

## Dancing with the Stars

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*Editors' Note: In addition to interviews with senior scholars and other features, the PHRS Bulletin includes personal essays written by field leaders and other key contributors. Here, Dr. Everett Worthington uses both wit and candor to describe his journey from psychology, to becoming a renowned researcher on the topic of forgiveness, to burgeoning engagement with public health in his late career.*

I have come late to the religion-and-spirituality-in-public-health dance. Sometimes I stand around awkwardly wondering who, if anyone, will dance with me. At other times, I feel like someone who wandered onto the set at Dancing with the Stars (DWTS) and found himself being schooled by twice-winning DWTS pro, Cheryl Burke. Okay, I did participate on the traveling road show for DWTS about ten years ago. My partner, who was actually the talent in our duo, and I unfortunately didn't win. We were stomped by two ten-year olds—a real blow to my fragile sense of self-esteem. I needed some schooling.

### This Reaches Back in Time

I graduated with my PhD in Psychology (Counseling) back about the time dirt was discovered and the Julian calendar was conceived. 1978 if you must know. I joined the faculty in Psychology at Virginia Commonwealth University (VCU) immediately after graduation, and stepped into an ideal job—initially teaching counseling theories, counseling practicum (and supervision), intro to psych, personal adjustment, and adolescent psychology. My department chair in 1978 was Bill Ray, a statistician. When I said, “Bill, I haven't even taken a course in adolescent psychology,” there was the briefest pause. Then “Well, you were an adolescent weren't you.” Bill did not have a keen sense of empathy.

Armed with my posh \$14K 9-month salary, it was still a grueling 3-3 load to start, with three more courses in the summer at about \$1000 each.

Publishing wasn't the same back in the day when we walked uphill, both ways, in the snow ... (well you've heard that story often). We had punch cards for data analysis and one run per 24 hours. A typo on a single card resulted in no results.

### Practice, Practice, Practice

I was seeing clients for my licensure. I eventually accumulated enough hours by 1982 to become licensed, and I opened a part-time after-working-hours private solo-practice. Back in the 1982 to 1989 era, I did a lot of practice. I directed VCU

Department of Psychology's training clinic for Counseling Psychology, the MidLife Counseling Center. We had a clientele of community folks. The sign was in front of our building, and quite a few psychotic folks lived in the park catty-corner from our building. They walked into my office almost daily. I had to hospitalize many and saw more psychopathology then than even when I was in the Navy. (I'm not sure, but perhaps Facebook has now surpassed that experience.)

I supervised two assistant directors and four doctoral students' practicum psychotherapy. That got me a single course release, as did being clinic



*April Dawkins Warren and Ev Do a Demonstration*

director—reducing my load to 2-2. And as part of my private practice, I served as clinical director and supervisor for a general Christian counseling agency and a secular rehabilitation counseling agency. (One winter day, one of the rehab clients tried to pass off a urine sample that was about 33 degrees Fahrenheit as a fresh sample. Hey, I was naive in those days, but not *that* naive.)

In 1988, managed care came into Virginia—at least into my practice—and the paper work in those early days was prohibitive. So, in 1989, after one year of treatment plans every four sessions, I was asked to be director of undergraduate studies in psychology. (We have about 1600 majors, so that promised to keep me off the streets and out of trouble.) I jumped at the job. I closed my private practice to focus on research, teaching, and administration.

### I Actually Did Have a Research Career—Really!

My counseling and psychotherapy experiences have served me well. Besides publishing a fair amount of basic research over the years in Social Psych, Personality Psychology, Developmental Psychology, Health Psychology, Psychology of Religion, and more basic BioPsychology, I never got over my desire to help people through intervening with psychological interventions. I still seem to publish more basic psychology than applied psychology, but I also still have a heart for interventions to promote forgiveness, humility, and other virtues, religiously accommodated treatments, and the hope-focused couple approach.

About 1983 or 1984, I was bitten by the forgiveness bug. I was supervising Don Danser, an advanced doctoral student by then, and he was doing couple therapy, which was the type of therapy I found I liked best. I also love psychoeducational groups as well. That particular day, I asked Don why a particular couple wasn't getting better. (In my arrogance, I couldn't understand how they could be using the Hope-Focused Couple Approach and not getting better.

Don, the soul of tact, said, "I don't know. They can do all of the conflict resolution, communication, and intimacy development that the Hope-Focused Approach teaches..." (Thank you, Don, that was the correct answer. You shall receive your PhD—eventually.) "...But they just hate each other. They have all of these grudges that they have nursed for 20 years."

"Well," I said, "then we need to create an intervention to help them forgive each other."

Don swallowed his bubble gum (or would have if he'd had any bubble gum). Those days were not all that welcoming to Religion and Spirituality (R/S)—even in therapy. (I can almost hear shocked gasps emitted by readers.) Forgiveness, even though we were working with a secular couple in a secular counseling venue, was largely considered religious. So, Don's response was, "Can we do that in a state university?"

"Sure we can. I'm the supervisor." A pause. "We won't tell anyone."

So, Don and I sat there in a supervision hour and developed a forgiveness "intervention." In the next session we planned to ask (and by "we" I mean Don) whether the partners might think that forgiveness was an issue in their relationship. This really invited troubled couples to think, Sure!! HE (SHE) needs forgiveness for all the things he's (she's) done." So we expected hearty agreement. Then, in the old switch-o-change-o of couples therapy, we (and we're talking Don—much too dangerous for a supervisor to do this) would say the switch. "Okay, so this week, I'd like each of you to think of the many ways you've hurt and disappointed your partner over the years. Next week we'll allow you to confess those and seek forgiveness for them."

The intervention worked marvelously, and I taught it to Fred DiBlasio, a PhD in Clinical Social Work colleague whose Christian counseling agency I was supervising. Finally, in 1989, after trying it in my own practice with many clients and having Fred and numerous supervisees try it, I

wrote it down in an article (Worthington & DiBlasio, 1990). Getting it published was another adventure in those days—the *Journal of Marital and Family Therapy* liked it, but wanted us to remove the offensive religious language—“forgiveness”—and call it “forgetting.” We demurred. They rejected. *Psychotherapy* published it in 1990—with the offensive F-word (in the title no less).

### Let the Research on Forgiveness Begin

Mike McCullough entered our doctoral program in the fall of 1990, just as the Worthington and DiBlasio article came out in August 1990. He named forgiveness as his drug of research choice. He was most interested in the social psychology of forgiveness. However, we did publish a one-hour intervention to promote a decision to forgive and later an 8-hour intervention to promote emotional forgiveness. Right after Mike, Steve Sandage also was interested in interventions, and we published a group treatment (and eventually the book, *Forgiveness and Spirituality in Psychotherapy: A Relational Approach*; Worthington & Sandage, 2016). Jen Ripley followed shortly after, and Jen was interested in the Hope-Focused Couple Approach (see [www.hopcouples.com](http://www.hopcouples.com)) and we integrated much emphasis on forgiveness and reconciliation in that approach.

### Sneaking through the Back Door into Public Health

**Our current public health-related work.** The intervention research on forgiveness, using the REACH Forgiveness model, has caught on, and over 30 randomized controlled trials have been published at this point. In fact, we are conducting a multinational randomized controlled trial funded by the Templeton World Charity Foundation (TWCF). Man Yee Ho from Hong Kong, is PI. Tyler VanderWeele (Harvard) and Maya Mathur (Stanford) and I are supportive characters testing REACH Forgiveness—in a two-hour workbook format—in Hong Kong, Indonesia, Ukraine (two sites), Colombia, and South Africa. If we succeed at the project, several things will happen. (1)

About as many participants will go through the REACH Forgiveness—see Worthington and Sandage (2016)—workbook trials (3000 or more) as have participated in forgiveness interventions of any kind by any investigator since the study of forgiveness began. (2) The workbooks have been translated, and they will be publicly available in English, Spanish, Mandarin, Cantonese, Russian, Ukrainian, and Indonesian. They will be available to about two-thirds of the world’s population without cost in their native language. (3) Because forgiveness has been found to be directly related to better physical health, mental health, relationships, and spirituality (and mental health, relationships, and spirituality all have been found to have having indirect impacts on physical health), this is a large-scale public health study.

**Where did the public health and religion work start germinating?** But, the TWCF grant has another goal, and it is even more directly related to public health. We test in each of those six locations, a public awareness-raising campaign. Awareness-raising campaigns about forgiveness to help an entire community have been tested several times. For example, a forgiveness awareness campaign was first tried and found to be helpful at John Brown University (Lampton et al., 2005) and later at Asbury University (Stratton et al., 2008). In 2008, I applied to Fetzer Institute, which had a larger grant-making presence then than now, to fund a project on a public health campaign to promote forgiveness in Christian colleges and universities, and it ran 2009-2011. Eight Christian colleges (and one secular state university) participated. The idea was to flood a community with messages about the importance of forgiveness and the availability of interventions to promote forgiveness. The impact on health was assessed. Our strongest (methodologically) public health intervention was at Luther College (funded under the Fetzer initiative), and the result was published in *The Journal of Positive Psychology* (Griffin et al., 2019). Building on these experiences, the TWCF-funded project’s public-awareness campaign has three goals: (a) to define forgiveness as two types—a decision to treat the offender better and an emotional transformation;

(b) to raise awareness of the physical health, mental health, relationship, and spiritual benefits of forgiveness; and (c) to show that no-cost interventions are publicly available (see [www.EvWorthington-forgiveness.com](http://www.EvWorthington-forgiveness.com)).

These efforts on forgiveness research have eased me in the back door of public health research. In 1996, my mother was murdered (for the account of my experiences with coping with the grief and forgiving the young man who killed her, see Worthington, 2003). That experience unsettled me and set me searching for meaning, and in the next six months, I arrived at a new mission in life: to do all I can to promote forgiveness in every willing heart, home, and homeland. So, the homeland target has been a large one. It has led to lots of efforts—like going to Singapore and speaking to all of the Family Court justices and all of the police who were not actively out on duty. It also has led to many consultations with national organizations. It has led me to try to work with the Christian churches, not limited to any particular denomination, to help promote forgiveness with religious folks. It has led to studying forgiveness in other countries, including Ghana (using a Christian accommodated intervention), the Philippines (also using a Christian accommodated intervention), and India (using a secular intervention but with people who were largely Hindu adherents).

### Incorporating Public Health into My Professional Identity—and Inviting You to Make It Part of Your Identity, If It Is Not Already

But it really was an invitation to speak at Harvard's School of Public Health by Tyler VanderWeele that got me thinking more broadly of the public health potential of forgiveness interventions. That was my formal introduction into public health circles.

I started this little reflection talking about standing around a bit awkwardly in the public health dance. Thankfully, that feeling didn't last long. The

public health and religion community is a welcoming community, and perhaps readers of the newsletter who are not trained in public health can benefit by my experiences of being welcomed in. The people are warm and inviting, and most of my awkwardness has come from not being fully familiar with the research literature and statistical methods as I am becoming. To get current with the research findings, I purchased Doug Oman's (2018) fantastic review of the literature in the field, *Why Religion and Spirituality Matter for Public Health: Evidence, Implications, and Resources* (Cham, Switzerland: Springer International). Just perusing the contents makes me feel smarter. (Yes, I know that's an illusion or perhaps delusion.) Reading the chapters got me feeling up to speed on the content of the subfield of religion and spirituality in public health. I must admit, of course, that the stats border on a mystical experience for me. The stats used in public health are not the ones typically used in experimental or clinical psychological science. So I still have some moments in which I feel like a beginning grad student, reading and understanding the intro, method, and discussion of articles, but in the results, well, those things can sometimes call to mind the American favorite, Charles Schultz's comic-book character, Charlie Brown. Charlie Brown's response to his teacher, Miss Othmar, is like the results can sound to me: "Wah, wah, wah." But keeping up with the latest stats is always a challenge in any part of psychology, and public health, it seems, is no different. So, I'm working to become a back-door R/S-and-public-health contributor. But it might take a while. Meanwhile I can enjoy the welcoming demeanors of the colleagues I interact with and the new places we travel to, together.

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