Lin Article Critique: Part 1

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**Summary of the Entire Article**

Because substance abuse is so deeply rooted in untreated anger and emotional issues, authors Lin, Mack, Enright, Krahn, and Baskin, (2004) propose the use of Forgiveness therapy (FT) as a treatment for this target population. FT focuses on emotional triggers such as anger, anxiety, and depression. The article also examines how fourteen substance dependence patients responded to FT positively, thus enhancing the efficacy and scope of their treatment.

First, the article thoroughly examines the concrete theories behind the application of FT with these patients. The mere fact that the “levels of anger and violence observed among alcohol and other substance abusers are far higher than the levels found in the general population” (Lin et al, 2004, p. 1114) seems to strongly support the use of FT. Because FT deals with alleviating anger and other emotional triggers that both spark substance abuse and also ignite relapses, it is definitely an important treatment option.

When looking at FT as an intervention, the article also offers a brief glimpse at its history, specifying that it is a “new approach within substance abuse treatment programs, one in which treatment is centered more on clients’ thoughts, feelings, and behaviors about someone other than themselves” (i.e. some who badly hurt them) (Lin et al, 2004, p. 1119).

The article further shows the anger/substance correlation because “anger and resentment are pivotal emotions for most recovering alcoholics. Anger that evokes anxiety drives the alcoholic to drink in order to anesthetize it. Resentment, which comes from unexpressed (denied) anger, represents a constant threat to sobriety for the same reason” (Lin et al, 2004, p. 1114).

Due to the strong link between negative emotions and substance abuse, FT is a plausible treatment option since the article cites how “29% of relapses are related to intrapersonal

frustration and anger and that 16% are related to interpersonal conflict and associated anger and frustration” (Lin et al, 2004, p. 1114).

Similarly, FT uses anger management different from other management or treatment models. Because most current approaches to anger in substance abuse treatment programs “attempt to teach patients to more effectively manage or express anger rather than actually decrease their anger,” (Lin et al, 2004, p. 1114).

Instead of merely breathing exercises and other forms of anger management, FT works as a process-oriented, help approach. The article specifies how FT “also acknowledges that this anger and resentment can become problematic in terms of daily functioning. Furthermore, many cultures have recognized forgiveness as an important way to resolve anger and restore hope (Enright & Fitzgibbons, 2000). In helping clients move toward forgiveness, it is essential to differentiate forgiving from condoning, pardoning, reconciling, or forgetting” (Lin et al, 2004, p. 1115).

Since forgiveness is a life lesson as well as a “personal decision to give up resentment and to respond with beneficence toward the person responsible for a severe injustice that caused deep, lasting hurt,” it can help substance abusers address a number of triggers and underlying issues. In other words, the article claims how FT further helps “the wronged person examine the injustice, consider forgiveness as an option, make a decision to forgive or not, and learn to skills to forgive” (Lin et al, 2004 p. 1115). Thus, it has a life skills component, too.

Specifically, the article presents the research hypotheses that since FT targets and related emotions such as anxiety and depression, “individuals in residential treatment for alcohol and drug dependence, after receiving treatment augmented by FT, would demonstrate less anger, depression, anxiety, and vulnerability to substance” (Lin et al, 2004, p. 1115). In sum, the article incorporates some positive signs since the results overall “support FT as an efficacious newly developed model for residential drug rehabilitation” (p. 1114). The study also predicted that FT would decrease substance use and increase more self-esteem that those receiving residential treatment with a similar amount of a more standard routine, alcohol and drug counseling (ADC), that was not focused on anger reduction.

In turn, the article offers promising results. Specifically, theft group demonstrated notable improvement based on the results on pre/post test, “according to one-tailed *t* test of changes in forgiveness, composite anxiety, trait anxiety, composite anger, depression, train (but not state) anger, self-esteem, and vulnerability to drug use” (Lin et al, 2004, p. 1117). As a result, the correlation between forgiveness and the will not to do drugs was evident.

By using the case study format, the article assumed a more humanistic, personal tone. By documenting the lives and struggles of patients, it was demonstrated how FT and the overall forgiveness component proved to be a powerful remedy for help. The case study further shows that the treatment works by treating the client inside out and with empathy, using forgiveness since, “Carol [one of the individuals studied] forgave the man who attached her” (Lin et al, 2004, p. 1119). Since the potential reasons (i.e. avoidance of past memories, violence, etc.) that an individual turns to drugs or alcohol, the Lin et al study, illustrates what can occur when individuals are allowed to heal via forgiveness (i.e. a reduction of substance abuse).

Noteworthy, is that the authors also clarify that FT is not a sole, foolproof method; instead, report that the present results aid in helping treat the problem rather than symptoms, and should be used to compliment existing therapies when working through issues of emotional pain. Additionally, the authors, not only present the various benefits of FT, but also articulate some downfalls. This, in turn, makes the article fair and balanced (less biased).

**Critique of Title**

**Critique of Abstract**

**Critique of Literature Review/Introduction**

**Critique of Research Hypothesis**

References

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