2010

Forgiveness and the Bottle: Promoting Self-forgiveness with Alcohol Misuse

Michael Scherer
Virginia Commonwealth University

COPYRIGHT PAGE

Forgiveness and the Bottle: Promoting Self-Forgiveness in

Individuals with Alcohol Misuse

A dissertation submitted in partial fulfillment of the requirements for the degree of Doctor of
Philosophy at Virginia Commonwealth University

By

Michael Scherer, M.S.
M.S., Virginia Commonwealth University, Monroe Park Campus 2008
M.S., Virginia Commonwealth University, Medical Campus 2005
B.S., Virginia Commonwealth University, 2002

Director: Everett L. Worthington, Jr., Ph.D.
Professor, Department of Psychology

Virginia Commonwealth University
Richmond, VA
April, 2010

Acknowledgments

The slow wheels of science turn thanks to the contribution and commitment of many. This dissertation was no exception to that rule. First, I would once again like to acknowledge my friend and advisor, Dr. Everett L. Worthington, Jr. for his careful guidance, ample knowledge, and seemingly inexhaustible supply of patience (and believe me, I tried very hard to exhaust it). He has helped to shape me into the scientist I have become for which I will always be grateful. Similarly, I would like to thank Drs. Jody Davis, Jeff Green, Micah McCreary, and Steven West for their support and flexibility throughout this process and my academic career.

Life, however, extends well beyond books, analyses, and peer-reviewed journals, and without my many friends, I would surely have forgotten this fact. Though they are too many to mention here, I extend to them my heart-felt thanks for the invaluable stress relief brought about by the countless hours of talking and laughing over a frosty brew doing "field research" on alcohol use. As my research centers around alcohol use, this was invaluable (and potentially tax deductable).

I would also be completely remiss if I did not acknowledge my parents, Werner and Aliki Scherer. Without their love, sacrifice, and support throughout my seemingly endless academic career, I honestly have no idea how I would have come as far as I have.

Finally, I give my love and deepest thanks to my wife, Katie Campana-Scherer. Not only is she an endless source of support, love, friendship and laughter for me, but it is because of her and the inspiration she is to me that I am able to find the strength and motivation to work through all the hardships and absorb all the joys life presents me with. Without her, I would truly be lost.

To the many more that helped me in countless ways throughout this process that I have not specifically recognized above, I ask for your forgiveness. If you are unsure how to forgive me for leaving out your name in my acknowledgments, I can recommend several good readings on the matter.

Table of Contents

List of Figures

List of Tables

Abstract

FORGIVENESS AND THE BOTTLE: PROMOTING SELF-FORGIVENESS IN

INDIVIDUALS WHO MISUSE ALCOHOL

By Michael Scherer, M.S.

A dissertation proposal submitted in partial fulfillment of the requirements for the degree of
Doctor of Philosophy at Virginia Commonwealth University

Virginia Commonwealth University, 2010

Major Director: Everett L. Worthington, Jr., Ph.D., Professor, Department of Psychology

Forgiveness research has seldom been directed toward alcohol use, misuse, and abuse. To

date, forgiveness research in the realm of alcohol use, misuse, and abuse has focused on

interpersonal consequences (e.g., Lin, Mack, Enright, Krahn, & Baskin, 2005; Scherer,

Worthington, Hook, Campana, West, & Gartner, 2009; Worthington, Scherer, & Cooke, 2006),

but has paid minimal attention to intrapersonal consequences. Psychologists today are just

beginning to explore the complex and murky waters of self-forgiveness (or lack of it) and the

alcohol misuser (e.g., Webb, Robinson, Brower, & Zucker, 2006).

In the current dissertation, I review the literature on self-forgiveness, drinking refusal

self-efficacy, and alcohol misuse. To explore this phenomena, I created a four-hour self-

forgiveness intervention based off Worthington's (2005) REACH model and motivational

interviewing techniques (Miller & Rollnick, 2002). I then conducted the study utilizing a wait-

list design with a sample of participants ($N = 38$) undergoing a routine alcohol rehabilitation

protocol in one of two mental health centers in Michigan. The four-hour intervention delivered

over three group therapy sessions was found to significantly promote reported levels of self-

forgiveness, drinking refusal self-efficacy, and significantly decrease feelings of state guilt and

state shame over an alcohol-related offense. I attempt to illustrate the necessity and practicality

of the current research in standard addiction treatment. I then discuss in detail the self-

forgiveness intervention tailored for alcohol misusing populations and discuss the results.

Finally, I will provide a general discussion of the results of the self-forgiveness intervention and

how the findings relate to the current body of literature.

CHAPTER 1: Introduction

Forgiveness research has seldom been directed toward alcohol use, misuse, and abuse. To date, forgiveness research in the realm of alcohol use, misuse, and abuse has focused on interpersonal consequences (e.g., Lin, Mack, Enright, Krahn, & Baskin, 2005; Scherer, Worthington, Hook, Campana, West, & Gartner, 2008; Worthington, Scherer, & Cooke, 2006), but has paid minimal attention to intrapersonal consequences. Psychologists today are just beginning to explore the complex and murky waters of self-forgiveness (or lack of it) and the alcohol misuser (e.g., Webb, Robinson, Brower, & Zucker, 2006). Indeed, while previous research has explored aspects of what an alcohol misuser may be experiencing as a result of his or her misuse (i.e., guilt or shame), researchers have neglected to explore possibilities of how to remedy these self-defeating thoughts or feelings of self-condemnation.

Furthermore, while there exists a body of literature devoted to exploring self-forgiveness, there exists almost no literature exploring self-forgiveness within the alcohol misuser for his or her misuse. This becomes even more disconcerting in the light of the notable empirical evidence supporting that alcohol misusers may feel intense feelings of guilt and shame (Collins, Morsheimer, Shiffman, & Paty, 2005; Dearing, Stuewig, & Tangney, 2005; Saunders, Zygowicz, & D'Angelo, 2006), and may elect to continue misusing alcohol to avoid those very feelings and thoughts (Webb et al., 2006). In the current dissertation, I review the literature on self-forgiveness, drinking refusal efficacy, and alcohol abuse. To explore this phenomena, I created a self-forgiveness intervention based off Worthington's (2005) REACH model and motivational interviewing techniques (Miller & Rollnick, 2002). I then conducted the study utilizing a wait-list design with a

sample of participants ($N = 36$) undergoing a routine alcohol rehabilitation protocol in one of two mental health centers in Michigan. The four-hour intervention delivered over three group therapy sessions was found to promote self-forgiveness, drinking refusal efficacy, and decrease feelings of guilt and shame over an alcohol-related offense. I attempt to illustrate the necessity and practicality of the current research in standard addiction treatment. I then discuss in detail the self-forgiveness intervention tailored for alcohol misusing populations and discuss the results. Finally, I will provide a general discussion of the results of the self-forgiveness intervention and how the findings relate to the current body of literature.

CHAPTER 2: Review of the Literature

Introduction

Alcohol use, misuse and abuse have been areas of psychological interest for many years. Prior to proper psychological investigations, alcohol use, misuse, and abuse, were seen as the trappings of individuals with weak moral fiber (Durfee, 1941). The initial psychological attempts at treating alcohol use, misuse, or abuse were found to be largely ineffective because they were designed and used globally and thus were imprecise (Pattison & Kaufman, 1982). Methods behind treatment of alcoholism were almost as diverse as the number of clinics in which it was addressed (Cappell & Herman, 1972; Pattison, 1976, 1977). Later, psychologists began to believe that alcoholism treatment was ideally a two-stage process. The first stage involved changing drinking behaviors through behavioral self-control. The second involved maintenance of sobriety or drinking moderation (Miller & Hester, 1980, 1986). Today, however, theories on what causes individuals to misuse alcohol are numerous. Some psychologists believe that the misuse and abuse of alcohol is a disease, and must be treated accordingly (Blume, 1983; Bride & Nackerud, 2002). Others believe that the misuse and abuse of alcohol is the result of a maladaptive coping strategy (Grüsser, Mörsen, & Flor, 2006). In the current research, I adopt the latter view; that alcohol misuse and abuse are maladaptive coping strategies to stressors, which often include shame or guilt. One way of dealing with these stressors may be to promote forgiveness of self within the individual. That could thereby reduce the need to cope by consuming alcohol.

The intent of this literature review is to examine the extant empirical research in the area of self-forgiveness. While the goal of the current research is to examine using

self-forgiveness interventions with populations that use, misuse or abuse alcohol, the literature examining this very specific field is scant. The literature looking at the self-forgiveness phenomenon in general, however, is more robust. Because of this, it was deemed that a more thorough review of forgiveness and alcohol misuse/abuse research and pertinent empirical self-forgiveness research would be most appropriate in examining the need and feasibility of creating a self-forgiveness intervention. Furthermore, the review of the literature could inform the content of the intervention.

The current review was conducted with literature searches on *PsychInfo* using every combination of words and phrases from group A to words and phrases from group B; (A) self-forgiveness, forgiveness of self, guilt, shame, and (B) alcoholism, alcohol, drinking, intoxication, rehabilitation. The initial search yielded 48 articles dealing with these topics. Articles were eliminated from the search if they were not (a) empirical studies, (b) relevant to the current review, or (c) over 10 years old. These specifications eliminated 32 articles from the current review leaving 16 viable articles for consideration.

Definitions

Forgiveness

I conceptualize forgiveness, as it is defined by Worthington and his colleagues (Worthington, 2000, 2006; Worthington & Scherer, 2004; Worthington & Wade, 1999). Forgiveness is an emotion-focused coping mechanism. Worthington and his colleagues theorize that transgressions cause the development of an *injustice gap*, which is the discrepancy between the way that the individual who was transgressed against thinks the transgression should be resolved, and how it stands at present. The magnitude of the injustice gap is related to the strength of negative emotions. In the case of *unforgiveness,*

this gap is filled with negative emotions such as anger, hatred, fear, hostility, bitterness, resentment, or any combination thereof. In the mechanism by which forgiveness occurs, these negative emotions are replaced with positive other-oriented emotions such as empathy, sympathy, love, and compassion.

In addition, in my conceptualization, forgiveness can be broken down into *decisional* (an intention to forego any revenge or avoidance behaviors and attempt to treat the transgressor as he or she was treated before the transgression occurred) and *emotional* (a genuine juxtaposition of negative emotions, such as hate, rage, bitterness, anger, resentment, etc., with positive emotions such as love, compassion, empathy, sympathy, etc.) forgiveness (Worthington, 2006).

Self-condemnation – a state of negative self-evaluation accompanied by negative self-focused emotions – occurs for two primary reasons. First, a person may have done something he or she believes is wrong and shameful. Second, a person may believe he or she does not measure up against some internal standard governing his or her character. These are not mutually exclusive. For example, a person could do something wrong, such as get a DUI conviction, and consequently interpret this as evidence supporting a character flaw. The self-focused emotions likely include the complex that make up unforgiveness (i.e., resentment, bitterness, hostility, hatred, anger, and fear) directed against the self for moral failure or character deficiency. In addition, guilt and shame likely play a role because one is experiencing one's own moral failure or character deficiency.

In unforgiveness toward a transgressor, a person may reduce the unforgiving emotions and motivations by numerous methods (see Wade & Worthington, 2002;

Worthington, 2001). These could include coping mechanisms such as (a) acceptance, (b) forbearance, (c) surrendering judgment to God, (d) seeking justice, or (e) decisional and emotional forgiveness. These coping mechanisms can reduce unforgiveness through (1) narrowing the injustice gap (i.e., seeking justice), (2) suppressing emotions (i.e., forbearance), or (3) emotional-focused coping (i.e., acceptance, surrendering judgment to God, or decisional and especially emotional forgiveness).

Similarly, self-condemnation can be dealt with in many ways. One important way is self-forgiveness. Some alternative ways of handling self-condemnation may include seeking Divine forgiveness and engaging in some restitution or penance. These form the precursors for self-forgiveness.

Self-Forgiveness

Hall and Fincham (2005) created a model of self-forgiveness based on the literature on forgiveness of self and forgiveness of others. The authors' model of self-forgiveness involves emotional determinants (i.e., guilt, shame), social-cognitive determinants (i.e., attributions), and offense-related determinants (i.e., conciliatory behavior, perceived forgiveness from victim or higher power, severity of offense) in the path to self-forgiveness. The differences between self-forgiveness and forgiveness of others are brought into view when one considers the differences in the nature and severity of the transgressions for each.

While interpersonal transgressions are often the result of behavioral offenses, intrapersonal transgressions need not be so. An interpersonal transgression may be a behavior, thought, or emotion that goes against some personal standard or ideal (Hall & Fincham, 2005). In this way, transgressing against the self may indeed be much more

6

difficult to forgive as the behaviors are compounded by thoughts and desires. For example, when forgiving someone else for stealing, it is less difficult to empathize with them by saying, "They really needed that thing and couldn't see another way to get it," than when attempting to forgive oneself for stealing. When forgiving oneself for stealing, it is not only the action of having stolen that will cause distress, but also the idea that "I am a thief" that must be integrated into their self-view. This will likely increase the magnitude of the transgression and make it much more difficult to forgive. It is these additional thoughts that may lead to feelings of guilt or shame.

In their discussion of self-forgiveness, Hall and Fincham discuss the importance of distinguishing from guilt and shame. Guilt is an other-oriented emotion which focuses primarily on the effect the transgressor has had on another individual. These feelings of guilt may lead the offender to empathize with the victim, and thereby motivate the offender to make amends with the victim for what they have done (Fisher & Exline, 2006; Hall & Fincham, 2005). While this effort to make amends with the offender can certainly promote self-forgiveness, it does, by no means, guarantee it. Furthermore, as guilt may be both trait or state, the ease with which it may be overcome can vary dramatically. When an individual experiences state guilt, making amends can go a long way to promoting self-forgiveness, but will not guarantee it. In instances where guilt endures, it may lead a person to attribute negative traits to themselves, think they are bad people, and thereby begin to condemn themselves.

While self-condemnation may occur for offenses that are either interpersonal or intrapersonal in nature, in both situations, for self-forgiveness to occur, the offender must

take responsibility for his or her action and experience remorse (Hall & Fincham, 2005; Worthington, 2006).

The current research deals with self-forgiveness. As noted above, when considering self-forgiveness and forgiveness of others, there are notable differences in motivations and consequences. Specifically, when people feel unforgiveness towards themselves, they are feeling negative emotions (such as hate, bitterness, anger, etc.) toward themselves. Experiencing these negative emotions toward the self, would be like constantly punishing oneself, whereas failing to forgive another is similar to punishing the other person (Mauger et al., 1992).

Finally, even if one forgives oneself for wrongdoing or failing to live up to one's character standards, self-acceptance is needed (Worthington, 2006). When one experiences self-condemnation, often one has difficulty accepting one's flawed condition.

Definitions of Alcohol-Use-Related Terms

The prevalence of substance misuse disorders has been often investigated in recent years (e.g., Grant, Harford, Dawson, Chou, Dufour, & Pickering, 2004). Substance misuse disorders are frequently conceptualized as consisting of either substance abuse or dependence as defined by the Diagnostic and Statistical Manual-IV (DSM-IV; American Psychiatric Association, 1994). Research has indicated that substance misuse is twice more prevalent in males than in females. In addition, they found a strong negative correlation for age (Grant et al., 2004). That is, drastic decreases in instances of alcohol misuse were found as individuals aged, from 18 years to 29 years (23% in males, 11% in females), to 30 years to 44 years (13% in males, 7% in females), to 45 years to 64 years (8% in males, 4% in females), and to over 65 years old (3% for males, 2% for females).

Much of the literature deliberately avoids the term alcohol *abuse*, because alcohol abuse and dependence are diagnoses offered by the DSM-IV (American Psychiatric Association, 1994) whereas alcohol *misuse* is used to describe a pattern of behavior. Alcohol misuse has been defined as a level or pattern of alcohol consumption -- with or without alcohol dependence -- likely to damage the physical and/or psychological health or social adjustment of the individual drinker, or others directly affected by his or her drinking (Edwards & Unnithan, 1994). For the purposes of this review, the damage to physical or psychological health component will be conceptualized as the disruption of at least one area of daily functioning (i.e., social, familial, physical, financial, etc.). That is, alcohol *misuse,* is an umbrella term that can encompass alcohol abuse, alcohol dependence, and undiagnosed problems associated with the use of alcohol. Importantly, however, for an individual to be labeled as an alcohol misuser, the use of alcohol must occur to such an extent as to cause problems in his or her life. It is possible, therefore, for an individual to use alcohol excessively and not be classified as misusing alcohol. In addition, this also means that an individual who reduces the frequency of use of alcohol, and by doing so resolves any issues that revolved around using alcohol, may shift from being an alcohol misuser to merely an alcohol user. In this review, I will often refer to the reduction of alcohol consumption, which would be a key element in an individual's transition from alcohol misuse to alcohol use. Finally, while I will be specifically addressing alcohol misuse, any chemical substance can be misused.

Forgiveness and Alcohol Misuse

The role of forgiveness as a possible aid to preventing substance misuse has remained unexplored. The general role of forgiveness in alcohol misuse has been scarcely

examined. Lin, Mack, Enright, Krahn, and Baskin (2005) conducted a study utilizing forgiveness therapy on hostile emotions with clients with substance misuse disorders. They hypothesized that the elevation of anger, depression, vulnerability and anxiety found in alcohol (and drug) misusers act as a catalyst for the misuser to pursue alcohol (or drugs) as a coping response. They hypothesized, further, that by reducing anger in individuals by use of forgiveness therapy, an alcohol misuser will no longer be as likely to resort to alcohol consumption as a mode of coping. Forty-three potential participants were referred to Lin et al.'s study by their therapists. Of the 43 participants, three were eliminated for failing to meet cutoff scores on the Enright Forgiveness Inventory and the Spielberger State-Trait Anger Expression Scale. The remaining 40 participants were randomly assigned to either the forgiveness therapy (FT) condition – which was a forgiveness intervention targeted to reducing anger – or the alcohol and drug counseling (ADC) condition – that was not focused on anger reduction. Out of the 40 participants that began the interventions, only fourteen participants (FT $n = 7$, ADC $n = 7$) completed the 12 twice-weekly sessions. Participants completed measures of forgiveness before and after the intervention.

In their study, Lin et al. (2005) found that participants' forgiveness scores raised significantly from pre-test (where the scores were well below the average of a non-clinical population) to post-test (where the scores were comparable to the average of a non-clinical population). Lin et al.'s intervention did not simply reduce anger and anxiety, but it also moved the participants closer to average non-clinical profiles. They conclude, then, that forgiveness is a powerful tool as a supplement to interventions, not as a substitute.

Lin et al. (2005) theorize that the mechanism by which forgiveness intervenes with alcohol misusing populations is by reducing anger (assumed to be a primary catalyst of alcohol and substance use). It seems, however, that alcohol use and misuse are primarily maladaptive coping mechanisms (Tapert, Ozyurt, & Myers, 2004; Young & Oei, 1993) and may be spurred by a wide range of emotions rather than merely anger. Consequently, the scope by which they view the onset of alcohol use is far too narrow. Therefore, utilizing forgiveness interventions to reduce stress within the relationship would likely have a broader applicability and practicality.

Of additional concern with this research is the alarming attrition rate. Lin et al., (2005) report having 40 participants at the onset of the study and ending with only 14. One could argue that the participants that dropped out of the study were not experiencing anger due to their alcohol misuse and, as such, were not benefiting from the intervention. Furthermore, it seems to be premature to draw any conclusions about the effectiveness of an intervention for anger when only seven participants completed the forgiveness component. Certainly much further research is necessary before the role of forgiveness in alcohol misuse can be understood.

Worthington, Scherer, and Cooke (2006) examine the possibility of using forgiveness therapy to reduce the negative emotions of shame and guilt that an alcohol misuser may experience as a result of transgressions he or she may have committed onto another. Worthington et al. theorize that if a perpetrator consumes alcohol in order to avoid these feelings of shame and guilt, allowing them to experience forgiveness through an intervention would reduce their psychological need to consume alcohol and thereby

11

increase their chances of reducing alcohol consumption or avoiding relapse into alcohol misuse.

While Worthington et al. (2006) have a relevant discussion of the role of shame and guilt in alcohol misuse, the argument they make is purely theoretical. Without empirical studies to validate their theorizing, it would seem to be impossible to determine the effectiveness of a forgiveness component on shame and guilt and, subsequently, on alcohol misuse. The current research, however, attempts to empirically validate their argument and examines the role of guilt and shame in alcohol use, misuse, and abuse.

Scherer and his colleagues (Scherer, Worthington, Hook, Campana, West, & Gartner, 2009) conducted two studies examining the relationship between family members where one family member misuses alcohol. In the first study, Scherer et al. ask college students ($N = 190$) to rate their relationship with a family member who misuses alcohol to the point of disrupting an aspect of their daily lives (i.e., social, vocational, financial, health, etc.). Participants completed measurements of forgiveness including the Transgression-Related Interpersonal Motivations Inventory (TRIM; McCullough et al., 1998), Decisional Forgiveness Scale (DFS; Hook & Worthington, 2007), and Emotional Forgiveness Scale (EFS; Hook & Worthington, 2007), and a measure of trust; the Dyadic Trust Scale (DTS; Larzelere & Huston, 1980). Participants completed each of the measures once to describe their relationship with a family member who misuses alcohol, and once to describe their relationship with a family member who does not misuse alcohol. The authors found that participants reported significantly lower levels of trust and forgiveness for a family member who misused alcohol compared with a family member who does not misuse alcohol.

In their second study, Scherer et al. (2008) present and test a model describing the relationship between forgiveness, familial cohesion, and perceived misuser drinking refusal efficacy. College students ($N = 141$) completed the same measures as in study one with the addition of the Trait Forgivingness Scale (TFS; Berry, Worthington, O'Connor, Parrott, & Wade, 2005) to measure dispositional forgivingness, the Cohesion subscale of the Family Environment Scale (FES-C; Moos & Moos, 1981), and the Drinking Refusal Self-Efficacy Questionnaire-Revised (DRSEQ-R; Oei, Hasking, & Young 2005) modified to measure the participants perception of the misuser's ability to refuse a drink in a variety of settings. The authors found that high familial cohesion and high trait forgivingness were related to high state forgiveness of a specific offense. High forgiveness of a specific offense, they found, was related to high trust in the family member who misused alcohol, which in turn was related to high perceived drink refusal self-efficacy. The authors conclude that by promoting forgiveness in family members, one might make a more positive and supportive family environment in which it might be easier for an alcohol misuser to quit drinking.

While the article by Scherer et al. (2008) provides a different perspective on the relationship between family members and alcohol misusers, the focus of their research is entirely on the family members and neglects the alcohol misuser himself or herself. It would seem what is happening within the alcohol misuser himself or herself would be absolutely vital in exploring dynamics between two people. Furthermore, while they posit that this may improve the supportiveness of the familial environment, they do not discuss what direct effects this may have on the misuser. It is conceivable that an increase in the support of the family may reduce feelings of guilt and shame and, thus, reduce the need

13

for drinking, but without examining these feelings directly in an individual who is misusing alcohol, this would be an impossible stretch.

While each of these articles discuss the possibility of utilizing forgiveness with populations that misuse substances, one deals with the granting of forgiveness (Lin et al., 2005), one with the seeking of forgiveness (Worthington et al., 2006), and one with utilizing forgiveness to increase familial support (Scherer et al., 2008). Beyond these three, the literature is bereft of articles examining these relationships. Importantly, the current body of literature concerning forgiveness and alcohol misuse does not empirically examine what intrapersonal influences may contribute to alcohol use, misuse, and abuse. This lack of empirical scrutiny is clearly a weakness within the literature that must be addressed.

Review of the Empirical Literature on Self-Forgiveness

In the current literature review, I focus my attention on pertinent facets of self-forgiveness. In doing so, I review 16 empirical articles dealing with self-forgiveness in general. I then look more closely at the empirical study of self-forgiveness and general forgiveness theories as they pertain to alcohol use, misuse, and abuse specifically.

Forgiveness of Self and Forgiveness of Others

Mauger and his colleagues (1992) first began to consider general self-forgiveness to be a related but distinctly separate construct from forgiveness of others. As they theorized, individuals have completely different motivations when forgiving themselves versus forgiving someone else. Specifically, they believed that if individuals were unable to forgive themselves, they would essentially be punishing themselves. Alternately, however, if an individual fails to forgive someone else, they are not punishing

themselves, but rather punishing the transgressor. In an attempt to measure this, Mauger and his colleagues created the Forgiveness Scale to measure dispositional self-forgiveness; a 30-item scale with a subscale measuring the Forgiveness of Others (FO) and a subscale measuring the Forgiveness of Self (FS).

Later, Macaskill, Maltby and Day (2002) posited that individuals high in empathy would find it easier to forgive others as well as forgive themselves. To test this hypothesis, they had undergraduates in the United Kingdom ($N = 324$) complete Mauger et al.'s (1992) 30-item Forgiveness Scale which included both the FO subscale as well as the FS subscale and an emotional empathy measure (Mehrabian & Epstein, 1972).

Macaskill et al. (2002) conducted independent group t-tests to compare scores for male and female participants on each of the measures. They found that even though women tended to score higher on empathy than did men, and though greater empathy predicted greater forgiveness of others, it did not predict forgiveness of self.

This study provides support that to be an important difference between forgiveness of self and forgiveness of others. In forgiveness of others, empathy is thought to play a major role in helping people to forgive their transgressors (Berry, Worthington, O'Connor, Parrott, & Wade, 2005; Welton, Hill & Seybold, 2008). In forgiveness of self, however, level of empathy did not predict self-forgiveness (Hodgson & Wertheim, 2007; Macaskill et al., 2002). This seems to be logical as empathy is primarily conceptualized as a concern for others which may make it almost irrelevant when looking at forgiveness of self. Furthermore, individuals tend to make harsher judgments of themselves than they do of others (Beck, 1989; Macaskill et al., 2002). One might theorize this may be due to experiencing of self-condemnation for an act. That is, an individual commits a

transgression and then feels like they are a bad person for having committed this transgression. This would effectively mean that the person is attempting to forgive more than just an action, but a state of being, making self-forgiveness much harder to achieve.

Cognitive Processes and Self-Forgiveness

When considering what factors may influence self-forgiveness, many factors could be taken into account. Indeed, previous research has indicated that factors such as spirituality (Leach & Lark, 2004; Romero, Kalidas, Elledge, Chang, Liscum, & Friedman, 2006) or perceptions on quality of life (Romero et al., 2006) play a significant role in helping people to forgive themselves, but these cognitive processes and beliefs play only part of the role in helping us understand self-forgiveness.

Barber, Maltby, and Macaskill (2005) examined the relationship between anger, rumination and forgiveness of self and others. Undergraduates ($N = 215$) completed the Heartland Forgiveness Scale (Thompson et al., 2005) to measure forgiveness of self and other, and the Anger Rumination Scale (Sukhodolsky et al., 2001) to measure state angry after thoughts, angry memories, thoughts of revenge, and understanding causes.

Barber et al. (2005) conducted Pearson Product correlations to explore the relationships between all scales and found that forgiveness of self was negatively correlated with angry after thoughts, revenge, and angry memories. They conclude, then, that individuals who find it hard to forgive themselves will continue to hold angry memories and ruminate over mistakes they have made. Specifically, they conclude that angry memories appear to be the most vital aspects (and barriers) to explore when attempting to promote self-forgiveness.

In their study, Barber et al. (2005) attempted to measure trait self-forgiveness, but appeared to use specific events to do so (which, of course, would measure state self-forgiveness). This could be perceived as a weakness of the design. It would appear to be an overgeneralization to measure state items and attempt to use the information to account for personality traits.

In his study of prosocial adaptive qualities of belief in a just world (BJW) and its implications for justice and forgiveness, Strelan (2007a) had undergraduates ($N = 275$) complete the Just World Scale (Rubin & Peplau, 1975) to measure general BJW, the Personal Belief in a Just World Scale (Dalbert, 1999), the Heartland Forgiveness Scale (Thompson et al., 2005) for forgiveness of self and others, the Gratitude Questionnaire (McCullough et al., 2002) and an adaptation of Rosenberg's Self-Esteem Scales (Rosenberg, 1965). The author hypothesized that self-esteem would mediate between BJW and self-forgiveness.

After conducting a series of hierarchical regression analyses, Strelan (2007a) found that self-esteem predicted 41% of variance between BJW and self-forgiveness. He found that both general and personal BJW were positively correlated to self-forgiveness. That is, participants who were of the mind that good things happen to good people also had good self-esteem, and those with good self-esteem were more likely to be positively disposed toward themselves even if they wronged another (Strelan, 2007a). The author acknowledges that many things may influence self-esteem, but his study supports that individuals with high self-esteem are more likely to have an easier time forgiving themselves for transgressions they may have committed. Self-esteem, then, would appear to be a critical component when addressing self-forgiveness.

In earlier research, Snyder and Heinze (2005) examined the possibility of utilizing self-forgiveness as a mediator between Post-Traumatic Stress Disorder (PTSD) and hostility. The researchers posit that when the self is the target of forgiveness, that person must have committed a transgression against another or done something they consider to be inappropriate. The person then ruminates about the negative consequences he or she is plagued with and experiences anger and hostility toward himself or herself as a result. To test this relationship, Snyder and Heinze recruited undergraduates ($N = 79$) who themselves had been victims of child abuse (defined as sexual and/or physical abuse actively performed to a child aged 15 years or younger by someone at least five years older than the participant). The participants then completed the Hostile Automatic Thoughts Scale (HAT; Snyder, Crowson, Houston, Kurylo, & Porier, 1997) to measure hostility, aggression, and revenge motivations; the Heartland Forgiveness Scale (Thompson et al., 2005) for measurements of self and other forgiveness; and the Revised Civilian Mississippi Scale for PTSD (MISS; Norris & Perilla, 1996) measuring the variety and severity of the traumatic event as well as impact of PTSD today.

Snyder and Heinze (2005) conducted a series of regression analyses to test the basic assumptions necessary for mediation to occur as well as the mediation itself. The authors did indeed find that self-forgiveness was significantly negatively correlated with the HAT and MISS. That is, that those who reported higher self-forgiveness reported lower hostility, aggression, revenge, and impact of the trauma in their daily lives. Importantly, then, increased self-forgiveness was related to decreased hostility toward the self and aggression focused outwardly.

The research discussed above illustrates that many factors may contribute to how difficult it may be for a person to forgive themselves. Self-esteem appears to be a vital component to achieving self forgiveness (Strelan, 2007a). From these studies, one may deduce that self-forgiveness may lead an individual to experience a more belief in a just world (Strelan, 2007a), reduced angry memories and anger motivations (Barber et al., 2005) and other negative emotions associated with rumination (Snyder & Heinze, 2005). However, the correlational nature of all of these studies makes interpretation of findings ambiguous. It may be that people with low HAT and MISS scores had less to forgive or even that they were related to a third unmeasured variable. Again, the correlational designs are problematic and prevent meaningful insight into self-forgiveness.

In the case of Snyder and Heinze's (2005) research, they describe a negative emotion associated with ruminating about transgressions committed against others or having done something wrong. These negative emotions described, though not labeled as such by Snyder and Heinze, may be similar to feelings of guilt and shame. In reviewing the self-forgiveness literature, these themes of guilt and shame arise often (Snyder & Heinze, 2005), but are not always directly examined. Some researchers, however, do directly examine how self-forgiveness relates to shame and guilt. When considering promoting self-forgiveness within an individual, it becomes vital to examine these two phenomena.

Self-Forgiveness and Guilt and Shame

Academicians and psychologists have long differentiated between feelings of guilt (i.e., "I have done a bad thing") and experiencing shame (i.e., "I am a bad person"; Dearing, Stuewig, & Tangney, 2005). If these two phenomena are to be considered

different, then the manner in which one approaches guilt-prone self-forgiveness and shame-prone self-condemnation would need to be different (Worthington, 2006). Individuals who experience guilt would need to incorporate into their identity that they are individuals who are capable of transgressing against others, accept responsibility for their actions, and try to make amends. Self-forgiveness, however, for shame-prone individuals is conceivably much more difficult to achieve (Worthington, 2006). People simply cannot forgive themselves for being the way they are despite their efforts to compensate. They may, however, learn to punish themselves less for having transgressed against others. Either way, however, it becomes vital to examine the subtle differences in self-forgiveness when considering guilt-prone and shame-prone individuals.

In 2006, Fisher and Exline conducted a correlational study examining the somewhat blurry line between self-forgiveness and excusing one's own behavior. Specifically, their study examined how remorse (feeling sorrow or regret for one's actions), self-condemnation (feeling shame and like a bad person for having committed a transgression), effort to reduce negative emotions, and acceptance of responsibility for having committed a transgression influenced self-forgiveness. To test this, Fisher and Exline had undergraduates ($N = 138$) complete measures which utilized transgression-specific measures (including remorse, responsibility, efforts to reduce negative emotions), situational context measures (seriousness and hurtfulness of the offense), individual differences measures (well-being and egotism; see Fisher & Exline, 2006 for information on the specific scales used), the Forgiveness of Self (FOS; Mauger et al., 1996), Heartland Forgiveness Inventory (Thompson et al., 2005), and the

Multidimensional Forgiveness Scale (MFS; Tangney et al., 1999) to measure dispositional self-forgiveness.

Fisher and Exline conducted multiple regression analyses examining the relationships between the various scales. They found self-condemnation (i.e., feeling shame and believing oneself to be a bad person) was associated with poorer psychological well-being than remorse (feeling sorrow and guilt for a transgression). Fisher and Exline concluded that feelings of remorse (i.e., guilt) may indeed promote prosocial and adaptive responses from the individual. However feelings of self-condemnation (i.e., shame) results in a kind of self-loathing and desire for punishment. They conclude, then, that the goal of true self-forgiveness should be to retain the prosocial and adaptive feelings of remorse while simultaneously removing the psychologically harmful feelings of self-condemnation. Importantly, Fisher and Exline report that in order for self-forgiveness to be genuine, transgressors need to take responsibility for their offenses and not simply seek to rid themselves of feelings of guilt. If offenders refuse to take responsibility for their actions, they are likely to generate excuses and justifications for their transgressions. Importantly, however, the authors maintain that feelings of guilt are necessary and prosocial, while feelings of shame are detrimental to the individual and anti-social. They conclude, therefore, that self-forgiveness should only be applied to detrimental feelings of shame, not prosocial feelings of guilt.

It may be, however, that an individual can experience self-condemnation – which Fisher and Exline (2006) identify as harmful – from either wrong-doing or wrong-being. That is, an individual may do something wrong (and feel remorse) and condemn

themselves for this action. Additionally, just because an individual repairs a wrong it does not mean that they no longer blame themselves for it. For example, it is easy to imagine a situation in which someone commits a crime, goes to jail and pays their debt to society, but still feels guilt for his or her actions. In this way, despite having amends for their actions, their feelings of guilt persist and lead to self-condemnation. In this way, it seems that that remorse and self-condemnation may be indistinguishable and equally harmful and, as such, should be equally forgiven.

Not all researchers, however, found support for the idea that guilt is healthy to experience. Some have found that those who cannot forgive things for which they feel guilty may, in fact, withdraw from society feeling that they are unworthy of interacting with others (Day & Maltby, 2005) and are unable to accept themselves as they are. Indeed, guilt is considered by some to be a significant roadblock to self-acceptance and, thus, good mental health (Ingersoll-Dayton & Krause, 2005).

Furthermore, in their work to examine forgiveness within the Big Five personality model, Walker and Gorsuch (2002) examined the relationship between personality variables and four dimensions of dispositional forgiveness – Forgiveness of Others (FOO), Receiving of Forgiveness (ROF), Forgiveness of Self (FOS), and Receiving God's Forgiveness (RGF). The authors hypothesized that individuals who scored higher in trait Neuroticism would have the most difficulty forgiving others, themselves, and receiving forgiveness when granted by others. Additionally, they posited that there would be a positive association between Agreeableness and both forgiveness of others and the receiving of forgiveness. To test their hypotheses, Walker and Gorsuch (2002) had students taken from religious and secular universities ($N = 180$) complete part of the

22

International Personality Item Pool (Goldberg, 2000) to measure respondents on the Big Five personality traits and a forgiveness measure adapted from McCullough et al. (1997) to measure forgiveness. The McCullough et al. forgiveness measurement was adapted for use with each of the four dimensions of dispositional forgiveness.

Utilizing a regression analysis to test their hypotheses, Walker and Gorsuch (2002) found that trait Neuroticism (which is composed of emotional stability, anxiety, emotionality, and distrust) was significantly correlated to FOO, FOS and RGF, Agreeableness was significantly correlated to ROF and RGF. Specific elements of Extraversion were related to FOS (i.e., friendliness and assertiveness). Limited elements of Openness were related to FOS (i.e., intellect) and FOO (i.e., imagination). Two of the factors that make up the Neuroticism trait were positively correlated with self-forgiveness (i.e., emotional stability and emotionality) and one was negatively correlated (i.e., anxiety). It make sense, the authors mention, that emotional stability and emotionality would be positively correlated with self-forgiveness as these individuals may be less likely to find themselves in situations in which they feel they have done something wrong for which they need to forgive themselves. The authors also mention that the negative correlation between anxiety and self-forgiveness makes sense when one considers that Cattell's 16-factor model (Cattell, Saunders & Stice, 1949) refers to the anxiety factor as "guilt-proneness." That is, individuals who score high on this factor are more likely to constantly need to forgive themselves for what they perceive as poor behavior on their part.

Later, in their correlational study of shame-proneness and guilt-proneness Dearing and her colleagues (Dearing, Stuewig, & Tangney, 2005) conducted three studies to

examine the proneness of both guilt and shame to substance use. In Studies 1 and 2,

Dearing et al. utilized undergraduates ($N = 235$ and 249 respectively) and jail inmates in

Study 3 ($N = 332$). Participants in all studies completed the Alcohol Dependence and

Drug Dependence subscales of the Millon Clinical Multiaxial Inventory-II (MCMI-II;

Millon, 1987) as well as the scenario-based Test of Self-Conscious Affect (TOSCA;

Tangney et al., 1989) to measure shame-proneness and guilt-proneness.

Upon conducting bivariate correlations, Dearing et al. (2005) found that alcohol-

related problems, as measured by the MCMI-II, were generally positively related to

experiencing shame-proneness in all three studies, but were negatively correlated –

though not significantly so – to experiencing guilt-proneness. The authors conclude, then,

that shame and guilt are two different and unrelated phenomena and should be treated

differently in prevention and rehabilitation of alcohol and drug use, misuse and abuse.

Clearly the literature on what ought to be forgiven and what ought not to be

forgiven is contradictory in some respects. Some researchers believe that feelings of guilt

("I did a bad thing") are prosocial and may serve as a motivation to make right with those

we have wronged and, thereby, should not be alleviated (Fisher & Exline, 2006). Other

researchers believe that guilt is detrimental to good mental health as it may cause anxiety

or depression and thereby reduce self-acceptance (Dearing et al., 2005; Ingersoll-Dayton

& Krause, 2005; Walker & Gorsuch, 2002) or even lead to social withdrawal and

isolation (Day & Maltby, 2005).

The source of these contradictions may lie in the subtleties of definition. It

appears that guilt is prosocial only if it motivates individuals to restore justice and right

wrongs they have committed. Even in cases where justice is restored and wrongs have

24

been righted, feelings of guilt may persist and, in those cases, is not helpful. Just as easily, feelings of guilt could incapacitate attempts to restore justice or make amends because of its sheer magnitude and, in those cases, is certainly not helpful.

However, the literature does seem congruent that feelings of shame ("I am a bad person") are detrimental to the individual's self-esteem and hopefulness. It may be, however, that neither shame nor guilt can be experienced with out experiencing some of the other. That is, an individual cannot experience shame without feeling guilt for what he or she has done in the past, and an individual cannot experience guilt for something he or she has done without it reflecting on what kind of person he or she perceives the self to be (resulting in shame). If the two are inseparable, then, and the literature is consistent that feelings of shame are detrimental to an individual, it would seem that it is necessary to address both feelings of shame and guilt when attempting to promote self-forgiveness.

This body of literature, however, is not only entirely correlational, but also only considers the wrongdoer. It may well be that shame is detrimental to the wrongdoers mental health but motivates prosocial relationship-restoring acts (i.e., apology, groveling, acts that invite forgiveness by the victim, etc.). So in the long run, shame might benefit both the relationship and trickle down to benefit the wrongdoer. These effects have not been investigated because of individualistic focus on the offender's mental health apart from the wider and longer term effects. As some of this literature alludes to, personality traits may have considerable impact on a person's ability to forgive themselves (Walker & Gorsuch, 2002) and thus warrants further attention.

Self-Forgiveness and Personality

A moderate amount of research has focused on the Five-factor personality model and how it relates to self-forgiveness. The Five-factor personality model has been referred to in much empirical research but generally includes (1) Neuroticism and Emotional Stability, (2) Extraversion and Introversion, (3) Openness to new experiences and Closedness to new experiences, (4) Agreeableness and Antagonism, and (5) Conscientiousness and Undirectedness (Costa & McCrae, 1992). However, not all research examined self-forgiveness in regards to the Five-factor personality model.

Strelan (2007b) looked at how various personality factors related to individuals' propensity to forgive themselves or others. Strelan posited if an individual transgresses against another person, he or she is likely to feel guilt. However, if an individual is high in the personality trait of narcissism, he or she is less likely to feel guilt for having transgressed against another and, therefore, less likely to truly experience self-forgiveness. To test his hypothesis, participants in Strelan's (2007b) study completed the Heartland Forgiveness Scale (Thompson et al., 2005), the Narcissism Personality Inventory (Raskin & Terry, 1988), an adaptation of Rosenberg's (1965) Self-Esteem Scale, the Revised Harder Personal Feelings Questionnaire (Harder & Zalma, 1990) measuring guilt and shame, and the Agreeableness subscale of the NEO Five Factor Inventory (Costa & McCrae, 1992).

After conducting several hierarchical regression analyses examining the extent to which narcissism and guilt predicted dispositional forgiveness of others, self, and situations, Strelan (2007b) found that narcissistic individuals (i.e., high self-esteem and low guilt) were more concerned with their own well-being rather than others, so did not

26

necessarily feel the guilt another individual may feel for a comparable transgression. As such, the self-forgiveness experienced by an individual who is high in narcissism would be less significant and easier to achieve. That is, individuals who reported having high-esteem for themselves, and low guilt for their transgressions reported more self-forgiveness. Strelan concludes that these individual's reports of self-forgiveness are thereby not genuine forgiveness, which would require taking responsibility for their actions and feeling guilt for what had transpired.

In stark contrast to these studies, however, Ross, Kendall, Matters, Wrobel, and Rye (2004) conducted a study examining the convergent and discriminant validity of forgiveness of self and other in the five factor model of personality similar to those described in the previous studies. The researchers hypothesized that because self-forgiveness is *intropunitive* and forgiveness of others is *extrapunitive* different personality characteristics will apply to each. Specifically, self-forgiveness would be related more to Neuroticism; other-forgiveness would be related more to Agreeableness.

To test their hypotheses, Ross et al. (2004) recruited undergraduate students ($N =$ 147) to which they administered the Forgiveness Likelihood Scale (FLS; Rye et al., 2001) to measure participants likelihood of forgiving others across various situations, the Forgiveness Scale (FS; Rye et al., 2001) to measure the absence of negative affect and the presence of positive affect, the Transgression Narrative Test of Forgivingness (TNTF; Berry et al., 2001) to measure forgiveness as a cross-situational disposition, and the NEO-PI-R (Costa & McCrae, 1992) to measure the five personality domains. Consistent with the findings of Walker and Gorsuch (2002) addressed earlier, the authors found that self-forgiveness was negatively correlated to all aspects of Neuroticism. However, in

27

addition to these findings, the authors found positive correlations of self-forgiveness to some aspects of Extraversion (i.e., warmth, gregariousness and positive emotions) and Conscientiousness (i.e., competence, and achievement) and positively related to Agreeableness by only one factor (i.e., trust) not found by other research.

While the research varies some as to which personality characteristics influence self-forgiveness the most, it seems largely to be in congruence that individuals high in Neuroticism have considerable difficulty achieving self-forgiveness (Ross, Hertenstein, & Wrobel, 2007; Ross et al., 2004; Walker & Gorsuch, 2002). The literature does not, however, agree upon which of the other Five Factors of personality may promote self-forgiveness or in what circumstances, whether it be Agreeableness, Extraversion and Conscientiousness (Ross et al., 2004), or Openness and Extraversion (Leach & Lark, 2004; Walker & Gorsuch, 2002). What does seem apparent, however, is that personality plays a major role in both the ability to experience self-forgiveness (Ross et al., 2004; Walker & Gorsuch, 2002), and the necessity to experience it (Strelan, 2007b).

Self-Forgiveness and Alcohol-Related Diagnoses

In 2006, Webb and his colleagues conducted a correlational study with 157 adult participants with DSM-IV alcohol-related diagnoses entering a community-based substance abuse treatment center. Participants completed a number of measures from the Brief Multidimensional Measure of Religiousness/Spirituality (BMMRS; Fetzer Institute, 1999), the Loving and Controlling God scales (Benson & Spilka, 1973) to assess perceptions of God, the Daily Spiritual Experiences Scale (Underwood & Teresi, 2002), two subscales from the Religious Background and Behaviors Questionnaire (Conners, Tonigan, & Miller, 1996) measuring religious beliefs and practices within the previous

year and over the lifetime; items from the BMMRS and the Brief RCOPE (Pargament, Smith, Koenig, & Perez, 1998) to measure positive and negative religious coping; the Purpose in Life Scale (PIL; Crumbaugh & Maholick, 1964); the Short Index of Problems (PIL; Miller, Tonigan, & Longabaugh, 1995; Feinn, Tennen, & Kranzler, 2003) to measure alcohol problems; and the Timeline Follow-Back interview (Sobell, Brown, Leo, & Sobell, 1996; Sobell & Sobell, 1992) to measure alcohol use (quantity and frequency) from the previous 90 days. Each of the three forgiveness conditions was measured by taking a single item from the larger 40-item BMMRS (Fetzer Institute, 1999). Participants completed questionnaires prior to entry into the treatment center and again at a six-month follow-up. Webb et al. (2006) conducted a series of paired sample t-tests, bivariate correlations and regression analyses to examine relationships among the variables.

Webb and his colleagues (2006) found at both baseline and 6-month follow-up highest levels of forgiveness by God, then forgiveness of others and forgiveness of self in succession. Interestingly, when examining both bivariate and multivariate relationships, forgiveness was found to be related to almost all alcohol-related variables (Webb et al., 2006). Furthermore, Webb et al. found that at follow-up, forgiveness of self had modest but negative correlations to frequency of drinking.

Webb et al. (2006) noted that participants who had higher levels of self-forgiveness also had more favorable outcomes with regards to negative drinking consequences. Additionally, participants who have difficulty achieving self-forgiveness were found to be more likely to experience negative affect in the forms of guilt and shame (Webb et al., 2006). While many participants were no longer drinking at the time

of the 6-month follow-up, those with higher levels of reported self-forgiveness reported lower levels of negative drinking consequences. Webb et al. mention, that forgiveness of self was the lowest type of forgiveness experienced (among forgiveness of others, forgiveness of self, and forgiveness by God) and far lower than a general non-clinical population.

While Webb et al. (2006) focus primarily on the relationship between forgiveness and alcohol-related diagnoses, they make several important points about self-forgiveness and alcohol and drug use. First, the authors discuss how an inability to forgive oneself for past transgressions may result in feelings of shame and guilt. These feelings of shame and guilt, then, need to be dealt with in a manner familiar to the individual – drinking. Then by increasing self-forgiveness, one would effectively increase self-acceptance (Ingersoll-Dayton & Krause, 2005) and thereby reduce feelings of guilt associated with a transgression, which could then result in fewer instances of heavy drinking in the future (Webb et al., 2006).

Summary and Discussion of Literature Review

Upon examining the literature as a whole, several important points can be construed and several trends noted in the direction of the research. That is, when individuals commit transgressions against others, or behave in ways that they feel are inappropriate, they may feel guilt or shame. While these feelings of guilt may spark prosocial motivations to make things right (Fisher & Exline, 2006), they may also serve as a roadblock to self-acceptance, especially if they are (a) too elevated or (b) do not subside soon (Ingersoll-Dayton & Krause, 2005). Guilt feelings may also result in perceived poor reflections on an individual's person causing the individual to experience

shame. The literature appears to be at ends as to whether feelings of guilt should be resolved by utilizing self-forgiveness, or whether they serve a purpose in helping people to make amends or change behaviors. This may be resolved by determining the duration and intensity of the feelings of guilt. That is, feelings of guilt may indeed motivate an individual to make amends, but they may endure and lead to feelings of self-condemnation. Alternately, feelings of guilt may be overwhelming and actually prevent an individual from making amends. In both these cases, feelings of guilt should be alleviated and one way in which to do so is self-forgiveness.

The literature seems to be in congruence that experiencing shame is detrimental to an individual's mental health (Dearing et al., 2005; Fisher & Exline, 2006; Snyder & Heinze, 2005; Walker & Gorsuch, 2002). However, the literature has not considered effects of shame (a) on the victim or (b) in the long-term. It seems logical that if feelings of guilt can have prosocial motivations, then feelings of shame may have the same prosocial motivations. In fact, if feelings of guilt are alleviated by making amends, and feelings of shame endure, shame that had prosocial consequences may indeed result in prolonged prosocial motivations.

Furthermore, when individuals fail to forgive themselves for transgressions the have committed, they are likely to experience feelings of anger toward themselves (Barber et al., 2005). They may even turn to alcohol and drug use as a maladaptive coping strategy (Tapert, Ozyurt, & Myers, 2004; Young & Oei, 1993) to deal with these undesirable self-reflections (Webb et al., 2006). When under the influence of substances individuals are likely to transgress again and thereby give reason for more feelings of shame and guilt (Worthington et al., 2006), social withdrawal (Day & Maltby, 2005) or

31

possibly even anger towards themselves (Barber et al., 2005) and others resulting, again, in further need to drink to cope with the anger (Lin et al., 2005). Self-forgiveness, then, may be a vital component in helping to break this cycle of drinking to cope with feelings of shame and guilt for ones own actions.

We then must turn our attention to what makes self-forgiveness easier for some to accomplish than others. Undoubtedly, personality characteristics can play a significant role in determining whether someone can forgive oneself, and if so, how easily this is done. In order for someone to have a need to alleviate feelings of guilt, one must first have the capacity to feel remorse for what he or she has done (Fisher & Exline, 2006; Worthington, 2006). Narcissistic individuals, for example, may lack the capacity for remorse. Thus, they would be less likely than non-narcissistic people to feel guilt for having transgressed against another and, hence, would not feel remorse and not have the need to deal with self-condemnation and thus have little need or capacity for self-forgiveness (Strelan, 2007b). If, however, such an individual did feel some remorse, because the narcissist acts in his or her best interest, self-forgiveness might quickly be achieved. However, it would be probably be achieved without much admission of wrongdoing or attempts at making amends. Similarly, individuals high in trait Neuroticism – because of their low emotional stability coupled with high anxiety -- would be unlikely to be able to achieve self-forgiveness (Ross, Hertenstein, & Wrobel, 2007; Ross et al., 2004; Walker & Gorsuch, 2002), while individuals high Openness and Extraversion might be more likely to forgive themselves (Leach & Lark, 2004; Walker & Gorsuch, 2002). Not only might such personality traits make a difference in one's ability to forgive themselves, but they may also contribute to whether an individual experiences

guilt for having done something wrong, or self-condemnation (or shame) for being a bad person.

Ultimately, one of the most important factors in determining whether self-forgiveness is a necessity, or even possibility, is whether the individual is experiencing shame or guilt. The research on this matter tends to be congruent that shame or self-condemnation is more generalized to the person, often as a trait of shame-proneness. Guilt is more often a feeling in response to committing an offense. Because shame is more generalized, it might be more severe and much more difficult to than guilt to forgive (Fisher & Exline, 2006; Worthington, 2006). Guilt may lead to poor mental health, elevated anxiety, elevated depression, and decreased self-acceptance (Dearing et al., 2005; Ingersoll-Dayton & Krause, 2005; Walker & Gorsuch, 2002) or decreased social withdrawal and isolation (Day & Maltby, 2005) if it becomes too high or too long-lasting, or guilt, may in fact also promote feelings of making restitution to others resulting in prosocial behaviors (Fisher & Exline, 2006).

Finally, Webb's study (Webb et al., 2006) was unique in its attempt to examine self-forgiveness in individuals who use, misuse and abuse alcohol. Alcohol and drug use, misuse and abuse are seen as maladaptive coping strategies (Grüsser, Mörsen, & Flor, 2006) to deal with stressors. Intense feelings of shame and guilt may ultimately result in personal stressors which the individual then must find ways to cope with. As this individual's method of coping with stressors is by drinking, he or she is more likely to turn back to consuming alcohol as a way to deal with these stressors (Webb et al., 2006).

The overwhelming themes, then, that we can observe when examining the literature are that (1) shame-proneness and guilt-proneness are two separate, but related,

phenomena with different consequences and approaches needed for each; (2) feelings of shame and guilt are detrimental to one's personal mental health and well-being if high in intensity or long-lasting; (3) various personality traits may make self-forgiveness more difficult to achieve while others might make it easier to achieve; and (4) an inability to cope with feelings of shame and guilt may result in a diminished sense of self and a need to utilize maladaptive coping mechanisms as a response.

Summary Critique of Current Literature

First and foremost, all of empirical research geared at studying self-forgiveness has been correlational in nature. That is, the empirical research is bereft of any attempt to introduce a self-forgiveness component and directly measuring its influences on an individual. The literature does, however, suggest the idea that introduction of a self-forgiveness component might be instrumental in decreasing shame and guilt in individuals who feel remorse or a sense of responsibility for what they have done (Fisher & Exline, 2006; Ingersoll-Dayton & Krause, 2005; Worthington, 2006). In addition, the literature also supports that those who indeed have higher levels of self-forgiveness have reduced feelings shame and guilt, and lower levels of remorse and self-condemnation (Fisher & Exline, 2006; Walker & Gorsuch, 2002; Webb et al., 2006; Worthington, 2006). An implication of this research is that an intervention to promote self-forgiveness might be effective. It is surprising, then, that investigators have not created an intervention to test these relationships.

Additionally, the current body of literature addresses that some personality traits may allow people to reach self-forgiveness too without accepting responsibility for wrongdoing and thus living up to social obligations to put wrongs right, some

investigators have claimed this is not "true" self-forgiveness (Tangney et al., 2005) or it is "pseudo-self-forgiveness" (Fincham, 2006; Hall & Fincham, 2005). This terminology is awkward and runs a high risk of inaccuracy. It suggests that an external evaluator knows what "true" and "false" forgiveness is, how much the person really struggled, whether the person really sought forgiveness from God, etc. Because these judgments cannot possibly be accurate in that they speculate about the offender's mental state and processes, I prefer to avoid such terminology.

Exactly what makes this untrue self-forgiveness and how it differentiates from true self-forgiveness is somewhat shadily defined. The literature discusses the need for remorse and the presence of a sense of responsibility (Fisher & Exline, 2006; Hall & Fincham, 2005; Worthington, 2006), but to what extent these variables must exist for "true" self-forgiveness to occur is unclear. As such, the creation of an empirically validated instrument to measure levels of remorse and sense of responsibility would need to be included in empirical pursuits of self-forgiveness. Even then, it might be more accurate to refer to this as "low-remorse self-forgiveness" instead of saying it is either "pseudo" or "untrue."

Finally, the vast majority of the current body of empirical research was conducted on an atypical population. Namely, the current research is based off of college-aged and educated participants. As the majority of the general population does not fall into this category, one could hardly say that what holds true for college students holds true for the population in general. Certainly, scientific research with college undergraduates may give us some good ideas of where to look, but for painting a more truthful and accurate

picture, self-forgiveness research needs to be conducted in the community across ages, socioeconomic and educational differences.

Future Directions for Research in Self-Forgiveness

As the empirical study of self-forgiveness is relatively new to the scientific eye, there are still many facets that are as yet not understood. First and foremost, as I discussed above, the extant literature relies heavily on cross-sectional correlational designs and not longitudinal or experimental designs. Certainly, the existing literature has done a noteworthy job of expounding the importance of self-forgiveness in the reduction of any number of negative consequences, but has done little to examine exactly how this might be done. One logical step in the scientific understanding of self-forgiveness, then, would be the design and execution of workshops and interventions to promote self-forgiveness in individuals.

When creating psychoeducational workshops or interventions for self-forgiveness, however, it would be necessary to tailor it to a specific population. That is, a self-forgiveness intervention for substance misusers might look drastically different from a self-forgiveness intervention with individuals who have interpersonal problems. While some research has begun to examine the differences in non-college populations (i.e., Romero et al., 2006; Snyder & Heinze, 2005; Webb et al., 2006), the current body of empirical research has only begun to scratch the surface. Certainly, before self-forgiveness components can be more fully understood, we must first begin to examine the subtle but vital differences in various populations. Self-forgiveness in an individual who actively engages in drug use might look dramatically different from self-forgiveness in an

individual who recently lost a significant romantic relationship and is looking for answers.

Similarly, people with different personal values and beliefs may harbor stronger convictions and thus find it more difficult to achieve self-forgiveness. An individual who is high in spirituality or religiosity likely has a sense of what is sacred. For example, the person might hold marriage sacred. It would be feasible, then, that a violation on their part of the marriage (as in an affair) would be much more difficult to forgive himself or herself for and much more psychologically damaging than violation of something that is not held to be sacred (i.e., betrayal of one's employer). While some research has indicated that individuals high in spirituality have proven to be more self-forgiving of some offenses (Leach & Lark, 2004; Romero et al., 2006; Webb et al., 2006), this research has not dealt with violations of the sacred. Given the prominence of religion and spirituality throughout the world, this could prove to be a vital area of empirical exploration and has, thus far, been largely overlooked.

Finally, the relationship between self-forgiveness and other-forgiveness has been differentiated in much of the current research (Hodgson & Wertheim, 2007; Ross et al., 2007; Walker & Gorsuch, 2002; Webb et al., 2006), but the relationship between the two has only been modestly examined. It may be possible that being forgiven by another might cause an individual to feel either remorse or more self-condemnation. It thus might introduce the motivation for self-forgiveness. For example, if someone else perceived an offense that was unintended or unknown to the offender, and then expresses forgiveness to the offender, this sudden awareness that a transgression has occurred may inspire feelings of shame or guilt. Likewise, perhaps if an individual who had an interpersonal

conflict forgave himself or herself for his or her part in the conflict, this may lead the person to believe the relationship is even again. It might therefore prevent the person from justly seeking forgiveness from the other. Fisher and Exline (2006) begin to explore the possibility of self-forgiveness relieving an offender of responsibility and, thus, reducing prosocial behaviors. This is an area that could use further empirical research and exploration.

Implications for Practice Involving Self-Forgiveness

Following up on the research directions noted above could yield considerable counseling applications in the future. As Snyder and Heinze (2005) suggest in their article addressing PTSD and child abuse, clinicians should focus on implementing self-forgiveness interventions with their clientele. A necessary step in doing so would be to first learn the subtle nuances between target populations. For example, by further exploring the sources of shame and guilt experienced by a substance misuser as noted by some of the current research (Dearing et al., 2005; Webb et al., 2006), a clinical researcher could design a self-forgiveness intervention that could reduce the experiencing of these emotions and, thereby, reduce the individual's need to rely on alcohol or drugs to deal with them. This may effectively reduce use, misuse, and abuse of alcohol and drugs and reduce the chance of relapse.

Most notably, individuals tend to do best in therapy when they want to change and are motivated to do so. When dealing with shame-prone individuals, especially, their experience of shame may prevent them from working on other psychological issues (whatever they may be). They may feel that they are poor human beings and condemn themselves (Worthington, 2006) and that they deserve the misfortune brought upon them

by their psychological issues. In situations such as this, utilizing a self-forgiveness intervention prior to addressing their psychological concerns may, in fact, help motivate them to improve their lives and their situations. That is, by removing or lessening their self-condemnation, a therapist may then be able to address any additional psychological concerns with lessened resistance from the client.

Finally, self-forgiveness could be a powerful tool when dealing with populations who are attempting to seek forgiveness from someone who is unable or unwilling to grant it. For example, if a client feels intense grief over the loss of a significant person in their lives, and great remorse for something he or she did to this person when they were living. In this case, the deceased partner can obviously not grant forgiveness to the living partner. In such a situation, working on promoting self-forgiveness within the client may help to alleviate considerable suffering from feelings of remorse. In this case, coupling a self-forgiveness intervention with grief counseling would likely be optimally effective.

Implications for the Design of a Specific Self-Forgiveness Interventions with Persons Who are Misusing Alcohol

Alcohol use, misuse, and abuse is often thought of as a maladaptive coping strategy (Tapert, Ozyurt, & Myers, 2004; Young & Oei, 1993). Individuals who misuse alcohol may grow to feel emotions such as remorse and self-condemnation for their actions while under the influence (such as arguing with a family member or getting a DUI), or around the misuse itself (Worthington et al., 2006). This sense of self-condemnation or remorse may lead the individual to cope with these complex feelings the only way they know how – to drink. This, in turn, has consequences not only for themselves, but also those around them. That is, it may result in reduced trust and

forgiveness within their families or primary support network (Scherer et al., 2008)

causing more friction, more conflict, and greater feelings of remorse and self-

condemnation.

Feelings of self-condemnation, however, may have prosocial effects. Similarly to

how remorse can motivate a person to attempt to make amends to those they have

wronged (Fisher & Exline, 2006), self-condemnation may, in the same way, motivate the

individual. Self-condemnation may motivate an alcohol misuser to attempt to repair

problems in their relationship and make amends. It may motivate the alcohol misuser to

make confessions to God and renew spiritual commitment. It may motivate a person to

change his or her behaviors and go into treatment to give up drinking. Clearly, whether

self-condemnation is truly positive or negative requires a great deal of speculation. While

it may be detrimental to the physical and mental health of an individual, it may also

motivate them to make positive, prosocial changes.

On the other hand, self-condemnation or even prolonged remorse may cause a

person to feel so overwhelmed with difficulties that they cannot change and prosocial

behaviors become impossible. Alternately, a person may experience remorse, make

amends, and still feel terrible for what they have done. In this way remorse too would be

detrimental to the physical and mental health of an individual. Either way, while feelings

of remorse and self-condemnation can have prosocial consequences, ultimately, they are

detrimental to the mental and physical health of the individual and must be dealt with.

There are many ways in which an individual can deal with the complex emotions

of self-condemnation (Wade & Worthington, 2002; Worthington, 2001). An individual

may simply accept what has happened and attempt to move on. A person may focus all

their energy on emotionally suppressing feelings of self-condemnation. They may seek solace in surrendering themselves to the judgment of God. They may seek justice for those they have wronged and make amends. Finally, they may also forgive themselves.

Worthington (2006) discusses some crucial parts of promoting self-forgiveness. Before self-forgiveness can be approached, however, one must make amends to others that were involved in the transgression (or perhaps even God) if possible. Once an individual has made an effort to make amends with others, he or she can then focus on forgiving himself or herself. To do so, Worthington first discusses the need to assess the extent of the problem. In order to assess the extent of self-condemnation, Worthington proposes utilizing both psychometric measurements (such as the Heartland Forgiveness Scale) to assess the level of unforgiveness toward the self. Psychometric measurements are, of course, not and end-all be-all measure of self-condemnation. Instead, psychometric measurements are to be combined with clinical judgment made from the participants personal disclosure.

Second, Worthington describes identifying expectations and ensuring that they are achievable. This requires that an interventionist first assess why the participant is feeling self-condemnation and to what (if any) extent he or she has been able to cope with it. Once the source of the self-condemnation is identified, one needs to assess what personal standard the individual is trying to live up to and (when necessary) help to make unrealistic standards more realistic.

Third, Worthington (2006) suggests helping clients work through the REACH model. This requires that participants first *recall the hurt* (R). In this portion participants attempt to recall an instance where they acted in a way that disappointed themselves and

lead to their feelings of self-condemnation in as much detail as possible. Next, and most importantly, the person must *empathize with themselves* (E). In this portion, the interventionist asks the client to explore why this action caused such self-condemnation and what the person has done to try and make amends. The participant is asked to explore what mitigating circumstances may have been involved which caused them to act the way they did. Next, the person is asked to give an *altruistic gift of forgiveness* (A). By accurately recalling the hurt, understanding that he or she has done everything they could to make things right again, and understanding his or her own motivations or mitigating circumstances for why this happened, one can begin to offer oneself the gift of forgiveness. To solidify the change, the participant is asked to *commit to forgiveness* (C). Here participants learn that though unforgiving feelings may arise in the future, this does not mean they have not forgiven – forgiveness is a process, and will take time.

Finally, participants must learn to accept themselves. The process of accepting themselves, as Worthington (2006) points out, often takes a great deal of time. The participant, however, must learn that he or she is fallible and, as such, will make mistakes. The participant works to try to change his or her concept of self to one that is more accepting of the fact that he or she is not perfect.

Research Agenda

Based on the present literature review, as well as the limitations and implications for research and counseling noted above, a steadfast research agenda seems necessary. First, the sheer volume of empirical research conducted in the field of self-forgiveness must be enhanced. The current literature review reveals a solid foundation for self-forgiveness research, and begins to examine the subtle but vital differences in populations

(Romero et al., 2006; Snyder & Heinze, 2005; Webb et al., 2006). However, it has notable short-comings in quantity, design, and populations utilized, and few of the empirical studies have been replicated. Second, all the current literature utilizes cross-sectional correlational designs. This methodological uniformity results in a major weakness of the current literature. For a more robust understanding of self-forgiveness, research needs to extend beyond the simple "snap shot" and be thoroughly examined in longitudinal experimental designs. Third, the future research should begin to examine the incorporation of interventions and psychological workshops aimed at promoting self-forgiveness in order to develop, sculpt and refine self-forgiveness to make it a viable and useful tool in therapeutic settings.

In conclusion, the present literature review offers support for the continued exploration and refinement of self-forgiveness. The extant empirical literature generally supports the efficaciousness of self-forgiveness in reducing experiences of shame and guilt and promoting self-acceptance and self-esteem. Importantly, the current body of literature begins to explore the vast realm of individual differences in perception and effectiveness of self-forgiveness which, I am sure, will play a monumental role in advancing the understanding of the self-forgiveness phenomena. However, until empirically-sound self-forgiveness interventions and psychoeducational workshops are created and conducted, the full usefulness and viability of this phenomenon will remain a mystery.

CHAPTER 3: Statement of the Problem

The use, misuse, and abuse of alcohol has been an area of scientific study for many years. It has been of concern since before the days of the Romans, who included half a gallon of beer in their daily rations to their soldiers. Alcohol is the most commonly misused drug in the history of the United States (Substance Abuse and Mental Health Services Administration [SAMHSA], 2002) and most of the world. Its use, misuse, and abuse has been associated with diminished physical (Mojtabai & Singh, 2007) as well as mental health (Dongier, 2005; Li, Hewitt, & Grant, 2004; Snyder & Heinze, 2005). When alcohol is involved, much empirical energy has been committed to exploring and understanding its relationship on others and the motivations for its misuse using empirical studies.

The literature on forgiveness and alcohol use, misuse, and abuse has focused on interpersonal consequences (e.g., Lin, Mack, Enright, Krahn, & Baskin, 2005; Worthington, Scherer, & Cooke, 2006; Scherer et al., 2008), but has paid minimal attention to intrapersonal consequences. The extant literature indicates that individuals who use, misuse, or abuse alcohol are prone to feelings of shame and guilt (Collins, Morsheimer, Shiffman, & Paty, 2005; Dearing, Stuewig, & Tangney, 2005; Saunders, Zygowicz, & D'Angelo, 2006; Webb, Robinson, Brower, & Zucker, 2006). These self-conscious negative emotions may arise from self-condemnation (Worthington, 2006). These experiences of shame and guilt for misusing alcohol may subsequently be partly responsible for people turning to or misusing alcohol as a coping mechanism (Webb et al., 2006). Although one may deal with self-condemnation in many ways, many people seem to think of self-forgiveness as a way of reducing their self-conscious negative

emotions. Thus, introducing a self-forgiveness component, then, may reduce feelings of

shame and guilt, and thereby reduce alcohol use, misuse and abuse, and decrease

probabilities of relapse during rehabilitation. Unfortunately, to date, no studies have been

conducted promoting self-forgiveness with individuals who use, misuse, or abuse

alcohol. Furthermore, the current study is one of the first to utilize elements of positive

psychology in treatment of alcohol abuse. Traditional treatments have largely focused on

punishing the misuser for their misuse rather than exploring intrapersonal strengths they

may possess that would allow them to deal with problems caused by – or leading to –

alcohol use, misuse, and abuse. That is, unlike much of the previous literature on

addictions treatment, this study represents one of the first steps in the treatment of

addictions utilizing a strength-based approach. The present study is a first step in

implementing a self-forgiveness intervention with individuals who use, misuse or abuse

alcohol and, as such, will have important implications for future research and practical

application of self-forgiveness in the field.

Specific Statement of the Problem

The literature on what contributes to individual motivations to drink is vast (e.g.,

Kuntsche, Knibbe, Gmel, & Engels, 2006; LaBrie, Hummer, & Pedersen, 2007). One

important point that has emerged from this literature, is that shame and guilt may

contribute to alcohol misuse (Dearing, Stuewig, & Tangney, 2005; Potter-Efron, 2002;

Quiles, Kinnunen, & Bybee, 2002; Worthington, Scherer, & Cooke, 2006). That is, the

literature suggests that an individual may utilize alcohol as a coping mechanism (Grüsser,

Mörsen, & Flor, 2006; Holahan, Moos, Holahan, Cronkite, & Randall, 2001) to avoid

experiencing the negative emotions associated with feelings of shame and guilt

(Worthington et al., 2006). An individual who misuses alcohol may commit transgressions unto another, feel shame or guilt for having committed those transgressions, and then deal with that shame or guilt the best way they know how; by drinking.

Dealing with Self-Condemnation

Before an intervention to promote self-forgiveness with individuals who misuse alcohol can adequately be conceptualized, it is necessary to first understand the mechanism by which it will work. Alcohol use and misuse can, in of itself, be a source of friction between two people, but can also result in the misuser doing and saying things that he or she would usually not do or say. This too can result in interpersonal transgressions. After the fact, the alcohol misuser may reflect on what he or she said or did and make judgments about himself or herself.

For example, a man who considers himself to be very kind drinks excessively and gets in an argument with a friend. In the heat of the argument, and in part due to the excess of alcohol consumed, he strikes his friend. When later looking back on this occurrence, he may judge himself harshly not only for hitting his friend, but for being the type of person who hits others – a violent person. This image of a violent person is in stark contradiction to how he saw himself before – a kind person.

These self-judgments, then, may lead to condemnation about not only the transgression itself, but also how the individual failed to live up to his or her standards or ideal (Hall & Fincham, 2005; Worthington, 2006). This self-condemnation, in turn, may result in a decreased sense of the individual's ability to influence their world as they would like (self-efficacy; Baldwin, Baldwin, & Ewald, 2006), in a decrease in self-

esteem (Strelan, 2007a; Yelsma, Brown, & Elison, 2002) and further feelings of guilt and shame (Hall & Fincham, 2005).

These negative self-evaluations and negative self-focused emotions, then, require the individual to find ways of coping with them. There are many ways to cope with self-condemnation (Wade & Worthington, 2002; Worthington, 2001), however, the current research focuses on self-forgiveness. Promoting self-forgiveness could result in enhanced perceptions of the self including enhanced self-esteem (Strelan, 2007a), self-efficacy, and reduced feelings of self-condemnation and remorse (Hall & Fincham, 2005; Worthington, 2006).

If, as the literature suggests, shame and guilt play a significant role in an individual's motivation to drink, it seems that the natural progression of alcohol use, misuse, and abuse treatment would be to study ways to alleviate these feelings that stem from self-condemnation. That is, if shame and guilt contribute to alcohol use and relapse, studying ways in which to reduce feelings of guilt and shame would be vital in helping individuals regulate or cease their drinking. In particular, self-forgiveness as been posited as a way to lower shame over falling short of one's standards and guilt over transgressions (Worthington, 2006). In the following sections, I will review the research on shame and guilt and examine their connections to forgiveness and self-forgiveness. For a summary of this causal relationship, see Figure 1.

Shame and Guilt

Investigators have found noteworthy links between feelings of shame and guilt and alcohol and drug use (Dearing et al., 2002; Webb et al., 2006). When considering shame and guilt, however, a careful distinction between the two must be made. Because
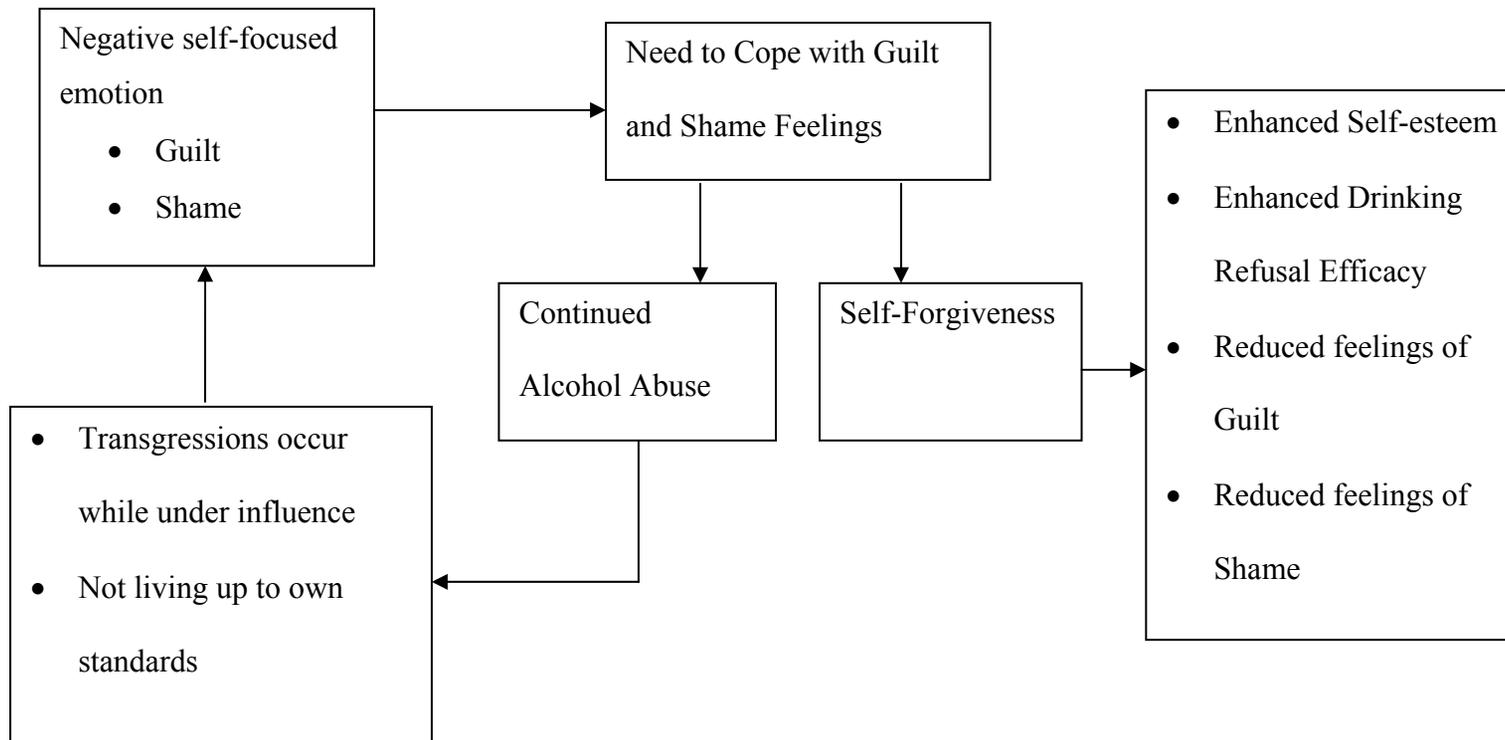
Figure 1. Hypothesized causal model from self-judgment to improved sense of self

no single event can be considered to trigger shame or guilt for every person, no situations can be labeled simply as shame-inducing or guilt-inducing (Tangney, 1992). However, the literature does seem congruent that feelings of shame ("I am a bad person") are detrimental to the individual's self-esteem and hopefulness and may likely increase their propensity to turn to alcohol or drugs in an attempt to cope with these feelings. Shame and guilt are generally perceived as two distinct and separate emotional states (Tangney & Dearing, 2002; Woien, Ernst, Patock-Peckham, & Nagoshi, 2003). Previous research has found that shame is associated with lower levels of self-esteem and higher levels of stress and psychiatric symptomatology, while guilt was found to be unrelated to those (Woien et al., 2003). Further, guilt, not shame, was found to have pro-social outcomes as it often may spur people to make amends for their actions (Fisher & Exline, 2006; Woien et al., 2003).

As discussed earlier, while feelings of guilt may result in an offender having prosocial motivations to make amends with a victim (Fisher & Exline, 2006; Hall & Fincham, 2005), they may also serve as a roadblock to self-acceptance, especially if they are too pronounced or prolonged (Ingersoll-Dayton & Krause, 2005). Feelings of guilt may result in a decreased sense of self-worth or self-esteem causing the individual to experience shame. This means that feelings of guilt may indeed motivate an individual to make amends, but they may endure and lead to feelings of self-condemnation or they may be overwhelming and actually inhibit motivations of making amends.

It may be, however, that neither shame nor guilt can be experienced without experiencing some of the other (Lewis, 1987). That is, an individual can not experience shame without feeling guilt for what he or she has done in the past, and an individual cannot experience guilt for

something he or she has done without it reflecting on what kind of person they perceive themselves as (resulting in shame) at least to some degree.

Regardless, because feelings of shame are associated with poorer self-esteem, hopelessness, and higher rates of alcohol and drug abuse and relapse, it is these feelings that must be addressed in alcohol and drug treatment. Though not the only way, promoting self-forgiveness is one way in which these emotions may be dealt with (see Figure 1).

Forgiveness and Alcohol Use, Misuse, and Abuse

The study of the role of forgiveness in individuals dealing with alcohol use, misuse, and abuse has recently begun to gain the attention of psychologists. Forgiveness has been examined with catalysts to the consumption of alcohol such as anger within the individual who misuses alcohol (Lin et al., 2005), the role of shame and guilt in within the misuser (Worthington et al., 2006), and how forgiveness may influence the perception of family members of alcohol misusers (Scherer et al., 2008). However, the role of promoting self-forgiveness in an attempt to reduce of feelings of shame and guilt within alcohol misusers has largely gone overlooked despite empirical support that levels of self-forgiveness were found to have negative consequences for frequency of drinking (Webb, Robinson, Brower, & Zucker, 2006). Promoting self-forgiveness in alcohol misusers, then, would seem to be a vital component in helping individuals reduce the need to rely on alcohol to cope with feelings of shame and guilt, thereby effectively reducing the need to drink.

Personality and Self-Forgiveness

When considering promoting self-forgiveness, however, it becomes necessary to take into consideration various personality factors that may serve to enhance or impede forgiveness of self. The literature on personality and self-forgiveness seems congruent in its assertion that

personality factors do, indeed, influence self-forgiveness, but incongruent in which personality factors influence self-forgiveness. Some previous research has found that individuals high in trait Openness may be more willing to accept that they are only human and capable of mistakes, and thereby, more willing to forgive themselves (Leach & Lark, 2004; Walker & Gorsuch, 2002) while some studies have found no relationship between Openness and self-forgiveness (Ross et al., 2004). Some studies have found support for individuals who are high trait Conscientiousness and Agreeableness to be more able to achieve self-forgiveness (Ross et al., 2004) where other studies have found no relationship (Walker & Gorsuch, 2002), while still more studies have found support for Extraversion being positively correlated to an individuals ability to forgive him or herself (Leach & Lark, 2004; Ross et al., 2004). While some of this variance can be accounted for in differences in definitions of what accounts for each of these personality traits, researchers agree that none of these personality traits prevent an individual from experiencing forgiveness. In addition, the extant literature seems congruent in that individuals who are high in trait Neuroticism are more likely to have higher levels of anxiety and depression and, as a result, have considerable difficulty achieving self-forgiveness (Ross, Hertenstein, & Wrobel, 2007; Ross et al., 2004; Walker & Gorsuch, 2002). Without doubt, which personality factors promote self-forgiveness is an area where further scientific investigation is necessary.

Self-Esteem and Self-Efficacy

Self-esteem has also been found to have strong implications for an individual's ability to forgive themselves (Strelan, 2007a). Some feelings of guilt and all feelings of shame are detrimental to an individual's self-esteem and hopefulness, and subsequently may increase their propensity to turn to alcohol or drugs in an attempt to cope with these feelings (Webb et al., 2006). Strelan (2007a) found that individuals with the ability to forgive themselves also had high

self-esteem. It may be, then, by helping an individual come to terms with transgressions they have committed, they are able to release the negative emotions the have for themselves which would, in turn, promote self-esteem which, in turn, would likely reduce the need in the future to rely on alcohol or drugs to cope with stressors.

Furthermore, promoting self-forgiveness may increase hopefulness (Strelan, 2007a), which may promote a feeling of efficacy in an individual. This efficacy could translate into drinking refusal efficacy. The extant literature indicates individuals high in refusal efficacy are less likely to use substances in response to perceived stress (Scheier, Botvin, & Diaz, 1999). Refusal efficacy, then, likely plays a notable role in helping an individual to avoid substance use and misuse. The promoting of self-forgiveness, then, seems likely to promote self-esteem and increase an individual's confidence that he or she will be able to avoid drinking in the future.

The present study is an empirical study of self-forgiveness and alcohol use, misuse, and abuse. It was designed to promote self-forgiveness within individuals entering an alcohol abuse treatment program with special attention to what personality factors contribute to and hinder self-forgiveness. In this study, I attempt to answer the following questions:

1. Will there be differences with how shame-prone individuals and guilt-prone individuals experience self-forgiveness?

2. Will introducing a self-forgiveness intervention increase an individual's reported self-forgiveness and drinking refusal self-efficacy?

3. Will the introduction of a self-forgiveness component into an existing alcohol treatment protocol reduce feelings of shame and guilt?

4. Will individuals high in trait Neuroticism have greater difficulty forgiving themselves?

52

5. Will individuals high in trait Agreeableness report greater levels of self-

    forgiveness and drinking refusal self-efficacy than those low in this trait?

CHAPTER 4: Methods

Participants

Participants were 66 individuals in an alcohol abuse treatment program at one of two community-based mental health centers in Western Michigan. Participants were at least 18 years of age, met the necessary standards for a clinical diagnosis of either alcohol abuse or dependence as described by the Diagnostic and Statistical Manual-IV (DSM-IV; American Psychiatric Association, 1994), and were enrolled in out-patient group therapy for alcohol abuse. The standard addictions treatment used in this treatment facility allows individuals to enter at any point. Therefore, some individuals participating in the study had more time in the standard addictions treatment setting than did others. However, no participants had more than 4 weeks of standard addictions treatment prior to the study. Participation in the present study was optional and participants were in no way reimbursed for doing so.

Design

The study utilized a wait-list control intervention design. Therapy groups were divided into an Immediate Treatment condition ($n = 30$) and a Wait Control condition ($n = 8$). All participants were enrolled in standard alcohol abuse treatment therapy throughout the course of this study. Participants in the treatment condition completed a four-hour intervention designed to promote self-forgiveness in three 90 minute sessions over three consecutive weeks. The self-forgiveness treatment was manualized for leaders and participants. The treatment is described below and the manuals are included in Appendices D and E. The first ten minutes of each session were spent recapping the material from the previous week and the remaining time was used on the self-forgiveness treatment. Participants completed measures of self-forgiveness, drinking

refusal efficacy, personality, shame-proneness, guilt-proneness, and state shame and guilt (outlined below) at the onset of the intervention (T1), and measures of self-forgiveness, drinking refusal efficacy, and state shame and guilt at each interval -- after the intervention (T2), and at three-week follow-up (T3) for the immediate treatment condition. Participants completed measures two-weeks prior to the intervention (T1), before (T2) and after the intervention (T3) for the wait control. Using Campbell and Stanley (1966) notation of "X" for treatment and "O" for observation, the design can be represented as follows:

	Week 1		Week 4		Week 7
IT:	O1	X	O2		O3
WC:	O1		O2	X	O3

Independent and Dependent Variables

The current study had several independent variables including Immediate Treatment condition versus Wait Control condition, Personality traits (Big Five traits [Openness, Conscientiousness, Extraversion, Agreeableness, Neuroticism] shame-proneness, guilt-proneness, trait forgivingness), and time. Statistically the design of this study was a mixed design, using a 2 x continuous x 3 (treatment x each variable x time[s]). The moderators (i.e., trait measures) are considered separately (even though the Type I error rate increases) because intervention studies such as the present one do not have an N large enough to consider the moderators simultaneously with sufficient power to detect reasonable differences. Dependent variables include state level of self-forgiveness reported, state levels of shame and guilt reported, and drinking refusal self-efficacy.

The Self-Forgiveness Intervention

The self-forgiveness intervention utilized in the current study was created specifically for this study (See Appendices D and E for both leader and participant manuals). The intervention was based on previous theorizing on the role of forgiveness in alcohol misuse (Worthington et al., 2006), self-forgiveness (Hall & Fincham, 2005; Worthington, 2006), and motivational interviewing (Miller & Rollnick, 2002).The intervention utilizes motivational interviewing techniques to reduce resistance to participating in the intervention and promote motivations to change. Following the motivational interviewing portion, the study adapts Worthington's (2005) five-step model to REACH forgiveness. Though Worthington's model deals primarily with interpersonal forgiveness, it was adapted, for the current study, to focus on forgiving the self. Primarily this involves recalling the hurt. In this stage the participant is asked to relive the transgression which ultimately resulted in their in feelings of state guilt and shame. Participants recount the incident in the group and discuss the negative self-appraisals that came from the incident. Participants are asked to explore what personal values were violated in the transgression and why it may be necessary for each participant to forgive themselves for the transgression.

Next, participants empathize with themselves. In this stage, participants are asked to explore their motivations at the time of the transgression and mitigating events. Participants are encouraged to explore their conflicted feelings around the transgression and argue both sides. By doing so, participants are able to flesh out their motivations and mitigating events around the transgression and begin to empathize with their position. At this point participants are asked to offer themselves an altruistic gift of self-forgiveness. Finally, participants are asked to commit to forgiving themselves and hold onto self-forgiveness.

Instruments

Participants completed a questionnaire packet consisting of demographics (consisting of gender, age, race, highest level of education completed, religion and spirituality, degree of religious involvement, and socioeconomic status) and nine scales, comprised of 180 items, and took approximately sixty minutes to complete. Participants completed five items assessing their level of risky drinking behaviors. The items inquired whether in the last two weeks participants had (a) used alcohol, (b) thought about drinking, (c) had difficulty refusing drinks, (d) been around others who were drinking, and (e) lied to others about drinking. These items were specifically created for this study; as a result, they were subjected to exploratory factor analysis. All written materials are provided in Appendices A, B, and C. Alpha coefficients of each measure for the current study can be found in Table 1.

Primary Outcome Variables

State Self-Forgiveness

State self-forgiveness was measured using Self-Forgiving Feeling and Action (SFFA; Wohl, DeShea, & Wahkinney, 2008). Participants completed 17 items measuring the degree to which their own feelings and actions were congruent with self-forgiveness. Participants rated how they feel *right now* in regards to their transgression and rated items on a scale from 1 = *don't feel like this* to 10 = *feel very much like this* on items such as "regret what you did," or "are comfortable with what you did." The SFFA was found to have a Cronbach's alpha of .86.

Drinking Refusal Self-Efficacy

Drinking refusal self-efficacy was measured using the Drinking Refusal Self-Efficacy Questionnaire-Revised (DRSEQ-R; Oei, Hasking, & Young 2005). Participants rated 19 items

Table 1

Cronbach alphas for measurements in the present research.

	Cronbach alphas*
Trait Forgivingness Scale (TFS)	.72
Big Five Inventory (BFI)	.69
Test of Self-Conscious Affect – Guilt Proneness subscale (TOSCA-GP)	.74
Test of Self-Conscious Affect – Shame Proneness subscale (TOSCA-SP)	.86
Heartland Forgiveness Scale (HFS)	.61
Drinking Refusal Self-Efficacy Questionnaire (DRSEQ)	.97
Personal Feelings Questionnaire-2 (PFQ)	.89
Self-Forgiving Feeling and Action (SFFA)	.74

*(N = 79)

assessing how likely they feel they are to be able to resist a drink in a situation. For example, participants rated an item such as, "How sure are you that you'll have a drink when you go out to dinner" on a 6-point scale, where 1 = *I am sure I would have a drink*, and 6 = *I am sure I would NOT have a drink*. Thus, high scores on the DRSEQ indicate high self-efficacy to refuse a drink. Estimates of six-week test-retest temporal stability ranged from .84 to .93 (Cronbach's *alpha* = .84). Evidence supporting construct validity of this measure has been positive. For example differences in drinking refusal efficacy were observed between clinical and non-clinical populations (Oei et al., 2005).

<div align="center">**Secondary Outcome Measures**</div>

State Shame and State Guilt

The Personal Feelings Questionnaire-2 (PFQ-2; Harder & Lewis, 1987) is a 22-item measure of state guilt and shame. The scale consists of sixteen feelings related to the experience of guilt (e.g., remorse, regret) and shame (e.g., *feeling you deserve to be punished for what you did, feeling stupid*) and six filler (e.g., *euphoric, enjoyment*) items. Ten items assess shame felt over a specific offense and six items assess guilt experienced of over a specific event. Participants rate the degree to which they experience each of the emotions on a five-point scale ranging from 0 = I *do not experience the feeling* to 4 = *I experience the feeling very strongly*. Higher scores indicate stronger experiences of guilt or shame. Concurrent validity and internal consistency for both shame and guilt subscales was found to be .78 and .72 respectively (Harder & Greenwald, 1999; Harder & Lewis, 1987; Harder & Zalma, 1990). For the purposes of this study, the instructions for this scale asked that participants consider a specific drinking related offense when completing the questionnaire.

Person Variables

Trait Forgivingness

The participant's propensity to respond with forgiveness to transgressions over time and situations – called trait forgivingness – was measured with the Trait Forgivingness Scale (TFS; Berry et al., 2005). In the TFS, the participant rates 10 items on the degree to which he or she agrees with each statement (i.e., *People close to me probably think I hold a grudge for too long*) on a 5-point scale ranging from 1 = *strongly disagree* to 5 = *strongly agree*. Five items are reversed scored and the sum of all 10 items is calculated. Higher scores indicate more forgiving personalities. The TFS displays an adequate estimated internal reliability (Cronbach's *alpha* = .76).

Big Five Personality

The Big Five Inventory (BFI; John & Srivastava, 1999) is a 44-item measure examining the so-called big five personality traits of openness, conscientiousness, extraversion, agreeableness, and neuroticism. The BFI devotes 8-10 items for each of the five categories. Participants read each item (i.e., *I see myself as someone who is moody*) and determine how accurate it is of them on a five-point scale ranging from 1 = *Disagree a Lot* to 5 = *Agree a Lot*. Alpha coefficients of the BFI scales typically range from .75 to .90 and average above .80; three-month estimated temporal stability coefficients range from .80 to .90, with a mean of .85. Construct validity evidence includes substantial convergent and divergent relations with other Big Five instruments as well as with peer ratings.

Shame- and Guilt-Proneness

Shame and guilt were measured using the Test of Self-Conscious Affect (TOSCA-2; Tangney & Dearing, 2002). The TOSCA contains six subscales. The current study, however,

utilizes only the shame (15 items) and guilt (15 items) subscales. When completing the TOSCA-2, participants are given a series of 15 moral dilemmas and presented with a series of possible results, then asked to rate how likely they are to engage in each of these results. For example, a dilemma might read "*You break something at work, then hide it,*" participants must then choose how likely they are to think "*I should make up for this as soon as possible.*" Participants rate the degree to which they agree on a five point scale ranging from 1 = *Not likely* to 5 = *Very likely*. The Cronbach's *alpha* for the shame and guilt subscales was found to range from .76 to .88 and .70 to .83 respectively and 12-month temporal stability was found to be adequate (.67 and .58 respectively; Tangney & Dearing, 2002).

Trait Self-Forgivingness

Self-Forgiveness was measured using the self subscale of the Heartland Forgiveness Scale (HFS; Thompson et al., 2005). The HFS is an 18-item measure with subscales measuring dispositional forgiveness of self, others, and situations. For the present study, only the forgiveness of self was used (HFS-Self; 6 items; i.e, *Although I feel bad at first when I mess up, over time I can give myself some slack for what I did under the influence*). Each item is rated on a sliding scale from 1 = *Almost always false of me* to 7= *Almost always true of me*. Three items in each scale are reversed scored; higher scores indicate higher tendency to forgive the self, others, or situations. The HFS-Self had a three week temporal stability estimated at *r*= .72 and a Cronbach's *alpha* > .72 (Thompson et al., 2005). For the current study, individual items have been reworded to specifically target drinking behaviors. For example, an item that would normally read "I hold grudges against myself for negative things I've done," was revised to read "I hold grudges against myself for the negative things I've done as a result of my alcohol misuse."

Procedure

Participants were 66 individuals in an alcohol abuse treatment program at one of two community-based mental health centers in Western Michigan. Participants were at least 18 years of age, met the necessary standards for a clinical diagnosis of either alcohol abuse or dependence as described by the DSM-IV (American Psychiatric Association, 1994), and were enrolled in out-patient group therapy for alcohol abuse. Because it would be impractical to reassign individual group members randomly to either the Immediate Treatment condition or Wait Control condition, entire groups of four to eight group members were randomly assigned to either condition. Groups were randomly assigned by group leaders prior to the onset of group, and prior to having information on number or demographics of participants. Participants in both Immediate Treatment and Wait Control conditions received a standard alcohol abuse treatment protocol throughout the course of the study. The intervention (described below) was entirely supplemental to alcohol abuse treatment protocol. Participants were not required to participate in the intervention, nor were they rewarded for their participation. Participants were, however, required to complete some kind of additional group work outside of their alcohol abuse treatment groups (the actual number of hours varied between participants), and participation in the current group counted towards those hours. Thus, although the self-forgiveness module was an adjunct to standard treatments, all participants received the same amount of total treatment.

Facilitators of all groups were Master's level counselors trained in both substance abuse treatment and general group therapy and were licensed to practice in the state of Michigan. Each facilitator conducted groups in both the Immediate Treatment and Wait Control conditions. Thus, group leaders were balanced across the conditions. Group facilitators received a two-hour training in how to conduct the manualized self-forgiveness intervention. To ensure consistency

of content among groups, each participant will complete questionnaires to track content at the end of each session (see Appendix G).

Group sessions met on Tuesday or Thursday evenings (though not both) for 1.5 hours a session requiring the intervention to be done in the course of three consecutive weeks. Participants were informed about the study, given an opportunity to ask questions, and signed the consent forms (see Appendix F). Participants in the Wait Control condition were returned to their standard alcohol abuse treatment groups, while participants in the Immediate Treatment condition began the intervention. Participants in the Immediate Treatment condition completed questionnaires prior to the intervention (see Appendices A, B, and C) then completed the 4-hour intervention described in Appendices D and E (leader and participant manuals, respectively). A three-week follow-up questionnaire was then administered to the Immediate Treatment condition.

Participants in the Wait Control condition completed the same questionnaires and returned to the standard alcohol treatment protocol. Three weeks later, participants in this group were given a second round of questionnaires followed by the same intervention the Immediate Treatment condition received. Participants in the Wait Control condition were assessed again immediately following the self-forgiveness intervention.

I included a Consort Flow Chart in Figure 2. This describes the systematic attrition from the study. For example, 244 participants were initially assessed for eligibility in the current study. Of those, only 176 were enrolled in the study of which 84 (or 48%) were assigned to the Wait Control condition. Of those, slightly over half ($n = 46$) failed to complete T1 leaving only 38 to move on to T2. Of those, only eight completed T3 and were utilize in the data. For reasons
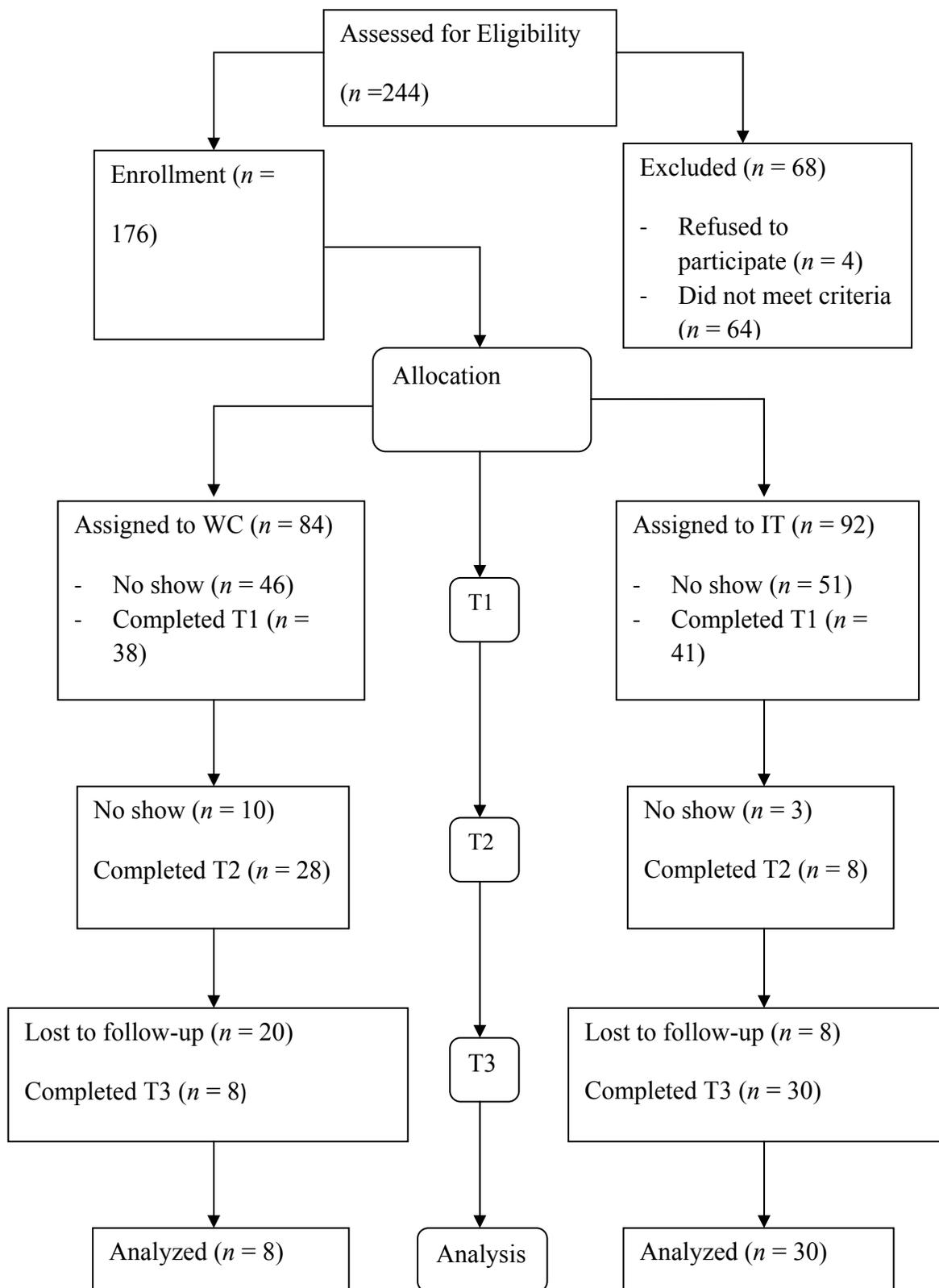
Figure 2. CONSORT Flowchart

I will discuss later (see Chapter 6), the attrition rate in the Wait Control condition was notably

greater than the rate in the Immediate Treatment condition.

<center>**Hypotheses and Analyses**</center>

<center>**Research Hypotheses, Rationale, and Analyses**</center>

Research Hypothesis 1

        Statement of the hypothesis. For main dependent variables (i.e., DRSEQ, SFFA), I

hypothesize a multivariate interaction of condition (Immediate Treatment, Wait Control) x

time(S). Furthermore, I hypothesize that univariate interactions will each be significant. Simple

main effects are hypothesized to fit the following pattern: At T1, Immediate Treatment will be

equal to Wait Control; at T2 Immediate Treatment will report higher levels of drinking refusal

efficacy and self-forgiveness; at T3 Immediate Treatment will be equal to Wait Control. (See

Figure 3 for hypothesized relationship.)

        Rationale. An increased level of self-forgiveness as introduced by this intervention,

would likely decrease an individual's need to utilize drinking as a coping strategy and hence

increase their sense of being able to refuse a drink when offered one (drinking refusal self-

efficacy). Participants in the Wait Control condition will likely experience some increase in

drinking refusal self-efficacy as part of the standard alcohol abuse treatment protocol. Without

the benefit of a self-forgiveness intervention, however, the participants in the Wait Control

condition will experience significantly less self-forgiveness and drinking refusal self-efficacy

than those in the Immediate Treatment condition.

        As neither group will have received the self-forgiveness intervention, I expect there to be

no significant difference between group members reported self-forgiveness and drinking refusal

efficacy. At T2, participants in the Immediate Treatment condition will have received the

<center>65</center>
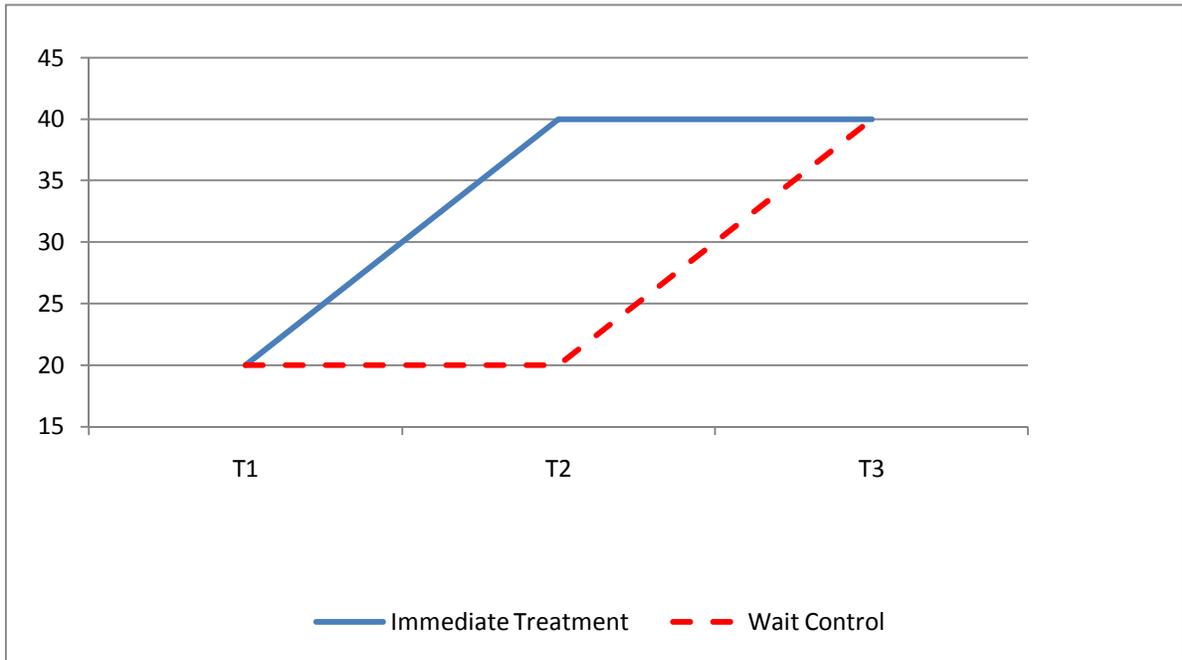
*Figure 3.*Hypothesized Relationship of SFFA and DRSEQ by Treatment Condition

intervention, but the participants in the Wait Control condition would not. Therefore, at T2 participants in the Immediate Treatment condition will report elevated levels of self-forgiveness and drinking refusal efficacy. Finally, at T3, both groups will have received the intervention. As such, both groups will report the same elevated level of self-forgiveness and drinking refusal efficacy.

Analysis. A 2 x 3[S] mixed between-within subjects analysis of variances (ANOVA) will be conducted using treatment condition as the between subjects independent variable and time as the within subjects independent variable, and reported self-forgiveness and drinking refusal efficacy as dependent variables. A significant condition x t[S] interaction will be followed by condition x t[S] univariate ANOVAs. Significant univariate interactions will be followed by simple main effects analysis testing for differences in condition at each time.

Research Hypothesis 2

Statement of the hypothesis. For secondary dependent variables (i.e., PFQ_S, PFQ_G), the same pattern will ensue, suggesting that a reduction in shame and guilt are affected in parallel with self-efficacy at refusing drinks and self-forgiveness. (See Figure 4 for hypothesized relationship.)

Rationale. Researchers have found that individuals who misuse alcohol often experience intense feelings of guilt (Collins, Morsheimer, Shiffman, & Paty, 2005; Dearing, Stuewig, & Tangney, 2005; Saunders, Zygowicz, & D'Angelo, 2006). Some researchers believe that guilt is detrimental to good mental health as it may cause anxiety or depression and thereby reduce self-acceptance (Dearing et al., 2005; Ingersoll-Dayton & Krause, 2005; Walker & Gorsuch, 2002), lead to social withdrawal and isolation (Day & Maltby, 2005), or even promote alcohol misuse (Worthington et al., 2006; Webb et al., 2005). There are many ways in which one may resolve

67
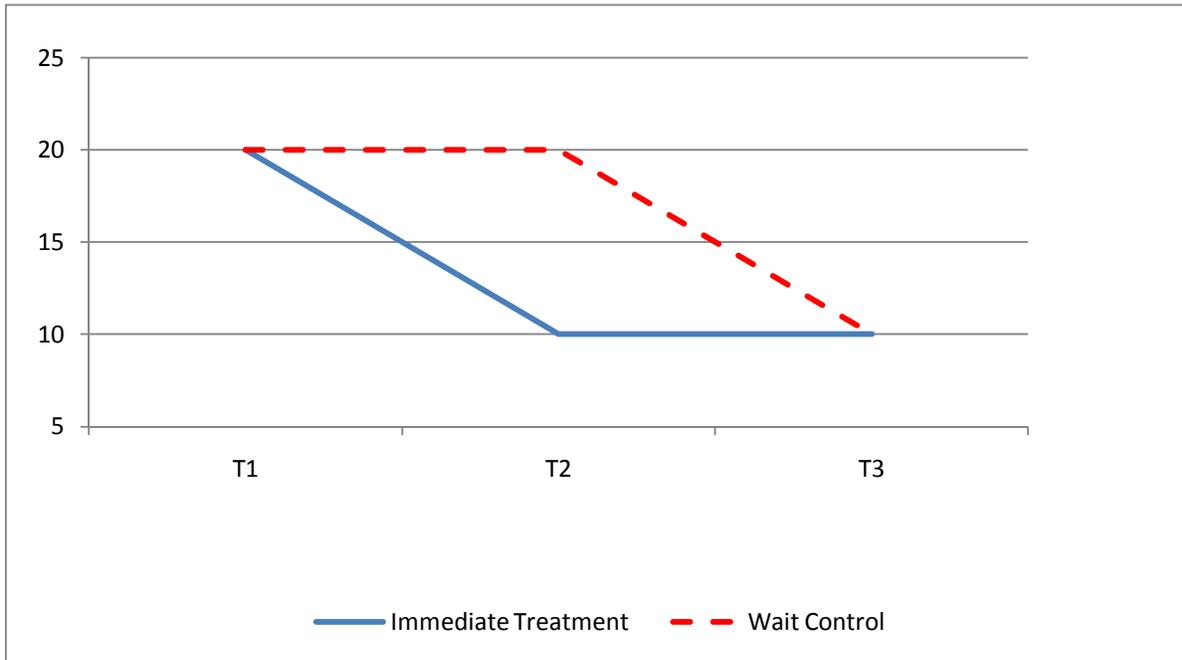
Figure 4. Hypothesized Relationship of PFQ-G and PFQ-S by Treatment Condition

feelings of guilt, one of which is self-forgiveness (Wade & Worthington, 2002; Worthington, 2001). The introduction of a self-forgiveness component, then, should reduce feelings of guilt within alcohol misusers.

As with Hypothesis #1, as neither group will have received the self-forgiveness intervention, I expect there to be no significant difference between group members reported measures of state guilt and state shame. At T2, participants in the Immediate Treatment condition will have received the intervention, but the participants in the Wait Control condition would not. Therefore, at T2 participants in the Immediate Treatment condition will report reduced levels of measures of state guilt and state shame. Finally, at T3, both groups will have received the intervention and both groups will report the same levels.

Analysis. A 2 x 3[s] mixed between-within subjects analysis of variances (ANOVA) will be conducted using treatment condition as the between subjects independent variable and time as the within subjects independent variable, and state guilt and state shame over a drinking-related transgression as dependent variables. A significant condition x t[s] interaction will be followed by condition x t[s] univariate ANOVAs. Significant univariate interactions will be followed by simple main effects analysis testing for differences in condition at each time.

Research Hypothesis 3

Statement of the hypothesis. Controlling for guilt-proneness and shame-proneness, treatment condition will still predict a significant amount of variance in reported self-forgiveness and drinking refusal self-efficacy.

Rationale. Shame and guilt are generally perceived as two distinct and separate emotional states (Tangney & Dearing, 2002; Woien, Ernst, Patock-Peckham, & Nagoshi, 2003). An individual who experiences guilt may be able to incorporate into their identity that they are

individuals who are capable of transgressing against others, accept responsibility for their actions, and thereby be able to forgive themselves for just being human. Individuals, however, who have incorporated their transgression into their identity are likely to feel that they just are bad people instead of having simply done a bad thing. In cases like this, while self-forgiveness may be possible to achieve, for shame-prone individuals it is conceivably much more difficult (Worthington, 2006). Because of this, participants who are shame-prone may be more likely think poorly of themselves and of their ability to refuse a drink if offered one (drinking refusal efficacy) than those who report more guilt-proneness.

Analysis. Two hierarchical multiple regressions will be conducted. The first hierarchical regression will use guilt-proneness and shame-proneness in step one and treatment condition in step two, with self-forgiveness as the dependent variable. In the second hierarchical multiple regression, these steps will be repeated with the exception of using drinking-refusal self-efficacy as the dependent variable.

Research Hypothesis 4

Statement of the hypothesis. Controlling for trait agreeableness and neuroticism, treatment condition will still predict a significant amount of variance in reported self-forgiveness and drinking refusal self-efficacy.

Rationale. Ross et al.'s (2004) study supported the idea that self-forgiveness was accounted for primarily by the personality factors of agreeableness and neuroticism. The more agreeable an individual is, the more likely he or she is to be able to empathize with himself or herself, and hence, more likely to be able to forgive.

Walker and Gorsuch (2002) found self-forgiveness to be accounted for primarily by neuroticism as well as agreeableness. This seems in harmony with other research that found

individuals who are high in trait Neuroticism will less likely to be able to forgive themselves when compared to people who are low (Ross, Hertenstein, & Wrobel, 2007; Ross et al., 2004; Walker & Gorsuch, 2002) and, subsequently, have a more difficult time believing they would be able to refuse a drink in various situations in the future.

Analysis. Two hierarchical multiple regressions will be conducted. The first hierarchical regression will use agreeableness and neuroticism in step one and treatment condition in step two, with self-forgiveness as the dependent variable. In the second hierarchical multiple regression, these steps will be repeated with the exception of using drinking-refusal self-efficacy as the dependent variable.

Research Hypothesis 5

Statement of the hypothesis. Reported levels of self-forgiveness will mediate the relationship between treatment condition (Immediate Treatment or Waitlist Control) and reported levels of drinking refusal self-efficacy.

Rationale. Worthington and his colleagues (Worthington et al., 2006) posit that feelings of guilt or shame may result in an increase in use of substances as a means by which to deal with the stress they experience. Alternately, individuals may use alcohol to avoid undesirable self-appraisals (Webb et al., 2006). In both cases, individuals utilize alcohol as a maladaptive coping strategy (Tapert, Ozyurt, & Myers, 2004; Young & Oei, 1993) to deal with the stress involved in making poor self-appraisals as a result of feelings of guilt and shame. It would stand to reason, then, that introducing self-forgiveness would reduce feelings of guilt and shame and, subsequently, the need to drink as a coping strategy (see Figure 1). In this way, self-forgiveness, then, would mediate the relationship between the treatment condition in this study and the participant's perceived drinking refusal self-efficacy.

71

Analysis. An analysis of covariance (ANCOVA) was conducted. The treatment condition in which participants were enrolled was used as the fixed or independent variable. The reported levels of drinking refusal self-efficacy were used as dependent variables, while reported levels of self-forgiveness were utilized as the covariate in this analysis.

CHAPTER 5: Results

Preliminary Data Analyses

I first examined the data for missing data and outliers. To account for missing data (7%), the mean scores for individual items were used. Due to a failure to complete more than 90% of items in the questionnaires or failure to appear for an observation period, some participants were removed from each condition in the final analysis. Thus scores from 30 participants in the immediate treatment condition and only eight from the control condition were analyzed. No outliers on the scales were found to fall outside of the expected range of values. As such, these values are believed to represent true responses and were retained for analysis. The correlation matrix for all trait measures is reported in as well as means and standard deviations are reported in Table 2.

Exploratory Factor Analysis

As discussed in the previous chapter, an Exploratory Factor Analysis was conducted on items utilized to measure Risky Drinking Behavior. The five items of the Risky Drinking Behavior scale were subjected to principal components analysis (PCA). Prior to performing PCA, the sustainability of data for factor analysis was assessed. The correlation coefficients were above .3 and the Kaiser-Meyer-Olkin Measure of Sampling Adequacy (KMO) value is .64 supporting factorability (Kaiser, 1970, 1974), therefore factor analysis was an appropriate statistic to utilize with these items.

Principal components analysis revealed the presence of two components with an Eigenvalue exceeding one, explaining 51.9% and 24.4% of variance respectively. An inspection of the screeplot reveals a clear break after the second component. As such, I decided to retain

Table 2

Correlation Matrix of Independent Variables

	M	SD	TFS	BFI-O	BFI-C	BFI-E	BFI-A	BFI-N	TOSCA-G	TOSCA-S	HFS
Trait Forgivingness Scale (TFS)	34.42	5.98	1	.35 (.004)	-.20 (.10)	-.09 (.48)	**.58 (<.001)**	-.14 (.28)	.04 (.77)	-.19 (.14)	**.464 (<.001)**
Big Five Inventory – Openness (BFI-O)	31.73	5.27		1	-.29 (.02)	**.39 (.001)**	.17 (.169)	**-.49 (<.001)**	.04 (.73)	-.36 (.003)	**.465 (<.001)**
Big Five Inventory – Conscientiousness (BFI-C)	33.35	5.98			1	-.23 (.07)	-.20 (.11)	-.11 (.40)	-.24 (.05)	-.20 (.10)	-.030 (.813)
Big Five Inventory – Extraversion (BFI-E)	26.86	4.04				1	-.10 (.43)	-.33 (.007)	.12 (.33)	-.24 (.05)	.075 (.551)
Big Five Inventory – Agreeableness (BFI-A)	35.75	3.59					1	.20 (.11)	.15 (.24)	.23 (.063)	.311 (.011)
Big Five Inventory – Neuroticism (BFI-N)	22.45	4.48						1	.12 (.36)	.30 (.01)	-.385 (.001)
Test of Self-Conscious Affect – Guilt- Proneness (TOSCA-G)	63.02	7.38							1	**.63 (<.001)**	-.129 (.301)
Test of Self-Conscious Affect – Shame- Proneness (TOSCA-S)	41.30	10.68								1	-.262 (.033)
Heartland Forgiveness Scale – Self (HFS-S)	27.02	5.24									1

Those correlations significant at Bonferroni-corrected alpha of .002 are in bold.

two components for further investigation. Inspection of the individual items loading on each component revealed themes of Problem Drinking and Temptation to Drink (labeled components one and two, respectively (see Table 3 for factor loadings).

Research Hypothesis #1

Two mixed between-within subjects 2 x 3(S) [Condition x time(S)] analyses of variances (ANOVAs) were conducted to assess the impact of the self-forgiveness intervention in two different conditions (Immediate Treatment and Wait Control) on scores of self-forgiveness (as measured by the SFFA) and drinking refusal self-efficacy (as measured by the DRSEQ) across three time periods (pre-intervention [T1], post-intervention [T2], and at three-week follow-up [T3] for the Immediate Treatment condition, and at week one [T1], pre-intervention [T2], and post-intervention [T3] for the Wait Control condition). A series of one-way ANOVAs were conducted at each time interval (T1, T2, and T3) for both of the dependent variables (self-forgiveness and drinking refusal self-efficacy) to compare mean results at each time interval. There was a significant interaction between condition and time, Wilks' λ=.719, F (2, 32) = 5.64, $p < .001$, Partial η^2 = .15 indicating the effects on time were contingent upon which condition participants were assigned to or vice versa. The Immediate Treatment condition report significantly elevated levels of self-forgiveness, $F(1, 49) = 241.18$, $p < .001$, and drinking refusal self-efficacy, $F(1, 49) = 7.61$, $p = .008$, at T2 relative to the wait condition. As hypothesized, the two conditions did not differ significantly at T1 or T3 (see Figures 5 and 6). See Table 4 for means and standard deviations. The main effect for time was found to be significant for both reported levels of self-forgiveness and drinking refusal self-efficacy, Wilks' λ=.46, F (2, 24) = 13.96, $p < .001$, Partial η^2 = .54 and Wilks' λ=.34, F (2, 24) = 23.60, $p < .001$, Partial η^2 = .66 respectively indicating the natural progression of time had some impact on participants levels of

Table 3

Factor Loading for Two Components Measuring Alcohol Use

	Component 1	Component 2
Used	.89	
Thoughts	.80	
Refusing	.74	
Others		.44
Lied		.81

Cross loadings of less than .4 are not listed.
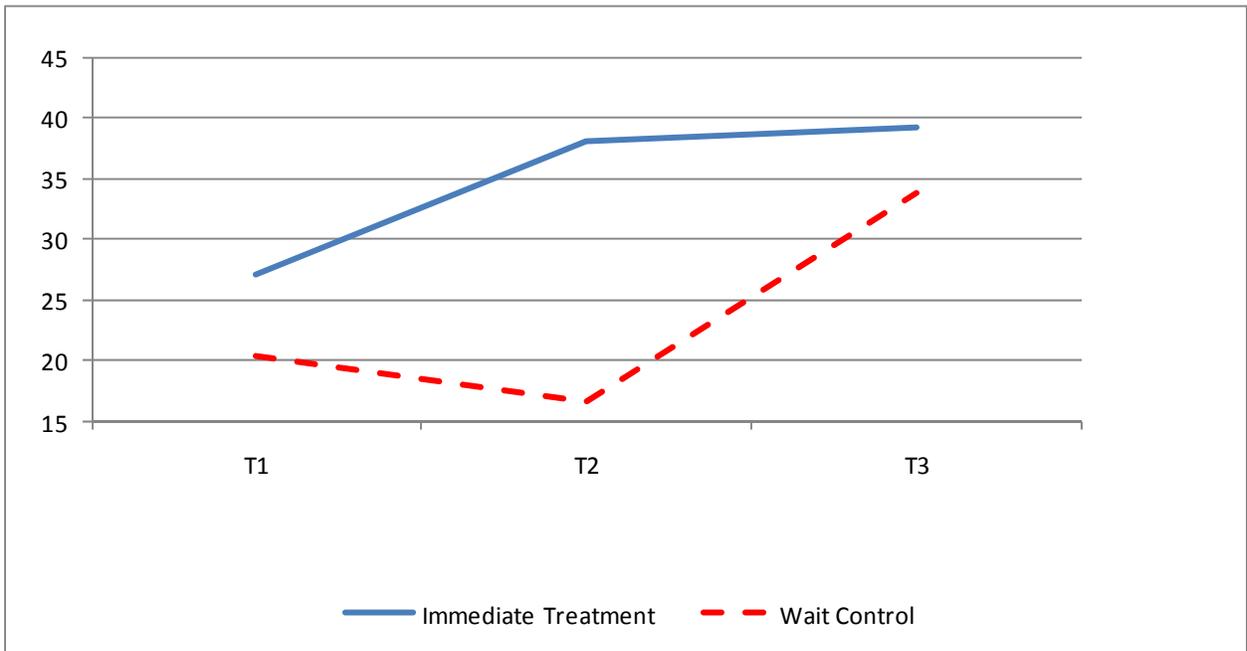
Figure 5. Self-forgiveness by Time and Condition.
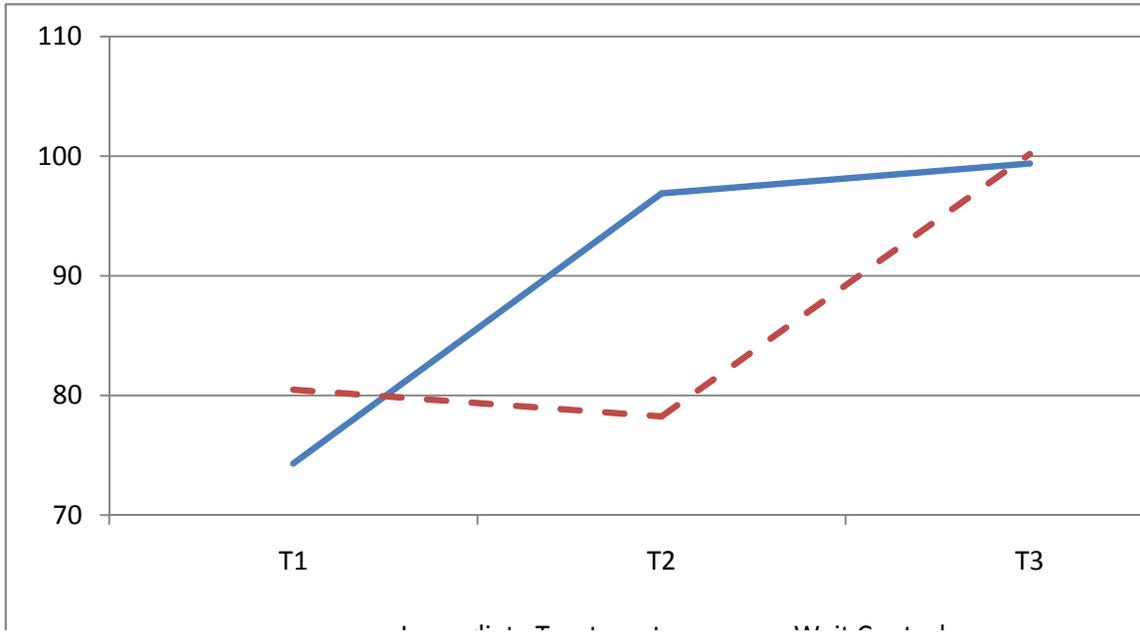
Figure 6. Drinking Refusal Self-Efficacy by Time and Condition

Table 4

Means and Standard Deviations of Dependent Variables by Time

	T-1		T-2		T-3	
Condition	IT	WC	IT	WC	IT	WC
Self-Forgiveness Feelings and Actions (SFFA)	27.15 (13.13)	20.37 (8.98)	38.31 (3.77)	16.62 (7.01)	39.19 (4.06)	33.75 (6.09)
Drinking Refusal Self-Efficacy Questionnaire (DRSEQ)	74.32 (23.29)	80.50 (26.69)	96.88 (14.14)	77.46 (24.69)	99.38 (12.04)	100.38 (13.38)
Personal Feelings Questionnaire – Shame (PFQ_S)	15.97 (7.10)	16.15 (7.41)	14.87 (6.15)	19.08 (6.64)	12.92 (5.42)	15.38 (6.26)
Personal Feelings Questionnaire – Guilt (PFQ_G)	11.39 (3.49)	14.23 (4.94)	7.47 (4.73)	13.77 (5.18)	6.96 (3.69)	9.63 (4.37)

drinking refusal self-efficacy and self-forgiveness. The treatment condition had an effect size of .64, which by the commonly utilized guidelines proposed by Cohen (1988) would be considered a large effect size. Hypothesis 1 was supported.

Research Hypothesis #2

As with the previous hypothesis, two mixed between-within subjects analysis of variances (ANOVA) were conducted to assess the impact of the self-forgiveness intervention in two different conditions (Immediate Treatment and Wait Control) on scores of state guilt (as measured by the PFQ_G) and state shame (as measured by the PFQ_S) across three time periods. A series of one-way ANOVAs were conducted at each time (T1, T2, and T3) for both of the dependent variables (state guilt and state shame) to compare mean results at each time interval.

There was a significant interaction between condition and time, Wilks' λ=.853, F (2, 32) = 2.610, p = .039, Partial η^2 = .077 indicating the effects on time were again contingent upon which condition participants were assigned to or vice versa. The Immediate Treatment condition reporting significantly lower levels of state guilt, $F(1, 49)$ = 16.33, p < .001, and state shame, $F(1, 49)$ = 4.36, p = .042 at T2 relative to the Wait condition. As hypothesized, the two conditions did not differ significantly at T1 or T3 (see Figures 7 and 8). See Table 3 for means and standard deviations. Furthermore, a significant main effect for time was for both guilt and shame, Wilks' λ= .5, F (2, 24) = 11.92, p < .001, Partial η^2 = .48 and Wilks' λ=.56, F (2, 24) = 9.62, p = .001, Partial η^2 = .45 respectively indicating reported levels of state guilt and state shame were related to time. Hypothesis 2 was also supported, but with a qualification.
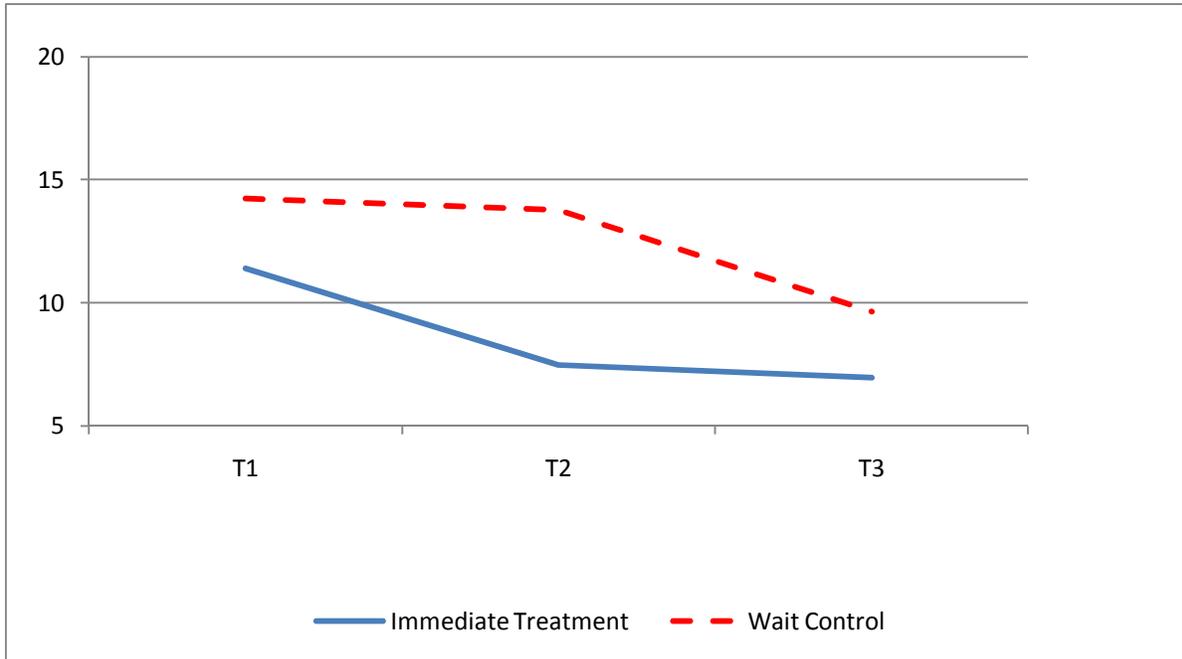
Figure 7. State Guilt by Time and Condition
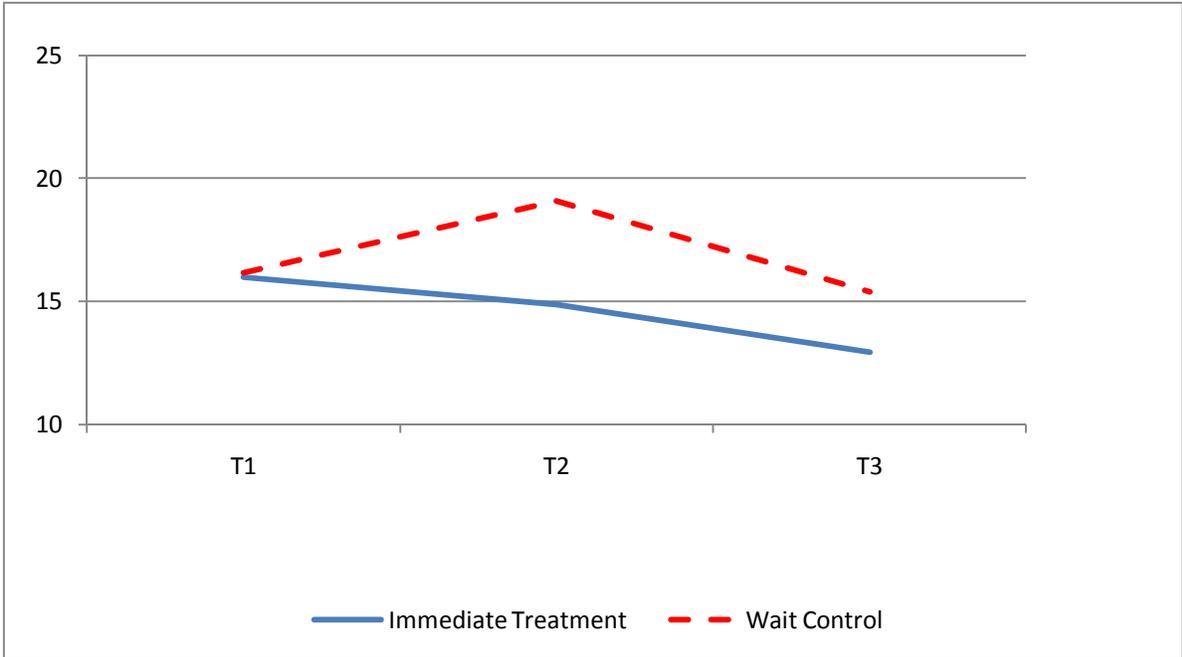
Figure 8. State Shame by Time and Condition

Of note, however, the measures of state guilt were found to be different – if not significantly so – between treatment conditions. As such, a one-way between-groups analysis of covariance (ANCOVA) was conducted to compare the effectiveness of the self-forgiveness intervention on state guilt. The independent variable was condition (Immediate Treatment, Wait Control) and the dependent variables consisted of self-reported scores on the state guilt questionnaire (PFQ_G) administered at T2. Each participant's score on the PFQ_G at T1 was used as the covariate in this analysis.

Preliminary checks were conducted to ensure that there was no violation of the assumptions of normality, linearity, homogeneity of variances, homogeneity of regression slopes, and reliable measurement of the covariate. After adjusting for pre-intervention scores, there was a significant difference in scores on the PFQ_G between groups when controlling for responses at T1, $F(2, 48) = 10.86$, $p = .002$. This indicates that there was a significant interaction despite the large difference between initial scores of guilt between conditions. There was a strong relationship between the T1 and T2 scores on state guilt as indicated by a Partial $\eta^2 = .185$.

Research Hypothesis #3

Two hierarchical multiple regression analyses were conducted to test this hypothesis (once for self-forgiveness and once for drinking refusal self-efficacy), and each will be addressed in turn. Preliminary analyses were conducted for both analyses to ensure no violation of the assumptions of normality, linearity, multicollinearity and homoscedasticity.

First, a hierarchical multiple regression was used to assess the ability of the self-forgiveness intervention to predict levels of self-forgiveness (as measured by the SFFA) after controlling for the influence of guilt-proneness and shame-proneness. Guilt-proneness and shame-proneness were added in step one of the analysis, explaining 6.6% of variance in self-

forgiveness. After entry of the treatment condition in the second step, the total variance explained by the model as a whole was 83.8%, $F (3, 47) = 87.19$, $p < .001$. Treatment condition explained 78% of the variance in self-forgiveness after controlling for guilt-proneness and shame-proneness, $R^2 = .78$, $F \Delta (1, 47) = 24.26$, $p < .001$. In the final model, the treatment condition and shame-proneness were statistically significant ($\beta = .89$, $p < .001$ and $\beta = .16$, $p = .03$, respectively).

Next, a second hierarchical multiple regression was conducted to assess the ability of the intervention to predict levels of drinking refusal self-efficacy (as measured by the DRSEQ) after controlling for guilt-proneness and shame-proneness. As before, guilt-proneness and shame-proneness were added in step one of the analysis, explaining 5% of variance in drinking refusal self-efficacy. When treatment condition was added in the next step, the total variance explained by the model as a whole was 11.1%, $F (3, 47) = 3.09$, $p = .036$. Treatment condition explained 12% of the variance in drinking refusal self-efficacy after controlling for guilt-proneness and shame-proneness, $R^2 = .115$, $F \Delta (1, 47) = 6.49$, $p = .014$. In the final model, only the treatment condition was statistically significant ($\beta = .34$, $p = .014$). Hypothesis 3 was partially supported.

Research Hypothesis #4

Similar to Hypothesis #3, two hierarchical multiple regression analyses were conducted to test this hypothesis for both self-forgiveness and drinking refusal self-efficacy. Preliminary analyses were conducted for both analyses to ensure no violation of the assumptions of normality, linearity, multicollinearity and homoscedasticity and none were found.

First, a hierarchical multiple regression was used to assess the ability of the self-forgiveness intervention to predict levels of self-forgiveness (as measured by the SFFA) after controlling for the influence of trait agreeableness and trait neuroticism (as measured by the

BFI). Agreeableness and neuroticism were added in step one of the analysis, explaining 2% of variance in self-forgiveness. After entry of the treatment condition in the second step, the total variance explained by the model as a whole was 92%, $F(3, 47) = 144.13, p < .001$. Treatment condition explained 90% of the variance in self-forgiveness after controlling for trait agreeableness and trait neuroticism, $R^2 = .88, F \Delta (1, 47) = 431.25, p < .001$. In the final model, the treatment condition, trait agreeableness and trait neuroticism were all statistically significant ($\beta = .99, p < .001; \beta = .12, p = .02$, and $\beta = .23, p < .001$, respectively).

Next, a second hierarchical multiple regression was conducted to assess the ability of the intervention to predict levels of drinking refusal self-efficacy (as measured by the DRSEQ) after controlling for trait agreeableness and trait neuroticism. As before, trait agreeableness and trait neuroticism were added in step one of the analysis, explaining 10% of variance in drinking refusal self-efficacy. When treatment condition was added in the next step, the total variance explained by the model as a whole was 17.9%, $F(3, 47) = 3.43, p = .025$. Treatment condition explained 13% of the variance in drinking refusal self-efficacy after controlling for trait agreeableness and trait neuroticism , $R^2 = .123, F \Delta (1, 47) = 4.68, p = .036$. In the final model, only the treatment condition was statistically significant ($\beta = .30, p = .036$). Hypothesis 4 was partially supported.

Research Hypothesis #5

A one-way between-groups analysis of covariance (ANCOVA) was conducted to compare the effectiveness of the self-forgiveness intervention on reported levels of drinking refusal self-efficacy while controlling for reported self-forgiveness. The fixed or independent variable was treatment condition (Immediate Treatment, Wait Control) and the dependent variables consisted of self-reported scores on the drinking refusal self-efficacy questionnaire

(DRSEQ) administered at T2. Each participant's score on the self-forgiveness measure at T2 was used as the covariate in this analysis.

Preliminary checks were conducted to ensure that there was no violation of the assumptions of normality, linearity, homogeneity of variances, homogeneity of regression slopes, and reliable measurement of the covariate. After adjusting for self-forgiveness, there was no significant difference between the two treatment conditions on scores on the drinking refusal self-efficacy questionnaire at T2 $F(2, 48) = .63$, $p = .43$, Partial $\eta^2 = .01$.

The scores on drinking refusal self-efficacy were found to increase significantly from T1 to T2, but these scores were no longer significant when controlling for self-forgiveness. This may indicate that the relationship between treatment condition and drinking refusal efficacy was mediated by self-forgiveness scores. Hypothesis 5 was supported.

CHAPTER 6: Discussion

In this dissertation, I provided an adjunctive intervention to promote self-forgiveness within a community sample undergoing treatment for alcohol abuse. I compared a waiting list control condition to a condition in which participants immediately received a four-hour intervention. The results of the experiment must be interpreted with circumspection due to an unusually high attrition rate of participants assigned to the waiting list condition. Whereas 28 completed the T2 assessment of the 38 who completed the T1 assessment (74%), only 8 of the 28 then showed up for and completed treatment, and completed T3to post-intervention assessment (29%). (See Figure 1 for a detailed description of attrition in this study.) This severely reduced the number of participants available for my final analysis. In the immediate treatment condition, I did not experience such severe dropout. Of the 41 people who completed the T1 assessment, 38 completed the treatment and the T2 assessment (93%). Only 8 were lost during the follow-up waiting period.

I speculate that the strong attrition for the waiting list is a product of impatience in this population that is often impulsive (Fox, Hong, & Sinha, 2008; Li, Luo, Yan, Bergquist, & Sinha, 2009) and has shown a resistance to self-control (Neal & Carey, 2007; Shamloo & Cox, 2010)— at least in inability to control alcohol use. We might speculate that this attrition will work against support of the hypotheses by notably reducing the power to detect significant differences and by systematically retaining those participants who were likely to be more internally motivated and thus are more likely to benefit by treatment as usual during the waiting list period.

Discussion of Findings

Though it has been previously theorized that self-forgiveness would be correlated to health concerns including reduced problematic drinking (Worthington, 1998; Worthington,

Scherer & Cook, 2005) there exists only a limited body of evidence exploring this phenomena empirically. Furthermore, previous research has established a relationship between alcohol use and level of self-forgiveness attained (Webb et al., 2006), but has not yet ventured into creating an intervention to promote and exploit this relationship. The present study represents one of the first steps in applying the vast forgiveness and self-forgiveness literature to practical application by means of creating an intervention specifically focusing on this self-forgiveness for alcohol-related transgressions to augment traditional alcohol treatment protocols.

Self-Forgiveness and Drinking Refusal Efficacy

As hypothesized, participants in the immediate treatment condition reported significantly higher levels of self-forgiveness and drinking refusal efficacy when compared to those in the wait control condition. This would seem to indicate that the self-forgiveness intervention did indeed promote self-forgiveness in participants; which subsequently mediated the relationship between the intervention and a participant's drinking refusal self-efficacy. That is, after going through the intervention participants were able to forgive themselves – in part – for an alcohol-related transgression and thereby reduce the need to cope with feelings of guilt or shame resulting from their role in the transgression by using alcohol.

Interestingly, participants in the wait control condition also experienced a slight increase in reported self-forgiveness and drinking refusal efficacy. This can likely be accounted for by the routine protocol of the standard alcohol treatment intervention (without the self-forgiveness intervention component). As standard drug and alcohol treatment protocols target drinking reduction and being able to sustain this behavior, an increase in drinking refusal efficacy is predictable. Furthermore, as the standard treatment protocol for substance abuse is Alcoholics Anonymous, a portion of the 12-step program is devoted to forgiveness (Steps 8 and 9; Hart,

1999). As such, an increase in participants' reports of self-forgiveness seems logical. Despite the inclusion in the standard treatment, however, a significant difference in reported levels of self-forgiveness and drinking refusal efficacy was noted between the immediate treatment condition and the wait control condition indicating the success of the intervention in promoting these aspects above and beyond the standard protocol.

The results of the current study support findings by Webb and his colleagues (2006), who reported a relationship between alcohol use variables and self-forgiveness. Specifically, Webb and his colleagues found that even after participants ceased using alcohol, negative consequences associated with drinking left notable need for self-forgiveness and forgiveness by others. That is, he found that forgiveness (both of self and other) was found to have beneficial effects on participants entering substance abuse treatment protocols. Utilizing regression analysis, Webb found forgiveness to be related to several alcohol related variables. He theorized, then that the promotion of forgiveness (both self and other) would reduce an individual's need to use or misuse alcohol. The cross-sectional nature of Webb's research, however, only allowed for theorizing that self-forgiveness would promote salutary relationships with alcohol and its use, the current research was found to parallel his research.

The findings of the current study also seem congruent with theorizing with Worthington et al. (2005) in that the introduction of a forgiveness component may decrease feelings of state guilt and state shame and may thereby reduce probability of relapse as well as engaging in alcohol use as a coping mechanism. Worthington and his colleagues note the risk factors associated with the development of unforgiving emotions. Though Worthington and his colleagues were primarily addressing forgiveness of others, a similar trend can be hypothesized in forgiveness of self where the formulation of self-unforgiveness (which may be manifested in

89

guilt and shame) may lead to the utilization of alcohol as a means to cope. Within this theoretical framework, then, it seems logical that introducing a self-forgiveness intervention to reduce guilt and shame would thereby reduce the need to cope with those feelings by drinking. In the current study, participants reported significantly lower levels of state guilt and state shame over an alcohol-related transgression following the intervention. This seems to promote the hypothesis that drinking-related transgressions manifest themselves in feelings of guilt over the transgression and feelings of shame over being the type of person who transgresses. The introduction, then, of a self-forgiveness component will alleviate guilt and shame felt from having committed such a transgression.

Self-forgiveness and Personality Factors

It was of concern in the current study that because personality traits of agreeableness and neuroticism were found to have such established ties to self-forgiveness and self-efficacy, these traits would account for the positive gains made by participants. The hierarchical multiple regression analyses conducted in the current research indicated that while these traits do indeed contribute at a significant level to reported levels of self-forgiveness, when these traits are controlled for, self-forgiveness following the intervention is still significant.

The field of personality and how it may influence self-forgiveness is an area of some debate (see Mullet, Neto & Rivière, 2005) The commonly utilized five factor model of personality (or Big Five) generally includes (1) Neuroticism and Emotional Stability, (2) Extraversion and Introversion, (3) Openness to new experiences and Closedness to new experiences, (4) Agreeableness and Antagonism, and (5) Conscientiousness and Undirectedness (Costa & McCrae, 1992). The degree to which each of these personality traits may account for variance in a participant's self-forgiveness is an area of much scientific debate. Ross et al.'s

(2004) study found support that variance in self-forgiveness was accounted for by agreeableness and neuroticism primarily, whereas Walker and Gorsuch (2002) found self-forgiveness to be accounted for primarily by neuroticism , but also by extraversion and agreeableness. Yet other researchers have found self-forgiveness to be accounted for agreeableness, extraversion and openness, but not neuroticism (Leach & Lark, 2004). Most commonly, however, previous research seems to indicate that agreeableness and neuroticism are the most likely contributors to an individual's propensity to forgive themselves or someone else.

In the current study, agreeableness and neuroticism were paid special attention. It was noted that both contributed significantly to the variance in reported levels of self-forgiveness over an alcohol related transgression (agreeableness positively and neuroticism negatively). This seems congruent with previous literature on this topic. Ross et al. (2004) and Walker and Gorsuch (2002) both found that agreeableness was the primary Big Five personality characteristic in accounting for the variance in self-forgiveness. Agreeableness did, indeed, account for significant variance in self-forgiveness in the current study.

With few exceptions the literature seems consistent that neuroticism accounts for a significant amount of variance in self-forgiveness (Johnson & Butzen, 2008; Leach & Lark, 2004). This, too, is demonstrated in the current study. Neuroticism was found to contribute to significant unique variance in reported levels of self-forgiveness.

Similarly, previous research is somewhat conflicted as to which of the Big Five personality characteristics impact self-efficacy. Some researchers, for example, found that the variance in self-efficacy is most often accounted for by neuroticism, agreeableness, and conscientiousness (Thoms et al., 1996), while others found that the variance in self-efficacy measures is better accounted for by conscientiousness, openness and neuroticism (Hartman &

91

Betz, 2007). As the literature again hits on themes of agreeableness and neuroticism, these were the focus of the current research. Interestingly, neither were found to make a significant unique contribution to variance in levels of reported drinking-refusal efficacy. The inconsistency of the current research findings with that of the extant literature, may be accounted for in the nature of the type of self-efficacy examined. The past research has largely dealt with general self-efficacy or self-efficacy as it relates to careers. The current research deals with self-efficacy in regards to an individual's attempts to cease drinking and deals with individuals who are mandated into counseling. The nature of an addiction often leaves the addict feeling that he or she is powerless over his or her addiction. In the case of this study, then, we would expect to see lower levels of drinking refusal efficacy in individuals who feel they are addicted to the substance than we would with other populations. That is, it is conceivable that an individual feels much more in control over what job they pursue over how much they can stop themselves from drinking. The fact that this population was mandated into counseling implies they may be more likely to feel they have no control over their addiction. An individual who chooses to go into counseling would be plausibly more likely to feel he or she can do something about his or her addiction than an individual who is not actively seeking out a way to stop drinking.

Furthermore, it is conceivable that individuals who are high in guilt-proneness and shame-proneness would report lower levels of self-forgiveness. That is, it is conceivable that if an individual is prone to feeling ashamed for his or her actions, or feeling guilty, he or she might have a more difficulty reaching self-forgiveness. In the current study, however, controlling for these variables revealed no significant impact on the participants' level of reported self-forgiveness. This indicates that though some participants had a greater propensity to feel

92

ashamed or guilty for something they did while under the influence of alcohol, the self-forgiveness intervention was found to be nonetheless effective.

Limitations of the Current Studies

Of primary concern is the rate of attrition witnessed in the waitlist control condition. As this has been previously discussed, I will refrain from examining it further here and simply direct the reader to the earlier discussion in this section.

Lack of diversity in the participants may lead to questions of generalizability. In the current study, the community mental health centers were located in more rural parts of Michigan in which the population is overwhelmingly Euro-American. Obviously, alcohol use and the guilt and shame associated with it are not unique to this population, and may be subject to scrutiny therein. For example, in some communities substance use may be more taboo and hence bring with it greater levels of shame and guilt for its use. These communities, then, may experience deeper levels of shame than would the current population and thereby react to a self-forgiveness intervention differently. Alternately, more collectivistic cultures may respond primarily to forgiveness from others rather than seeking forgiveness within themselves. With such a population, it might stand to reason that a self-forgiveness intervention may be less beneficial than an intervention promoting forgiveness from others.

Furthermore, the current study failed to examine exactly where the lack of self-forgiveness originates. That is, it is conceivable that an individual might feel guilt and shame over his or her behaviors while under the influence of substances (as is theorized in the current study). It is just as conceivable, however, that an individual feels guilt or shame over getting caught by police for drinking or using rather that doing wrong under the influence. As the current study deals with mandated populations, this is a theoretically sound premise. It was not,

however, examined in the current research, nor was how guilt or shame over getting caught may differ from guilt or shame from doing wrong. As this study was simply setting the stage for the use of self-forgiveness and positive psychology in the realm of addictions treatment, such questions may have been beyond its scope, however, these are valid questions that may require further analysis.

Another area in which the current study could have been improved is the measurement of actual alcohol use. The current study neglected to gain information based on the amount of alcohol currently consumed. As a condition of treatment in the typical protocol was sobriety, it was assumed that alcohol intake was non-existent and hence was deemed an unnecessary addition to data gathering. The study, however, could have been strengthened by including such a measure to (1) gauge if participants were actually abstaining from drinking, and (2) useful information to possess if data was gathered at another interval beyond the treatment termination date. That is, to gauge if participants really did maintain sobriety or avoid risky drinking behaviors as a result of coping with feelings of guilt and shame. Though the current study examined only drinking refusal self-efficacy, and not drinking behaviors, the correlation with self-efficacy and abstinence is one that is well established in the literature (Forys, McKellar, & Moos, 2007; Litt, Kadden, Kabela-Cormier, & Petry, 2009; Oei, Fergusson, & Lee, 1998; Oei & Jardim, 2007; Young, Knight, & Oei, 1990).

Implications for Research

The lack of a measure that specifically linked feelings of guilt and shame to the participant's desire to drink makes a causal relationship impossible to determine. As this research was merely laying the groundwork for more intensive scrutiny of the relationship between alcohol use and self-forgiveness, it would have been beyond the scope of this study to consider

this variable as well. Despite this, though, we can clearly see that participants had a significant increase in drinking refusal efficacy - which has been linked to longer abstinence rates (Forcehimes & Tonigan, 2008; Ilgen et al., 2007) – a future study could be strengthened by including measures to specifically address how the participant's feelings about the transgression in question influences their desire to drink.

Though a similar relationship could be hypothesized between any substance and guilt and shame over a use-related transgression, the socially acceptable nature of alcohol may alter this relationship. That is, it could be conceivable that a transgression would be worsened if the transgressor was misusing an illegal substance because of the even greater negative associations made with using illicit substances. The effects of introducing the current – or a similar – self-forgiveness intervention into this dynamic is something that warrants further investigation.

Finally, there are many ways in which to resolve feelings of guilt and shame of which self-forgiveness is only one. Exploring alternative methods and creating interventions that reduce feelings of guilt and shame associated with drinking-related transgressions may have similar effects, and was beyond the scope of the current study. This may warrant further investigation.

Implications for Clinical Practice

Though both conditions in the current study showed an increase in self-forgiveness and drinking refusal efficacy, the participants in the treatment condition reported a significantly greater increase in both. This indicates that going through a traditional alcohol and drug treatment protocol promotes some degree of self-forgiveness and drinking refusal efficacy, the enhancement of adding a self-forgiveness intervention similar to the one conducted in this study dramatically increases these gains. As drinking refusal efficacy has been found to be a major predictor of abstinence or reduction in risky drinking behaviors (Forcehimes & Tonigan, 2008),

95

incorporating a self-forgiveness intervention in existing alcohol and drug treatment protocols may be beneficial in optimizing an individual's ability to refrain or limit his or her drinking.

Furthermore, as guilt and shame cause stress for an individual (Worthington et al., 2005) an intervention such as the one conducted in the current study would be a useful tool to develop positive coping strategies with clients who are dealing with guilt and shame over any transgression – real or perceived. Though the intervention was geared specifically toward alcohol use in the current study, it need not be limited to that population.

Conclusion

Alcohol use is a maladaptive coping strategy (Tapert, Ozyurt, & Myers, 2004; Young & Oei, 1993) and an individual may choose to engage in alcohol misuse as a result of dealing with the stress caused by feelings of guilt or shame (Worthington et al. 2005; Webb et al., 2006). Though there are many potential ways to deal with feelings of guilt and shame, self-forgiveness is one such strategy (Hall & Fincham, 2005). Self-forgiveness is an area that has seldom been considered – and even more rarely explored – as a way to augment existing addiction treatment protocols with the idea of minimizing an individual's need to rely on alcohol as a coping strategy and maximize efforts to prevent relapse into misuse. The addition of the self-forgiveness intervention in the current study to traditional addictions treatment protocol promoted not only self-forgiveness but drinking refusal self-efficacy as well and, as stated earlier, the relationship between self-efficacy and abstinence is well established (Hasking & Oei, 2002; Oei et al., 1998; Young et al., 1990). The current study represents a major step forward in an effort to create such an intervention with this specific population and lays the ground work for future endeavors of this nature. Specifically, it adds support to the growing body of literature suggesting that

forgiveness interventions may play a valuable role in promoting and maintaining decreased

alcohol misuse and abstinence.

List of References

American Psychiatric Association (1994). *Diagnostic and statistical manual of mental disorders* (4th ed). Washington: American Psychiatric Association.

Baldwin, K.M., Baldwin, J.R., & Ewald, T. (2006). The relationship among shame, guilt, and self-efficacy. *American Journal of Psychotherapy, 60,* 1-21.

Barber, L., Maltby, J., & Macaskill, A. (2005). Angry memories and thoughts of revenge: The relationship between forgiveness and anger rumination. *Personality and Individual Differences, 39*, 253-262.

Benson, P. & Spilka, B. (1973). God-image as a function of self-esteem and locus of control. *Journal for the Scientific Study of Religion, 12*, 297-310.

Berry, J.W., Worthington, E.L., Jr., O'Connor, L.E., Parrott, L. III, & Wade, N.G. (2005). Forgiveness, vengeful rumination, and affective traits. *Journal of Personality, 73,* 183-225.

Berry, J. W., Worthington, E. L., Jr., Parrott, L., O'Connor, L. E., & Wade, N. G. (2001). Dispositional forgivingness: Development and construct validity of the Transgression Narrative Test of Forgivingness (TNTF). *Personality and Social Psychology Bulletin, 27*, 1277-1290.

Blume, S.B. (1983). The disease concept of alcoholism. *Journal of Psychiatric Treatment and Evaluation, 5,* 471-478.

Bride, B.E., & Nackerud, L. (2002). The disease model of alcoholism: A Kuhnian paradigm. *Journal of Sociology and Social Welfare, 29,* 125-141.

Campbell, D.T. & Stanley, J.C. (1966). *Experimental and quasi-experimental designs for research.* Chicago, Illinois, Rand McNally.

Cappell, H., & Herman, C.P. (1972). Alcohol and tension reduction: A review. *Quarterly Journal on Studies of Alcohol, 33,* 33-64.

Cattell, R. B., Saunders, D. R., & Stice, G. G. (1949). *The Sixteen Personality Factor Questionnaire*. Champaign, IL: Institute for Personality and Ability Testing.

Collins, R.L., Morsheimer, E.T., Shiffman, S., & Paty, J.A. (2005). The morning after: Limit violations and the self-regulation of alcohol consumption. *Psychology of Addictive Behaviors, 19,* 253-262.

Connors, G. J., Tonigan, J. S., & Miller, W. R. (1996). A measure of religious background and behaviors for use in behavior change research. *Psychology of Addictive Behaviors, 10*, 90-96.

Costa, P. T., & McCrae, R. R. (1992). *Revised NEO Personality Inventory (NEO-PI-R) and NEO Five-Factor Inventory (NEO-FFI) professional manual*. Odessa, FL: Psychological Assessment Resources.

Crumbaugh, J. C., & Maholick, L. T. (1964). An experiential study in existentialism: The psychometric approach to Frankl's concept of noogenic neurosis. *Journal of Clinical Psychology, 20*, 200-207.

Dalbert, C. (1999). The world is more just for me than generally: About the Personal Belief in a Just World Scale's validity. *Social Justice Research, 12*, 79-98.

Day, L., & Maltby, J. (2005). Forgiveness and social loneliness. *The Journal of Psychology, 139(6)*, 553-555.

Dearing, R.L., Stuewig, J., & Tangney, J.P. (2005). On the importance of distinguishing shame from guilt: Relations to problematic alcohol and drug use. *Addictive Behaviors, 30,* 1392-1404.

Dongier, M. (2005). What are the treatment options for comorbid alcohol abuse and depressive disorders? *Journal of Psychiatry and Neuroscience, 30,* 224.

Durfee, C.H. (1941). Observations no the handling of problem drinkers with special regard to some popular misconceptions. *Journal of Criminal Psychopathology, 3,* 278-288.

Edwards, G. & Unnithan, S. (1994). Alcohol misuse. In S. Stevens & J Raftery (eds.), *Health care needs assessment.* Oxford: Radcliffe Medical.

Feinn, R., Tennen, H., & Kranzler, H. R. (2003). Psychometric properties of the Short Index of Problems as a measure of recent alcohol-related problems. *Alcoholism: Clinical and Experimental Research, 27*, 1436-1441.

Fetzer Institute. (1999, October). *Multidimensional measurement of religiousness/spirituality for use in health research: A report of the Fetzer Institute/National Institute on Aging working group, with additional psychometric data*. Kalamazoo, MI: Corporate.

Fisher, M. L., & Exline, J. J. (2006). Self-forgiveness versus excusing: The roles of remorse, effort, and acceptance of responsibility. *Self and Identity, 5*, 127-146.

Fleming, J. S., & Courtney, B. E. The dimensionality of self-esteem: II. Hierarchical facet model for revised measurement scales. *Journal of Personality and Social Psychology, 46,* 404-421.

Forcehimes, A.A. & Tonigan, J.S. (2008). Self-efficacy as a factor in abstinence from alcohol/other drug abuse: A meta-analysis. *Alcoholism Treatment Quarterly,* 26, 480-489.

Forys, K., McKellar, J., & Moos, R. (2007). Participation in specific treatment components predicts alcohol-specific and general coping skills. *Addictive Behaviors, 32,* 1669-1680.

Goldberg, L. R. (2000). A broad-bandwidth, public-domain, personality inventory measuring the lower-level facets of several five-factor models. In I. Mervielde, F. Deary, F. De Fruyt, & F. Ostendorf (Eds.), *Personality Psychology in Europe*, vol. 7, pp. 7-28. The Netherlands: Tilberg University Press.

Grant, B.F., Dawson, D.A., Stinson, F.S., Chou, S.P., Dufour, M.C., & Pickering, R.P. (2004). The 12-month prevalence and trends in DSM-IV alcohol abuse and dependence: United States, 1991-1992 and 2001-2002. *Drug and Alcohol Dependency,* 74, 223-234.

Grüsser, S.M., Mörsen, C.P., & Flor, H. (2006). Alcohol craving in problem and occasional alcohol drinkers. *Alcohol and Alcoholism, 41,* 421-425.

Hall, J. H., & Fincham, F. D. (2005). Self-forgiveness: The stepchild of forgiveness research. *Journal of Social and Clinical Psychology, 24*, 621-637.

Harder, D. W., & Greenwald, D. F. (1999). Further validation of the shame and guilt scales of the Harder Personal Feelings Questionnaire-2. *Psychological Reports, 85,* 271-281.

Harder, D. W., & Lewis, S. J. (1987). The assessment of shame and guilt. In C. D. Spielberger, & J. N. Butcher (Eds.), *Advances in personality assessment* (pp. 89-114). Hillsdale: Erlbaum.

Harder, D. H., & Zalma, A. (1990). Two promising shame and guilt scales: A construct validity comparison. *Journal of Personality Assessment, 55*, 729-745.

Hart, K.E. (1999). A spiritual interpretation of the 12-steps of Alcoholics Anonymous: From resentment to forgiveness to love. *Journal of Ministry in Addiction & Recovery, 6,* 25-39.

Hartman, R.O., & Betz, N.E. (2007). The five-factor model and career self-efficacy: General and domain-specific relationships. *Journal of Career Assessment, 15,* 145-161.

Hasking P. & Oei, T.P.S. (2002). The differential role of alcohol expectancies, drinking refusal self-efficacy and coping resources in predicting alcohol consumption in community and clinical samples. *Addiction Research Theory, 10,* 465-494.

Hodgson, L.K., & Wertheim, E.H. (2007). Does good emotion management aid forgiving? Multiple dimensions of empathy, emotion management and forgiveness of self and others. *Journal of Social and Personal Relationships, 24,* 931-949.

Holahan, C.J.., Moos, R.H., Holahan, C.K., Cronkite, R.C., & Randall, P.K. (2001). Drinking to cope, emotional distress and alcohol use and abuse: A ten-year model. *Journal of Studies on Alcohol, 62,* 190-198.

Ilgen, M., McKellar, J., & Moos, R. (2007). Personal and treatment-related predictors of abstinence self-efficacy. *Journal of Studies on Alcohol and Drugs, 68,* 126-132.

Ingersoll-Dayton, B. I., & Krause, N. (2005). Self-forgiveness: A component of mental health in later life. *Research on Aging, 27*, 267-289.

John, O. P., & Srivastava, S. (1999). The big five trait taxonomy: History, measurement, and theoretical perspectives. In L. A. Pervin & O. P. John (Eds.), *Handbook of Personality: Theory and Research* (2nd ed., pp. 102-138). New York: Guilford Press.

Johnson, J.L., & Butzen, N.D. (2008). Psychoticism as a predictor of vengefulness, forgiveness and religious commitment. *Journal of Psychology and Christianity, 27,* 329-336.

Kuntsche, E., Knibbe, R., Gmel, G., & Engels, R. (2006). Who drinks and why? A review of socio-demographic, personality, and contextual issues behind the drinking motives in young people. *Addictive Behaviors, 31,* 1844-1857.

LaBrie, J.W., Hummer, J.F., & Pedersen, E.R. (2007). Reasons for drinking in the college context: The differential role and risk of the social motivator. *Journal of Studies on Alcohol and Drugs, 68,* 393-398.

Leach, M. M., & Lark, R. (2004). Does spirituality add to personality in the study of trait forgiveness? *Personality and Individual Differences, 37*, 147-156.

Lewis, H.B. (1987). Shame and the narcissistic personality. In D.L. Nathanson (ed.), *The many faces of shame* (pp. 93-132). New York: Guilford.

Litt, M.D., Kadden, R.M., Kabela-Cormier, E., & Petry, N.M. (2009). Changing network support for drinking: Network Support Project 2-year follow-up. *Journal of Consulting and Clinical Psychology, 77,* 229-242.

Li, Ting-Kai, Hewitt, B.G., & Grant, B.F. (2004). Alcohol use disorders and mood disorders: A National Institute on Alcohol Abuse and Alcoholism perspective. *Biological Psychiatry, 56,* 718-720.

Lin, W., Mack, D., Enright, R.D., Krahn, D., & Baskin, T.W. (2005). Effects of forgiveness therapy on anger, mood, and vulnerability to substance use among inpatient substance-dependent clients. *Journal of Consulting and Clinical Psychology, 72,* 1114-1121.

Macaskill, A., Maltby, J., & Day, L. (2002). Forgiveness of self and others and emotional empathy. *The Journal of Social Psychology, 142*, 663-665.

Mauger, P. A., Perry, J. E., Freeman, T., Grove, D. C., McBride, A. G., & McKinney, K. E. (1992). The measurement of forgiveness: Preliminary research. *Journal of Psychology and Christianity, 11*, 170-180.

McCullough, M. E., Emmons, R. A., & Tsang, J. (2002). The grateful disposition: A conceptual and empirical topography. *Journal of Personality and Social Psychology, 82*, 112-127.

Mehrabian, A., & Epstein, N. (1972). A measure of emotional empathy. *Journal of Personality, 40*, 525-543.

Miller, W.R., & Hester, R.K. (1980). Treating the problem drinker: Modern approaches. In W.R. Miller (Ed.), *The addictive behaviors: Treatment of alcoholism, drug abuse, smoking and obesity* (pp. 11-141). Oxford: Pergamon.

Miller, W.R., & Hester, R.K. (1986). The effectiveness of alcoholism treatment: What research reveals. In W.R. Miller & N. Heather (Eds.), *Treating addictive behaviors: Process of change* (pp. 121-174). New York: Plenum.

Miller, W.R., & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change (2nd ed.).* New York: Guilford.

Miller, W. R., Tonigan, J. S., & Longabaugh, R. (1995). *The Drinker Inventory of Consequences (DrInC): An instrument for assessing adverse consequences of alcohol abuse: Test manual. Project MATCH Monogaph Series, vol. 4*. Rockville, MD: National Institute on Alcohol Abuse & Alcoholism.

Millon, T. (1987). *Millon Clinical Multiaxial Inventory II: Manual for the MCMI-II.* Minneapolis: National Computer Systems.

Mojtabai, R., & Singh, P. (2007). Implications of co-occurring alcohol abuse for role impairment, health problems, treatment seeking, and early course of alcohol dependence. *The American Journal on Addictions, 16,* 300-309.

Mullet, E., Neto, F., & Rivière, S. (2005). Personality and its effects on resentment, revenge, forgiveness, and self-forgiveness. In E. L. Worthington, Jr. (Ed.), *Handbook of forgiveness* (pp. 143-158). NY: Routledge.

Neff, K.D. (2003). The development and validation of a scale to measure self-compassion. *Self and Identity, 2,* 223-250.

Neff, K. D., Hseih, Y., & Dejitthirat, K. (2005). Self-compassion, achievement goals, and coping with academic failure. *Self and Identity, 4,* 263-287.

Norris, F., & Perilla, J. (1996). The Revised Civilian Mississippi Scale for PTSD: Reliability, validity, and cross-language stability. *Journal of Traumatic Stress, 9*, 285-298.

Oei,T.P.S., Fergusson, S., & Lee, N. (1998). The differential role of alcohol expectancies and drinking refusal self-efficacy in problem and non-problem drinkers. *Journal of the Studies on Alcohol, 59,* 704-711.

Oei, T.P.S., Hasking, P.A., & Young, R.M. (2005). Drinking refusal self-efficacy questionnaire-revised (DRSEQ-R): A new factor structure with confirmatory factor analysis. *Drug and Alcohol Dependence, 78,* 297-307.

Oei, T.P.S., & Jardim, C.L. (2007). Alcohol expectancies, drinking refusal self-efficacy and drinking behavior in Asian and Australian students. *Drug and Alcohol Dependence, 87,* 281-287.

Pargament, K. I., Smith, B. W., Koenig, H. G., & Perez, L. (1998). Patterns of positive and negative religious coping with major life stressors. *Journal for the Scientific Study of Religion, 37*, 710-724.

Pattison, E.M. (1976). A conceptual approach to alcoholism treatment goals. *Addictive Behaviors, 1,* 177-192.

Pattison, E.M. (1977). Ten years of change in alcoholism treatment and delivery systems. *American Journal of Psychiatry, 134,* 261-266.

Pattison, E.M., & Kaufman, E. (1982). *Encyclopedic Handbook of Alcoholism*. New York: Gardner.

Potter-Efron, R. (2002). *Shame, guilt, and alcoholism* (2nd ed.). New York: Hawthorn Press.

Quiles, Z.N., Kinnunen, T., & Bybee, J. (2002). Aspects of guilt and self-reported substance abuse in adolescents. *Journal of Drug Education, 32,* 343-362.

Raskin, R., & Terry, H. (1988). A principal-components analysis of the Narcissistic Personality Inventory and further evidence of its construct validity. *Journal of Personality and Social Psychology, 54*, 890-902.

Romero, C., Kalidas, M., Elledge, R., Chang, J., Liscum, K. R., Friedman, L. C. (2006). Self-forgiveness, spirituality, and psychological adjustment in women with breast cancer. *Journal of Behavioral Medicine, 29*, 29-36.

Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton University Press.

Rosenberg, M. (1979). *Conceiving the self*. New York: Basic Books.

Ross, S. R., Hertenstein, M. J., & Wrobel, T. A. (2007). Maladaptive correlates of the failure to forgive self and others: Further evidence for a two-component model of forgiveness. *Journal of Personality Assessment, 88*, 158-167.

Ross, S.R., Kendall, A.C., Matters, K.G., Wrobel, T.A., & Rye, M.S. (2004). A personological examination of self and other-forgiveness in the Five Factor Model. *Journal of Personality Assessment, 82,* 207-214.

Rubin, Z., & Peplau, L. (1975). Who believes in a just world? *Journal of Social Issues, 31*, 65-89.

Rye, M. S., Loiacono, D. M., Folck, C. D., Olszewski, B. T., Heim, T. A., & Madia, B. (2001). Evaluation of the psychometric properties of two forgiveness scales. *Current Psychology, 20*, 260-277.

Saunders, S.M., Zygowicz, K.M., & D'Angelo, B.R. (2006). Person-related and treatment-related barriers to alcohol treatment. *Journal of Substance Abuse Treatment, 30,* 261-270.

Scheier, L.M., Botvin, G.D., & Diaz, T. (1999). Social skills, competence, and drug refusal self efficacy as predictors of adolescent alcohol use. *Journal of Drug Education, 29,* 251-278.

Scherer, M., Worthington, E.L., Jr., Hook, J.N., Campana, K.L., West, S.L., & Gartner, A.L. (2008). Forgiveness and familial cohesion in college students' perceptions of families with alcohol misuse. *Manuscript under review.*

Snyder, C. R., Crowson, J., Houston, B., Kurylo, M., & Poirier, J. (1997). Assessing hostile automatic thoughts: Development and validation of the HAT scale. *Cognitive Therapy and Research, 21*, 477-492.

Snyder, C. R., & Heinze, L. S. (2005). Forgiveness as a mediator of the relationship between PTSD and hostility in survivors of childhood abuse. *Cognition and Emotion, 19*, 413-431.

Sobell, L. C., Brown, J., Leo, G. I., & Sobell, M. B. (1996). The reliability of the Alcohol Timeline Followback when administered by telephone and by computer. *Drug and Alcohol Dependence, 42*, 49-54.

Sobell, L. C., & Sobell, M. B. (1992). Timeline follow-back: A technique for assessing self-reported alcohol consumption. In R. Litten & J. Allen (Eds.), *Measuring alcohol consumption: Psychosocial and biochemical methods*. Totowa, NJ: Humana Press.

Strelan, P. (2007a). The prosocial, adaptive qualities of just world beliefs: Implications for the relationship between justice and forgiveness. *Personality and Individual Differences, 43*, 881-890.

Strelan, P. (2007b). Who forgives others, themselves, and situations? The roles of narcissism, guilt, self-esteem, and agreeableness. *Personality and Individual Differences, 42*, 259-269.

Substance Abuse and Mental Health Services Administration. (2002). *Results from the 2001 National Houshold Survey on Drug Abuse: Volume 1. Summary of national findings.* Office of Applied Studies of the Substance Abuse and Mental Health Services Administration, Department of Health and Human Services. Rockville, MD: Government Printing Office.

Sukhodolsky, D. G., Golub, A., & Cromwell, E. N. (2001). Development and validation of the anger rumination scale. *Personality and Individual Differences, 31*, 689-700.

Tangney, J.P. (1992). Situational determinants of shame and guilt in young adulthood. *Personality and Social Psychology Bulletin, 18,* 199-206.

Tangney, J. P., Boone, A. L., & Dearing, R. (2005). Forgiving the self: Conceptual issues and empirical findings. In E. L. Worthington, Jr. (Ed.), *Handbook of forgiveness* (pp. 143-158). NY: Routledge.

Tangney, J.P. & Dearing, R.L. (2002). *Shame and guilt*. New York: Guilford.

Tangney, J.P., Wagner, P., & Gramzow, R. (1989). *The Test of Self-Conscious Affect.* Fairfax, VA: George Mason University.

Tapert, S.F., Ozyurt, S.S., & Myers, M.G. (2004). Neurocognitive ability in adults coping with alcohol and drug relapse temptations. *American Journal of Drug and* Alcohol *Abuse, 30,* 445-460.

Thompson, L. Y., Snyder, C. R., Hoffman, L., Michael, S. T., Rasmussen, Billings, L. S., et al. (2005). Dispositional forgiveness of self, others, and situations. *Journal of Personality, 73,* 313-359.

Thoms, P., Moore, K.S., & Scott, K.S. (1996). The relationship between self-efficacy for participating in self-managed work groups and the big five personality dimensions. *Journal of Organizational Behavior, 17,* 349-362.

Underwood, L. G., & Teresi, J. A. (2002). The daily spiritual experience scale: Development, theoretical description, reliability, exploratory factor analysis, and preliminary construct validity using health-related data. *Annals of Behavioral Medicine, 24*, 22-33.

Wade, N. G., & Worthington, E. L., Jr. (2002). Overcoming interpersonal offenses: Is forgiveness the only way to deal with unforgiveness? *Journal of Counseling and Development, 81,* 343–353.

Walker, D. F., & Gorsuch, R. L. (2002). Forgiveness within the Big Five personality model. *Personality and Individual Differences,* 32, 1127-1137.

Webb, J. R., Robinson, E. A. R., Brower, K. J., & Zucker, R. A. (2006). Forgiveness and alcohol problems among people entering substance abuse treatment. *Journal of Addictive Diseases, 25*, 55-67.

Welton, G.L., Hill, P.C., & Seybold, K.S. (2008). Forgiveness in the trenches: Empathy, perspective taking, and anger. *Journal of Psychology and Christianity, 27,* 168-177.

Wohl, M.J.A., DeShea, L., & Wahkinney, R.L. (2008). Looking within: Measuring state self-forgiveness and its relationship to psychological well-being. *Canadian Journal of Behavioural Science, 40,* 1-10.

Woien, S.L., Ernst, H.A.H., Patock-Peckham, J.A., & Nagoshi, C.T. (2003). Validation of the TOSCA to measure shame and guilt. *Personality and Individual Differences, 35,* 313-326.

Worthington, E.L., Jr. (2006). *Forgiveness and reconciliation: Theory and application.* New York: Brunner-Routledge.

Worthington, E.L., Jr., & Scherer, M. (2004). Forgiveness is an emotion-focused coping strategy that can reduce health risks and promote health resilience: Theory, review, and hypotheses. *Psychology and Health, 19*, 385-405.

Worthington, E.L., Jr., Scherer, M., & Cooke, K.L. (2006). Forgiveness in alcohol dependence, abuse, and their treatment. *Alcoholism Treatment Quarterly, 24,* 125-145.

Worthington, E.L., Jr., & Wade, N.G. (1999). The social psychology of unforgiveness and forgiveness and implications for clinical practice. *Journal of Social and Clinical Psychology, 18*, 385-418.

Yelsma, P., Brown, N.M., & Elison, J. (2002). Shame-focused coping styles and their association with self-esteem. *Psychological Reports, 90,* 1179-1189.

Young, R.M., Knight, R., & Oei, T.P.S. (1990). The stability of alcohol-related expectancies in social drinking situations. *Australian Journal of Psychology, 42,* 321-330.

Young, R.M., & Oei, T.P. (1993). Grape expectations: The role of alcohol expectancies in the understanding and treatment of problem drinking. *International Journal of Psychology, 28,* 337-364.

Appendix A

Demographics and Alcohol Use

Demographic Information

1. Date of Birth: ____/____/_____   2. Current Date: ____/____/_____

3. Gender: ☐ Male   ☐ Female

4. Ethnicity? (Check those that apply)

☐ European American/White   ☐ African American/Black

☐ Latino/a American   ☐ Asian American

☐ Native American   ☐ Pacific Asian

☐ Middle Eastern   ☐ Indian American

☐ Other: (Please Specify) _____

5. Highest level of education *completed*:

☐ High School Diploma or GED

☐ Associate or Technical Degree

☐ Bachelor's Degree

☐ Master's Degree

☐ Doctorate, post-doctorate degree, or professional degree

6. Relationship Status:

☐ Single

☐ Married → if yes, how long: _____

☐ Divorced → if yes, how long were you married: _____
                how long have you been divorced: _____

7. Religion/Spirituality:

☐ Religious and very active

☐ Religious and moderately active

☐ Religious but little or no activity

☐ Spiritual but not religious

☐ Neither spiritual or religious

Alcohol Use

In the past two months, have you had a drink? _____

            If so, how long and how many? _____

In the past two months, have you had thoughts about drinking? _____

            If so, how long ago and how often? _____

In the past two months, have you had any difficulty refusing drinks? _____

            If so, how long ago and how often? _____

In the past two months, have you been around others who were drinking? _____

            If so, how long ago and how often? _____

In the past two months, have you ever lied about your drinking? _____

            If so, how long ago and how often? _____

Appendix B

Trait Measures

TFS

Directions: Indicate the degree to which you agree or disagree with each statement below by using the following scale:

1 = Strongly Disagree
2 = Mildly Disagree
3 = Agree and Disagree Equally
4 = Mildly Agree
5 = Strongly Agree

_____   1. People close to me probably think I hold a grudge too long.
_____   2. I can forgive a friend for almost anything.
_____   3. If someone treats me badly, I treat him or her the same.
_____   4. I try to forgive others even when they don't feel guilty for what they did.
_____   5. I can usually forgive and forget an insult.
_____   6. I feel bitter about many of my relationships.
_____   7. Even after I forgive someone, things often come back to me that I resent.
_____   8. There are some things for which I could never forgive even a loved one.
_____   9. I have always forgiven those who have hurt me.
_____   10. I am a forgiving person.

Scoring: To score the TFS such that higher scores reflect higher trait forgivingness, first reverse score items 1, 3, 6, 7, and 8. Then sum all 10 items for the TFS total score.

BFI

Here are a number of characteristics that may or may not apply to you. For example, do you agree that you are someone who likes to spend time with others? Please write a number next to each statement to indicate the extent to which you agree or disagree with that statement.

Disagree A Lot	Disagree A Little	Neutral	Agree A Little	Agree A Lot
1	2	3	4	5

I see myself as someone who...

___1. Is talkative
___2. Tends to find fault with others
___3. Does a thorough job
___4. Is depressed, blue
___5. Is original, comes up with new ideas
___6. Is reserved
___7. Is helpful and unselfish with others
___8. Can be somewhat careless
___9. Is relaxed, handles stress well
___10. Is curious about many different things
___11. Is full of energy
___12. Starts quarrels with others
___13. Is a reliable worker
___14. Can be tense
___15. Is ingenious, a deep thinker
___16. Generates a lot of enthusiasm
___17. Has a forgiving nature
___18. Tends to be disorganized
___19. Worries a lot
___20. Has an active imagination
___21. Tends to be quiet
___22. Is generally trusting
___23. Tends to be lazy

___24. Is emotionally stable, not easily upset
___25. Is inventive
___26. Has an assertive personality
___27. Can be cold and aloof
___28. Perseveres until the task is finished
___29. Can be moody
___30. Values artistic, aesthetic experiences
___31. Is sometimes shy, inhibited
___32. Is considerate and kind to almost everyone
___33. Does things efficiently
___34. Remains calm in tense situations
___35. Prefers work that is routine
___36. Is outgoing, sociable
___37. Is sometimes rude to others
___38. Makes plans and follows through with them
___39. Gets nervous easily
___40. Likes to reflect, play with ideas
___41. Has few artistic interests
___42. Likes to cooperate with others
___43. Is easily distracted
___44. Is sophisticated in art, music, or literature

Openness = mean of items 5, 10, 15, 20, 25, 30, 35(r), 40, 41(r), 44
Conscientiousness = means of items 3, 8(r), 13, 18(r), 23(r), 28, 33, 38, 43(r)
Extraversion = means of items 1, 6(r), 11, 16, 21, 26, 31(r), 36
Agreeableness = means of items 2(r), 7, 12(r), 17, 22, 27(r), 32, 37(r), 42
Neuroticism = means of items 4, 9(r), 14, 19, 24(r), 29, 34(r), 39

TOSCA

For the following items, please rate how likely each response is to the given scenario. For example:

Example A. You wake up early one Saturday morning. It is cold and rainy outside.					
	Not likely .... Very likely				
a) You would telephone a friend to catch up on the news.	~~1~~	2	3	4	5
b) You would take the extra time to read the paper.	1	2	3	4	~~5~~
c) You would feel disappointed that it's raining.	1	2	~~3~~	4	5
d) You would wonder why you woke up so early.	1	2	3	~~4~~	5

In the above example, I've rated ALL of the answers by circling a number. I marked a "1" for answer (a) because I wouldn't want to wake up a friend very early on a Saturday morning — so it's not at all likely that I would do that. I circled a "5" for answer (b) because I almost always read the paper if I have time in the morning (very likely). I circled a "3" for answer (c) because for me it's about half and half. Sometimes I would be disappointed about the rain and sometimes I wouldn't — it would depend on what I had planned. And I circled a "4" for answer (d) because I would probably wonder why I had awakened so early.

Please rate ALL responses. Do not skip any items.

Q 1. You make plans to meet a friend for lunch. At 5 o'clock, you realize you stood him up.						
	Not likely .... Very likely					
a) You cannot apologize enough for forgetting the appointment	RG	1	2	3	4	5
b) You would think: "I'm inconsiderate."	S	1	2	3	4	5
c) You would think: "Well, they'll understand."	D	1	2	3	4	5
d) You think you should make it up to him as soon as possible.	G	1	2	3	4	5
e) You would think: "My boss distracted me just before lunch."	E	1	2	3	4	5

Q 2. You break something at work and then hide it.						
	Not likely .... Very likely					
a) You would think: "This is making me anxious I need to either fix it or get someone else to."	G	1	2	3	4	5
b) You would think about quitting. (S)	S	1	2	3	4	5
c) For days you'd worry about it, repeatedly trying to think of a way to remedy the situation.	RG	1	2	3	4	5
d) You would think: "A lot of things aren't made very well these days."	E	1	2	3	4	5
e) You would think: "It was only an accident."	D	1	2	3	4	5

Q 3. You are out with friends one evening and you're feeling especially witty and attractive. Your best friend's spouse seems to particularly enjoy your company.						
	Not likely .... Very likely					
a) You would think: "I should have been aware of what my best friend is feeling."	G	1	2	3	4	5
b) You would feel happy with your appearance and personality.	AP	1	2	3	4	5
c) You would feel pleased to have made such a good impression.	BP	1	2	3	4	5
d) You can't stop thinking about the problems you may have caused your friend and their spouse.	RG	1	2	3	4	5
e) You would probably avoid eye-contact for a long time.	S	1	2	3	4	5

Q 4. At work, you wait until the last minute to plan a project, and it turns out badly.

		Not likely .... Very likely				
a) You'd bend over backwards for months to make up for it but fear that it won't make any difference.	RG	1	2	3	4	5
b) You would feel incompetent.	S	1	2	3	4	5
c) You would think: "There are never enough hours in the day."	E	1	2	3	4	5
d) You would feel: "I deserve to be reprimanded for mismanaging the project."	G	1	2	3	4	5
e) You would think: "What's done is done."	D	1	2	3	4	5

Q 5. You make a mistake at work and find out a co-worker is blamed for the error.

		Not likely .... Very likely				
a) You would think the company did not like the co-worker	E	1	2	3	4	5
b) You would think: "Life is not fair."	D	1	2	3	4	5
c) You would keep quiet and avoid the co-worker.	S	1	2	3	4	5
d) You would feel troubled and preoccupied with what happened but unable to correct the situation.	RG	1	2	3	4	5
e) You would feel unhappy and eager to correct the situation.	G	1	2	3	4	5

Q 6. For several days you put off making a difficult phone call. At the last minute you make the call and are able to manipulate the conversation so that all goes well.

		Not likely .... Very likely				
a) You would think: "I guess I'm more persuasive than I thought."	AP	1	2	3	4	5
b) You would regret that you put it off.	G	1	2	3	4	5
c) You would feel like a coward.	S	1	2	3	4	5
d) You would think: "I did a good job".	BP	1	2	3	4	5
e) You would feel badly about getting off so easily and always feel "funny" whenever you thought about the call.	RG	1	2	3	4	5
f) You would think you shouldn't have to make calls you feel pressured into.	E	1	2	3	4	5

Q 7. While playing around, you throw a ball and it hits your friend in the face.

		Not likely .... Very likely				
a) You would feel inadequate that you can't even throw a ball.	S	1	2	3	4	5
b) You would think maybe your friend needs more practice at catching.	E	1	2	3	4	5
c) You'd replay the incident over and over, wondering what you could have done to avoid it.	RG	1	2	3	4	5
d) You would think: "It was just an accident."	D	1	2	3	4	5
e) You would apologize and make sure your friend feels better.	G	1	2	3	4	5

Q 8. You have recently moved away from your family, and everyone has been very helpful. A few times you have needed to borrow money, but you paid it back as soon as you could.

	Not likely .... Very likely					
a) You would feel immature.	S	1	2	3	4	5
b) You would think: "I sure ran into some bad luck."	D	1	2	3	4	5
c) You would return the favor as quickly as you could.	G	1	2	3	4	5
d) You would think: "I am a trustworthy person."	AP	1	2	3	4	5
e) You would be proud that you repaid your debts.	BP	1	2	3	4	5
f) You'd still never be able to forgive yourself for putting your family out.	RG	1	2	3	4	5

Q 9. You are driving down the road, and hit a small animal.

	Not likely .... Very likely					
a) You would think the animal shouldn't have been on the road.	E	1	2	3	4	5
b) You would think: "I'm terrible."	S	1	2	3	4	5
c) You would feel: "Well, it was an accident."	D	1	2	3	4	5
d) You'd have trouble getting the image of the animal out of your mind.	RG	1	2	3	4	5
e) You'd feel bad you hadn't been more alert driving down the road.	G	1	2	3	4	5

Q 10. You walk out of an exam thinking you did extremely well. Then you find out you did poorly.

	Not likely .... Very likely					
a) You would think: "Well, it's just a test."	D	1	2	3	4	5
b) You would think: "The instructor doesn't like me."	E	1	2	3	4	5
c) You would think: "I should have studied harder."	G	1	2	3	4	5
d) You would feel stupid.	S	1	2	3	4	5
e) You'd keep thinking back to all of the things you did wrong in preparing for the exam	RG	1	2	3	4	5

Q 11. You and a group of co-workers worked very hard on a project. Your boss singles you out for a bonus because the project was such a success.

	Not likely .... Very likely					
a) You would feel the boss is rather short-sighted.	E	1	2	3	4	5
b) You would feel alone and apart from your colleagues.	S	1	2	3	4	5
c) You would feel your hard work had paid off.	BP	1	2	3	4	5
d) You would feel competent and proud of yourself.	AP	1	2	3	4	5
e) You would feel you should not accept it.	G	1	2	3	4	5
f) You'd feel compelled to find new ways each day to make it up to your co-workers.	RG	1	2	3	4	5

Q 12. While out with a group of friends, you make fun of a friend who's not there.

		Not likely .... Very likely				
a) You would think: "It was all in fun; it's harmless."	D	1	2	3	4	5
b) You would feel small … like a "rat."	S	1	2	3	4	5
c) You would think that perhaps that friend should have been there to defend himself/herself.	E	1	2	3	4	5
d) You would berate yourself over and over for it and vow never to do it again.	RG	1	2	3	4	5
e) You would apologize and talk about that person's good points.	G	1	2	3	4	5

Q 13. You make a big mistake on an important project at work. People were depending on you, and your boss criticizes you.

		Not likely .... Very likely				
a) You would think your boss should have been clearer about what was expected of you.	E	1	2	3	4	5
b) You would walk around for days kicking yourself, thinking of all the mistakes you made.	RG	1	2	3	4	5
c) You would feel like you wanted to hide.	S	1	2	3	4	5
d) You would think: "I should have recognized the problem and done a better job."	G	1	2	3	4	5
e) You would think: "Well, nobody's perfect."	D	1	2	3	4	5

Q 14. You volunteer to help with the local Special Olympics for handicapped children. It turns out to be frustrating and time-consuming work. You think seriously about quitting, but then you see how happy the kids are.

		Not likely .... Very likely				
a) You would feel selfish and you'd think you are basically lazy.	S	1	2	3	4	5
b) Every time you hear about the kids, you get a gnawing feeling inside, knowing how you almost let them down.	RG	1	2	3	4	5
c) You would feel you were forced into doing something you did not want to do.	E	1	2	3	4	5
d) You would think: "I should be more concerned about people who are less fortunate."	G	1	2	3	4	5
e) You would feel great that you had helped others.	BP	1	2	3	4	5

Q 15. You are taking care of your friend's dog while they are on vacation and the dog runs away.

		Not likely .... Very likely				
a) You would think: "I am irresponsible and incompetent."	S	1	2	3	4	5
b) You would think that your friend must not take very good care of their dog or it wouldn't have run away.	E	1	2	3	4	5
c) You would feel badly every time you saw a dog.	RG	1	2	3	4	5
d) You would vow to be more careful next time.	G	1	2	3	4	5
e) You would think your friend could just get a new dog.	D	1	2	3	4	5

Q 16 You attend your co-worker's housewarming party, and you spill red wine on their new cream-colored carpet, but you think no one notices.		Not likely .... Very likely				
a) You think your co-worker should have expected some accidents at such a big party.	E	1	2	3	4	5
b) You would stay late to help clean up the stain after the party.	G	1	2	3	4	5
c) Every time you see your co-worker you get a nervous feeling in the pit of your stomach, thinking of that stain on the carpet	RG	1	2	3	4	5
d) You would wish you were anywhere but at the party.	S	1	2	3	4	5
e) You would wonder why your co-worker chose to serve red wine with the new light carpet.	D	1	2	3	4	5

Note: AP = Alpha Pride. BP = Beta Pride. E = Externalization. D = Detachment. G = Guilt. S = Shame. RG = Ruminative Guilt. The self-conscious emotion and psychological defense codes were not shown in the study participants' questionnaires.

HFS-S

Instructions: In the course of our lives negative things may occur because of our own actions. For some time after these events, we may have negative thoughts or feelings about ourselves. Think about an **alcohol-related** offense. Next to each of the following items write the number (from the 7-point scale below) that best describes how you respond to the type of negative situation describe. There are no right or wrong answers. Please be as open as possible in your answers.

Almost always False of me		More often False of me		More often true of me		Almost always true of me
1	2	3	4	5	6	7

_____ 1.   Although I feel bad at first when I mess up, over time I can give myself some slack for what I did under the influence.

_____ 2.   I hold grudges against myself for negative things I've done as a result of my alcohol misuse.

_____ 3.   Learning from bad things that I've done when drunk helps me get over them.

_____ 4.   It is really hard for my to accept myself once I've messed up.

_____ 5.   With time I am understanding of myself for mistakes I've made while drinking.

_____ 6.   I don't stop criticizing myself for negative thing I've felt, thought, said, or done while under the influence.

Appendix C

State Measures

SCS

HOW I TYPICALLY ACT TOWARDS MYSELF WHEN I THINK ABOUT MY BEHAVIORS WHILE UNDER THE INFLUENCE

Please read each statement carefully before answering. To the right of each item, *circle a number between 1 to 5* to indicate how often you behave in the stated manner, using the following scale:

Almost Never				Almost Always
1	2	3	4	5

1. I'm disapproving and judgmental about my own flaws and inadequacies.	1	2	3	4	5
2. When I'm feeling down I tend to obsess and fixate on everything that's wrong.	1	2	3	4	5
3. When things are going badly for me, I see the difficulties as part of life that everyone goes through.	1	2	3	4	5
4. When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world.	1	2	3	4	5
5. I try to be loving towards myself when I'm feeling emotional pain.	1	2	3	4	5
6. When I fail at something important to me I become consumed by feelings of inadequacy.	1	2	3	4	5
7. When I'm down and out, I remind myself that there are lots of other people in the world feeling like I am.	1	2	3	4	5
8. When times are really difficult, I tend to be tough on myself.	1	2	3	4	5
9. When something upsets me I try to keep my emotions in balance.	1	2	3	4	5
10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.	1	2	3	4	5
11. I'm intolerant and impatient towards those aspects of my personality I don't like.	1	2	3	4	5
12. When I'm going through a very hard time, I give myself the caring and tenderness I need.	1	2	3	4	5
13. When I'm feeling down, I tend to feel like most other people are probably happier than I am.	1	2	3	4	5
14. When something painful happens I try to take a balanced view of the situation.	1	2	3	4	5
15. I try to see my failings as part of the human condition.	1	2	3	4	5
16. When I see aspects of myself that I don't like, I get down on myself.	1	2	3	4	5

17. When I fail at something important to me I try to keep things in perspective.	**1**	**2**	**3**	**4**	**5**
18. When I'm really struggling, I tend to feel like other people must be having an easier time of it.	**1**	**2**	**3**	**4**	**5**
19. I'm kind to myself when I'm experiencing suffering.	**1**	**2**	**3**	**4**	**5**
20. When something upsets me I get carried away with my feelings.	**1**	**2**	**3**	**4**	**5**
21. I can be a bit cold-hearted towards myself when I'm experiencing suffering.	**1**	**2**	**3**	**4**	**5**
22. When I'm feeling down I try to approach my feelings with curiosity and openness	**1**	**2**	**3**	**4**	**5**
23. I'm tolerant of my own flaws and inadequacies.	**1**	**2**	**3**	**4**	**5**
24. When something painful happens I tend to blow the incident out of proportion.	**1**	**2**	**3**	**4**	**5**
25. When I fail at something that's important to me, I tend to feel alone in my failure.	**1**	**2**	**3**	**4**	**5**
26. I try to be understanding and patient towards those aspects of my personality I don't like.	**1**	**2**	**3**	**4**	**5**

PFQ-2

Instructions: For each of the following listed feelings, indicate the degree to which you **currently** feel each of these emotions **when you think about the alcohol-related offense.** Read each item and then mark the appropriate answer in the space next to the word. Use the following scale to record your answers.

4 = I experience the feeling *very strongly*
3 = I experience the feeling *strongly*
2 = I experience the feeling *moderately*
1 = I experience the feeling *a little bit*
0 = I *do not experience* the feeling

_____ 1. Embarrassment

_____ 2. Mild guilt

_____ 3. Feeling ridiculous

_____ 4. Worry about hurting or injuring
       someone

_____ 5. Sadness

_____ 6. Self-consciousness

_____ 7. Feeling humiliated

_____ 8. Intense guilt

_____ 9. Euphoria

_____ 10. Feeling "stupid"

_____ 11. Regret

_____ 12. Feeling "childish"

_____ 13. Mild happiness

_____ 14. Feeling helpless, paralyzed

_____ 15. Depression

_____ 16. Feelings of blushing

_____ 17. Feeling you deserve criticism for
       what you did.

_____ 18. Feeling laughable

_____ 19. Rage

_____ 20. Enjoyment

_____ 21. Feeling disgusting to others

_____ 22. Remorse

RSE

Below is a list of statements dealing with your general feelings about yourself. If you **Strongly Agree** with the statement, circle **SA**. If you **Agree** with the statement, circle **A**. If you **Disagree** with the statement, circle **D**. If you **Strongly Disagree** with the statement, circle **SD**.

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. I feel that I'm a person of worth, at least on an equal plane with others.	SA	A	D	SD
2. I feel that I have a number of good qualities.	SA	A	D	SD
3. All in all, I am inclined to feel that I am a failure.	SA	A	D	SD
4. I am able to do things as well as most other people.	SA	A	D	SD
5. I feel I do not have much to be proud of.	SA	A	D	SD
6. I take a positive attitude toward myself.	SA	A	D	SD
7. On the whole, I am satisfied with myself.	SA	A	D	SD
8. I wish I could have more respect for myself.	SA	A	D	SD
9. I certainly feel useless at times.	SA	A	D	SD
10. At times I think I am no good at all.	SA	A	D	SD

DRSEQ-R

This questionnaire is a series of statements about your attitudes and behaviors. Each statement represents an every-day situation. Read each statement and rate, using the scale below, how likely you think you would be to drink alcohol in each situation. There are no right or wrong answers. **Please indicate your own personal feelings about each statement below by marking the number that best describes your attitude or feelings.** Please describe the substance misuser as he/she really is.

1 = I would drink
2 = I would probably drink
3 = I might drink
4 = I might NOT drink
5 = I would probably NOT drink
6 = I am sure I would NOT drink

How sure are you that you would have an alcoholic drink when …

1. … you are out to dinner	1 2 3 4 5 6
2. … you are offered a drink by someone	1 2 3 4 5 6
3. … your spouse or partner is drinking	1 2 3 4 5 6
4. … your friends are drinking	1 2 3 4 5 6
5. … you are at a pub or club	1 2 3 4 5 6
6. … you are angry	1 2 3 4 5 6
7. … you feel frustrated	1 2 3 4 5 6
8. … you are worried	1 2 3 4 5 6
9. … you feel upset	1 2 3 4 5 6
10. … you feel down	1 2 3 4 5 6
11. … you feel nervous	1 2 3 4 5 6
12. … you feel sad	1 2 3 4 5 6
13. … you are watching T.V.	1 2 3 4 5 6
14. … you are at lunch	1 2 3 4 5 6
15. … you are on the way home from work	1 2 3 4 5 6
16. … you are listening to music or reading	1 2 3 4 5 6
17. … you are by yourself	1 2 3 4 5 6
18. … you have just finished playing a sport	1 2 3 4 5 6
19. … you have first arrived at home	1 2 3 4 5 6

SFFA

Before proceeding, we'd like to ask you to focus on how you're currently feeling about the incident.

Please rate how you feel *right now* in relation to the offense that you committed. *(Please circle your responses below.)*

	don't feel this										feel this very much	
at peace with yourself	0 1 2 3 4 5 6 7 8 9 10											positive
remorse	0 1 2 3 4 5 6 7 8 9 10											remorse
like a bad person	0 1 2 3 4 5 6 7 8 9 10											self-condemnation
like you deserve to suffer for this	0 1 2 3 4 5 6 7 8 9 10											self-condemnation
favorable towards yourself	0 1 2 3 4 5 6 7 8 9 10											positive
regret about what you did	0 1 2 3 4 5 6 7 8 9 10											remorse
angry at yourself	0 1 2 3 4 5 6 7 8 9 10											self-condemnation
hateful toward yourself	0 1 2 3 4 5 6 7 8 9 10											self-condemnation
guilty	0 1 2 3 4 5 6 7 8 9 10											remorse
like a good person	0 1 2 3 4 5 6 7 8 9 10											positive
sad about what you did	0 1 2 3 4 5 6 7 8 9 10											remorse
worthy of respect	0 1 2 3 4 5 6 7 8 9 10											positive
comfortable with what happened	0 1 2 3 4 5 6 7 8 9 10											positive
disgusted with what you did	0 1 2 3 4 5 6 7 8 9 10											remorse
sorrow about what you did	0 1 2 3 4 5 6 7 8 9 10											remorse

Appendix D

Leader Manual

Forgiveness and the Bottle:

A workshop to promote self-forgiveness in individuals dealing with alcohol and drug abuse

Leader Manual

A Self-Forgiveness Intervention for Individuals Dealing with Substance Abuse

Virginia Commonwealth University

© 2008

- Leader's speeches are bold and italicized
- Copies of all participant worksheets are provided

Materials Required

The following materials will be required throughout the course of the intervention:
- One *Forgiveness and the Bottle* Participant intervention manual per participant
- Consent forms and questionnaires for all participants
- One role of paper tape
- One (non-permanent) black marker
- Pens for all participants.

Arrival, Consent, and Questionnaires (30-35 minutes)

Participants will arrive and sign in (get contact information- phone number, mailing address, email address) for workshop. Introduce yourself if necessary. Briefly explain purpose of consent form and read over it with them. After they sign, give them questionnaire packet to fill out.

Collect completed questionnaires.

<u>Wait List control group</u>: Group leader will perform consent form prior to administering questionnaires. In wait list control group, participants are to complete questionnaires and continue alcohol treatment as usual. Group leader is to explain that the self-forgiveness intervention will take place in four weeks to establish a baseline in the questionnaires. Participants must complete questionnaires at all three time intervals for the duration of the study. After the four weeks have passed the intervention will be identical to the one administered to the immediate treatment condition (described in detail below).

<u>Immediate Treatment</u>: When participants are all done filling out questionnaires, collect them and then pass out name tags and participant manual. Introduce yourself to the entire group again (if necessary) and explain procedures for intervention workshop.

First, I'd like to thank each of you for participating in this workshop. The goal of our work together will be to foster self-forgiveness within each of you and reduce any feelings of guilt and shame you may be experiencing from your previous history of alcohol or drug use, misuse, or abuse. Together, we will find out about and understand what holds us back from forgiving ourselves and to learn some ways that we can start to forgive ourselves. Everyone has things they feel guilt or shame about, so I think you'll get a lot out of this workshop.

We'll be spending about 4 hours over three group sessions learning about self-forgiveness, discussing related topics, and doing some experiential activities. When we're finished, I'll be asking you to complete another questionnaire like the one you completed earlier. Your contribution in answering our questions about this workshop will help us refine it and improve upon it, so we really appreciate you taking the time to participate in the workshop and fill out all our questionnaires.

➔ Answer any questions that they might have regarding consent, filling out questionnaires, etc.

Confidentiality Discussion (2-3 minutes)

Instruct the group that all personal information shared during this workshop should be treated as confidential. For example, if someone discusses a transgression they committed against someone else (e.g., arguing, insulting, etc.) other group members should not discuss that specific situation with people outside of the group. Emphasize that participants should only share information within the group setting that is both pertinent to the discussion and that they are comfortable sharing.

Introductions and Icebreaker: Activity 1
(15-20 minutes)

Introduce yourself by telling us your:
Leader should go first to model a brief and appropriate introduction

      1) Name
      2) **BRIEF** description of why you feel it is important to forgive yourself.
      3) One interesting thing about yourself

Okay, great. Thank you. Now, when you were filling out our questionnaires, we asked you a lot of questions about shame and guilt and forgiveness. Let's take a little time to flesh out exactly what those things mean. First, what do you think shame or self-condemnation is?

Group Discussion: Defining shame or self-condemnation
- Ask participants what their definition of self-condemnation is?
- Why is self-condemnation bad or unhealthy? How?

    - Explain that self-condemnation (or shame) is negative feelings we have towards ourselves when we feel that we have done something morally objectionable → we feel that we are not living up to our own standards. That is, because we did these morally objectionable things, we are bad people. This is unhealthy because it may lead to poor self-esteem, self-efficacy, and depression and anxiety all of which increase our chances for relapse.

Group Discussion: Defining guilt or remorse
- What is the difference between guilt and self-condemnation?
- Is guilt a bad or unhealthy thing?

    - Explain that remorse (or guilt), though often enmeshed with self-condemnation, can actually have positive benefits. Primarily, remorse requires us to take responsibility for our actions and can then lead us to make amends to others we have wronged. Importantly, the underlying message for remorse is "I have done a bad thing," unlike self-condemnation, where the underlying message is "I am a bad person."

Group Discussion: Defining forgiveness
- What is forgiveness?
- Does forgiving mean forgetting?
- How can forgiving ourselves help us when it comes to alcohol or drug use?

- Explain that forgiveness, generally defined, is replacing negative feelings toward yourself (e.g., anger, shame, hatred, bitterness) with more positive and constructive feelings (e.g., acceptance, responsibility, efficacy). It does not mean forgetting, which is essential for accepting responsibility for our actions. By promoting self-forgiveness, we promote feelings of self-acceptance and self-efficacy which may reduce our likelihood of relapse. Importantly, what prevents us from forgiving ourselves, is self-condemnation.

The Problem of Self-Condemnation- Self-forgiveness assessment: Activity 2 (approx. 20-30 minutes)

- Explain self-condemnation- negative feelings we have towards ourselves when we feel that we have done something morally objectionable → we feel that we are not living up to our own standards.

- Split group into pairs. In pairs, they discuss how their offense was **against their morals** in some way, and the specific **feelings they have** when they think about their own offense (i.e., anger, sadness, shame, fear, etc.)

- Self-forgiveness assessment: Supply a piece of tape. Ask participants to line up on one side of the room and walk out in front of them.

  Imagine this is a representation of how much self-forgiveness you feel right now. Imagine that there are 10 spaces here. If someone felt very condemning towards themselves, they would not feel very forgiving, so they might say they are right here (step 2-3 steps in front of the group) in a scale of 10 for forgiving themselves for their offense. If they were very forgiving of themselves, they might walk further (step 8-9 steps in front of the group). Right now, decide where you are on this scale. Where you're standing right now is the ZERO LINE, now step out to where you are at forgiving yourself. Mark that spot with the tape.

- After participants have marked the floor ask them to have a seat and refer participants Worksheet # 1 in their packets. Ask them to think about the questions for a moment.

  Now I'd like to go around the room and have each of you talk briefly about why you chose that spot on the self-forgiveness ruler and what two spots ahead of your spot would look like. For example, if you chose a five (step to where a five would be on the floor) explain why you didn't choose a seven (step to seven). Specifically, how would a seven look different from a five? How would you know you've reached a seven?

- Go around the room and have each participant talk about these points. This is very important, so all participants must answer the questions thoroughly.

Okay, great. Thank you. The goal of this workshop is not to achieve complete and total forgiveness, but rather reduce the amount of self-condemnation you feel. Our goal, here together, is to get each of you to move forward two steps on the self-forgiveness ruler. That may not mean complete self-forgiveness, but it will mean less self-condemnation.

Effects of Self-Condemnation discussion
(10-15 minutes)

- Large group discussion: Dealing with self-condemnation

How can we deal with these feelings of self-condemnation? What have you tried? (example: accept it and move on, forbearing, excusing ourselves, justifying our behavior, thinking I've suffered enough so justice has been done)

- List ways of dealing with self-condemnation that group identifies. After they are exhausted, ask for tally of how many people have tried each tactic.

- ***How did this work for you? What category do you think this belongs in?*** Attempt to categorize their list- avoidance, punishing self, justifying excusing, ruminate, forgiving self, etc.

Out of these ways of dealing with self-condemnation, what would be the best way? As you can see, there are many ways to deal with self-condemnation. Some effective, some not. Self-forgiveness is just one way of dealing with self-condemnation.

Identifying Our Values: Activity 3
(approx 15-20 minute)

- Break into pairs and refer participants to Worksheet #2 in their packets

Imagine you had to create a newspaper personal ad, or an internet personal ad and all you could post was 5 values that define you. How would you choose to create a picture of yourself? In the space in your manual write a personal ad that you feel adequately represents your top 5 values. Be sure to use "I" statements when composing the ad, and then answer the two questions below. After you have both completed the ad and questions, discuss what you wrote with your partner.

- Discuss in pairs

- Discuss as large group. Go around the room and have everybody list the values they wrote down. Discuss what themes the participants noticed in the personal ads. What kind of values did people in the group seem to share?

133

Okay, great. We've just spent some time talking about what our most salient values are. These values are how we identify ourselves and are what we want others to see when they look at us. Because these are our most important values, when they are violated we might feel ashamed and experience self-condemnation. How has drinking or using drugs violated these values? Take a few moments to discuss this with your partner.

- Give participants 5-10 minutes to discuss with partner, then discuss as a group.

Recalling the Hurt: Activity 4
(approx. 25-30 minutes)

Often our offenses (or wrongs) affect more than just ourselves. Our decisions can affect many people. What compounds feelings of self-condemnation and other negative feelings is that our offenses contradict our values, so we find ourselves morally objectionable. To begin to resolve these complicated feelings effectively, we first need to spend some time recalling the hurt and how it influenced others as well as ourselves.

- Break into pairs and refer participants to Worksheet #3 in their packets

First, draw yourself in the center of the circle in your worksheet. You can use stick figures if you like, but be sure and label their names. Up until now, we have only been briefly discussing our offenses. Now, I would like you to speak about the offense you've been thinking about in great detail with your partner. As you do this, think about who else was affected by your offense, and how closely they were involved. As you think of each person affected by your offense, draw them into the circle. The more affected they were by it the closer to the center you should draw them. Remember, go into as much detail as possible when describing the specific offense to your partner.

- Process in larger group
  - What are their personal values that were involved with the offense?
  - How important are those values to their self-concepts? How important are they to how they see themselves?
  - What do they think would be necessary for them to forgive themselves?
  - Cognitive interventions- discuss what may be unrealistic standards or expectations (people should not be "should-ing all over themselves").
  - Discuss automatic thoughts, thinking errors, and reality testing

Forgiving the Self- Empty Chair Exercise: Activity 5
(approx. 30 -40 minutes)

Have participants break up into pairs again. Have participants turn their chairs to face one another. While both partners will do the exercise, one will stand and observe while the other uses both chairs for the activity.

When people feel self-condemnation or shame, it may feel like their skin is branded with their offense. They may feel like they are bad people for what they've done, and all the world can see it. For this next activity, you're going to have a chance to begin to remove that brand from your skin. For this activity, you are going to take both sides of your argument. First, I want you to sit in your chair here (sit down and demonstrate) ***and talk to this chair, here, as if another you were sitting in it. There actually won't be anybody sitting there, so you'll be imagining that the empty chair is filled. When you sit in your chair, talk to your other self – who is sitting in the other chair - as if they deserve to feel the shame you do for what they've done. Make the best argument you can for why you should NOT forgive yourself. When you feel that you have said enough, and explained why you should not forgive yourself for your offenses, I want you to switch chairs*** (now switch seats). ***Now, while you are in this chair, you take the opposite viewpoint. You are now going to respond to that other self, the one who told you why you should not forgive yourself and make the best argument you can as to why you SHOULD forgive yourself.***

If you're the observing partner, you should just stand, observe, and pitch in an idea if your partner gets stuck talking about why he or she SHOULD forgive themselves.

When you feel you've said enough, switch with your partner so they can also take both sides of their argument and you can observe.

- Process in large group. While the group is discussing what it was like to do this exercise, pass around the non-permanent black marker and instruct participants to write a 3-4 word description of the offense on their hands.
- The discussion should focus on what was it like being on both sides? How was it to come up with reasons to forgive and not forgive yourself?

Okay, great. Thank you. Now you've spent some time logically thinking about why you need to forgive yourself. Why you deserve to forgive yourself. To forgive yourself, you need to wash your hands of the offense. Each of you has written the offense on your hands as a metaphor. One at a time, I would like each of you to go and wash your hands of the offense.

Ask participants to go wash the description of the offense off of their hands.

You may have noticed that even though you've washed your hands of the offense, it's still there. It's not as clear, but it is certainly still there. This is also the case with forgiving yourself for your offense. You won't get rid of it all at once, and it may take several washings, but if you keep working on forgiving yourself, eventually, you won't see the offense anymore.

Commitment to Self-Forgiveness: Activity 6
(approx. 10-20 minutes)

- Large group discussion.
  - o Draw a graph with many highs and low, illustrating that self-forgiveness is not a one-shot deal, but it is a process. As a process, there will be times that you feel more or less forgiving of yourself for your offenses.
  - o Discuss how we accept ourselves as human beings who can fail, and do imperfect things? (write down ideas as people come up with them)
  - o Are some of these ideas better for some times than other times? When would you want to use each strategy?
  - o Pick three strategies that you can use to hold onto your self-forgiveness when you feel less forgiving of yourself, and in the space in your manual, write these down in Worksheet 4.

Hold On to Self-Forgiveness: Activity 7
(approx. 5 minutes)

Finally, we need to hold on to our self-forgiveness. We need to accept that we are flawed and imperfect as everyone is. While we need to accept responsibility for our actions, we also accept that we will commit other offenses in the future. That does not make us less worthwhile or bad people. That just makes us people. Now, please look at the letter of forgiveness at the back of your packet. Because saying something is much more significant that merely thinking it, I ask that you please read it out loud with me.

I am a person who has – as all people have – committed offenses unto myself and others. Despite this, however, I am worthy of the same love and respect that I give to others. I am a human being and therefore I may stumble and fall, and fail at things. Sometimes I will not live up to my own standards. Yet, though flawed, I am worthwhile. I can accept myself as a flawed person.

On this day, I forgive myself for one occurrence when I stumbled and failed to live up to my own standards. I accept that because I am flawed, this will happen again, and yet I know that I am a worthwhile person and deserve forgiveness.

There will be times when I feel less forgiving of myself. When those times arise, I have strategies to deal with them and use them to hold onto my forgiveness and the positive feelings towards myself, because I am a worthwhile person and deserve forgiveness.

Now, please sign the letter and hold on to it to remind yourself in the future of the things we talked about here today.

Letting Go of the Bad: Activity 8
(approx 15-20 minutes)

Congratulations!!

If you're ready now, we have one more activity to do. Now it's time to refer back to the ruler we looked at when we started in Worksheet 1. We've talked about committing to self-forgiveness and holding onto it when we feel less forgiving. Think about where you are going to commit to going in your process of self-forgiveness, and mark that spot on your ruler and tell us, based on what we've talked about in this group, how you're going to do that.

- Large group discussion. Have each member of the group briefly talk about strategies he or she will use to forgive himself or herself and hold onto that forgiveness.
- Ask each member of the group what they learned and what they liked best about the group experience. As the leader, you should rephrase and reflect back each person's statements.

Worksheet 1
Self-Forgiveness Ruler

No forgiveness   **Complete Forgiveness**

1	2	3	4	5	6	7	8	9	10

Why did you pick the spot on the ruler that you did?

What would two places below your spot look like? How are you thinking, feeling and behavior better than two spots below?

What would two places above your spot look like? How would your thoughts, feelings and actions be different than where you are now?
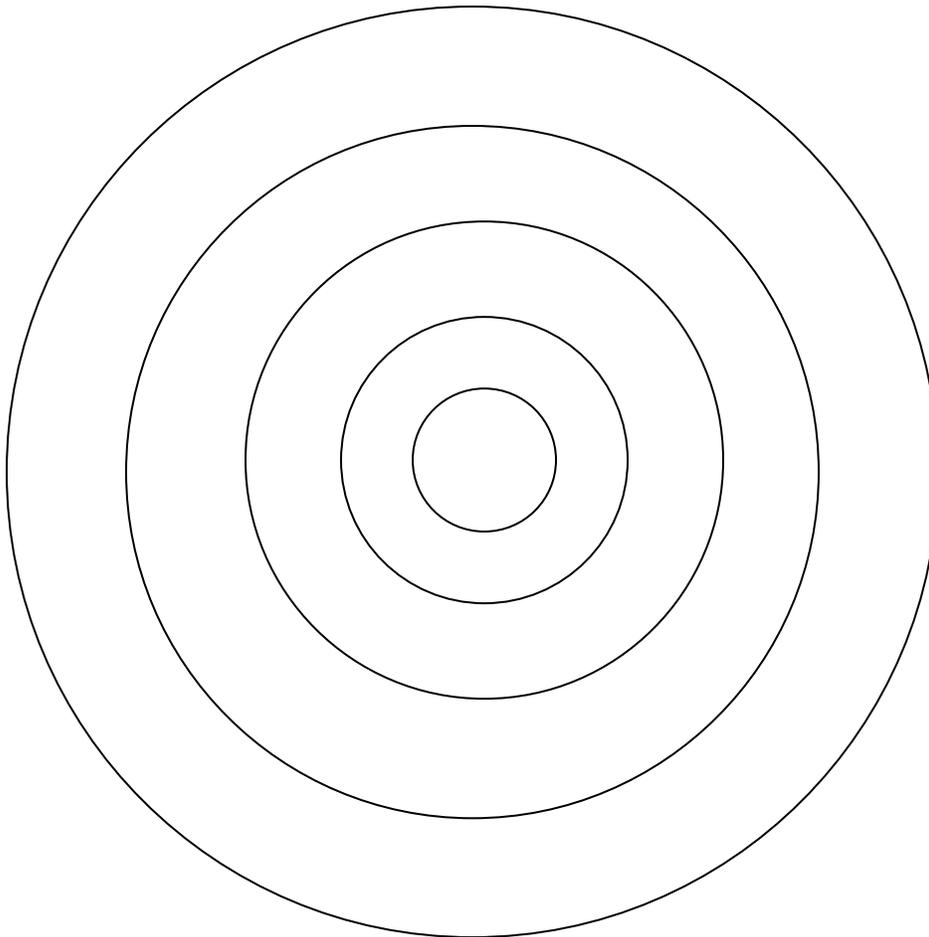
Imagine you had to create a newspaper or internet personal ad and all you could post was 5 values that define you. How would you choose to create a picture of yourself? Be sure to use "I" statements.

Which of the values you listed would you describe as being the most important to you? Why?

How have you demonstrated these values in your personal life?

Because we don't live in social bubbles, when we commit an offense we often hurt others besides ourselves. First, draw yourself in the center of this circle. Then, as you think about your wrong-doing, draw others in the circle. The close to you (and to the center) you draw the person, the more they were affected by the offense.

What personal values of yours were involved in the offense you described above?

Worksheet 4
Committing to Forgiveness

List some reasons why you deserve to forgive yourself for the offense so you can look back on them in the future.

Because how we feel about ourselves (and how likely we are to feel forgiving toward ourselves) may go up and down, it is important to deal with unforgiving emotions when they come up and accept ourselves as imperfect people who will make mistakes. List some ways you accept that you are an imperfect person who will make mistakes and that that is okay. This is how you will hold onto your self-forgiveness.

Letter of Self-Forgiveness

I am a person who has – as all people have – committed offenses unto myself and others. Despite this, however, I am worthy of the same love and respect that I give to others. I am a human being and therefore I may stumble and fall, and fail at things. Sometimes I will not live up to my own standards. Yet, though flawed, I am worthwhile. I can accept myself as a flawed person.

On this day, I forgive myself for one occurrence when I stumbled and failed to live up to my own standards. I accept that because I am flawed, this will happen again, and yet I know that I am a worthwhile person and deserve forgiveness.

There will be times when I feel less forgiving of myself. When those times arise, I have strategies to deal with them and use them to hold onto my forgiveness and the positive feelings towards myself, because I am a worthwhile person and deserve forgiveness.

_____

Appendix E

Participant Manuals

Forgiveness and the Bottle:

A workshop to promote self-forgiveness in individuals dealing with alcohol and drug abuse

Participant Manual

A Self-Forgiveness Intervention for Individuals Dealing with Substance Abuse

Virginia Commonwealth University

© 2008

Arrival, Consent, and Questionnaires (30-35 minutes)

- Go over and sign consent forms and complete questionnaires.
- Collect completed questionnaires.
- Answer any questions you might have about the study, questionnaires, consent, or anything else.

Confidentiality Discussion (2-3 minutes)

All personal information shared during this workshop should be treated as confidential. For example, if someone discusses a transgression they committed against someone else (e.g., arguing, insulting, etc.) you should not discuss that specific situation with people outside of the group. You should only share information within the group setting that is both pertinent to the discussion and that they are comfortable sharing.

Introductions and Icebreaker: Activity 1
(15-20 minutes)

Introduce yourself by telling us your:
Leader should go first to model a brief and appropriate introduction

1) Name
2) **BRIEF** description of why you feel it is important to forgive yourself.
3) One interesting thing about yourself

Group Discussion: Defining shame or self-condemnation
- Self-condemnation (or shame) is negative feelings we have towards ourselves when we feel that we have done something morally objectionable.

Group Discussion: Defining guilt or remorse
- Remorse (or guilt), though often enmeshed with self-condemnation, can actually have positive benefits. The underlying message for remorse is "I have done a bad thing," unlike self-condemnation, where the underlying message is "I am a bad person."

Group Discussion: Defining forgiveness
- Forgiveness is the replacement of negative emotions with positive ones. It does not mean forgetting, but rather accepting responsibility for your actions and allowing yourself to move on.

The Problem of Self-Condemnation- Self-forgiveness assessment: Activity 2
(approx. 20-30 minutes)

- Self-condemnation- negative feelings we have towards ourselves when we feel that we have done something morally objectionable → we feel that we are not living up to our own standards.
- In pairs, discuss how your offense was **against your morals** in some way, and the specific **feelings you have** when they think about your own transgression (i.e., anger, sadness, shame, fear, etc.)
- Self-forgiveness assessment

146

Effects of Self-Condemnation discussion
(10-15 minutes)

- Large group discussion: Dealing with self-condemnation
- Listing ways of dealing with self-condemnation that group identifies.

Identifying Our Values: Activity 3
(approx 15-20 minute)

- Break into pairs and refer to Worksheet #2 at the end of your packet
- Discuss in pairs
- Discuss as large group
- Discuss how drinking or drugs have led you to violate some of your values. Discuss with partner, then discuss as a group.

Recalling the Hurt: Activity 4
(approx. 25-30 minutes)

- Break into pairs and discuss Worksheet #3 at the end of your packet
- Process in larger group
    - What are your personal values that were involved with the offense?
    - How important are those values to your self-concepts? How important are they to how you see yourself?
    - What do they think would be necessary for you to forgive yourself?
    - What may be unrealistic standards or expectations?

Forgiving the Self- Empty Chair Exercise: Activity 5
(approx. 30 -40 minutes)

Break up into pairs again. Take turns conducting empty chair exercise. You will both do the exercise, while partner does the exercise, the other will observe and support when necessary.
- Process in large group.
- Washing your hands of the offense.

Commitment to Self-Forgiveness: Activity 6
(approx. 10-20 minutes)

- Large group discussion.
    - How can we accept ourselves as human beings who can fail, and do imperfect things?
    - Are some of these ideas better for some times than other times? When would you want to use each strategy?
    - Pick three strategies that you can use to hold onto your self-forgiveness when you feel less forgiving of yourself, and in the space in your manual, write these down in Worksheet 4.

Hold On to Self-Forgiveness: Activity 7
(approx. 5 minutes)

Letting Go of the Bad: Activity 8
(approx 15-20 minutes)

Large group discussion
- Briefly describe strategies you will use to forgive yourself and hold onto forgiveness.
- What have you learned and like (or dislike) about the group experience.

Worksheet 1
Self-Forgiveness Ruler

No forgiveness   **Complete Forgiveness**

1	2	3	4	5	6	7	8	9	10

Why did you pick the spot on the ruler that you did?

What would two places below your spot look like? How are you thinking, feeling and behavior better than two spots below?

What would two places above your spot look like? How would your thoughts, feelings and actions be different than where you are now?
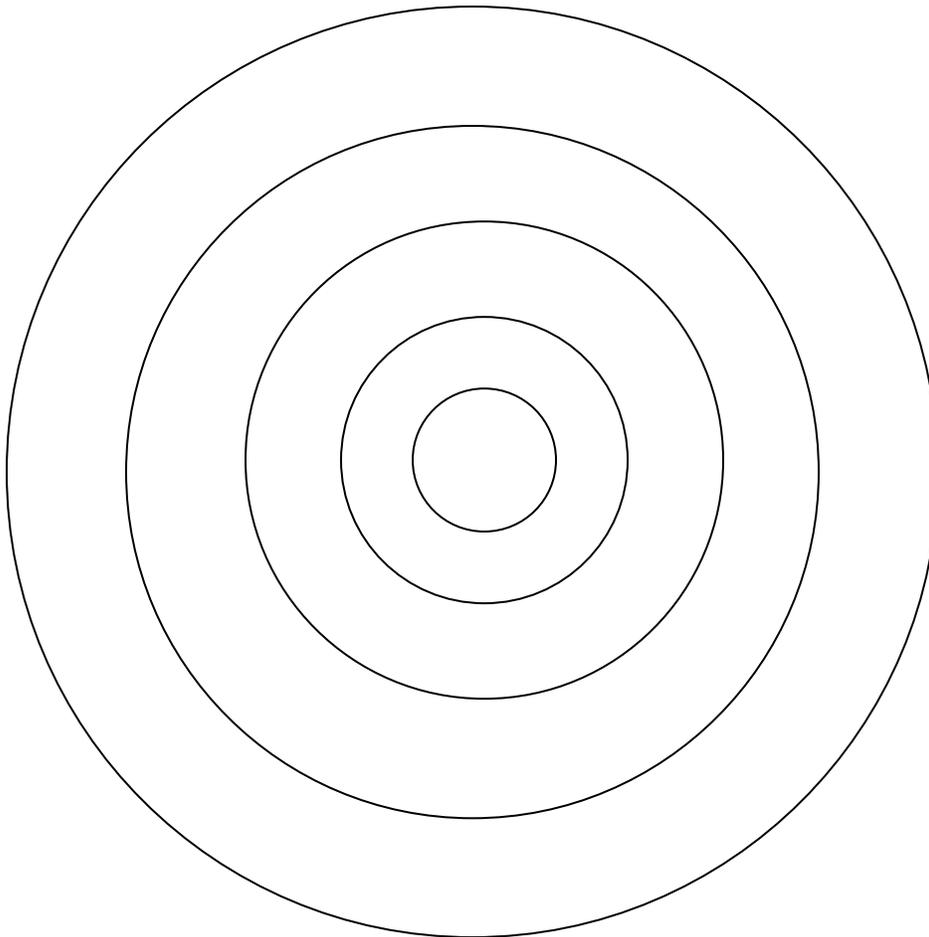
Imagine you had to create a newspaper or internet personal ad and all you could post was 5 values that define you. How would you choose to create a picture of yourself? Be sure to use "I" statements.

Which of the values you listed would you describe as being the most important to you? Why?

How have you demonstrated these values in your personal life?

Because we don't live in social bubbles, when we commit an offense we often hurt others besides ourselves. First, draw yourself in the center of this circle. Then, as you think about your wrong-doing, draw others in the circle. The close to you (and to the center) you draw the person, the more they were affected by the offense.

What personal values of yours were involved in the offense you described above?

Worksheet 4
Committing to Forgiveness

List some reasons why you deserve to forgive yourself for the offense so you can look back on them in the future.

Because how we feel about ourselves (and how likely we are to feel forgiving toward ourselves) may go up and down, it is important to deal with unforgiving emotions when they come up and accept ourselves as imperfect people who will make mistakes. List some ways you accept that you are an imperfect person who will make mistakes and that that is okay. This is how you will hold onto your self-forgiveness.

Letter of Self-Forgiveness

I am a person who has – as all people have – committed offenses unto myself and others. Despite this, however, I am worthy of the same love and respect that I give to others. I am a human being and therefore I may stumble and fall, and fail at things. Sometimes I will not live up to my own standards. Yet, though flawed, I am worthwhile. I can accept myself as a flawed person.

On this day, I forgive myself for one occurrence when I stumbled and failed to live up to my own standards. I accept that because I am flawed, this will happen again, and yet I know that I am a worthwhile person and deserve forgiveness.

There will be times when I feel less forgiving of myself. When those times arise, I have strategies to deal with them and use them to hold onto my forgiveness and the positive feelings towards myself, because I am a worthwhile person and deserve forgiveness.

_____

Appendix F

Informed Consent Form

Informed Consent Form
RESEARCH SUBJECT INFORMATION AND CONSENT FORM

TITLE: Forgiveness and the Bottle: An Intervention to Promote Self-Forgiveness in
                Alcohol Misuser

VCU IRB NO.: HM1232

This consent form may contain words that you do not understand. Please ask the group facilitator
to explain any words that you do not clearly understand. You may take home and keep an
unsigned copy of this consent form to think about or discuss with others before making your
decision.

PURPOSE OF THE STUDY
The purpose of this research study is to find out how individuals struggling with alcohol misuse
respond to a workshop focusing on forgiveness of self. You are being asked to participate in this
study because you are currently receiving alcohol abuse therapy.

DESCRIPTION OF THE STUDY AND YOUR INVOLVEMENT

If you decide to be in this research study, you will be asked to sign this consent form after you
have had all your questions answered and understand what will happen. In this study, you will be
asked to fill out a survey that includes questions about your alcohol misuse, and your feelings
toward yourself and your misuse. You will be asked to fill out the survey one to two times before
participating in the self-forgiveness intervention, and three weeks afterward.

RISKS AND DISCOMFORTS
There is little risk to taking part in this research study. The most likely risk is that a question or
some part of the self-forgiveness intervention may make you feel uncomfortable or upset.
Several questions will ask about things that have happened when you were using alcohol. You do
not have to answer any questions you do not want to talk about, and you may leave the study at
any time. If you become upset, you may contact the study staff and they will speak with you.
Counselors are available if you experience a great deal of distress in dealing with these issues.

BENEFITS
This self-forgiveness intervention is designed to increase positive feelings toward yourself and
decrease negative feelings toward yourself. However, there is a chance that you may not receive
any direct benefit from this study. In any case, the information we learn from participants in this
study may help us to design better interventions for people experiencing divorce.

COSTS

There are no costs for participating in this study other than the time you will spend filling out surveys and participating in the workshop.

CONFIDENTIALITY

All of the information that you provide will be kept private. We will not tell anyone the answers you give us; however, information from the study and consent form signed by you may be looked at or copied for research or legal purposes by Virginia Commonwealth University and the Office of Human Research Protections. All information that you provide will be coded with an identification number. Your name will not be used on any answer sheet or put together with any of the information you provide, nor will there be any way of linking any individual with their answers. What we find from this study may be presented at meetings or published in papers, but your name will or any identifying information will never be used in these presentations or papers.

VOLUNTARY PARTICIPATION AND WITHDRAWAL

You do not have to participate in this study. If you choose to participate, you may stop at any time without any penalty. You may also choose not to answer particular questions that are asked in the study.

QUESTIONS

In the future, you may have questions about your participation in this study. If you have any questions, please contact the research coordinator for the study:

Michael Scherer, M.S.
Virginia Commonwealth University
806 W. Franklin Street
Richmond, VA 23284
Telephone: 804-426-6343
E-mail: s2mscher@vcu.edu

If you have any questions about your rights as a participant in this study, you may contact:

Office for Research Subjects Protection
Virginia Commonwealth University
800 East Leigh Street, Suite 111
P.O. Box 980568
Richmond, VA 23298
Telephone: 804-828-0868

WHY IS THE STUDY DOCTOR/INVESTIGATOR DOING THIS STUDY?

This research study is an expected part of the doctor/investigator's professional activity as a VCU faculty member. Additionally, this study is being conducted as partial fulfillment of the Doctor of Philosophy degree by the graduate student.

CONSENT

I have been given the chance to read this consent form. I understand the information about this study. Questions that I wanted to ask about the study have been answered. My signature says that I am willing to participate in this study.

_____
Participant name printed

_____   _____
Participant signature   Date

_____
Name of Person Conducting Informed Consent Discussion/Witness (Printed)

_____   _____
Signature of Person Conducting Informed Consent Discussion/Witness   Date

_____
Investigator signature (if different from above)   Date

Appendix G

Participant Rating Form

Participant Reporting Form

Below is a possible list of items you may have discussed in your groups today. Not all of the
items listed below will have been covered today. Please take a few moments to mark the items
you discussed in group today.

_____ Discussion of self-condemnation

_____ Discussion of self-forgiveness

_____ Discussion of specific offenses

_____ Breathing exercises

_____ Empty chair exercise

_____ Meaning of dreams

_____ The effects of guilt and shame

_____ Holding onto forgiveness

_____ Committing to forgiveness

_____ Recalling the hurt

_____ Identifying your values

_____ Expectations of yourself

_____ Discussion of growing up

Vita

Michael Scherer was born on October 25, 1978, in Baden, Switzerland and is an American citizen. He graduated from Virginia Commonwealth University with a Bachelor of Science in 2002. He went on to enroll in the Rehabilitation Counseling program at the Medical Campus of Virginia Commonwealth University where he secured his Master of Science in Rehabilitation Counseling in 2005. He received his second Master of Science degree in Counseling Psychology from the Monroe Park Campus of Virginia Commonwealth University in 2008. He completed his APA-Accredited internship at the Counseling and Human Development Center at the University of South Carolina in Columbia, South Carolina. He completed his Doctorate in Counseling Psychology in 2010 at Virginia Commonwealth University in Richmond, Virginia. He then went on to a post-doctoral fellowship at Johns Hopkins Bloomberg School of Public Health conducting addictions research in Baltimore, Maryland in 2010.