unrealistic expectations or "unenforceable rules" about how others should behave, re-directing energy toward achievable goals and fostering a sense of agency. Participants are then guided to refocus on positive objectives, actively seeking ways to fulfill personal aspirations instead of revisiting past grievances. The intervention emphasizes that living a fulfilling life is the ultimate form of empowerment, encouraging participants to cultivate gratitude for the kindness and beauty in their lives rather than dwelling on negative emotions. Finally, participants revise their grievance story to highlight their decision to forgive as a heroic and empowering act, reclaiming personal power and autonomy in the process.

The Forgive for Good intervention, while rooted in cognitive and behavioral strategies to reshape thought patterns and foster emotional resilience, introduces mindfulness and emotion regulation techniques as innovative elements. These components, such as mindfulness practices and stress-management techniques, expand the intervention's scope by equipping participants to manage acute emotional distress and physiological stress responses effectively. Mindfulness, in particular, encourages present-focused awareness, helping individuals disengage from rumination and promoting emotional flexibility, which complements the reframing of grievance stories (Garland et al., 2009). Similarly, relaxation techniques, like deep breathing, are tools to regulate the body's stress responses, reducing emotional reactivity and supporting long-term resilience (Toussaint et al., 2021).

Toussaint et al. (2020) found that the Forgiveness for Good and REACH interventions produced similar outcomes in non--clinical populations, such as healthy college students, where mindfulness and relaxation components did not show additional advantages. However, this study's focus on a non-clinical sample limited its relevance to clinical populations. It appears, however, that mindfulness and relaxation techniques, core to Forgiveness for Good, may be more beneficial for individuals with heightened emotional distress. For example, Bowen and Enkema (2014) observed significant reductions in stress and emotion dysregulation in clinical populations (e.g., those with substance use disorders) following mindfulness training, with the effects being less consistent in non-clinical groups. Moreover, clinical populations with higher baseline stress levels often experience greater benefits from mindfulness and relaxation practices (Khoury et al., 2013; Sherman et al., 2013). These techniques enhance emotion regulation and stress management, making them particularly effective in therapeutic frameworks like forgiveness interventions. Tailoring Forgive for Good to clinical groups can provide critical support for managing cognitive, emotional, and physiological challenges, offering a comprehensive strategy for fostering forgiveness.

Furthermore, the Forgive for Good intervention has shown obvious effectiveness across a range of contexts and populations. For instance, the Stanford Forgiveness Project, a randomized controlled trial with 55 participants, found significant improvements in forgiveness, physical vitality, and reductions in hurt and anger following 6 hours of training (Luskin, 1999). In a separate trial involving 25 hypertensive patients, those who completed 8–12 hours of training experienced greater reductions in anger expression compared to controls (Tibbits et al., 2006). The largest study to date, involving 259 adults, revealed significant increases in forgiveness and forgiveness self-efficacy that were sustained after 4 months (Harris et al., 2006). Beyond clinical trials, the method has been adapted to workplace settings, where a 9-hour program led to increased well-being, decreased stress and anger, and a remarkable 24% boost in sales productivity (Toussaint et al., 2019). Its adaptability also extends to post-conflict regions, such as Sierra Leone, where survivors of civil war who participated in forgiveness training reported greater gratitude and happiness alongside reduced stress and depression (Toussaint et al., 2009). These outcomes underscore the method's flexibility and broad applicability, making it a valuable tool for fostering forgiveness, resilience, and even practical benefits like enhanced productivity in diverse environments.

2.7. Restore: The Journey Toward Self-Forgiveness

As the final technique reviewed among the leading forgiveness interventions rooted in CBT, Restore: The Journey Toward Self--Forgiveness (Toussaint et al., 2014) stands out by focusing not on interpersonal forgiveness but on self-forgiveness. Designed as a structured workbook, Restore can be completed individually or in group settings, providing flexibility for diverse therapeutic contexts. Participants are guided through three interconnected phases: acceptance, benefit-finding, and commitment. In the acceptance phase, individuals identify events where their actions caused harm, articulate the emotional impact, and acknowledge responsibility through reflective writing. This stage fosters accountability and self-awareness as a foundation for self-forgiveness. The benefit-finding phase helps participants reframe negative experiences by uncovering positive outcomes like personal growth, resilience, or strengthened relationships, shifting focus from guilt to constructive insights. Finally, the commitment phase encourages participants to transform these insights into meaningful actions, such as acts of service, advocacy, or personal-growth initiatives. By weaving reflective writing with meditation or prayer, Restore emphasizes self-compassion and constructive change, promoting emotional resilience and self-forgiveness. Research has demonstrated the program's effectiveness, particularly for clinical populations like cancer patients, in enhancing self-acceptance, reducing pessimism, and fostering meaningful personal transformation (Toussaint et al., 2014).

Expanding on these findings, recent research by Skalski-Bednarz et al. (2024) revealed that, in HIV-positive individuals, Restore significantly enhanced self-forgiveness, spirituality, and acceptance of their condition, alongside improvements in

mental well-being and heart rate variability (HRV), an indicator of better stress regulation. These outcomes highlight Restore's potential to address both psychological and physiological aspects of healing within clinical populations. Furthermore, Toussaint et al. (2024) examined an online adaptation of Restore, demonstrating its effectiveness in fostering self-forgiveness, improving positive psychological traits such as self-compassion and hope, and reducing psychological distress. This online format is a low-cost, accessible option for self-forgiveness work, allowing participants to engage from home without requiring direct interaction with a therapist. However, it also underscores the importance of maintaining participant motivation to ensure optimal engagement with the program. These studies underscore the flexibility and utility of Restore in diverse contexts, affirming its value as a tool for enhancing emotional resilience and fostering self-forgiveness. Nevertheless, further research with larger, randomized samples is recommended to refine and broaden its applicability.

Of note, each of these empirically supported forgiveness interventions is conceptually and practically consistent with each other. This suggests that there are common principles underlying the fundamental nature of forgiveness. Related to this, the fundamental principles of forgiveness, as outlined in the aforementioned empirically supported models of forgiveness—especially Enright's and Worthington's models—are conceptually consistent and adaptable with many approaches to counseling, psychotherapy, and behavior change. For example, ACT (see below), Aaron Beck's CBT, Albert Ellis' rational emotive behavior therapy, the twelve-step model of addiction and recovery, motivational interviewing, the transtheoretical model of intentional behavior change (i.e., stages of change), family systems theory, and psychodynamic theory (see Webb, 2021). Lastly, in addition to Restore, Enright and Worthington have also adapted their models of interpersonal forgiveness to address self-forgiveness (e.g., Enright & Human Development Study Group, 1996; Worthington, 2006).

3. COMPLEMENTARY APPROACHES IN FORGIVENESS EDUCATION

While the methods described so far align with and draw upon the principles of CBT, the techniques explored in the following sections may further expand on these foundations. Although these approaches may still connect to the cognitive and behavioral principles underlying CBT (especially ACT, a third-wave [cognitive] behavioral theory/therapy), they represent intriguing innovations not yet directly studied in the context of forgiveness. It is important to clarify that our goal is not to prescribe specific therapeutic protocols or to challenge the value of established forgiveness education methods. Rather, we aim to provoke reflection on how integrating supplementary techniques might enrich traditional frameworks, encouraging innovation while respecting the foundational strengths of existing approaches.

3.1. Acceptance and Commitment Therapy

One promising avenue for expanding forgiveness education lies in ACT (Hayes et al., 2011). As a modern evolution of CBT principles, ACT emphasizes acceptance, psychological flexibility, and value-driven action as central components of its framework (Plys et al., 2023). Rather than focusing on eliminating or modifying negative thoughts, ACT encourages individuals to foster a more constructive relationship with their inner experiences. By fostering openness and adaptability in how individuals approach their emotions, ACT offers a valuable pathway for addressing the emotional and cognitive challenges that often accompany the forgiveness process (Arch et al., 2023).

A defining feature of ACT is psychological flexibility, which involves remaining open to and accepting internal experiences while acting in alignment with personal values (Waters et al., 2020). In the context of forgiveness, this flexibility can help individuals confront and process complex emotions like anger, betrayal, or guilt without becoming overwhelmed or reactive. Rather than avoiding or becoming "stuck" in these emotions, ACT promotes a balanced approach that fosters adaptive and compassionate responses. To achieve this, ACT employs techniques such as values clarification and experiential acceptance. Values clarification helps individuals identify what is most meaningful to them, offering a motivational foundation to engage in forgiveness as a deliberate, value-driven choice. For example, individuals may decide to forgive as part of their commitment to personal growth, compassion, or emotional well-being (Katajavuori et al., 2023). Experiential acceptance complements this process by encouraging individuals to acknowledge and allow difficult emotions to unfold naturally, without judgment or resistance (Waters et al., 2020). This reduces emotional distress and creates a mental environment conducive to moving beyond resentment or bitterness (Waters et al., 2020).

Although ACT is not specifically designed to target forgiveness, its core processes, such as acceptance and emotion regulation, offer valuable tools for addressing common barriers to forgiveness. For example, ACT could help individuals manage the emotional intensity often associated with past transgressions and reduce patterns of avoidance or irrational beliefs and rumination that may hinder forgiveness (Sharif Ara et al., 2023). This approach can also be beneficial in addressing self-forgiveness, where individuals frequently struggle with rigid self-judgment or self-condemnation (Toussaint et al., 2014). By encouraging self-compassion and flexibility, ACT may create opportunities for individuals to release negative self-perceptions and foster a sense of emotional resolution (Farrell et al., 2024).

A key aspect of ACT is acceptance itself, which resonates closely with forgiveness therapeutic models, such as the Restore framework (Toussaint et al., 2014), emphasizing the importance of this strategy in resolving the state of unforgiveness. Consequently, Skalski-Bednarz, Toussaint, Konaszewski, et al. (2024a) provided evidence that, in chronic conditions, the positive

influence of self-forgiveness on well-being is mediated by changes in acceptance, highlighting its central role in the healing of emotions. Moreover, pilot data from Khayatan et al. (2018) suggest that combining ACT with compassion-focused therapy (CFT) is more effective than standard CBT in improving forgiveness-related outcomes, particularly in resentment control and realistic understanding, among women with type 2 diabetes. These findings indicate that integrative models, which leverage ACT's emphasis on psychological flexibility alongside the compassion-driven emotion regulation inherent in CFT, may provide unique and valuable advancements for forgiveness education. Together, these insights suggest that ACT, whether as a standalone intervention or integrated with other approaches, holds great promise for addressing the multifaceted challenges of forgiveness.

3.2. Compassion-Focused Therapy

Building on empirical evidence provided by Khayatan et al. (2018), it is essential to consider CFT as a distinct and complementary approach to fostering forgiveness. CFT (Gilbert, 2010) emphasizes the cultivation of self-compassion and compassion for others as tools for regulating emotions and alleviating psychological distress. Central to CFT is the idea that compassion serves as a soothing mechanism, helping individuals counteract feelings like shame, self-criticism, or resentment—emotions that often impede the forgiveness process (Toussaint et al., 2014). Studies consistently highlight compassion, whether directed toward oneself or others, as a mediator in the pathway from forgiveness to improved health outcomes (Miyagawa & Taniguchi, 2022; Zhang et al., 2015).

Fostering self-compassion through CFT could hypothetically help individuals overcome rigid self-judgment and resentment in cases of self-forgiveness, potentially reducing stress and improving emotional well-being (Mróz, 2022). Similarly, developing compassion toward others might facilitate forgiveness by reframing painful interpersonal experiences, reducing emotional reactivity, and encouraging relational healing (Zhang et al., 2015). In practice, CFT employs exercises designed to foster empathy, emotional balance, and an understanding of human imperfection, which can help individuals address barriers to forgiveness and enhance their overall emotional resilience (Gilbert, 2010). This makes CFT a potentially valuable framework for promoting both individual well-being and healthier interpersonal relationships.

3.3. Emotional Freedom Techniques

EFT, often referred to as "tapping" is a psychophysiological intervention that combines elements of CBT, exposure therapy, and somatic stimulation through acupressure points (Craig & Fowlie, 1995). Developed as a simplified form of thought field therapy, EFT focuses on addressing psychological distress by pairing exposure to distressing memories with self-acceptance affirmations, reinforced through tapping specific acupressure points on the body (Clond, 2016).

In the context of forgiveness, EFT might help reduce emotional arousal associated with painful memories and facilitate emotion regulation. By targeting and calming the body's physiological stress response, EFT might help create a sense of safety, allowing individuals to process unresolved emotional pain more effectively (Dincer & Inangil, 2021). This approach aligns with forgiveness goals by helping individuals manage the distress often tied to feelings of betrayal, guilt, or resentment. Evidence suggests that EFT can significantly decrease cortisol levels and reduce anxiety symptoms, which could support the emotional readiness needed for forgiveness-related processes (Dayton, 2003).

Additionally, EFT's focus on self-acceptance might help individuals approach forgiveness more constructively, particularly when addressing self-directed or interpersonal grievances. Studies on EFT have found reductions in emotional distress and resentment in contexts such as PTSD and anxiety-related conditions, which could parallel the emotional challenges encountered in forgiveness (Dincer & Inangil, 2021). By integrating cognitive and somatic approaches, EFT could offer a supportive framework for addressing emotional and physiological barriers to forgiveness, potentially enhancing both emotional healing and relational growth. Friedman (2009) describes and offers step-by-step guidance for specific techniques in this regard.

3.4. Integrating Polyvagal Theory into Forgiveness Education

Given that forgiveness is often linked to health benefits, particularly through stress reduction (Gao et al., 2022), interventions based on polyvagal theory (Porges, 2007) could become instrumental in fostering the emotional and physiological readiness for forgiveness. This approach highlights the central role of safety and social connection in regulating emotional and physiological states. At its core, the theory describes how the autonomic nervous system responds to cues of safety or threat through three hierarchically organized responses: social engagement, mobilization (fight-or-flight), and immobilization (shutdown). These insights have important implications for forgiveness education, especially in creating a safe and supportive environment that facilitates emotional healing and relational repair.

From a polyvagal perspective, the social engagement system, regulated by the ventral vagal complex, is critical for creating the conditions necessary for forgiveness. This system, which connects the heart to facial and auditory muscles via cranial nerves, supports emotional communication, attunement, and co-regulation with others. In educational settings, fostering interpersonal attunement—through empathetic dialogue, prosodic voice tones, and non-judgmental facial expressions—might help individuals feel safe enough to process unresolved emotional pain and approach forgiveness. Research shows that greater vagal tone, associated with the social engagement system, correlates with increased social connectivity and engagement (Byrne et al., 1996; Kok & Fredrickson, 2010; Porges, 2011), which are key components of the forgiveness process.

Threats, whether real or perceived, disrupt this system and activate defensive states like fight-or-flight or immobilization. For individuals struggling with forgiveness, these states may manifest as avoidance, heightened emotional reactivity, or emotional shutdown, all of which hinder the forgiveness process. By reducing perceived threats and activating the ventral vagal complex, forgiveness education could help individuals shift from these defensive states to a more open and connected stance (Byrne et al., 1996).

Educational interventions informed by polyvagal theory might include techniques such as mindfulness-based movement (MBM), which integrates physical activity with mindful awareness. MBM reduces immobilization by encouraging movement while engaging the ventral vagal system, fostering physiological states that support reflection, emotion regulation, and connection (Carlson, 2012; Lucas et al., 2018; Tang et al., 2009). Guided activities like mindful movement, group sharing, and interpersonal attunement could help participants feel supported and enhance their capacity for forgiveness by building resilience and reducing defensiveness.

Polyvagal theory offers a biological framework for understanding the emotional and physiological barriers that may arise during the forgiveness process. By focusing on creating environments rich in safety cues and utilizing practices that activate the ventral vagal system, forgiveness education can support individuals in navigating complex emotions, improving both personal well-being and relational dynamics.

3.5. Biofeedback and Neurofeedback Training in Forgiveness Education

Biofeedback and neurofeedback training represent the final approach discussed in this article, emphasizing the critical role of physiological self-regulation in overcoming unforgiveness (i.e., a confluence of negative emotions such as hatred, anger, hostility, resentment, bitterness and fear; Worthington et al., 2001). These methods focus on monitoring and enhancing autonomic and neural processes, which are integral to emotion regulation and stress management (Thibault et al., 2015). By addressing physiological states that may obstruct forgiveness, such as heightened arousal or emotion dysregulation, these tools might become practical and complementary strategies in forgiveness education.

3.5.1. Biofeedback Techniques

Respiratory sinus arrhythmia (RSA) biofeedback, often referred to as HRV biofeedback, measures the natural variation in heart rate associated with breathing. This variation reflects the balance of the autonomic nervous system and vagal tone. Additional biofeedback methods, such as galvanic skin response (GSR), track skin conductance to monitor changes in autonomic arousal, while respiration (RESP) biofeedback helps individuals regulate breathing patterns, encouraging slow, deep breathing for emotion regulation. Together, these techniques help individuals learn to modulate physiological responses to stress or unresolved emotional pain, potentially creating conditions more conducive to forgiveness (Yu et al., 2018).

During training, participants are equipped with sensors to monitor physiological parameters and guided by a therapist who provides personalized instructions and feedback. Visual graphs, gamified elements, and real-time data enable participants to consciously control parameters like HRV, GSR, and RESP (Gross et al., 2018). This structured, therapist-led approach ensures effective engagement with the training process, fostering improvements in both emotional and physiological balance.

Evidence suggests that parameters such as HRV and GSR may correlate positively with forgiveness (Witvliet et al., 2014), and Skalski-Bednarz et al. (2024) highlighted that forgiveness interventions can enhance physiological indicators like HRV. Within the context of stress psychology (Yu et al., 2018), this relationship could indicate a bidirectional benefit: Interventions aimed at improving HRV or other parameters through biofeedback may also support forgiveness by promoting emotional balance, enabling individuals to process resentment or guilt more effectively.

3.5.2. Neurotherapy of Forgiveness

Neurofeedback, focusing on brain activity training, extends the principles of self-regulation to the neural domain. Techniques like hemoencephalography (HEG) neurofeedback and electroencephalography-based neurofeedback target cortical regions associated with emotion regulation and cognitive processing. HEG, which utilizes near-infrared spectroscopy, measures cerebral blood flow and oxygenation in areas like the prefrontal cortex—a critical region for executive function and emotion regulation (Skalski, Pochwatko, et al., 2021). Similar to biofeedback, participants are guided to activate targeted brain regions using visual graphs, gamified elements, and real-time feedback (Skalski, Konaszewski, et al., 2021). This process helps participants enhance focus and emotional stability, which are valuable for managing the cognitive and emotional demands of forgiveness.

Findings from Skalski-Bednarz and Toussaint (2024) emphasize the significant role of prefrontal cortex activity, particularly the right dorsolateral PFC (dlPFC), in forgiveness. Greater activation in this area has correlated with improved cognitive control, better emotion regulation, and reduced distress, and it has directly predicted forgiveness outcomes. The right dlPFC has been implicated in managing complex decisions, such as forgiving, by supporting executive functions like emotion regulation and cognitive flexibility, which can be effectively targeted through neurofeedback training. Conversely, Toussaint et al. (2018) demonstrated that hostile feelings can impair cognitive functioning, underscoring the need for interventions that modulate dlPFC activity to mitigate these effects and promote forgiveness. Similarly, Pronk et al. (2010) identified a positive correlation between executive functioning and dispositional forgiveness, suggesting that higher cognitive resources,

such as those associated with dlPFC activity, might predispose individuals to forgive—areas that could be further strengthened through neurofeedback protocols.

Although not a neurofeedback technique, transcranial direct current stimulation (tDCS) represents a neurotherapeutic tool with potential relevance to forgiveness; tDCS applies low electrical currents to modulate cortical activity and has been shown to enhance cognitive reappraisal and emotion regulation, particularly when applied to the dlPFC (Feeser et al., 2014). Pripfl and Lamm (2015) demonstrated that activation in the right dlPFC can improve executive functioning during the regulation of negative emotions, while Allard (2012) found that increased dlPFC activity was linked to reduced distress and higher cognitive empathy. These findings suggest that appropriately designed tDCS protocols might facilitate forgiveness decisions by enhancing the neural mechanisms involved in cognitive control and emotion regulation.

The integration of neurotherapy with complementary tools like HRV biofeedback may provide a robust and holistic approach to forgiveness interventions. By addressing both the physiological and neural dimensions of self-regulation, these combined strategies have the potential to equip individuals with the tools necessary to foster forgiveness, facilitate emotional healing, and ensure long-term psychological resilience.

4. DISCUSSION

This review has explored a range of models and methods for forgiveness education, from traditional CBT frameworks to emerging approaches such as polyvagal theory and neurofeedback. A key implication of this examination is recognizing that forgiveness education is inherently multifaceted, encompassing cognitive, emotional, physiological, and neural dimensions. This broader perspective facilitates a more holistic understanding of forgiveness as a process that can benefit from integrating diverse therapeutic strategies.

CBT-based approaches, including the Process model (Enright & Human Development Study Group, 1991; Freedman & Enright, 1996), REACH (Worthington, 2019), Forgive for Good (Luskin, 2002), and Restore (Toussaint et al., 2014), focus on structured, teachable forgiveness processes supported by empirical research. However, methods like ACT (Hayes et al., 2011) and CFT (Gilbert, 2010) represent new possibilities for addressing obstacles to forgiveness, such as self-critical judgments and unresolved resentment. These frameworks introduce psychological flexibility and compassion, adding complementary elements to traditional models. Relaxation-based techniques (e.g., EFT; Craig & Fowlie, 1995) might further expand the toolkit by targeting emotion self-regulation.

Again, physiological and neural mechanisms also play a significant role in forgiveness. Biofeedback and neurofeedback interventions, along with polyvagal theory inspired methods, emphasize the importance of regulating underlying physiological states. For instance, increasing HRV through biofeedback may enhance emotional flexibility, creating a greater readiness to forgive (Lehrer et al., 2013). Similarly, neurofeedback targeting the dlPFC may improve executive functioning, allowing individuals to better process and navigate forgiveness-related decisions with greater cognitive and emotional clarity (Skalski, Pochwatko, et al., 2021). These integrative approaches offer promising avenues for enriching forgiveness education, bridging the gap between traditional psychological models and advancements in physiological and neural regulation.

4.1. Addressing the Gap in Interventions for Perceived Divine Forgiveness

This review did not identify any interventions in the existing literature specifically aimed at fostering perceived divine forgiveness, highlighting an urgent need to develop such approaches. Associated with a sense of being forgiven by a higher power, divine forgiveness has been shown to alleviate guilt, reduce distress, and enhance well-being, particularly for those with strong spiritual beliefs (Fincham, 2022; Skalski-Bednarz, Webb, Wilson, et al., 2024; Strabbing, 2017). Data from Fincham and May (2023) suggest that divine forgiveness may predict forgiveness of others, but not vice versa, making it an especially promising area for therapeutic development. Educational approaches could incorporate spiritual practices centered on God's mercy, such as reflective prayer or community discussions, although whether these should be facilitated by therapists or spiritual care providers like clergy remains an open question. Collaborative efforts between psychologists and religious communities are urgently needed to create frameworks that integrate psychological techniques with spiritual teachings, addressing this gap and promoting emotional and relational healing.

4.2. Limitations and Challenges

Despite their potential, several limitations of the reviewed methods warrant discussion. Many of the interventions were primarily evaluated with short-term studies, raising concerns about the sustainability of their effects. Initial improvement in outcomes may result from temporary inductions created by educational programs, akin to the short-term belief changes observed in studies on the malleability of human traits (e.g., Dweck, 2009). Furthermore, most of the long-term research spanned only 1 year or less, leaving the durability of these interventions' effects over extended periods unclear.

Cultural adaptability is also a significant challenge. Forgiveness serves different purposes across cultural contexts, such as maintaining social harmony in collectivist societies rather than fostering emotional transformation. For example, Kurniati et al. (2020) demonstrated that adapting the REACH Forgiveness intervention into collectivist values in Indonesia

effectively enhanced decisional and emotional forgiveness. This highlights the importance of culturally sensitive adaptations rather than direct translations of existing curricula.

While physiological and neural interventions, such as biofeedback and tDCS, show promise, their accessibility is often constrained by the need for specialized equipment and expertise, limiting their practical application in resource-limited settings. Additionally, it remains unclear whether the benefits of neurotherapies genuinely stem from mechanisms such as enhanced neuroplasticity or are primarily the result of neurosuggestion (e.g., placebo effects, see Skalski, 2020).

Additionally, many of the methods' evaluations relied on self-reports which are prone to biases like social desirability and recall inaccuracies. Such measures may also struggle to capture subtle changes in physiological or relational aspects of forgiveness. Incorporating more objective tools, such as physiological monitoring or behavioral assessments, could improve the accuracy of outcomes and provide a more comprehensive understanding of the interventions' effects. Addressing these challenges requires long-term, cross-cultural research and the development of tailored tools and approaches to ensure that forgiveness education is both impactful and adaptable across diverse populations.

5. CONCLUSIONS

This review has highlighted the complexity of forgiveness education, showing how it spans cognitive, emotional, physiological, and even neural dimensions. Traditional CBT-based approaches, such as Enright's Process Model, REACH, Forgive for Good, and Restore, have appeared effective in teaching structured and practical forgiveness strategies. Simultaneously, methods like ACT, CFT, and relaxation techniques (e.g., EFT) represent complementary strategies to overcome barriers like rigid thinking and unresolved resentment by promoting compassion and emotional flexibility. Physiological tools like biofeedback and neurofeedback, combined with insights from polyvagal theory, further emphasize the importance of self-regulation in supporting forgiveness. While existing therapeutic programs effectively promote forgiveness toward others and oneself, the lack of specific interventions to address divine forgiveness remains a notable gap. Moving forward, there is a clear need for research and collaboration across disciplines to create forgiveness education programs that are both comprehensive and adaptable to different cultural and individual needs.

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