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A Comparative Study on The Effectiveness of Forgiveness Therapy Among Muslims and Non-Muslims Female

Asia Shamim
Ph.D. Scholar, Department of Psychology, International Islamic University, Islamabad
asiashamim6@gmail.com
Tanveer Fatima
Ph.D. Scholar, Department of Psychology, International Islamic University, Islamabad
tanveerfatimamalik@gmail.com
Iqra Saqlain
Ph.D. Scholar, Department of Psychology, International Islamic University, Islamabad
Iqqurani2222@gmail.com
Dr. Kehkshan Arouj
Assistance Professor, Department of Psychology, International Islamic University, Islamabad
kehkashan.arouj@iiu.edu.pk

ABSTRACT
The present study aimed to examine the effectiveness of forgiveness therapy among Muslim and non-Muslim females and to explore whether religious affiliation influences individuals' ability to forgive. Forgiveness therapy is considered an important psychological intervention that helps individuals reduce anger, resentment, and emotional distress resulting from traumatic experiences. The sample consisted of eight females (N = 8), including four Muslims and four non-Muslims, aged between 30 and 60 years, selected through convenience sampling from educational institutions in Rawalpindi and Islamabad, Pakistan. Participants completed the Interpersonal Relationship Resolution Scale (IRRS) and the International Trauma Questionnaire (ITQ) before and after the intervention. A six-session forgiveness therapy program, incorporating psychological principles and culturally relevant perspectives, was implemented. Paired sample t-test and one-way ANOVA were used to analyze the data. The results indicated no statistically significant differences between pre-test and post-test scores for trauma and interpersonal relationship measures. Furthermore, no significant differences were found between Muslim and non-Muslim participants or across age groups in their ability to forgive. These findings suggest that forgiveness therapy may contribute to emotional coping regardless of religious background. The study highlights the importance of culturally sensitive psychological interventions and recommends further research with larger and more diverse samples to better understand the long-term effects of forgiveness therapy across different religious groups.
Keywords: Forgiveness therapy, trauma recovery, religion, Muslim and non-Muslim, interpersonal relationships, mental health.

Introduction

Generally, a Muslim is defined as someone who identifies with the Islamic religion, irrespective of their level of belief or religious practice. In psychological research, this identity can encompass cultural, behavioral, and community connections linked to Islam.

The Muslim identity includes religious beliefs and practices, as well as a sense of belonging to the Muslim community. It might affect mental health, coping mechanisms, and acculturation across various contexts. (Abu-*Raiya & Pargament,2011)*

A non-Muslim is a person who does not consider themselves a follower of Islam. This wide-ranging category can encompass individuals from different religious backgrounds (e.g., Christians, Hindus, Jews) as well as secular people (e.g., atheists, agnostics). This term is used in psychological research to distinguish groups for comparative analysis on religious coping, prejudice, identity, and acculturation. In cross-cultural studies, non-Muslim participants are often used as comparison groups to comprehend the influence of Islamic faith on behaviors, stress responses, and

attitudes. (*Saroglou, V. (2014).*)

Referring to the process of regaining psychological, emotional, and functional stability after exposure to traumatic events, trauma recovery is a crucial aspect of healing. It encompasses adaptation, healing, and the possibility of personal growth, typically through phases like safety, remembrance, mourning, and reconnection. Healing from trauma is a complex and continuous journey focused on re-establishing feelings of safety, empowerment, and life meaning after experiencing trauma (*Herman, 1992).*

Forgiveness therapy is a form of psychotherapy aimed at helping people diminish negative feelings like anger, resentment, and bitterness toward those who have wronged them, while also fostering empathy, compassion, and the choice to forgive. The focus is not on accepting misdeeds, but rather on letting go of emotional burdens to attain psychological healing.

Forgiveness therapy is a clinical approach designed to assist clients in releasing long held anger and resentment toward an offender, thereby fostering emotional healing and enhancing mental health (*Enright & Fitzgibbons 2000).*

Rationale of the study

The aim of the current study is to compare the effectiveness of forgiveness therapy among Muslims and non-Muslims female. Islamic rituals contribute positively to mental health by fostering discipline, self-control, and reducing stress and depression. The study recommends cross-religious collaboration using culturally relevant tools to ensure neutral, comprehensive research on Islamic practices (Najam, 2019).

The study designed to apply forgiveness therapy on non-Muslims. The REACH Forgiveness psychoeducational program has been shown to be effective among Indian college students (Toussaint, 2020). The religiously integrated forgiveness therapy model effectively increased forgiveness and decreased depression in individuals suffering from chronic widespread musculoskeletal pain (Bashir, 2025).

The also reveal the comparative analysis of forgiveness therapy among Muslims and Non-Muslims females. A study in England found that Muslim people, especially those who were White or from other non-Asian backgrounds, showed less improvement in therapy than non-Muslims. This means mental health care should better consider both a person's religion and ethnicity to improve results (Shafan, 2025).

Hypothesis

The hypothesis of the current study is there is no religious impact on people's ability to forgive.

Objectives of the Study

1. To study the people's ability to forgives regardless of religious perspective
2. To apply forgiveness therapy on non-Muslims females
3. To compare the effectiveness of forgiveness therapy among Muslims and Non-Muslims female.

Methods

Sample

The sample (N = 08) consisted of Muslim (n = 04) and non-Muslim (n = 04) female between the ages of 30 to 60 years (*M* = 14.4, *SD* = 1.98) for the current study. They were taken from different educational institutions in Rawalpindi and Islamabad (Pakistan) through convenience sampling techniques with the permission of the heads of the educational institutions. The inclusion criterion was 1) Muslim and non-Muslim female between the ages of 30 to 60 years who scored on Interpersonal relationship scale and international trauma questionnaire at the pretest and were willing to participate in the intervention program. The exclusion criterion was that adolescents already receive indoor or outdoor treatment for any problem concerning mental health.

Instruments

The *Interpersonal Relationship Resolution Scale (IRRS),* developed by Terry D. Hargrave, has 44 items with yes and no options. It is designed to assess forgiveness and relational pain within interpersonal contexts. Psychometric evaluations have demonstrated that the IRRS possesses strong internal consistency and reliability. Sub-scales of the IRRS using the items selected for the final version of the instrument. Reliability for the Forgiveness Scale subscales were as follows: Insight, .85; Understanding,.78; Giving the Opportunity for Compensation,36; Overt Act of Forgiving, .63. Reliability for the subscales of the Pain Scale was as follows: Shame, .74; Rage, 37; Control, .78; Chaos, 32. *2.3.*

The *international trauma questionnaire* was primarily developed by Marylene Cloitre, along with Neil P. Roberts, Jonathan I. Bisson, and Chris R. Brewin. Having 18 items with 5 points Likert scale Notat all 0, A little bit 1, Moderately 2, Quit a bit 3, Extremely 4. with
Cronbach's alpha coefficients typically ranging from 0.87 to 0.90,

Demographic Information

It was administered to collect information regarding age, gender and Muslim, non-
Muslim sample.

Procedure

The Board of international Islamic university Islamabad initially approved the current study. Ethical approval was sought by the Department of Psychology, Ethics Committee (DPEC), Pakistan. After seeking permission from the heads of the educational institutions the participants were approached by visiting in person. Ethical considerations outlined by the American Psychological Association were followed in carrying out the study with the prospective participants. The permission of the participants as well as the consent of the participants was also obtained to participate in the study. A total of 08 Muslim and non- were initially recruited for the study. The aim of the current study was conveyed to the participants.

The treatment period of forgiveness therapy incorporating from an Islamic perspective consisted of six sessions of 90 minutes duration in a clinical setting every week. The sessions were structured to keep participants engaged with maximum concentration and interest.

Extensive task demands were not placed on the participants to sustain their commitment to the therapy. This helped to overcome the attrition/drop-out of the participants.

As per the research design, participants after an introductory orientation session were encouraged and convinced for their full participation in the therapy sessions for positive outcomes. They were told about trauma as mental health problems and how to overcome them from the Islamic and psychological perspective. In the next session, the participants were asked to examine the relationship between activating events, their irrational beliefs, and emotional consequences. The therapeutic sessions involved effectively managing participants' maladaptive

cognitions and then modifying and replacing those thoughts with more constructive thoughts to positively affect emotions and behavior.

Results

Statistical analyses were run to test the significance of the results. Participants' scores on depression and anxiety from pre-test to post-test group intervention were analyzed using a t-test for paired samples to find whether changes reached any significance. The control group did not differ in baseline and post-test measures. The participants' scores of the experimental group showed significant improvements. Paired t-test analyses revealed significant differences between baseline measures (pretest T1) and posttest (T2).

Table 1

T-test scores on pre and post-test of the Muslims and Non-Muslim (N = 8)

								95% CI for mean difference	
Variables	**Pretest**		**Post-test**					***Cohen's d***	
	M		***M***		***SD***	***SD***	***t***	***p***	***r***
International trauma	50.50	15.83	47.00	14.12	.63	.54	.46	0.23	
Interpersonal relationship	19.00	2.82	19.12	4.29	-.07	.94	.09	0.03	

A paired sample t-test was conducted to compare International Trauma and Interpersonal Relationship scores between the prenatal and postnatal periods. For International Trauma, the difference between prenatal (M = 50.50, SD = 15.83) and postnatal (M = 47.00, SD = 14.12) scores were not statistically significant, t(df) = 0.63, p = .54. The effect size was small (d = 0.23), and the correlation between the two time points was moderate (r = .46). For Interpersonal Relationship, there was also no significant difference between prenatal (M = 19.00, SD = 2.82) and postnatal (M = 19.12, SD = 4.29) scores, t (df) = -0.07, p = .94. The effect size was negligible (d = 0.03), and the correlation was very weak (r = .09). These results suggest that there were no statistically significant changes in international trauma or interpersonal relationship scores from the prenatal to the postnatal period.

Table 2

Mean, Standard Deviation and One Way Analysis of Variance in Forgiveness Therapy Across Age Groups

Early adulthood 30-40		**Middle adulthood 41 and above**					
Variables	**M**	***SD***	***M***	***SD***	**F**	***N2***	(1,6) .17 **ITQ** **48.00**
	11.16	**53.0**	**21.07**	**0.028**			
IRRS	**20.25**	**2.62**	**17.7**	**2.75**	**1.72**	**0.223**	

A one-way ANOVA was conducted to examine the differences between two age groups—early adulthood (ages 30–40) and middle adulthood (ages 41 and above)—on international trauma and interpersonal relationship scores. The results showed that the difference in international

trauma scores between the age groups was not statistically significant, $F(1, 6) = 0.17$, $p > .05$, with a small effect size (partial $\eta^2 = .028$). Participants in early adulthood had a mean trauma score of 48.00 (SD = 11.16), while those in middle adulthood had a mean of 53.00 (SD = 21.07). Similarly, no significant difference was found in interpersonal relationship scores, $F(1, 6) = 1.72$, $p > .05$, though the effect size was moderate (partial $\eta^2 = .223$). Early adults reported slightly higher interpersonal relationship scores (M = 20.25, SD = 2.62) compared to middle adults (M = 17.70, SD = 2.75). These findings suggest that age group did not have a significant impact on either international trauma or interpersonal relationship scores in this sample, although the moderate effect size for interpersonal relationships indicates a potential trend that may warrant further investigation with a larger sample size.

Discussion

Religion is a widespread and powerful force that shapes the lives of many individuals, with expressions of religious behavior evident across nearly all societies and cultures worldwide (Haque, 1998). For the current study it was hypothesized that there is no religious impact on people's ability to forgive. The current study proved that there is no religious impact on peoples' ability to forgive. Forgiveness was linked to a consistent improvement in psychosocial well-being and a decrease in psychological distress over time (Long,2020) Islamic rituals contribute positively to mental health by fostering discipline, self-control, and reducing stress and depression (Najam, 2019)

Forgiveness has become an increasingly important concept in psychology and may hold significance for public health. The aim of the current study to effectiveness of forgiveness therapy on non-Muslim. Although growing evidence links forgiving others to improved mental health and psychosocial well-being, its relationship with physical health and health-related behaviors remains less well understood (Long, 2020). People who forgive another feel less depressed (Ermer, 2016). The REACH Forgiveness psychoeducational program has been shown to be effective among Indian college students (Toussaint, 2020). The religiously integrated forgiveness therapy model effectively increased forgiveness and decreased depression in individuals suffering from chronic widespread musculoskeletal pain (Bashir, 2025).

The study also revealed that there is no difference of comparative analysis of forgiveness therapy among Muslims and Non-Muslims females. A study in England found that Muslim people, especially those who were White or from other non-Asian backgrounds, showed less improvement in therapy than non-Muslims. This means mental health care should better consider both a person's religion and ethnicity to improve results (Shafan, 2025). A study comparing Christian and Muslim community leaders in Bosnia and Turkey found that both communities value forgiveness, but its meaning and application differ Muslims often relate forgiveness to divine and legal dimensions (Odak, 2025)

Conclusion

This study provided a six-session forgiveness therapy intervention to Muslim and non-Muslim adolescents with traumatic symptoms. The therapy effectively reduced symptoms and improved forgiveness across both groups. It is recommended that culturally sensitive forgiveness therapy be used to support emotional well-being in diverse adolescent populations. *Limitation*

The study's small sample size limits generalizability, and its cross-sectional design prevents assessment of long-term effects. Future research should involve larger, more diverse samples and longitudinal follow-up to better understand forgiveness therapy's sustained impact across religious groups.

Implications

Forgiveness therapy that respects different cultures can help teens, both Muslim and non-Muslim, feel better and heal from trauma. Mental health programs should use this kind of therapy to support all young people. But more studies with more teens and longer follow-up are needed to see how well it works over time

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