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Forgiveness and Cohesion in Familial Perceptions of Alcohol Misuse

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Abstract

The authors examine the relationships between forgiveness, family cohesion, and alcohol. In Study 1 ($N = 190$), participants reported lower levels of trust and forgiveness for family members who misuse alcohol. In Study 2 ($N = 141$), the authors present a model demonstrating family cohesion and trait forgiveness related to state forgiveness of an alcohol-misusing family member. State forgiveness was related to trust in that family member and, subsequently, higher levels of perceived misuser drinking refusal efficacy.

Keywords

forgiveness; alcohol misuse; cohesion; family; trust

Alcohol is the most commonly misused substance in the United States (Substance Abuse and Mental Health Services Administration, 2002). It has been estimated that approximately 10% of Americans have serious drinking problems (Beck, Wright, Newman, & Liese, 1993), and the number of individuals engaging in risky drinking behaviors continues to rise (Mitka, 2009). Chronic alcohol use can have many negative physiological, social, familial, vocational, and legal consequences. As a result, counselors frequently see clients either who have substance misuse problems or whose substance misuse exacerbates other psychological symptoms. It is important for counselors to understand the aspects of clients' lives that can affect substance misuse (Harford, Grant, Yi, & Chen, 2005). Many researchers and counselors prefer the term *misuse*, which describes a broad pattern of behavior, rather than the terms *abuse* or *dependence*, which refer to diagnoses offered by the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., text rev.; American Psychiatric Association, 2000). For the purpose of the current studies, *alcohol misuse* is defined as the use of alcohol to the point of disruption of at least one major area of daily functioning (Edwards &

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Unnithan, 1994). For example, if an individual uses alcohol to the point at which it causes legal problems (e.g., disorderly conduct, driving under the influence), social or family problems (e.g., frequent arguments over drinking), physiological problems (e.g., health problems related to alcohol use), and/or school or work problems (e.g., missing deadlines or calling in sick due to alcohol use), he or she could be said to misuse alcohol.

Several factors may contribute to an individual's decision to misuse alcohol. These are environmental stressors, depression, anxiety, and poor self-efficacy (Beck et al., 1993; Martens et al., 2008). Moreover, family environment and strong relationships may help problems with alcohol misuse. For example, Moos and colleagues (Moos, King, Burnett, & Andrassy, 1997; Moos & Moos, 2006) found that social and familial support combined with a stable environment were positively related to completion of alcohol treatment programs for males who abuse substances. Others have theorized that a supportive partner may buffer against relapse by reducing the need to consume alcohol to be accepted (Booth, Russell, Soucek, & Laughlin, 1992).

Familial environment and primary relationships, however, may also exacerbate problems with alcohol misuse. Families with low family cohesion may offer little support to family members and have few resources available to cope with stress (Maio, Thomas, Fincham, & Carnelley, 2008). People who misuse alcohol may place themselves at risk for illness and injury, increase caregiver burden, damage the family financially or emotionally, cause family members to worry, and say or do things that increase family stress. Also, family members may pressure the person who misuses alcohol to stop drinking through coercive strategies (Fitzgerald, Davies, & Zucker, 2002; Hops, Andrews, Duncan, Duncan, & Tildesley, 2000). Family members may initiate arguments and aggravate the person who misuses alcohol, which may result in the misuser relying more heavily on alcohol to cope with the additional stress. Improving the family relationships may reduce relational stress, which may reduce the need of the person who misuses alcohol to drink as a coping strategy.

Thus, to develop effective interventions that can help clients struggling with substance misuse, counselors are encouraged to consider interventions that can help their clients repair family relationships (Collins, 2007). Forgiveness of self or others can be a valuable part of these interventions. Within the family, forgiveness of wrongs can improve relationships and reduce relational stress (Maio et al., 2008). Drawing on Exline, Worthington, Hill, and McCullough (2003), we define forgiveness as two distinct but related processes. *Decisional forgiveness* is a choice to reduce negative behavior and (if possible) increase positive behavior toward a transgressor. *Emotional forgiveness* is the internal process of replacing negative emotions with other-oriented positive emotions. Research on forgiveness has increased in recent years (for a review, see Worthington, 2005) and has been studied in families (Maio et al., 2008) and couples (Gordon, Hughes, Tomcik, Dixon, & Litzinger, 2009). Forgiveness of transgressions can restore intimacy after a transgression has damaged emotional ties (Kachadourian, Fincham, & Davila, 2005). The role of forgiveness as an aid in preventing or treating substance misuse, however, has rarely been explored.

Lin, Mack, Enright, Krahn, and Baskin (2004) used forgiveness therapy for hostile emotions with inpatient clients who had substance abuse disorders. They hypothesized that the

elevation of anger, depression, vulnerability, and anxiety found in alcohol (and drug) abusers acts as a catalyst for the misuser to pursue alcohol (or drugs) as a coping response. Of the 43 participants referred by community therapists, three were eliminated for failing to meet cutoff scores on the Enright Forgiveness Inventory (Enright, Rique, & Coyle, 2000) and the Spielberger State-Trait Anger Expression Scale (Spielberger, 1996). The remaining 40 participants were randomly assigned to either the forgiveness therapy (FT) condition, which was a forgiveness intervention targeted to reducing anger, or the alcohol and drug counseling (ADC) condition, which was not focused on anger reduction. Only 14 of the original 40 participants (FT $n = 7$, ADC $n = 7$) completed the 12 twice-weekly sessions. Participants completed measures of forgiveness before and after the intervention.

In their study, Lin et al. (2004) found that participants' forgiveness scores increased significantly from pretest (where the scores were well below the average of a nonclinical population) to posttest (where the scores were comparable to the average of a nonclinical population). Lin et al.'s intervention not only reduced anger and anxiety but also moved the participants closer to average nonclinical profiles. In their study, Lin et al. reported that forgiveness is a powerful supplement to alcohol interventions. Thus, an alcohol misuser might be more likely to use forgiveness as a coping mechanism and less likely to use alcohol to cope with stress and anger.

Worthington, Scherer, and Cooke (2006) examined the possibility of using forgiveness interventions to reduce the negative emotions of shame and guilt that people who misuse alcohol may experience as a result of interpersonal transgressions. They examined forgiveness within a theoretical framework of stress and coping (Worthington, 2006). They theorized that if a transgressor drinks to cope with feelings of shame and guilt, facilitation of forgiveness experiences (from others and the self) through an intervention would provide a positive coping response and reduce the need to consume alcohol.

Although both of these articles discuss the possibility of using forgiveness interventions with people who misuse alcohol, neither article addresses the role of forgiveness in family members of individuals who misuse alcohol. Families in which a member has misused alcohol are likely to have experienced alcohol-related transgressions. The person who misuses alcohol may deny his or her drinking, become defensive and argue about drinking, or embarrass the family while under the influence. Families that are characterized by low levels of cohesion and forgiveness may increase levels of stress, and family members may be more likely to use maladaptive coping strategies such as substance misuse (Tapert, Ozyurt, & Myers, 2004; Young & Oei, 1993). Family members with high levels of *trait forgiveness* (Berry, Worthington, O'Connor, Parrott, & Wade, 2005), the ability to forgive across time and situations, may be able to offer forgiveness more readily to the person who misuses alcohol. This promotion of forgiveness may reduce family stress associated with these hurts and reduce the likelihood that the person who misuses alcohol will use alcohol as a coping strategy.

In the present article, we present two studies that examine the relationships among family cohesion, forgiveness, and alcohol misuse from the perspective of individuals with a family member who misuses alcohol. In the first study, we examine whether people experience

more forgiveness-related problems with a family member who misuses alcohol (relative to a nonmisusing family member). In the second study, we examine the relationships among family cohesion, forgiveness, trust, and perception of the alcohol misuser's ability to abstain from drinking.

Study 1

In Study 1, we describe the nature of family relationships with a family member who misuses alcohol. We hypothesized that these relationships would be characterized by low levels of trust and forgiveness relative to a family member who did not misuse alcohol.

Method

Participants.—Participants were 190 (131 women) undergraduate college students from a large, Mid-Atlantic, urban university. Participants' ages ranged from 18 to 50 years ($M = 19.8$, $SD = 4.1$). Participants reported a variety of ethnicities, including 57.9% White/European American, 17.4% Black/African American, 6.3% Asian/Asian American, 3.7% Latino/a, and 14.7% other. Participants were required to have (a) at least one individual in their immediate family who misused alcohol to such a degree that it caused interpersonal transgressions to the participant and (b) one individual in their immediate family who did not misuse alcohol.

Instrument: Forgiveness.—We used four instruments to measure the forgiveness of the specific offense. First, we used the Transgression-Related Interpersonal Motivations Inventory (TRIM; McCullough et al., 1998). The TRIM consists of 12 items that measure revenge (e.g., "I wish that something bad would happen to him/her") and avoidance (e.g., "I'd keep as much distance between us as possible") motivations toward the offender. Participants report their motivations by indicating their agreement with each item on a 5-point scale, from 1 = *strongly disagree* to 5 = *strongly agree*. The TRIM had Cronbach's alphas ranging from .86 to .96 across subscales (McCullough et al., 1998). Estimated 3-week temporal stability ranged from .79 to .86 for the subscales (McCullough et al., 1998). The TRIM has shown evidence of construct validity and was found to be related to other measures of forgiveness, relationship satisfaction, and commitment (McCullough et al., 1998). For the current sample, the Cronbach's alphas were .92 for the misusing family member and .95 for the nonmisusing family member.

Second, we used the Decisional Forgiveness Scale (DFS; Hook, Worthington, Utsey, Davis, & Burnette, 2012; Worthington, Hook, Utsey, Williams, & Neil, 2007). The DFS consists of eight items that measure the degree to which one has made a decision to forgive someone of a specific offense (e.g., "If I see him or her, I will act friendly"). Participants indicate their agreement with each item on a 5-point rating scale, from 1 = *strongly disagree* to 5 = *strongly agree*. The DFS had Cronbach's alpha coefficients ranging from .82 to .86 and a 3-week temporal stability coefficient of .73 (Worthington et al., 2007). The DFS also showed evidence of construct validity and was correlated with other measures of state forgiveness, trait forgiveness, and forgiveness-related constructs, such as empathy and anger (Worthington et al., 2007). For the current sample, the Cronbach's alphas for the current

sample were .69 for the misusing family member and .73 for the nonmisusing family member.

Third, we used the Emotional Forgiveness Scale (EFS; Hook et al., 2012; Worthington et al., 2007). The EFS consists of eight items that measure the degree to which one has experienced emotional forgiveness and peace for a specific offense (e.g., “I feel sympathy toward him or her”). Participants indicate their agreement with each item on a 5-point rating scale, from 1 = *strongly disagree* to 5 = *strongly agree*. The EFS had Cronbach’s alpha coefficients ranging from .69 to .83 and a 3-week temporal stability coefficient of .73 (Worthington et al., 2007). The EFS also showed evidence of construct validity and was correlated with other measures of state forgiveness, trait forgiveness, forgiveness-related constructs (e.g., empathy, rumination, anger), and a behavioral measure of forgiveness (Worthington et al., 2007). For the current sample, the Cronbach’s alphas were .73 for the misusing family member and .85 for the nonmisusing family member.

Fourth, we used a measure of conciliatory behavior (CB) toward an offender (Watkins et al., 2011). This measure consists of six items that measure the degree to which participants have engaged in behaviors that indicate attempts at reconciliation with the offender (e.g., “I took steps toward reconciliation: wrote him or her, called him or her, expressed love, showed concern, etc.”). Participants indicate their agreement with each item on a 5-point rating scale, from 1 = *strongly disagree* to 5 = *strongly agree*. This measure had a Cronbach’s alpha coefficient of .62 (Watkins et al., 2011). Scores on this measure also showed evidence of construct validity and were related to forgiveness. For the current sample, the Cronbach’s alphas were .86 for the misusing family member and .88 for the nonmisusing family member.

Instrument: Trust.—Trust was measured using a modified version of the eight-item Dyadic Trust Scale (DTS; Larzelere & Huston, 1980). The original DTS assessed trust in a romantic partner. For the current investigation, the DTS was modified to assess trust in a family member (e.g., “He/she is perfectly honest and truthful with me”). Participants indicate their agreement with each item on a 7-point rating scale, from 1 = *strongly disagree* to 7 = *strongly agree*. The DTS has shown evidence of estimated reliability and construct validity. Furthermore, discriminant validity was supported by low correlations with social desirability and general trust (Larzelere & Huston, 1980). Previous research has found the DTS to have Cronbach’s alpha coefficients ranging from .75 to .93 (Jones, 2004; Larzelere & Huston, 1980). For the current sample, the Cronbach’s alphas were .83 for the misusing family member and .85 for the nonmisusing family member.

Procedure.—Participants who could identify a family member who misused alcohol were recruited from undergraduate introductory psychology classes. They participated online as part of a course requirement. Participants accessed a secure website and gave consent to participate. Participants each identified two family members—one who misused alcohol and one who did not misuse alcohol. Participants completed the main outcome measures (e.g., TRIM, DFS, EFS, CB, DTS) twice, once for their relationship with the family member who misused alcohol and once for their relationship with the family member who did not misuse alcohol. The order in which the assessment items were administered was counterbalanced.

Results and Discussion of Study 1

Prior to conducting the primary statistical analyses, we checked the data for missing data, outliers, and normality. Because of substantial missing data, two cases were deleted. There was a small amount of missing data (2% or less per item). Mean substitution for each item was used to address missing data. Items on each scale were then summed to create a total scale score for each variable. The data were checked for outliers by examining the standardized values for each variable. All outliers on the scales were within the ranges of expected values and thus are thought to represent true responses and were retained in subsequent analyses. There were no problems with normality.

The main hypothesis for this study was that participants would report lower levels of forgiveness and trust toward the family member who misused alcohol compared with the family member who did not misuse alcohol. This hypothesis was tested using a series of paired-samples *t* tests with type of family member (i.e., alcohol misuser vs. non-alcohol misuser) as the independent variable and scores on the TRIM, DFS, EFS, CB, and DTS as dependent variables. This hypothesis was supported. Participants reported higher levels of unforgiving motivations toward the family member who misused alcohol ($M = 26.27$, $SD = 10.55$) than toward the family member who did not ($M = 17.44$, $SD = 9.26$, $t = 9.14$, $p < .001$, Cohen's $d = .89$). Participants reported lower levels of decisional forgiveness toward the family member who misused alcohol ($M = 31.56$, $SD = 5.80$) than toward the family member who did not ($M = 34.11$, $SD = 5.37$, $t = 5.68$, $p < .001$, Cohen's $d = .46$). Participants reported lower levels of emotional forgiveness toward the family member who misused alcohol ($M = 26.97$, $SD = 6.50$) than toward the family member who did not ($M = 33.05$, $SD = 5.72$, $t = 10.61$, $p < .001$, Cohen's $d = .99$). Participants reported lower levels of CB toward the family member who misused alcohol ($M = 20.61$, $SD = 4.91$) than toward the family member who did not ($M = 22.80$, $SD = 4.77$, $t = 5.42$, $p < .001$, Cohen's $d = .45$). Finally, participants reported lower levels of trust toward the family member who misused alcohol ($M = 30.23$, $SD = 10.05$) than toward the family member who did not ($M = 43.89$, $SD = 9.52$, $t = 13.93$, $p < .001$, Cohen's $d = 1.40$).

In this study, participants reported lower levels of forgiveness and trust toward family members who misused alcohol when compared with family members who did not. This study supports the proposition that having a family member who misuses alcohol may be related to disrupted and damaged trust within family relationships. However, it is still unclear whether these problems with forgiveness and trust affect a person's perception of his or her family member's ability to abstain from drinking alcohol. In Study 2, we explore the relationships among family cohesion, forgiveness, trust, and drinking refusal efficacy.

Study 2

In Study 1, we showed that participants exhibited lower levels of forgiveness and trust toward family members who misused alcohol. In Study 2, we hypothesized that if people who misuse alcohol experience higher levels of forgiveness and trust from family members, they may experience less stress, more support, and thus be less likely to use problem drinking as a maladaptive coping strategy to deal with relational stress.

To assess problem drinking from a family member's point of view, we assessed the perceived drinking refusal efficacy of the person who misuses alcohol. Because the current study focuses primarily on the family environment and the perceptions of those within that environment, assessment of the participant's perceived misuser drinking refusal efficacy was of vital importance. Perceived misuser drinking refusal efficacy refers to an individual's beliefs about his or her abilities to refuse alcohol when offered (Young & Oei, 1993). People who have high refusal efficacy are less likely to use substances in response to stress (Scheier, Botvin, Diaz, & Griffin, 1999). Family members also have efficacy expectations about the ability of the person who misuses alcohol to control his or her drinking. Those expectations may be the product of the family member's personality, family cohesion, forgiveness of transgressions, and trust. We hypothesized that participants who are forgiving toward the family member who misuses alcohol will be more trusting toward the family member and will also rate that family member as having greater drinking refusal efficacy. We also hypothesized that higher *trait forgiveness* (Berry et al., 2005), which is the likelihood to forgive across time and situations, and *familial cohesion*, which marks a family that is involved in and supportive of each other's lives, would predict forgiveness of the family member who misuses alcohol.

Method

Participants.—Participants who had participated in Study 1 were excluded from the present study. Participants were 141 (95 women) undergraduate college students from a large, Mid-Atlantic, urban university. Participants' ages ranged from 18 to 29 years ($M = 19.3$, $SD = 1.9$). Participants reported a variety of ethnicities, including 61.0% White/European American, 22.7% Black/African American, 6.4% Asian/Asian American, 2.1% Latino/a, and 7.8% other. Participants were required to have at least one individual in their immediate family who misused alcohol to such a degree that it caused interpersonal transgressions to the participant.

Instrument: Trait forgiveness of others.—The Trait Forgiveness Scale (TFS; Berry et al., 2005) consists of 10 items that measure a person's general tendency to forgive others over time and across situations (e.g., "I am a forgiving person"). Participants indicate their agreement with each item on a 5-point rating scale, from 1 = *strongly disagree* to 5 = *strongly agree*. The TFS had Cronbach's alpha coefficients ranging from .74 to .80 (Berry et al., 2005). In multiple studies, the TFS has shown evidence of construct validity and has been found to be positively correlated with agreeableness, empathic concern, and perspective taking and negatively correlated with anger, rumination, and hostility (Berry et al., 2005). For the current sample, the Cronbach's alpha was .77.

Instrument: State forgiveness of others.—State forgiveness of others was measured by the TRIM, DFS, EFS, and CB, as described in Study 1. For the current sample, the Cronbach's alphas were .93 for the TRIM, .76 for the DFS, .86 for the EFS, and .86 for the CB.

Instrument: Family cohesion.—The Cohesion subscale of the Family Environment Scale (FES-C; Moos & Moos, 1981) consists of nine items that measure the extent to which

families are involved in each other's lives (e.g., "Family members really help and support one another" and "We put a lot of energy into what we do at home"). Participants indicate whether each item is true or false for their family. Previous research has found the FES-C to have 8-week temporal stability ranging from .68 to .86 and internal consistency coefficients ranging from .61 to .78 (Moos & Moos, 1981, 1986). For the current sample, the Cronbach's alpha was .79.

Instrument: Trust.—Trust was measured by the modified version of the DTS as described in Study 1. For the current sample, the Cronbach's alpha was .91.

Instrument: Perceived misuser drinking refusal efficacy.—Perceived misuser drinking refusal efficacy was measured by a modified version of the Drinking Refusal Self-Efficacy Questionnaire–Revised (DRSEQ-R; Oei, Hasking, & Young, 2005). The original scale assessed a participant's sense of drinking refusal self-efficacy. The scale was modified to assess the participant's opinion of another person's efficacy to refuse alcohol by replacing the target of the scale from the self to the family member. The DRSEQ-R consists of 19 items. Participants rate each item (e.g., "How sure are you that he or she would have an alcoholic drink when he/she is out to dinner?") on a 6-point rating scale, from 1 = *I am sure he/she would have a drink* to 6 = *I am sure he/she would NOT have a drink*. The DRSEQ-R had a Cronbach's alpha of .84, and estimates of 6-week temporal stability ranged from .84 to .93 (Oei et al., 2005). Participants in alcohol treatment programs have reported lower drinking refusal efficacy than those who did not report concerns about drinking (Oei et al., 2005). For the current sample, the Cronbach's alpha was .94.

Results and Discussion

Preliminary data analyses.—We computed means, standard deviations, and Pearson's product-moment correlation coefficients (see Table 1). Prior to conducting the primary statistical analyses, we checked the data for missing data, outliers, and normality. Two cases were deleted due to substantial missing data. There was a small amount of missing data (2% or less per item). Mean substitution was used to address missing data for each item. Items on each scale were then summed to create a total scale score for each variable. The data were checked for outliers by examining the standardized values for each variable. Outliers on the scales were within the ranges of expected values and thus are thought to represent true responses and were retained in all analyses. There were no problems with normality.

Structural relations among variables.—To better understand the relationships among family cohesion, forgiveness, trust, and perceived misuser drinking refusal efficacy, we tested a structural equation model with these variables (see Figure 1). The model was evaluated via maximum likelihood estimation in LISREL 8.80 (Jöreskog & Sörbom, 2006). We hypothesized that trait forgiveness and family cohesion would predict the state forgiveness of the person who misuses alcohol. State forgiveness of the person who misuses alcohol would predict trust, which in turn would predict perceived misuser drinking refusal efficacy. This hypothesized structural model appears in Figure 1.

This model produced adequate fit for the data, $\chi^2(19) = 42.4, p = .002$, comparative fit index (CFI) = .95, goodness-of-fit index (GFI) = .93, root mean square error of approximation (RMSEA) = .09, Akaike information criterion (AIC) = 76.2, even though the RMSEA value was slightly higher than the desired range of .05 to .08. Consistent with our hypotheses, the path coefficients showed that trait forgiveness was positively related to both state forgiveness ($\beta = .32, p = .002$) and family cohesion ($\beta = .35, p < .001$). In addition, family cohesion showed a trend toward being positively related to state forgiveness ($\beta = .20, p = .051$). State forgiveness was positively related to trust ($\beta = .67, p < .001$), which in turn was positively related to perceived misuser drinking refusal efficacy ($\beta = .34, p < .001$).

We also tested two alternate models in which we changed the order of the variables under investigation. In the first alternate model, we switched the positions of trust and perceived misuser drinking refusal efficacy. The fit statistics for this model were not as strong as for the original model, $\chi^2(19) = 105.38, p < .001$, CFI = .83, GFI = .87, RMSEA = .15, AIC = 115.80. Furthermore, the path from state forgiveness to perceived misuser drinking refusal efficacy was not significant. In the second alternate model, we specified that trait forgiveness and family cohesion would predict perceived misuser drinking refusal efficacy, which in turn would predict trust, which in turn would predict the forgiveness of the person who misuses alcohol. The fit statistics for this model were also not as strong as for the original model, $\chi^2(19) = 62.75, p = .010$, CFI = .91, GFI = .90, RMSEA = .13, AIC = 95.07. Furthermore, two of the paths were not significant (trait forgiveness to perceived misuser drinking refusal efficacy and family cohesion to perceived misuser drinking refusal efficacy). Thus, on the basis of the fit statistics and significance of path coefficients, we decided to retain the original model. (We note that the original and alternative models were not nested; therefore, we were unable to test the difference in fit with the chi-square difference test.)

Discussion of Study 2.—Participants who had more cohesive families and were more forgiving of the family member who misused alcohol were more trusting of that person and perceived the misuser as more able to resist the temptation to drink alcohol. The findings from this study are similar to findings by Finkel, Burnette, and Scissors (2007). They examined the relationship between forgiveness and trust toward an offender. The present studies, then, provide additional evidence that even in relationships where one of the partners misuses alcohol, forgiveness appears to be related to trust, at least on the side of the family member. Also, similar to a study conducted by Lindström (2005), trust played a critical role in the perception of the alcohol misuser. Higher levels of trust were related to higher levels of perceived misuser drinking refusal efficacy.

General Discussion

Together, these studies describe the role of family functioning and forgiveness in an individual's perception of a family member who misuses alcohol. These studies are consistent with theories by Lin et al. (2004) and Worthington et al. (2006) that introducing forgiveness into relationships with alcohol misuse can promote support within the family.

In our studies, we found that relationships with a family member who misuses alcohol are characterized by lower levels of forgiveness and trust. However, individuals who were

members of families that were more cohesive and more forgiving were also more trusting of the family member who misused alcohol. Trust was positively associated with participants' perceptions of the misusers' drinking refusal efficacy. By promoting forgiveness and increasing support within the family unit, the misuser may be able to rely on the family more for support, which may provide additional coping resources to deal with stress instead of resorting to maladaptive coping strategies such as substance misuse.

Limitations of the Current Studies

There are several limitations to the present studies. First, the current research was designed and analyzed from the perspective of one family member who reflected on another family member who misuses alcohol. The perspective of one family member may not provide a fully accurate assessment of the level of family cohesion or the level of drinking refusal efficacy of the alcohol misuser. The current research could be improved upon by assessing the perception of multiple family members of the misuser to gain a more accurate understanding of the actual family environment. Furthermore, it does not consider the attitudes and beliefs of the person who actually misuses alcohol. Obviously, family members have an impact on each other, and it is important to understand the process by which support within the family may be increased. In the end, we must consider the family member who is the actual misuser of alcohol to paint a full picture of family dynamics. It is easy to imagine a family in which the family members think they are doing everything in their power to be supportive and help the person who misuses alcohol, but the alcohol misuser has a completely different perception. Nonetheless, people in counseling often blame members of their immediate family for hurts and transgressions that are drinking related, and the counselor must deal with the perceptions of the hurt or offended client. In the present two studies, we obtained a picture of the misuser from the perspective of students who have an alcohol-misusing family member.

Related to this, we did not control for the type of family member chosen. It may be that certain family members can disrupt family life more than others. For example, one could argue that a parent who misuses alcohol could facilitate more problems for a family than a sibling. Likewise, we did not control for or assess the impact of the overall rate or frequency of misuse, the location of such misuse (e.g., at home, a pub, or at other locations), or the nature or type of possible transgressions or issues that occurred as a result of such misuse. The present study was a preliminary investigation. We wished to cast as broad a net as possible in our attempts to understand these issues. Future research should consider such factors.

Second, the second study used a cross-sectional, correlational design. Thus, although the hypothesized structural model was based on theory, with the current design, it is impossible to infer causality. Future research could strengthen the exploration of this topic by conducting longitudinal or experimental studies.

Third, the current research focused primarily on alcohol misuse. That is, we asked participants to report on a family member who misused alcohol to the point of disrupting an aspect of daily living. This research was not designed to study alcohol abuse or dependence, which involves meeting specific diagnostic criteria. Investigating misuse left room for the

participant to decide what actually constituted drinking to the point of disrupting an aspect of daily living. We believed that using the broader definition of misuse would be more generalizable to more families than using a specific definition of abuse or dependence. If this same research were done using family members of individuals diagnosed with alcohol abuse or dependence, we may have found different results.

Fourth, the study involved self-reports by undergraduate students. No independent study was attempted to assess the degree of problems caused within the family by a person who misuses alcohol. Similarly, no detailed description of the time frame of the occurrence of the transgression was obtained. One could theorize that a more recent or ongoing transgression would yield different results than would a single transgression or a transgression that has long passed.

Implications for Future Research

The current studies help to illustrate the relationships between trait forgiveness, a cohesive family relationship, trust, and perceptions about a misuser's efficacy to refuse a drink. The current studies also take a cross-sectional view of a participant's relationship with a family member who misuses alcohol. An ideal future study would conduct a longitudinal study to observe the effects of family cohesion, forgiveness, and trust over time. A longitudinal design would also allow a researcher to determine whether the reduction in unforgiveness or revenge and avoidance motivations does indeed reduce stress for the alcohol misuser and thereby reduce his or her need to rely on a maladaptive coping strategy such as drinking.

Furthermore, although the current study begins to explore what role the feelings and perceptions of the family may have on the alcohol use of one member of that family, it only addresses this question from the view of the family and not from the misuser himself or herself. Hence, assessing how an intervention to promote forgiveness among family members may directly or indirectly influence the misuser's use of alcohol would be a valuable next step in the forgiveness and family environment literature.

Implications for Counseling Practice

The current findings have several implications for counseling practice. When treating families in which one member misuses alcohol, it may be helpful to examine and discuss forgiveness and trust among family members (e.g., Lin et al., 2004; Worthington et al., 2006). In the current studies, we looked at perceived misuser drinking refusal efficacy. Improving how the family perceives an alcohol misuser's ability to refuse a drink may be related to increased support within the familial relationship and reduced need of the alcohol misuser to depend on drinking as a way to cope with stress from the family. Increasing forgiveness within the context of existing family-based alcohol treatment protocols may be related to intrafamilial support and the development of more adaptive coping strategies.

Some might be concerned that by reducing the familial stress on the alcohol misuser over the misuse, the family will take on an enabling role. To circumvent this, one might promote a positive family environment (e.g., high cohesion, high expressiveness, and low conflict). By doing so, the family is still involved in the misuser's life (as is evident by high cohesion) and free to express their concerns with the individual's alcohol misuse (as is evident by high

expressiveness) but is still able to do so in a supportive and helpful environment (low conflict).

Furthermore, the current research suggests that familial cohesion may play a role in enhancing family perception of the individual's alcohol use. Hence, clinical interventions designed to promote familial cohesion in families that already exhibit high expressiveness and low levels of conflict may result in an environment in which family members have more positive perceptions of the individual's alcohol use. It is feasible, then, that this may result in a more favorable family environment in which the misuser may be better able to address his or her concerns with alcohol use.

Conclusion

The field of alcohol use, misuse, and abuse and factors that correlate with these behaviors is dynamic and complex. The examination of the role of forgiveness in this relationship, however, is relatively unexplored. The current studies offer information about the nature of the relationship between the family member and the individual who misuses alcohol, which can be helpful for counselors who encounter clients who report problems with substance-misusing family members.

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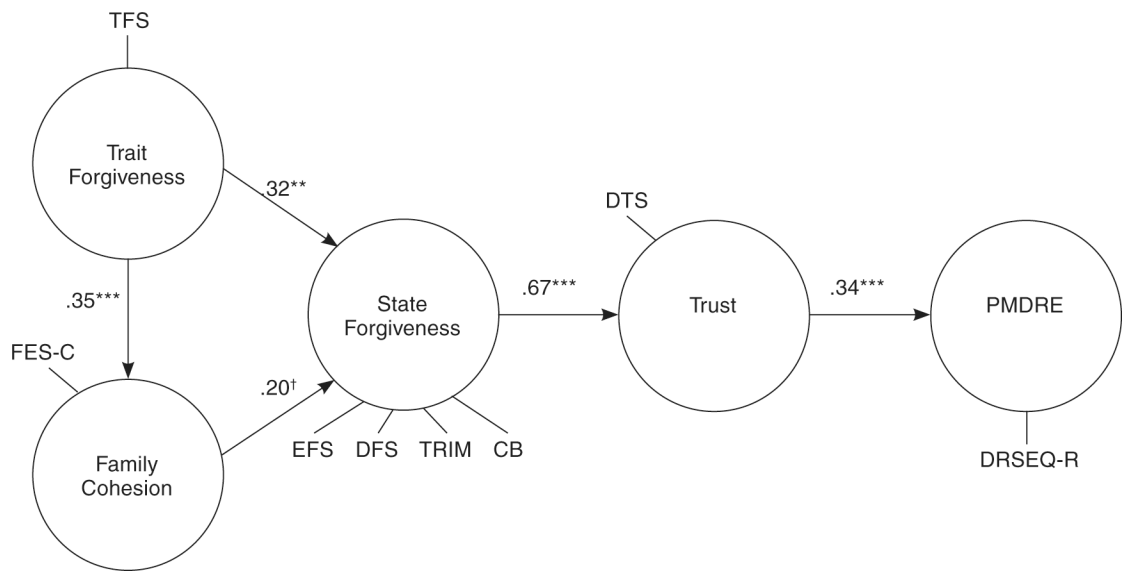


FIGURE 1. Structural Relationships Among Family Cohesion, Trait Forgiveness, State Forgiveness, Trust, and Perceived Misuser Drinking Refusal Efficacy (PMDRE)

Note. TFS = Trait Forgiveness Scale; FES-C = Family Environment Scale–Cohesion; EFS = Emotional Forgiveness Scale; DFS = Decisional Forgiveness Scale; TRIM = Transgression-Related Interpersonal Motivations Inventory; CB = conciliatory behavior; DTS = Dyadic Trust Scale; DRSEQ-R = Drinking Refusal Self-Efficacy Questionnaire-Revised.

[†] $p = .05$. ** $p < .01$. *** $p < .001$.

TABLE 1

Means, Standard Deviations, and Pearson's Product–Moment Correlation Coefficients for Study 2

Variable	<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7	8
1. Trait forgiveness	32.82	6.84	—							
2. Family cohesion	14.67	2.60	.27**	—						
3. Decisional forgiveness	30.53	5.75	.37**	.19*	—					
4. Emotional forgiveness	27.87	6.60	.32**	.24**	.70***	—				
5. Avoidance/revenge	45.31	10.90	-.30**	.25**	-.65***	-.77***	—			
6. Conciliatory behavior	21.62	4.98	.31**	.14	.35**	.46**	-.44**	—		
7. Trust	29.20	12.37	.05	.21*	.36**	.60***	-.62***	.23**	—	
8. PMDRE	42.88	17.96	-.03	-.08	-.07	.07	-.12	.02	.32**	—

Note. PMDRE = perceived misuser drinking refusal efficacy.

*
p < .05.

**
p < .01.

p < .001.