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A Client's Willingness to Forgive Their Psychologist Following an Online Social Media Transgression

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Jaspreet Kaur Lalli

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Abstract

A psychologist's online behaviour has become increasingly visible to clients, given the advanced use of the internet. This increase raises new questions about how digital transgressions influence clients' willingness to forgive, as little empirical work has examined how adults interpret and respond to an online offence committed by a psychologist. The present study seeks to enhance understanding of how clients evaluate and respond to professional transgressions, as well as their willingness to forgive, particularly in the increasingly prominent context of social media use. A 2 x 2 x 2 vignette-based experimental design evaluated the effects of offence severity (moderate versus severe), the psychologist's response (apology versus no apology), and the length of the therapeutic relationship (long-term versus short-term) on willingness to forgive. A total of 150 adults in Aotearoa (New Zealand) completed measures of forgiveness, including an adapted version of the Transgression-Related Interpersonal Motivations Inventory (TRIM-12) and a binary measure of forgiveness. Further, open-ended responses were analysed using Qualitative Content Analysis (QCA) to explore participants' definitions of forgiveness, influential factors on willingness to forgive, and interpretations of the psychologist's response. Three-way analyses of variance and a binary logistic regression revealed significant main effects on offence severity and the psychologist's response. Therapeutic relationship length was not associated with forgiveness outcomes, and no statistically significant interaction effects were identified. Qualitative findings demonstrated that participants primarily conceptualised forgiveness as a form of thought processing. Forgiveness decisions were influenced by participants' personal characteristics, specifically by viewing the offence or the psychologist through a compassionate lens. Lastly, participants' interpretations of the psychologist's response centred on accountability, including whether an active attempt at repair was made. These findings contribute to forgiveness theory by clarifying how contextual cues shape a client's willingness to forgive and by offering practical implications for psychologists navigating online conduct and rupture-repair processes.

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ਸੁੱਖ ਵੇਲੇ ਸ਼ੁਕਰਾਨਾ, ਦੁੱਖ ਵੇਲੇ ਅਰਦਾਸ, ਹਰ ਵੇਲੇ ਸਿਮਰਨ ||

During times of happiness, practice gratitude.

During times of hardship, practice prayer.

At all times, remember God.

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Fa’afetai, fa’afetai, fa’afetai tele lava.

ਵਾਹਿਗੁਰੂ ਜੀ ਕਾ ਖਾਲਸਾ, ਵਾਹਿਗੁਰੂ ਜੀ ਕੀ ਫ਼ਤਿਹ ||

Table of Contents

Chapter One: Background ***8***

1.0 Introduction **8**

1.1 Social Media and the Transformation of Contemporary Communication **8**

1.2 Ethical Considerations **10**

1.2.1 American Psychological Association (APA) Guidelines 10

1.2.2 New Zealand Code of Ethics and Social Media Guidelines 11

Chapter Two: Literature Review ***13***

2.0 Introduction **13**

2.1 What is Forgiveness? **13**

2.1.1 Cognitive Processes in Forgiveness: Enright's Process Model of Forgiveness 14

2.1.2 Emotional Processes in Forgiveness: The REACH Model 15

2.1.3 Behavioural Processes in Forgiveness: Interpersonal Forgiveness Model 16

2.1.4 Conceptual Boundaries and Related Phenomena in Forgiveness 17

2.2 Determinants of Forgiveness **18**

2.2.1 Offender Behaviours as Determinants of Forgiveness Decisions 19

2.2.2 Transgression Characteristics as Determinants of Forgiveness Decisions 21

2.2.3 Therapeutic Relationship Factors as Determinants of Forgiveness Decisions 22

2.2.4 Client Factors as Determinants of Forgiveness Decisions 24

2.3 Client Interpretations Following a Rupture **25**

2.3.1 Interpretations of Psychologists' Accountability 26

2.3.2 Interpretation of Responsiveness to the Rupture 26

2.3.3 Interpretation of Professional Boundaries 27

2.4 Online Hate, Immoral Posts, and Social Media in the Therapeutic Context **28**

2.4.1 Searching Clients Online and Mental Health Professionals Online Activity 29

2.4.2 Professional Competence and Social Media Use Within the Therapeutic Context 30

2.4.3 Clients' Use of Social Media and Digital Technologies in the Context of Mental Health 31

2.4.4 Client's Intentional or Unintentional Findings of Information about their Psychologists Online 32

2.5 The Present Study, Research Hypotheses, and Research Questions 35
2.5.1 Main Effects 36
2.5.2 Interaction Effects 37
2.5.3 Research Questions 38
Chapter Three: Methods ***..... 40***
3.0 Introduction 40
3.1 Research Design 40
3.2 Sampling Method and Participants 41
3.3 Materials and Measures 44
3.3.1 Vignette Materials 44
3.3.2 Measures of Forgiveness 46
3.3.3 Qualitative Questions 50
3.4 Procedure and Ethics 50
3.5 Data Analysis 52
3.5.1 Missing Data 52
3.5.2 Binary Logistic Regression 53
3.5.3 Three-Way Analysis of Variance 54
3.5.4 Qualitative Content Data Analysis 55
3.5.5 Qualitative Coding Scheme Development 56
3.5.5.1 Definitions of Forgiveness 56
3.5.5.2 Factors Influencing Forgiveness Decisions 58
3.5.5.3 Interpretation of the Psychologist's Response 60
3.6 Summary 62
Chapter Four: Results ***..... 63***
4.0 Introduction 63
4.1 Binary Logistic Regression 63
4.2 Three-Way Analysis of Variance (ANOVA) 65
4.2.1 Revenge Motivations 67
4.2.2 Avoidance Motivations 69
4.3 Qualitative Content Analysis 72

4.3.1 Item One: Forgiveness Definitions 72
4.3.2 Item Two: Influencing Factors on Decisions to Forgive 75
4.3.3 Item Three: Interpretations of Psychologists' Response 81

Chapter Five: Discussion ***86***

5.0 Introduction **86**

5.1 Overview of Key Findings **86**

5.2 Forgiveness Judgements in Response to a Psychologist's Social Media Transgression **87**

5.2.1 Offence Severity as a Primary Determinant of Forgiveness 88
5.2.2 Therapeutic Relationship Length 89
5.2.3 Psychologist Response as a Mechanism of Repair 91
5.2.4 Absence of Interaction Effects 92

5.3 Multifaceted Definitions of Forgiveness **94**

5.4 Factors Influencing Forgiveness **97**

5.5 Interpretations of the Psychologist's Response **100**

5.6 Practical Implications **103**

5.6.1 Psychologists' Social Media Use 103
5.6.2 Ethics Training and Professional Education 104
5.6.3 Implications in Therapeutic Practice 105

5.7 Strengths of the Present Study **106**

5.8 Limitations of the Present Study **108**

5.9 Recommendations for Future Research **108**

5.10 Conclusion **110**

References ***111***

Appendices ***111***

List of Tables and Figures

Table 1 42
Table 2 43
Table 3 65
Table 4 67
Table 5 68
Table 6 69
Table 7 70

Figure 1 73
Figure 2 76
Figure 3 82

Chapter One: Background

1.0 Introduction

This introductory chapter outlines the social, ethical, and psychological foundations of the present study. The study investigates how clients perceive and respond to a psychologist's potentially offensive social media behaviour and examines the extent to which such perceptions may influence willingness to forgive transgressions. To contextualise this issue, the chapter examines the rapid growth of social media and its increasing integration into everyday professional life, particularly within mental health practice. Relevant ethical frameworks, including those developed by the American Psychological Association (2021) and the New Zealand Psychologists Board (2002), are reviewed to highlight issues of privacy, confidentiality, competence, accountability, and professional boundaries in digital contexts.

1.1 Social Media and the Transformation of Contemporary Communication

In early 2024, there were over six million active cellular mobile connections and five million Internet users in Aotearoa (Kemp, 2024). Social media use was similarly widespread. Kemp (2024) reported that 4.40 million people in Aotearoa, approximately 86% of the population, maintained at least one active social media account. This reflects broader global trends, with contemporary research demonstrating that social networking platforms have become embedded in everyday life and are used by most individuals (Soyler & Karaaziz, 2023). Broadly defined, social media is a collection of web-based applications that allow users to create, display, and share user-generated content (Davis, 2016). Popular social media platforms include, but are not limited to, Facebook, X (formerly Twitter), Instagram, and TikTok, each with over a billion users (Davis, 2016). In 2021, a survey was conducted to explore social media use among 1,001 adults aged 18 years and over in Aotearoa (Pacheco, 2022). The study found that approximately 67% of New Zealanders used Facebook daily, with Facebook Messenger and SMS also being widely used. Younger adults aged 18 to 29 commonly use applications such as Snapchat, TikTok, and Instagram, and overall social media use is more prevalent among them. Further findings indicated that females were more likely to engage with applications such as Instagram, Facebook, and Facebook Messenger daily, whereas males were more likely to use LinkedIn and X.

Grover and colleagues (2022) note that individuals are motivated to engage in virtual communities in exchange for rewards such as knowledge, participation, friendship, and appreciation, which, in turn, can foster outcomes such as collaborative creation, financial support, and collective wisdom. Social media has established a community that transcends traditional, immediate modes of connection and information sharing by enabling individuals and organisations to engage and interact on a broader, more far-reaching scale. However, this expansion of connectivity inevitably raises concerns regarding the implications of social media use for individuals and overall collective well-being (Ellison et al., 2007). Across disciplines, the application and utilisation of social media in the business sector are particularly notable, as they have been associated with increased revenue, expanded marketing opportunities, often achieved at minimal financial cost, and increased consumer satisfaction (Karrh, 2012). Furthermore, research indicates that 45% of employers use social media to screen prospective applicants (Callegari, 2010), and approximately 1 in 10 job seekers aged 16-34 have been denied employment due to content on their social media profiles (Carone, 2013; Sherman, 2013). Despite the substantial benefits of social media documented across sectors such as business, it remains uncertain whether these advantages extend to other domains, including mental health.

Jent et al. (2011) conducted a survey involving 109 medical and mental health practitioners and found that 88% of experienced professionals reported having at least one personal social media account. Further, a study on the use of social media by mental health professionals (Wardi-Zonna et al., 2020) reported that, among 128 participants (32 psychologists, 32 social workers, and 23 counsellors), 91% maintained an active presence on social networking platforms. Specifically, 46% reported using social platforms only for personal use, 40% for both personal and professional use, and 5% for professional use only. In a study of 155 staff members, in various health roles including those of a psychotherapist, psychologist, and psychiatrist, 4% of staff respondents reported checking their clients' social media platforms to get updates on how their clients were getting on, 1% reported accepting a friend request from their client, and 23% reported rejecting friend requests from their clients online. Considering this, mental health professionals need to recognise the potential challenges of maintaining their professional and private social media profiles.

1.2 Ethical Considerations

Engaging with online culture as a psychologist necessitates digital competence that incorporates a clear understanding of the ethical and legal requirements underpinning professional psychological practice (Dobson et al., 2022). The differences between online platforms and in-person psychotherapy spaces are vast and raise concerns about sensitive, confidential, and private interactions being shared with a wider online network (Lannin & Parris, 2022). The integration of social media into healthcare settings raises significant professionalism concerns, including privacy and confidentiality, maintenance of professional boundaries, recruitment practices, and questions about the integrity, accountability, and trustworthiness of healthcare professionals (Lagu & Greysen, 2011). Similarly, it is essential for mental health professionals to maintain their clients' privacy and confidentiality to preserve client trust (Behnke, 2007). Guiding therapists on social media use poses notable challenges. Highly detailed guidelines risk becoming overly prescriptive and quickly outdated, while general recommendations to apply the same principles online as offline may be perceived as overly imprecise and difficult to operationalise in practice (White & Hanley, 2023). Although guidelines for professional psychological practice and social media use vary across countries, it is evident that this is an emerging and increasingly significant issue that requires ongoing revisions and updates to address the evolving challenges posed by the internet and social media.

1.2.1 American Psychological Association (APA) Guidelines

The American Psychological Association (APA) (2021) has developed Guidelines to support psychologists in navigating decision-making processes when engaging with social media within their professional practice. Although these Guidelines are consistent with the APA Guidelines for the Practice of Telepsychology (American Psychological Association, 2013), they also address the unique contextual considerations associated with a psychologist's social media use. The Guidelines recognise both the growing relevance of social media and the need for psychologists to uphold professional conduct in digital spaces. Importantly, the rationale accompanying each Guideline clarifies its purpose and illustrates how these principles can be applied in real-life contexts. A summary of The Guidelines comprises three major sections: the importance and relevance of social media; professional and ethical issues; and education, professionalism, and training issues. The sections emphasise the significance of being aware of the potential dangers and consequences of searching for information about clients, trainees, or colleagues on social media, becoming knowledgeable about the ethical and legal

requirements in connection with client confidentiality and privacy, and ensuring that appropriate psychological information is being shared online (American Psychological Association, 2021).

1.2.2 New Zealand Code of Ethics and Social Media Guidelines

The New Zealand Psychological Society's Code of Ethics (2002), developed by the New Zealand Psychologist Board, outlines key principles and values designed to guide ethical decision-making among practising psychologists in Aotearoa. Principle One of the Code of Ethics emphasises respect for human dignity, requiring careful evaluation of procedures used to maintain confidentiality, clear communication of its limits, and assurance that any information gathered is relevant and obtained with informed consent. Principle Two emphasises responsible caring, entailing adequate evaluations by psychologists of the possible harms and benefits involved with their professional practice. Principle Three emphasises maintaining integrity in therapist-client relationships. That is, psychologists ensure honesty, openness, fairness, and professional boundaries, free from exploitation or conflicts of interest. Lastly, Principle Four highlights that psychologists should apply their expertise for the good of society, encourage fairness and justice, acknowledge cultural diversity, and remain accountable to the ethical principles. Based on current knowledge, the Code of Ethics does not provide direct guidelines for psychologists' use of social media in Aotearoa. As a result, psychologists may encounter ambiguity when applying broader ethical principles to decisions about online conduct.

Alternatively, the New Zealand Psychologist Board (2013) released the Maintaining Professionalism When Using Social Media Networking Guidelines under the guidance of the Health Practitioner Competence Assurance Act (HPCA Act) due to the potential risks and concerns associated with the increasing use of social media. The Guidelines highlight the importance of informing practitioners about the potential risks of social media use and offer guidance on upholding professional standards in online settings. The use of social media can expose individuals to greater public scrutiny, making it essential to exercise careful judgement and self-reflection to maintain clear boundaries between a psychologist's personal and professional life (Gabbard et al., 2011). The Guidelines address the following: professional use of social media and social networking, the risks of social media use, protecting confidentiality, defamation, boundary breaches, information about psychologists online, client privacy,

responsibility in the event of risk of harm, privacy settings, employer screening, cyberbullying, and looking after yourself and others online. These developments demonstrate that, despite emerging guidance on social media guidelines for psychologists, significant uncertainty persists regarding how clients interpret a psychologist's online conduct and how offensive social media posts may influence willingness to forgive, underscoring the relevance and necessity of the present study.

The following chapters build on this background by first reviewing the theoretical literature on forgiveness, client interpretations of rupture and repair, and client and mental health professionals' online searches. Chapter Three outlines the methodological approach for the present study, including the research design, vignette materials, measures, and analytic procedure. Following this, Chapter Four presents the study's quantitative and qualitative results. Lastly, Chapter Five integrates these findings with broader literature, discussing their implications for therapeutic practice, professional ethics, and future research. The study concludes with a summary of key contributions and recommendations.

Chapter Two: Literature Review

2.0 Introduction

The following chapter provides a comprehensive overview of the theoretical and empirical literature on forgiveness and its application in therapeutic contexts. It begins by outlining key conceptualisations of forgiveness as a multidimensional process, examining the cognitive, emotional, and behavioural mechanisms that underpin individuals' responses to interpersonal transgressions[1], and by distinguishing forgiveness from related constructs. Building on this foundation, the section examines factors that influence decisions to forgive or withhold forgiveness, including forgiveness-seeking behaviours (e.g., apologies and restorative actions), transgression characteristics (e.g., severity, intentionality, and frequency), therapeutic relationship variables (e.g., relationship quality, trust, and professional expectations), and client factors (e.g., personal values, perceived benefits, and perspective-taking). Finally, the review considers how these processes operate in the context of therapeutic ruptures, with particular emphasis on clients' interpretations of a psychologist's response following a transgression. In doing so, it introduces three key interpretive dimensions: psychologist accountability, responsiveness to the rupture, and professional role and boundaries, which together provide the conceptual foundation for the coding framework employed in the present study.

2.1 What is Forgiveness?

Definitions of forgiveness vary, as research on forgiveness arises from diverse disciplinary backgrounds, theoretical perspectives, and philosophical orientations (Legaree et al., 2007). Furthermore, individual experiences, shaped by religious or cultural beliefs, form one's conceptualisations and interpretations of forgiveness (Legaree et al., 2007). Despite the scientific definition of forgiveness varying among researchers, general perceptions view forgiveness as an altruistic change in introspection, emotions, motivations, or behaviours in response to an interpersonal offence (McCullough et al., 2000). It is important to acknowledge that, contrary to conventional beliefs, forgiveness does not assume that an offender's harmful behaviours are condoned, justified, excused, denied, or forgotten (McCullough et al., 2000). The current study adopts McCullough and colleagues' (2001) conceptualisation of forgiveness, positing it as a prosocial motivational shift on the part of the victim, characterised by reduced avoidance and revenge motivations and, in some cases, increased benevolence toward the

[1] In the present study, the terms "transgression" and "offence" are used interchangeably.

transgressor. The use of the term “prosocial” implies that forgiveness involves a motivational shift in which an individual becomes less motivated to harm the transgressor or the relationship and is more inclined to engage in behaviours that promote the transgressor's well-being or the restoration of the relationship (McCullough, 2001).

2.1.1 Cognitive Processes in Forgiveness: Enright’s Process Model of Forgiveness

Forgiveness has been conceptualised as a cognitively mediated, multi-phase process in which a shift in appraisal facilitates emotional and behavioural change. In Enright’s Process Model of Forgiveness (Enright, 2001), a widely studied forgiveness intervention model (Wade et al., 2014), forgiveness unfolds across four phases: uncovering, decision, work, and deepening. Across these phases, cognitive processes remain central, as individuals interpret the offence, evaluate its impact, reconsider their understanding of the offender, and decide whether to pursue forgiveness (Baskin & Enright, 2004).

Cognitive processing begins during the *uncovering* phase, as individuals recognise and appraise the extent to which the perceived injustice has affected their lives. This stage involves increased awareness of the experienced offence and its broader consequences, often accompanied by emotional distress (Enright & Fitzgibbons, 2000). The *decision* phase underscores the central role of cognitive processes, as individuals deliberately reflect on the meaning of forgiveness, clarify what it entails and what it does not, and ultimately make an initial decision to begin the forgiveness process (Enright & Fitzgibbons, 2000). The *work* phase represents the stage in which individuals actively engage in the process of forgiving (Enright, 2001; Enright & Fitzgibbon, 2000). During this phase, cognitive processes remain central, as individuals develop a more nuanced understanding of both the offender and the transgression (Enright & Fitzgibbon, 2000). Finally, the *deepening* phase reflects more advanced cognitive processing, characterised by heightened insight and self-reflection (Enright & Fitzgibbon, 2000). During this stage, individuals may engage in broader evaluative thinking, including consideration of their own experiences of wrongdoing, their personal meanings of forgiveness, and the wider implications of their responses (Enright, 2001).

Overall, Enright’s Process Model of Forgiveness (Enright, 2001) conceptualises forgiveness as a gradual and cognitively mediated process in which individuals move from their initial perceptions and responses to harm toward more adaptive ways of understanding

the offence, the offender, and themselves. Rather than viewing forgiveness as a single decision or immediate emotional outcome, the model emphasises that forgiveness develops through ongoing appraisal, reflection, and meaning-making.

2.1.2 Emotional Processes in Forgiveness: The REACH Model

Forgiveness has also been conceptualised as a fundamentally affective process, whereby individuals experience shifts in their emotional responses towards an offender. The REACH Forgiveness Model (Worthington, 2001) emphasises the primacy of emotional transformation, proposing that changes in affective responses underpin the broader process of forgiving. Forgiveness, within this framework, is understood as a gradual transition from negative unforgiving emotions, such as anger, resentment, and bitterness, towards more adaptive emotional states, including emotional neutrality or the development of other-oriented emotions such as compassion, empathy, or love (Worthington, 2001). Its strong empirical support and widespread application in forgiveness research further justify its use as a framework for understanding the emotional dimensions of forgiveness (Ho et al., 2024).

The REACH Forgiveness Model (Worthington, 2001) begins with an individual objectively acknowledging and *recalling* the emotional hurt without minimising the offence or being consumed by revenge. The second phase involves *empathising* with an offender, achieved by replacing negative affect with more adaptive emotional responses (Worthington, 2001). This emotional transformation phase involves encouraging individuals to cultivate alternative emotional responses, such as compassion, sympathy, or empathy, often through perspective-taking exercises that consider the offender's experience or motivations (Worthington, 2001). The use of techniques such as imagery, dialogues, and reflective exercises may facilitate this shift by encouraging a more nuanced reinterpretation of the offender's behaviour (Worthington, 2013). Through these processes, negative emotions are progressively reduced or replaced with more prosocial, other-oriented affective states, reflecting a fundamental shift in emotional experience and allowing for an individual to engage in the *altruistic* phase of the process. That is, the hurt individual offers forgiveness as a selfless or undeserved gift to the offender, acknowledging that it benefits both parties.

In the fourth phase, *commit* to forgiveness, individuals are encouraged to consolidate and sustain the emotional changes achieved, thereby reinforcing the stability of the

transformation (Worthington, 2001). This involves recognising and integrating shifts in affective responses, such as reductions in anger and increased feelings of compassion, and affirming one's revised emotional stance towards the offender. This commitment signifies a transition from transient emotional fluctuations to a more enduring and stable affective orientation. Finally, the last phase of the REACH Forgiveness Model (Worthington, 2001), *hold* onto forgiveness, acknowledges that forgiveness is neither a linear nor a permanently stable emotional state. During this maintenance phase, individuals may experience the re-emergence of negative affect when reminded of the transgression. These responses are conceptualised as normative and do not indicate a failure to forgive. Rather, individuals are encouraged to reaffirm their commitment to forgiveness amid these emotional fluctuations, underscoring the ongoing, dynamic process of affective regulation (Worthington, 2001).

2.1.3 Behavioural Processes in Forgiveness: Interpersonal Forgiveness Model

Forgiveness is additionally understood as a behavioural and motivational transformation, characterised by observable changes in individuals' responses to an offender following an interpersonal transgression (Gottman, 1993). The Interpersonal Forgiveness Model (McCullough et al., 1998) conceptualises forgiveness as involving a reduction in destructive interpersonal motivations, specifically, avoidance and retaliation, alongside a corresponding increase in constructive, relationship-promoting behaviours. The model conceptualises unforgiveness as comprising two key motivational tendencies: avoidance and revenge (McCullough et al., 1998). Experiences of interpersonal harm are theorised to activate a motivational system that guides behavioural responses to relational transgressions (McCullough et al., 1997, 1998). Feelings of hurt and perceived threat are associated with a desire to withdraw from the offender, leading to avoidance of personal and psychological contact. In contrast, feelings of anger or moral indignation may elicit retaliatory motivations, characterised by a desire to punish the offender or to see them experience harm. Collectively, these tendencies represent a behavioural manifestation of unforgiveness (McCullough et al., 2002).

A reduction in relationship-destructive motivations characterises forgiveness within this framework, as individuals report diminished desires to avoid or retaliate against the offender, reflecting a shift away from self-protective and defensive behavioural responses (McCullough et al., 1998). Importantly, this shift signifies a transformation in the appraisal of

both the transgression and the offender, such that the offence no longer elicits the same intensity of avoidance or revenge motivations (McCullough et al., 2002). Accordingly, forgiveness is associated with a shift toward relationship-constructive behaviour, thereby supporting continued interaction and the potential for relational repair (Fincham et al., 2004). Drawing on the Interdependence Theory (Thibaut & Kelley, 1959), forgiveness can be understood as a relational process that helps preserve valued relationships following conflict. Rather than reflecting only a reduction in negativity, forgiveness may involve inhibiting destructive responses while simultaneously engaging in constructive behaviours that promote trust, cooperation, and relational repair (Fincham et al., 2004; Rusbult et al., 1994; Thibaut & Kelley, 1959). This framing clarifies that reductions in revenge and avoidance create the conditions necessary for positive relational engagement, thereby defining forgiveness as a process marked by both the absence of hostility and the presence of behaviours that sustain and rebuild interpersonal connection.

2.1.4 Conceptual Boundaries and Related Phenomena in Forgiveness

A critical element in conceptualising forgiveness is recognising its distinction from a range of related yet conceptually distinct phenomena. Philosophical and psychological accounts consistently emphasise that forgiveness is a morally and conceptually distinct response to wrongdoing, necessitating careful differentiation from processes such as excusing, condoning, justifying, pardoning, and reconciling (Freedman, 1998; McCullough et al., 2000). Maintaining these distinctions is essential, as conflating forgiveness with related constructs risks obscuring its defining features and contributing to conceptual ambiguity.

Philosophical analyses emphasise that forgiveness presupposes recognition of a moral wrong (Hieronymi, 2001). If an offence is construed as justified, it ceases to be regarded as wrongful; consequently, there is nothing to forgive, and any reduction in blame arises from a reappraisal of the act rather than from forgiveness itself (Hieronymi, 2001; Schönherr, 2024). Similarly, excusing involves acknowledging that the offender lacked full responsibility due to factors such as ignorance or coercion, thereby removing or mitigating blame (Pleasants, 2021). Consequently, forgiveness is not required when an offence is fully excused, as the moral basis for resentment has been undermined.

Forgiveness must also be distinguished from condoning or justifying a transgression (McCullough et al., 2000; Hieronymi, 2001). Condoning implies accepting or overlooking a wrongdoing. In contrast, forgiveness involves maintaining the judgement that the act or offence was wrong while choosing to relinquish negative responses toward the offender (Hieronymi, 2001). This distinction is central to contemporary psychological definitions, which emphasise that forgiveness does not entail denying, minimising, or approving the harm experienced (Freedman, 1998; McCullough et al., 2000). Accordingly, forgiveness enables individuals to move beyond the offence while preserving their moral evaluation of the offence.

Further distinctions emerge regarding pardoning, which is often situated within legal or institutional contexts (Murphy & Hampton, 1988). Pardoning entails the formal release of an offender from punishment and may be enacted by third parties who were not directly affected by the offence. In contrast, forgiveness is an inherently interpersonal moral response that can only be offered by the wronged individual (Pettigrove, 2009). In philosophical terms, this reflects the victim's moral standing, that is, their unique entitlement to forgiveness because the offence constituted a personal harm against them (Pettigrove, 2009). This distinction underscores that forgiveness is not a procedural act equivalent to pardoning but rather a psychological and relational transformation of the victim's motivations, attitudes, and emotions (McCullough et al., 2000; Worthington, 2001).

Additionally, forgiveness is frequently conflated with reconciliation, despite these processes being conceptually distinct (McCullough et al., 2000; Worthington, 2001). Reconciliation refers to the restoration of a relationship and typically involves mutual trust, communication, and continued interaction. In contrast, forgiveness does not require reconciliation, as individuals may forgive an offender without re-establishing the relationship, particularly when ongoing contact may be undesirable or harmful (Enright & Fitzgibbons, 2015). This distinction underscores that forgiveness is primarily an intrapersonal process, whereas reconciliation is a relational process contingent on broader interpersonal dynamics (Worthington, 2001).

2.2 Determinants of Forgiveness

A growing body of research indicates that an offender's post-transgression behaviours substantially influence individuals' decisions to forgive or withhold forgiveness. From an

interpersonal perspective, forgiveness is not merely an intrapsychic process. Still, it is dynamically shaped by relational cues, including apologies and behaviours that communicate accountability, such as acknowledging harm, accepting responsibility, and efforts to repair the relationship following an offence (McCullough et al., 1998; Witvliet et al., 2020), and characteristics of the transgression, including the offence severity, intentionality, and frequency (Martínez-Díaz et al., 2021). In addition, the forgiveness features of the therapeutic relationship, such as quality, trust, and safety, shape whether forgiveness feels appropriate or safe. Finally, client-specific factors, including personal values and beliefs around forgiveness, further influence how individuals interpret and decide whether forgiveness is possible.

2.2.1 Offender Behaviours as Determinants of Forgiveness Decisions

Martinez-Diaz and colleagues (2021) propose a multidimensional framework of forgiveness-seeking behaviours, identifying four key dimensions: apology, restorative actions, relational caring behaviours, and diverting strategies, that play a central role in shaping forgiveness outcomes. Apologies are among the most extensively studied and consistently identifiable predictors of forgiveness (Fehr et al., 2010). Effective apologies typically encompass acknowledgement of wrongdoing, acceptance of responsibility, expressions of remorse, and recognition of the harm inflicted upon a victim (Exline et al., 2007). These components fulfil several psychological functions, including restoring victims' sense of dignity, reducing hostile blame attributions toward an offender, and facilitating empathy toward an offender (Fehr et al., 2010). Moreover, apologies influence cognitive appraisals by signalling that the transgression is unlikely to recur, thereby enhancing perceptions of safety within the relationship (McCullough et al., 1997). Empirical evidence consistently indicates that the presence of an apology is associated with a greater likelihood of forgiveness, whereas its absence constitutes a primary reason for withholding forgiveness (Fehr et al., 2010). However, the effectiveness of an apology is contingent upon contextual factors, with reduced impact in cases involving severe, intentional, or repeated transgressions, particularly when victims anticipate future harm (Fehr et al., 2010; Wallace et al., 2019).

In addition to verbal expressions of remorse, restorative actions constitute a critical component of forgiveness-seeking (Martínez-Díaz et al., 2021). These behaviours involve tangible efforts to repair the harm caused and to demonstrate meaningful behavioural change. Restorative actions rebuild trust and enhance the victim's confidence that the transgression will

not be repeated, thereby addressing concerns about relational safety (Tomlinson et al., 2004). Their importance becomes particularly pronounced in cases involving severe or high-blame transgressions, where apologies alone may be insufficient (Fehr et al., 2010). Under such conditions, victims are more likely to require concrete evidence of change before granting forgiveness and may extend only conditional forgiveness in the absence of such assurances (Wallace et al., 2019). Accordingly, restorative behaviours serve as key indicators of the offender's commitment to relational repair. They may help reduce the perceived injustice gap between the harm caused and the efforts made to address it, thereby increasing willingness to forgive (Martínez-Díaz et al., 2021).

Relational caring behaviours further contribute to forgiveness by fostering emotional closeness and reaffirming the value of the relationship (Martínez-Díaz et al., 2021). In contrast to apologies and restorative actions, these behaviours do not directly address the transgression itself; rather, they serve to re-establish interpersonal connection through expressions of care, affection, and attentiveness. These behaviours are linked to positive relational outcomes, such as reduced perceptions of rejection and increased likelihood of reconciliation (Fincham et al., 2004; Reis et al., 2004). By signalling ongoing investment in the relationship, relational caring behaviours may help alleviate mistrust and create a more supportive context for forgiveness. Although less extensively examined than apologies, these behaviours are nonetheless regarded as an important component of the broader processes of relational maintenance and repair.

In contrast, empirical research indicates that diverting strategies and defensive responses are associated with poorer interpersonal outcomes, including reduced empathy toward the victim, diminished motivation for reconciliation, and lower expectations of relationship quality (Fehr et al., 2010; Martínez-Díaz et al., 2021). From the victim's perspective, diversion strategies signal a lack of genuine accountability and may therefore reduce the likelihood of forgiveness. However, their impact may vary depending on contextual factors, such as the severity of the transgression or the level of relational commitment, with some evidence suggesting they may be more readily tolerated in less serious or lower investment contexts (Martínez-Díaz et al., 2021).

2.2.2 Transgression Characteristics as Determinants of Forgiveness Decisions

In addition to offender behaviours, the characteristics of the transgression itself play a critical role in shaping individuals' decisions to forgive or withhold forgiveness. Research consistently identifies severity, intentionality, and frequency as key determinants of how forgiveness unfolds following interpersonal harm (Fehr et al., 2010; Fincham et al., 2004; Martínez-Díaz et al., 2021). These characteristics influence victims' emotional responses, cognitive appraisals, and expectations for relational repair, thereby shaping both the likelihood of forgiveness and the conditions under which it is granted.

The severity of a transgression represents a central determinant of forgiveness. The perceived seriousness of an offence is shaped by relational norms and expectations, with more severe violations constituting greater breaches of trust and interpersonal standards (Fincham et al., 2004). Empirical evidence indicates that higher perceived severity is associated with a reduced likelihood of forgiveness and an increased demand for substantial reparations (Fehr et al., 2010). In such instances, forgiveness is less readily granted and is often contingent upon the offender demonstrating meaningful accountability and behavioural change (Tomlinson et al., 2004). Moreover, research suggests that while multiple forgiveness-seeking strategies may facilitate forgiveness in high-severity contexts, these situations are more likely to yield conditional forgiveness, contingent on the satisfaction of specific criteria, such as sustained behavioural change or assurances of non-recurrence (Martínez-Díaz et al., 2021).

Intentionality also constitutes a significant factor in shaping forgiveness decisions. Following a transgression, individuals engage in attributional processes to evaluate whether the harm resulted from intentional or unintentional behaviour (Weiner, 1995). Offences perceived as intentional are typically associated with more intense emotional responses, particularly anger, and are less likely to be forgiven (Fehr et al., 2010). In such cases, victims tend to expect greater accountability from the offender, including explicit apologies and demonstrable efforts to repair the harm (Fincham et al., 2004). When harm is attributed to deliberate intent, forgiveness becomes more difficult to achieve and often requires more substantial restorative actions, accompanied by sincere expressions of remorse (Martínez-Díaz et al., 2021).

The frequency of transgressions further influences forgiveness by shaping perceptions of both severity and relational risk (Fehr et al., 2010). Isolated incidents are generally more readily forgiven, particularly when they are perceived as inconsistent with the offender's typical behaviour. In contrast, repeated transgressions are often interpreted as indicative of stable behavioural patterns, thereby heightening perceived severity and intentionality, and diminishing the likelihood of forgiveness (Weiner, 1995). Recurrent offences may also signal a lack of respect for relational norms or a reduced likelihood of behavioural change, which can make forgiveness more difficult and increase the perceived need for self-protective responses, such as caution, boundary setting, or relational distancing (Fincham et al., 2004; McCullough et al., 2003).

Importantly, these transgression characteristics interact to shape forgiveness processes (Fehr et al., 2010). For instance, severe, intentional, and repeated offences constitute particularly challenging contexts for forgiveness, as they intensify emotional distress, strengthen attributions of blame, and diminish perceptions of relational safety (Fincham et al., 2004; Weiner, 1995). Under such conditions, victims are more likely to require substantial reparative efforts and may adopt a cautious or conditional approach to forgiveness (Martínez-Díaz et al., 2021). In contrast, less severe, unintentional, and infrequent transgressions are more readily forgiven, as they are perceived as less threatening to the relationship and more amenable to repair (Fehr et al., 2010).

2.2.3 Therapeutic Relationship Factors as Determinants of Forgiveness Decisions

In the context of mental health, the perceived quality of a therapeutic relationship constitutes a key determinant of forgiveness. Research on the therapeutic alliance indicates that components such as the working alliance, the real relationship, and affective responses toward the therapist are closely associated with clients' evaluations of therapeutic outcomes (Gelso, 2014; Horvath et al., 2011). Positive relational factors, including experiences of warmth, trust, and connection, have been shown to exert a stronger influence on a client's perceptions of session quality than negative affect (Opland & Torrico, 2024). When a transgression results in a therapeutic rupture, these relational factors may diminish negative emotional reactions and support repair by maintaining a sense of safety and trust within the relationship (Safran & Muran, 2000). Accordingly, individuals embedded in high-quality relationships may be more likely to interpret transgressions within a broader relational context, thereby increasing the

likelihood of forgiveness, as evidenced by reduced motivation for avoidance and retaliation and greater engagement in constructive relational behaviours that support repair and continuity (Fincham et al., 2004).

Closely related to relationship quality are trust and safety, which are central to both therapeutic processes and decisions about forgiveness. Drawing on the work of Safran and Muran (1996), relational ruptures are conceptualised as disruptions to a client's sense of safety and security within the therapeutic relationship. When therapists respond to such ruptures with sensitivity and responsiveness, they may facilitate corrective relational experiences that help restore trust (Safran et al., 2011). Conversely, when ruptures are minimised, ignored, or met with defensiveness, trust may be further eroded, thereby reducing the likelihood of forgiveness, manifested through sustained avoidance, heightened retaliatory motivations, and decreased engagement in behaviours that support relational repair (Horvath et al., 2011; Safran et al., 2011). The development of a secure relational base, consistent with John Bowlby's Attachment Theory (Bowlby, 1988), enables individuals to feel sufficiently safe to process harm and engage in forgiveness-related processes. Accordingly, perceptions of safety and trust are critical in determining whether forgiveness is psychologically viable (Worthington, 2006).

Another influential factor concerns expectations of professional behaviour, particularly within therapeutic contexts. Professionals are bound by implicit social and ethical obligations, such as the Code of Ethics for Psychologists Working in Aotearoa (New Zealand Psychologists Board, 2018), that require them to demonstrate competence, responsibility, and a commitment to client wellbeing. When a transgression violates these expectations, it may be perceived not only as a personal offence but also as a breach of professional and ethical standards. Such violations can intensify perceptions of harm and reduce willingness to forgive, as the offender is held to a higher standard of accountability. Accordingly, forgiveness decisions are shaped not only by interpersonal considerations but also by broader evaluations of professional responsibility and ethical conduct (White & Hanley, 2022).

Finally, investment in maintaining the relationship plays a significant role in shaping decisions about forgiveness. Research indicates that unresolved relational ruptures are associated with declines in the therapeutic alliance and an increased likelihood of premature termination of therapy (Horvath et al., 2011; Safran & Muran, 2000). Conversely, when ruptures are effectively identified and repaired, they may contribute to improved therapeutic

outcomes, suggesting that processes of forgiveness and repair can strengthen a relationship (Safran et al., 2011). Clients' decisions to forgive are therefore influenced by their level of investment in the relationship and their appraisal of whether repair is both possible and worthwhile (Rusbult et al., 1994). In some cases, individuals may choose to withhold forgiveness and disengage from the relationship altogether, particularly when the perceived costs outweigh the potential benefits of continuation.

2.2.4 Client Factors as Determinants of Forgiveness Decisions

Client characteristics play a significant role in shaping forgiveness decisions, as individuals differ in how they interpret transgressions and evaluate potential responses. Dispositional tendencies such as trait forgiveness, empathy, and perspective-taking capacity have been shown to predict individuals' willingness to forgive across interpersonal contexts (Fehr et al., 2010; Riek & Mania, 2012). These tendencies shape how clients appraise harm, regulate emotional reactions, and assess the feasibility of relational repair, making them central determinants of forgiveness processes (Hodgson & Wertheim, 2007; McCauley et al., 2022).

Clients' personal belief systems also guide decisions about forgiveness. Moral values, cultural frameworks, and prior experiences shape perceptions of whether forgiveness is appropriate, constructive, or ethically required (Exline et al., 2004; Rye et al., 2000). For some clients, forgiveness aligns with commitments to compassion or relational harmony, whereas for others, withholding forgiveness reflects adherence to principles of justice, accountability, or self-protection (Sherman & Cohen, 2006; Tomlinson et al., 2004). These belief systems shape clients' interpretations of what constitutes an appropriate moral response, underscoring that forgiveness is not inherently virtuous but contingent on individual meaning-making (Fehr et al., 2010).

Clients also evaluate the perceived personal consequences of forgiving, weighing potential psychological and relational benefits against possible risks. Forgiveness has been associated with reduced rumination, improved emotional well-being, and enhanced relationship quality (Bono et al., 2008; Toussaint et al., 2015), yet clients may also anticipate vulnerability or repeated harm when considering whether forgiveness is appropriate (Lamb, 2005; Worthington, 2006). These appraisals interact with dispositional tendencies and moral beliefs, leading to forgiveness decisions that emerge from the interplay of individual

characteristics and contextual cues rather than from any single client factor alone (Fehr et al., 2010; Fincham et al., 2004). Although client characteristics shape general tendencies toward forgiveness, these same interpretive processes become especially important in therapeutic contexts, where clients must make sense of the psychologist's behaviour and response following a rupture to evaluate whether repair or forgiveness is possible or safe.

2.3 Client Interpretations Following a Rupture

Ruptures in the therapeutic relationship, commonly defined as disruptions in collaboration, trust, or mutual understanding, require responses from psychologists that are not only behaviourally appropriate but also meaningfully interpreted by clients (Safran & Muran, 2000). Contemporary research suggests that the impact of a therapist's response is shaped not solely by what is said or done, but also by how the client perceives, evaluates, and interprets that response within the relational context (Horvath et al., 2011; Safran et al., 2011). Qualitative studies examining therapists' reactions to negative client feedback indicate that clients actively construct meaning around therapists' behaviour, and these interpretations play a central role in determining whether relational repair occurs or dissatisfaction persists (Coutinho et al., 2011).

To understand how clients evaluate therapist responses following a rupture, three interrelated interpretive dimensions can be identified: (1) interpretations of the psychologist accepting accountability, (2) interpretations of responsiveness to the rupture, and (3) interpretations of professional role and boundaries (Coutinho et al., 2011; Horvath et al., 2011; Safran et al., 2011; Safran & Muran, 2000). Although analytically distinct, these dimensions are closely interconnected and together provide a useful framework for understanding how clients make sense of a therapist's behaviour and its implications for the therapeutic relationship (Eubanks et al., 2018). Furthermore, these interpretive processes are central to forgiveness, as a client's willingness to reduce revenge and avoidance motivations (McCullough et al., 1998) may depend on perceptions of a psychologist's response as being accountable, sincere, and consistent with professional norms. Clients may therefore be more likely to view relational repair as possible and engage in forgiveness-related motivational shifts when these dimensions align positively.

2.3.1 Interpretations of Psychologists' Accountability

A central dimension of client interpretation concerns whether the psychologist is perceived as acknowledging and taking responsibility for the rupture. Accountability functions as a key relational signal, indicating whether the therapist recognises the harm caused and is willing to engage in repair (Safran & Muran, 2000). Research suggests that when therapists openly acknowledge client dissatisfaction and reflect on their own contribution to relational difficulties, it promotes learning, responsiveness, and the enhancement of therapeutic processes (Muran & Eubanks, 2020; Safran et al., 2011). From the client's perspective, such behaviours are likely to be interpreted as genuine engagement with the rupture and a willingness to repair the relationship (Horvath et al., 2011).

Client evaluations of accountability encompass not only whether the therapist acknowledges the rupture but also how the therapist responds to it. Clients attend to the therapist's willingness to reflect, take responsibility, and engage in collaborative repair efforts, rather than to any single behaviour in isolation (Safran et al., 2011). They also evaluate the quality and authenticity of the therapist's response, distinguishing between meaningful ownership of harm and responses perceived as superficial, defensive, or strategically motivated (Safran et al., 2011). When accountability is interpreted as insincere or incomplete, it may fail to resolve dissatisfaction and instead reinforce relational distance. Conversely, the absence of accountability, including silence, avoidance, or failure to acknowledge the issue, may be construed as a refusal to accept responsibility, thereby increasing the likelihood of ongoing dissatisfaction or disengagement (Safran & Muran, 2000). Forgiveness literature suggests that if an apology is perceived as insincere, the hesitant victim may consider whether offering unconditional forgiveness, that is, forgiveness extended in the absence of genuine repentance or remorse, is justified (Hallich et al., 2025). Importantly, research indicates that therapists are not always aware of unexpressed client dissatisfaction, suggesting that opportunities for accountability may be overlooked entirely (Miller, 1991).

2.3.2 Interpretation of Responsiveness to the Rupture

In addition to evaluating accountability, clients interpret how the psychologist responds to the rupture itself, particularly in terms of emotional and relational engagement. Responsiveness reflects the extent to which the therapist actively addresses the rupture, engages with the client's concerns, and adapts their behaviour in light of the feedback provided

(Safran & Muran, 2000). Qualitative findings indicate that therapists who invite dialogue, express understanding, and flexibly accommodate client concerns are more likely to facilitate productive outcomes such as forgiveness following negative feedback (Muran & Eubanks, 2020). From the client's perspective, such responses may be interpreted as active efforts to repair the relationship, signalling openness, collaboration, and emotional alignment. These responses align with rupture-repair models, which emphasise the importance of addressing relational breakdowns directly and constructively (Horvath et al., 2011; Safran et al., 2011).

In contrast, responses characterised by limited or minimal engagement, such as acknowledging feedback without further exploration or proceeding with the session without addressing the rupture, may be interpreted as insufficient (Safran & Muran, 2000). Even when therapists adopt a calm or neutral stance, the absence of explicit engagement may be interpreted as disinterest or avoidance. In some instances, therapist responses may be perceived as exacerbating the rupture, particularly when they contribute to clients' experiences of being misunderstood, dismissed, or unsupported (Horvath et al., 2011). The literature further suggests that therapists' own emotional reactions (e.g., defensiveness or anxiety) may interfere with their capacity to respond effectively, thereby shaping how clients evaluate the adequacy of the response (Muran & Eubanks, 2020; Safran et al., 2011).

2.3.3 Interpretation of Professional Boundaries

A third dimension shaping client interpretation concerns how therapist responses are evaluated in relation to professional roles, ethical standards, and boundaries. Clients do not interpret a therapist's behaviour solely at an interpersonal level; rather, they also draw on broader expectations regarding what constitutes appropriate professional conduct (American Psychological Association, 2017; New Zealand Psychologists' Board, 2018). Therapists are expected to demonstrate competence, responsibility, and ethical awareness as integral components of their professional role. When responses align with these expectations, such as maintaining composure, responding thoughtfully, and upholding professional standards, clients may interpret the behaviour as appropriate, even in the absence of pronounced emotional expression (Safran & Muran, 2000). This suggests that adherence to professional norms may, in some cases, buffer against negative interpretations of therapist behaviour. However, when responses are perceived as violating professional expectations, for example, through dismissiveness, lack of care, or failure to engage with client concerns, this can undermine trust

and adversely affect relational outcomes (Safran & Muran, 2000). This aligns with forgiveness research, which further suggests that apologies, specifically, signal acceptance of responsibility, acknowledgement of harm, and willingness to repair, all of which are normative moral obligations expected after wrongdoing (Sugimoto, 1998).

Clients may also interpret therapist behaviour through a lens that differentiates between personal and professional domains. In some instances, behaviours may be contextualised as reflective of the therapist's personal identity rather than their professional role, which can influence how responsibility is attributed and whether the behaviour is evaluated as problematic (Dobson et al., 2022; White & Hanley, 2022). These variations in interpretation underscore the complexity of how professional standards are applied and negotiated within therapeutic contexts. Publicly available personal information about a therapist may, therefore, carry different meanings for clients, depending on whether it is interpreted as a private expression or as indicative of the therapist's professional values and judgement (American Psychological Association, 2017; Zur, 2009).

2.4 Online Hate, Immoral Posts, and Social Media in the Therapeutic Context

In contemporary online environments, the rapid and widespread dissemination of information has amplified the visibility and impact of harmful content, including hate, extremism, and morally objectionable material (Vasist et al., 2014). The ability for content to be shared anonymously, and at a global level, has created ongoing dilemmas of hate and extremism being spread using the Internet (Vasist et al., 2014). Immoral posts are content that violates widely held societal and moral norms, often including hate speech, provocation, and misrepresentation, which may contribute to social division, incite violence, and harm an individual's reputation and broader societal values (Vasist et al., 2014). Online hate speeches, often denoted as a chat, are messages that can cause assault to various groups and communities of different characteristics, some of which include race, religion, sexual identities, and disabilities (Williams, 2019). It also encompasses targeted harassment of individuals through online-specific practices such as trolling (repeated provocation) (Rieger et al., 2021), doxxing (the purposeful public release of private and/or personal information) (Eckert & Metzger-Riftkin, 2020), the circulation of derogatory memes or manipulated images, and the distribution of revenge pornography.

It is important to note that how a user perceives social media content depends on a range of contextual factors (Schmid et al., 2022). Like other forms of media, the perception of concepts, such as hate speech, is not universal but is influenced by individual characteristics, such as trust and empathy, in shaping perceptions of objectionability, as well as the presentation and content of the message (Cameron et al., 2021; Feddes & Jonas, 2020; Schmid et al., 2022). The present study emphasises this interpretive variability by examining how clients may perceive a psychologist's online content as morally inappropriate and how such perceptions shape the therapeutic relationship and willingness to forgive. Accordingly, the following sections examine online activity within the therapeutic space, including mental health professionals' online activity, professional competence in digital contexts, clients' use of social media, and clients' intentional or unintentional discoveries about their psychologists' online presence.

2.4.1 Searching Clients Online and Mental Health Professionals Online Activity

Thabrew and colleagues (2018) conducted an online survey of 1,850 clinical psychologists, psychotherapists, and psychiatrists working in New Zealand regarding their experiences with patient-targeted googling (PTG) and their knowledge of therapist-targeted googling. Findings indicated that 53% of respondents engaged in PTG, but only 10% had received education on the subject. Notably, most PTG occurred without patient consent, and documentation practices were inconsistent, underscoring the absence of clear professional guidance. The researchers concluded that New Zealand mental health professionals engage in PTG with limited professional guidance and education, reinforcing the need for explicit ethical frameworks and training to support safe and transparent digital practice. To date, only one published New Zealand study has examined this practice (Thabrew et al., 2018), highlighting the scarcity of local evidence.

Lehavot and colleagues (2010) conducted an exploratory online survey involving psychology graduate students regarding their online activities. From the 302 students who responded to the email advertising the study, approximately 82% considered themselves student psychotherapists, and 81% reported having a personal social media profile (e.g., Facebook, MySpace, dating profile). The data collected on Internet activity indicated that a considerable number of students used social networking sites. When examining whether students posted content online, such as personal information and/or photos they would not want

their clients, faculty, or classmates to see, 3% reported posting photos, and 6% reported posting personal information they did not want their classmates to see. These percentages increased when considering content that they did not want their faculty to see, with 13% reporting posting photos and 11% reporting posting personal information. The highest rates were observed in relation to clients, with 29% of student psychotherapists reporting posting photos, and 37% reported posting personal information they did not want their clients to see.

2.4.2 Professional Competence and Social Media Use Within the Therapeutic Context

The New Zealand Psychologists Board (2018) developed Core Competencies for the Practice of Psychology in Aotearoa. The competencies highlight that practising Psychologists are required to demonstrate knowledge and skills specific to their relevant scope of practice. However, while existing core competency frameworks outline broad professional expectations for psychologists, they do not provide specific guidance on the knowledge and skills required to manage social media in line with professional responsibilities. Although documents such as Maintaining Professionalism When Using Social Media Networking (New Zealand Psychologists' Board, 2013) provide foundational principles for psychologists' online conduct, they stop short of outlining the practical competencies required to navigate contemporary platforms and emerging digital risks.

Smith and colleagues (2021) conceptualise competence regarding a therapist's use of social media in two ways. First, therapists must understand how to navigate social media platforms, including recognising the distinction between private communications with an individual client and the dissemination of information to a broader online audience. Second, therapists are required to develop competence in the content they choose to share online. This requires therapists to consider that when engaging with online content, even content that is outside their area of expertise, they may be perceived as representing the broader profession. Although practitioners' occasional use of social media is often viewed as controversial, it generally does not lead to professional disrepute (White & Hanley, 2022). Nevertheless, it is advisable to maintain clear boundaries between personal and professional social media use wherever possible (White & Hanley, 2022).

A study conducted by Southwick et al. (2022) examined how social media and digital data were incorporated into mental health therapy from both clinician and patient viewpoints.

Patients frequently shared their social media content with their therapist during sessions, often using posts to illustrate aspects of their lives, relationships, or experiences. Approximately half of the patients reported directly sharing or summarising social media content with their therapist within the past month. Therapists, however, expressed concerns about the clinical use of social media data, noting that such content may be curated, non-reflective, or unrepresentative of a patient's genuine thoughts and emotions. Therapists further emphasised that social media content is often crafted for public audiences and may not authentically reflect an individual's internal experiences, complicating its use as therapeutic material.

Overall, the literature suggests that social media use within therapeutic contexts presents both opportunities and challenges for contemporary psychological practice. Although digital platforms may provide valuable sources of information, avenues for client disclosure, and new forms of engagement, their use also raises significant concerns about authenticity, privacy, boundaries, and professional competence. Psychologists are, therefore, required to navigate online environments with careful consideration of the ethical and relational implications of their behaviours, recognising that personal and professional identities may become increasingly difficult to disentangle in digital spaces. As social media becomes further embedded in everyday life, developing the competencies required to engage with online platforms responsibly is likely to remain an essential component of ethical psychological practice.

2.4.3 Clients' Use of Social Media and Digital Technologies in the Context of Mental Health

Research indicates increasing access to mobile devices among individuals with mental health disorders, with several studies showing high rates of social media use within this population (Firth et al., 2015; Glick et al., 2016). Individuals with a range of mental health conditions, including psychotic disorders and depression, report regular engagement with social media platforms (Aschbrenner et al., 2018; Brinbaum et al., 2017; Brunette et al., 2019). Consistent with broader evidence that patterns of digital engagement vary across groups, a study conducted by Trefflich and colleagues (2015) involving 346 adult inpatients and outpatients at the University of Leipzig's Department of Psychiatry found that approximately 80% of psychiatric patients were Internet users who accessed social media websites at least once per week. Notably, younger patients were more likely to use online resources, particularly

search engines, to obtain medical information, suggesting that digital engagement patterns differ across demographic groups and may reflect age-related preferences for online health information seeking.

Brunette and colleagues (2019) examined the use of social media, computers, smartphones, and other digital technologies among individuals with serious mental health illnesses in the United States. Using a convenience sample of 403 patients receiving treatment across four community mental health centres, the study found that 68% of participants reported using social media. Social media use was most common among individuals under 50 years of age, with platforms such as Facebook, Instagram, Snapchat, and X used to varying degrees across age groups. Survey data indicated high levels of digital engagement among individuals receiving mental health services, with many reporting regular use of online platforms and expressing willingness to participate in digital mental-health interventions. Approximately 75% of respondents indicated that they would consider using online or technology-based therapeutic tools. These findings suggest that clients increasingly expect aspects of mental health support to be accessible in digital environments, underscoring the importance of psychologists maintaining professional competence in online contexts. The high prevalence of digital engagement among individuals with severe mental health conditions further highlights the extent to which clients operate in digital spaces, reinforcing the need for psychologists to manage their online presence in accordance with professional responsibilities.

2.4.4 Client's Intentional or Unintentional Findings of Information about their Psychologists Online

Kolmes and Taube (2016) conducted an online survey examining clients' experiences of obtaining professional or personal information about their psychotherapist online, intentionally or accidentally. The survey explored how clients searched for their therapist online, their motivations for doing so, and the perceived impact of the information they found on their beliefs about the therapist and the therapeutic process. Of the initial 488 respondents, 56% participants who reported finding information about their therapist online were included in the analysis. Approximately 75% of participants resided in the United States, with the remaining 25% primarily located in the United Kingdom.

The study found that 70% of participants had discovered personal information about their psychotherapist online. Among these, 87% reported intentionally seeking information, while 13% encountered it accidentally. Most intentional seekers (98%) used a general search engine, and over half (55%) used a specific networking site. A small number of participants reported more intrusive behaviours, including paying for access to public records (3%), and in one case, hacking into an account. The most commonly discovered category of information was family-related content (61%). One participant, for example, described learning about their therapist's husband's serious accident following drunk driving, which subsequently made them reluctant to disclose certain aspects of their own life.

Curiosity was the most frequently reported motivation for searching (81%). Some participants (18%) indicated that online information helped them decide whether to meet with a therapist initially, while others (24%) reported that it influenced their decisions to continue therapy. The two most commonly reported negative outcomes were reduced comfort (25%) and increased distress (25%). Although most participants reported no impact across other domains, smaller proportions described either positive or negative effects on aspects of the therapeutic relationship, including: treatment continuation, perceived treatment success, hope, willingness to return, level of disclosure, therapeutic alliance, trust, closeness, confidence in the clinician, and the ability to work with or identify with the therapist. A minority of participants reported more pronounced relational consequences. One participant described feeling betrayed after discovering that their therapist had lied about the type of dogs they owned. When confronted, the therapist attempted to evade the issue, resulting in a significant loss of trust. This example illustrated how even seemingly minor inconsistencies in a therapist's online presence can affect clients' perceptions of authenticity, transparency, and relational safety, aligning with broader research on rupture and repair processes.

Eichenberg and Sawyer (2016) conducted a survey examining the behaviours and attitudes of current and former German-speaking psychotherapy patients regarding online searches for information about their psychotherapist. Their findings differed from those of Kolmes and Taube (2016) in several respects, highlighting variability in both the prevalence and perceived impact of online therapist searches across samples and cultural contexts. The study recruited 238 participants, the majority of whom were women (78%).

The study found that 45% of participants had intentionally sought information about their therapist, with 80% of these individuals using the internet to do so. Among participants who reported searching, the most common motivations were curiosity (47%), selecting the right therapist (42%), and getting to know the therapist better (37%). Participants were most likely to search when the therapy was not progressing well (36%) or when they desired a more personal connection with the therapist (19%). Approximately 20% of participants reported discussing their findings with their therapist, and nine noted that their therapist responded positively. A subset of participants (18%) indicated that online research had influenced the therapeutic relationship, and they reported changes clustered around four areas: increased feelings of security, enhanced confidence in the therapeutic relationship, a greater sense of being informed about the therapy, and increased openness stemming from knowledge of the therapist's professional expertise. These findings suggest that therapist-targeted googling may have nuanced relational effects, with some clients experiencing greater reassurance or connection. In contrast, others may engage in searching as a response to therapeutic or relational strain.

Psychotherapists' approaches vary across modalities and training backgrounds; however, therapeutic progress typically depends on the client's willingness to engage openly with the therapist (Eichenberg & Sawyer, 2016). The therapeutic relationship is inherently asymmetrical; that is, clients disclose personal and confidential experiences, while therapists do not typically reciprocate in kind (Eichenberg & Sawyer, 2016). The pervasive availability of online information has blurred these traditionally distinct personal-professional boundaries, reducing therapists' ability to manage when and what clients learn about them (Behnke, 2013; Tunick et al., 2011; Zur et al., 2009). This shift introduces new complexities in managing self-disclosure, privacy, and clients' expectations for therapy.

Online environments can also amplify conflictual or morally charged interactions, raising important questions about how such content is interpreted when disseminated by individuals in professional roles, such as psychologists. Clinicians must recognise that clients may view any online post, comment, or blog entry, and that once shared, such information may be difficult or impossible to retract. The blurring of the line between personal and professional online conduct creates ethical and moral challenges for practitioners, underscoring the need for clearer guidance on professional boundaries online and on the implications of digital behaviour for therapeutic relationships. From a forgiveness perspective, offensive online posts may

function as relational cues that shape clients' initial interpretations of the therapist's moral character and the safety of the therapeutic relationship. Immoral or objectionable posts may heighten clients' avoidance motivations, diminish trust, and reduce the perceived legitimacy of forgiving the therapist. However, it is often the therapist's response when the offence is raised, including perceived accountability and an apology, that supports more constructive forgiveness-related responses.

2.5 The Present Study, Research Hypotheses, and Research Questions

Despite a substantial body of research examining forgiveness in interpersonal contexts, a notable gap remains in understanding how forgiveness operates within therapeutic relationships, particularly in response to a psychologist's social media transgression. Although prior literature has established that forgiveness is shaped by cognitive, emotional, behavioural, relational, and contextual factors, relatively little is known about how these processes function when an offender occupies a professional role, such as that of a psychologist. Given the increasing integration of social media into everyday life, it is important to examine how such transgressions influence a client's willingness to forgive.

The present study addresses this gap in the literature by employing an experimental vignette design to examine how three key factors: Offence Severity (Moderate versus Severe), Therapeutic Relationship Length (Short Term versus Long Term), and Psychologist Response (Apology versus No Apology), influence Willingness to Forgive in the context of a client encountering an offensive social media post made by their psychologist. These variables were selected based on established findings within the forgiveness literature, which consistently underscore the importance of transgression characteristics, forgiveness behaviour, and relational context in shaping forgiveness decisions.

Forgiveness is operationalised using the Revenge and Avoidance subscales of the TRIM-12, thereby capturing behavioural motivations associated with willingness to forgive. In line with the TRIM-12 scoring structure, higher scores reflect greater unforgiveness (i.e., stronger Revenge and Avoidance Motivations), whereas lower scores indicate reduced unforgiveness and therefore a greater willingness to forgive (McCullough et al., 1997). All hypotheses involving TRIM-12 scores should be interpreted within this framework. In addition to the TRIM-12, a single-item measure asked participants directly whether they would be

willing to forgive the psychologist ("yes" or "no"), providing a complementary and explicit indicator of forgiveness decisions.

2.5.1 Main Effects

First, it is hypothesised that the severity of the offence will significantly influence forgiveness outcomes. Existing research indicates that more severe transgressions are associated with lower levels of forgiveness, as they elicit stronger emotional reactions, intensify perceptions of harm, and heighten attributions of blame (Day, 2014).

> **H1:** Participants exposed to vignettes where a Severely Offensive social media post was viewed will report higher scores on the Revenge and Avoidance subscales of the TRIM-12 forgiveness scale and lower Willingness to Forgive compared to participants who were exposed to vignettes of Moderately Offensive social media posts.

Second, the length of the therapeutic relationship is expected to influence forgiveness. Strong therapeutic alliances have been shown to buffer the impact of relational disruptions, with more established relationships characterised by greater trust, investment, and openness to repair (Safran et al., 1994).

> **H2:** Participants exposed to vignettes where there was an established Long-Term Therapeutic Relationship will report lower scores on the Revenge and Avoidance subscale of the TRIM-12 forgiveness scale and higher Willingness to Forgive compared to participants who were exposed to vignettes where there was a Short-Term Therapeutic Relationship.

Third, the presence or absence of an apology is expected to significantly influence forgiveness outcomes. Apologies are widely recognised as a key mechanism in facilitating forgiveness, as they signal remorse, accountability, and a commitment to repair (Fehr et al., 2010; Wallace et al., 2019). Conversely, the absence of an apology may be interpreted as a lack of acceptance of responsibility, thereby reducing willingness to forgive (Lamb, 2005).

> **H3:** Participants exposed to vignettes where there was No Apology from the psychologist following a social media offence will report higher scores on the Revenge

and Avoidance subscales of the TRIM-12 forgiveness scale and lower Willingness to Forgive compared to participants who were exposed to vignettes where there was an Apology from the psychologist.

2.5.2 Interaction Effects

Beyond these main effects, the literature suggests that interactions among transgression characteristics, offender responses, and relational context shape forgiveness. For instance, apologies, which typically involve acknowledgment of harm, acceptance of responsibility, and expression of remorse, tend to be more effective in facilitating forgiveness when the offence is less severe (McCullough et al., 1997). In contrast, more serious transgressions often require additional reparative efforts beyond what an apology alone can provide.

H4: A significant interaction between the level of Offence and the Psychologist's Response will be present. Specifically, it is expected that, in vignettes with a Moderately Offensive social media post and an Apology from the psychologist, participants will report lower scores on the Revenge and Avoidance subscales of the TRIM-12 forgiveness scale.

The buffering role of the therapeutic relationship may be particularly salient in the context of more serious transgressions. Established relationships, characterised by greater trust and relational investment, may attenuate the negative impact of severe violations and increase the likelihood of forgiveness (Safran et al., 1994).

H5: A significant interaction between the level of Offence and the Length of the Therapeutic Relationship will be present. Specifically, it is expected that in vignettes where there was a Severely Offensive social media post and a Long-Term Therapeutic Relationship, participants will report lower scores on the Revenge and Avoidance subscales of the TRIM-12 forgiveness scale.

Similarly, long-term therapeutic relationships may enhance the effectiveness of responses, such as apologies, as clients in established therapeutic relationships may be more likely to interpret a therapist's responses as sincere and meaningful (Safran et al., 1994).

H6: A significant interaction between the Length of the Therapeutic Relationship and the Psychologist's Response will be present. Specifically, it is expected that in vignettes where there is a Long-Term Therapeutic Relationship Length and an Apology from the psychologist, participants will report lower scores on the Revenge and Avoidance subscales of the TRIM-12 forgiveness scale.

Finally, forgiveness is likely to be shaped by the combined influence of all three factors. From a theoretical perspective and previous research, it is reasonable to expect that willingness to forgive will be lower in contexts characterised by higher offence severity, the absence of an apology, and shorter relationship length, and higher in contexts where transgressions are less severe, accompanied by reparative responses, and embedded within a long-term therapeutic relationship.

H7: A significant three-way interaction between the level of Offence, the Psychologist's Response, and the Length of the Therapeutic Relationship will be present. Specifically, higher scores from the Revenge and Avoidance subscales of the TRIM-12 forgiveness scale are expected when the level of Offence is Severe, the psychologist offers No Apology, and there is a Short-Term Therapeutic Relationship.

Overall, these hypotheses are informed by established forgiveness research while extending this body of work into a novel and clinically relevant context. By examining how Offence Severity, Psychologists' Response, and Therapeutic Relationship Length interact to influence forgiveness, the present study aims to provide insight into how clients evaluate and respond to professional transgressions, particularly within the evolving context of social media use.

2.5.3 Research Questions

Understanding how individuals conceptualise and respond to forgiveness is essential for clarifying the psychological processes that shape interpersonal repair, moral judgement, and relational decision-making. Although existing research has examined forgiveness from multiple theoretical and empirical perspectives (e.g., Enright et al., 2000; McCullough et al., 2000; Worthington, 2007), little is known about how adults in New Zealand define forgiveness, what factors influence their willingness to forgive, and how these understandings extend to

evaluations of professional behaviour in digital environments. Specifically, the present study investigates the following three research questions:

RQ1: What components do adults in New Zealand include in their definitions of forgiveness?

RQ2: What factors influence adults in New Zealand to forgive or not forgive in response to a psychologist's online social media offence?

RQ3: How do adults in New Zealand interpret a psychologist's response following a social media transgression made by their psychologist online?

Collectively, these research questions provide a comprehensive framework for examining forgiveness as both a personal and relational process, while also extending this inquiry into the professional domain where psychologists' online conduct may influence client perceptions and relational trust. By exploring these important factors, the present study aims to highlight the importance of accountability, digital behaviour, and relational expectations in shaping whether forgiveness is granted, both in everyday interpersonal relationships and within the unique power dynamic of the therapeutic alliance.

Chapter Three: Methods

3.0 Introduction

The following chapter outlines the methodological approaches used to investigate adults' willingness to forgive a psychologist following a social media transgression in New Zealand. This section first describes the research design and sampling method used to recruit participants for the study. The chapter then details the measures and materials used in the study, including a dichotomous item assessing whether participants were willing to forgive the psychologist, vignette scenarios, the adapted Transgression-Related Interpersonal Motivations (TRIM-12) scale (McCullough et al., 1998), and open-ended survey items. This is followed by the study's procedure, including participant recruitment, survey design, and the use of online platforms such as Prolific, Qualtrics, Microsoft Excel, and IBM SPSS (2025). The study then describes the quantitative analytical strategies, including binary logistic regression and a three-way analysis of variance (ANOVA), to examine the effects of Offence Severity, the Psychologist's Response, and the Length of the Therapeutic Relationship on Willingness to Forgive. Finally, the chapter outlines the Qualitative Content Analysis (QCA) procedures used to analyse participants' written responses, including the development and application of a deductively informed coding framework guided by Schreier's (2012) methodological approach.

3.1 Research Design

This study used a mixed-methods approach. Simply put, mixed-methods research combines quantitative and qualitative data, allowing a researcher to understand their research problems from multiple perspectives (Greene & Hall, 2010). Mixed methods research provides a robust framework for capitalising on the strengths of one methodology approach (e.g., the rich, in-depth narratives generated through qualitative inquiry) while addressing the limitations of another (e.g., the limited opportunity for participant voice often associated with quantitative methods) (DeCuir-Gunby & Schutz, 2017). By integrating quantitative and qualitative data, the study examined specific variables that influenced willingness to forgive, participants' interpretations of the transgression, and the reasoning underlying their responses.

Quantitatively, the study utilised a 2 x 2 x 2 full factorial experimental design with three predictor variables: Offence Severity (Moderate versus Severe), Psychologist's Response

(Apology versus No Apology), and Therapeutic Relationship Length (Short Term versus Long Term). The between-subjects design enabled the examination of the unique and combined effects of these variables on Willingness to Forgive. In a between-subjects design, each participant is exposed to only one experimental condition (Charness et al., 2012), allowing examination of the unique and combined effects of the three variables on forgiveness-related outcomes for the present study. Although exposure to a single vignette can reduce the likelihood that participants compare conditions or infer the study's purpose, causal inference in vignette experiments can still be supported by random assignment, even when multiple vignettes are presented (Charness et al., 2012). The factorial structure was selected because it allowed simultaneous testing of main and interaction effects across multiple experimentally manipulated conditions.

Qualitatively, the study incorporated three open-ended survey questions to elicit participants' definitions of forgiveness, the factors influencing their forgiveness decisions, and their interpretations of the psychologist's response. The data was analysed using Qualitative Content Analysis (QCA) as outlined by Schreier (2012), a systematic method for the structured retrieval and evaluation of textual material. A deductive coding frame, informed by the existing literature on forgiveness, rupture-repair, and psychotherapy, was systematically applied to identify recurring themes while maintaining sensitivity to participants' own language and meaning-making process (Schreier, 2012). The qualitative component complemented the quantitative analyses by providing deeper insight into the cognitive, emotional, behavioural, and relational processes underpinning participants' judgements, thereby strengthening the study's mixed-methods design.

3.2 Sampling Method and Participants

The present study employed a non-probability convenience sampling strategy using Prolific as the recruitment platform. This approach is commonly used in psychological and clinical research as it enables efficient recruitment of diverse adult participants who meet the study criteria. This approach involves recruiting participants who are readily accessible to the research, such as individuals available on online platforms (Stratton, 2021). A limitation of this sampling method is that although Prolific is recognised as a reliable source of diverse and comparatively high-quality participant samples in psychological research (Peer et al., 2017), online recruitment may still limit the representativeness and generalisability of the sample.

Research indicates that online participants often differ in demographic compositions, digital literacy, and familiarity with online environments (Buhrmester et al., 2018; Peer et al., 2017). However, given that the present study examined responses to a psychologist's online transgression, this increased digital familiarity may also be advantageous. The sample may be more representative of the online population, which is more likely to encounter, interpret, and respond to such posts, even if not fully representative of all adults in Aotearoa. This dual implication should be considered when interpreting generalisability.

To determine the minimum required sample size for testing the study's hypotheses, an a priori power analysis was performed using G*Power version 3.1.9.7 (Faul et al., 2007) before participant recruitment. The analysis indicated that a minimum sample size of $N = 128$ was required to achieve 80% statistical power to detect a medium effect size at a significance level of $\alpha = .05$ in a three-way analysis of variance (ANOVA). Based on this estimate, 150 participants were recruited through Prolific to account for potential exclusions, incomplete responses, or missing data. The sample met the required overall sample size and was therefore considered sufficient to test the study's hypotheses.

Participant characteristics, including age group, gender, occupation, and ethnicity, are summarised in Tables 1 and 2. From Table 1, the largest proportion of participants belonged to the 25 - 34 years and 45 - 54 years age categories. Across the full sample, the mean age was 41.6 years (SD = 13.1). Gender distribution was broadly balanced, although female participants were represented at a marginally higher rate than male participants. Most participants reported being employed at the time of the study.

Table 1

Age Group, Gender, and Occupation Characteristics of Participants

Characteristics	*N*	%
Age Group (Years)		
18-24	14	9.30
25-34	41	27.30
35-44	30	20.00
45-54	41	27.30

55-64	17	11.30
65+	7	4.70
Gender		
Male	72	48.00
Female	76	50.70
Non-Binary/Third Gender	1	0.70
Missing Variable	1	0.70
Occupation		
Employed	91	60.70
Self-Employed	24	16.00
Student	13	8.70
Unemployed	7	4.70
Retired	10	6.70
Unpaid Work	3	2.00
Prefer not to Say	2	1.30

Participant ethnicity is presented in a separate table (see Table 2). A greater proportion of participants identified as New Zealand European, whereas Tongan was the least frequently identified ethnic group. Notably, the proportion of participants identifying as Māori was low, indicating that the study sample is not representative of the Aotearoa population. This limitation should be considered when interpreting the demographic context of the findings and their relevance to the population's representativeness in Aotearoa.

Table 2

Participant Ethnicity

Ethnicity	*N*	Response %	% of Cases
Māori	12	7.10	8.00
NZ European	105	62.10	70.00
Samoan	2	1.20	1.30
Cook Island Māori	4	2.40	2.70
Tongan	1	0.60	0.70
Chinese	13	7.70	8.70
Indian	8	4.70	5.30

Other	24	14.20	16.00
Total	169	100.00	112.70

Note. Frequencies exceed the total sample size ($N = 150$) as participants could select more than one ethnicity; therefore, the categories are not mutually exclusive.
"Response %" reflects the proportion of all ethnicity selections, whereas "% of Cases" reflects the proportion of participants who selected each ethnicity.

3.3 Materials and Measures

Data for this study were collected using the Qualtrics platform. This secure web-based survey tool enables users to design and distribute surveys, collect responses, and analyse data within a single integrated system (Qualtrics, 2026). Qualtrics was used to design, host, and distribute the online questionnaire, ensuring that all study materials were presented in a standardised format to each participant. Qualtrics presented participants with the information sheet (see Appendix A), obtained electronic informed consent (see Appendix B), administered the demographic questions, vignette materials, the adapted TRIM-12 items, and open- and closed-ended questions, and finally, the debriefing materials (see Appendix C). The platform was also used to randomly allocate participants to one of the eight vignette conditions within the 2 x 2 x 2 factorial design, ensuring consistent administration of the experimental manipulations.

3.3.1 Vignette Materials

The vignette method involves presenting participants with realistic, plausible scenarios that include stimuli reflecting the specific situation or context under investigation (Silva et al., 2019). The flexibility to manipulate elements such as structure, content, and delivery mode makes the vignette method highly adaptable for addressing a wide range of research objectives and designs (Puzanova et al., 2017). The primary rationale for employing the vignette technique was to address the study's research hypotheses by examining how participants interpreted and made sense of a social media offence committed by a psychologist.

The decision to employ the vignette method in this study was informed by broader methodological literature supporting the use of vignettes to examine participant responses to

hypothetical ethical dilemmas and interpersonal scenarios. Previous research has also demonstrated that case studies and vignette-based approaches can be useful for exploring ethical dilemmas (McCarron & Stewart, 2011). The current study preferred the written vignette format over audio-visual or interview-based scenario formats, as they allow for greater depth and variety in conveying the nuances of experienced or observed offences (McCarron & Stewart, 2011). The present study developed eight versions of the vignette (see Appendix D) that varied in the manipulated predictor variables. Each vignette ranged from 74 to 81 words. This study aimed to develop vignettes that provided sufficient contextual detail for participants to comprehend the therapist-client scenario presented, while retaining ambiguity in the description of the offence to encourage participants to draw on their own perspectives and reasoning when forming judgements (Finch, 1987).

The vignettes were brief scenarios depicting a psychologist's transgression on social media. Each vignette was presented with varying levels of the predictor variables: Offence Severity, Therapeutic Relationship Length, and the Psychologist's Response. Offence Severity referred to the seriousness of the psychologist's social media transgression. This variable had two levels: Moderate and Severe. The Offence Severity was manipulated in the vignette by describing the client (participant) as viewing either a moderately or a severely offensive social media post made by their psychologist online. The specific nature of the offensive post was not predetermined, as it was not possible to predict what participants would individually perceive as moderately versus severely offensive. Therapeutic Relationship Length refers to the duration of the client-psychologist relationship. This variable had two levels: Short-Term and Long-Term. Relationship Length was manipulated by describing the client (participant) as seeing the therapist for either 2 or 10 sessions. The Psychologist's Response referred to how the psychologist responded to the client (participant) when the offensive social media post was brought up in the following session. This variable had two levels: Apology and No Apology. In the apology condition, the psychologist acknowledged the harm and apologised. In the no-apology condition, the psychologist did not acknowledge the harm and moved on.

Vignette methodology offers a balanced approach by eliciting responses that reflect participants' interpretations, judgement processes, and values while maintaining experimental control (Silvia et al., 2019). This flexibility, however, also introduces ambiguity, which posed as a limitation for the present study. Participants may have found that the limited details in the

vignette made it difficult to form clear forgiveness-related judgements or to confidently interpret the psychologist's behaviour. than grounded in an emotional experience of harm.

3.3.2 Measures of Forgiveness

The present study employed two measures of forgiveness. The first measure was the TRIM-12 scale, which was utilised to assess participants' Revenge and Avoidance Motivations following the vignette scenarios; the second measure was a dichotomous item asking whether participants would be willing to forgive the psychologist. It is important to note that although both measures address the same underlying research question, that is, a client's willingness to forgive a psychologist following an online transgression, they operationalise forgiveness in conceptually distinct ways.

The TRIM-12 provides a validated and reliable indicator of reduced unforgiveness; however, the scale does not account for benevolent, prosocial motivations that characterise full forgiveness. Instead, lower TRIM-12 scores are interpreted as an individual's increased willingness to forgive, reflecting the motivational preconditions for forgiveness rather than forgiveness itself (Pettigrove & Enright, 2023). This is further supported by Wade and Worthington (2003), who also explain that lower scores on the TRIM-12 should not be assumed to indicate the presence of forgiveness as the scale does not assess the emergence of positive feelings, thoughts, or benevolent intentions toward an offender.

In contrast, the dichotomous forgiveness item assessed forgiveness itself by directly asking participants whether they were willing to forgive the psychologist. The TRIM-12 scale infers willingness to forgive by measuring reductions in Revenge and Avoidance Motivations, whereas the dichotomous item captures participants' conscious, self-evaluative judgements of forgiveness. Accordingly, the dichotomous item offers a complementary perspective by measuring the presence of forgiveness rather than the absence of unforgiveness, enabling comparison between implicit motivational indicators and explicit self-report judgements.

Adapted Transgression-Related Interpersonal Motivations Scale (TRIM-12) Measure. This study employed the 12-item version of the Transgression-Related Interpersonal Motivations (TRIM) scale (McCullough et al., 1998) to assess participants' willingness to forgive their psychologist after exposure to an offensive social media post, with a focus on

Revenge and Avoidance Motivations. The TRIM scale conceptualises unforgiveness as a fear-based secondary emotion that motivates avoidance or retaliatory behaviour (Čekrlija et al., 2019) and is widely used as an inverse indicator of willingness to forgive. When these motivations decrease, willingness to forgive increases. Therefore, several studies have utilised TRIM-12 scores as a proxy for forgiveness decisions (Lampton et al., 2005; McCullough et al., 1998; Orcutt, 2006).

The TRIM-12 scale is comprised of two subscales: the Avoidance subscale (seven items), which assesses the extent to which an offended individual is motivated to withdraw from or avoid the transgressor, and the Revenge subscale (five items), which measures an individual's motivation to seek retribution against a transgressor. Example Avoidance items included "I'll keep as much distance between us as possible" and "I live as if he/she doesn't exist, isn't around." Example Revenge items included "I'll make him/her pay" and "I wish something bad would happen to him/her." Items are typically rated on a five-point Likert scale from 1 (strongly disagree) to 5 (strongly agree). Subscale scores are calculated by summing responses within each subscale, with higher scores indicating greater Avoidance or Revenge Motivation toward the offender and, therefore, lower levels of Willingness to Forgive. (McCullough et al., 1998).

Research indicates that the TRIM demonstrates strong psychometric support, can be administered in under 10 minutes, and yields findings relevant to forgiveness theories (McCullough et al., 2006). In addition, the TRIM-12 is freely available for research use. The psychometric properties of the TRIM-12 measure have demonstrated reliability and validity across diverse populations and with a range of transgressor targets, including teachers and spouses. In previous research, Cronbach's alpha has been reported for the seven items on the Avoidance subscale and the five items on the Revenge subscale as .86-.94 and .90, respectively (McCullough et al., 1998). For the present study, Cronbach's alpha coefficients were .81 for the Revenge subscale and .93 for the Avoidance subscale.

The test-retest reliability, convergent and divergent validity, and construct validity of the TRIM-12 have been supported in college student populations globally (Lampton et al., 2005; Orcutt, 2006). Čekrlija et al. (2019) found evidence from reliability coefficients and principal components analysis suggesting that the Revenge and Avoidance subscales are psychometrically robust and function as unidimensional constructs. Each subscale may,

therefore, be considered a valid and distinct measure of Revenge and Avoidance Motivations, respectively. A study conducted by Webster and colleagues (2020) asked participants to complete the TRIM-12 scale after a recent transgression to indicate their willingness to forgive the offender. A confirmatory factor analysis supported the scales' structure, yielding adequate fit indices ($\chi^2(35, N = 380) = 96.97$, $p < .001$; CFI = .955; RMSEA = .068 (90% CI: .052, .085); SRMR = .044), and reliability analysis indicated good internal consistency ($a = .83$).

The present study adapted the 12 Item TRIM scale. The purpose of the TRIM-12 scale was to determine a participant's Willingness to Forgive their psychologist after encountering an offensive social media post made by their psychologist. The TRIM-12 was slightly modified to fit the context and tense of the therapist-client dynamic and vignette descriptions. No structural changes were made to the original TRIM-12 scale. To ensure contextual relevance to the vignettes presented in the study, items were reworded from present-tense statements (e.g., "I avoid him/her) to conditional, vignette-based tense (e.g., I would avoid him/her) (see Appendix E). This adaptation allowed the TRIM-12 scale to assess participants' anticipated motivational responses towards the psychologist described in the vignette while preserving the original item content and subscale structure.

Dichotomous Item. To complement the TRIM-12, the study included a single-item dichotomous measure assessing participants' explicit forgiveness decisions. The survey item asked participants, "Would you be willing to forgive the psychologist?" and respondents could answer "Yes" or "No." The item was presented to participants last, following their definitions of forgiveness, the vignette scenario, the TRIM-12 items, and the three open-ended items. The item captured participants' direct, conscious judgement about forgiveness, providing a contrast to the TRIM-12's implicit motivational indicators.

The dichotomous item in the present study aligns with the rationale for constructing dichotomous variables based on conceptualisation (Abo-Zena, 2010). Decisional forgiveness distinguishes between participants who may be willing to forgive the psychologist and those who may not, providing an appropriate binary measure of Willingness to Forgive. The literature on forgiveness suggests that forgiveness involves a shift in prosocial motivations towards an offender, encompassing changes in emotion, cognition, and motivation (Li et al., 2020). Detailed aspects of forgiveness can be measured with other forgiveness tools, such as the

TRIM-12; however, the binary decision provided by a dichotomous item still captures the conceptual distinction between willingness and unwillingness to forgive.

This approach parallels arguments in wellbeing research that emphasise single-item measures as offering a clear, respondent-driven assessment of a construct, avoiding the need for researchers to predetermine which component matters the most (Helliwell et al., 2026). Multi-indices reflect the researcher's priorities, whereas single-item measures give primacy to participants' own overarching evaluations, are easily interpretable, and support comparisons across contexts (Helliwell, 2026). In the present study, the dichotomous forgiveness item similarly provided direct, participant-defined judgements of Willingness to Forgive, without imposing assumptions about which aspects of forgiveness should be weighted most heavily.

Current evidence suggests that very few empirical studies directly assess forgiveness using a dichotomous survey item, and none appear to do so in the specific context of a psychologist's social media transgression. However, one mixed-methods study that closely aligns with the dichotomous item used in the present study was conducted by Clement and colleagues (2024), which aimed to identify reasons participants chose to forgive or not to forgive an attachment injury and to examine how these reasons related to their stress responses. In their study, forgiveness and unforgiveness were measured using an initial dichotomous item that asked participants, “Have you forgiven your partner?” (“Yes”/ “No”).

Although dichotomous items can capture a clear decisional stance, there is limited empirical validation supporting their use in forgiveness research, and very few studies have examined their psychometric properties, which presents as a limitation for the present study. As a result, the evidentiary base for dichotomous measures remains sparse, and it is unclear whether such items reliably capture the complexity of willingness to forgive or introduce measurement constraints that reduce sensitivity to nuanced or conditional responses. This lack of established validation means that interpretations drawn from the dichotomous item in the present study should be made with caution, and future research would benefit from developing and evaluating more robust single-item measures of decisional forgiveness.

3.3.3 Qualitative Questions

As part of the survey, participants were asked to complete three separate open-ended questions. Item one in the survey asked participants, “How would you define forgiveness?” The research question aimed to answer what components adults in New Zealand included in their definitions of forgiveness. Item two followed the vignette and TRIM-12 scale and asked participants, “What most influenced your decision to forgive or not forgive in this situation?” This survey item aimed to explore the factors that influenced adults in New Zealand to forgive or not to forgive in response to a psychologist’s online offence on social media. Lastly, item three asked participants, “How did you interpret the psychologist’s response in that situation?” This item aimed to explore how adults in New Zealand interpreted a psychologist’s behaviour following an online offence. Each item allowed participants to provide a free-text response capturing their interpretations, evaluations, and reasoning regarding the question.

3.4 Procedure and Ethics

Participants for this study were recruited via Prolific (2023). Prolific is an online platform that facilitates participant recruitment for research studies by connecting researchers with a diverse global pool of individuals. It supports efficient, reliable, and high-quality data collection while ensuring that participants are compensated ethically (Douglas et al., 2023). Participant recruitment for this study was restricted to adults aged 18 years or older who currently reside in Aotearoa and can read and understand English text. All participation in this research was voluntary, and participants could opt out at any time before final survey submission. Participants were asked to provide sociodemographic information; however, no identifying information was collected from Prolific, and all participants were identified through anonymous Prolific Identifications to protect confidentiality.

This study was reviewed and approved by the Massey University Ethics Advisor and the Chair of the Ethics Chairs’ Committee prior to data collection (Ethics Application Identification #4000031292). All procedures were conducted in accordance with the ethical and research guidelines provided by Massey University. First, participants were fully informed about the study’s purpose, procedures, and their right to withdraw at any time before submitting their responses. Informed consent was obtained electronically before participation. Second, as the study involved exposure to hypothetical interpersonal offences, care was taken to minimise psychological discomfort by ensuring that all vignettes were fictional, non-graphic, and framed

within a research context. Participants were also provided with contact information and support resources (i.e., national helpline services) should they experience any emotional discomfort, as well as contact information for the researchers and Massey's Ethics committee for any concerns. Finally, confidentiality was maintained by collecting data anonymously and storing all responses securely in accordance with Massey University's data management guidelines. These steps ensured that the study adhered to The Code of Ethical Conduct for Research, Teaching, and Evaluations involving Human Participants (Massey University, 2017).

Interested individuals accessed the study via a secure survey link that directed them to the Qualtrics platform, where it was hosted. Once participants had entered the survey, they were presented with an information sheet (see Appendix A) detailing the purpose of the research, participation requirements, estimated completion time, potential risks and benefits, confidentiality procedures, and their right to withdraw before submitting their responses. They were then asked to provide their informed consent electronically by selecting either "Yes, I give informed consent to participate in this research study" or "No, I do not agree to give my consent to participate in this research study." Participants who did not agree to provide informed consent were redirected to a thank-you page with the researcher's contact information. Alternatively, those who provided informed consent were able to proceed with the remainder of the survey. Except for the consent items, no survey questions were mandatory; all participants were free to skip any item and proceed through the survey at their discretion, and they could also go back to previous questions if required.

The demographic questionnaire, which assessed their relevant background information, including age category, sex, ethnicity, and current employment status, was then presented. After completing the demographic questionnaire, participants responded to an initial open-ended item: "How would you define forgiveness?" This item was included before the vignette presentation to obtain participants' broader conceptualisations of forgiveness, free from influence from the experimental scenario.

Participants were then randomly assigned to receive only one of eight vignettes, supporting a between-subjects design. They were instructed to read the scenario carefully before proceeding to the adapted 12-item TRIM scale, which appeared directly below the vignette. After completing the TRIM-12 items, participants moved on to the survey's final set of items, including two open-ended items: "What most influenced your decision to forgive or

not forgive in this situation?" and "How did you interpret the psychologist's response in that situation?" and a dichotomous item asking participants, "Would you be willing to forgive the psychologist?" Before submitting their survey responses, participants were presented with a final consent statement requiring them to confirm that they understood their responses would be recorded and used in the present research. Participants who selected "No, I do not agree" were redirected to a thank-you page confirming that their responses for this study had not been recorded. They were then given the payment code and participation link provided by Prolific, in accordance with the advertised reimbursement rate for this study, along with a list of relevant support resources and the researcher's contact information. Similarly, those who selected "Yes, I do agree" were redirected to the same page confirming their responses had been successfully recorded. Responses were recorded and stored electronically and, upon completion of data collection, exported from Qualtrics to Excel for cleaning and coding. Following data cleaning and coding, quantitative data were exported to IBM SPSS for statistical analysis, while qualitative responses were exported to Microsoft Word for final analysis.

3.5 Data Analysis

The data for this study were analysed using both quantitative and qualitative methods in accordance with the mixed-methods design. Quantitative data were exported from Qualtrics, organised in Microsoft Excel, and then imported into IBM SPSS 3.1 for statistical analysis. Qualitative data were analysed separately using Qualitative Content Analysis following the procedures outlined by Schrier (2012). These responses were exported from Qualtrics, imported into Microsoft Excel for organisation, and then exported to Microsoft Word for coding and analysis. The following section describes the preliminary screening procedures, statistical analyses, and qualitative coding processes conducted for the research hypotheses and questions in the present study.

3.5.1 Missing Data

Before analysis, the dataset was screened for missing values, data entry errors, and potential outliers. In the quantitative dataset, two missing values were identified from two separate participants. Both missing responses occurred in item nine of the TRIM-12 scale, specifically within the Revenge subscale. Missing item responses were addressed using person-mean imputation (Dai, 2021), whereby the missing value was replaced with the participant's

average score across the remaining items of the Revenge subscale. This approach is commonly used when only a small proportion of data is missing, as it allows participants to be retained in scale-based analyses (Dai, 2021). In the qualitative dataset, one missing response was identified for survey items two and three, both from the same participant. A decision was made to retain this participant in the study, as all other items had been completed. Accordingly, the qualitative analyses for items two and three were based on responses from the remaining 149 participants.

3.5.2 Binary Logistic Regression

Before analysis, the assumptions required for a binary logistic regression test were assessed, including a binary outcome, independence of observations, absence of multicollinearity, linearity of continuous predictors in the logit, and the absence of influential outliers (Bobbitt, 2020; Hosmer et al., 2000). The outcome variable, Willingness to Forgive (1 = Yes; 0 = No), was dichotomous. All participants were randomly assigned to one of eight conditions and completed the survey independently, satisfying the assumption of independence of observations. Multicollinearity among the predictor variables was examined, and standardised residuals were inspected to identify any potential outliers or influential cases. The final sample size met the recommended guidelines for a logistic regression statistical test and was supported by an a priori power analysis.

In the present study, binary logistic regression was performed, in addition to the TRIM-12, to test the hypothesised effects (H1-H3) of the three experimental variables on the Willingness to Forgive outcome. This statistical test was selected to analyse the dichotomous forgiveness outcome as the outcome variable was categorical, with participants indicating either yes or no to the survey item “Would you be willing to forgive the psychologist?” The dichotomous item provided a direct measure of Willingness to Forgive in comparison to the Revenge and Avoidance Motivations as assessed by the TRIM-12. Unlike linear regression, which assumes a continuous outcome variable and normally distributed residuals, binary logistic regression models the probability of belonging to one of two outcome categories (Lemeshow et al., 2013). This approach enabled the study to examine the extent to which the predictor variables: Offence Severity, Psychologist Response, and Therapeutic Relationship Length, significantly influenced the likelihood of Willingness to Forgive, while also estimating the unique contribution of each predictor when considered simultaneously. Participant responses were coded as binary (1=Yes; 0=No) and served as the outcome variable in the

model. The three experimental predictor variables were coded as follows: offence condition (0 = Moderate Offence, 1 = Severe Offence), apology condition (0 = Apology, 1 = No Apology), and therapeutic relationship length (0 = short-term, 1 = long-term).

3.5.3 Three-Way Analysis of Variance

Before conducting the three-way ANOVA, the assumptions of normality, independence, and homogeneity of variance were evaluated. Distributions of the Avoidance and Revenge scores were also examined using histograms, along with skewness and kurtosis statistics. Homogeneity of variance across vignette conditions was assessed using Levene's test. Descriptive statistics and boxplots were also reviewed to identify any extreme values that may have exerted undue influence on the analyses. Based on these preliminary checks, the data were deemed sufficiently robust for ANOVA (Field, 2018).

A three-way analysis of variance was performed to test the three main interaction research hypotheses, the three two-way interaction hypotheses, and the three-way interaction hypothesis. Responses were organised in several stages. First, responses from the TRIM-12 scale were separated into the Revenge and Avoidance subscales. Second, responses were organised by vignette group, reflecting eight experimental conditions created by the 2 x 2 x 2 factorial design with categorical predictor variables and continuous outcome variables. Third, variables representing the Therapeutic Relationship Length, Offence Severity, and Psychologist Response were coded and checked for accuracy to ensure correct group allocation. This process facilitated the subsequent statistical analyses by aligning each participant's subscale scores with their assigned experimental condition. Once all responses were organised and missing data addressed, total scores were calculated for each participant on the Revenge and Avoidance subscales to conduct a three-way ANOVA in IBM SPSS.

Although the present study was adequately powered to detect medium-sized main effects, the sample size was insufficient to reliably detect diminished interaction effects, posing a limitation for the present study. As demonstrated in the literature, interaction terms in factorial ANOVA are typically smaller than the main effects they involve, and detecting such effects requires substantially larger sample sizes (Blake et al., 2020).

3.5.4 Qualitative Content Data Analysis

Before conducting the Qualitative Content Analysis, the written responses to the open-ended items were read and reviewed to become familiar with the content, identify any missing data or partial responses, and assess completeness, readability, and relevance. Responses that were blank or did not provide an interpretable meaning relevant to the question asked were identified. Short responses were not excluded solely based on length, as even brief statements may contain meaningful content units. Where participants responded with minor spelling or grammatical errors, wording was retained in its original form unless clarification was necessary for interpretation (Schrier, 2012).

A Qualitative Content Analysis was performed to answer the three research questions: What components do adults in New Zealand include in their definitions of forgiveness? What factors influence adults in New Zealand to forgive or not forgive in response to a psychologist's online social media offence? And, how do adults in New Zealand interpret a psychologist's response after an online social media transgression? All open-ended responses were exported from Qualtrics and imported into Microsoft Excel (Version 2510) for organisation. The dataset included one response from each participant on their definitions of forgiveness, the factors that influence forgiveness, and their interpretations of the psychologist's response. Each response was identified by an anonymous participant number, then sorted into chronological participant numbers (1 to 150) and vignette groups (1 to 8). Qualitative Content Analysis was utilised for these three survey items, as the procedure is designed to systematically describe and interpret meaning in textual material, using a coding framework that can be applied consistently across responses, including open-ended survey data. Schreier (2012) outlines a stepwise system beginning with building a coding framework, developing segmentations, practising the framework, evaluating and modifying it, and finally conducting the main analyses. In line with Schreier's (2012) recommendation, the coding process began with the deductive development of the coding framework informed by prior research. Before constructing the coding frame, a brief familiarisation phase was conducted to gain an overall sense of the dataset (Pope et al., 2000). This familiarisation did not involve generating categories inductively; instead, it supported understanding of the participants' responses before applying the deductively derived coding structure.

3.5.5 Qualitative Coding Scheme Development

A deductive Qualitative Content Analysis approach was used to develop the coding framework for the three open-ended survey items. Each set of codes corresponded directly to one of the study's three research questions, ensuring that the qualitative analysis was aligned with the specific constructs under investigation. The coding frames were therefore developed separately for each item, reflecting the distinct analytic focus of each survey item and research question. In this approach, the coding framework serves as a central analytic tool, comprising a structured system of main categories and subcategories for classifying relevant segments of textual data. Initial coding schemes were derived from existing theory rather than an inductive approach, in which a coding framework is developed from participant responses (Schrier, 2012). Deductive qualitative analysis is appropriate when prior theory or research can inform and specify initial coding categories, while allowing refinement when participant data does not fit the preliminary coding framework (Schrier, 2012). This design supports quantification and comparability of main and subcategories. A codebook for each item was created to order participant responses (see Appendix F).

The coding frame followed Schreier's (2012) recommended process of constructing categories that directly address the research questions while ensuring conceptual clarity, mutual exclusivity, and comprehensive coverage of the data. Each category was operationalised with detailed definitions and explicit inclusion and exclusion criteria to support consistent application during coding. The unit of analysis for this study consisted of meaningful segments of participants' written responses to the open-ended survey items. The following section describes the main categories and subcategories developed for each survey item. The development of the coding framework was guided by relevant literature and prior research on forgiveness, as discussed in this study's literature review.

3.5.5.1 Definitions of Forgiveness

The main category, Emotional Processing, was designed to reflect the emotional elements of forgiveness, specifically participants' descriptions of recognising, experiencing, and transforming emotional responses following an offence, consistent with Enright's Process Model of Forgiveness (Enright et al., 2000). The first subcategory, Experiencing, Acknowledging, and Processing Emotional Impact, classified responses that described the recognition and working through of emotions such as anger, hurt, and resentment, reflecting

the early stages of emotional engagement in the forgiveness process (Enright et al., 2000). The second subcategory, Development of Compassionate or Benevolent Orientation, reflected responses emphasising the emergence of empathy and compassion toward the offender, indicating a shift toward more benevolent emotional orientations.

The second main category, Thought Processing, was designed to reflect the cognitive elements in participants' definitions of forgiveness, emphasising that forgiveness involves deliberate shifts in interpretation, understanding, and decision-making. This aligns with the REACH Forgiveness Model (Worthington, 2001), which conceptualises forgiveness as a cognitive process culminating in a conscious decision to forgive. The first subcategory, Forgiveness as a Decision, encompassed responses describing forgiveness as an intentional choice to move beyond anger or resentment. The second subcategory, Committing to Forgiveness, reflected responses that portrayed forgiveness as a commitment maintained or reinforced over time, even in the face of fluctuating emotional states.

The third main category, Change in Behaviour, was developed to reflect definitions of forgiveness that emphasised behavioural changes in response to an offender following a transgression. This category was informed by interpersonal forgiveness theories that conceptualise forgiveness as a reduction in motivations to avoid or retaliate against an offender (McCullough et al., 1998). The first subcategory, Reduction in Avoidant Behaviour, described forgiveness as no longer avoiding an offender or as being willing to maintain contact with them. In contrast, the second subcategory, Reduction in Retaliatory Behaviour, reflected responses involving the relinquishment of motives for revenge, retaliation, or punishment.

The final main category, Conceptual Boundaries, reflected responses in which participants defined forgiveness by distinguishing it from other related yet conceptually distinct processes. The forgiveness literature emphasises the importance of distinguishing forgiveness from constructs such as condoning, excusing, justifying, or forgetting a wrongdoing (Freedman, 1998; McCullough et al., 2000). Accordingly, the subcategories Condoning, Excusing and Justifying, and Forgetting represented responses that described forgiveness as accepting the wrongdoing, attributing diminished responsibility, reframing the offence as reasonable, or erasing the event from memory. An Other subcategory was included to encompass responses that delineated what forgiveness is not by drawing additional conceptual distinctions from the related constructs discussed above.

3.5.5.2 Factors Influencing Forgiveness Decisions

The main category, Forgiveness Characteristics, was designed to reflect participant references to offenders' post-transgression behaviours that influenced their decision to forgive or withhold forgiveness, consistent with research identifying offender responses as a key determinant of forgiveness (Martinez-Diaz et al., 2021). The first subcategory, Apology, encompassed responses that expressed remorse, acknowledged harm, took responsibility, or offered an explicit apology, aligning with evidence that apologies are among the strongest facilitators of forgiveness (Kirchhoff et al., 2012). The second subcategory, Diverting Strategies, reflected responses describing minimisation, excuses, denial, defensiveness, or avoidance of responsibility, behaviours associated with reduced perceptions of accountability and lower willingness to forgive (McLaughlin et al., 1983).

The second main category, Transgression Characteristics, was developed to reflect participants' references to attributes of the offence that influenced their decisions to forgive. The literature on interpersonal forgiveness consistently highlights the characteristics of the offence, particularly severity, intentionality, and frequency, as central determinants of forgiveness outcomes (Fincham & Jackson, 2005). The first subcategory, Severity, represented responses concerning the seriousness or harmfulness of the offence, with more severe transgressions typically associated with lower willingness to forgive and a greater need for reparative efforts (Fincham & Jackson, 2005; Morse & Metts, 2011). The second subcategory, Intentionality, reflected responses addressing whether the offence was perceived as deliberate or accidental, as intentional harm is often associated with stronger negative reactions and reduced forgiveness (Struther et al., 2008). The third subcategory, Frequency, described whether the offence was viewed as an isolated incident or part of a repeated pattern, with repeated transgressions commonly undermining trust and decreasing forgiveness (Gunderson & Ferrari, 2008). An Other subcategory was included to encompass offence characteristics not represented within the existing framework.

The third main category, Therapeutic Relationship Characteristics, was developed to represent participant responses referring to relational dynamics between the client and psychologist that influenced forgiveness decisions. Psychotherapy research consistently emphasises that the quality of the therapeutic alliance, along with trust and safety within the relationship, shapes how clients interpret and respond to relational ruptures (Safran & Muran,

1996; Stefana et al., 2020). The first subcategory, Length of Relationship, reflected responses concerning the length of the therapeutic alliance, which buffers the impact of a negative incident and supports repair. The second subcategory, Trust and Safety, represented responses relating to the client's sense of psychological safety and trust, both of which are fundamental to therapeutic engagement and rupture repair (Bowlby, 1988; Safran & Muran, 1996). The third subcategory, Expectations of Professional Behaviour, encompassed responses addressing the ethical conduct and professional responsibility expected of psychologists (Jain & Roberts, 2009). The fourth subcategory, Investment in Continuation, reflected whether participants considered maintaining the therapeutic relationship despite the offence, consistent with research showing that unresolved ruptures may contribute to treatment dropout, whereas successful repair may strengthen therapeutic outcomes (Coutinho et al., 2011; Safran et al., 2001). An Other subcategory was included to account for relational considerations not represented within the existing framework.

The last main category, Client Characteristics, was designed to reflect participant responses concerning individual characteristics, values, or personal perspectives that influenced forgiveness decisions. Forgiveness research emphasises that forgiveness is shaped not only by the offence or the offender but also by the victim's beliefs, motivations, and personal interpretations (Tomlinson et al., 2004). The first subcategory, Personal Values and Beliefs, represented responses indicating that forgiveness decisions were guided by moral principles, cultural beliefs, or personal philosophies, consistent with the literature that positions forgiveness as a moral virtue or normative experience (Sherman & Cohen, 2006). The second subcategory, Personal Benefit, reflected responses describing perceived psychological or emotional gains associated with forgiving, such as improved well-being or reduced distress, which aligns with evidence linking to enhanced mental health, reduced rumination, and improved relational functioning (Brady et al., 2023; Toussaint & Webb, 2005; Worthington et al., 2007). The third subcategory, Compassionate Perspective, reflected responses in which participants attempted to understand the offenders' motivations or circumstances, consistent with research identifying empathy and perspective-taking as facilitators of forgiveness (McCullough et al., 1998). The fourth subcategory, Ambiguity in Vignette, was applied to responses indicating uncertainty due to unclear intentions or limited contextual information, which may have shaped participants' interpretations of the scenario. An Other subcategory was included to account for personal considerations not represented within the existing framework.

3.5.5.3 Interpretation of the Psychologist's Response

The coding framework for this section was developed by drawing on prior research on therapist accountability, responsiveness to relational ruptures, and professional role expectations. Brattland and colleagues (2018) emphasise that therapists' responses to client dissatisfaction often involve processes of accountability, responsiveness, and reflection on professional obligations. These themes informed the development of the following main categories and their associated subcategories.

The main category, Interpretation of Psychologist's Accountability, was designed to reflect responses in which participants evaluated whether the psychologist accepted responsibility for the social media post and its impact on the therapeutic relationship. Prior research indicates that a therapist's willingness to acknowledge their role in relational difficulties is a key component of learning from client feedback and repairing the therapeutic relationship (Brattland et al., 2018). Three subcategories were developed to represent variations in how accountability was interpreted. The first subcategory, Accountability and Active Repair Attempt, reflected responses indicating that the psychologist acknowledged the wrongdoing or made efforts to repair the relationship. The second subcategory, Superficial, Strategic, or Ambiguous Accountability, represented responses suggesting that the psychologist's behaviour appeared insincere, performative, or lacking genuine remorse. The third subcategory, Avoidance of Responsibility or Emotional Dismissal, reflected perceptions that the psychologist failed to acknowledge the offence or minimised its emotional impact. An Other subcategory was included to account for personal considerations not represented within the existing framework.

The second main category, Interpretation of Responsiveness to the Rupture, was developed to reflect how participants interpreted the psychologist's engagement with the relational tension arising from the offence. Research on therapist responses to negative feedback suggests that client dissatisfaction often signals a relational rupture that requires acknowledgment and repair to maintain the therapeutic alliance (Brattland et al., 2018). Three subcategories represented differing levels of responsiveness. The first subcategory, Missed Repair Opportunity, reflected responses indicating that the psychologist failed to engage with the concern in a meaningful or constructive manner despite having the opportunity to do so. The second subcategory, Rupture Exacerbation, represented responses suggesting that the

psychologist's reaction, or lack of response, intensified the relational damage. The last subcategory, Context Dependent Evaluation, encompassed responses in which participants' interpretations depended on contextual factors such as offence severity, perceived sincerity, or additional information about the offence.

The third and final main category of the coding scheme, Therapeutic Relationship Characteristics, reflected responses in which participants evaluated the psychologist's behaviour in relation to expectations of professional conduct and ethical responsibility. Research indicates that therapists often draw on professional obligations and standards of practice when responding to client dissatisfaction or relational challenges within therapy (Brattland et al., 2018). The first subcategory, Perceived Expected Professional Standards, represented responses indicating that the psychologist's behaviour was appropriate or consistent with expected professional practice or that the psychologist's actions constituted a breach of ethical or professional boundaries. Lastly, the second subcategory, Personal versus Professional Separation Justified, reflected responses in which participants viewed the psychologist's behaviour as part of their personal life and therefore, separate from their professional role.

Qualitative Coding Scheme Following the Deductive Framework. In accordance with Schrier's (2012) recommendation that coding be applied to clearly defined segments of text, participant responses were first prepared for analysis through the identification of meaning units. Meaning units consisted of words, phrases, or short sentences conveying a discrete idea relevant to the research questions. Responses containing multiple relevant ideas were segmented into separate meaning units to ensure that each idea could be coded accurately and without conflation. Once screening and preparation were complete, the dataset was considered ready for the trial coding process. The coding framework was then pilot-tested on a subset of participant responses to evaluate whether the categories adequately represented the range of meanings in the data and to assess the clarity and applicability of the coding structure.

This trial application helped identify ambiguities or overlaps between categories. Minor refinements were subsequently made to main and subcategory definitions to improve clarity and ensure that the coding framework adequately represented the data while remaining aligned with the theoretical framework guiding the analysis. Once revisions were complete, the final coding frame was systematically applied to all participant responses, allowing textual segments

to be categorised in a transparent and replicable manner consistent with Schreier's (2012) methodological guidelines for Qualitative Content Analysis. Following the development of definitions and inclusion and exclusion criteria, and the auditing of each subcategory, qualitative meaning units were converted to frequencies to enable descriptive comparisons across categories.

3.6 Summary

This chapter outlined the methodological procedures used to investigate adults' willingness to forgive a psychologist following a social media transgression. The study employed a 2 x 2 x 2 full factorial experimental design to examine the effects of Offence Severity (Moderate versus Severe), Psychologist's Response (Apology versus No Apology), and Therapeutic Relationship Length (Short-Term versus Long-Term) on Willingness to Forgive. Participants were recruited through Prolific and completed an online survey administered through Qualtrics. The survey included demographic questions, vignette scenarios, an adapted version of the TRIM-12 scale assessing Revenge and Avoidance Motivations, three open-ended questions, and a binary item measuring Willingness to Forgive.

Quantitative analyses were conducted using binary logistic regression to examine predictors of Willingness to Forgive and a three-way ANOVA to analyse differences in TRIM-12 Revenge and Avoidance Motivations across experimental conditions. Qualitative Content Analysis followed Schreier's (2012) methodological framework. A deductively informed coding framework consisting of theoretically derived main categories and subcategories was developed, pilot tested and systematically applied to participant responses. Collectively, these quantitative and qualitative approaches enabled the study to examine both the statistical predictors of forgiveness and the interpretative factors shaping participants' decisions about forgiveness within the context of a therapist-client relationship following an online transgression.

Chapter Four: Results

4.0 Introduction

The following chapter presents the results of the current mixed-methods study. Quantitative and qualitative results are reported in separate sections, as per the study design. The quantitative component begins with a binary logistic regression analysis examining whether Offence Severity, the Psychologist's Response, and the Length of the Therapeutic Relationship predict participants' Willingness to Forgive the psychologist. This is followed by two separate three-way analyses of variance (ANOVAs) conducted on the Avoidance and Revenge subscales of the TRIM-12 to examine the effects of the experimental manipulations on participants' Willingness to Forgive. Descriptive statistics, assumption checks, and relevant effect size indices are reported alongside the inferential analyses. The qualitative component then presents findings from the open-ended responses using Qualitative Content Analysis (QCA) (Schrier, 2012). Results are organised according to the three qualitative research questions: participants' definitions of forgiveness, factors influencing decisions to forgive or not forgive, and interpretations of the psychologist's response following the offence. Frequencies of categories and subcategories are presented alongside illustrative participant responses to provide deeper insight into how participants understood forgiveness and evaluated the vignette scenarios.

4.1 Binary Logistic Regression

A binary logistic regression was performed to examine whether Relationship Length (Short versus Long-Term), Offence Severity (Moderate versus Severe), and Psychologist Response (Apology versus No Apology) were associated with the likelihood of Willingness to Forgive. As these three predictors correspond to the experimental manipulations outlined in H1-H3, the binary logistic regression tested whether each hypothesis-driven variable significantly predicted participants Willingness to Forgive, that is, the probability of belonging to one of the two outcome categories (Yes/No). Specifically, the analysis examined whether Severe Offences predicted a greater likelihood of non-forgiveness (H1), whether Long-Term Therapeutic Relationships predicted a greater likelihood of forgiveness (H2), and whether the absence of an Apology predicted a greater likelihood of non-forgiveness (H3).

Prior to the binary logistic regression, assumptions were examined to determine the suitability of the data (Hosmer & Lemeshow, 2000). The dependent variable, Willingness to Forgive (1 = Yes, 2 = No), was dichotomous, and the predictor variables were Therapeutic Relationship Length, Offence Severity, and Psychologist Response. Collinearity statistics indicated no evidence of multicollinearity (tolerance = 1.00). Casewise diagnostics identified five cases with standardised residuals exceeding ±2.69 (2.70-2.97). These cases were removed, and the analysis was rerun, yielding similar results (tolerance = .99). Therefore, all five cases were removed for the remaining analyses. The baseline classification model (Block 0), containing only the constant, correctly classified 74% of cases by predicting the most frequent outcome category. Overall, these preliminary analyses indicated that the data were appropriate for binary logistic regression.

The Omnibus Tests of Model Coefficients indicated that the overall model was statistically significant $\chi^2(3, N = 145) = 28.23$, $p < .001$. That is, collectively, the variables Relationship Length, Offence Severity, and the Psychologist's Response reliably distinguished between participants who were willing to forgive and those who were not. The model explained between 18% (Cox & Snell R-squared) and 26% (Nagelkerke R-squared) of the variance in the dependent variable, Willingness to Forgive, indicating a moderate level of explanatory power. The Hosmer-Lemeshow test was non-significant ($\chi^2(6) = 2.56$, $p = .86$), suggesting a good model fit. Overall, the model correctly classified 75% of cases, representing a small improvement on the preliminary analyses baseline of 74%.

Examination of the individual predictors (see Table 3) indicated that Offence Severity and the Psychologist's Response made significant contributions to the model, whereas Therapeutic Relationship Length did not. Offence Severity was a significant predictor of Willingness to Forgive, Wald (1) = 12.82, p < .00, with participants exposed to a Severe Offence having 5.17 times greater odds of reporting unwillingness to forgive than those who viewed a Moderate Offence (95% CI [2.10, 12.70]). Psychologists' Response was also significant, Wald (1) = 13.33, p < .00, such that participants in the No Apology condition had 5.32 times greater odds of reporting not being willing to forgive than those who viewed a vignette in which an Apology was offered (95% CI [2.17, 12.05]). In contrast, Therapeutic Relationship Length was not a significant predictor, Wald (1) = 0.60, p = .44, indicating that the relationship length did not meaningfully influence participants' forgiveness decisions.

Table 3

Binary Logistic Regression Predicting Likelihood of Forgiveness

	B	*SE*	Wald	*df*	*p*	*OR*	95% CI *OR*	
							LL	*UL*
Relationship Length	.33	.42	.60	1	.44	1.39	.61	3.17
Offence Severity	1.64	.46	12.82	1	<.00	5.17	2.10	12.70
Psychologist Response	1.67	.46	13.33	1	<.00	5.32	2.17	12.05
Constant	-6.85	1.41	23.58	1	<.00	.00		

These findings indicated that of the predictors tested, only the Severity of the Offence and the presence of an Apology significantly predicted Willingness to Forgive. In contrast, the duration of the Therapeutic Relationship did not significantly contribute to the model. These findings align with Hypotheses 1 and 3, which predicted that Severe Offence and No Apology would be associated with lower Willingness to Forgive. In contrast, Hypothesis 2 was not supported as the Therapeutic Relationship Length did not significantly predict Willingness to Forgive, suggesting that relationship duration did not meaningfully influence forgiveness decisions in this context.

4.2 Three-Way Analysis of Variance (ANOVA)

The three-way ANOVA examined whether the three experimental factors, that is, Therapeutic Relationship Length, Offence Severity, and Psychologists' Response, independently and interactively predicted participants' scores on the Revenge and Avoidance subscales of the TRIM-12. This analysis directly tested H1-H7 including; the predicted main effects of Offence Severity (H1), Relationship Length (H2), and Psychologists Response (H3), the predicted two-way interactions between the level of Offence and the Psychologists Response (H4), the level of Offence and the Length of the Therapeutic Relationship (H5), and the Length of the Therapeutic Relationship and the Psychologists Response (H6), and the three-way interaction between all three factors (H7).

Prior to conducting the three-way ANOVA, the six assumptions underlying a factorial ANOVA, namely a continuous dependent variable, categorical independent variables, independence of observations, no significant outliers, the absence of multicollinearity, and

homogeneity of variance across all factor-level combinations (Tabachnick & Fidell, 2019), were examined for both the Revenge and Avoidance subscales. First, the dependent variables were measured at the continuous level, with summed subscale totals calculated for the Revenge (range: 5-25) and Avoidance (range: 7-35) scales. Second, the independent variables were categorical, each with two levels: Therapeutic Relationship Length (Short-Term versus Long-Term), Offence Severity (Moderate versus Severe), and Psychologist Response (Apology versus No Apology). Third, independence of observations was ensured by the between-subjects vignette design, in which participants were randomly assigned to a single experimental condition, and each participant contributed a single set of responses. Fourth, the data were screened for outliers using boxplots, z-scores, and interquartile range criteria consistent with recommended procedures for identifying extreme values in ANOVA designs (Tabachnick & Fidell, 2019). No problematic outliers were identified for either subscale. For the Revenge subscale, observed scores ranged from 5 to 17 and fell within the calculated interquartile-range outlier bounds. Similarly, for the Avoidance subscale, observed scores ranged from 7 to 35 and fell within acceptable limits according to the IQR criteria.

In the fifth assumption check, normality was assessed using skewness, kurtosis, formal normality tests, and visual inspection of histograms and Q-Q plots. For the Revenge subscale, skewness (.25) and kurtosis (-.62) were within acceptable ranges, and the histogram distribution appeared approximately bell-shaped with only minor positive skew. For the Avoidance subscale, skewness (-.28) and kurtosis (-.62) were within acceptable ranges, and the histogram indicated an approximately normal distribution with slight negative skew. Although Kolmogorov-Smirnov and Shapiro-Wilk tests were statistically significant for both variables, visual inspection suggested only minor deviations from normality. Given the balanced design and equal cell sizes, these departures were not considered substantial enough to invalidate the analyses (Field, 2018). Finally, homogeneity of variance was assessed using Levene's test. The assumption was met for both dependent variables: Revenge Motivation, $F(7, 142) = .47$, $p = .86$, and Avoidance Motivation, $F(7, 142) = 1.03$, $p = .42$.

The overall model for Revenge Motivation approached statistical significance, $F(7, 142) = 2.03$, $p = .055$. This explained approximately 9% of the variance in Revenge Motivation ($R^2 = .09$, adjusted $R^2 = .05$). The small proportion of variance explained suggests that, although some predictors contributed significantly to Revenge Motivation, the full factorial model has relatively limited explanatory power. The overall model for Avoidance Motivation was

statistically significant, $F(7, 142) = 6.71$, $p < .001$. This accounted for approximately 27% of the variance in Avoidance Motivation ($R^2 = .25$, adjusted $R^2 = .21$). Taken together, the assumption checks indicated that the data were suitable for the planned three-way ANOVAs.

4.2.1 Revenge Motivations

Descriptive statistics for Revenge Motivation across the eight experimental conditions are presented in Table 4. Mean Revenge Motivation scores ranged from 7.47 to 10.00. The lowest mean score was observed in the Long-Term Therapeutic Relationship Length, Moderate Offence, and Apology condition (M = 7.47, SD = 2.14). In contrast, the highest mean score was observed in the Long-Term Therapeutic Relationship Length, Severe Offence, and No Apology condition (M = 10.00, SD = 3.06). Across conditions, higher Revenge Motivation scores were generally associated with vignettes featuring a Severe Offence and No Apology. In contrast, lower Revenge Motivation scores occurred in vignettes with a Moderate Offence and an Apology. Standard deviations indicated moderate variability in Revenge Motivation scores across groups.

Table 4

Descriptive Statistics for Revenge Motivation Across Experimental Conditions

Relationship Length	Severity of Offence	Psychologists Response	M	SD	N
Short-term	Moderate	Apology	8.22	3.08	18
Short-term	Moderate	No Apology	8.94	2.94	18
Short-term	Severe	Apology	8.21	2.42	19
Short-term	Severe	No Apology	9.95	2.78	19
Long-term	Moderate	Apology	7.47	2.14	19
Long-term	Moderate	No Apology	9.16	2.59	19
Long-term	Severe	Apology	9.37	2.67	19
Long-term	Severe	No Apology	10.00	3.06	19

Table 5 presents the summary results of the three-way ANOVA examining the main and interaction effects of Therapeutic Relationship Length, Offence Severity, and Psychologist Response on participants' Revenge Motivation scores. The first ANOVA revealed no significant main effect of Therapeutic Relationship Length on Revenge Motivations, $F(1, 142) = .17$, $p = .68$, partial $\eta^2 = .00$. This indicated that Revenge Motivation did not differ in vignettes with Short-Term and Long-Term Therapeutic Relationship Lengths. This finding did not support Hypothesis Three. The Offence Severity revealed a significant main effect, $F(1, 142) = 4.24$, $p = .04$, partial $\eta^2 = .03$. Participants who viewed vignettes depicting a Severely Offensive social media post reported higher Revenge Motivation scores than those who viewed vignettes depicting a Moderately Offensive social media post. Similarly, a significant main effect was observed in the Psychologists' Response, $F(1, 142) = 6.99$, $p = .01$, partial $\eta^2 = .05$. Participants who viewed vignettes in which the psychologist offered an Apology reported lower Revenge Motivations than those who viewed vignettes in which No Apology was offered. The findings for Offence Severity and Psychologists' response supported Hypotheses One and Two.

Table 5

ANOVA Summary Table for Revenge Motivations

Source	*df*	MS	*F*	*p*	Effect Size
Relationship Length	1	1.24	.17	.68	.00
Severity of Offence	1	31.64	4.24	.04	.03
Psychologist Response	1	52.24	6.99	.01	.05
Relationship Length x Severity of Offence	1	7.58	1.01	.32	.01
Relationship Length x Psychologist Response	1	.02	.00	.96	.00
Severity of Offence x Psychologist Response	1	.02	.00	.96	.00
Relationship Length x Severity of Offence x Psychologist Response	1	9.51	1.27	.26	.01
Total	142	7.41			

Note. MS = Mean square, effect size = partial *η2.*

Further, no statistically significant two-way interaction effects were observed between the Therapeutic Relationship Length and Offence Severity, the Therapeutic Relationship and the Psychologist's Response, and the Offence Severity and the Psychologist's Response on Revenge Motivation. These findings did not support Hypotheses Four, Five, and Six. The three-way interaction among Therapeutic Relationship Length, Offence Severity, and the Psychologist's Response was also not statistically significant. These results indicated that the effects of the Offence Severity and the Psychologist's Response on Revenge Motivation were independent and consistent across Relationship Lengths. This finding did not support Hypothesis Seven.

4.2.2 Avoidance Motivations

Descriptive statistics for Avoidance Motivation across the eight experimental conditions are presented in Table 6. Mean Avoidance Motivation scores ranged from 15.84 to 25.11. The lowest mean score was observed in the Long-Term Therapeutic Relationship Length, Moderate Offence, and Apology condition (M = 15.84, SD = 5.12). In contrast, the highest mean score was observed in the Long-Term Therapeutic Relationship, Severe Offence, and No-Apology condition (M = 25.11, SD = 6.50). Across conditions, higher Avoidance Motivation scores were generally associated with Severe Offences and with vignettes in which No Apology was provided. Lower Avoidance Motivation scores were more evident in Moderate Offence conditions and when the psychologist offered an Apology. Standard deviations indicated moderate variability in Avoidance Motivation across groups, with somewhat greater dispersion in the Long-Term Therapeutic Relationship conditions, suggesting that participants' avoidance responses were varied when the therapeutic relationship was depicted as Long-Term.

Table 6

Descriptive Statistics for Avoidance Motivation Across Experimental Conditions

Relationship Length	Severity of Offence	Psychologists Response	M	SD	N
Short-term	Moderate	Apology	17.50	5.74	18
Short-term	Moderate	No Apology	22.28	4.44	18

Short-term	Severe	Apology	21.89	4.58	19
Short-term	Severe	No Apology	25.00	4.60	19
Long-term	Moderate	Apology	15.84	5.12	19
Long-term	Moderate	No Apology	22.84	5.98	19
Long-term	Severe	Apology	23.00	7.01	19
Long-term	Severe	No Apology	25.11	6.50	19

Table 7 presents the summary results of the three-way ANOVA examining the main and interaction effects of Therapeutic Relationship Length, Offence Severity, and Psychologist Response on participants' Avoidance Motivation scores. Similar to Revenge Motivations, there was no significant main effect of the Therapeutic Relationship Length, $F(1, 142) = .00$, $p = .97$, partial $\eta^2 = .00$, on Avoidance Motivation. This result indicated that Avoidance Motivation did not differ across vignettes featuring Short or Long-Term Relationships. This finding did not support Hypothesis Three. A significant main effect was detected from Offence Severity, $F(1, 142) = 20.61$, $p < .00$, partial $\eta^2 = .13$. This indicated that participants who viewed vignettes that reflected a Severely Offensive social media post reported substantially higher Avoidance Motivation scores compared to participants who viewed vignettes where there was a Moderate Offence. Lastly, a significant main effect of the Psychologist's Response was also observed, $F(1, 142) = 21.75$, $p < .00$, partial $\eta^2 = .13$. This result indicated that participants who viewed vignettes in which the psychologist did not apologise reported higher Avoidance Motivation scores than those who viewed vignettes in which the psychologist did apologise. The findings for Offence Severity and Psychologists' response supported Hypotheses One and Two.

Table 7

ANOVA Summary Table for Avoidance Motivations

Source	*df*	MS	*F*	*p*	Effect Size
Relationship Length	1	.03	.00	.97	.00
Severity of Offence	1	640.68	20.61	<.00	.13
Psychologist Response	1	676..04	21.75	<.00	.13

Relationship Length x Severity of Offence	1	12.44	.40	.53	.00
Relationship Length x Psychologist Response	1	3.50	.11	.74	.00
Severity of Offence x Psychologist Response	1	101.03	3.25	.07	.02
Relationship Length x Severity of Offence x Psychologist Response	1	24.32	.78	.38	.01
Total	76552.00	150			

Note. MS = Mean square, effect size = partial *η2.*

Further, there were no statistically significant two-way interactions observed between the Therapeutic Relationship Length and Offence Severity, the Therapeutic Relationship and the Psychologist's Response, and the Offence Severity and the Psychologist's Response on Avoidance Motivations. These findings did not support Hypotheses Four, Five, and Six. Lastly, the three-way interaction among Therapeutic Relationship Length, Offence Severity, and the Psychologist's Response was not statistically significant. These results indicated that the effects of the Offence Severity and the Psychologist's Response on Avoidance Motivation were independent and consistent across relationship lengths. This finding did not support Hypothesis Seven.

Across both Revenge and Avoidance Motivations, the three-way ANOVA interactions were not statistically significant; however, visual inspection of the estimated marginal means plots (see Appendix G) suggests patterns consistent with potential interactions in the sample. Specifically, the plotted lines show differences in the direction and magnitude of Offence Severity and the Psychologists' Response across Short-Term and Long-Term Therapeutic Relationship conditions. These findings indicate that Therapeutic Relationship Length may influence how participants respond to Offence Severity and to an Apology, although the effects did not reach statistical significance. This discrepancy suggests uncertainty in the estimates, and the non-significant interactions may reflect limited statistical power rather than the true absence of moderating effects (Blake et al., 2020). That is, interaction effects are often much smaller in magnitude than the main effects that give rise to them. When one condition shows a medium-sized effect and another condition shows no effect, the resulting interaction represents only a small effect (Aiken & West, 1991). Smaller effects require substantially larger samples

to detect with adequate statistical power. Consequently, interaction effects are often not detected because the study is underpowered to identify attenuated interactions, not because they are absent.

4.3 Qualitative Content Analysis

The following section presents the findings from the qualitative component of the study. Participants' open-ended responses were analysed using Qualitative Content Analysis (Schrier, 2012) to explore how adults in New Zealand defined forgiveness, what factors influenced their willingness to forgive after an online offence by a psychologist, and how they interpreted the psychologist's response following the offence. Results are presented in accordance with the three qualitative research questions. For each item, a sunburst chart visually illustrates the main categories (inner ring) and subcategories (outer ring). Both the inner and outer rings are sized according to the relative frequency of coded references, reflecting how often each category or subcategory appeared across all responses. As participants could be coded into more than one category or subcategory, these frequencies represent total references rather than mutually exclusive groups of participants. To complement the sunburst charts, the text below each figure reports the percentage of participants whose responses included at least one reference to each main category. This provided an additional indicator of how widely each theme was represented across the sample. A full table summarising these participant-level percentages is provided in Appendix H. Illustrative participant responses are then presented to provide insight into the meanings participants attributed to forgiveness and the evaluative processes underlying their judgements. All quotations are identified by participant identification numbers and are presented verbatim.

4.3.1 Item One: Forgiveness Definitions

The first qualitative item addressed the research question: What components do adults in New Zealand include in their definitions of forgiveness? Figure 1 presents the frequencies of the main categories in participants' definitions of forgiveness, along with the subcategories under each main category. A total of 260 codes were assigned across participants' responses, as multiple codes could be applied to a single response. The most prominent main category was Thought Processing (N = 117), indicating that forgiveness was most understood as a cognitive process. This was followed by Emotional Processing (N = 69) and Conceptual

Boundaries (N = 59). The least prominent main category was Change in Behaviour (N = 15), indicating that behavioural aspects of forgiveness were less frequently mentioned in participants' definitions.

Figure 1

Proportion of Codes for each Main Category and Subcategory for Definitions of Forgiveness



Note. Participants could contribute to more than one main category or subcategory; therefore, the sunburst segments reflect total code-level frequencies, which exceed the number of participants (N = 150). Number or participants and percentages shown in the figure represent the proportion of participants who referenced each main category.

Emotional Processing. Aspects of Emotional Processing were reflected in 46% of participants' responses, indicating that many adults in New Zealand included emotional elements in their definition of forgiveness. A substantial proportion of these participants (94%) in the Experiencing, Acknowledging, and Processing Emotional Impact subcategory

highlighted the importance of recognising and experiencing the emotional impact of an offence. For example, Participant 58 explained that *"When someone has behaved in a way that has hurt you, you forgive them so that the negative feelings don't fester and harm you,"* illustrating how forgiveness was understood as acknowledging and addressing the emotional consequence of the offence. A smaller subset of participants (13%) in the Compassionate or Benevolent Orientation subcategory extended this to emotional work beyond reducing negative affect, including developing a compassionate or benevolent emotional orientation toward the offender. These responses framed forgiveness as involving empathy, compassion, or a more generous emotional stance. Participant 45 described forgiveness as *"the compassionate ability to absolve someone of a detrimental or injurious effect that they have had on you…"*

Thought Processing. Aspects of Thought Processing were reflected in 78% of participant responses, indicating that many adults in New Zealand defined forgiveness as a cognitive and intentional process involving appraisal, deliberate mental reorientation, and conscious efforts to shift one's thinking following an offence. A large proportion of these participants (87%) in the Forgiveness as a Decision subcategory explicitly characterised forgiveness as an active, agentic decision, highlighting personal choice and deliberate mental effort. These responses framed forgiveness as something one decides to do, such as letting go, choosing not to dwell on the offence, or intentionally moving on. Participant 13 described forgiveness as *"Allowing yourself to move on from an act, words or event that has happened…"*. A smaller subset of participants (24%) in the Committing to Forgiveness subcategory extended this cognitive framing to include the ongoing commitment required to sustain forgiveness over time. These responses emphasised not revisiting the wrongdoing, not holding an offence against the person in future interactions, and maintaining a forward-focused mental stance. Participant 68 stated, *"…When forgiving, it is the intent to not hold their mistake against them in future...*".

Change in Behaviour. Aspects of Change in Behaviour were reflected in 10% of participant responses, indicating that a smaller but meaningful proportion of adults in New Zealand defined forgiveness in terms of observable interpersonal or behavioural shifts following an offence. These responses framed forgiveness as something enacted through changes in how individuals behave toward an offender. Many participants (73%) in the Reduction in Avoidant Behaviour subcategory described forgiveness as reduced withdrawal or distancing and an increased willingness to interact with an offender. These responses

highlighted relational re-engagement, such as allowing the offender to remain part of one's life or being open to moving forward together. Participant 119 described forgiveness as *"…moving forward in a relationship together…"* A smaller subset of participants (33%) in the Reduction of Retaliatory Behaviour described forgiveness as the abandonment of revenge-oriented responses or desires to "get back" at an offender. These definitions highlighted the cessation of retaliatory impulses and the decision not to use the offence against the person in future interactions. Participant 23 described forgiveness as *"A belief that you hold no ill feeling or desire for revenge against someone…"*

Conceptual Boundaries. Aspects of Conceptual Boundaries were reflected in 39% of participant responses, indicating that many adults in New Zealand drew on related but theoretically distinct constructs when defining forgiveness. These responses revealed areas of conceptual overlap, in which participants incorporated concepts such as condoning, excusing and justifying, and forgetting into their definitions. In contrast, a smaller subset of participants in the Other subcategory used these same constructs to differentiate forgiveness from what it is not.

Many participants (64%) within the Condoning subcategory framed forgiveness as accepting, minimising, or downplaying an offence. Participant 3 described forgiveness as *"Accepting that something went wrong and [being] able to look past that mistake."* A substantial (37%) proportion of participants also incorporated elements of Excusing or Justifying an offence. Participant 80 defined forgiveness as *"To excuse wrongdoings."* Only one participant (2%) equated forgiveness with Forgetting, describing it as *"…total obliteration from one's memory"* (Participant 135). This indicated that, although forgetting is often discussed in public discourse, it was rarely included in participant definitions. Another small subset of participants (5%) in the Other subcategory explicitly clarified what forgiveness is not, distinguishing it from condoning, excusing, or forgetting, such as Participant 51, who explained *"…While you might be able to forgive, that doesn't mean you can automatically forget…"*

4.3.2 Item Two: Influencing Factors on Decisions to Forgive

The second qualitative item was designed to address the research question: What factors influence adults in New Zealand to forgive or not forgive in response to a psychologist's online social media offence? Figure 2 presents the frequencies of the main categories of participants'

influencing factors in decisions to forgive, along with the subcategories under each main category. A total of 223 codes were assigned across participants' responses, as multiple codes could be applied to a single response. The most prominent main category was Client Factors ($N = 81$), indicating that participants' personal factors influenced decisions to forgive. This was followed by Therapeutic Relationship ($N = 55$) and Forgiveness Characteristics ($N = 48$). The least prominent main category was Transgression Characteristics ($N = 39$), suggesting that aspects of a transgression were less frequently emphasised as influencing factors in decisions to forgive.

Figure 2

Proportion of Codes for each Main Category and Subcategory for Influencing Factors



Note. Participants could contribute to more than one main category or subcategory; therefore, the sunburst segments reflect total code-level frequencies, which exceed the number

of participants ($N = 149$). Number or participants and percentages shown in the figure represent the proportion of participants who referenced each main category.

Forgiveness Characteristics. Aspects of Forgiveness Characteristics were reflected in 32% of participants' responses, indicating that many adults in New Zealand based their forgiveness decisions on how the psychologist responded to the offence (i.e., acknowledging the offence or diverting from it) rather than on the offence alone. This category highlighted that forgiveness was strongly shaped by the psychologist's post-offence behaviour, particularly whether the psychologist demonstrated responsibility or attempted to repair the rupture. A substantial proportion of these participants (58%) in the Apology subcategory identified the presence of an apology as a central determinant of forgiveness. For example, Participant 25 stated, *"I chose to forgive the psychologist because they took accountability for the harm they had caused and apologised for it."* At the same time, Participant 56 highlighted *"The fact that the counsellor acknowledged the harm caused by their action and offered a seemingly sincere apology."* Notably, all participants who referenced an apology belonged to vignette conditions in which an apology was offered, underscoring its influence on forgiveness when present. In contrast, 42% of participants in the Diverting Strategies subcategory described the psychologist as minimising the offence, failing to acknowledge harm, or avoiding accountability, which influenced their decision not to forgive. Participant 55 referred to *"The psychologists disregard for my concerns,"* while Participant 85 noted that *"If the psychologist acknowledged hurtful words instead of dismissing them we'd say yes. Lack of validation is another whammy of hurt."* Across these responses, the absence of an apology or acknowledgement was consistently associated with reduced willingness to forgive.

Transgression Characteristics. Aspects of Transgression Characteristics were reflected in 26% of participant responses, indicating that many adults in New Zealand based their forgiveness decisions, at least in part, on how they appraised the offence itself. These responses suggested that forgiveness was shaped not only by the psychologist's behaviour after the transgression but also by participants' interpretations of the nature and meaning of the offence. A substantial proportion of participants (31%) in the Severity subcategory emphasised the offence severity as a key determinant of forgiveness. Moderately offensive posts were often viewed as forgivable, particularly when accompanied by acknowledgment and an apology. For example, Participant 79 noted that *"The post was only a little offensive, the psychologist acknowledged the harm and apologised."* In contrast, Participant 115 highlighted the post as

being described as *"...[']highly offensive and unprofessional...,[']"* and went on to explain that such a level of severity would undermine their trust in the psychologist and their willingness to continue treatment. These responses indicate that perceived severity directly influences forgiveness decisions, with more serious offences viewed less leniently.

Perceived Intentionality was referenced by 38% of participants, the highest proportion within this category. Offences seen as unintentional or not personally directed were described as easier to forgive. Participant 70 explained that *"...It would be harder to forgive if an action was directly aimed at or involved me."* These responses highlighted that judgement of intent played a central role in shaping forgiveness. A smaller subset of participants (18%) in the Frequency subcategory distinguished between one-off incidents and repeated or patterned behaviour. Participant 15 described the situation as warranting *"a second chance,"* while Participant 32 noted that the post *"may be a one-off incident."* In contrast, repeated transgressions were viewed as less forgivable, suggesting that expectations of non-recurrence influenced forgiveness decisions. Finally, 28% of participants in the Other subcategory referenced the online context of the offence. These responses indicated that the online context of the transgression shaped participants' interpretations, with many viewing online behaviour as less significant or less reflective of real-life character, as illustrated by Participant 90, who commented that *"... how a person acts online, can be quite different to how the person is in real life."* These responses suggest that the digital environment itself influenced how participants evaluated the offence and their willingness to forgive.

Therapeutic Relationship Characteristics. Aspects of Therapeutic Relationship Characteristics were reflected in 37% of participant responses, indicating that many adults in New Zealand grounded their forgiveness decisions in the relational context surrounding the offence. Responses highlighted the importance of trust, emotional safety, professional conduct, and the perceived viability of continuing therapy, suggesting that forgiveness was embedded within broader evaluations of the therapeutic relationship. A notable proportion of participants (25%) in the Length of the Relationship subcategory reflected that the duration of the therapeutic relationship influenced their willingness to forgive. For some, short-term or newly formed relationships increased forgiveness because limited emotional investment meant the offence felt less personal. Participant 10 explained that *"Only knowing the psychologist for a very short time means I have very little emotional investment in my relationship with him, thus I wouldn't take his actions personally...."* Others, however, described longstanding or

previously positive relationships as facilitating forgiveness, emphasising the value of established rapport. Participant 78 stated, *"I've already invested in a long-term relationship, and it would be a shame to see that go to waste because of a disagreement in opinions."* These responses suggested that relationship length influenced forgiveness in multiple, sometimes contrasting, ways depending on participants' interpretations of relational investment.

Perceptions of trust and emotional safety were referenced by 20% of participants in the Trust and Safety subcategory, which described these two factors as central to forgiveness decisions. Participant 47 stated, *"I no longer trust the character of this docto[r],"* while Participant 139 noted *"...as we're in one of the most vulnerable relationships you can have I'd never feel safe again."* These responses highlighted that breaches of trust and safety were experienced as relational ruptures that directly undermined willingness to forgive. In the Expectations of Professional Behaviour subcategory, 27% of participants emphasised the heightened responsibility associated with the psychologist's role. Participant 35 referred to the behaviour as *"A breach of confidence. A violation of ethics."* These responses suggested that forgiveness was shaped by participants' belief that the psychologist had not upheld the professional standards inherent in therapeutic work, and that this perceived lapse influenced their willingness to forgive.

The most frequently referenced subcategory (33%), Continuation of the Therapeutic Relationship, concerned whether participants believed the therapeutic relationship could continue following the offence. Participant 52 stated that if they could not connect with the psychologist, they *"...will probably not continue to pay for a service that will ultimately not be as effective as it could be."* Others noted that even if forgiveness was possible, the therapeutic relationship might still be irreparably damaged. These responses indicated that forgiveness was closely tied to participants' assessments of the viability of the therapeutic relationship. An additional 20% of participants in the Other subcategory described relational considerations that did not fit the predefined subcategories. Participant 53 stated that "*Their personal life should not have any impact on their ability to do their job…,"* while Participant 84 noted that they could *"...accept that his actions and his relationship with me are separate."* These responses suggested that some participants viewed the offence as external to the therapeutic relationship, reducing its impact on forgiveness.

Client Characteristics. Aspects of Client Characteristics were reflected in 54% of participant responses, indicating that many adults in New Zealand grounded their forgiveness decisions in personal appraisals, values, and meaning-making processes. Some emphasised the personal benefits of forgiveness, others attempted to understand the psychologist's perspective through a compassionate lens, and many highlighted the ambiguity of the vignette as shaping their ability to make a clear judgement. These findings suggested that forgiveness decisions were influenced not only by the offence or relational context but also by participants' internal frameworks for interpreting the situation. A subset of participants (16%) in the Personal Values and Beliefs subcategory, included moral, religious, spiritual, or identity-based principles, as shaping their willingness to forgive. Participant 20 described being *"...taught that I should forgive 7 x 7 times...according to the Bible..."* due to their Christian upbringing, while participant 81 noted being *"... a forgiving person though and give others the benefit of the doubt and think everyone [has] the best intentions."* Such responses indicated that, for some participants, forgiveness was guided by deeply held beliefs that shaped their responses to wrongdoing. A smaller proportion (6%) of participants in the Personal Benefit subcategory described forgiveness as being motivated by psychological relief, inner calm, or reduced emotional burden. Participant 46 stated, *"There's no point in holding anger in your heart. Just let things go. It makes for an easier life,"* while Participant 75 preferred to *"move on"* rather than dwell on negative thoughts. These findings suggested that, for some, forgiveness was shaped by the perceived emotional advantage of letting go.

A large proportion of participants (46%) in the Compassionate Perspective subcategory attempted to understand the psychologist's intentions, motives, or circumstances. Participant 13 noted that individuals' social media posts reflect their own views and *"...My forgiveness is not required,"* while Participant 38 emphasised that *"...everyone makes mistakes...."* These responses suggested that many participants' willingness to forgive was shaped by efforts to interpret the psychologist's behaviour in a broader, more compassionate light. A similarly large proportion (44%) in the Ambiguity in Vignette subcategory reflected that the lack of information in the vignette affected their ability to make a clear decision about forgiveness. Participant 7 stated that *"There are too many unknowns in the scenario to make a value decision,"* while Participant 126 noted that forgiveness *"... would depend entirely on the details of the offence and the response by the psychologist."* These responses indicated that limited information constrained participants' ability to form definitive judgements, leading them to rely on personal interpretation or hypothetical reasoning. A small proportion of

participants (5%) in the Other subcategory referenced client-specific factors that did not fit predefined subcategories. These responses emphasised personal choice, lived experience, or subjective interpretations of what constitutes an offence. Participant 19, drawing on their own healthcare training, noted understanding *"...we are only human and make mistakes...,"* while Participant 87 stated they *"...probably wouldn't have been offended in the first place."* These findings suggested that unique personal histories and individual thresholds for offence shaped forgiveness decisions for some participants.

4.3.3 Item Three: Interpretations of Psychologists' Response

The third qualitative item was designed to answer the research question: How do adults in New Zealand interpret a psychologist's response following a social media transgression made by their psychologist online? Figure 3 presents the frequencies of the main categories included in participants' interpretations of the psychologist's response, along with the subcategories under each main category. A total of 177 codes were assigned across participants' responses, as multiple codes could be applied to a single response. The most prominent main category was Interpretation of Psychologists' Accountability (N = 102), indicating that participants most commonly evaluated the response in terms of whether the psychologist accepted responsibility, acknowledged the wrongdoing, and demonstrated accountability for the transgression. This was followed by Interpretation of Professional Role and Boundaries (N = 49), which reflected participants' evaluations of professionalism, ethical expectations, and the separation between personal and professional conduct. The least frequent main category was Interpretation of Responsiveness to the Rupture (N = 26), reflecting participants' judgements that the psychologist failed to acknowledge or address the rupture, intensified relational strain, or was context dependent.

Figure 3

Proportion of Codes for each Main Category and Subcategory for Interpretations of Psychologists' Response



Note. Participants could contribute to more than one main category or subcategory; therefore, the sunburst segments reflect total code-level frequencies, which exceed the number of participants (*N* = 149). Number or participants and percentages shown in the figure represent the proportion of participants who referenced each main category.

Interpretation of Psychologists' Accountability. Aspects of the Interpretation of Psychologists' Accountability were reflected in 68% of participant responses, indicating that accountability was the primary lens through which adults in New Zealand interpreted the psychologist's response to the online transgression. Across this spectrum, participants were highly attuned to whether the psychologist's response conveyed sincere ownership of wrongdoing and an authentic willingness to address the harm caused. A substantial proportion of participants (43%) in the Accountability and Active Repair Attempt subcategory interpreted the psychologist's response as demonstrating accountability and an active attempt to repair the harm. Participants described openness to feedback, willingness to discuss the incident, and

sincere apology as indicators of authentic accountability. For example, Participant 27 noted that the psychologist was *"...open to discussion about their actions and took on feedback,"* while Participant 102 described the response as *"...genuine and acknowledged the harm done."* All participants in this subcategory viewed a vignette featuring an acknowledgment and an apology, underscoring the role of apology in signalling accountability. In contrast, 22% of participants in the Superficial, Strategic, or Ambiguous Accountability subcategory perceived the psychologist's response as insincere, strategic, or lacking genuine remorse. These interpretations reflected doubts about sincerity, with participants questioning whether the apology or explanation was motivated by genuine remorse or by self-interest. Participant 28 stated that the psychologist *"apologised but did not express any regret...,"* describing the response as lacking sincerity. Participant 29 characterised the psychologist's behaviour as *"People pleasing...."* These interpretations suggested that participants distinguished between authentic accountability and responses perceived as symbolic or strategically motivated.

A further 35% of participants in the Avoidance of Responsibility or Emotional Dismissal subcategory interpreted the psychologist's response as avoiding responsibility or emotionally distancing themselves from the participants' concerns. These responses described the psychologist as minimising the seriousness of the transgression, failing to acknowledge its impact, or deflecting responsibility. Participant 11 described the response simply as *"dismissive,"* while Participant 120 stated, *"I find it dismissive and wrong."* These interpretations reflected a perceived lack of accountability and a failure to emotionally align with the client's concerns. A small proportion of participants (2%) in the Other subcategory offered interpretations that did not align with the predefined subcategories. These responses reflected idiosyncratic or broader meanings attached to the psychologist's response rather than clear evaluations of responsibility or sincerity. For example, Participant 42 interpreted the response *"as being something that impacted others,"* while Participant 50 suggested that the issue should not be given excessive weight.

Interpretation of Responsiveness to the Rupture. Aspects of Interpretation of Responsiveness to the Rupture were reflected in 17% of participant responses, indicating that many adults in New Zealand evaluated the psychologist's response in terms of its capacity to address, repair, or further strain the therapeutic relationship following the online transgression. These evaluations extended beyond accountability alone, focusing instead on the relational consequences of the psychologist's behaviour and its impact on the therapeutic alliance. A

substantial proportion of participants (35%) in the Missed Repair Opportunity subcategory interpreted the psychologist's response as representing a missed opportunity to repair the rupture. These interpretations reflected perceptions that the psychologist did not adequately address the relational harm or take sufficient steps to repair trust. For example, Participant 4 stated that the psychologist *"could've offered more…"* and preferred greater *"…openness and transparency…,"* while Participant 12 noted that the psychologist *"…erred in not explaining why the post was made…,"* particularly given the vulnerability inherent in therapy. Interestingly, a small number of participants viewed a vignette in which the psychologist apologised. These responses suggested that participants viewed responsiveness as requiring active engagement with the rupture rather than minimal or incomplete responses

A further 27% of participants in the Rupture Exacerbation subcategory interpreted the psychologist's response as exacerbating the rupture further. These responses indicated that the psychologist's behaviour not only failed to repair the harm but intensified the relational strain. Participant 77 stated that a lack of response would *"…destroy any trust I had in that person as a therapist…,"* while Participant 82 described it as *"weird to simply ignore the issue…"* These interpretations highlighted that unaddressed ruptures were perceived as capable of escalating relational harm, and that even when an apology was offered, some participants still experienced the response as insufficient to prevent further strain. Half of the participants (50%) in the Context-Dependent Evaluation subcategory offered context-dependent evaluations, indicating that the adequacy of the psychologist's response depended on additional situational factors. Participant 3 stated that the evaluation *"depends on [a] case by case basis,"* while Participant 88 noted that the situation was *"not clear enough"* to judge. These responses reflected a more nuanced appraisal of responsiveness, shaped by contextual ambiguity and the perceived complexity of the situation.

Therapeutic Relationship Characteristics. Aspects of the Interpretation of Professional Role and Boundaries were reflected in 33% of participant responses, indicating that many adults in New Zealand evaluated the psychologist's response through the lens of professional identity, ethical expectations, and boundary norms. These interpretations revealed how participants used professional role expectations to assess the appropriateness of the psychologist's response and to determine whether forgiveness was warranted. A majority of participants (69%) in the Perceived Expected Professional Standards subcategory emphasised professionalism, maturity, ethical conduct, and appropriate management of personal-

professional boundaries in their interpretations. In vignettes where an apology was offered, participants often viewed the response as consistent with professional norms. Participant 70 noted that the psychologist *"…took a professional stance…"* by acknowledging the harm caused and apologising, while participant 134 described the response as *"…a professional way to deal with it."*

In contrast, in vignettes without an apology, participants frequently judged the response as falling below expected standards. Participant 85 described the behaviour as *"careless and unprofessional…,"* and Participant 119 stated that they *"…would have expected a more mature response..."* given the professional role. These interpretations suggested that participants used professional obligations as a benchmark for evaluating the psychologists' response, with apologetic responses perceived as more professionally appropriate than non-apologetic ones. A smaller but meaningful proportion of participants (33%) in the Personal versus Professional Separation Justified subcategory reflected that the psychologist's personal life, opinions, or online activity should be considered distinct from their professional role. Participant 35 stated that the post was probably *"…her personal opinion"* and unrelated to the therapy session, while Participant 53 commented that the psychologists' *"personal life should not influence their ability to do their job effectively,"* adding that the issue was *"none of my business."* These responses indicated that some participants justified the psychologist's response by emphasising the legitimacy of separating private identity from professional responsibilities, thereby reducing the perceived relevance of the offence to the therapeutic relationship.

5.0 Summary

This chapter presented the quantitative and qualitative findings on how adults in New Zealand perceived, interpreted, and responded to a psychologist's online social media offence. The quantitative analyses demonstrated that Offence Severity and the Psychologist's Response were the most consistent influences on Revenge and Avoidance Motivations, and Willingness to Forgive, whereas Therapeutic Relationship Length showed no independent effect. The qualitative findings complemented these results, illustrating how participants defined forgiveness and the factors they considered when deciding whether forgiveness was warranted. Participants' responses highlighted the importance of accountability, sincerity, professionalism, trust, relational continuation, and personal values in shaping forgiveness judgements. Together, these findings indicate that forgiveness in the therapeutic context is a complex, multifaceted process influenced by interactions among situational, relational, and individual factors.

Chapter Five: Discussion

5.0 Introduction

The following chapter aims to interpret the findings of the present study. The study examined how the offence severity, a psychologist's response, and the length of the therapeutic relationship influenced willingness to forgive following a social media transgression. The findings are presented in relation to the existing literature on forgiveness, the therapeutic relationship, and broader professional conduct in a digital context. This study employed a mixed-methods research design. Quantitative analyses were conducted to assess the Revenge and Avoidance Motivation variables in relation to the social media offence and a single-item measure assessing participants' Willingness to Forgive. In contrast, the qualitative analyses explored how participants defined forgiveness, what influenced their decisions to forgive or withhold forgiveness in this context, and how they interpreted the psychologist's response following the offence. The discussion first considers the quantitative findings, followed by the integration of the qualitative results to provide an understanding of how participants interpreted and made sense of the vignette scenarios. Lastly, the theoretical and practical implications for psychologists, ethical practice, the study's strengths and limitations, and directions for future research are discussed.

5.1 Overview of Key Findings

The present study examined how offence severity, the psychologist's response, and the length of the therapeutic relationship shaped adults' willingness to forgive a psychologist following a social media transgression. Across the quantitative analyses, offence severity and the psychologists' response were the only variables that significantly predicted forgiveness-related outcomes. The study found that severe social media transgressions were associated with stronger unforgiving motivations. This was reflected in higher scores for revenge and avoidance motivations. The presence of an apology was associated with lower unforgiving motivations and a greater willingness to forgive. In contrast, the length of the therapeutic relationship did not significantly influence participants' responses, and no significant interaction effects among the independent variables were observed.

The qualitative findings provided additional insight into how participants in this study understood and evaluated forgiveness in the vignette scenarios. Many participants described

forgiveness as a multifaceted process involving emotional processing, cognitive reflection, and, for some, shifts in behaviour. Many participants also described forgiveness in ways that incorporated elements such as excusing, condoning, and forgetting, reflecting common misconceptions rather than conceptually accurate definitions of forgiveness. Participants' evaluations of the psychologist's behaviour further highlighted the importance of relational and ethical appraisals as participants frequently emphasised the role of apology and accountability, the perceived intentionality of the transgression, and the implications of the psychologist's behaviour for the safety and continuation of the therapeutic relationship. Additionally, participants also interpreted the psychologist's response in terms of whether it demonstrated genuine accountability, represented a missed opportunity for repair, was appropriate to the context, and aligned with expectations of professional boundaries. These interpretations and compassionate perspective-taking of the offence and the psychologist are primary influences in participants' decisions to forgive or withhold forgiveness. These interpretative processes revealed how participants made sense of the relational and ethical dimensions of the scenario, rather than simply reacting to the vignette at face value.

The overall findings of the present study indicate that forgiveness judgements were predominantly shaped by participants' appraisals of the offence and the psychologist's response, rather than by the duration of the therapeutic relationship. Forgiveness was found to be a multifaceted process informed by perceptions of the offence, accountability, and professional trust. The following sections examine the findings of the present study in relation to the existing theory and research on forgiveness, rupture and repair in the therapeutic relationship, and digital professionalism.

5.2 Forgiveness Judgements in Response to a Psychologist's Social Media Transgression

From the study, a consistent pattern emerged across the quantitative analyses: participants' forgiveness judgements were shaped by their appraisal of the severity of the offence and the psychologist's subsequent response, whereas the length of the therapeutic relationship did not meaningfully influence outcomes. Offence severity and the presence of an apology were the only variables that significantly predicted forgiveness-related motivations and willingness to forgive, highlighting the salience of transgression characteristics and reparative behaviour.

5.2.1 Offence Severity as a Primary Determinant of Forgiveness

Hypothesis One predicted that exposure to a severe social media transgression would increase revenge and avoidance motivations and reduce willingness to forgive, relative to exposure to a moderate transgression. Across the quantitative analyses, offence severity consistently predicted participants' responses, with severe offences eliciting stronger unforgiving motivations and a lower likelihood of forgiveness. A possible interpretation of this finding is that severe digital misconduct may be viewed as warranting greater relational distancing and diminished openness to relational repair. This interpretation is consistent with research indicating that individuals often evaluate more serious offences as more harmful and morally significant (Rozin et al., 1999).

This finding further aligns with research demonstrating that greater perceived severity evokes stronger moral emotions, such as anger, disgust, and contempt (Rozin et al., 1999), which can inhibit forgiveness by intensifying negative appraisals of the offender. Severe offences are also more likely to be interpreted as intentional or disrespectful, which strengthens perceptions of moral violation and reduces openness to relational repair (Carlsmith & Darley, 2008; Pearce et al., 2018). From this perspective, participants' increased unforgiving motivations in the severe condition may reflect an attempt to protect psychological needs such as identity, status, power, and control (Pearce et al., 2018), needs that are more strongly threatened when harm is perceived as serious or more laden.

The broader forgiveness literature consistently shows that greater perceived severity predicts lower forgiveness, regardless of whether severity is manipulated objectively or assessed subjectively (Fehr et al. 2010). Studies using vignette designs similarly demonstrate that more severe transgressions elicit stronger retaliatory impulses and lower willingness to forgive (Bradfield & Aquino, 1999; Fincham et al., 2004). Research also indicates that subjective appraisals of severity correlate only moderately with objective measures of severity (Fincham et al., 2004), suggesting that individuals' personal interpretations of harm play a central role in forgiveness decisions. This pattern provides a useful interpretive frame for understanding the present study's severity effects.

In the present study, offence severity was manipulated through vignette descriptions that labelled the psychologists' post as either moderate or severe. Despite this objective

manipulation, participants still required subjective interpretations and perceptions of what constituted “moderate” and “severe” offences in the context of the vignette. The quantitative findings showed that participants exposed to the severe condition reported significantly higher revenge and avoidance motivations, alongside lower willingness to forgive, aligning with patterns observed in the broader forgiveness literature and suggesting that higher perceived severity predicts lower forgiveness. This alignment suggests that even when severity is defined experimentally and still requires subjective interpretation, participants’ subjective appraisals of harm, disrespect, and moral violation remain central to their forgiveness judgements. Qualitative comments further supported this interpretation, with many participants describing the severe post as more unprofessional or concerning, indicating that they experienced the severe vignettes as carrying greater relational or ethical concern. These subjective interpretations likely contributed to the stronger, unforgiving motivations observed in the severe condition.

5.2.2 Therapeutic Relationship Length

Hypothesis Two predicted that a longer therapeutic relationship would reduce unforgiving motivations and increase willingness to forgive compared with a shorter therapeutic relationship. The findings did not support this hypothesis. Relationship length did not significantly influence participants’ revenge or avoidance motivations, nor did it meaningfully affect their willingness to forgive. Participants appeared to base their judgements of forgiveness on the nature of the offence and the psychologist’s response, rather than on the duration of the therapeutic relationship.

The findings contrast with a substantial body of research showing that relationship closeness, including commitment, satisfaction, trust, and emotional connectedness, is among the most reliable predictors of interpersonal forgiveness (Fehr et al., 2010; McCullough et al., 1998). Studies consistently demonstrate that individuals are more willing to forgive when they feel close to, invested in, or dependent on the relationship (Harber & Wenberg, 2005). However, the present study suggests that relationship length, even when considered alongside offence severity and the psychologist’s response, may not adequately capture the relational qualities that promote forgiveness, particularly in a professional context.

One explanation for this divergence lies in the distinction between relationship length and relationship closeness. Theoretical models emphasise that forgiveness is often driven by motivated relationship-preserving processes, such as the desire to maintain a valued relationship and the tendency to interpret the offender more favourably (Donovan & Priester, 2017). The processes depend on perceived relational value, not simply the amount of time spent together. In the present study, participants may not have inferred meaningful closeness or emotional investment from the brief descriptions of relationship duration. Without a sense of relational value to preserve, the motivated reasoning pathway that typically promotes forgiveness may not have been activated (McCullough et al., 1997).

This non-significant interpretation is consistent with the qualitative findings, which show that participants rarely described a desire to maintain the therapeutic relationship as a reason for forgiving. Instead, they focused on accountability, professional expectations, and the intentionality of the offence. These themes suggest that participants evaluate the psychologist primarily through a professional-ethical lens rather than a relational one. In such a context, the psychologist's behaviour may carry more weight than the length of the relationship, particularly when the transgression involves a breach of professional boundaries.

Research on relationship commitment further supports this interpretation. Commitment is conceptualised as a long-term orientation toward maintaining a relationship (Agnew et al., 1998; Rusbult et al., 1994, 1996), and it reliably predicts forgiveness because committed individuals are more motivated to reinterpret transgressions in a positive light (Finkel et al., 2002; Karremans & Van Lange, 2004). However, commitment is not equivalent to time. It reflects emotional investment, trust, and perceived mutuality, qualities that may not have been sufficiently conveyed in the vignette manipulation (Finkel et al., 2002). Without these relational signals, participants may not have experienced the sense of dependence or investment that typically facilitates forgiveness.

These findings suggest that relationship length, in isolation, is an insufficient determinant for relational closeness in therapeutic contexts. Participants appeared to prioritise ethical conduct, offence appraisal, and the psychologist's accountability throughout the relationship when forming forgiveness judgements. Future research may benefit from examining more nuanced relational constructs, such as perceived therapeutic alliance, trust, or

relational depth, to better understand how relational factors shape forgiveness following professional transgressions.

5.2.3 Psychologist Response as a Mechanism of Repair

The findings from the study supported Hypothesis Three, which predicted that participants who viewed a vignette in which the psychologist offered an acknowledgment and apology would report lower unforgiving motivations and a greater willingness to forgive than those who viewed a vignette without an apology. This finding indicates that participants' forgiveness judgements were strongly shaped by the psychologist's response once the harm was raised.

These findings align with extensive research demonstrating that apologies function as powerful reparative signals that communicate acknowledgement of wrongdoing, remorse, accountability, and concern for the victim's well-being (Morse & Metts, 2011). They also indicate that the offender recognises the impact of their behaviour and is motivated to prevent recurrence (Davis & Gold, 2011). Conversely, the absence of an apology is often interpreted as dismissive, defensive, or lacking insight, thereby sustaining distrust and strengthening the motivation to withdraw or retaliate (Carlisle et al., 2012; Exline et al., 2003). The present findings extend this literature into the therapeutic context, showing that even a brief, vignette-based apology from a psychologist can meaningfully shift participants' willingness to forgive. That is, an apology from a psychologist following an online social media transgression holds important perceptions and meanings for clients on their willingness to forgive.

The prominence of apology in the present study likely reflects both its general importance in forgiveness processes and the specific relational and ethical expectations placed on psychologists. Therapeutic relationships are grounded in assumptions of interpersonal competence, ethical awareness, and responsiveness to client distress (Barnett & Teehan, 2022). When a psychologist acknowledges harm and responds with accountability, they may be perceived as more trustworthy, emotionally attuned, and capable of change (Health-Watt et al., 2026). Participants' qualitative responses reflected these expectations, as many interpreted an apology as evidence that the psychologists in the vignette recognised the relational impact of their behaviour and took accountability in addressing the issue. In contrast, failing to acknowledge a transgression may constitute a secondary relational injury, reinforcing concerns

about professional suitability or emotional invalidation (Levy, Chajmovic, & Tishby, 2024). Participants' forgiveness judgements, therefore, likely reflected evaluations not only of the original misconduct but also of the psychologist's responsiveness to repair the rupture.

Importantly, the apology effect was consistent across both revenge and avoidance motivations, as well as across indicators of willingness to forgive. Despite the severity of the offence also demonstrating a similarly broad pattern across these outcomes, the apology effect is theoretically notable as it reflects relationally reparative processes rather than characteristics of the offence itself. This pattern aligns with contemporary models conceptualising forgiveness as a multidimensional shift in motivations, emotions, and relational orientation rather than a single decision (Ho & Fung, 2011). An accountable response may simultaneously reduce desires to distance oneself from the psychologist, lessen retaliatory impulses, and increase openness to maintaining or restoring the professional relationship. This multidimensional pattern also aligns with the qualitative findings, in which participants frequently emphasised accountability, responsiveness, and professional integrity as central to their decisions to forgive.

Within this framework, the apology manipulation in the present study can be understood as representing the initial stage of rupture-repair, acknowledging the client's experience and signalling willingness to address the harm (Muran & Eubanks, 2020). Although a simple apology cannot capture the full complexity of resolving real-world ruptures, the findings suggest that even the first step may substantially shape whether forgiveness is perceived as possible. Taken together, the results highlight apology, accountability, and responsive engagement as core interpersonal processes for repairing trust after professional misconduct, reinforcing their importance in digital professionalism and therapeutic practice.

5.2.4 Absence of Interaction Effects

Hypotheses Four, Five, Six, and Seven proposed that forgiveness-related motivations would be shaped by interactions among offence severity, the psychologist's response, and the length of the therapeutic relationship. H4 predicted that an apology would have a stronger effect in the context of a moderately offensive post; H5 predicted that a long-term therapeutic relationship would buffer the impact of a severe offence, H6 predicted that a long-term therapeutic relationship would enhance the effectiveness of reparative responses, and H7

predicted a three-way interaction in which the combination of moderate offence, an apology, and a long-term therapeutic relationship would produce the lowest unforgiving motivations. The four predicted interaction effects (Appendix G) were not statistically significant in this study. Across all forgiveness-related outcomes, no statistically significant two-way or three-way interactions emerged. However, the visual trends from the estimated marginal mean plot displayed patterns consistent with potential interactions. This discrepancy suggests uncertainty in interaction estimates, and the non-significant coefficients may reflect limited statistical power rather than the true absence of conditional effects (Blake et al., 2020).

The absence of interaction effects suggests that participants may have evaluated each cue, offence severity, apology, and relationship length, on its own psychological and moral significance, despite some conditions suggesting possible conditional influences. In other words, the impact of an apology appeared slightly more pronounced in short-term relationships under moderate offence conditions, and the slope differences across relationship-length conditions resembled interaction-like behaviour. However, these patterns did not reach statistical significance, likely due to the small effect sizes typical of interaction terms (Blake et al., 2020). Although findings indicate that both apology and severity produced strong direct effects, this does not rule out the possibility of interactions in other contexts; rather, it indicates that no statistically detectable conditional effects emerged within the present study's design. This pattern is consistent with research showing that apology and offence severity frequently exert strong, main effects on forgiveness, whereas relational variables such as closeness or relationship history show weaker or inconsistent moderating effects (Fehr et al., 2010; McCullough et al., 2013). In therapeutic contexts, relational moderators may be even less influential factors as transgressions are often interpreted through various lenses, including ethical obligations, therapist expectations, and professional boundaries.

The qualitative findings further support this interpretation. Participants rarely described their forgiveness decisions as contingent on combinations of factors. Instead, they emphasised accountability, professional expectations, and perceived harm as discrete evaluative anchors. These themes suggest that participants approached the vignettes as a judgement of professional conduct, not as a relational dilemma in which contextual factors interact. Despite an interaction between offence severity and apology being theoretically plausible, given that more severe offences may heighten the value of reparative behaviour, participants did not describe their decisions to forgive or not forgive in ways that reflected conditional reasoning.

A second theme concerned the interpretive weight assigned to each factor. Participants indicated that the psychologist's behaviour and the severity of the offence were evaluated as independent factors of professional integrity, rather than as factors whose meaning depended on the length of the therapeutic relationship. This may further contribute to the understanding of why relationship length did not meaningfully interact with the other two factors. In this context, the length of the therapeutic relationship appeared to carry less interpretive weight than the severity of the offence and the psychologist's response.

The absence of interaction effects reinforces the conclusion that participants' forgiveness judgements were driven by two robust and independent considerations: the severity of the offence and the psychologist's willingness to acknowledge and apologise for the harm caused. These findings contribute to the limited literature examining conditional effects in professional transgression contexts and suggest that, at least within vignette-based evaluations of digital professionalism, relational duration does not meaningfully alter how individuals interpret transgressions or reparative behaviour. Future research may explore whether richer relational information, such as perceived therapeutic alliance, trust, or relational depth, creates conditions under which relational factors interact with offence characteristics to shape forgiveness.

5.3 Multifaceted Definitions of Forgiveness

Participant definitions of forgiveness reflected four broad components: emotional processing, cognitive reflection, behavioural change, and distinctions between forgiveness and related but conceptually separate constructs. These themes illustrate the multifaceted ways in which adults in New Zealand understand, interpret, and express forgiveness while simultaneously highlighting areas of convergence and divergence with theoretical models of forgiveness.

Forgiveness as Emotional Release. A substantial proportion of participants described forgiveness as involving changes in emotional experience, such as letting go of anger, hurt, or resentment. This emphasis aligns with longstanding conceptualisations of forgiveness as an emotional transformation in response to interpersonal harm (Worthington, 2001). Many participants reported that, in their definitions of forgiveness, they experience, acknowledge, and process negative emotions following an offence or harm. These findings align with the

REACH Model (Worthington, 2001), which conceptualises forgiveness as a five-step framework that begins with acknowledging the emotional pain, consciously deciding to forgive, and resisting the urge to seek revenge against the person who caused the hurt. The prominence of emotional processing in participants' definitions suggests that forgiveness was often understood as a partially internal affective shift rather than solely a behavioural or relational act. This finding is consistent with research indicating that laypeople frequently view forgiveness as a process of emotional release or relief, reflecting a movement away from negative affect and toward emotional equilibrium (Worthington, 2001). Participant definitions highlight the perceived importance of emotional regulation in navigating interpersonal offences and resonate with theoretical accounts that position emotional change as a core component of forgiveness.

Intentional Thought-Based Processing. Participants also commonly described forgiveness as involving deliberate cognitive reflection, such as re-evaluating the offence, gaining perspective, or consciously deciding to move away from the offence or the associated negative feelings. This emphasis on cognitive processing is consistent with the literature, which describes forgiveness as a deliberative, intentional act that involves reframing the offence or the offender's behaviour (Enright, 2001). Many participants reported framing forgiveness as a decision. These findings align with The Enright Process Model of Psychological Forgiveness (Enright, 2001), which emphasises a four-phase forgiveness process. The Decision Phase in this framework highlights an individual's accurate understanding of the nature of forgiveness and their decision to commit to forgiveness (Enright & Fitzgibbon, 2000). In this phase, an individual recognises forgiveness as an option and decides to begin to forgive, however conditional or weak (Enright, 2001). These findings can be understood as participants viewing forgiveness as a partially thought-driven process requiring reflection, appraisal, and conscious decision-making. These shifts in cognitive processing were often described by participants in the present study, with many reflecting on choosing to move past an offence, an offender, or negative feelings.

Motivational Shifts in Forgiveness. Findings from the present study indicated that a smaller subset of participants explicitly referred to behavioural changes as part of forgiveness, including reductions in avoidance or retaliatory motivations. These descriptions are noteworthy given that prominent theoretical frameworks define forgiveness as a decrease in avoidance and revenge motivations and an increased willingness to re-engage with an offender (McCullough

et al., 1998). Extending this perspective, McCullough and colleagues (2013) propose that forgiveness functions to regulate interpersonal behaviour by inhibiting revenge and signalling a willingness to re-engage in constructive relations, contingent on the offender's future behaviour.

The relative absence of these motivational components in participant definitions suggests that lay conceptualisations of forgiveness may emphasise and prioritise internal processes, such as emotional resolution or cognitive reframing, over observable behavioural and motivational processes. In other words, participants appeared to understand forgiveness primarily as a process that occurs within a person, rather than as a shift in behavioural motivations toward an offender. This pattern may reflect broader tendencies that associate forgiveness with emotional release, mental well-being, or personal growth, themes that were prominent in the emotional and thought-processing categories of this item. Nevertheless, where such components were identified, they align closely with established theoretical accounts, supporting the relevance of revenge and avoidance as core mechanisms underpinning forgiveness.

Overlapping Constructs within Forgiveness Discourse. Interestingly, a notable pattern in participant responses was a tendency to inaccurately describe forgiveness by equating it with constructs such as condoning, excusing, or justifying the offence (Worthington, 2022). This pattern indicates that lay understandings of forgiveness may be characterised by conceptual ambiguity, with definitions reflecting both accurate distinctions and common misconceptions. These findings were consistent with previous research demonstrating divergence between expert and lay conceptualisations of forgiveness. Kearns and Fincham (2004) found that some participants in their study identified condoning or excusing as features of forgiveness, endorsed forgetting as an important component, and viewed reconciliation as central. They further noted that some individuals associated forgiveness with negative consequences, such as vulnerability to harm again or perceived weakness, highlighting additional misconceptions.

In the present study, although a smaller subset of participants accurately differentiated forgiveness from related constructs (e.g., explicitly stating that forgiveness does not entail forgetting or accepting the offence or the offender), the broader pattern indicates variability and inconsistencies in how forgiveness is understood. This variability is not limited to lay

understandings of forgiveness; academic literature also indicates blurred conceptual boundaries. While some scholars agree that forgiveness is distinct from forgetting, condoning, or justifying an offence (Worthington, 2022), others argue that processes such as forgetting may, in some contexts, support the forgiveness process (Cosgrove & Konstam, 2008). These differing positions illustrate that, although the constructs within definitions of forgiveness are conceptually inaccurate, debates about their role in the forgiveness process contribute to blurred boundaries in the academic literature. The present study's findings reflect this broader conflation, with lay definitions often merging forgiveness with neighbouring concepts.

5.4 Factors Influencing Forgiveness

The analysis focused on four areas that shaped participants' willingness to forgive or not to forgive following an interpersonal offence, including the presence of an apology, the intentionality of the offence, the continuation of the therapeutic relationship, and compassionate perspective-taking. These factors highlight how participants made sense of the offence and interpreted the psychologist's behaviour when deciding whether forgiveness was possible.

Apology. Interestingly, although forgiveness characteristics (i.e., apology and diverting strategies) were referenced comparatively less often than transgression characteristics, the therapeutic relationship, and client factors as determinants of willingness to forgive, the presence of an apology emerged as one of the most influential factors influencing participants' responses. Notably, all participants who identified apology as a factor in willingness to forgive viewed a vignette in which the psychologist acknowledged and apologised for the harm caused, suggesting that even a brief and standardised apology was interpreted as meaningful and relationally significant. Many participants in the present research indicated that the psychologist's apology influenced their willingness to forgive, as it demonstrated the psychologist's capacity to recognise the harm caused and to take responsibility for it.

Interestingly, the psychologist's apology was often viewed by participants as sincere, believable, and genuine, despite the vignette only providing a minimal statement of remorse. These findings align with the quantitative findings of this study. Participants who received a vignette in which the psychologist offered an apology reported lower revenge and avoidance motivation scores and greater willingness to forgive, reinforcing the concept that an apology

functions as a powerful mechanism of repair. This aligns with previous research showing that apologies are central to lay understandings of forgiveness. For example, Kearns and Fincham (2004) found that laypeople commonly define forgiveness in terms of an offender offering an apology or expressing remorse, reflecting a belief that an apology is a prerequisite for forgiving, rather than forgiveness itself. In contrast, the absence of an apology from an offender is perceived more negatively than receiving any form of apology, whether voluntary or coerced (Jehle et al., 2012), and whether offered immediately or with some delay (Frantz & Bennigson, 2005). The findings from the present study align with previous research and highlight that participants place substantial value on an apology, often interpreting it as more than a simple acknowledgment of harm. An apology was understood to convey broader interpersonal meanings that shaped participants' judgements of forgiveness.

Perceived Intent. Participants in this study reflected on the intention behind the psychologist's offensive social media posts as a factor contributing to their willingness to forgive. Their reasoning often centred on whether the psychologist's response was directed at them personally, which was often associated with intentional harm. Many participants assumed that the psychologist's post was unlikely to be about them; this interpretation positioned the offence as non-intentional, making forgiveness achievable. Conversely, participants highlighted that if the post was personal, the offence would be understood as deliberate and personally targeted, making forgiveness substantially more difficult. Additionally, a smaller subset of participants noted that if the post was unrelated to therapy or to the psychologist's ability to provide the required service, the behaviour appeared less purposeful and therefore, forgiveness was more likely. In these ways, participants often used the focus of the post, that is, its target and relevance, as indicators inferring the psychologist's underlying intentions.

These findings align with previous research demonstrating that perceived deliberate offences are associated with more intense emotional responses and are less likely to be forgiven (Fehr et al., 2010). Martínez-Díaz and colleagues (2021) highlight that when harm is attributed to deliberate intent, forgiveness becomes more difficult to achieve and often requires more substantial restorative actions accompanied by sincere expressions of remorse. The present study reflects this, as participants described targeted or deliberate posts as requiring greater accountability and more meaningful reparative behaviour before forgiveness could be considered. This connection illustrates how perceived intent shaped participants' expectations of repair and their overall willingness to forgive within the vignette context.

Viability of the Therapeutic Relationship. In the present study, participants' reflections on whether they would continue therapy with the psychologist functioned as an important forgiveness-related decision, revealing how individuals evaluate the implications of a transgression for ongoing professional engagement. Participants described avoidance motivations as a protective strategy for maintaining personal and emotional safety within the therapeutic context. Findings in the present study indicated that many participants explicitly reported being inclined to discontinue therapy, seek an alternative psychologist, or distance themselves from the psychologist. Interestingly, a substantial proportion of these participants belonged to vignette conditions in which the psychologist offered an apology. Despite receiving an apology, many participants still expressed reluctance to continue the therapeutic relationship, often preferring to disengage or seek therapy elsewhere.

Participant reflections frequently referenced personal values, discomfort within the therapeutic relationship, and expectations regarding professional conduct. These accounts suggest that decisions about continuing with the therapeutic relationship were shaped by broader evaluations of professional trust, suitability, and alignment with ethical expectations, rather than by forgiveness alone. Importantly, these findings do not imply that participants forgave the psychologist and then decided not to continue with therapy. Instead, the findings indicate that willingness to forgive and continue therapy were treated as conceptually distinct judgements, consistent with the broader distinction between forgiveness and reconciliation. That is, participants may have viewed the apology positively or reduced unforgiving motivations while simultaneously perceiving the psychologist as unsuitable to continue therapy.

These findings align with previous research indicating that unresolved relational ruptures are often associated with a greater likelihood of the therapeutic relationship prematurely ending (Safran et al., 2011). It also reflects that clients' decisions to forgive or not forgive are influenced by their perceived level of investment in the relationship and their appraisals of whether repair is feasible and meaningful (Rusbult et al., 1994). Interestingly, although quantitative results in the present study showed that the length of the therapeutic relationship was not statistically significant, many participants in the qualitative analysis cited it as an influencing factor on willingness to forgive. Although the present study did not directly measure relational investment, participants' qualitative responses suggest that continuation of

the therapeutic relationship was influenced by their belief that the psychologist could re-establish a safe and professionally appropriate therapeutic environment.

Empathic Engagement. Many participants described considering the offence from the psychologist's perspective as influential in shaping willingness to forgive. Participants often reflected on showing compassion and understanding, recognising that people have differing views, perspectives, and opinions, and that they are free to share them openly. These responses highlight the importance of empathy and perspective-taking, including seeing the professional as more than a therapist, in the forgiveness process, a conclusion well supported by previous research. Malcom and Greenberg (2000) identified perspective-taking as a central component of forgiveness, describing it as a form of empathy that involves accurately perceiving another person's internal frame of reference. Similarly, McCullough and colleagues (1998) proposed that empathy may interrupt revenge and avoidance motivations by fostering concern for the offender and facilitating more compassionate interpretations of the offender's behaviour.

In the present study, participants' reflections mirrored these mechanisms; participants who engaged in compassionate perspective-taking often described greater openness to forgiveness, even when they remained critical of the psychologist's conduct. These findings suggest that perspective-taking served as a meaningful interpretive lens through which participants evaluated the offence. Instead of excusing the psychologist's behaviour completely, compassionate perspective-taking appeared to help participants contextualise the psychologist's actions, softening unforgiving motivations, and consider the possibility of repairing the relationship. This is consistent with the REACH Forgiveness Framework, in which empathising with an offender is a key step that supports emotional softening and reduces unforgiving motivations. In this context, perspective-taking served as a meaningful interpretive lens through which participants evaluated the offence. Rather than excusing the psychologist's behaviour, empathic engagement helped participants contextualise the actions, soften unforgiving responses, and consider the possibility of relational repair.

5.5 Interpretations of the Psychologist's Response

Building on participants' influences of willingness to forgive or not forgive a psychologist, the study also examined how participants interpreted the psychologist's response following an online social media transgression. The findings indicated that participants included the

psychologist's accountability and active repair attempts (or lack thereof), context-dependent evaluations, and their perceived expected professional standards in their interpretations of the psychologist's response.

Accountability and Attempts at Repair. Many participants in the vignette groups, in which the psychologist offered an apology, interpreted the psychologist's response as conveying genuine remorse, acknowledgement of harm, and willingness to take accountability. Participants described the psychologist's response as apologetic and sincere, noting that the psychologist appeared to recognise the offence caused and engaged meaningfully with the participants' concerns. These interpretations often focused on the psychologist's ability to listen, acknowledge the impact, and offer an apology, which participants viewed as indicative of accountability and an active attempt to repair the relational rupture. These findings are consistent with previous research demonstrating that, again, apology functions as a key accountable repair behaviour that signals responsibility-taking and recognition of wrongdoing (Witvliet et al., 2020). The presence of an apology reliably increases empathy, forgiveness, and positive emotional responses, while reducing anger and unforgiveness of a wrongdoing (McCullough et al., 1998; Witvliet et al., 2020). The findings from the present study support the view that accountability and active repair attempts by a therapist can help repair therapeutic ruptures and meaningfully influence willingness to forgive.

Absence of Reparative Engagement. In vignette groups, in which the psychologist did not offer an apology, a subset of participants interpreted the response as a missed opportunity to repair the relational strain. These participants described the psychologist's response as dismissive, invalidating, arrogant, cold, lacking accountability or acknowledgment of the offence, and being quick to move on. Notably, a few participants who also interpreted the psychologist's response as a missed repair opportunity viewed a vignette in which the psychologist apologised. These participants viewed the psychologist's response as disappointing and questioned its sincerity. Interestingly, several participants in the non-apology vignette who viewed the psychologist's response as a missed opportunity for repair also described it as neutral or indicative of appropriate non-involvement, and therefore agreed with the psychologist's lack of response, reflecting conflicting interpretations within the same group of individuals. These interpretations align closely with rupture-repair research, demonstrating that the lack of acknowledgement of a rupture in a therapeutic relationship serves as a rupture

marker (withdrawal and confrontation), which clients often experience as distancing, avoidance, or emotional disengagement from the therapist or therapy (Safran & Muran, 2000).

Contextual Uncertainty in Forgiveness Decisions. Participants reported needing more context and information about the offence itself to inform their interpretations of the psychologist's response. These participants described feeling uncertain about their judgements as their interpretations would be determined by the actual offence rather than the psychologist's response. Their responses suggest that forgiveness-related evaluations were not based solely on the psychologist's response but were shaped by the perceived intent, content, and impact of the social media post. This finding aligns with a previous study, which demonstrated that people often begin with general moral rules but revise or withhold their evaluations once additional contextual information becomes available (Andrejević et al., 2020). This indicates that individuals do not rely solely on fixed moral judgements but instead, adaptively integrate contextual cues, shifting between fairness norms depending on the available information. The present study's findings align with this, as participants' uncertainty and desire for more detail suggest that in digital contexts where information is often incomplete or ambiguous, clients may rely heavily on the available contextual cues to interpret a psychologist's behaviour.

Client Interpretations of Professional Conduct. Many participants interpreted the psychologist's response based on their professional expectations of the psychologist and the therapeutic relationship. Interestingly, most participants in both sets of vignettes (apology and no apology) interpreted the psychologist's response as being appropriate and professional. Further, some participants in the no-apology vignette indicated that the psychologist did not need to address their concern and that the psychologist may have been responding from a professional perspective, as the conversation was not directly related to the therapeutic relationship. These findings align with previous research demonstrating that clients evaluate a therapist's behaviour not only at an interpersonal level but also in relation to broader professional norms and ethical codes (New Zealand Psychologists' Boards, 2018). The present study extends this work by demonstrating that professionalism can shape client interpretations in both directions: it can reduce expectations for emotional engagement or amplify expectations for accountability. In therapeutic practice, it is important to understand this variability. When a psychologist adopts a stance of professional neutrality, some clients may interpret this as appropriate boundary maintenance, while others may experience it as distancing or invalidation. Conversely, when a psychologist adopts a more responsive stance, some clients

may interpret it as necessary accountability, while others may interpret it as personal involvement. These findings highlight the need for psychologists to be attentive to how different clients may interpret professional behaviour and to consider offering explicit acknowledgement when online behaviours create relational uncertainty.

5.6 Practical Implications

The present study has several important practical implications for clinical practice, professional ethics, and the management of therapeutic ruptures, particularly as therapeutic work becomes increasingly embedded in digital environments. The findings revealed striking diversity in participants' responses to how a psychologist's online transgression is understood, interpreted, and responded to the psychologists online transgression. The variability in responses suggests that clients often bring different values, expectations, and thresholds for professional behaviour into therapeutic relationships. It also shows that online behaviour may be appraised in individual ways; therefore, advising psychologists to remain mindful of how digital behaviours shape perceptions of professionalism. Further, the implications encourage psychologists to engage in responsive and accountable repair processes when such behaviours contribute to therapeutic strain. The following section discusses these implications in more detail, focusing on digital professionalism, ethics training, and therapeutic practice in psychological work.

5.6.1 Psychologists' Social Media Use

The present study indicates that a psychologist's online behaviour carries meaningful implications for how clients perceive their trustworthiness, professionalism, and relational safety. Although the present study did not measure the overall influence of a psychologist's social media behaviour on therapeutic relationships, participants' responses to the vignette suggest that online conduct may not be perceived as separate from a psychologist's professional identity. Many participants in the present study evaluated the psychologist's post through a professional lens, treating it as relevant to the psychologist's judgement and suitability for practice. These findings suggest that clients may not draw solid distinctions between a psychologist's online and offline behaviour, and that digital activity can become a part of how clients assess a psychologist's reliability.

A notable practical insight of the present study is the diversity of participant interpretations of the psychologists' online behaviour. Several participants viewed the post as a breach warranting termination of the therapeutic relationship, while other participants saw the psychologist's post as a personal expression that did not affect their willingness to continue with therapy. This variability indicates that what might feel personal or benign to the psychologist may be experienced by a client as significant or a professional concern. Accordingly, psychologists may benefit from engaging in reflective practice before posting or interacting on social media, including considering how a current or prospective client may interpret such content within a therapeutic context.

5.6.2 Ethics Training and Professional Education

Based on current knowledge, existing guidelines in Aotearoa regarding a psychologist's social media use remain limited and do not fully capture the complexities of digital practice. The New Zealand Psychologists Board (2013) provides guidelines on Maintaining Professionalism When Using Social Media Networking, acknowledging that social media presents new risks for psychologists and emphasising the need for careful boundary management between a psychologist's personal and professional life. However, the guidelines remain principle-based and fail to address the new and nuanced ways clients may interpret a psychologist's online presence, as well as how psychologists should navigate these issues. This gap aligns with international literature, which notes that professional codes have struggled to keep pace with the ethical challenges posed by social media and online visibility (Kolmes, 2012; Tunick et al., 2011).

The findings from the present study highlight the practical significance of this current gap. As stated previously, participants in the study consistently evaluated the psychologist's social media post through a professional lens, despite it occurring outside the therapeutic space. On this basis, professional education and ethics training may benefit from more explicit attention to digital professionalism, not solely because current training is inadequate, but rather by considering the perspective that clients interpret online behaviour in ways that existing guidelines do not fully anticipate or capture. Scholars have similarly argued that mental health professionals require explicit training and ethical guidance in navigating digital boundaries, as traditional ethical frameworks do not adequately address the complexities of online self-presentation (Kolmes, 2012; Zur et al., 2009). Training programmes may therefore benefit from

incorporating structured discussions on therapist visibility online, the potential impacts of social media on the therapeutic alliance, and appropriate responses to client-perceived online transgressions. Further evidence indicates that clinicians who receive digital ethics training feel better equipped to manage online dilemmas (Rutkowska et al., 2025), suggesting that such education may be beneficial for contemporary practice by helping psychologists understand and manage the impact of their online behaviour on their professional identity.

The findings additionally highlight the importance of preparing psychologists to recognise and respond to rupture processes arising from digital contexts. Research on rupture-repair emphasises that responsiveness, accountability, and acknowledgment are central to restoring alliance strain (Eubanks et al., 2018; Safran & Muran, 2000). Given that apology, accountability, and acknowledgement emerged as influential factors associated with willingness to forgive in the present study, psychologists may benefit from developing competencies in rupture repair processes that extend beyond traditional in-session interactions. Integrating digital-age ethical dilemmas and online rupture repair scenarios into professional education, supervision, and continuing professional development may help clinicians navigate the evolving ethical and relational challenges of contemporary therapeutic practice (Kaluzeviciute, 2020; Rutkowska et al., 2025). Collectively, these findings emphasise the growing relevance of digital professionalism within psychological practice and the need for ethics training that reflects the realities of an increasingly networked therapeutic space.

5.6.3 Implications in Therapeutic Practice

The present study's findings suggest several implications for therapeutic practice, particularly regarding how clients interpret psychologists' behaviour and how trust is maintained when concerns arise. Participants consistently evaluated the psychologists' online posts through the lens of professional expectations, with the severity of the offence strongly shaping perceptions of trustworthiness, relational safety, and willingness to continue therapy. Even minimal reparative behaviour, such as a brief apology, was interpreted as sincere and meaningful, indicating that early acknowledgement of harm can play a central role in restoring clients' confidence in the therapeutic relationship. Participants also relied heavily on perceived intentionality when forming judgements: behaviour understood as non-intentional or not personally directed was viewed as more forgivable, whereas deliberate or targeted misconduct was seen as significantly more damaging. These patterns highlight that clients may form

forgiveness-related judgements based on their interpretations of the psychologist's motives and responsiveness, underscoring the importance of clear communication and accountability when digital behaviour raises concerns.

Importantly, the present study also highlights the value of responsiveness and repair-oriented communication when relational strain emerges. Participants consistently identified acknowledgment, accountability, and apology as influential factors associated with willingness to forgive. These interpersonal processes appeared meaningful even when participants ultimately chose not to continue with therapy, suggesting that repair attempts can reduce unforgiving motivations without necessarily restoring the therapeutic relationship. This is consistent with rupture-repair research demonstrating that empathic acknowledgement of harm, therapist accountability, and collaborative exploration of the rupture are central to restoring the alliance following rupture (Eubanks et al., 2018; Safran & Muran, 2000). In contrast, the absence of acknowledgement may risk intensifying perceptions of invalidation or emotional dismissal, potentially exacerbating rupture-related processes (Ridjic & Mahmutovic, 2025). For therapeutic practice, this indicates that psychologists may benefit from approaching online-related relational strains by first acknowledging the strain, taking accountability where appropriate, and offering an apology. These steps may help mitigate relational harm and support clients in deciding whether to continue with the psychologist and therapy.

5.7 Strengths of the Present Study

The present study has several methodological and conceptual strengths that contribute to the growing literature examining forgiveness within therapeutic contexts, particularly in response to a psychologist's online transgression. A key strength of the study was the use of experimental vignette methodology with random assignment to the eight conditions. The 2 x 2 x 2 factorial design allowed systematic manipulation of offence severity, the psychologists' response, and the length of the therapeutic relationship while maintaining consistency across conditions. Compared to traditional survey items, vignette methodologies enable the simultaneous presentation of multiple explanatory and contextual factors, resulting in scenarios that more closely align with real-world situations (Atzmüller & Steiner, 2010). The experimental manipulation of vignette variables also allows for the examination of independent and context-specific effects while minimising potential confounding influences (Atzmüller & Steiner, 2010). As such, vignette designs are considered particularly effective for investigating

causal relationships underlying participants' judgements and decision-making processes (Atzmüller & Steiner, 2010).

Another valuable strength was the integration of both quantitative and qualitative methodologies. Quantitative findings alone cannot fully explain how participants in the study interpreted the social media offence or why certain variables shaped their responses. Therefore, the mixed-methods design allows participants' qualitative commentary to contextualise and clarify the meaning of statistical results, supporting a more accurate and nuanced understanding of the results (Brannan, 2015). Through this approach, the study examined not only the extent to which participants were willing to forgive a psychologist following a social media transgression, including how offence severity and psychologist response impacted their responses, but also the underlying meanings, interpretations, and reasoning processes that informed these responses. The inclusion of open-ended qualitative responses provided richer insight into participants' perceptions of an apology, offence severity, professional expectations, and relational dynamics, elements that could not have been fully captured through quantitative measures alone. This strengthened the interpretive depth and approach, enabling a more comprehensive understanding of findings.

A significant strength of the present study was its examination of a substantially underexplored area within both the forgiveness and psychotherapy literature. Although increasing attention has been directed toward psychologists' use of social media and the ethical complexities associated with online professional boundaries (Lannin & Scott, 2013), limited research has examined how clients may interpret and respond to psychologists' online transgressions or the factors that influence willingness to forgive in these contexts. This represents a notable gap given the growing integration of digital communication into everyday life and the heightened visibility of psychologists outside the therapeutic setting. By examining forgiveness processes within a therapeutic context, the present study extends interpersonal forgiveness literature into a novel, clinically relevant domain while contributing to emerging discussions of professional ethics, therapeutic alliance rupture, accountability, and repair in the digital age. Importantly, the findings provide insight into how clients may evaluate a psychologist's professional conduct online and the interpersonal processes that shape decisions about forgiveness and the continuation of therapy.

5.8 Limitations of the Present Study

Several limitations should be considered when interpreting the findings of the present study, many of which are outlined in the Methods chapter. They remain important considerations when interpreting the findings of the present study. As previously discussed, several interaction patterns were visible in the estimated marginal means plots, yet the statistical tests were non-significant. This suggests that the absence of significant interaction effects may reflect limited statistical power rather than the true absence of conditional effects, and therefore, the interaction findings should be interpreted with caution. Accordingly, future research should employ a larger sample size to ensure adequate statistical power to test these potential interaction effects robustly.

Although the study manipulated three theoretically relevant variables: offence severity, psychologist response, and therapeutic relationship length, other factors likely influenced forgiveness-related motivations following the psychologist's online transgression. These include but are not limited to perceived intentionality of a specific offence, digital professionalism expectations, prior experience with therapy, cultural background, and individual differences such as trait forgiveness or attachment style. Importantly, many of these variables may operate differently in online contexts, where public visibility, platform norms, and expectations around digital boundaries shape how clients interpret a psychologist's behaviour. Future research should incorporate these online-specific factors to build more comprehensive models of forgiveness in digital therapeutic environments.

A further limitation relates to the study's cross-sectional design, which captured participants' responses at a single point in time. Forgiveness has been conceptualised as a dynamic process that unfolds over time, involving gradual changes in the motivations of avoidance, revenge, and benevolence following a transgression (McCullough et al., 2003). Consequently, the responses observed in the present study may reflect participants' immediate evaluations of the vignette scenarios rather than the longer-term cognitive and emotional processes through which forgiveness develops. This limits the extent to which the findings can be interpreted as indicative of enduring forgiveness-related motivations, as participants' willingness to forgive may have evolved with reflection, emotional processing, or the passage of time.

5.9 Recommendations for Future Research

The present study used a controlled examination of how offence severity, psychologist response, and therapeutic relationship length shape forgiveness-related motivations; however, several avenues remain for future research to extend and refine these findings.

First, given the vignette-based design of the present study, a hypothetical rupture, rather than an actual relational event, was presented to participants. As a result, the vignette methodology allowed for experimental control; however, it likely failed to fully reproduce the emotional depth, relational investment, or interpersonal history present in real-life therapeutic relationships. These limitations may be particularly relevant to the non-significant effect of therapeutic relationship length observed in the present study's findings. That is, participants may not have fully experienced the emotional weight typically associated with long-term therapeutic relationships. Future research should examine forgiveness processes following actual therapeutic ruptures or simulated interactions that more closely align with real relational dynamics in the therapeutic context.

The present findings suggest that the psychologist's response plays a central role in shaping forgiveness-related outcomes. Future research could extend these findings by experimentally varying specific components of repair responses that are especially relevant to the therapeutic context and relationship. For example, factors such as eliciting commitment to behavioural change, empathic alignment, or clarifying boundaries may be particularly important when the rupture involves online professional conduct. Drawing on frameworks such as Enright's Process Model of Forgiveness (Enright, 2001) and Worthington's REACH model of forgiveness (Worthington, 2001), future research could investigate which specific elements of an apology or repair attempt are most effective in reducing revenge and avoidance motivations when an online offence has taken place and specifically within the therapeutic space. This work could directly inform guidelines for psychologists navigating repair processes following ruptures in online contexts.

Finally, the qualitative findings of the present study revealed substantial variability in participants' interpretations of the psychologist's online behaviour, including differences in perceived boundary expectations, relational safety, and professionalism. Future research should examine these client appraisal processes more directly. This may include, but is not limited to,

how clients evaluate: professional boundaries in online contexts, expectations of digital professionalism, and perceived intentionality of carelessness in online posts. These variables are specific to online environments and extend beyond factors typically examined in traditional rupture literature. By understanding how clients appraise online behaviours in relation to professional behaviour and how these appraisals influence willingness to forgive, continued therapy, and trust in the therapeutic relationship, comprehensive models of digital-age therapeutic relationships could be developed.

5.10 Conclusion

The findings of the present study offer a meaningful contribution to the emerging literature on forgiveness, digital professionalism, and therapeutic rupture in contemporary psychological practice. By integrating quantitative and qualitative methods, the study provides a nuanced understanding of how adults interpret a psychologist's online transgression, specifically, how they appraise its severity, intentionality, and implications for professional trust, as well as the interpersonal processes that shape forgiveness-related motivations. The results highlight the central role of apology, accountability, and responsiveness in mitigating relational harm, while also underscoring the complexities that social media introduces to professional boundaries and client perceptions. Simultaneously, the study's limitations point to important directions for future research, including the need for longitudinal and ecologically valid investigations of forgiveness within therapeutic contexts. Overall, this chapter emphasised the relevance of digital conduct in shaping therapeutic relationships and reinforced the importance of preparing psychologists to navigate the ethical and relational challenges of psychological practice in an increasingly interconnected digital space.

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Appendices

Appendix A

Participant Information Sheet

Study Title

Client's Willingness to Forgive After a Psychologist's Social Media Offence

Researcher

This study will be conducted by Jaspreet Lalli as partial fulfilment of the requirements for the degree of Master of Science in Psychology. Supervision of this study will be provided by Associate Professor Don Baken from the School of Psychology at Massey University.

Funding

Funding for this research is provided by the Massey University School of Psychology.

Background/Aim of Study

Despite the advantages of social media, there are increasing concerns about the potential fostering of inappropriate or unintended connections, including those between clients and professionals, such as psychologists, in the online world. This raises the possibility that clients may encounter content on their psychologist's private social media profiles that they find inappropriate, upsetting, or even distressing.

The aim of this study is to investigate a client's willingness to forgive their psychologist after encountering a social media post, made by their psychologist, that they find offensive. This study seeks to contribute knowledge to the limited body of research on social media related transgressions within the mental health field and the impact such transgressions may have on the therapeutic relationship.

Participant Requirements and Information

To be eligible to participate in this study, you are required to be at least 18 years of age, and you need to be able to read and understand English text.

Research Procedure

Following the basic demographic questions, you will be asked to share your own personal definitions of forgiveness. You will then be randomly allocated to read and respond to only one of eight fictional vignettes (brief constructed scenarios that are not based on real individuals and are designed to explore responses to hypothetical situations relevant to the study topic), from a first-person perspective of a client who has encountered an offensive social media post made by their psychologist on their private social media page. Following the completion of reading the vignette, you are asked to respond to 12 adapted items of the Transgression-Related Interpersonal Motivations (TRIM-12) scale, alongside three additional questions exploring what influenced your decision to forgive or not forgive the psychologist, how you interpretated the psychologists response, and whether you would be willing to forgive the psychologist. The estimated time required to complete this study, including reading the vignette and responding to the questions that follow, is approximately 8 to 10 minutes.

Possible Benefits and Risks of this Study

Participating in this study may not provide any direct personal benefits, however, by agreeing to participate, you will be allowing researchers to better understand forgiveness and forgiveness related outcomes.

It is highly unlikely that participation in this study will involve any risk. The study is designed to prompt reflection on social media content that may be perceived as offensive, but it is up to you as the participant to interpret what causes you offence. However, if you do experience discomfort or distress, we encourage you to be kind to yourself. You can withdraw from the study if you feel that is best for you by just closing the window and you can reach out for support to the resources provided below.

- Need to Talk (1737)
- Samaritans Aotearoa (0800 376 633)
- Youthline (0800 376 633)

Data Collection and Management

This study will ensure that all data that is provided and reported in this research remains anonymous to uphold your privacy and confidentially, ensuring that you are not identifiable. For the purpose of describing the participants sample, demographic information including age, gender, ethnicity, and employment status will be collected; however, no other personal

identifying information will be requested or recorded. In accordance with Prolific's guidelines, participants are only identified by alphanumeric identification numbers assigned by Prolific.

There will be no attempts to re-identify you or any other participant prior, during, or following the completion of this study. Access to any information will be restricted to me as the primary researcher and the academic supervisor for this research. All data collected will be securely stored on the Massey University's' OneDrive platform, which is secured by a two-factor authentication powered by Microsoft, retained for five years, and then deleted. All data will be presented in an aggerated form, meaning individual responses will not be identifiable. The information and data from this research will be used in my thesis and in any potential academic publications or conferences.

Participants Rights

- Participation in this study is entirely voluntary, and you may withdraw at any time prior to submitting your final responses.
- You have the right to decline to answer any question.
- You have the right to ask any questions.
- You have the right to request a summary of the study results by contacting the primary researcher via the email address provided.

Contact Information

If you have any questions or concerns about the research, you can contact Jaspreet Lalli, the primary researcher, at [redacted]@massey.ac.nz.

Alternatively, you can contact the supervisor for this study, Associate Professor Don Baken, at D.M.Baken@massey.ac.nz.

Statement of Ethical Approval

This project has been evaluated by peer review and judged to be low risk. Following review by a Massey University Ethics Advisor and Chair of the Ethics Chairs' Committee, the project has been approved. The researcher(s) named above are responsible for the ethical conduct of this research. If you have any concerns about the ethical conduct of this research that you want to raise with someone other than the researcher(s), please contact Massey University Human Ethics by email: humanethics@massey.ac.nz.

Appendix B

Electronic Consent Form

Start of Block: Consent Form

Q45

Consent Form Client's Willingness to Forgive After a Psychologist's Social Media Offence

- I have read and understood the information sheet.
- I agree to partake in this study, the purpose of which is to investigate a client's willingness to forgive their psychologist after encountering an offensive social media post depicted as a hypothetical scenario (vignette).
- I understand that I will be asked to complete demographic questions, a pre-survey question, an adapted TRIM-12 scale, and additional questions related to forgiveness. The study is expected to take 8-10 minutes.
- I understand that confidentiality will be maintained, and no other personal information beyond what has been stated will be requested.
- I understand that I am free to withdraw from the study prior to completing and submitting my responses.

I confirm that I have read and understood the information provided.

○ Yes, I give my informed consent to participate in this research study. (1)

○ No, I do not give my informed consent to participate in this research study. (2)

End of Block: Consent Form

Appendix C

Survey

Question 1 Please answer the following questions about yourself.

Question 2 What age category do you belong to?

- ○ 18-24 (1)
- ○ 25-34 (2)
- ○ 35-44 (3)
- ○ 45-54 (4)
- ○ 55-64 (5)
- ○ 65+ (6)
- ○ Prefer not to say (7)

Question 3 What is your sex?

- ○ Male (1)
- ○ Female (2)
- ○ Non-binary / third gender (3)
- ○ Prefer not to say (4)

Question 4 Which ethnic group(s) do you belong to? (You may select more than one)

- ○ Māori (1)
- ○ New Zealand European (2)
- ○ Samoan (3)
- ○ Cook Island Māori (4)
- ○ Tongan (5)
- ○ Niuean (6)
- ○ Chinese (7)
- ○ Indian (8)
- ○ Other (9)
- ○ Prefer not to say (10)

Question 5 What best describes your current situation?

- ○ Employed (1)
- ○ Self-employed (2)
- ○ Student (3)
- ○ Unemployed (4)
- ○ Retired (5)
- ○ Unpaid work (e.g., volunteering, caregiving) (6)
- ○ Prefer not to say (7)

End of Block: Demographic Details

Start of Block: Pre-Survey Question

Please answer the following question. There are no right or wrong answers.

How would you define forgiveness?

_____

_____

End of Block: Pre-Survey Question

Start of Block: Vignette 1

V1 **Please read the following short scenario carefully. Once you have finished, you will be asked to answer some questions.** (Vignette Material)

TRIM-12 Please answer the following questions. There are no right or wrong answers.

	Strongly Agree (1)	Agree (2)	Neither Agree nor Disagree (3)	Disagree (4)	Strongly Disagree (5)
I would make him/her pay. (1)	○	○	○	○	○
I would try to keep as much distance between us as possible. (2)	○	○	○	○	○
I would wish that something bad would happen to him/her. (3)	○	○	○	○	○
I would live as if he/she doesn't exist, isn't around. (4)	○	○	○	○	○
I would not trust him/her. (5)	○	○	○	○	○
I would want him/her to get what he/she deserves. (6)	○	○	○	○	○
I would find it difficult to act warmly toward him/her. (7)	○	○	○	○	○
I would avoid him/her. (8)	○	○	○	○	○
I would get even. (9)	○	○	○	○	○
I would cut off the relationship with him/her. (10)	○	○	○	○	○
I would want to see him/her hurt and miserable. (11)	○	○	○	○	○
I would withdraw from him/her. (12)	○	○	○	○	○

End of Block: Vignette 1

Start of Block: Additional Questions

Please answer the following questions. There are no right or wrong answers.

Would you be willing to forgive the psychologist?

- ○ Yes (1)
- ○ No (2)

What most influenced your decision to forgive or not forgive in this situation?

_____

_____

How did you interpret the psychologist's response in that situation?

_____

_____

End of Block: Additional Questions

Start of Block: Final Submission

Q39 I acknowledge that by proceeding, my survey responses will be recorded and used for the purpose of this research.

- ○ Yes, I agree (1)

Thank you for your time in completing this survey. Your responses ***have*** been recorded.
Please use the following code or click on the link below to confirm your participation and obtain your payment via Prolific.
CR317HVP
https://app.prolific.com/submissions/complete?cc=CR317HVP

As mentioned in the Participant Information Sheet, we do not anticipate you experiencing any discomfort or distress as a result of participating in this research. However, if you are experiencing any distress as a result of this survey, please consider reaching out for support:

- Need to Talk (1737)

- Samaritans Aotearoa (0800 72 66 66)
- Youthline (0800 376 633)

If you have any queries or wish to receive a summary of the findings from this study, please contact Jaspreet Lalli, Massey University, [redacted]@massey.ac.nz.

○ No, I do not agree (2)

Thank you for your time. Your responses have ***not*** been recorded.
Please use the following code or click on the link below to confirm your participation and obtain your payment via Prolific.
CR317HVP
https://app.prolific.com/submissions/complete?cc=CR317HVP

As mentioned in the Participant Information Sheet, we do not anticipate you experiencing any discomfort or distress as a result of participating in this research. However, if you are experiencing any distress as a result of this survey, please consider reaching out for support:
- Need to Talk (1737)
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- Youthline (0800 376 633)

If you have any queries, please contact Jaspreet Lalli, Massey University, [redacted]@massey.ac.nz.

End of Block: Final Submission

Appendix D

Vignette Scenarios

Vignette 1

You have been seeing Dr. Clarke, a registered psychologist for some personal therapy. You have met with Dr. Clarke for only two sessions, so the relationship is very new. One day, while scrolling through social media, you see a public post on Dr. Clarkes social media that you find a little offensive and unprofessional. At your next session, you decide to bring up the post. Dr. Clarke listens but gives no response and moves on.

Vignette 2

You have been seeing Dr. Clarke, a registered psychologist for some personal therapy. You have met with Dr. Clarke for only two sessions, so the relationship is very new. One day, while scrolling through social media, you see a public post on Dr. Clarkes social media that you find a little offensive and unprofessional. At your next session, you decide to bring up the post. Dr. Clarke listens and offers a clear apology, acknowledging the harm this may have caused.

Vignette 3

You have been seeing Dr. Clarke, a registered psychologist for some personal therapy. You have met with Dr. Clarke for only two sessions, so the relationship is very new. One day, while scrolling through social media, you see a public post on Dr. Clarkes social media that you find highly offensive and unprofessional. At your next session, you decide to bring up the post. Dr. Clarke listens but gives no response and moves on.

Vignette 4

You have been seeing Dr. Clarke, a registered psychologist for some personal therapy. You have met with Dr. Clarke for only two sessions, so the relationship is very new. One day, while scrolling through social media, you see a public post on Dr. Clarke social media that you find a highly offensive and unprofessional. At your next session, you decide to bring up the post. Dr. Clarke listens and offers a clear apology, acknowledging the harm this may have caused.

Vignette 5

You have been seeing Dr. Clarke, a registered psychologist for some personal therapy. You have met with Dr. Clarke for over ten sessions, so you have a strong therapeutic relationship. One day, while scrolling through social media, you see a public post on Dr. Clarkes social media that you find a little offensive and unprofessional. At your next session, you decide to bring up the post. Dr. Clarke listens but gives no response and moves on.

Vignette 6

You have been seeing Dr. Clarke, a registered psychologist for some personal therapy. You have met with Dr. Clarke for over ten sessions, so you have a strong therapeutic relationship. One day, while scrolling through social media, you see a public post on Dr. Clarkes social media that you find a little offensive and unprofessional. At your next session, you decide to bring up the post. Dr. Clarke listens and offers a clear apology, acknowledging the harm this may have caused.

Vignette 7

You have been seeing Dr. Clarke, a registered psychologist for some personal therapy. You have met with Dr. Clarke for over ten sessions, so you have a strong therapeutic relationship. One day, while scrolling through social media, you see a public post on Dr. Clarke social media that you find highly offensive and unprofessional. At your next session, you decide to bring up the post. Dr. Clarke listens but gives no response and moves on.

Vignette 8

You have been seeing Dr. Clarke, a registered psychologist for some personal therapy. You have met with Dr. Clarke for over ten sessions, so you have a strong therapeutic relationship. One day, while scrolling through social media, you see a public post on Dr. Clarkes social media that you find highly offensive and unprofessional. At your next session, you decide to bring up the post. Dr. Clarke listens and offers a clear apology, acknowledging the harm this may have caused.

Appendix E

Original TRIM-12 Scale and Adapted TRIM-12 Scale (McCullough et al., 1998).

Original TRIM-12 Scale.

1. I'll make him/her pay.
2. I keep as much distance between us as possible.
3. I wish that something bad would happen to him/her.
4. I live as if he/she doesn't exist, isn't around.
5. I don't trust him/her.
6. I want him/her to get what he/she deserves.
7. I find it difficult to act warmly toward him/her.
8. I avoid him/her.
9. I'm going to get even.
10. I cut off the relationship with him/her.
11. I want to see him/her hurt and miserable.
12. I withdraw from him/her.

Adapted TRIM-12 Scale.

1) I would make him/her pay.
2) I would try to keep as much distance between us as possible.
3) I would wish that something bad would happen to him/her.
4) I would live as if he/she doesn't exist, isn't around.
5) I would not trust him/her.
6) I would want him/her to get what he/she deserves.
7) I would find it difficult to act warmly toward him/her.
8) I would avoid him/her.
9) I would get even.
10) I would cut off the relationship with him/her.
11) I would want to see him/her hurt and miserable.
12) I would withdraw from him/her.

Appendix F

Qualitative Content Analysis Codebook: Definitions of Forgiveness

Main Category 1: Emotional Processing	Definition	Inclusion Criteria	Exclusion Criteria	Examples
1.1 Experiencing, Acknowledging, and Processing Emotional Impact	Forgiveness is defined as recognising, naming, or experiencing the emotional harm caused by the offence, including awareness of pain, distress, or psychological impact, whether cognitively acknowledged, emotionally felt, or both.	Mentions recognising or acknowledging emotional pain, hurt, anger, resentment, or distress.	Mentions emotional softening, compassion, or benevolence → 1.2	"Accepting what the other person or situation has caused you previously." (ID 6) "Processing the feelings caused by the wrongful actions." (ID 18) "Letting go of pain, hurt, or anger caused by someone." (ID 99)
		Mentions awareness of the emotional, psychological, or relational impact of the offence.	Mentions deliberate decision-making without emotional recognition → 2.1	
		Mentions processing, sitting with, or acknowledging difficult emotions caused by the wrongdoing.	Mentions behavioural change (e.g., continued contact, reduced avoidance) → Main Category 3	
		Mentions identifying negative or ill feelings.		
		Mentions harm recognition without denial or minimisation.		
		Mentions forgiveness as a process.		
1.2 Compassionate or Benevolent Orientation	Forgiveness is framed as a shift toward compassion, empathy, kindness, or benevolence toward the offender, including emotional softening or goodwill regardless of deservingness.	Mentions empathy, compassion, understanding, or kindness.	Excuses wrongdoing or removes responsibility → 4.2	"Having compassion for them and moving on." (ID 39) "Seeing past someone's mistake." (ID 138) "Forgiveness is an act of kindness." (ID 51)
		Mentions benevolence, grace, or goodwill toward the offender.	Mentions emotional pain without softening → 1.1	
		Mentions emotional softening or reduced hostility.	Mentions deliberate choice without emotional warmth → 2.1	
		Frames forgiveness as generosity or kindness.		

Main Category 2: Thought Processing	Definition	Inclusion Criteria	Exclusion Criteria	Examples
2.1 Forgiveness as a Decision	Forgiveness is described as a conscious, intentional cognitive decision or commitment made by the individual, rather than an automatic emotional shift, passive process, or time-based outcome.	Mentions choosing, deciding, or intentionally forgiving.	Mentions emotional change without intention → 1.1	"You make a conscious decision to accept it and move on." (ID 30) "It is an intentional decision to let go." (ID 50) "You acknowledge someone's mistake and make a conscious decision to put it behind you." (ID 68)
		Mentions personal agency or responsibility in forgiving.	Mentions forgiveness as emotionally settled rather than decided → 1.1	
		Distinguishes forgiveness from emotional change or forgetting.	Mentions forgiveness as emotionally settled rather than decided → 1.1	
		Mentions letting go of negative feelings, resentment, betrayal	Mentions reduction in behavioural restraint or engagement → 3.1	
		Mentions letting go of what has happened or moving on.		
		Frames forgiveness as something one *does*, not something that simply happens.		
2.2 Committing to Forgiveness	Forgiveness is defined as an enduring emotional stance characterised by stability, closure, or commitment to no longer revisiting the offence emotionally.	Mentions forgiveness as emotionally settled or stable.	Mentions ongoing emotional fluctuation → 1.1	"Never bringing it up again." (ID 54) "Not holding the action against the individual you forgive." (ID 22) "Holding no ill feeling or desire for revenge." (ID 23)
		Mentions closure, peace, or resolution.	Mentions intentional decision rather than emotional state → 2.1	
		Mentions commitment to not holding the offence against the offender.	Mentions initial emotional relief only → 1.1	
		Mentions personal benefit.		
		Frames forgiveness as lasting over time.		

Main Category 3: Change in Behaviour	Definition	Inclusion Criteria	Exclusion Criteria	Examples
3.1 Reduction in Avoidant Behaviour	Forgiveness is defined as decreased behavioural withdrawal from the offender, such as resuming contact, stopping avoidance, or being willing to interact without distancing.	Mentions reduced withdrawal, avoidance, or distancing.	Mentions emotional forgiveness without behavioural reference → 1.1	"Allowing another individual to continue to participate in your life" (ID 52) "Willing to engage with that person without biases" (ID 150) "Not allowing it to affect your relationship with them anymore" (ID 73)
		Mentions continued or renewed contact with the offender.	Mentions continued avoidance despite forgiveness → 3.2	
		Mentions willingness to engage or interact.		
		Mentions allowing the person to remain in one's life.		
3.2 Reduction in Retaliatory Behaviour	Forgiveness is defined as decreased behavioural retaliation, such as choosing not to punish, harm, humiliate, seek revenge, or "get back" at the offender.	Mentions rejecting revenge, punishment, or retaliation.	Mentions focusing on emotional peace rather than behaviour → 1.1	"No longer seek revenge or seek to 'get back' at them" (ID 117) "Lost the desire to hurt the person or get revenge" (ID 149) "Not continuing punishment endlessly" (ID 62)
		Mentions letting go of desire to "get back" at the offender.	Mentions reframing offence or offender from compassionate perspective → 1.2	
		Mentions non-punitive responses.		
		Mentions framing peace or restraint as part of forgiveness.		

Main Category 4: Conceptual Boundaries	Definition	Inclusion Criteria	Exclusion Criteria	Examples
4.1 Condoning	Minimises the severity of the impact of the offense or trauma on the victim and redefines an interpersonal offense as acceptable e.g. "It wasn't that big a deal."	Mentions minimising seriousness of the wrongdoing.	Mentions acknowledging harm or wrongdoing rather than minimising it → 1.1	"To excuse wrong doings" (ID 80) "Not worrying about what other people do or say" (ID 31)
		Mentions framing the offence as insignificant or acceptable.	Mentions accountability, responsibility, or moral evaluation → 1.1	
		Mentions downplaying harm or impact.		
		Mentions accepting the offence.		
4.2 Excusing or Justifying	To excuse or justify is to conclude that the problem is not worth an argument or is morally understandable. When the purported reasons behind the offense supposedly balance its impact e.g., "he was just having a bad day," "She didn't really mean it."	Mentions removing moral responsibility from the offender.	Mentions recognising wrongdoing without removing responsibility → 1.1	"To accept that someone made an honest mistake and did not have ill intention" (ID 150) "Recognise that offending behaviour may be unintentional" (ID 55) "Understanding the behaviour that led to the offense, and choosing to move on" (ID 95)
		Mentions attributing wrongdoing entirely to circumstances or intent.	Mentions empathy or perspective taking → 2.2	
		Mentions balancing harm with reasons that negate wrongdoing.	Mentions working towards forgiveness → 2.2	
		Mentions the offence as warranted.		
		Mentions prioritising context over harm.		
4.3 Forgetting	We do not cease to remember what happened.	Mentions forgiveness as erasing memory of the offence.	Mentions emotional release → 1.1	"Total obliteration from one's memory" (ID 135) "Regarding the perpetrator as if they had never committed it" (ID 135)
		Mentions total forgetting or obliteration of the event.	Mentions continuing with relationship with an offender → 3.1	
		Mentions memory loss as necessary for forgiveness.		
		Mentions forgiveness as mutual or dependent on reunion.		
		Mentions reconciliation as equivalent to forgiveness.		
4.4 Other	Statements that define what forgiveness is not.	Mentions forgiveness as not being one of the conceptual boundaries.		"… It is not forgetting what they did or relieving them of their guilt, but rather not carrying the burden of being angry or upset with them." (ID 138)

Qualitative Content Analysis Codebook: Influencing Factors of Forgiveness

Main Category 1: Forgiveness Characteristics	Definition	Inclusion Criteria	Exclusion Criteria	Examples
1.1 Apology	An apology is a forgiveness-seeking behaviour in which an offender verbally acknowledges responsibility for a wrongful action, recognizes the harm caused, and expresses genuine remorse.	Mentions presence of an apology influencing willingness to forgive.	Mentions perceived trust of therapeutic relationship → 3.2	Positive: "they apologised so I forgave them" Negative: "There was no apology" Quality: "Their apology did not feel genuine
		Mentions quality of apology (sincere/insincere, adequate/inadequate)	Mentions excuses, justification, minimising → 1.2	
		Mentions apology aligning with post severity	Mentions apology as a part of professional expectations → 3.3	
		Mentions apology reducing or failing to reduce emotional impact of the offence.		
1.2 Diverting Strategies	Rather than acknowledging harm, offenders use excuses, justifications, or avoidance to minimize their guilt, protect their self-image, or downplay the seriousness of the offense.	Mentions excuses or justifications being made instead of an apology	Mentions psychologists taking responsibility → 1.1	"They tried to justify what happened instead of apologising" "They acted like it wasn't a big deal"
		Mentions psychologists downplaying/minimising what happened	Mentions severity of offence→ 2.1	
		Mentions lack of acknowledgment	Mentions responses that fit any defined subcategory	
		Mentions psychologists lack of accountability influencing willingness to forgive		

Main Category 2: Transgression Characteristics	Definition	Inclusion Criteria	Exclusion Criteria	Examples
2.1 Severity	Transgression severity refers to the degree of seriousness or intensity of a wrongdoing, based on the norms and expectations of a particular relationship. More severe offenses are less likely to be forgiven and typically require greater and more extensive repair efforts from the offender.	Mentions social media post being moderate or severe in offence	Mentions psychologists intent → 2.2	"The post was only moderately offensive" "If the post caused harm then I would not forgive" "If the post crossed the line"
		Mentions forgiveness being dependent on how hurtful or harmful the post is	Mentions psychologist repeating behaviour → 2.3	
		Mentions post being too offensive for forgiveness	Mentions professionalism/expectations → 3.3	
		Mentions harm or impact	Mentions post going against values → 4.1	
		Mentions content of the post impacting willingness to forgive	Mentions ambiguity in vignette → 4.4	
2.2 Intentionality	Intentionality refers to the extent to which a victim perceives a transgression as deliberate rather than accidental.	Mentions forgiveness being influenced by whether the post was made deliberately	Mentions severity alone → 2.1	"If they didn't mean it, I would forgive" "It felt intentional"
		Mentions the psychologist intentionally causing/meaning harm which influenced forgiveness	Mentions internalised values, religion → 4.1	
		Mentions the intent of the post being benign, increasing willingness to forgive	Mentions statements on professional misconduct → 3.3	
		Mentions the post being personal /directed		
		Mentions explicitly why they believe psychologist made the post		
2.3 Frequency	Offense frequency refers to how often a transgression occurs within a relationship. Isolated, one-time offenses are generally easier for victims to forgive, whereas repeated offenses are typically viewed as more severe and harder to overlook.	Mentions one off behaviour increasing willingness to forgive	Mentions severity alone → 2.1	"If they did it again, I would not forgive" "A one off, I could forgive"
		Mentions repeated offence decreasing willingness to forgive	Mentions personal values, religion → 4.1	
2.4 Other		Mentions social media context, online presence	Mentions responses that fit any defined subcategory	

Main Category 3: Therapeutic Relationship Characteristics	Definition	Inclusion Criteria	Exclusion Criteria	Examples
3.1 Length of Relationship	A good therapeutic relationship buffers or softens the impact of negative feelings when they arise.	Mentions therapeutic relationship length influencing forgiveness.	Mentions trust or safety issues → 3.2	"If we had a good relationship, I would forgive" "We weren't so close so I didn't"
		Mentions strength of therapeutic bond.	Mentions professionalism →3.3	
		Mentions poor relationship strength reducing willingness to forgive.		
3.2 Trust and Safety	References to participants feelings secure, respected, and able to rely on the psychologists ethical conduct, reflecting relational conditions that shaped their willingness to forgive.	Mentions forgiveness being influenced by feeling safe or unsafe	Mentions professional expectations → 3.3	"This would break my trust" "I wouldn't feel safe with them anymore"
		Mentions trust being maintained or broken	Mentions attributes of continuing the therapeutic relationship → 3.4	
		Mentions vulnerability being impacted by psychologist		
		Mentions feeling uncomfortable around or with psychologist		
		Mentions psychologists ability to be reliable		
3.3 Expectations of Professional Behaviour	Therapists are given societal trust and privilege because they possess specialised knowledge and therefore have duties to act responsibly, competently, and morally.	Mentions ethics in relation to therapy.	Mentions moral or values judgement → 4.1	"A psychologist shouldn't post things like that" "They were professional and mediated the situation"
		Mentions lack of professionalism	Mentions safety concerns only → 3.2	
		Mentions judgements towards psychologist competency		
		Mentions psychologists crossing boundaries		
3.4 Continuation of Therapeutic Relationship	Dropout is defined as the termination of treatment involving the client making the unilateral decision of leaving, with the therapist or treatment team perceiving	Mentions forgiveness being associated with continuing therapy	Mentions trust alone → 3.2	"I wouldn't go back to them after this" "If they apologised, I'd continue therapy"
		Mentions ending therapy or changing psychologists	Mentions ethical judgement alone → 3.3	

	this as premature and ill-advised	Mentions the offence being 'repairable' impacting continuation	Mentions personal beliefs about forgiveness → 4.1	
		Mentions future relationship viability		
3.5 Other		Mentions psychologists personal life/ personal social media. Mentions not having a personal relationship with psychologist.	Mentions responses that fit any defined subcategory	

Main Category 4: Client Characteristics	Definition	Inclusion Criteria	Exclusion Criteria	Examples
4.1 Personal Values and Beliefs	Forgiveness allows victims to act with value integrity, namely, feelings of being principled and behaving congruent with their own values and/or norms of moral propriety	Mentions moral principles guiding decision making	Mentions personal benefit → 4.2	"My values are to forgive those who do you wrong" "I don't believe in holding grudges" "My religion encourages compassion" "Forgiving aligns with who I am as a person"
		Mentions identity-based beliefs	Mentions resonating with offenders viewpoint → 4.3	
		Mentions religious or spiritual beliefs	Mentions professional standard or ethics → 3.3	
		Mentions cultural aspects around forgiveness	Mentions missing information → 4.3	
		Mentions forgiveness as a moral virtue		
		Mentions forgiveness as being true to self or values		
4.2 Personal Benefit	People can forgive primarily to improve their own well-being, such as seeking emotional relief, reduced stress, greater peace, improved health, compassion, meaning, or renewed purpose.	Mentions feelings of relief or comfort	Mentions forgiveness based off morals or values → 4.1	"I'd forgive because it's better for my mental health" "Forgiving reduces my stress" "Holding onto a grudge isn't worth it" "I would let it go for my own peace"
		Mentions feelings of stress being reduced, peace, inner calm	Mentions understanding psychologists perspective → 4.3	
		Mentions motivators of improving self, healing, or growing as a person	Mentions decisions being based on ambiguity → 4.3	
		Mentions avoiding negative emotions		
		Mentions benefit to self alone		
		Mentions avoiding negative emotions		
4.3 Compassionate Perspective	Considering the offender in an empathetic/sympathetic light and analysing the whole situation from the offender's viewpoint should be highly conducive to forgiveness.	Mentions trying to understand psychologists perspective or motives	Mentions their own values rather than understanding psychologist → 4.1	"Maybe they were having a bad day" "I don't think they meant harm" "They're human too, so I could forgive them"
		Mentions feeling empathetic or compassionate towards psychologist	Mentions own personal wellbeing → 4.1	
		Mentions offering benefit of the doubt	Mentions apology → 1.1	
		Mentions demonstrating cognitive reframing		

4.4 Ambiguity in Vignette	Statements indicating that the participant cannot determine whether they would forgive or not because the vignette lacks sufficient detail, or the participant feels unable to judge the situation meaningfully without additional context.	Mentions feeling uncertain due to the lack of details	Mentions a clear forgiveness/unforgiveness judgement → code accordingly	"There isn't enough detail to decide" "It depends on what the post actually said" "Hard to judge without more context" "Seems vague"
		Mentions needing more details	Mentions feeling unsure because of personal feelings → 4.1	
		Mentions conditional statements	Mentions psychologists intent → 2.2	
		Mentions being unable to judge due to hypothetical situation	Mentions ambiguity being related to professionalism → 3.3	
		Mentions not being able to fully commit to decision due to ambiguity		
4.5 Other		Mentions specific personal reasons not captured elsewhere	Mentions responses that fit any defined subcategory	"I just felt like forgiving" "It's random for me, depends on the day"
		Mentions idiosyncratic beliefs not related to morality		
		Provides a non-sequitur answer		

Qualitative Content Analysis Codebook: Interpretation of Psychologists' Response

Main Category 1: Interpretation of Psychologists Accountability	Definition	Inclusion Criteria	Exclusion Criteria	Examples
1.1 Accountability and Active Repair Attempt	The psychologist is interpretated as taking responsibility for the post and acknowledging any harm caused. Participant interprets the psychologists response as directly addressing the issue and attempting repair.	Participant describes the psychologist's explicit ownership of the offence.	Apology described as vague, forced, or strategic → 1.2	"Taking ownership and apologising." "They took responsibility and apologised." "They admitted it was wrong." "They had a conversation and apologised."
		Participant interprets an apology as owning harm, wrongdoing, or impact.	Dismissal of concern → 2.1	
		Statements indicating the psychologists acknowledged fault, consequences, or rupture.	Silence or moving on → Code 1.3	
		Participant frames the psychologists attempt to repair or resolve the situation.		
1.2 Superficial, Strategic, or Ambiguous Accountability	The psychologist is interpreted as offering an apology that is procedural, insincere, or motivated by self-protection instead of genuine accountability. The participant expresses uncertainty about the emotional meaning of the psychologists response.	Participant describes apology as lacking insincere, performative, or procedural.	Clear acceptance of wrongdoing → 1.1	"Appropriate but not necessarily truthful." "They apologised but didn't express regret." "Hard to know if it was genuine." "Not sure how to interpret it."
		Statements suggesting apology was given due to defuse, keep the client, or save face.	No apology or no acknowledgement → 1.3	
		Participant acknowledges apology but questions authenticity or depth.		
		Participant explicitly uncertainty about genuineness, tone, or emotional meaning.		
		Participant references lack of non-verbal cues (e.g., online context).		
1.3 Avoidance of Responsibility or Emotional Dismissal	The psychologist is interpreted as avoiding responsibility by remaining silent, moving on, or dismissing the issue.	Participant explicitly mentions the psychology not responding, ignoring, or moving on.	Silence frames as professionalism or boundary setting → 3.1	"They just ignored it." "Avoidance of responsibility." "Invalidating my feelings." "Cold and moved on quickly."
		Participant interprets the psychologist as not acknowledging the wrongdoing.	Emotional coldness without explicit responsibility reference → 1.2	
		Statements framing silence as avoidance, denial, or dismissal.		
		Participant interprets psychologists' response as being cold, uncaring, dismissive, or invalidating.		
		Statements that the psychologist did not care about feelings or impact.		

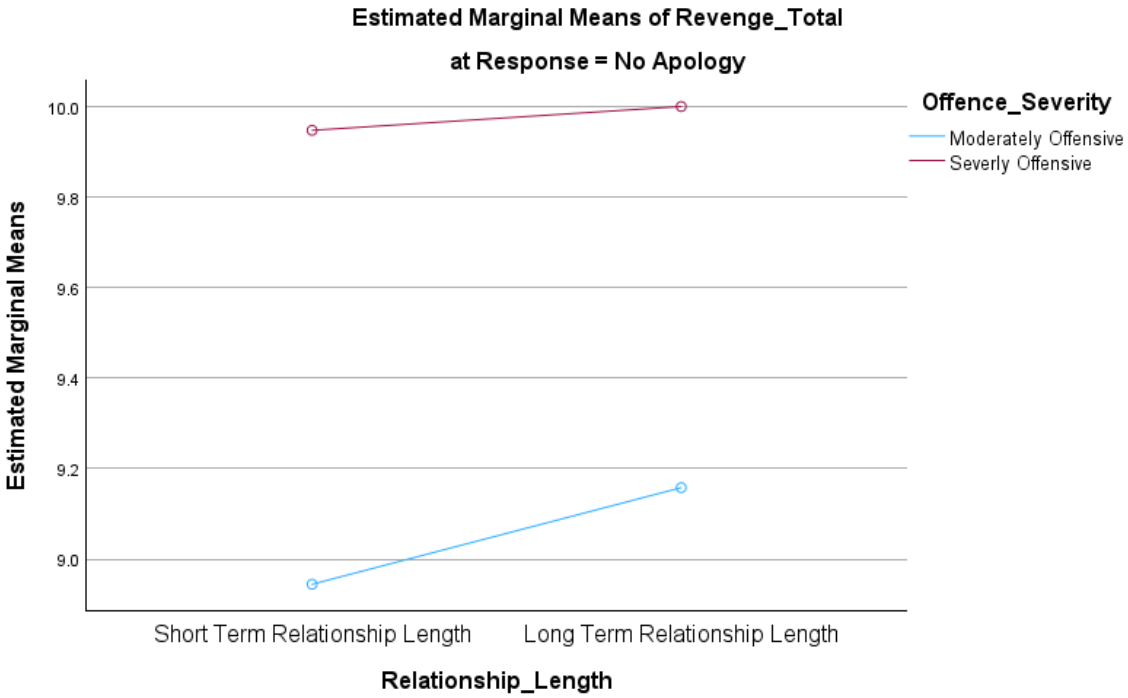
Main Category 2: Interpretation of Responsiveness to the Rupture	Definition	Inclusion Criteria	Exclusion Criteria	Examples
2.1 Missed Repair Opportunity	The participant interprets the psychologist's response as listening but not choosing to engage further. Referenced to the psychologist not actively meaningfully interacting with rupture.	Participant makes statements indicating the psychologist listened but did not respond.	Silence framed as avoiding responsibility → 3.3	"They listened but moved on."
		Participant shifts topic or continuation of session without addressing the issue.	Silence frames as professional boundary → 3.1	
		Participant frames psychologist response as neutral avoidance.		
		Participant fames psychologist as downplaying significance of issue.		
2.2 Rupture Exacerbation	The participant interprets the psychologist's response as worsening the situation or deepening mistrust.	Participant interprets psychologists' response as worsening trust, safety, or relationship.	References to avoidance of responsibility → 1.3	"It made things worse." "I wouldn't trust them again" "Too late" "Not worthy of an explanation" "I wouldn't return"
		Statements that lack of response made things worse.	References to psychologist not engaging in rupture → 2.2	
		Participant demonstrates disinterest in engagement or expresses intention to discontinue therapy.		
2.3 Context-Dependent Evaluations	This subcategory captures participant responses in which interpretation of the psychologist's response is explicitly conditional, qualified, or deferred. Participants withhold judgement and indicate that their interpretation depends on additional contextual information, offence severity, perceived sincerity, or further explanation.	The participant explicitly states that their interpretation depends on context or circumstances.	The participant expresses a clear positive interpretation of the response (e.g., appropriate, sincere, repairing). → 1.1	"Depends on what it was." "Case by case" "I'd need more information" "If it was genuine, then…"
		The participant withholds evaluation of the psychologist's response rather than expressing a clear positive or negative interpretation.	The participant expresses a clear negative interpretation (e.g., dismissive, inadequate, unprofessional). → 1.3	

Main Category 3: Therapeutic Relationship Characteristics	Definition	Inclusion Criteria	Exclusion Criteria	Examples
3.1 Perceived Expected Professional Standards	Responses are interpreted as appropriate or inappropriate professional conduct.	Participant interprets response as appropriate, expected, or professional.	Emotional dismissal emphasis. → 1.3	"Professional response." "Appropriate and expected."
		Participant interprets silence from psychologist as justified as keeping therapy focused.	Separation of professional and personal standards → 3.3	
		Participant views social media as irrelevant to therapy.		
3.3 Personal versus Professional Separation Justified	Responses defend the psychologists right to personal opinions or private life.	Participant defends psychologists' rights to personal opinions.	Professional conduct emphasis → 3.1	"Their personal life is none of my business."
		Participant explicitly separates of psychologist's private life and professional role.	Ethical concerns. → 3.1	
		Participant frames issue as "none of my business."		

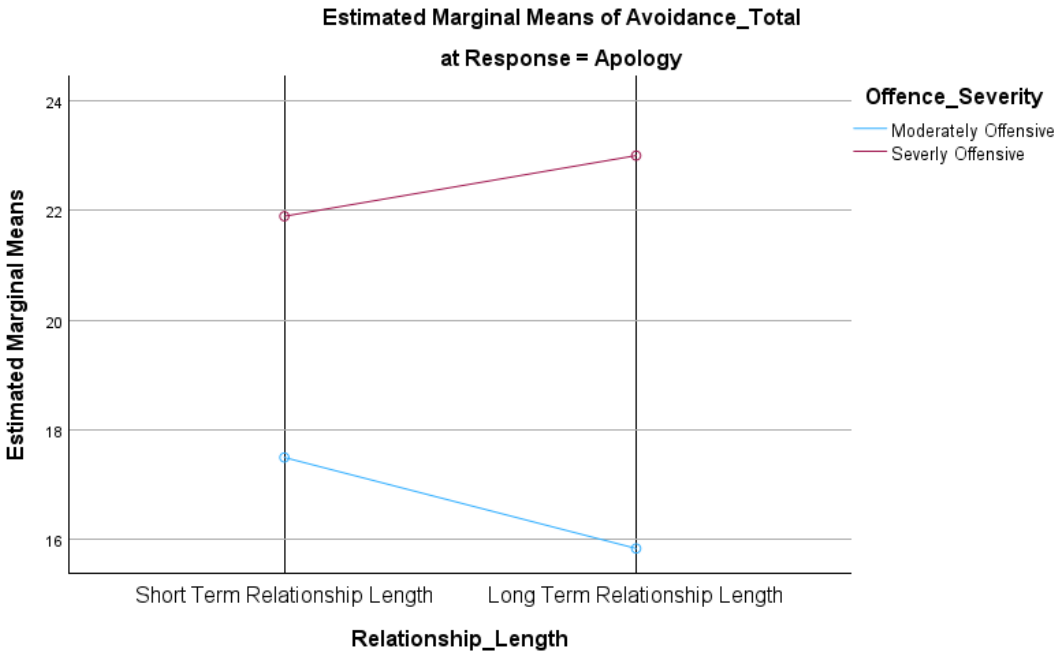
Appendix G

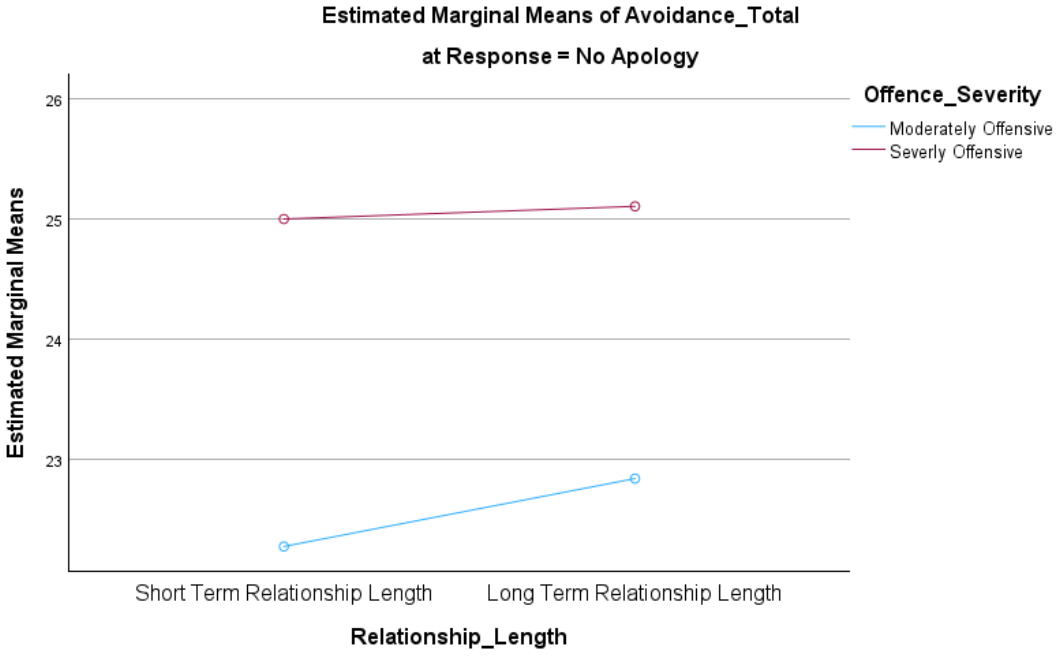
Estimated Marginal Means Plot for Revenge Motivation.





Estimated Marginal Means Plot for Avoidance Motivation.





Appendix H

Qualitative Content Analysis Tables

Table 8

Frequencies of Main Categories in Participants' Definitions of Forgiveness

Main Category	Participants (N)	% of Sample
Emotional Processing	69	46
Thought Processing	117	78
Change in Behaviour	15	10
Conceptual Boundaries	59	39

Note. Category frequencies exceed the total number of participants (N = 150) because responses could receive multiple codes where relevant.

Table 9

Frequency of Subcategories in Participants' Definitions of Forgiveness

Main Category	Subcategory	Participants (N)	% of Sample
Emotional Processing	Experiencing, Acknowledging, and Processing Emotional Impact	65	94
	Compassionate or Benevolent Orientation	9	13
Thought Processing	Forgiveness as a Decision	102	87
	Committing to Forgiveness	28	24
Change in Behaviour	Reduction in Avoidant Behaviour	11	73
	Reduction in Retaliatory Behaviour	5	33
Conceptual Boundaries	Condoning	38	64
	Excusing or Justifying	22	37
	Forgetting	1	2
	Other	3	5

Note. Category frequencies exceed the total number of participants (N = 150) because responses could receive multiple codes where relevant.

Table 10

Frequencies of Main Categories in Influencing Factors on Willingness to Forgive

Main Category	Participants (N)	% of Sample
Forgiveness Characteristics	48	32
Transgression Characteristics	39	26
Therapeutic Relationship Characteristics	55	37
Client Characteristics	81	54

Note. Category frequencies exceed the total number of participants (N = 149) because responses could receive multiple codes where relevant.

Table 11

Frequency of Subcategories in Influencing Factors on Willingness to Forgive

Main Category	Subcategory	Participants (N)	% of Sample
Forgiveness Characteristics	Apology	28	58
	Diverting Strategies	20	42
Transgression Characteristics	Severity	12	31
	Intentionality	15	38
	Frequency	7	18
	Other	11	28
Therapeutic Relationship Characteristics	Length of Relationship	14	25
	Trust and Safety	11	20
	Expectations of Professional Behaviour	15	27
	Continuation of the Therapeutic Relationship	18	33
	Other	11	20
Client Characteristics	Personal Value and Beliefs	13	16
	Personal Benefit	5	6
	Compassionate Perspective	37	46
	Ambiguity in Vignette	36	44
	Other	4	5

Note. Category frequencies exceed the total number of participants (N = 149) because responses could receive multiple codes where relevant.

Table 12

Frequencies of Main Categories in Interpretations of Psychologists' Response

Main Category	Participants (N)	% of Sample
Interpretation of Psychologists Accountability	102	68
Interpretation of Responsiveness to the Rupture	26	17
Interpretation of Professional Role and Boundaries	49	33

Note. Category frequencies exceed the total number of participants (N = 149) because responses could receive multiple codes where relevant.

Table 13

Frequencies of Subcategories in Interpretations of Psychologists' Response

Main Category	Subcategory	Participants (N)	% of Sample
Interpretation of Psychologists Accountability	Accountability and Active Repair Attempt	44	43
	Superficial, Strategic, or Ambiguous Accountability	22	22
	Avoidance of Responsibility or Emotional Dismissal	36	35
	Other	2	2
Interpretation of Responsiveness to the Rupture	Mised Repair opportunity	9	35
	Rupture Exacerbation	7	27
	Context-Dependent Evaluation	13	50
Therapeutic Relationship Characteristics	Perceived Expected Professional Standards	34	69
	Personal versus Professional Separation Justified	17	35

Note. Category frequencies exceed the total number of participants (N = 149) because responses could receive multiple codes where relevant.