

Research Article**The Efficiency of Narrative Therapy on Forgiveness in Patients suffering from Major Depression Disorder****Mahboobe Nouri¹, Jafar Hasani^{2*}**¹Department of Psychology, Zanjan Branch, Islamic Azad University, Zanjan, Iran²Department of Clinical Psychology, Kharazmi University, Tehran, Iran***Corresponding author**

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Abstract: Forgiveness is one of the psychological and communicative processes to boost mental health and heal sufferings; it is necessary for communicative, emotional and spiritual growth of human beings and affects most of mental health indicators which are efficient in increasing life satisfaction. Regarding the background studies which show narrative therapy can affect forgiveness; this study tries to gain a new approach to increase the level of forgiveness by investigating the efficiency of narrative therapy on interpersonal motives. The research sample includes 4 patients suffering from major depression disorder (2 males and 2 females) who were under narrative therapy individually in 9 sessions (on weekly basis); interpersonal motives questionnaires were used in preparatory, second, fourth, sixth and eighth sessions. The results show that narrative therapy has not been able to increase the total score of interpersonal motives (forgiveness) but the results from repeated measurement analysis method (Cohen) shows that from interpersonal motives scales, avoidance has been increased and revenge has been decreased mostly by interference of narrative therapy.

Keywords: Narrative therapy, major depression disorder, Forgiveness.

INTRODUCTION

Forgiveness is a historical concept and an ancient paradigm; despite being praised and encouraged in religious literature as a Divine attribute, the regular studies on forgiveness as a promising study in the realm of consulting and mental therapy started first in 1990 and based on clinical case studies it can be beneficial for people who have experienced deep emotional pains as a result of injustice [1]. Forgiveness is the most powerful tool which can connect you to the spiritual source [2].

One of the few obvious facts of human life is that you can not find a person who has never experienced frustration, being hurt or betrayed, hopelessness, oppression or injustice. In such cases negative feelings such as anger, suffering and despair are normal and the motives to avoid the annoying source or the tendency to react or revenge is also normal [3]. Human reaction to the hurt is manifested in three ways: avoidance, revenge and forgiveness. Avoidance is to keep a distance from the offender; revenge is seeking opportunities to hurt them back and is a reflection of deep sufferings, feelings of injustice and mistake in interpersonal relationships which stimulate the most powerful emotional reactions from anger to insulting and aggression [4]. Although revenge is described as

one of the basic motives of human beings, as it was mentioned by Fincham and Kashdan [5]. Its destructive effects are undeniable and the impulses of revenge can stimulate the victim to retaliate. However, mutual abuse can be perceived more than the first abuse and causes to tie the revenge. Therefore, regarding that revenge is a stimulus for many shameful actions of human beings such as murder, suicide, terrorism and genocide, there is a need for the third alternative which is forgiveness as an effective and practical humanistic communicative process to face with offense and injustice.

Forgiveness is one of the psychological and communicative processes to boost mental health and heal sufferings; it is necessary for communicative, emotional and spiritual growth of human beings and affects most of the mental health indicators which are efficient in increasing life satisfaction [6]. Forgiveness can improve health (Linli and Joseph, 2004; as quoted by Hamidipour et al.; [7]. Enwright and North [8] define forgiveness as a drastic change in deciding to abandon the malicious behaviors towards an offender. McCullough, Pargament and Thoreson [9] expressed that forgiveness is giving direction to motivations. They define forgiveness as giving positive impetus to negative intentions which comes with reconciliatory and positive intentions towards the offender. Maclashan

[10] shows that forgiveness has an important role in increasing compassion, mercy and pity. Tcs & Yip [11] show in their study that forgiveness has a significant and positive relationship with welfare and interpersonal compromise and leads to the improvement of these two variables in people. Lawler, Karremans & Scott [12] show that forgiveness has a significant negative relationship with anger but a significant positive relationship with self-care. Maltby, Day & Barber [13] have indicated that forgiveness has a positive relationship with mental health and can guarantee people's mental health in a positive and significant way.

The other variable which can predict people's mental health is depression. Depression is the most important psychological disorder and the most rampant affective disorder which affects 12% of men and 25% of women in their lifetime. Depression is identified with lack of energy and interests, feelings of guilt, lack of concentration and thoughts of death and suicide. Any human being, regardless of their characters, may suffer from depression in undesirable circumstances [14]. Depression is the most important psychological disorder and the most rampant affective disorder [15].

There are different approaches to treat depression. One of the approaches which is mostly influenced by post-modernism is the Narrative Theory or Narrative Therapy which its roots lie in treatments from social theories and its public expression goes back to 1980s Carlson 1997; quoted by Amiri Solari [16]. People tend to see their lives as a meaningful, logical and coherent story in order to achieve their future goals and expectations (Burns) [17].

According to Peter & Brocks, life is infinitely intertwined with narratives. (Asaberger) [18]

The narrative approach refers to the human beings desire to construct their lives' events in the form of a story or narrative (Mc Adams) [19] Dilollo [20] showed that after narrative therapy people proceed to have a long and fluent speech and eliminate signs of stammering.

Therefore, people's experience of problems is the product of narratives they have formed and in order to solve the problems, old stories should be deconstructed and new stories which include rich language and vocabulary and have extensive meanings should be consciously rewritten [21] The purpose of this research is to investigate the efficiency of narrative therapy on the level of forgiveness in patients suffering from major depression disorder.

METHODOLOGY

This study is experimental with a single subject on multi-line basis and it was conducted to evaluate the effects of narrative therapy on forgiveness and

regulating emotions in major depression disorder patients.

In this study 2 male subjects and 2 female subjects were selected. Then the treatment process was begun for each of them individually and continued to 9 sessions on weekly basis. The sessions were conducted as follows:

First session: During the session the subject is allowed to talk about whatever s/he wants; and s/he is asked about her/his current suffering. In this treatment method, the disorder is called the suffering. We ask the patient to talk about her/his prominent memories, aspirations, important people of her/his life, paradigms and whatever is important to her/him. Finally we want the subject to think about every aspect of her/his life and redefine her/himself differently.

Second session: During this session, after receiving feedback from the subject comparing to the previous session and a brief talk on her/his current suffering, factors influencing it and the effects of the suffering on her/his environment and interpersonal relationship, we deal with the questions on miracles. In this way the subject's uncertainty vanishes and the researcher is able to find out the subject's goals. We ask the subject to imagine that a miracle has happened and all the problems have been solved and ask her/him how her/his life would change after the miracle. So her/his goals become clear and finally the questionnaires are submitted.

Third session: The subject is now familiar enough with the suffering; therefore, the researcher may start teaching her/him to externalize it. So we ask the subject to imagine that s/he has an important appointment with an important person but on the way s/he got bullied and is not allowed to go. In such a case, what would s/he do? Also we ask the subject to choose a title for her/his current suffering such as the octopus, the devil, Mr or Ms sadness or whatever... Then, as a practice, we ask her/him to talk, discuss or dispute with the suffering in this way: "you (sadness)! How long do you want to stay in my life?" and such questions; and want her/him to practice it up to next session. This technique helps the subject to understand that the suffering is not part of her/him but it is detached.

Fourth session: The homework is checked. In this session the increasing awareness of the subject is concerned by the researcher. In fact it is important that the subject becomes aware of how to deal with her/himself, her/his self-talk and other people.

Whether her/his self-talk is blaming, avoiding or lively? For example, what does s/he say to her/himself after negligence? Some people ignore it; care-free people are usually avoiding. Bold-faced people are energetic and shy people blame themselves. In this

session the subject has overcome the suffering to some extent and offers better reports. Then the questionnaires are administered.

Fifth session: We ask the subject to tell stories (memories) about the suffering. After these sessions, the subject has established a good relationship with the researcher and also refers to the spiritual (moral) aspects of the narrative. For example, “I have forgotten my goal”; “I have no motivation”; “I live for other people” (moral conclusion). Throughout the narrative s/he gives some definitions: for example: “I am a shy person” (a complementary sentence which has a spiritual aspect and has been forgotten). At the end of the session, we ask the subject to think of a new narrative for her/his life.

Sixth session: The researcher helps the subject to create a new narrative and make it meaningful. The subject should choose the title of the new narrative her/himself. In order to help create a new narrative, we ask the subject how the new narrative affects her/his life and feelings (phenomenological & semantics). In order to remove the subject’s uncertainty, we ask how s/he spends time and what s/he does nowadays. We want her/him to talk about the memories of the time when s/he did not have the problem in order to be able to prove the exceptions. Finally we want the subject to explore her/his goal in the new narrative and then the questionnaires are administered.

Seventh session: Now the consolidation of the subject’s new narrative is concerned. After receiving feedback from the subject and exploring previous treatment sessions, we ask about his/her situation in the new narrative. The subject talks about his/ her new goals and decisions. In order to understand whether the new narrative has been consolidated or not, we can ask him/her some questions. For example we ask: “when you are overwhelmed by sadness, what are the benefits of goal setting?” The subject’s proper response can reveal whether the new narrative has been consolidated or not. For example the subject says: “I have chosen the new narrative of hope and attempt and I do not allow the sadness to keep me away from goals and I am satisfied with the new narrative”.

Eighth session: In this session we discuss about the positive results of the new narrative on the subject’s life. Also we invite someone who has a close relationship with the subject such as a friend or family member to come as a witness of the new narrative in order to help the subject consolidate the new narrative. We ask the witness to accompany the subject in this direction and finally the post-test is done[16].

The four research subjects were evaluated by Transgression-Related Interpersonal Motivation scale within 5 stages (baseline, second session, fourth session, sixth session, eighth session)

Research Tools

Transgression-Related Interpersonal Motivation

McCullough et al [3] provided a 12-question forgiveness scale and called it Transgression-Related Interpersonal Motivation (TRIM). The questionnaire has two minor scales. One of them is to measure the individual’s tendency to avoid the offender (avoidance) and the other is to measure the damages to the offender (revenge). This questionnaire has a good internal consistency, validity and is capable of distinguishing.

Scoring

Avoidance motive: it was obtained by the sum of the scores of questions 2, 4, 5, 7, 8, 10, and 12.

Revenge motive: it was obtained by the sum of questions 1,3,6,9 and 11.

The scale below is used to show the level of agreement with each question[10].

- Very disagreeing = 1
- Disagreeing = 2
- Neutral = 3
- Agreeing = 4
- Very agreeing = 5

Reliability

McCullough [10] reports that the reliability of the questionnaire by using Cronbach’s alpha method is 0.86 for the avoidance subscale and 0.90 for the revenge subscale.

In this research the reliability of the questionnaire was calculated by Cronbach’s alpha method which is offered in table 1. [22].

Table 1- Reliability of Interpersonal Motivation Questionnaire

Reliability Coefficient	Number	Subscales
0.78	160	Revenge
0.91	160	Avoidance
0.90	160	Total Score

Data Analysis Method

To analyze the research data, we used Cohen’s repeated measurement analysis method and figure drawing.

Investigating the efficiency of trainings in different sessions

Table 2 illustrates scores of forgiveness and its subscales namely, avoidance and revenge at the end of

the second, fourth, sixth and eighth sessions, regarding the four subjects of the research.

Table 2- Forgiveness scores and its subscales at the end of second, fourth and sixth sessions

Sixth Session			Fourth Session			Second Session			Subjects
Revenge	Avoidance	Forgiveness	Revenge	Avoidance	Forgiveness	Revenge	Avoidance	Forgiveness	
9	24	33	10	22	32	10	21	31	First
12	28	40	11	27	39	10	29	39	Second
10	34	44	11	31	42	11	29	40	Third
14	23	37	14	22	36	13	22	35	fourth

Table 3- Change indicators of variability slope and the effect size of the patients' scores in forgiveness

Effects Measure	Cohen's variability	Scores Increasing percentage	The level Of recovery Offer Treatment	Standard deviation	Intervention average	baseline	subjects
0/98	8/22	31	38	1/5	32	29	First
0/97	10/5	18/4	45	1/75	39/3	38	Second
0/98	8/12	23	48	3/5	42	39	Third
0/96	7/54	8	38	2/25	36	35	fourth

Table 3 shows that in pre-test condition forgiveness score of the first subject is 29. In experimental intervention her/his score is raised to 38 which show an increase in the variable. Recovery percentage is 31 and intervention average is 32. In pre-test, the forgiveness score of the second subject is 38 which is raised to 45 in experimental intervention and represents a considerable increase in forgiveness score; recovery level is 18.4. In pre-test, the forgiveness score of the third subject is 39 which is raised to 48 and represent a considerable increase in forgiveness score; the increase percentage of the scores is 23. The fourth

subject's score of forgiveness in pre-test condition is 35 while it shows a relative increase in post-test is raised to 38. The score's rate of increase is 8%. According to the questionnaire interpretation, increasing scores means decreasing forgiveness; therefore, in general narrative therapy has not affected the subjects' level of forgiveness.

The figure of investigating the forgiveness scores change in second, fourth and sixth session is offered as fig- 1.

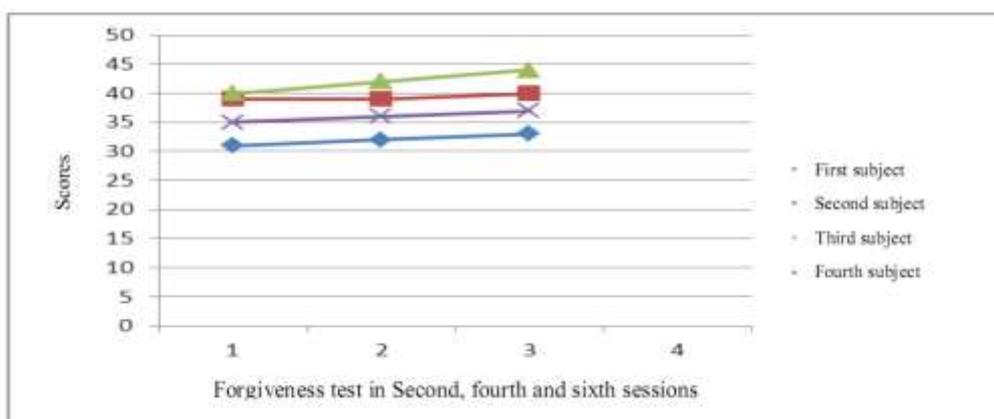


Fig 1: Forgiveness scores in second, fourth and sixth session

Table 5- Change indicators of variability slope and the effect size of the patients' scores in avoidance

Effects measure	Cohen's variability	Scores Increasing percentage	The level Of recovery Offer Treatment	Standard deviation	Intervention average	baseline	subjects
0/99	20/5	57	30	1/52	22/3	19	First
0/99	29/5	28	36	1	28	28	Second
0/99	54	50	39	2/5	31/3	26	Third
0/98	17	13/6	25	0/58	22/3	22	fourth

Table 5 shows that in pre-test condition, the avoidance score of the first subject is 19. In experimental intervention the score has raised to 30 which shows an increase in the variable. The recovery percentage is 57 and the intervention average is 22.3. In pre-test the avoidance score of the second subject is 28. In experimental intervention the score has raised to 36 which represents a significant increase in avoidance score; the recovery percentage is 28. In pre-test the avoidance score of the third subject is 26. In experimental intervention the score has raised to 39 which represents a significant increase in avoidance score. The increasing percentage of the scores is 50. The avoidance score of the fourth subject in pre-test is 22 while in post-test it shows a relative increase to 25.

The score's rate of increase is 13.6%. In general, narrative therapy did not help to decrease the level of avoidance in subjects but their level of avoidance increased. The effect size shows that the intervention effect for the first, second and third subject is less than the fourth subject.

The figure which investigates the change in scores of avoidance motive subscale in second, fourth and sixth session is offered as figure 2.

The figure which investigates the change in scores of revenge motive subscale in second, fourth and sixth session is offered as figure 3.

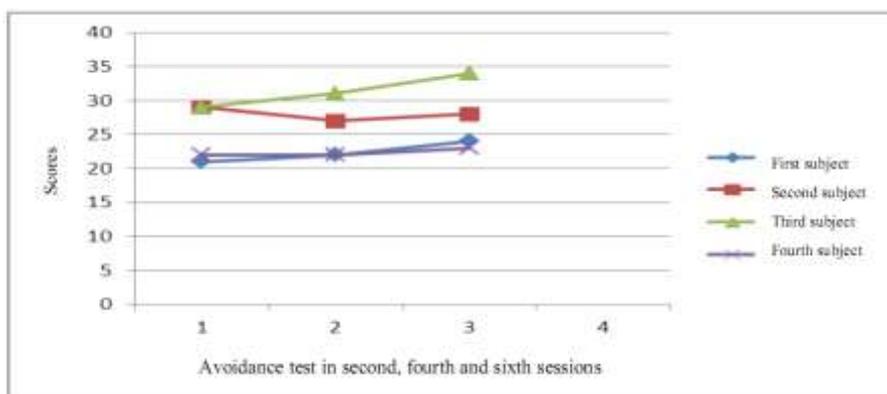


Fig 2: Scores of avoidance motive in second, fourth and sixth sessions

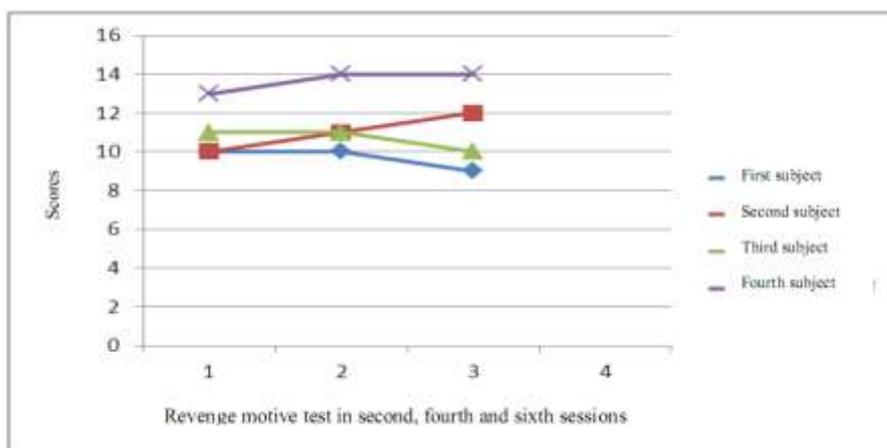


Fig 3: Scores of avoidance motive in second, fourth and sixth sessions

Table 6- Change indicators of variability slope and the effect size of the patients' scores in revenge

Effects measure	Cohen's variability	Scores Increasing percentage	The level Of recovery Offer treatment	Standard deviation	Intervention average	baseline	Subjects
0/99	23/65	20	8	0/58	9/7	10	First
0/98	15/5	10	9	1	11	10	Second
0/99	26/5	30/7	9	0/57	10/7	13	Third
-	-	0	13	0/57	13/7	13	Fourth

Table -6 shows that in pre-test condition, the revenge score of the first subject is 10. In experimental

intervention the score becomes 8 which show a decrease in the variable. Recovery percentage is 20 and

intervention average is 9.7. In the pre-test the second subject's score is 10 and in experimental intervention it comes down to 9 and the level of recovery is 10%. In the pre-test condition the third subject's score is 13 and in experimental intervention it comes down to 9 which represent a significant decrease in the revenge score. The increasing percentage of the scores is 30.7. The

revenge score of the fourth subject is 13 in pre-test condition, while in post-test there is no change in it and remains the same. Therefore, the score's rate of decrease is zero. The effect measure shows that the effect of narrative therapy in decreasing the revenge motive for the first, second and third subject is more than the fourth subject.

Table 7- Forgiveness scores in pre-test and post-test stages of the participants

Intervention	baseline	Subjects
38	29	First
45	38	Second
48	39	Third
38	35	Fourth

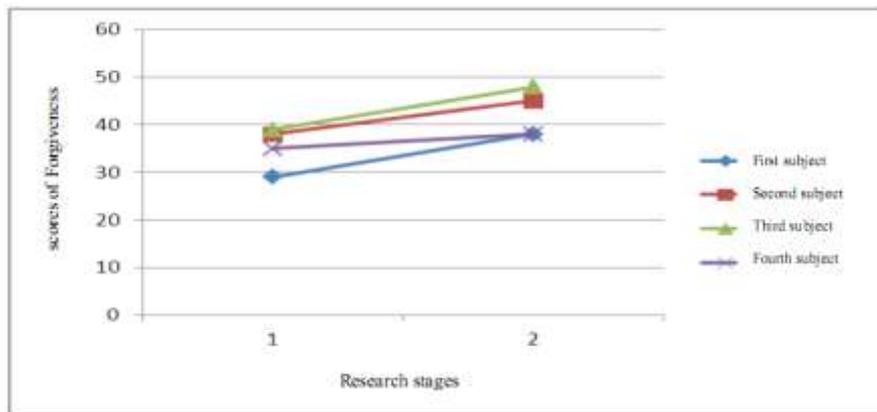


Fig 4: Investigating forgiveness scores in baseline and intervention stages regarding the four participants of the research

Table 8- Avoidance motive scores of the participants in pre-test and post-test stages

Intervention	Baseline	subjects
30	19	First
36	28	Second
39	26	Third
25	22	fourth

Table 8 shows that in general narrative therapy has not helped to reduce avoidance motive in the four subjects. It should be mentioned that increasing scores can be interpreted as the decreasing level of forgiveness in the subjects; they are more avoiding and less forgiving.

The figure of investigating avoidance motive recovery in pre-test and post-test stages is offered as figure 5.

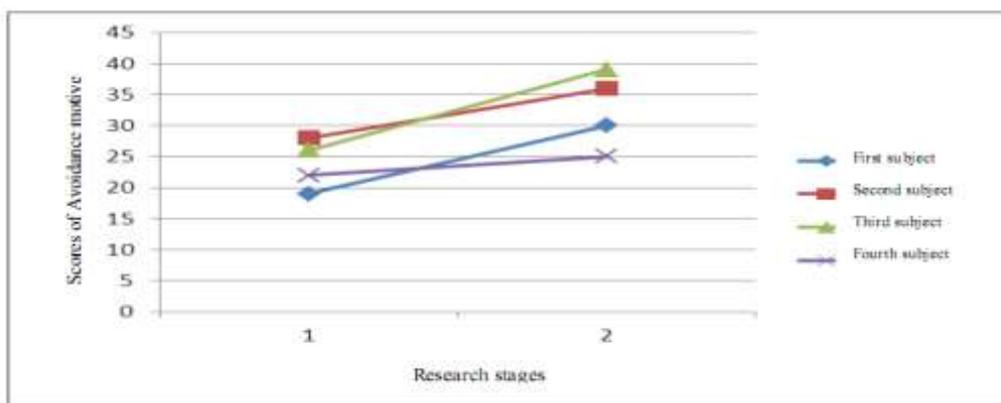


Fig 5: Investigating avoidance motive scores in baseline and intervention stages regarding the four participants of the research

Table 9: Revenge motive scores in pre-test and post-test stages of the participants

Intervention	Baseline	Subjects
8	10	First
9	10	Second
9	13	Third
13	13	Fourth

The score reduces to 8 which show a decrease in the variable. In baseline condition the revenge motive score of the second subject is 10. In experimental intervention the score is 9 which represent a relative decrease in the revenge motive score. In baseline condition the revenge motive score of the third subject is 13. In experimental intervention the score is 9 which represent a significant decrease in the revenge motive score. In baseline condition, the revenge score of the

fourth subject is 13 in pre-test condition, while after the intervention there is no change in it and remains the same. In general, narrative therapy has been more effective in reducing the revenge motive for most of the subjects.

The figure of investigating revenge motive in pre-test and post-test stages is offered in fig-6.

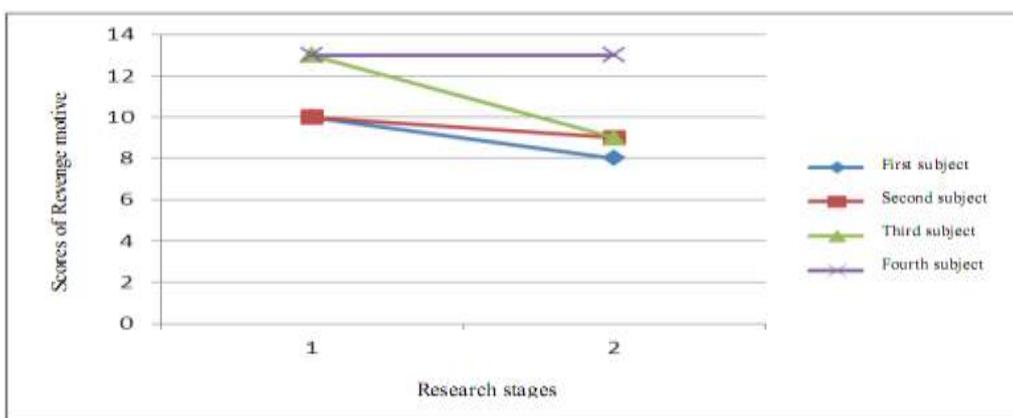


Fig 6: investigating revenge motive scores in baseline and intervention stages regarding the four participants of the research Discussion and Conclusion

CONCLUSION

The purpose of the research is to investigate the efficiency of narrative therapy on the level of forgiveness in major depression disorder patients. Regarding the investigations, reports and interviews with the subjects, we can say that narrative therapy has increased the avoidance motive in the participants which leads to decreasing the level of forgiveness because avoiding the offender is a way to express anger and it is not a sign of true forgiving. However, considering the subjects’ score in intervention condition and their reports, the therapy has been able to reduce the revenge motive in three subjects. In general and regarding the analysis, narrative therapy has not increased the level of forgiveness in the subjects. This research coordinates with Subkoviak research [23] which found that there is no relationship between low scores of forgiveness and depression, in a sample including adolescents and their parents; namely, low forgiveness does not cause depression in people. It should be mentioned that this study has investigated forgiveness in major depression disorder patients. The research is also in line with Kazemi research which shows that forgiveness therapy affects on controlling anger among female adolescents; the difference is that, here, narrative therapy is investigated which has

reduced the revenge motive as an element of forgiveness. Freedman & Enright study quoted by Maltby & Day [4] indicates that after forgiveness intervention, symptoms of anxiety and anger decrease and Subkoviak [23] found that low scores of forgiveness has no relationship with depression but it has a relationship with high anxiety, in a sample including adolescents and their parents.

Toussaint et al.; [24] concluded that the relationship between forgiveness and life satisfaction is relatively low; but Maltby, Day & Barber [13] noted that forgiveness has a positive relationship with the two elements of mental health, namely positive emotions and life satisfaction. Beside Toussaint research which shows no strong relationship between forgiveness and life satisfaction, McCullough [3] also found no relationship between a shift in level of forgiveness and a shift in life satisfaction [6]; despite the fact that narrative therapy claims people with constructive and forgiving narratives enjoy more life satisfaction. This research is not in line with Fincham & Beach[5] , Fincham and Enright[28] since the results from these researches indicate low level of forgiveness leads to aggression and marriage opposition. In another research, Noori, Mirghasemi & Kazemi investigated

the efficiency of narrative therapy on women's willingness to forgive; the findings of the study show that the process of narrative therapy increases the willingness to forgive in experiment group comparing to control group. In this study, the increasing scores of revenge motive scale, cause the individuals to be inclined towards forgiveness. Forgiveness has many positive consequences; the key to success in preventing disputes is patience and tolerance against any kind of tension and conflict. Forgiveness and tolerance are among the fair attributes which can prevent people from any kind of conflict. Perceived benefits of forgiveness on a person's welfare has been the main driver of researches over the past 20 years. Evidence from magnetic resonance imaging show that forgiveness activates certain areas of the brain; if forgiveness comes from the forgiver's heart, it has an indirect impact on physical health and reduces animosity. Based on a meta-analysis from 45 studies, animosity is an "independent dangerous factor" for coronary heart disease and early death; hostile behavior caused by conflicts can affect body immune system, endocrine secretions and cardiovascular activities[27]; while learning and working to train a forgiving heart reduces animosity [25]. Fincham & Kashdan [28] believe that forgiveness, by helping people create stable and supportive relationship, confirms health and welfare; regarding the view, young couples also report that the capacity for seeking and offering forgiveness is one of the most important factors in marriage stability and satisfaction[6]. Forgiveness includes two elements of avoidance motive from the offender and revenge motive from the offender. The more the person manages these motives and keeps away from them, the more forgiving the person becomes. It seems that due to the nature of narrative therapy theory, its concepts and principles can improve relationships and life conditions [16]. An individual, as a unit which forms a society, only with mental health and well being can help the growth, dynamics and improvement of the society. If people suffer from depression and do not have the capacity to forgive others, they cannot lead a healthy life. Regarding these issues and few studies done on the efficiency of such treatments on forgiveness, the study was conducted to investigate its efficiency.

REFERENCES

1. Baskin, Thomas W, Robert D; Enright; «Intervention studies on forgiveness: A meta analysis Journal of counseling and Development. 2004; 82(1): 79 – 90.
2. Majidi, Khatere; How to avoid dispute. Tehran: Mehr Ghaem, 1387.
3. Mc Cullough, Michae IE; Forgiveness: who Does It and How Do they Do It?"Current Directions in psychological science. 2001; 10(6):194-197.
4. Bradfield, Marray, Karl Aquino; "the Effects of Blame Attributions and offender Likableness on Forgiveness and Revenge in the workplace."Journal of Management, 1999; 25(5): 607-631.
5. Fincham, Frank D, Todd B. Kashdan; "Facilitating Forgiveness: Developing Group and Community Interventions." in Positive Psychology in Practice, edited by P. Alex Linley and Stephen Joseph. Hoboken, NJ, USA: John Wiley and Sons, 2004; 617–638.
6. Zandipour; Tayebe, Yadegari, Hajar; Investigation the raltionship between forgiveness and life satisfaction in female married students of Tehran Universities. Women Studies, 1386; 5(3): 109-122.
7. Hamidipour R, Sanaei Zaker B, Nazari AM, Farahani, M.N; investigating the effects of group couple therapy, based on forgiveness, on marriage satisfaction. Women social-psychological studies. 1389; 72-41, (4), 8.
8. Enright RD, North J; .Exploring forgiveness. Madison, WI: University of Wisconsin Press, 1998.
9. McCullough K.I, Pargament B, Thoresen CE; Forgiveness: Theory, research, and practice. New York: Guilford press.
10. Maclachan A; Encyclopedia of Applied Ethics (Second Edition).Toronto on Canada: York university Press, 2012.
11. Tse WS, Yip TH; Relationship among dispositional forgiveness of other, interpersonal adjustment and psychological Well- bing: Implication for interpersonal theory of depression. Personality and Individual differences, 2009; 46: 365-368.
12. Lawler-Row KA, Karremans C, Scott C; Forgiveness, physiological reactivity and health: Theory of anger. International Journal of Psychophysiology, 2008; 68: 51-58.
13. Maltby J, Day L, Barber L; Forgiveness and mental health variables: Interpreting the relationship using an adaptation- continuum model of personality and coping. Personality and Individual Differences, 2004; 37: 1629–1641.
14. Shahmiri, Hassan, Ghoreishi zadeh, Seid Mohammad Ali; An investigation of coping strategies with personality traits and the severity of depression in patients suffering from major depression disorder. Psychology Magazine, Medical Science University of Tabriz, 1385; 28(1): 81-86.
15. Kaphan HI, Sadokb J; Synopsis of Psychiatry. Baltimore. Williams & Williams & Wilkins, 1998.
16. Amiri Solari, Fatemeh, 1389. The efficiency of narrative therapy by couple method on marriage satisfaction in Esfahan city. M.A. thesis on family counseling. Faculty of psychology and educational science. University of Esfahan.
17. Burns A; Chapters of our Lives: Life narrative of Low-income midlife and older women....y the...Australian Institute of Family Study Conference, 2000.

18. Asaberger, Arthur; Narrative in Folklor. Daily life and media. Translated by Lirvai M. Tehran, Soroush, 1380.
19. MC Adams DP; Personal narratives and the life story. In pervin , LA , & john , O. P. (eds). Hand book of personality (therapy and research),1999; 479 – 500.
20. Dilillo A, Neimeyer, RA, Manning, W.H.; A Personal Component to Stuttering Treatment. Journal of Fluency Disorders. 1382; 27 (1): 19-42.
21. Procheska JA, Norcas GC; Psycho therapy theories. Translated by Seid Mohammadi, Yahya; Tehran: Roshd, 1381.
22. Askarian, Atoosa; investigates the relationship between job relief and burnout and mental health of female teachers of Kerman secondary schools. M.A thesis in clinical psychology, Islamic Azad university, Science & Research of Esfahan, 1392.
23. Subkoviak, Michael J, Robert D, Enright, Ching-Ru Wu, Elizabeth A *et al.*; “Measuring Interpersonal Forgiveness in Late Adolescence and Middle Adulthood.” Journal of Adolescence, 1995; 18(6):641–655
24. Toussaint, Loven L, David R, Williams, Marc A.Musick, Susan A, Everson. "Forgiveness and Health: Age Differences in a U.S Probability sample."Journal of Adult Development, 2001; 8(4): 249-257.
25. Kaplan, Berton H; “Social Health and the Forgiving Heart: The Type B Story.” Journal of Behavioral Medicine 1992; 15(1):3–14.
26. Brown RP; Measuring Individual differences in the tendency to forgive: Construct Validity and links with depression. Personality and Social Psychology Bulletin. 2003; 29, 759-771.
27. Enright Robert D; Counseling within the Forgiveness Triad: On Forgiving, Receiving Forgiveness, and Self-Forgiveness. Counseling and Values, 1996; 40(2): 107–126.
28. Fincham, Frank D; Marital Conflict: Correlates, Structure, and Context.” Current Directions in Psychological Science, 2003; 12(1):23–27.
29. Fincham, Frank D, Steven RH. Beach; Forgiveness in Marriage: Implications for Psychological Aggression and Constructive Communication. Personal Relationships, 2002; 9(3): 239–251.
30. Lawler-Row K.A, Piferi RL; The forgiving Personality: Describing a life well lived? Personality and Individual Difference, 2006; 41: 1009-1020.
31. Maltby J, Macaskill A, Day L; Failure to forgive self and others: A replication and Seif, Ali Akbar; 1381. Measurement techniques and evaluation of education. Tehran: doran.2001 .
32. Thompson LY, Snyder CR, ST, Hoffman L, Michael ST, Rasmussen HN, *et al.*; Dispositional forgiveness of self, others, and situations. Journal of personality: 2005; 73: 313-359.