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EFFICACY OF A SELF-FORGIVENESS WORKBOOK:
A RANDOMIZED CONTROLLED TRIAL WITH UNIVERSITY STUDENTS

A thesis submitted in partial fulfillment of the requirements of the degree of Master of
Science at Virginia Commonwealth University.

by

Brandon J. Griffin
B.A., Southwest Baptist University, 2011

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

Virginia Commonwealth University
Richmond, VA
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Abstract

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Insofar as forgiveness of oneself enables one to responsibly manage the consequences of wrongdoing, the practice of self-forgiveness may be essential to the preservation of one's physical, psychological, relational, and spiritual health. In the present thesis, an intervention wait-list design was employed to investigate the efficacy of a 6-hour self-directed workbook designed to promote self-forgiveness. University students ($N = 204$) who reported perpetrating an interpersonal offense and who experienced some sense of remorse were randomly assigned to either an immediate treatment or wait-list control condition, and assessments were administered on three occasions. Participants' self-forgiveness ratings increased in conjunction with completion of the workbook, and the effect of treatment depended upon self-administered dose and baseline levels of dispositional self-compassion in some cases. In summary, the workbook appeared to facilitate the process of responsible self-forgiveness among perpetrators of interpersonal wrongdoing, though replication trials are needed in which lower rates of attrition reduce the possibility of biased results.

Efficacy of a Self-forgiveness Workbook:

A Randomized Controlled Trial with University Students

Opportunities to experience self-condemnation are embedded within people's daily routines. For instance, consider the shame experienced by a spouse who forgets an cherished anniversary or a parent who loses his or her temper with a non-compliant child. Self-condemnation seems to be an almost unavoidable consequence of one's inevitable mistakes. It may arise when one either perpetrates or witnesses an act that is perceived to be a violation of one's moral standards or self-expectations. Despite the origin of an offense, however, the consequent (a) negative emotion, (b) self-evaluative cognition, and (c) self-punitive behavior can transform any transgression into a monstrous burden.

The core of self-condemnation is comprised of an amalgamation of negative emotions, including shame, guilt, anger, regret, and disappointment. In addition, self-critical cognitions and self-punitive behaviors may perpetuate these negative emotions long after an offense has occurred. Yet, wrongdoing need not end in self-destruction. One may reduce self-condemnation by implementing a variety of coping strategies. Self-forgiveness is one method to cope with self-condemnation, and empirical evidence associates self-forgiveness with numerous benefits to one's physical, mental, relational, and spiritual health (Davis, Ho, Griffin, Bell, Hook, Van Tongeren, & Worthington, 2013). For this reason, scholars have designed interventions to promote self-forgiveness. Preliminary findings from past intervention trials compel future efforts to develop equally efficacious treatments that are cost-effective and that may be easily disseminated (Campana, 2010; Fisher, 2009; Scherer, Worthington, Hook, & Campana, 2011).

Therefore, the goal of the present thesis is to test the efficacy of a self-forgiveness intervention workbook. In Chapter 2, I review scientific literature that examines self-forgiveness and its mental health correlates. In Chapters 3 through 6 (Statement of the Problem, Method, Results, and Discussion, respectively), I describe a study designed to test the efficacy of a 6-hour self-forgiveness workbook. I conclude that the workbook administered in the present thesis is an efficacious, potentially cost-effective, and easily distributable intervention that may be used to facilitate self-forgiveness among perpetrators of interpersonal wrongdoing.

Review of the Literature

Forgiveness promotes improved mental health outcomes among both victims and perpetrators of wrongdoing. Evidence in support of this claim rests on two assumptions. First, emotion is the primary mechanism of the relationship between forgiveness and health (Green, DeCourville, & Sadava, 2012; Worthington & Scherer, 2004). Second, every act of forgiveness is embedded within a framework—construed by the people involved in and the nature of the specific offense—that produces health outcomes unique to the situational context (Fehr, Gelfand, & Nag, 2010). Therefore, one's own emotional states are the proximal cause of the forgiveness-health relationship, which occur within the distal structure of one's relationship to others and, possibly, to a higher power (i.e., God, nature, humanity, etc.).

Although investigations of health outcomes experienced by victims who forgive others are common (for reviews, see Griffin, Lavelock, Worthington, Wade, & Hoyt, in press; Lavelock, Snipes, Griffin, Worthington, Davis, & Hook, in press), fewer studies examine outcomes experienced by perpetrators who practice self-forgiveness (Davis,

Worthington, Hook, & Hill, 2013; Hall & Fincham, 2005). In the present review, I summarize the empirical literature conducted to examine self-forgiveness, with emphasis on its mental health correlates. First, I introduce definitions of self-condemnation and self-forgiveness within a stress-and-coping model. Next, I consider psychometric challenges to the accurate measurement of self-forgiveness. Third, I critique studies that investigate the relationship between self-forgiveness and mental health, according to the forgiveness-adapted stress-and-coping model. Finally, I conclude the review by offering an agenda for future research.

Stress-and-Coping Model of Forgiveness

Forgiveness theorists first adapted Lazarus's (1999) stress-and-coping model to explain health outcomes experienced by victims who choose to forgive their offenders (Strelan & Covic, 2006; Worthington, 2006). However, because self-forgiveness has recently become the target of scholarly scrutiny, some theorists have expanded the stress-and-coping model to include perpetrators of offense. Worthington (2013) asserts that people advance through a four-step process in order to manage the psychological, social, and spiritual consequences of wrongdoing.

- First, when one perpetrates an offense that violates a personal or shared moral standard to which one adheres, the offense functions as a *stressor*.
- Then, one *appraises* the severity of the wrongdoing, one's responsibility for the offense and its consequences, and the extent to which one may be a recipient of interpersonal or divine forgiveness.

- If one perceives the stressor as sufficiently threatening, then one will experience the *stress response* of self-condemnation, which is comprised primarily of negative emotions including guilt, shame, anger, regret, and disappointment.
- Finally, the discomfort of the stress response motivates one to exercise a *coping attempt*. Self-forgiveness is one of many possible strategies to cope with self-condemnation, and other strategies include excusing oneself of blame or practicing self-punitive behavior to atone for one's offense.

A person's ability to resolve the stress-and-coping process is the fulcrum of this model. On one hand, the stress response is maladaptive if the individual is unable to cope with the offense and subsequently experiences the destructive effects of chronic stress. On the other hand, the stress response is adaptive if it motivates an individual to repair the damage that resulted from the wrongdoing. Pargament (1997) classifies coping attempts as either *conservative*, in that they are intended to return one's life or self-representation to a pre-offense state, or as *transformative*, in that they are intended to incorporate the offense into a new lifestyle or self-representation.

The forgiveness-adapted stress-and-coping model presented herein is recursive, with multiple feedback loops from each step to the other steps. Also, variables might moderate the connections between each of the successive steps, and mediating mechanisms might explain the connections between steps. Nevertheless, for the purpose of the present review, I present a simplified four-step model.

Self-condemnation. *Self-condemnation* is a stress response to perceived interpersonal or intrapersonal wrongdoing that elicits self-evaluative appraisals and negative emotions. Because no consensus exists regarding a definition of self-

condemnation, empirical literature that focuses on the construct, as described, is scant. A considerable amount of research has, however, been conducted to investigate negative emotions (i.e., shame, guilt, anger, regret, and disappointment), which I propose constitute the core of self-condemnation when those emotions are targeted at oneself. Thus, I review studies of self-condemnation by deconstructing the proposed definition.

First, self-condemnation is a stress response to *perceived wrongdoing*. Although it has been argued that objective wrongdoing is required to justify self-condemnation (Enright & The Human Development Study Group, 1996; Hall & Fincham, 2005; Holmgren, 1998), Worthington and Langberg (2012) suggest that self-condemnation may result from any wrongdoing for which one feels a sense of personal responsibility. Thus, self-condemnation is necessarily subjective; it may result from any circumstance in which one perceives that an event is incongruent with one's own self-representation. In the present review, I adopt the view that *perceived wrongdoing* is sufficient to elicit self-condemnation for two reasons: (1) self-condemning emotions, cognition, and behaviors do not always follow clearly identifiable offenses for which a person is morally, legally, or causally culpable and (2) it is logically impossible for scholars to establish an objective measure of offenses for which a person might legitimately experience self-condemnation.

Second, self-condemnation is a stress response to either *interpersonal* or *intrapersonal wrongdoing* (Worthington, 2013). On one hand, a transgressor might experience self-condemnation after committing an *interpersonal* offense in which the transgressor either harmed other people (i.e., offense of commission) or failed to perform an action on which other people depended (i.e., offense of omission). Either way, other people are the primary victims of interpersonal offenses. On the other hand, a

transgressor might commit an *intrapersonal* offense if the transgressor is the primary victim of his or her own offense. Intrapersonal offenses occur when a person fails to live according to his or her own moral standards or self-expectations in a way that does not harm other people (i.e., failing to achieve a desired promotion). Interpersonal and intrapersonal offenses both compel an individual to confront the reality that one's behavior reveals that one is flawed beyond what was previously believed to be the case.

Third, self-condemnation entails the presence of *self-evaluative negative appraisals*. The ability to appraise one's own behavior is an inherent consequence of moral-awareness (Holmgren, 1998), and self-evaluative appraisals as well as the associated negative emotions may be adaptive if they motivate prosocial and pro-self outcomes (Konstam, Chernoff, & Deveney, 2001; Riek, 2010). However, appraisals may be maladaptive if they fuel persistent self-critical thought processes as well as self-punitive behavior (Worthington, 2013).

Finally, self-condemnation entails the presence of *negative emotions*. Tangney and Dearing (2002) specify two primary negative emotions: guilt, which condemns one's specific behavior (i.e., I did a bad thing), and shame, which condemns one's overall self (i.e., I am a bad person). Yet, this distinction becomes somewhat ambiguous in primarily collectivistic settings, where shame consists of social pressure to conform to group expectations as opposed to individualized self-deprecation (Sue, 2012). Other negative emotions that comprise self-condemnation include regret, disappointment with oneself, and anger (Fisher & Exline, 2010). In accord with Worthington, Witvliet, Pietrini, and Miller (2007), I assert that these self-reflective negative emotions, when they persist long after an offense has occurred, are stressful and may result in poor mental health outcomes

(i.e., depression, anxiety, and hostility) as well as their physical sequelae (i.e., impaired immune system and cardiovascular functioning and other impairments due to chronic elevation of cortisol; Sapolsky, 1994).

Self-forgiveness. Early conceptualizations of self-forgiveness describe a process in which offenders choose to acknowledge one's own culpability for wrongdoing while also retaining one's personal worth given one's inherent ability to learn from past mistakes (Berecz, 1998; Enright et al., 1996). Although these rationally derived definitions are heuristic, in that they depict the process of self-forgiveness unfolding over time, rationally derived definitions lack the empirical foundation that is necessary to inspire confidence among researchers. A noteworthy exception to this critique is a definition proposed by Hall and Fincham (2005).

Hall and Fincham (2005) define self-forgiveness as a motivational shift in which one's desires to avoid offense-related stimuli and to retaliate against oneself decrease while one's desire to act benevolently toward oneself increases. In concert with pre-empirical definitions of self-forgiveness, Hall and Fincham (2005) describe self-forgiveness as a process, though they maintain that perpetrators may vacillate between self-condemning and self-forgiving motivations. They further suggest that emotional correlates (i.e., guilt, shame, and empathy), social-cognitive correlates (i.e., attributions of blame regarding an offense and perceived forgiveness), behavioral correlates (i.e., conciliatory behavior), and offense-related correlates (i.e., perceived transgression severity) influence the likelihood that a person will self-forgive.

Hall and Fincham (2008) tested their model on a sample of undergraduates ($N = 148$) over seven weeks. In a longitudinal analysis, guilt, transgression severity, and

conciliatory behavior toward a higher power negatively predicted self-forgiveness; whereas, perceived forgiveness from others and from a higher power as well as conciliatory behavior toward others positively predicted self-forgiveness. Additional constructs including shame, attributions of blame, and empathy toward victims of offense failed to predict the likelihood that people would forgive themselves. In summary, Hall and Fincham's (2008) model is a critical step toward understanding self-forgiveness, though their definition is not exempt from critique.

Vitz and Meade (2011) maintain that models of self-forgiveness that require reconciliation within the person (Enright et al., 1996; Hall & Fincham, 2005) unnecessarily divide the self into paradoxical "good" and "bad" components. This critique demonstrates a flaw in self-forgiveness theory that might be resolved by adopting Mill's (1995) view that self-forgiveness is a phenomenon in which reparation of one's own moral self-representation occurs.

Another critique, which was levied by Fisher and Exline (2010; Exline et al., 2011), is that negative emotion may actually motivate prosocial behavior. Thus, a person who pursues responsible self-forgiveness by upholding social and sacred moral obligations might initially experience increased discomfort before exercising pro-self and prosocial behavior.

Within the framework of a forgiveness-adapted stress-and-coping model, I now define self-forgiveness. *Self-forgiveness* is an attempt to cope with the stress of self-condemnation, which involves the amelioration or transformation of the stress response by imbuing positive emotional experiences, motivations, cognitions, and behaviors. These changes may occur through a decision about how one approaches the self more

positively and through the transformation of negative self-condemning emotions (i.e., shame, guilt, regret, anger, etc.) into positive pro-self emotions (Worthington, 2013). Self-forgiveness may also include reparation of social and sacred bonds in cases where an individual desires to remain in relationship with those who suffered as a result of one's wrongdoing. Having established definitions of self-condemnation and self-forgiveness, I now consider the challenge of assessing self-forgiveness.

Assessment of (Trait) Self-forgivingness

Mauger, Perry, Freeman, Grove, McBride, and McKinney (1992) developed two measures of dispositional forgivingness, namely the Forgiveness of Self (FOS) and Forgiveness of Others (FOO) scales. Fifteen items comprise each scale designed to assess the extent to which a person harbors condemnation toward oneself (i.e., intra-punitive) and toward others (i.e., extra-punitive). Although the FOS scale has been employed in numerous studies of self-forgiveness, it is rarely used in its original form. Researchers frequently invert the scale such that higher scores are believed to indicate increased levels of self-forgivingness. Unfortunately, this practice may have confounded a large portion of the self-forgiveness literature. While Mauger et al.'s (1992) scales might be sensitive to reductions in the level of self-condemnation that one experiences, to conclude that self-forgivingness increases as evidenced reduced self-condemnation is to commit a methodological error that fails to differentiate between decreases in self-condemnation and increases in self-forgiveness. Moreover, conclusions based on this false dichotomy do not account for coping strategies other than self-forgiveness that might reduce self-condemnation (i.e., excusing oneself of blame).

The Multidimensional Forgiveness Scale (MFS; Tangney, Boone, Fee, & Reinsmith, 1999) uses scenario-based items to assess dispositional self-forgiveness. However, given the nature of the hypothetical situations to which participants respond, Tangney, Boone, and Dearing (2005) maintain that the MFS is particularly vulnerable to being confounded by failure to take responsibility for the consequences of one's own wrongdoing. Researchers are therefore unable to determine whether scores on the MFS indicate genuine self-forgiveness, which may entail effort expended to repair social and sacred bonds, or simply disregard for violated sacred and social values. For this reason, the MFS is rarely included in recent investigations.

Yamhure-Thompson and Snyder (2003; Thompson et al., 2005) introduced the Heartland Forgiveness Scale (HFS). The HFS contains three subscales, which are comprised of six items each and measure dispositional forgivingness of oneself, of others, and of a situation (i.e., natural disaster). In comparison to Mauger et al.'s (1992) scale, the HFS is more broadly applicable because it may be administered to participants who hold either secular or religious worldviews. In comparison to Tangney et al.'s (1999) scale, the HFS examines a person's general way of responding to one's own wrongdoing as opposed to how one might respond to an artificial scenario. The HFS is clearly the best available measure of trait self-forgiveness available, though it does not provide an indication of the extent to which a perpetrator upholds social and sacred obligations that might be violated by perpetration of an offense (i.e., effort to repair damage social and sacred relationships).

The confounding influence of "letting oneself off the hook" pervades all available measures of dispositional self-forgiveness, and the existing instruments cannot reliably

distinguish between excusing oneself of blame for wrongdoing (termed by some as “pseudo self-forgiveness”) and responsible self-forgiveness – that is to say, what is experienced by an offender who seeks to manage the spiritual, social, and psychological consequences of wrongdoing. Unfortunately, this measurement problem extends to investigations of the relationship between forgiveness and mental health by impairing researchers’ ability to draw accurate conclusions about the unique relation between responsible self-forgiveness and health outcomes apart from the influence of alternative methods to reduce self-condemnation.

Assessment of (State) Self-Forgiveness

After recognizing that all of the existing measures of self-forgiveness assess one’s general tendency (i.e., disposition) to self-forgive rather than one’s response to a specific offense, Wohl, DeShea, and Wahkinney (2008) created the State Self-Forgiveness Scale (SSFS). The SSFS is built on a two-factor model, which is comprised of eight items to assess an affective and behavioral component (i.e., Self-forgiving Feelings and Actions subscale; SFFA) and nine items to assess a cognitive component (i.e., Self-forgiving Beliefs subscale; SFB). Wohl and his colleagues (2008) maintain that it is not always clear whether or not participants respond to the scale based on their response to a specific offense or to an overall pattern (i.e., trait forgivingness). For this reason, the authors advise that a participant should describe an offense in order to focus his or her response on a particular transgression prior to completion of the scale. Methodological weaknesses undermine the usefulness of the SSFS including insufficient sample size to evaluate items in the normative sample, failure to establish discriminant validity, and application of principal-factors analysis with Varimax rotation rather than Promax or Oblimin rotations

even though the authors anticipated that the individual factors of the scale would be correlated.

Woodyatt and Wenzel (2013) developed the Differential Process Scale of Self-forgiveness to assess three conceptually distinct responses to perpetrating interpersonal wrongdoing. First, the self-punitiveness subscale assesses transgressors' levels of self-condemnation, especially the extent to which a person perceives that they deserved to be punished. Second, the pseudo self-forgiveness subscale measures the extent to which a transgressor excuses himself or herself of blame after committing an interpersonal offense. Third, the genuine self-forgiveness subscale assesses the extent to which a transgressor accepts guilt in addition to accepting oneself, as well as one's effort to change future behavior. At present, the conceptual distinctions embedded in Woodyatt and Wenzel's (2013) scale provide the best solution to reducing the influence of possible confounds among investigations of self-forgiveness. For this reason, it is the preferred method to measure state self-forgiveness, especially in conjunction with intervention trials. The scale, however, does have some limitations. For example, Woodyatt and Wenzel (2013) designed the scale for the sole purpose of assessing self-forgiveness of interpersonal wrongdoing and not intrapersonal wrongdoing.

Other attempts to assess trait self-forgiveness and state self-forgiveness include adapting scales that were initially designed to measure interpersonal forgiveness or using a single-item on which participants rate the extent to which they have forgiven themselves. However, the validity of these methods is uncertain, given that an adapted scale or item employed in a one study is rarely applied in other inquiries.

In summary, the measurement of self-forgiveness is immature, and exploration is needed in order to validate scales that accurately assess trait self-forgiveness and state self-forgiveness without confounding alternative methods of coping with self-condemnation. Nevertheless, the scales that boast the greatest amount of empirical support are the Heartland Forgiveness Scale (i.e., trait self-forgiveness) and the Differential Process Scales of Self-forgiveness (i.e., state self-forgiveness). These scales are the most likely instruments that will enable researchers to parse variance in health outcomes that is unique to self-forgiveness and not explained by alternative methods of coping with self-condemnation.

Method of the Review

I now examine the relationship between self-forgiveness and its mental health correlates. A series of searches was conducted using databases including *PsycINFO*, *PubMed*, and *Dissertations and Theses Full Text (ProQuest)* by pairing every combination of terms from groups A and B; (A) self-forgiveness, self-forgiveness, forgiveness of self, and (B) mental health, mental illness, disorder, and well-being. The search yielded 393 results. Studies were retained for the review only if they contained empirical measures of both self-forgiveness and a mental health construct. Also, the references of retained papers were screened for additional empirical sources. In summary, 55 articles and 19 dissertations are reviewed.

Self-forgiveness and Mental Health

Scholars frequently study forgiveness in tandem with mental health outcomes (for a review, see Griffin, Lavelock, Worthington, Wade, & Hoyt, in press; Toussaint & Webb, 2005; Macaskill, 2012a). Examinations of self-forgiveness, in particular, represent

a recent development in the investigation of the forgiveness-health relationship (Worthington, et al., 2007). In the present review, I critique the extant literature that examines self-forgiveness and its mental health correlates according to the four-step stress-and-coping model (i.e., stressor, appraisal, stress response, and coping attempt).

Step one: Stressor. Stressors are events in life that may trigger stress and demand a coping response from an individual (Lazarus, 1999). According to the forgiveness-adapted stress-and-coping model, offenses in which one fails to meet one's own moral standards or self-expectations may function as a stressor (Worthington, 2013). In the present review, I discuss stressors that elicit self-condemnation among both general and clinical populations.

Self-forgiveness in general populations. A substantial body of scientific evidence supports the link between self-forgiveness and mental health in the general population. For example, in a correlational study conducted by Thompson et al. (2005), researchers administered the Heartland Forgiveness Scale (HFS), Trait Anger Scale (Spielberger, Jacobs, Russell, & Crane, 1983), State-Trait Anxiety Inventory (Spielberger, Gorsuch, & Lushene, 1970), Center for Epidemiologic Studies Depression Scale (Radloff, 1977), and the Satisfaction with Life Scale (Diener, Emmons, Larsen, & Griffin, 1985) to undergraduate students ($N = 504$). Results indicated that trait self-forgiveness was associated with depression ($r = -.44$), anxiety ($r = -.42$), anger ($r = -.32$) and life satisfaction ($r = .39$) in the anticipated directions. Nevertheless, little is known about the actual stressors that elicit self-condemnation in such investigations.

Theory suggests that every person will at some point be the perpetrator of an offense as an inevitable consequence of the fallibility of human nature (Griffin, Lavelock,

& Worthington, 2013). Yet, no prevalence studies of self-condemnation are available to describe the different reasons why people in general might feel self-condemnation or might benefit from forgiving oneself. Moreover, studies of self-forgiveness rarely, if ever, identify the offenses for which participants might attempt to forgive themselves. This phenomenon in the literature is a likely consequence of the instruments available to assess self-forgiveness. In particular, until Wohl et al. developed the State Self-forgiveness Scale in 2008, every measure of self-forgiveness focused on a person's general disposition toward forgiving oneself (i.e., trait self-forgiveness), which does not require that participants specify a particular offense for which they feel self-condemnation. Forgiving oneself of a specific offense (i.e., state self-forgiveness) is a recent topic of interest in the self-forgiveness literature. Moreover, with the development of both Wohl et al.'s (2008) scale and Woodyatt et al.'s (2013) scale to measure state self-forgiveness, researchers now possess a stronger theoretical basis for obtaining information about not only the people involved in but also the nature of a specific offense, and future investigations ought to provide descriptive information about the offenses for which people condemn themselves in studies of state self-forgiveness.

Self-forgiveness in clinical populations. Although self-forgiveness is clearly linked to mental health outcomes among the general population, the impact of self-forgiveness on health looks even more promising among studies of clinical populations. In the present review, I examine self-forgiveness from the perspectives of the following clinical populations: military service members, people diagnosed with psychological disorders, people diagnosed with physical diseases and disabilities, and victims of trauma and abuse.

Military service members. Current and former military service members might have performed actions that they perceive to be incompatible with their personal moral standards. For example, Litz, Stein, Delaney, Lebowitz, Nash, Silva, and Maguen (2009) argue that members of the armed forces may experience morally injurious events such as killing an enemy combatant, inadvertently causing harm to civilians given the guerilla tactics of some insurgents, witnessing one's comrades die when one continues to survive, and being unable to help civilians who are oppressed by poverty, famine, and subjugation. In addition, military service members may incur physical injuries that impair one's ability to function and that serve as a constant reminder of one's own self-condemnation. Therefore, Worthington and Langberg (2012) assert that military service members may be vulnerable to experiencing intense self-condemnation linked to detrimental physical, mental, relational, and spiritual health consequences.

Witvliet, Phipps, Feldman, and Beckham (2004) assessed mental health correlates of dispositional forgivingness in veterans who sought treatment for post-traumatic stress disorder (PTSD; $N = 213$). Participants completed measures of failure to forgive oneself (Mauger et al., 1992), trauma (Davidson et al., 1997), PTSD (Keane, Caddell, & Taylor, 1988), depression (Beck, Steer, & Garbin, 1988), and state and trait anxiety (Spielberger, Gorsuch, & Lushene, 1970). After controlling for age, socioeconomic status, ethnicity, combat exposure, and hostility, failure to forgive oneself predicted higher levels of PTSD symptoms, depression, state and trait anxiety.

Scholars have categorized various causes of self-condemnation that are prevalent among current and former military service members (Griffin, Worthington, Danish, Dees, Davis, Lavelock, & Shaler, 2013). Yet, not every service member is alike, and the

triggers of self-condemnation might vary according to one's rank or other distinguishing factors. Even so, empirical evidence links the experience of self-condemnation, despite its origin, to a spectrum of poor mental health outcomes that are prevalent among active duty and retired service members (i.e., depression, anger, suicide, posttraumatic stress, etc.). A need therefore exists to develop interventions that equip military service members manage self-condemnation, and one possible strategy to meet this need is by teaching service members to practice responsible self-forgiveness.

People diagnosed with psychological disorders. Self-forgiveness may be beneficial to the mental health of people diagnosed with psychological disorders including substance use disorders, eating disorders, and suicidal/self-injury disorders. Many studies examine the mental health effects of self-forgiveness among people seeking treatment for substance abuse (Lyons, Deane, Caputi, & Kelly, 2011; Scherer et al., 2011; Wang, 2006; Webb, Hill, & Brewer, 2012; Webb, Robinson, & Brower, 2011). For example, Webb, Robinson, and Brower (2009) conducted a longitudinal analysis of adults upon entry to outpatient treatment ($N = 157$) and at a six-month follow up ($n = 126$). Dispositional self-forgiveness was measured using a single item ("I have forgiven myself for things that I have done wrong") and administered alongside the 53-item Brief Symptom Inventory (Derogatis & Melisaratos, 1983). Self-forgiveness at baseline was consistently associated with follow-up indices of poor mental health including, but not limited too, total symptoms, depression, anxiety, and hostility. Conversely, some evidence indicates that people who report higher levels of self-forgiveness when beginning treatment may not experience sufficient negative emotion to motivate change (Squires, Sztainert, Gillen, Caouette, & Wohl, 2012; Wohl & Thompson, 2011) and

might therefore prematurely dropout from psychological treatment (Deane, Wooton, Hsu, & Kelly, 2012).

Second, Lander (2012) suggests that self-forgiveness may help people diagnosed with eating disorders to manage the negative emotional states that exacerbate symptoms and sabotage treatment efforts. Watson, Lydecker, Jobe, Enright, Gartner, Mazzeo, and Worthington (2012) examined self-forgiveness among women categorized into three disorder-specified groups: anorexia, bulimia, and control. The women completed the Eating Disorder Inventory-3 (EDI-3; Garner, 2004), a modified form of the Enright Forgiveness Inventory (Enright, Rique, & Coyle, 2000), the HFS (Thompson et al., 2005), and the FOS (Mauger et al., 1992). Overall, women diagnosed with eating disorders expressed less self-forgiveness relative to the control group, and self-forgiveness was negatively related to symptoms including drive for thinness, bulimia, and body dissatisfaction.

Third, researchers examine self-forgiveness among people who engage in suicidal behaviors and non-suicidal self-injury. For example, Hirsch, Webb, and Jeglic (2012) conducted a study of college students who completed a single-item measure of self-forgiveness (Fetzer Institute, 2003) as well as indicators of depression (Beck, Steer, & Brown, 1996), anger (Siegel, 1986), and suicidal behavior (Linehan & Nielsen, 1981; Osman, Bagge, Gutierrez, Konick, Kooper, & Barrios, 2001). Results of this study indicated that forgiveness of self was inversely related to depression, inward anger, and suicidal behavior. In addition, Westers, Rehfuess, Olson, Lynn, and Biron (2012) found that adolescents ($N = 30$) who struggled to self-forgive (Mauger et al., 1992) were more

likely to employ non-suicidal self-injurious behaviors (Nock, Holmberg, Photos, & Michel, 2007) in order to release emotional tension or to communicate with others.

In summary, the stressors that elicit self-condemnation among people diagnosed with psychological disorders are uncertain, although negative emotion almost certainly plays a central mediational role in the relevance of self-forgiveness to psychological treatment. While most studies in this domain are correlational, the few longitudinal and intervention analyses included among these studies merit commendable attention.

People diagnosed with physical diseases/disabilities. People diagnosed with physical diseases and disabilities may be vulnerable to the negative health effects of self-condemnation, and this vulnerability might subsequently impair treatment outcomes (Galindo, 2002; Lavelock, Griffin, & Worthington, 2013). For example, Romero, Kalidas, Elledge, Chang, Liscum, and Friedman (2006) found that women who were receiving follow-up care for breast cancer and who expressed a self-forgiving attitude (Mauger et al., 1992) reported less disturbed mood (Shacham, 1983) and better quality of life (Cella, 1997). Also, Webb, Toussaint, Kalpakjian, and Tate (2010) found that self-forgiveness positively predicted health behavior and life satisfaction in adults with spinal cord injuries. Svalina and Webb (2012) further demonstrated that health behavior among physical therapy outpatients mediated the relationship between self-forgiveness and health outcomes, such that higher levels of self-forgiveness were associated with more participation in health behaviors and subsequently better physical health and less pain. Some scholars even recommend that self-forgiveness may be a beneficial skill to teach caretakers of living and deceased patients diagnosed with chronic and terminal illnesses (Gonyea, Paris, & de Saxe Zerden, 2008; Jacinto, 2009).

Investigations of self-condemnation and self-forgiveness among people with physical diseases and disabilities have rapidly expanded during the past decade. However, the triggers that might elicit self-condemnation among these individuals have eluded researchers. Exploratory analyses need to identify possible sources of self-condemnation such as pre-diagnosis health behaviors (i.e., dietary habits, risk-taking behavior, etc.) as well as post-diagnosis issues (i.e., loss of independence or status, unmet treatment outcomes, inability to cope with one's negative emotions, etc.).

Victims of trauma. Victims of trauma and abuse are obvious candidates for investigations of interpersonal forgiveness; yet, some evidence suggests that self-forgiveness may be an equally, if not more, beneficial coping strategy associated with better health among people who suffer egregious harm at the hands of others (King, 2008; Marsden, 2010). For example, Copeland (2007) studied women who experienced sexual trauma from a perpetrator they knew. Victims completed measures of difficulty forgiving oneself and others (Mauger et al., 1992), trauma symptoms (Elliot & Briere, 1991), and health related quality of life (CDC, 2002). Results indicated that failure to forgive oneself, but not failure to forgive others, predicted mental health outcomes. In another correlational study of undergraduate women, Cole, Davidson, Lozano, Gervais, and Gundel (2012) sought to determine the extent to which being a victim of sexual violence might predict state unforgiveness toward others as well as trait forgivingness toward oneself, others, and uncontrollable situations (Thompson et al., 2005). As was hypothesized, being the victim of sexual violence was positively related to unforgiveness toward others and negatively related to forgiveness of self, others, and situations.

While self-forgiveness might be an important part of recovering from experiencing harm at the hands of others, further research is required to understand the unique sources of self-condemnation in victims of trauma. Upon first glance, such investigations might be regarded as “blaming the victim,” but critical examination of the evidence seems to indicate that victims experience self-condemnation and struggle to forgive themselves. Victims may experience vicarious moral injury, in that they witness the acts of offenders who violate personal moral beliefs and societal values. Self-forgiveness may therefore be a step toward embracing one’s propensity for growth in the aftermath of experiencing tragedy.

Step two: Appraisal. According to Lazarus (1999), stress is the product of one’s appraisal of a stressor rather than the stressor itself. Furthermore, within the forgiveness-adapted stress-and-coping model, I preserve Lazarus’s distinction between primary appraisals (i.e., perceptions of whether or not an offense is relevant to one’s self-representation) and secondary appraisals (i.e., perceptions of blame, ability to cope with the offense, and the implications of an event for one’s future).

Perceived transgression severity. In the forgiveness-adapted stress-and-coping model, the best measure of whether or not an offense is believed to be relevant to one’s self-representation is perceived transgression severity. Hall and Fincham (2008) assessed transgression severity using three items (i.e., How did your behavior affect you, the victim, and your relationship with the victim?) among undergraduates. As was hypothesized, transgression severity was associated with lower levels of self-forgiveness.

Self-blame. Wohl, DeShea, and Wahkinney (2008) administered measures of self-blame and supplemental questions targeted at blame associated with termination of a

relationship (Branscombe et al., 2003), state self-forgiveness (Wohl et al., 2008), and depressive symptoms (Beck & Beck, 1972) to undergraduates who reported some culpability for an unwanted end to a romantic relationship. Results indicated that self-forgiving feelings and actions as well as self-forgiving beliefs mediated the relationship between self-blame and depression. Likewise, Friedman, Romero, Elledge, Chang, Kalidas, Dulay, Lynch, and Osborne (2007) found that self-blame partially mediated the relationship between self-forgiving attitude and mood disturbance as well as quality of life among women who were diagnosed with stage 0-III breast cancers.

The extent to which a person blames himself or herself for an offense, despite any measure of “objective” culpability for an offense, seems to be a critical appraisal that impacts health outcomes. Future investigations should continue to investigate the extent to which self-blame impacts the relationship between self-forgiveness and mental health. Although it may be sufficient to administer general scales of self-blame, Friedman et al. (2010) demonstrate that specialized self-blame scales may also be useful to explore the unique influence of self-blame on mental health for a specific perceived offense. Moreover, longitudinal designs are needed in order to determine the direction of the hypothesized mediating effect. The stress-and-coping model provides a structure for time-sequenced investigations, such that the appraisal (i.e., self-blame) occurs directly following an offense, elicits the stress response (i.e., self-condemnation), and motivates one to cope (i.e., self-forgiveness).

Perceived forgiveness. A primary assumption of this review is that health outcomes associated with forgiveness always occur within the context an offender’s relationship to others as well as to that which a person considers to be sacred. To that

extent, secondary appraisals about the implications of an offense for a transgressor's future include the perseverance of one's relationships to others and to a higher power. Hall and Fincham (2008) found that perceived forgiveness from others and perceived forgiveness from that which one considers sacred were both moderately associated with higher likelihood of self-forgiveness among undergraduate offenders. Wenzel, Woodyatt, and Hedrick (2012) further conclude that the affirmation of shared values between a perpetrator and victim moderates the relationship between responsibility for an offense and state self-forgiveness among undergraduates. In particular, when affirmation of values was high, the inverse relationship between responsibility for an offense and self-forgiveness was weaker than when affirmation of values was low.

Step three: Stress response. Lazarus (1999) argues that appraisals signal negative emotions, which comprise the heart of the stress-response and motivate people to cope with stressors in order to reduce discomfort. Yet, given the recursive nature of the stress-and-coping model, the inability to resolve such emotions may result in a chronic stress. Within the forgiveness-adapted model, the persistence of negative emotions, such as shame, guilt, anger, regret, and disappointment is termed self-condemnation.

Shame. Western researchers typically consider shame to be negative emotion directed toward oneself (Tangney & Dearing, 2002; cf. Sue, 2012), and most scholars agree that shame impairs a transgressor's ability to self-forgive (Fisher & Exline, 2010; Zechmeister & Romero, 2002). To test the effects of shame within the forgiveness-health relationship, Fisher and Exline (2006) administered multiple measures of self-forgiveness (FOS, HFS-S, and MFS), shame proneness, prosocial outcomes, and an index of well-being (i.e., ratings of high self-esteem, emotional stability, and life

satisfaction as well as low depression, anger, and anxiety) to undergraduates. Results indicated that shame proneness was inversely related to self-forgiveness and to well-being. On the other hand, Hall and Fincham (2008) found that state shame was related to attributions of blame, perceived transgression severity, and conciliatory behavior directed toward others and toward a higher power, but unrelated to self-forgiveness. Although shame is clearly associated with a spectrum of poor mental health outcomes, empirical investigations of the relationship between shame and self-forgiveness are mixed.

Guilt. Scholars conceptualize guilt as negative emotion directed toward one's wrongdoing as well as its effects (Fisher & Exline, 2010; Tangen & Dearing, 2002). Evidence continues to affirm the belief that guilt or remorse is closely related to self-forgiveness (Fisher & Exline, 2010). For example, Hall and Fincham (2008) found that state guilt was the strongest predictor of self-forgiveness, such that higher levels of guilt were associated with lower levels of self-forgiveness. Fisher and Exline (2006) observed that guilt proneness was strongly associated with self-forgiveness but unrelated to well-being. Furthermore, they maintain that guilt was linked to adaptive outcomes including effort to reduce negative emotions, repentance, and feeling humbled by one's offense. Yet, further research is needed to more closely examine the tangled web of relationships between guilt, self-forgiveness, and mental health.

Anger. A number of studies explore the influence of anger on the relationship between self-forgiveness and mental health. For example, Barber, Maltby, and Macaskill (2005) administered the HFS (Yamhure-Thompson & Snyder, 2003) and the Anger Rumination Scale (Sukhodolsky, Golub, & Cromwell, 2001) to undergraduates. Bivariate correlations indicated that forgiveness of self was related to three types of maladaptive

repetitive thoughts including angry after-thoughts, thoughts of revenge, and angry memories. Standard regression analyses revealed that only angry memories (i.e., “I ponder about the injustices that have been done to me.”) predicted self-forgiveness when all types of rumination were simultaneously loaded into the model. Also, Hirsch, Webb, and Jeglic (2012) conducted a moderation analysis and demonstrated that self-forgiveness qualified the relationship between anger and suicidal behavior, such that students who reported higher levels of self-forgiveness were less likely to engage in suicidal behavior regardless of whether they tended to express anger either inwardly or outwardly. The methodology of Hirsch, Webb, and Jeglic’s (2012) investigation provides a strong example for future examinations of the function of self-forgiveness as a coping strategy to ameliorate the association between negative emotions psychological disorder.

Regret. Regret has been conceptualized as the negative emotion that results from comparing one’s past decisions to possible outcomes of an alternative decision (Fisher & Exline, 2010). For example, one might regret that the consequence of one’s actual decision to commit marital infidelity is divorce given the desired outcome of companionship that would have been gained by deciding to remaining faithful to one’s partner. While theory suggests that regret may be closely related to self-forgiveness and its mental health correlates, especially given the possible connection between regret and rumination, no empirical studies have examined the influence of regret on the relationship between self-forgiveness and mental health.

Disappointment. Disappointment refers to the negative emotion that results from comparing the obtained outcome of one’s decision to a more desirable outcome that might have resulted from making the same decision but actually did not (Zeelenberg, Van

Dijk, Manstead, & van der Pligt, 1998). Disappointment is therefore a violation of one's own expectations. One may be disappointed that one must endure the consequences of perpetrating a wrongdoing and being caught as opposed to the lesser consequences of having not been caught. No empirical evidence investigates the relationship between disappointment and self-forgiveness. However, disappointment in a variety of other domains (i.e., disappointment with God, others, etc.) has been associated with decreased well-being (Exline, Yali, & Lobel, 1999; Strelan, Action, & Patrick, 2009).

Step four: Coping attempt. How a person decides to cope with the stress associated with wrongdoing will impact his or her mental health. Individuals may cope with self-condemnation using a variety of methods including self-forgiveness, excusing oneself of blame, and punishing oneself in an attempt to atone for one's wrongdoing (Hall & Fincham, 2005; Worthington, 2013). In the present review, I focus on the relationship between mental health and a single coping strategy: self-forgiveness.

Depression. Using a single-item measure of self-forgiveness, Hirsch, Webb, and Jeglic (2011) observed the link between self-forgiveness (Fetzer Institute, 2003), depression (Beck, Steer, & Brown 1996), and suicidal behavior (Linehan & Nielsen, 1981; Osman et al., 2001) among a diverse sample of undergraduates. Findings indicated that self-forgiveness was inversely related depression and suicidal behavior. Moreover, the relationship between self-forgiveness and suicidal behavior was also fully mediated by reduced depressive symptoms. Ingersoll-Dayton, Torges, and Krause (2010) found further evidence that rumination played a central role in the influence of self-condemnation on depressive symptoms among older adults.

The general relationship between self-forgiveness and depression is a strong and robust finding. Yet, the imprecise measurement of self-forgiveness limits researchers' confidence that the observed outcomes are uniquely attributable to self-forgiveness. That is to say, the literature indicates that reducing self-condemnation is clearly linked to lower ratings of depression. It is less certain how self-forgiveness may uniquely impact depression relative to alternative strategies to reduce self-condemnation. In addition to using more valid and psychometrically sound instruments, longitudinal and experimental designs are needed to determine the direction of the observed effect. The stress-and-coping model provides theoretical evidence to suggest that the direction of the effect is from self-forgiveness to depression, but it is also possible that individuals who are less depressed are in a better position to self-forgive when considering recursive relationships between steps in the model.

Anxiety. Self-forgiveness appears to be closely related to anxiety. For example, Webb et al. (2009) found that forgiveness of self was related to general anxiety as well as disorders including somatization, obsessive-compulsive disorder, and phobic anxiety among baseline scores of people entering outpatient treatment for substance use. Yet, the relationship between anxiety and self-forgiveness is only beginning to be explored, particularly among populations at high risk to manifest poor mental health outcomes associated with difficulty forgiving oneself. Future investigations should seek to lay a stronger foundation on which to understand the influence of self-forgiveness upon anxiety as well as the mechanisms that might account for this relationship.

Hostility. Webb, Dula, and Brewer (2012) conducted a correlational analysis of forgivingness and aggression among undergraduates who completed single-item

measures of self-forgiveness, other-forgiveness, and feeling forgiven by God (Fetzer Institute, 1999) as well as a scale of aggression (Buss & Perry, 1992). First, self-forgiveness appeared to be the most difficult type of forgiveness for students to achieve relative to forgiving others and feeling forgiven by God. Second, results indicated that self-forgiveness predicted lower levels of physical aggression, verbal aggression, anger, hostility, and total aggression, when controlling for sex, age, education, ethnicity, marital status, and religious belief and behavior. That being said, Webb et al. (2012) determined that forgiveness of others, and not forgiveness of self, was the strongest predictor of each form of aggression, with the exception of hostility that was equally related to forgiveness of self and of others. It appears that hostility might be more closely related to forgiving others (i.e., extra-punitive) while depression and anxiety is more closely related to forgiving oneself (i.e., intra-punitive; Ross, Hertenstein, & Wrobel, 2007).

Positive mental health outcomes. An important area of development is the investigation of positive mental health outcomes that might be related to self-forgiveness. I hypothesized that self-forgiveness involves the replacement of negative emotion with positive emotion. Consequently, self-forgiveness ought to be related to a variety of positive mental health outcomes. Life satisfaction has been most frequently studied in concert with self-forgiveness (see Toussaint, Owen, & Cheadle, 2012; Toussaint, Williams, Musick, & Everson, 2001); yet, scholars are beginning to broaden the variety of positive mental health variables being studied. For example, Macaskill (2012b) conducted a study of a nationally representative sample of older adults and found that self-forgiveness (Mauger et al., 1992) was related to gratitude (McCullough et al.,

2002), hope (Snyder et al., 1991), optimism (Scheier, Carver, & Bridges, 1994), life satisfaction (Diener, Emmons, Larsen, & Griffin, 1985), happiness (Joseph, Linley, Harwood, Lewis, 2004), and positive affect (Watson, Clark, & Tellegen, 1988). Like many studies discussed herein, Macaskill (2012b) relies upon Mauger et al.'s (1992) FOS scale, which may be a better indicator of reduced self-condemnation as opposed to self-forgiveness. Therefore, future investigations ought to continue to expand knowledge of the impact of self-forgiveness on a variety of positive mental health outcomes.

Moderators of the self-forgiveness and mental health relation. The relationship between self-forgiveness and mental health outcomes is likely moderated by individual differences including age, gender, personality, attachment, and religiousness.

Age. Toussaint, Williams, Musick, and Everson (2001) sought to determine whether the relationship between self-forgiveness and health differed among a nationally representative sample of adults classified as young (18-44yrs), middle-aged (45-64yrs), and old (≥ 65 years). Participants completed measures of psychological distress (Kessler & Mroczek, 1994), single-item indicators of life satisfaction as well as self-rated health, and two items intended to assess self-forgivingness ("I often feel that no matter what I do now I will never make up for the mistakes I have made in the past," and "I find it hard to forgive myself for some of the things I have done wrong"). Results indicated that the relationships between self-forgivingness and health outcomes varied across age groups with respect to positive but not poor health outcomes. Self-forgivingness predicted life satisfaction only among young adults, and it predicted self-rated health only among young and middle-aged adults. Conversely, self-forgivingness was consistently related to lower levels of poor mental health across age groups. Further investigation is needed to

confirm the finding that age moderates the effects of self-forgiveness on positive, but not poor, mental health outcomes.

Gender. Toussaint, Williams, Musick, and Everson-Rose (2008), using the aforementioned nationally representative sample adults, hypothesized that gender differences that might affect the relationship between self-forgiveness and 12-month prevalence of a major depressive episode. Self-forgiveness was measured using a single-item: “I often feel that no matter what I do now, I will never make up for the mistakes I have made in the past.” Results indicated that, when controlling for age, race, marital status, education, and income, forgiveness of self was correlated with decreased odds of a major depressive episode in the past 12 months for both men and women. This relationship appeared to be more consistent than other types of forgiveness (i.e., forgiving others, feeling forgiven by God) and might suggest that the relationship between self-forgiveness and mental health is more consistent across gender groups than is typically the case when considering other types of forgiveness (i.e., forgiving others, feeling forgiven by God). Future investigations should seek to confirm this finding using more robust measures of trait and state self-forgiveness and with respect to both positive and poor mental health outcomes.

Personality. Maltby, Macaskill, and Day (2001) found that failure to forgive oneself among undergraduate students was associated with mental health outcomes related to neuroticism, especially depression and anxiety. In another correlational study of undergraduates, Walker and Gorsuch (2002) more closely examined the relationship between self-forgiveness and neuroticism and concluded that emotional stability and emotionality were the primary underlying factors of the relationship. Literature

conducted to examine the influence of personality on self-forgiveness, however, has not included neuroticism as a possible moderating factor of the relationship between self-forgiveness and mental health outcomes.

Attachment. Martin, Vosvick, and Riggs (2012) examined attachment style and types of forgiveness when studying HIV+ adults. Patients were administered measures of HIV-related symptoms (StatEpi Coordinating Center Department of Epidemiology, 2008), attachment (Brennan, Clark, & Shaver, 1998), dispositional self-forgiveness (Thompson et al., 2005), and quality of life (Wu, Revicki, Jacobson, & Malitz, 1997). Forgiveness of self was related to quality of life indicators such as less pain and better role functioning when accounting for HIV-related symptoms. Moderation analysis indicated that, for people who expressed high levels of attachment anxiety, intrapersonal forgiveness was related to better perceptions of one's own health. At low levels of attachment anxiety, however, self-forgiveness was unrelated to health perceptions.

Religiousness. Although self-forgiveness has been studied in conjunction with religiousness (for a meta-analytic review, see Davis, Worthington, Hook, & Hill, 2013) and some evidence indicates that self-forgiveness might operate as a mechanism of the relationship between religiousness and mental health outcomes (Lyons, Deane, Caputi, & Kelly, 2011), no studies have sought to determine if religiousness might moderate the relationship between self-forgiveness and mental health outcomes. In particular, theorists maintain that religiousness is associated with greater levels of forgiveness in general and may even amplify the effects of forgiveness on health (Worthington, Davis, Hook, Gartner, Webb, Toussaint, & Sandage, 2012). However, some studies suggest that self-forgiveness might be negatively associated with religiousness (Walker & Gorsuch, 2002).

Future investigations are needed to place the influence of religion within the context of the relationship between self-forgiveness and mental health.

Summary of the Literature

A growing body of evidence indicates that self-forgiveness functions as an emotion-focused coping strategy in which negative self-condemning emotions are replaced by positive self-forgiving emotions. Consequently, responsible self-forgiveness may promote mental health by buffering against poor mental health outcomes and amplifying positive mental health outcomes. People who harbor chronic negative emotions that are associated with self-condemnation report higher levels of depression, anxiety, and hostility as well as lower levels of life satisfaction, well-being, and positive affect. Yet, transgressors who are able to self-forgive consistently report experiencing improved mental health outcomes. Self-forgiveness may therefore enable people to responsibly manage the psychological, social, and spiritual consequences of wrongdoing.

Critique of the Literature and Directions for Future Research

Although the results discussed herein are promising, the body of empirical literature that examines the effects of self-forgiveness on mental health is immature. For this reason, I discuss critiques of the current literature and provide directions for future investigations of the relationship between self-forgiveness and mental health.

Methodological issues and improvements. First, the problems of defining and measuring self-forgiveness are inextricably tied together. The inability of empirical instruments to differentiate between responsible self-forgiveness and alternative methods of managing self-condemnation is evidence that scholars lack a sound conceptual understanding of self-forgiveness. In the present review, self-forgiveness was defined as

an attempt to cope with the stress of self-condemnation, which involves the amelioration or transformation of that stress response by imbuing positive emotional experiences, motivations, cognitions, and behaviors. Thus, the first problem with the instruments that are available to assess self-forgiveness is that the reduction of negative emotion (i.e., self-condemnation) is equated with the imposition of positive emotion (i.e., self-forgiveness). Rather, the mechanisms by which self-forgiveness reduces negative emotion may be unique from the mechanisms by which positive emotions are imbued.

The second problem that plagues nearly all of the literature reviewed above is that assessment tools are unable to differentiate between responsible self-forgiveness – that is self-forgiveness that occurs after accounting for the spiritual and social consequences of wrongdoing – and simply excusing oneself of harm. Given this insensitivity among the many of the current measures, it is impossible to uniquely attribute many of the health outcomes discussed in the present review to self-forgiveness as opposed to alternative methods of reducing self-condemnation. For this reason, psychometrically sound measures of state self-forgiveness and trait self-forgiveness that avoid the aforementioned pitfalls of previous instruments would be an important contribution of the study of self-forgiveness and its mental health correlates. The Differential Process Scales of Self-forgiveness, which were developed by Woodyatt and Wenzel (2013), appear to be a first step in creating a science of self-forgiveness that navigates this confound, though further testing is needed to establish the validity of each subscale.

Third, if researchers are committed to maintaining that self-forgiveness is a process rather than simply an outcome (Enright et al., 1996; Hall & Fincham, 2005), then a need exists for process-oriented investigations in addition to outcome-oriented

investigations. This critique is especially pertinent to the possible functions of emotion over time. While negative emotions are unpleasant, they may initially motivate transgressors to attempt to repair the damage caused by an offense. Likewise, insufficient negative emotion may suggest that a transgressor is not ready to change. Although some efforts are being made to adopt a process-oriented approach (Hall & Fincham, 2008; Wenzel, Woodyatt, & Hedrick, 2012), an elegant research design and innovative instruments that examine the process of self-forgiveness are needed.

Fourth, nearly all of the research designs discussed herein are correlational, and longitudinal and experimental designs are required to speak with greater certainty about the causal relationship between self-forgiveness and health. The studies discussed above provide little evidence that enables scholars to make any causal claims regarding the relationship between self-forgiveness and either physical or mental health. While the stress-and-coping model suggests that mental health outcomes are the product of the coping process, empirical evidence is required to support this claim.

Fifth, having established a basic understanding of the construct of self-forgiveness as well as its effects on mental health, researchers and clinicians in the mental health community possess an ethical obligation to create treatments designed to promote self-forgiveness, especially among populations that may be more likely to suffer the poor mental health consequences of self-condemnation as well as reap the benefits of self-forgiveness interventions. Indeed, self-forgiveness is a versatile construct that might be included in a variety of treatment avenues. A program of research might therefore begin by developing interventions designed to teach self-forgiveness as a skill to populations that are easily accessible. Then, having vetted such interventions in a scientific setting, a

second goal might be to adapt the intervention to innovative delivery methods that make treatment available to populations who might be less likely to seek individual therapy but who are vulnerable to the effects of self-condemnation.

Implications of the stress-and-coping model. In the present review, I examined studies of the relationship between self-forgiveness and mental health using a stress-and-coping model as a conceptual framework. I therefore consider future directions of research according to each step of the coping process: stressor, appraisal, stress response, and coping attempt.

First, a variety of stressors were shown to elicit self-condemnation including military service, mental and physical illness, trauma and abuse, and inevitable wrongdoings that occur as a result of human fallibility. Yet, the relationship between such stressors and self-condemnation was not the topic of a single study. A need exists for researchers to identify the roots of self-condemnation. For this reason, prevalence studies of self-condemnation might seek to answer the following questions. What are the most common sources of self-condemnation in people's lives? Is self-condemnation that results from having committed an offense against another person different from what is experienced when a transgressor is the victim of one's own offense? Do offenses that are violations of one's moral standards differ from offenses in which one fails to meet one's own self-expectations? And, do offenses committed against others differ from offenses committed against oneself? Clearly, little is known about the possible causes of self-condemnation, and the mental health community ought to be better equipped to identify risk and preventative factors that might influence whether or not an individual may manifest poor mental health outcomes as a result of self-condemnation.

Second, appraisals have received little attention in the self-forgiveness literature, but how a stressor is perceived is vital to successfully negotiating the coping process. In the present review, appraisals including perceived transgression severity, self-blame, and perceived forgiveness from others and from a higher power (i.e., God, nature, and humanity) were all found to influence a transgressors response to wrongdoing. Future investigations may seek to identify what other appraisals are important to consider as well as the function of appraisals that may be specific to certain groups. For example, researchers might explore the reason why people blame themselves for events in which they had no or little agentic influence (i.e., physical and mental illnesses, and victims of trauma). Moreover, the relationship between appraisals and mental health might best be framed as a question of mediation: Does trait self-forgiveness mediate the relationship between self-blame and mental health outcomes?

Third, the stress response of self-condemnation, which is comprised of negative emotions perpetuated by self-critical thought processes as well as self-punitive behavior, has received little attention in the empirical literature. Currently, the literature suggests that shame and guilt are likely the key components of self-condemnation. A few studies indicate that anger might be a rare but particularly noxious emotion, and there has been little study on regret and disappointment. Future research ought to more closely identify negative emotions that might constitute the core of self-condemnation as well as when these emotions might be considered either adaptive or maladaptive. In addition, theory suggests that faulty beliefs and behaviors may perpetuate negative emotions that are associated with an offense long after the offense has occurred, but empirical evidence is required to support this claim. Researchers must ask what factors moderate the

relationship between a transgressor's appraisal of an offense and his or her stress response (guilt/shame proneness; empathy, conscientiousness/neuroticism).

Finally, self-condemnation may be reduced through the application of a variety of coping mechanisms, and self-forgiveness has been the strategy of interest in the present review. Research is beginning to show that self-forgiveness and the mechanisms through which it might affect mental health differ markedly from how forgiveness of others may impact health (Ross, Hertenstein, & Wrobel, 2007; Wilson, Milosevic, Carroll, Hart, & Hibbard, 2008). Further study is required to determine the similarities and differences between forgiveness of oneself and others (i.e., is reconciliation required for self-forgiveness, even though it is not a necessary condition of forgiving others). Variables that moderate the effect of self-forgiveness on mental health also received a cursory glance in the present review. Unlike other types of forgiveness, some evidence indicates that self-forgiveness might be more consistently related to mental health across demographic divisions such as age and gender. Yet, personality qualities and related processes (i.e., attachment anxiety and religiousness) may qualify the impact of self-forgiveness on mental health. Knowledge of these moderating influences is essential to the expansion of the self-forgiveness literature for translation into interventions.

Conclusion

Over the course of one's lifespan, one will inevitably be both a victim and perpetrator of wrongdoing, and it is imperative that scholars examine forgiveness from the perspectives of perpetrators as well as victims of offense. Moreover, empirical evidence consistently supports the association between self-forgiveness and mental health. Scholars must therefore continue to critically examine the process of self-

forgiveness to create a sound empirical foundation upon which to construct interventions that facilitate the process of self-forgiveness and stimulate the associated health benefits.

Statement of the Problem

An adapted stress-and-coping model provides a paradigm to account for the relationship between self-condemnation and self-forgiveness (Griffin, Worthington, Danish, Dees, Davis, Lavelock, & Schaler, 2013; Davis, Ho, Griffin, Bell, Hook, Van Tongeren, & Worthington, 2013). In its original form, Lazarus (1999) maintained that the stress-and-coping model is comprised of four steps: a stressor, an appraisal of that stressor, a stress response, and an attempt to cope. Each step in the model may be adapted in order to explain the process of self-forgiveness.

Stress-and-Coping Model of Self-forgiveness

Interpersonal wrongdoing may function as a stressor and elicit a coping response among people who perpetrate an interpersonal offense. Although much work remains to be done in order to understand what events might elicit self-condemnation, scholars identify some experiences that appear to engender considerable levels of guilt, shame, anger, regret, and disappointment. For example, empirical evidence suggests that exposure to combat, being diagnosed with physical diseases and disabilities, being diagnosed with psychological disorders, and being a victim of trauma all appear to prompt condemnation of oneself (Cole, Davidson, Lozano, Gervais, & Gundel, 2012; Romero, Kalidas, Elledge, Chang, Liscum, & Friedman, 2006; Webb, Robinson, & Brower, 2009; Webb, Robinson, & Brower, 2011; Witvliet, Phipps, Feldman, & Beckham, 2004).

Next, stress results from one's appraisal of a stressor as opposed to the stressor itself, and appraisals may be categorized as either primary (i.e., perceptions of whether or not an offense is relevant to one's self-representation) or secondary (i.e., perceptions of blame, ability to cope with the offense, and the implications of an event for one's future; Lazarus 1999). According to the Worthington's (2006) adapted stress-and-coping model, a person likely appraises a stressor according to the severity of the offense, the extent to which one blames oneself for the offense and its consequences, and the extent to which a person believes that he or she has been forgiven by others or by a higher power (i.e., God, nature, or humanity).

Self-condemnation is a stress response to wrongdoing in which a person experiences self-evaluative appraisals and negative emotions linked to an offense. Negative emotions including shame, guilt, regret, anger, and disappointment comprise the core of self-condemnation. Although the stress response is adaptive if it motivates an individual to cope with a stressor, it is maladaptive if the self-evaluative appraisals and negative emotions persist long after an offense was committed without reparation of the spiritual, social, and psychological damage caused by wrongdoing.

A person may attempt to cope with the stress-response (i.e., self-condemnation) in a variety of ways. Attempts to cope may be categorized as conservative, in that one attempts to return one's life to the pre-stressor state, or transformative, in that one attempts to rearrange one's life or thought to incorporate new developments (Pargament, 1997). Self-forgiveness is a transformative coping attempt in which one's self-representation is altered to include both acceptance of one's culpability for an offense in addition to acceptance of one's inherent personal worth and capacity for moral growth.

Conservative attempts to cope with self-condemnation fail to acknowledge either one's own culpability for wrongdoing or inherent personal worth, and scholars identify such coping strategies as excusing oneself of blame or punishing oneself to atone for blame, respectively.

The forgiveness-adapted stress-and-coping model presented herein is recursive, with multiple feedback loops from each step to the other steps. Also, various variables might moderate the connections between each of the successive steps, and mediating mechanisms might explain the connections between steps.

Self-forgiveness and Health

The way in which a person attempts to cope (i.e., self-forgiveness) with a stress response (i.e., self-condemnation) may cause emotion-focused changes in one's mental and physical health (Worthington, Witvliet, Pietrini, & Miller, 2007). Evidence in support of this claim rests on two assumptions. First, emotion is the primary mechanism of the relationship between forgiveness and health (Green, DeCourville, & Sadava, 2012; Worthington & Scherer, 2004). Second, every act of forgiveness is embedded within a framework—construed by the people involved in and the nature of the specific offense—that produces health outcomes unique to the situational context (Fehr, Gelfand, & Nag, 2010). Therefore, one's own emotional states are the proximal cause of the relationship between self-forgiveness and health, though emotional states occur within the distal structure of one's relationship to others and, possibly, to a higher power (i.e., God, nature, humanity, etc.).

Although investigations of health outcomes experienced by victims who forgive others are common (for reviews, see Griffin, Lavelock, Worthington, Wade, & Hoyt, in

press; Lavelock, Snipes, Griffin, Worthington, Davis, & Hook, in press), fewer studies examine outcomes experienced by perpetrators who practice self-forgiveness (Davis, Worthington, Hook, & Hill, 2013; Hall & Fincham, 2005). Even so, preliminary evidence suggests that self-forgiveness may be closely linked to health outcomes. Davis, Ho, Griffin, Bell, Hook, Van Tongeren, & Worthington (2013) meta-analytically reviewed over 100 scientific articles that investigate the associations between self-forgiveness and its correlates. Findings indicated that self-forgiveness was strongly related to general negative emotion ($r = -.46$) and general positive emotion ($r = .40$). Moreover, self-forgiveness was associated with a spectrum of health outcomes including depression ($r = -.40$), rumination ($r = -.48$), trauma ($r = -.44$), suicidality ($r = -.29$), alcohol symptoms ($r = -.19$), and well-being ($r = .34$). Insofar as self-forgiveness impacts these psychological states, it may also influence physical well-being including cardiovascular health and immune-system functioning (Lavelock, Griffin, & Worthington, 2013). The connection between self-forgiveness and health compels researchers to develop interventions designed to promote self-forgiveness and possibly to produce health benefits associated with self-forgiveness.

Interventions Designed to Promote Self-forgiveness

If self-forgiveness is linked to reduction of the deleterious effects of self-condemnation and to promotion of healthier outcomes, then scholars must ask the following question: How might the mental health community intervene in people's lives to promote self-forgiveness? Three studies describe interventions designed to promote self-forgiveness. First, Scherer (2011) conducted group therapy sessions intended to stimulate self-forgiveness among patients receiving treatment from an alcohol

rehabilitation center ($N = 79$). Patients who completed a four-hour self-forgiveness group therapy intervention reported lower levels of guilt and shame as well as higher levels of self-forgiveness and drinking refusal self-efficacy when compared to patients who participated in treatment as usual. Second, Campana (2010) examined the effect of a 6-hour workbook intervention designed to promote self-forgiveness among women who experienced a break-up no more than two-months prior to participating in the study ($N = 74$). Results indicated that women who completed the intervention reported more self-forgiveness, as indicated by a single-item indicator of forgiveness of oneself, than women assigned to the control condition. Also, gains experienced by women in the treatment condition were maintained two weeks after completing the workbook. Third, Fisher (2009) administered a web-based 1.5-hour self-forgiveness intervention to a broad sample of undergraduate students who reported committing an offense against another person ($N = 172$). The intervention was found to successfully reduce students' defensiveness about their involvement in an offense as well as increase the likelihood of apology and amend making behavior.

While each of these intervention trials merits some success, they are not exempt from critique. First, problems with internal validity including high attrition rates and imprecise measurement of self-forgiveness (for a review, see Wenzel, Woodyatt, & Hedrick, 2012) pervade the current studies and engender skepticism among researchers. Second, with the exception of Fisher's trial (2009), knowledge of self-forgiveness interventions is restricted to specialized populations (i.e., substance users and women following the termination of a romantic relationship). A need exists to develop cost-effective and equally efficacious interventions that are broadly applicable to a variety of

populations and that can be easily disseminated (Kazdin & Rabbitt, 2013). Finally, no data has been collected to assess person-activity fit for a self-forgiveness intervention (Lyubomirsky & Layous, 2013). It is likely that features of the activity (i.e., dosage) and person (motivation/effort, baseline levels, and personality) moderate the effect of treatment on outcomes.

Purpose of the Present Thesis

Therefore, the purpose of the present thesis is to investigate the efficacy of a workbook intervention designed to promote self-forgiveness. The 6-hour self-directed workbook was based on a six-step practical method to promote self-forgiveness and was delivered electronically to undergraduate students who reported feeling self-condemnation for perpetrating an interpersonal offense. I hypothesize the following:

1. Upon completion of the self-forgiveness workbook intervention, students will report increased levels of genuine self-forgiveness. Furthermore, the effect of treatment will depend upon dose received and trait levels of compassion toward oneself.
2. Upon completion of the self-forgiveness workbook intervention, students will report increased levels of self-forgiving feelings and actions. Furthermore, the effect of treatment will depend upon dose received and trait levels of compassion toward oneself.
3. Upon completion of the self-forgiveness workbook intervention, students will report increased levels of self-forgiving beliefs. Furthermore, the effect of treatment will depend upon dose received and trait levels of compassion toward oneself.

Method

In the present chapter, I describe the method of a randomized controlled trial conducted to examine the efficacy of a 6-hour workbook intervention designed to promote self-forgiveness among students who perpetrated an interpersonal offense.

Participants

Undergraduate students ($N = 204$) from a large Mid-Atlantic public university volunteered to participate in this study. Eligible participants were at least 18 years of age, possessed access to the Internet, reported perpetrating an interpersonal offense, and indicated a desire to forgive themselves for that offense by enrolling in the study. Students who failed to answer four or more of seven quality control questions embedded in the baseline survey were excluded from the analyses ($n = 3$). Participants who completed the study ($n = 140$) did not differ from those who dropped out ($n = 61$) as indicated by independent samples t -tests on each outcome variable at baseline: genuine self-forgiveness ($p = .461$), self-forgiving feelings and actions ($p = .144$), and self-forgiving beliefs ($p = .392$). The attrition rate is a limitation of the present study, as discussed in Chapter 6. Those who dropped out completed a survey prior to the administration of the workbook and failed to respond to subsequent electronic correspondence from the researcher. A detailed CONSORT flow chart is presented in Figure 1 that depicts the attrition between conditions across time.

The mean age for participants who completed the study ($n = 140$) was 19.38 years ($SD = 3.12$), and the sample was 82.1% female. Participants endorsed a diverse range of racial backgrounds, including Caucasian/White (45.7%), African American/Black (25.7%), Asian/Pacific Islander (12.9%), multiracial (8.6%), and Arab (6.4%). Also,

7.9% of participants reported being of Hispanic descent. Those who affiliated religiously identified themselves as Christian (65.7%), atheist/agnostic (13.0%), Muslim (2.1%), Jewish (2.1), Hindu (2.1%), Buddhist (1.4%), other (3.6%), or none (5.7%).

Design

The present study employed a wait-list intervention design. Participants were randomly assigned to either the immediate treatment condition ($n = 102$) or the wait-list control condition ($n = 99$). Assessments were administered on three occasions: upon entry into the study (T_0), two weeks after entry (T_1), and four weeks after entry (T_2). Demographic questions were included with the first assessment (O_D). Participants in the immediate treatment condition completed the intervention between the first and second assessment occasions; whereas, participants in the wait-list control condition completed the intervention between the second and third assessment occasions. Nomenclature developed by Campbell and Stanley (1966) may be used to describe the design as follows: “ O_D ” signifies the demographic assessment and “ O_0 , O_1 , and O_2 ” signify each sequential observation at T_0 , T_1 , and T_2 , respectively. “ X ” represents administration of the intervention.

$O_D O_0$	X	O_1	O_2 (Immediate Treatment; IT)
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$O_D O_0$	O_1	X	O_2 (Wait-list Control; WC)
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The Workbook Intervention

The 6-hour self-directed workbook intervention (Griffin & Worthington, 2012) was adapted from Worthington’s (2013) method to promote responsible self-forgiveness. According to Worthington (2013), one may develop the skill of responsible self-forgiveness by practicing the following six-steps: (1) receive divine forgiveness (or

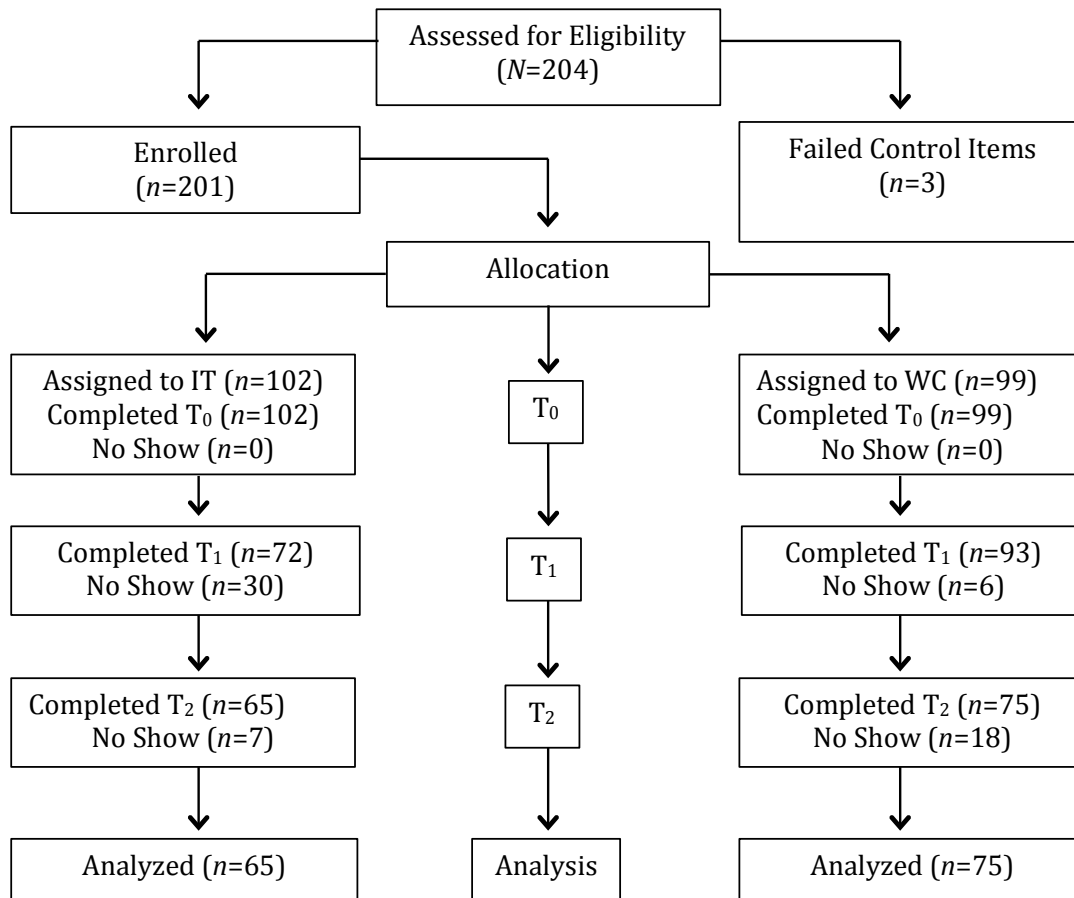


Figure 1. CONSORT flow chart.

forgiveness from “humanity” or “nature” depending on what the person holds to be sacred), (2) repair relationships, (3) rethink rumination (which involves examining rumination, but also reconsidering the standards one strives for and expectations one holds for oneself; if standards or expectations are too high), (4) REACH emotional self-forgiveness, (5) rebuild self-acceptance, and (6) resolve to live virtuously. Worthington (2013) designed this six-step method to promote self-forgiveness among people who experience self-condemnation as a result of a perceived violation of one’s moral code or failure to uphold one’s self-expectations (Griffin, Worthington, Danish, Dees, Davis, Lavelock, & Shaler, 2013). In particular, the present investigation examines participants who report committing an interpersonal wrongdoing (i.e., violation of a romantic partner’s trust, bullying, etc.) as opposed to those who report intrapersonal failures (i.e., failure to meet one’s occupational goals).

In the first two steps of the workbook, Receive Divine Forgiveness and Repair Relationships, the reader confronts the harm that he or she perpetrated by attempting to repair his or her relationship to the divine (i.e., God, a higher power, nature) and to other people. Next, in Step Three (Rethink Rumination), the reader attempts to control ruminations – obsessive negative thoughts and images – that are linked to his or her perceived transgression. Step Four (REACH Emotional Self-Forgiveness) guides the reader through the model to REACH emotional self-forgiveness (Recall the Hurt, Empathize with Oneself, Give an Altruistic Gift of Self-forgiveness, Commit to Self-Forgiveness, and Hold onto Self-forgiveness). In Step Five and Step Six, Rebuild Self-acceptance and Resolve to Live Virtuously, respectively, the reader attempts to accept

himself or herself as a flawed but valuable person and to resolve to live virtuously by learning from his or her past mistakes.

Lavelock, Worthington, and colleagues established the format of the workbook (Greer, Worthington, & Lavelock, 2012; Lavelock & Worthington, 2012; Lavelock, Worthington, & Davis, 2012; Lavelock, Worthington, & King, 2012; Lavelock, Worthington, & Burnette, 2012; Lavelock, Worthington, & Schnickter, 2012) in a series of previously developed self-directed interventions to promote virtue. Because the 6-hour self-forgiveness workbook intervention administered in the present study had not been subject to prior testing, a pilot study ($n=6$) was conducted.

Instrumentation

At the first assessment occasion, participants completed self-report questionnaires that included demographic items (consisting of age, sex, race/ethnicity, and religious affiliation) and offense-related items (consisting of a narrative description of an interpersonal offense that one previously committed and items to describe the victim of the offense and the time since the offense occurred). Also, one person-related scale and three treatment outcome scales were included in the initial assessment. During the subsequent second and third assessment occasions, participants completed only the three treatment outcome scales. All measures may be found in Appendix C.

Offense-related variables. Perceived Transgression Severity (SEV) was measured using a 3-item scale developed by Hall and Fincham (2008). Participants were asked to rate how positively or negatively their behavior affected themselves, other people, and their relationship to others. For example, one item asks, “How did your behavior affect the other person(s)?” To complete these three items, participants selected

a value on a 7-point rating scale (1 = *very positively* to 7 = *very negatively*). In the present study, Cronbach's alpha = .638 for participants' ratings of transgression severity.

Person-related variables. The self-kindness/self-judgment subscale of the Self-compassion Scale (SCS; Neff, 2003) was employed to assess the extent to which participants expressed a compassionate attitude toward oneself as opposed to a harshly self-critical attitude. The subscale is comprised of 10 items, five questions that assess self-kindness (i.e., "I try to be understanding and patient towards those aspects of my personality I don't like.") and five questions that assess self-judgment (i.e., "When I see aspects of myself that I don't like, I get down on myself."). Participants scored each item using a 5-point rating scale (1 = *almost never* to 5 = *almost always*). Participants' ratings on the self-judgment scale were reverse scored and totaled to create an aggregate score in which higher scores indicate stronger trait-based positive attitudes toward oneself. In the present study, the estimated internal reliability of the SCS was $\alpha = .888$.

Self-administered dose was measured according to two separate metrics. First, I assessed the self-reported time that participants spent to complete the workbook. Second, I calculated the total number of words that participants wrote in the workbook.

Treatment outcome variables. The Self-Forgiving Feelings and Actions (SFFA) and Self-Forgiving Beliefs (SFB) subscales of the State Self-forgiveness Scale (Wohl, DeShea, & Wahkinney, 2008) assess the extent to which people feel and act constructively toward themselves and believe that they are valuable even in the wake of a specific wrongdoing. Participants use a rating scale (1 = *not at all* to 4 = *completely*) to indicate how closely their feelings and actions (8 items) as well as their beliefs (9 items) match self-forgiving prompts. An example prompt from the SFFA subscale is, "As I

consider what I did that was wrong, I feel accepting of myself,” and an example prompt from the SFB subscale is, “As I consider what I did that was wrong, I believe I am a bad person.” In the present study, Cronbach’s alphas for the SFFA and SFB ranged between .856 to .907 and .781 to .923, respectively. While Wohl et al. (2008) supported the construct validity of the SFFA and SFB via correlations with measures of self-blame and the dispositional tendency to forgive oneself (Wohl, DeShea & Wahkinney, 2008), skepticism exists regarding the sensitivity of these scales to differentiate between self-forgiveness and alternative methods of managing self-condemnation (i.e., excusing oneself of blame).

The Differentiated Process Scale of Self forgiveness (DPSF, Woodyatt & Wenzel, 2013) is composed of three subscales that assess ways in which one might respond to a specific wrongdoing that one perpetrated. Seven items measure self-punitiveness. Six items measure pseudo self-forgiveness, or excusing oneself of blame. Seven items measure genuine self-forgiveness. Only the genuine self-forgiveness subscale (GSF) was used in the present study, and an example items from the scale include “I have spent time working through my guilt” and “I am trying to accept myself even with my failures.” Participants rate each item using a scale from 1 = *strongly disagree* to 5 = *strongly agree*. Estimates of internal reliability across time points ranged from .828 to .834. Empirical evidence suggests that the genuine self-forgiveness subscale of the DPSF provides a more measure of the genuine self-forgiveness that is not confounded by excusing oneself of blame (Wenzel, Woodyatt, & Hedrick, 2012).

Procedure

Students were recruited to participate in the study via an online pool of that enables students to obtain research participation credit to satisfy a curriculum requirement. The participant pool is administered by SONA Systems ©. Students who inquired about the study on the SONA Systems © website were presented with the “Research Subject Information Form” (see Appendix A), and consenting participants were directed to follow a link to a secure external site to enroll in the intervention trial.

Participants’ data were collected and managed using REDCap electronic data capture tools hosted at Virginia Commonwealth University (Harris, Taylor, Thielke, Payne, Gonzalez, & Conde, 2009). REDCap (Research Electronic Data CAPture) is a secure, web-based application designed to support data capture for research studies, providing: (1) an intuitive interface for validated data entry; (2) audit trails for tracking data manipulation and export procedures; (3) automated export procedures for data downloads to common statistical packages; and (4) procedures for importing data from external sources. In the present study, the initial questionnaire was administered via a public survey link, and participants received a personalized link via email to access subsequent surveys and to download the workbook intervention. Participants, who completed the study, which included the workbook intervention and assessments on three occasions, were awarded credit to satisfy a course requirement.

Research Hypothesis, Rationale, and Analyses

Statement of the hypothesis. Upon completion of the self-forgiveness workbook intervention, students will report increased levels of genuine self-forgiveness, self-

forgiving feelings and actions, and self-forgiving beliefs, though the effect of treatment likely depends upon self-administered dose and dispositional level of self-compassion.

Rationale. Offenses perpetrated against other people sometimes cause the transgressor to experience a myriad of self-condemning cognitions, emotions, and behaviors. This self-condemning response motivates people to attempt to repair the spiritual, social, and psychological damage that resulted from one's own wrongdoing. The self-forgiveness workbook administered in the present study facilitates responsible self-forgiveness in order to cope with the self-condemnation associated with perpetration of an interpersonal offense. In particular, participants will likely report increased levels of genuine self-forgiveness, self-forgiving feelings and actions, and self-forgiving beliefs in conjunction with participation in the intervention. The effect of treatment, however, will likely be dependent upon individual differences in person-activity fit. In the present study, two measures of person-activity fit were tested, which include self-administered dose (i.e., the number of words that participants typed in the workbook) and dispositional compassionate/critical attitude directed toward oneself.

Analyses. The primary aim of this study was to evaluate the efficacy of a self-forgiveness workbook intervention to improve participants' ratings of genuine self-forgiveness (GSF), self-forgiving feelings and actions (SFFA), and self-forgiving beliefs (SFB). Given the dependency within the data, which were repeated measures nested within individual participants, the data were analyzed by computing multilevel models for each of the outcome variables (GSF, SFFA, and SFB). Multilevel modeling was the preferred analytic strategy because it accommodates the inherent dependency within the data and allows for person-level variability. Moreover, alternative methods of analysis

(i.e., MANOVA) entail the aggregation of time-related changes in an each outcome that reduces power and biases parameter estimates. The two-level model specified in the current analyses assessed repeated measures in each outcome and change over time at Level 1 as well as predictors of variation in individual intercepts and growth rates at Level 2. The basic multilevel model took the following form, where i indexes time and j indexes individuals.

Level 1 (repeated measures):

$$Y_{\text{Self-forgiveness}} = \beta_{0j} + \beta_{1j}\text{orthtime}_{ij} + \beta_{2j}\text{orthquad}_{ij} + r_{ij}$$

Level 2 (individual participants)

$$\beta_{0j} = \gamma_{00} + \gamma_{01}\text{condition}_j + \gamma_{02}\text{word}_j + \gamma_{03}\text{SCS}_j + u_{0j}$$

$$\beta_{1j} = \gamma_{10} + \gamma_{11}\text{condition}_j + \gamma_{12}\text{word}_j + \gamma_{13}\text{SCS}_j + u_{1j}$$

$$\beta_{2j} = \gamma_{20} + \gamma_{21}\text{condition}_j + \gamma_{22}\text{word}_j + \gamma_{23}\text{SCS}_j + u_{2j}$$

At Level 1, linear (*orthtime*) and quadratic (*orthquad*) polynomial components tested the effect of time and were coded to be orthogonal for inclusion in the model. Level two predictors included treatment condition (*condition*), word count (*word*), and self-compassion (*SCS*). The assumptions of normality, homoscedasticity of the residuals, and independence of the dependent variable under the conditions of random effects were met.

The model specification was guided primarily by *a priori* hypotheses. First, the effect of time was investigated to determine whether participants' reports on each outcome changed simply as a linear function of time. Second, a cross-level interaction term (*condition*orthquad*) was included to determine whether the rate of change in participants' reports on each outcome over time depended upon the condition to which participants had been randomly assigned. Third, a cross-level interaction term

(*word*orthtime*) was included to investigate whether change in participants' reports on each outcome depended upon self-administered dose (i.e., the number of words each participant wrote in the workbook). Fourth, a cross-level interaction term (*SCS*orthtime*) was included to examine whether change in participants' reports on each outcome depended upon participants' dispositional level of compassion toward oneself. All analyses were conducted using the linear mixed-effects modeling procedure in IBM-SPSS statistics version 21. For each outcome variable, an unconditional model was initially computed using an error structure of Scaled Identity that was specified at Level 1, and an error structure of Variance Components was specified at Level 2. The final model was computed using an error structure of Scaled Identity at Level 1 and Unstructured at Level 2 in order to allow for covariation between the random intercept and random slope terms. At the microlevel, a simpler error structure was specified due to convergence issues that occurred when including more complex error structures that allow for differences in variation in the outcome at each time point and differences in the relations between outcomes across time points.

Results

In the present chapter, I describe the results of a study conducted to investigate the efficacy of a 6-hour workbook intervention designed to promote self-forgiveness among university students who reported perpetrating an interpersonal offense.

Preliminary Data Analyses

Cleaning of the data. Data were examined for missing values and outliers. Because less than 2% of the data were missing, the problems associated with missing data were not considered to be serious (Tabachnick & Fidell, 2001). Outliers between

participants across three assessment occasions ($n = 11$) were identified by inspection of standardized scores, and extreme values were adjusted to one unit beyond the next most extreme value in order to preserve the order of the data and to reduce the influence of outliers on the results. Means and standard deviations for both conditions (Immediate Treatment v. Wait-list Control) across each assessment occasion (T_0 , T_1 , and T_2) are reported in Table 1. Bivariate correlations between outcomes at the first assessment occasion are reported in Table 2.

Initial equivalence of conditions. In order to ensure the initial equivalence of the immediate treatment and wait-list control conditions, independent samples t -tests were performed using participants' ratings on each outcome variable at the first assessment occasion (T_0). No significant differences were found in baseline levels of genuine self-forgiveness ($p = .907$), self-forgiving feelings and actions ($p = .256$), or self-forgiving beliefs ($p = .128$). Therefore, the random assignment of participants was deemed successful, such that participants assigned to either treatment condition did not differ from one another on any outcome variable prior to administration of the workbook.

Offense-related Outcomes

Data were collected to determine who were the victims of participants' target offenses (i.e., the offense for which each participant attempted to forgive themselves), the time since the target offense occurred, and the self-perceived severity of the offense. As is depicted in Figure 2, Panel A, most participants reported perpetrating offenses against family members (37.1%), romantic partners (27.9%), and friends (23.6%), though some reported perpetrating offenses against an unknown person (2.9%) or other (7.9%). The amount of time that had elapsed since each participant perpetrated the target offense

Table 1

Descriptive Statistics between Treatment Conditions across Time

Measure	Time 0		Time 1		Time 2	
	M	SD	M	SD	M	SD
<i>Immediate Treatment (n= 65)</i>	(Pre1)		(Post)		(Follow)	
GSF	37.06 ^a	6.98	39.60 ^b	5.43	39.35 ^b	6.23
SFFA	20.69 ^a	5.74	27.09 ^b	4.16	28.38 ^c	3.85
SFB	26.08 ^a	7.14	32.35 ^b	3.50	33.51 ^c	2.94
<i>Wait-list Control (n= 75)</i>	(Pre1)		(Pre2)		(Post)	
GSF	36.91 ^a	8.71	37.06 ^a	8.18	39.80 ^b	7.69
SFFA	21.80 ^a	5.72	23.28 ^b	5.25	28.79 ^c	3.39
SFB	27.81 ^a	6.27	29.85 ^b	4.90	33.56 ^c	2.83

Note. GSF: Genuine Self-forgiveness (range, 7 to 49); SFFA: Self-forgiving Feelings and Actions (range, 8 to 32); SFB: Self-forgiving Beliefs (range, 9 to 36).

^{a, b, c} Dissimilar superscripts denote significant differences in mean score from preceding mean score.

Table 2

Bivariate Correlations for Variables at Baseline Assessment

	GSF	SFFA	SFB	SEV	SCS
GSF	--				
SFFA	-.159	--			
SFB	-.094	.816*	--		
SEV	.036	-.001	-.074	--	
SCS	.030	.516*	.570*	.014	--

Note. GSF: Genuine Self-forgiveness; SFFA: Self-forgiving Feelings & Actions; SFB: Self-forgiving Beliefs; SEV: Perceived Transgression Severity; SCS: Dispositional Self-Compassion.

*Correlation is significant at $p < .001$.

is displayed in Figure 2, Panel B: within the past week (3.6%), the past month (12.2%), the past 6 months (12.9%), the past year (21.6%), and more than one year ago (49.6%). Perceived transgression severity ranged from 8.00 to 21.00 with a mean of 17.53 ($SD = 3.02$) on a scale with possible values from 3 to 21. When included in the final models transgression severity did not predict time-related changes in participants' ratings on any outcome variable. Therefore, it was excluded from further analyses.

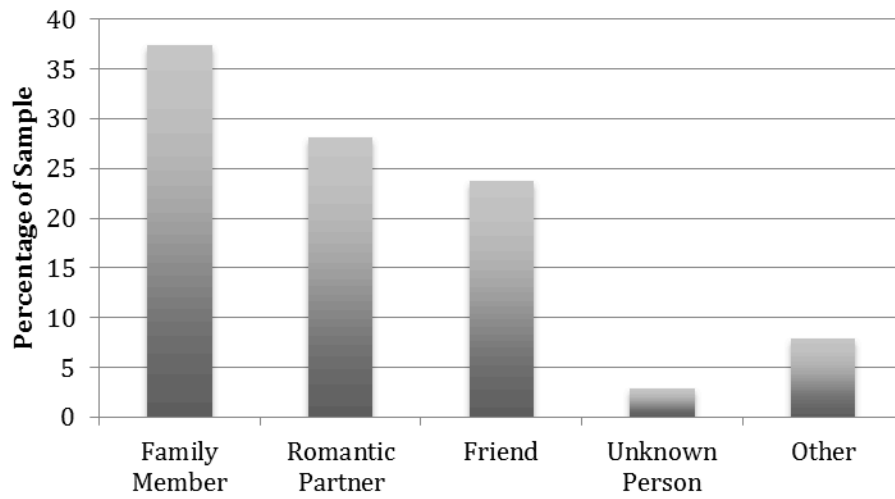
In addition, participants were asked to write a brief paragraph (3-5 sentences) about the target offense for which they intended to forgive themselves while working through the workbook intervention. Responses were coded, and the percentages for each category are as follows: betrayal of a romantic partner (25%), verbal aggression (20%), betrayal of a friend (16.4%), dishonesty (11.4%), physical aggression (7.9%), lost time with loved ones (7.1%), bullying (6.4%), and miscellaneous (5.7%).

Dummy variables were created to compare the effect of having committed each type of offense against the average of all other types of offenses, and independent-samples *t*-tests were computed using baseline ratings of each treatment outcome (GSF, SFFA, and SFB). No evidence was found to suggest that having committed a particular type of offense was associated with reporting significantly different levels of genuine self-forgiveness, self-forgiving feelings and actions, or self-forgiving beliefs.

Manipulation Check

Treatment fidelity was investigated in terms of self-reported time to complete the workbook and the number of words that students typed into the workbook. First, participants' indicated that the average time spent to complete the workbook was 6.33 hours ($SD = 1.95$ hours). Second, the mean number of words that participants wrote in

A.



B.

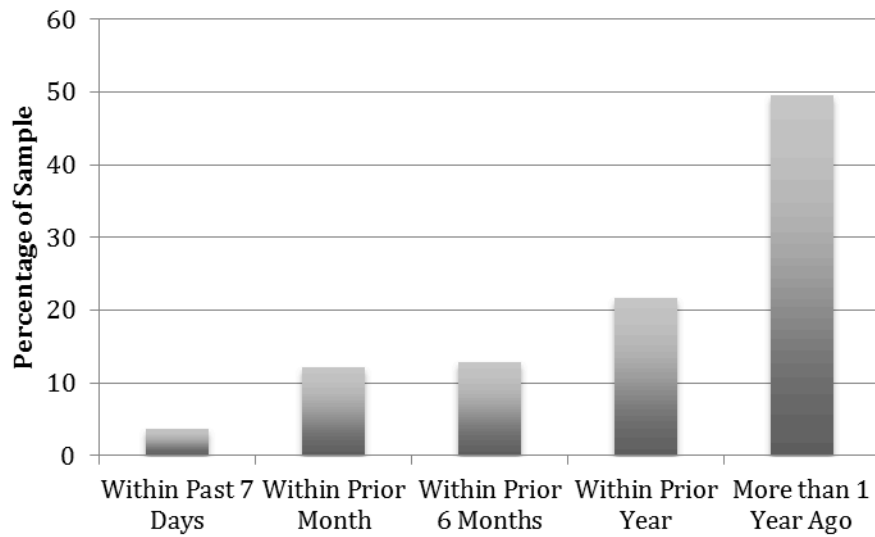


Figure 2. Characteristics of participants' target offenses. Panel A displays victims of offenses perpetrated by participants. Panel B displays the amount of time that elapsed since the target offense occurred.

the workbook was 3,154 words (SD = 1603 words), ranging from 199 to 9270 total words. It was concluded that, on average, participants devoted sufficient time and effort to the workbook, though differences in any observed effects of treatment might be related to variability in self-administered dose of the treatment.

Treatment Outcome Analyses

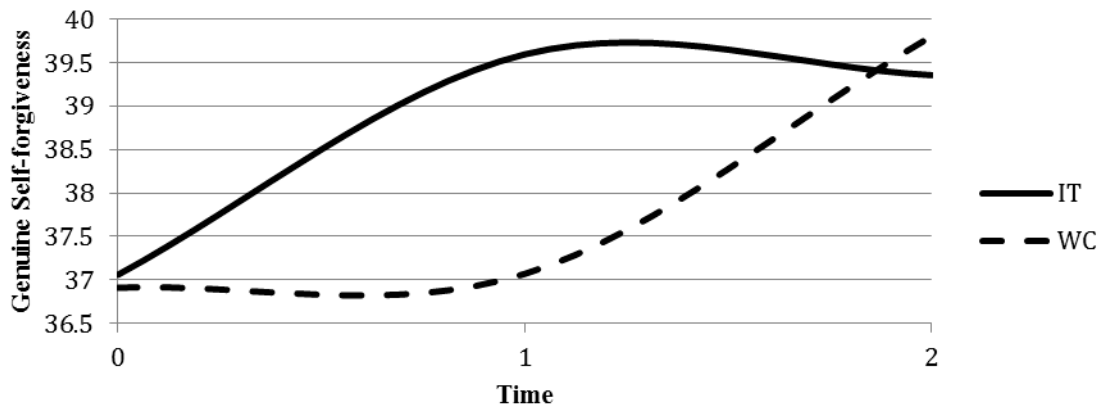
Research hypothesis 1. It was hypothesized that upon completion of the self-forgiveness workbook, participants would report increased ratings of genuine self-forgiveness. In order to test this hypothesis, a series of linear mixed models was computed to examine time-related changes and individual-level predictors of change in genuine self-forgiveness scores (GSF). Variation within repeated assessments (T_0 , T_1 , and T_2) was assessed at Level 1; whereas, variation between individual participants (i.e., condition, word count, self-compassion) was assessed at Level 2. As indicated by the intraclass correlation of the unconditional model, the estimated proportion of variance in participants' GSF scores attributable to differences between individuals was .4009 (40.09%).

The purpose of the final model was to determine whether differences in changes over time for participants' levels of genuine self-forgiveness were related to individual-level predictors (i.e., treatment condition, word count, and self-compassion). The likelihood ratio test statistic for comparing the unconditional model to the final model indicated a significant improvement in fit, $\chi^2(13) = 64.00$, $p < .001$. Therefore, inclusion of the random slope term and individual-level covariates improved prediction of time-related changes in participants' self-forgiveness scores.

Neither a linear ($p = .800$) nor a curvilinear ($p = .253$) effect of time was found to be significant in the presence of the interaction terms. Regarding the treatment condition to which participants were randomly assigned (i.e., immediate treatment v. waitlist control), a curvilinear cross-level interaction was found between treatment condition and time, $t(139.00) = 2.74, p = .007$. Inspection of the means displayed in Table 1 and the graphical depiction of the average change in participants' observed GSF scores by treatment condition in Figure 3, Panel A reveals that the rate of increase in genuine self-forgiveness accelerated between T_0 and T_1 (i.e., upon administration of the treatment) and remained constant between T_1 and T_2 among participants in the immediate treatment condition. In contrast, among participants in the wait-list control condition, the rate of increase in GSF scores remained constant between T_0 and T_1 and accelerated between T_1 and T_2 (i.e., upon administration of the treatment). These findings are precisely what are expected in a wait-list design. The effect size was calculated by comparing means divided by the pooled variance for participants in the immediate treatment and wait-list conditions at T_2 , when those in the immediate treatment had completed the workbook and those in the waitlist condition had not, Cohen's $d = .37$.

Second, as a measure of dose-response, a cross-level linear interaction between time-related change in GSF ratings and the number of words that each participant wrote in the workbook was tested and found to be significant, $t(139.00) = 2.00, p = .048$. Participants who wrote a greater number of words in the workbook reported greater increases in genuine self-forgiveness over time as is illustrated in Figure 3, Panel B. Finally, a cross-level linear interaction between time-related change in GSF ratings and participant's self-compassion score was found to be non-significant ($p = .651$).

A.



B.

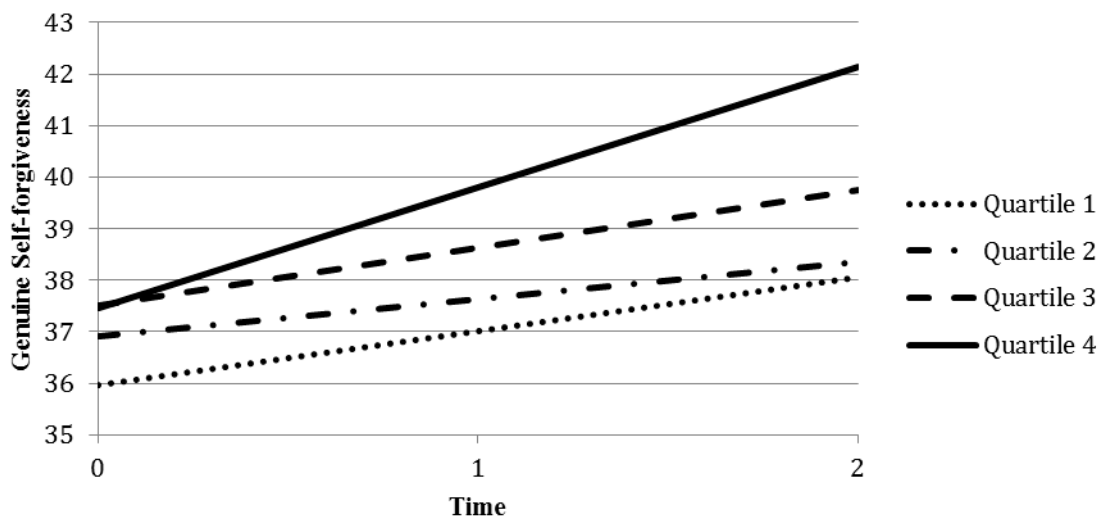


Figure 3. Genuine self-forgiveness scores by individual-level predictors. Panel A displays time-related changes in participants' genuine self-forgiveness ratings by treatment condition. Participants in the immediate treatment condition (IT) completed the intervention between T_0 and T_1 ; whereas, participants in the wait-list control condition completed the intervention between T_1 and T_2 . Panel B displays time-related changes in participants' genuine self-forgiveness ratings by word count quartiles.

In summary, Hypothesis 1 was generally supported. The rate at which participants' genuine self-forgiveness scores increased over time was related to the treatment condition to which participants were randomly assigned, such that participants demonstrated stronger gains in genuine self-forgiveness between assessment occasions in which they completed the workbook intervention. A dose-response relationship was also observed, such that participants who wrote a greater number of words in the self-directed workbook reported greater increases in genuine self-forgiveness relative to participants who wrote fewer words. Participants' self-reported level of dispositional self-compassion was not found to predict time-related changes in genuine self-forgiveness.

Research hypothesis 2. It was hypothesized that upon completion of the self-forgiveness workbook intervention, participants would report increased ratings of self-forgiving feelings and actions. In order to test this hypothesis, a series of linear mixed models was computed to examine time-related changes and individual-level predictors of change in ratings of self-forgiving feelings and actions (SFFA). The model specification for Hypothesis 2 was the same as the specification for Hypothesis 1. As indicated by the intraclass correlation of the unconditional model, the estimated proportion of variance in participants' SFFA scores explained by differences between individuals was .1815 (18.15%).

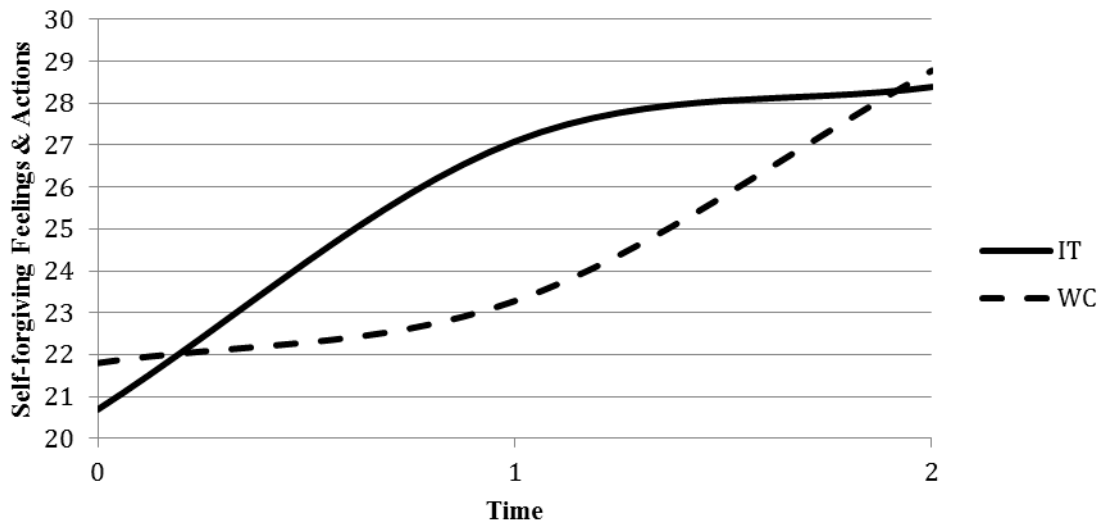
The purpose of the final model was to determine whether differences in changes over time for participants' levels of self-forgiving feelings and actions were related to individual-level predictors (i.e., treatment condition, word count, and self-compassion). The likelihood-ratio test statistic for comparing the unconditional model to the final model indicated a significant improvement in fit, $\chi^2(13) = 344.49, p < .001$. Therefore,

inclusion of the random slope term and individual-level covariates improved prediction of time-related changes in participants' self-forgiveness scores.

Findings indicated a main effect of time that was linear in form, $t(139.00) = 7.53$, $p < .001$, such that participants increased in self-forgiving feelings and actions as time progressed even in the presence of the interaction terms. Also, the quadratic effect of time approached significance, $t(137.67) = -1.957$, $p = .052$. In addition, a curvilinear cross-level interaction was observed, $t(137.66) = 8.36$, $p < .001$, indicating that the rate at which participants' SFFA scores increased depended upon the treatment condition to which participants were randomly assigned (i.e., immediate treatment v. waitlist control). Inspection of the means displayed in Table 1 and the graphical depiction of the average change in participants' observed SFFA scores by treatment condition in Figure 4, Panel A reveals that the rate of increase in scores accelerated between T_0 and T_1 (i.e., upon administration of the treatment) and gradually increased between T_1 and T_2 among participants in the immediate treatment condition. In contrast, among participants in the wait-list control condition, the rate of increase in SFFA scores gradually increased between T_0 and T_1 and accelerated between T_1 and T_2 (i.e., upon administration of the treatment). The effect size was $d = .98$.

Next, as a measure of dose-response, a cross-level linear interaction between time-related change in SFFA ratings and the number of words that each participant wrote in the workbook was tested and found not to be significant ($p = .412$), which contrasts to the significant interaction in analyzing the GSF scores. Finally, a cross-level linear interaction between time-related change in SFFA ratings and participant's self-compassion score was found to be significant, $t(139.00) = -4.90$, $p < .001$, which also

A.



B.

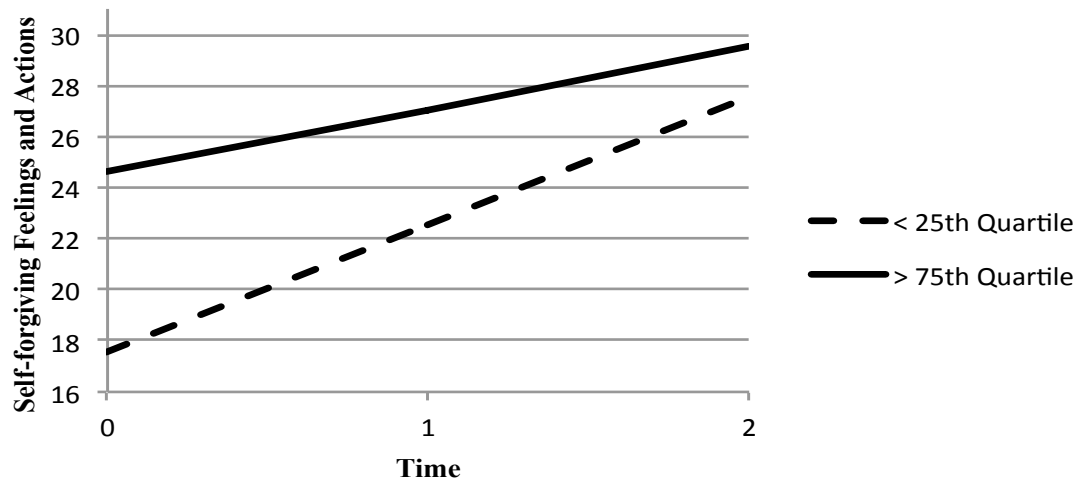


Figure 4. Self-forgiving feeling and action scores by individual-level predictors. Panel A displays time-related changes in participants' self-forgiving feelings and actions (SFFA) ratings by treatment condition. Panel B displays time-related changes in participants' SFFA scores by the greatest and least self-compassion quartiles.

contrasts the non-significant finding in analyzing GSF scores. Participants who reported higher dispositional ratings of self-compassion reported milder increases in self-forgiving feelings and actions over time, as is evidenced in Figure 4, Panel B.

In summary, Hypothesis 2 was generally supported. Participants' ratings of self-forgiving feelings and actions increased as time progressed. Also, the rate at which participants' SFFA scores increased was related to the treatment condition to which participants were randomly assigned, such that participants demonstrated stronger gains in self-forgiving feelings and actions between assessment occasions in which they completed the workbook intervention. No dose response was observed. Finally, participants who reported higher rates of dispositional self-compassion also reported milder gains in self-forgiving feelings and actions.

Research hypothesis 3. It was hypothesized that upon completion of the self-forgiveness workbook intervention, participants would report increased ratings of self-forgiving beliefs. In order to test this hypothesis, a series of linear mixed models was computed to examine time-related changes and individual-level predictors of change in participants' ratings of self-forgiving beliefs (SFB). The model specification for Hypothesis 3 was the same as the specification for the prior hypotheses. As indicated by the intraclass correlation of the unconditional model, the estimated proportion of variance in participants' SFB scores that may be attributed to differences between individuals was .1781 (17.81%).

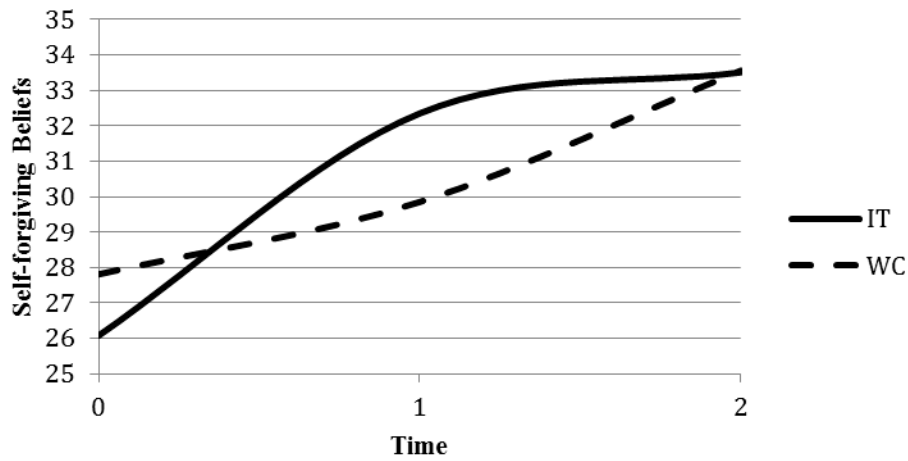
The purpose of the final model was to determine if differences in changes over time for participants' levels of self-forgiving beliefs were related to individual-level predictors (i.e., treatment condition, word count, and self-compassion). The likelihood-

ratio test statistic for comparing the unconditional model to the final model indicated a significant improvement in fit, $\chi^2(13) = 357.05, p < .001$. Therefore, inclusion of the random slope-term and individual-level covariates improved prediction of time-related changes in participants' self-forgiveness scores.

Findings indicated a main effect of time that was quadratic in form, $t(138.43) = -3.36, p = .001$, such that participants increased in self-forgiving beliefs with only the passage of time even in the presence of the interaction terms. In addition, a curvilinear cross-level interaction was observed, $t(138.40) = 5.59, p < .001$, indicating that the rate at which participants' ratings of SFB increased depended upon the treatment condition to which participants were randomly assigned (i.e., immediate treatment v. waitlist control). Inspection of the means displayed in Table 1 and the graphical depiction of the average change in participants' observed SFB scores by treatment condition in Figure 5, Panel A reveals that the rate of increase in scores accelerated between T_0 and T_1 (i.e., upon administration of the treatment) and gradually increased between T_1 and T_2 among participants in the immediate treatment condition. In contrast, among participants in the wait-list control condition, the rate of increase in SFB scores gradually increased between T_0 and T_1 and accelerated between T_1 and T_2 (i.e., upon administration of the treatment). The effect size was $d = .59$.

Next, as a measure of dose-responsiveness, a cross-level linear interaction between time-related change in SFB ratings and the number of words that each participant wrote in the workbook was tested and found not to be significant ($p = .735$), which is similar to the analysis of SFFA scores and different from the analysis of GSF

A.



B.

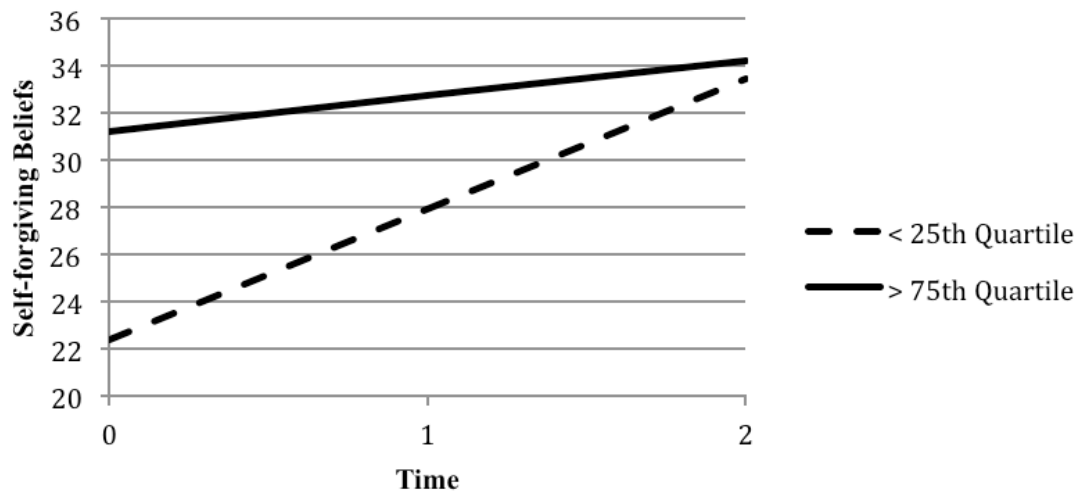


Figure 5. Self-forgiving belief scores by individual-level predictors. Panel A displays time-related changes in participants' self-forgiving beliefs ratings by treatment condition. Panel B displays time-related changes in participants' self-forgiving beliefs scores by the greatest and least self-compassion quartiles.

scores. Also, a significant cross-level linear interaction was observed, $t(139.00) = -7.06, p < .001$, between time-related change in SFB ratings and participants' self-compassion score, which again is similar to the analysis of SFFA scores and different from the analysis of GSF scores. Participants who reported higher dispositional ratings of self-compassion reported milder increases in self-forgiving beliefs over time, as is evident in Figure 5, Panel B.

In summary, Hypothesis 3 was generally supported. Participants' ratings of self-forgiving beliefs increased as time progressed. Also, the rate at which participants' SFB scores increased was related to the treatment condition to which participants were randomly assigned, such that participants demonstrated stronger gains in self-forgiving feelings and actions between assessment occasions in which they completed the workbook intervention. No dose-response relationship was observed; however, participants who reported higher rates of dispositional self-compassion also reported milder gains in self-forgiving beliefs over time.

Discussion

In this thesis, I investigated the efficacy of a 6-hour self-directed workbook designed to promote self-forgiveness among university students who perpetrated an interpersonal wrongdoing. I employed a waiting-list intervention design, in which participants were randomly assigned to receive the intervention between either the first and second assessment occasions (i.e., immediate treatment) or between the second and third assessment occasions (i.e., wait-list control). Findings indicated that participants' ratings on all three measures of state self-forgiveness improved as a function of treatment. In addition, evidence suggests that the effect of treatment depended upon self-

administered dose of treatment and upon dispositional levels of compassionate attitude toward oneself, but the nature of the effect differed for specific outcome measures.

Although scholars have theorized about the process of self-forgiveness for nearly two decades (Enright et al., 1996), the empirical investigation of self-forgiveness only recently started to proliferate (Hall & Fincham, 2005; Hall & Fincham, 2008). In particular, a growing body of evidence links self-forgiveness to spectrum of physical, mental, relational, and spiritual health outcomes (Davis, Worthington, Hook, & Hill, 2013; Davis, Ho, Griffin, Bell, Hook, Van Tongeren, & Worthington, 2013). While the salutary effects associated with self-forgiveness have compelled researchers to develop interventions designed to promote self-forgiveness (Scherer et al., 2011; Campana, 2010; Fisher, 2009), the interventions employed in prior studies were largely based upon heuristic models of self-forgiveness that inspire little confidence among researchers. The present study represents a step forward in the development of a self-forgiveness treatment based upon foundation basic scientific findings (Worthington, 2013).

Efficacy of the Intervention

As was hypothesized, participants reported significantly higher ratings of genuine self-forgiveness, self-forgiving feelings and actions, and self-forgiving beliefs in conjunction with administration of the self-forgiveness workbook. However, differences were found in the effect of treatment on each of these outcomes. First, as indicated by ratings of genuine self-forgiveness (Woodyatt & Wenzel, 2013), participants improved only with the administration of treatment and not simply as a function of time. Conversely, participants' scores on the self-forgiving feelings and actions and self-forgiving beliefs scales (Wohl et al., 2008) increased with the passage of time, though the

rate of increase was higher in response to the administration of treatment. So, to what might variation in the observed effect of treatment on different outcomes be attributed?

One explanation of this divergent effect is that the outcomes tested in the present study measure unique aspects of the process of self-forgiveness. The process by which perpetrators of harm reaffirm violated values (Woodyatt & Wenzel, 2013) differs from the process by which positive self-regard is restored (Wohl et al., 2008). Findings from the present study provide support for a new two-factor model of self-forgiveness that includes both the reaffirmation of violated values and the restoration of positive self-regard. In particular, the theory of intervention administered herein addresses reparation of spiritual and social bonds that are damaged as a result of perpetrating wrongdoing before focusing on the psychological consequences of wrongdoing, and the present findings suggest that the reaffirmation of sacred and shared values (GSF) does not occur simply as a passage of time even though the restoration of positive feelings and beliefs about oneself (SFFA & SFB) did increase as time progressed, though the increase was strongest in response to the administration of treatment. Furthermore, the workbook administered in the present study facilitated not only the restoration of positive self-regard (i.e., SFFA & SFB) but also the reparation of shared values between perpetrators and victims of offense (i.e., GSF).

A similar but alternative explanation of the divergent effect of treatment as evidenced by different measures of self-forgiveness is the psychometric confounding of increased positive self-forgiving emotions and decreased negative self-condemning emotions (Woodyatt & Wenzel, 2013). Namely, positive self-regard measures of self-forgiveness may confound the reduction of self-condemnation due to self-forgiveness

with the effects of coping strategies other than self-forgiveness (i.e., the passage of time, excusing oneself of blame, and punishing oneself to atone for an offense). In the present study, findings indicated that positive self-regard, both in terms of self-forgiving feelings and actions as well as self-forgiving beliefs, increased with the passage of time; however, the effect was certainly enhanced by treatment. This effect may possibly be the result of the confounding influence of excusing oneself of blame that is suggested to obscure Wohl et al.'s (2008) scale more so than Woodyatt et al.'s (2013) scale. Nevertheless, further investigation is needed to parse the unique effects of treatment on self-forgiveness (i.e., positive pro-self emotions) and self-condemnation (i.e., negative self-critical emotions), especially given that the current investigation focused solely upon instruments that purport to assess self-forgiveness and not a measure of self-condemnation.

Person-Activity Fit

Person-activity fit refers to investigating the optimal conditions under which an intervention may produce a desired effect. Specifically, Lyubomirsky and Layous (2013) assert that features of an intervention as well as features of a person may moderate the impact of an intervention on increased well-being. Activity features include variables such as dosage, duration of time over which a treatment is administered, and the degree to which an intervention is self- or other-oriented; whereas, person features include demographics, personality, baseline levels of an outcome, motivation, and beliefs about the efficacy of an intervention. Increasing person-activity fit is therefore an important consideration to achieve the most potent effect possible from an intervention. The present study assessed person-activity fit based on one feature of the intervention (i.e., self-

administered dose) and one feature of the person (i.e., dispositional compassionate attitude toward oneself).

A substantial amount of evidence exists to support the proposition that the effect of forgiveness interventions depends upon the dosage administered. For example, Wade, Hoyt, Kidwell, and Worthington (2014) meta-analyzed 54 reports of forgiveness interventions that were developed from various theoretical positions (i.e., Enright, Worthington, etc.) and delivered via multiple modalities (i.e., individual and group). Findings from their review indicated a strong dose response, such that the duration of treatment was directly related to the level of forgiveness achieved. In the present study, word count was introduced as a measure of dosage for the use of self-administered positive psychological interventions delivered via a psychoeducational workbook or online module. Findings from this study indicated a dose response on one of the three outcomes assessed: genuine self-forgiveness. Moreover, participants who wrote more words in their workbook reported stronger gains in acceptance of one's culpability for wrongdoing but also acceptance of one's inherent personal worth.

In addition to assessing an activity feature that moderated person-activity fit, the extent to which participants reported having a dispositional compassionate attitude toward oneself was assessed as a person feature that moderated the effect of treatment (MacBeth & Gumley, 2012; Neff, 2003; Neff & McGehee, 2010). Findings indicated that, for two of the three treatment outcomes, participants who had higher initial levels of self-compassion also reported milder gains in self-forgiveness as a result of treatment. Conversely, participants who reported having a self-critical attitude toward themselves reported more dramatic gains in self-forgiveness, though this conclusion may be suspect

to regression to the mean. A more cautious interpretation is that participants who reported dispositional self-critical attitudes were not resistant to the intervention.

Description of the Offense

One advantage of the present study over prior efficacy trials of interventions designed to promote self-forgiveness is that a general population was surveyed and asked to provide information about an interpersonal offense for which they condemn themselves. A number of interesting findings emerged from data about the offenses that participants reported. First, participants stated frequently committing offenses against others with whom they were in close and continual relationship (i.e., romantic partners, family members, and friends). Past studies of interpersonal forgiveness suggest that relationship commitment moderates the forgiveness-health relationship (Griffin, Lavelock, Worthington, Wade, & Hoyt, in press), such that the connection between unforgiveness and poor health outcomes is stronger for victims who are more committed to the perpetrator of offense. Similarly, interpersonal commitment may partially explain the strength of the relationship between self-forgiveness and health, especially if people report perpetrating offenses against others to whom they are strongly committed.

Second, the present study is the first to ask participants to report the amount of time that had elapsed since they perpetrated the offense. Nearly half of the sample reported that they continue to condemn themselves for an offense that was perpetrated over one year prior to participating in the study. This finding supports my conceptual argument that self-condemnation, when it is not successfully managed, persists for a considerable amount of time, sustaining chronic negative emotions, self-evaluative cognitions, and self-punitive behaviors.

Finally, participants provided a narrative description of the offenses that they perpetrated. Upon analysis of the data, participants' responses were coded based upon the elements of their description that were most salient. Among an undergraduate sample the most frequently described offense was betrayal of a romantic partner. However, other types of offenses included betrayal of a friend, physical and verbal aggression, bullying, and even lost time with deceased loved ones with whom the participant had a troubled relationship. The broad ranges of offenses reported in the present study justify adaption of the theory of intervention for specialized applications to military settings, couple's counseling, grief counseling, substance use counseling, healthcare, and education. Some evidence already exists to support these adaptations of the treatment model, though much remains to be done (Gonyea, Paris, & Zerden, 2008; Griffin et al., 2013, Romero et al., 2006; Webb, Robinson, & Brower, 2009; Witvliet et al., 2004)

Limitations

The conclusions of the present study should be interpreted within the confines of certain limitations. Two types of attrition commonly introduce bias into the findings of efficacy trials involving mental health treatments, especially treatments that are self-administered (Eysenbach, 2005). First, *dropout attrition* refers to the proportion of participants who completed a pre-test assessment but not a post-test assessment. In the present study, the dropout attrition rate was approximately 30%. While this rate is comparable to other internet-based mental health treatments (for a review, see Eysenbach, 2009, Geraghty, Wood, & Hyland, 2010, Mitchell et al., 2008) and to rates of dropout attrition in trials of group-based forgiveness interventions (Wade & Meyer, 2009), I am concerned that the rate of dropout attrition in the present study may bias the

results. For example, the few null findings regarding tests of individual differences that moderated the effect of treatment (i.e., word count and dispositional self-compassion) may be in part the result of reduced statistical power due to attrition as opposed to conceptual differences between Woodyatt et al.'s (2013) and Wohl et al.'s (2008) self-forgiveness scales that assess divergent components of self-forgiveness (i.e., positive self-regard and reparation of shared values, respectively).

Second, non-usage attrition or non-adherence describes the proportion of participants who continue to complete surveys without devoting time and effort to self-administration of the intervention. While adherence is a problem despite the modality of treatment delivery (i.e., a group facilitator or individual therapist cannot ensure that recipients of treatment devote their focus to therapeutic goals), it can be especially difficult to ensure adherence to a self-directed treatment protocol. A count of words written in the workbook by each participants and the amount of time required to complete the workbook reported by each participant who completed the present study were used as measures of treatment adherence, though other metrics of adherence are needed that might include measures of participants' beliefs about the efficacy of self-administered treatments. Furthermore, I conclude that the rate of dropout attrition observed in the present study and questions about the extent to which participants adhered to the self-directed treatment protocol promote skepticism regarding claims of efficacy about the present treatment in the absence of replication studies without as much attrition.

A final limitation of the present study is that only two weeks of time elapsed in between assessment occasions. Evidence is needed to determine whether the effects of treatment persist longer than a couple weeks after completion of the intervention. Future

investigations should therefore determine whether the gains achieved by participants following the administration of treatment are maintained at a follow-up occasion that is assessed after an extended period of time following the cessation of treatment. Moreover, the effect of treatment may vary as a function of the amount of time over which treatment is administered, and the delivery of the intervention in the present study was very concentrated (approximately 6 hours within a two-week interval). Future investigations might also examine if changing the delivery of treatment over a shorter or longer period of time might influence benefits reported by participants.

Implications for Research

The development of self-administered positive psychological interventions provides a platform for an array of replication studies. Future examinations of the self-forgiveness workbook administered in the present study might investigate how other activity and person features affect person-activity fit and ultimately the effect of treatment. For example, what personality traits make a person a good candidate for administration of a self-directed intervention? How do factors including demographics, personality, religiousness, and beliefs about the efficacy of self-directed interventions impact the potency of treatments designed to promote self-forgiveness (Strelan, 2007)? One might also apply the theory of intervention presented herein for investigation within specialized settings (i.e., military, healthcare, education, grief & bereavement, etc.). The ease with which the self-forgiveness workbook intervention may be administered exponentially increases the ability of researchers to investigate the efficacy of the intervention within diverse groups of people.

A second implication for future research is to examine the impact of interventions designed to promote self-forgiveness as a mechanism of change for participant's physical, mental, relational, and spiritual health. Statistical methodologies, such as Latent Growth Curve Analysis, enable researchers to examine whether or not change on a particular treatment outcome (i.e., self-forgiveness) is related to change in additional outcomes (i.e., cortisol levels, ratings of psychological symptomatology, relational and spiritual strain, etc.). For the most part, the self-forgiveness literature simply describes bivariate associations between self-forgiveness and various health outcomes; therefore, longitudinal and experimental designs are needed to provide evidence to support self-forgiveness as a mechanism to promote improved health outcomes.

Finally, as is the case with the self-forgiveness literature at large, the present study has examined the process of self-forgiveness for solely offenses in which one perpetrated an interpersonal offense. However, it is possible to condemn oneself in cases where one does not perpetrate harm against another person. How might the process of self-forgiveness differ for a person who simply fails to meet their own expectations without causing others' harm? Also, is it possible to facilitate the process of self-forgiveness and moral repair among people who witness wrongdoing as opposed to actually perpetrating wrongdoing? Future investigations should examine under what conditions being exposed to an event that violates one's own moral values merits the facilitation of self-forgiveness and moral repair.

Implications for Clinical Practice

Kazdin and Rabbitt (2013) maintain that delivery of mental health services via traditional methods (i.e., individual, couples, and group therapy) will never satisfy the

immense burden of mental illness within society. Therefore a need exists for the development of interventions that may be administered by providers with fewer professional credentials and that overcome barriers to treatment including cost, restricted access, and stigma. One solution to this dilemma, which was proposed by Teachman (2014), is the development of eHealth interventions that are as efficacious as existing treatment models but require minimal or no face-to-face therapist contact. The 6-hour self-directed intervention workbook examined in the present study is a step toward meeting the societal need for cost-effective positive psychological interventions that may be widely disseminated using modern communication technologies. The workbook may provide a useful adjunct to traditional methods of treatment delivery as well as tool that may be completed solely by a person for personal enrichment apart from the guidance of a mental health professional.

Conclusion

Self-forgiveness is associated with benefits for one's physical, mental, relational, and spiritual health (Davis, Ho, Griffin, Bell, Hook, Van Tongeren, & Worthington, 2013), and the salutary effects linked to self-forgiveness compel the development and delivery of self-forgiveness interventions to assuage the deleterious effects of self-condemnation on society (Scherer et al., 2011; Campana, 2010; Fisher, 2009). The intervention workbook that was administered in the present study was found to efficaciously promote self-forgiveness, and it is distinguished by its foundation in the burgeoning science of self-forgiveness as well as the ease with which it may be disseminated to a broad audience (Worthington, 2013). However, attrition poses a possible threat to the internal validity of the present study. While the present findings

suggest that the workbook was efficacious for at least participants who completed the study, the efficacy of the intervention cannot be certain without successful replication trials with lower rates of attrition.

References

- Barber, L., Malby, J., & Macaskill, A. (2005). Angry memories and thoughts of revenge: The relationship between forgiveness and anger rumination. *Personality and Individual Differences, 39*, 253-262.
- Beck, A. T., & Beck, R. W. (1972). Screening depressed patients in family practice: A rapid technic. *Postgraduate Medicine, 52*, 81-85.
- Beck, A. T., Steer, R. A., & Brown, G. (1996). Manual for Beck Depression Inventory – II. San Antonio, TX: Psychological Corporation.
- Beck, A. T., Steer, R. A., & Garbin, M. G. (1988). Psychometric properties of the Beck Depression Inventory: Twenty-five years of evaluation. *Clinical Psychology Review, 8*, 77-106.
- Berecz, J. M. (1998). *Beyond shame and pain: Forgiving yourself and others*. Lima, OH: CSS Publishing Co.
- Branscombe, N. R., Wohl, M. J. A., Owen, S., Allision, J. A., & Ngbala, A. (2003). Counterfactual thinking, blame, and well-being among rape victims. *Basic and Applied Social Psychology, 25*, 265-273.
- Brennan, K. A., Clark, C. L., & Shaver, P. R. (1998). Self report measurement of adult attachment: An integrative overview. In J. A. Simpson & W. S. Rhodes (Eds.), *Attachment theory and close relationships* (pp. 46-76). New York: Guilford Press.
- Buss, A. H., & Perry, M. (1992). The Aggression Questionnaire. *Journal of Personality and Social Psychology, 63*, 452-459.
- Campana, K. (2010). *Self-forgiveness interventions for women experiencing a breakup*. Unpublished Doctoral Dissertation, Virginia Commonwealth University.
- Campbell, D. T., & Stanley, J. C. (1966). *Experimental and quasi-experimental designs for research*. Chicago, IL: Rand McNally.
- Cella, D. F. (1997). *Manual of the Functional Assessment of Chronic Illness Therapy (quality of life) Scales* (Version 4). Center on Outcomes, Research and Education, Evanston Northwestern Healthcare and Northwestern University, Evanston, IL.
- Center for Disease Control and Prevention. (2002). Health Related Quality of Life-14 (HRQOL-14). Retrieved September 5, 2005, from <http://www.cdc.gov/hrqol/methods.htm>.

- Cole, B. P., Davidson, M., Lozano, N. M., Gervais, S. J., & Gundel, B. E. (2012). *Associations between sexual violence and forgiveness among college women*. Paper presented at the American Psychological Association Convention, Orlando, FL.
- Copeland, K. A. (2007). Sexual trauma, forgiveness, and health. (Doctoral dissertation). Retrieved from *ProQuest Dissertations and Theses*.
- Davidson, J. R. T., Book, S. W., Colket, J. T., Tupler, L. A., Roth, S., David, D., et al. (1997). Assessment of a new self-rating scale for posttraumatic stress disorder: The Davidson Trauma Scale. *Psychological Medicine*, 27, 153–160.
- Davis, D. E., Ho, M. Y., Griffin, B. J., Bell, C., Hook, J. N., Van Tongeren, D.R., & Worthington, E. L., Jr. (2013). Forgiveness of self from a stress-and-coping perspective: A meta-analytic review. Unpublished manuscript submitted for publication, Atlanta, GA..
- Davis, D. E., Worthington, E. L., Jr., Hook, J. N., & Hill, P. C. (2013). Research on religion/spirituality and forgiveness: A meta-analytic review. *Psychology of Religion and Spirituality*, 5(4), 233-241.
- Deane, F. P., Wootton, D. J., Hsu, Ching-I, & Kelly, P. J. (2012). Predicting dropout in the first 3 months of a 12-step residential drug and alcohol treatment in an Australian sample. *Journal of the Study of Alcohol & Drugs*, 73, 216-223.
- Derogatis, L. R., & Melisaratos, N. (1983). The Brief Symptom Inventory: An introductory report. *Psychological Medicine*, 3, 595-605.
- Diener, E. D., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The Satisfaction with Life Scale. *Journal of Personality Assessment*, 49, 71-75.
- Elliot, D. M., & Briere, J. (1991). Studying the long-term effects of sexual abuse: The Trauma Symptom Checklist. In A. W. Burgess (Ed.), *Rape and sexual assault, Vol. III*. (p. 57-74). New York: Garland Publishing.
- Enright, R. D., & The Human Development Study Group (1996). Counseling within the forgiveness triad: On forgiving, receiving forgiveness, and self-forgiveness. *Counseling and Values*, 40, 107-126.
- Enright, R. D., Rique, J., & Coyle, C. T. (2000). *The Enright Forgiveness Inventory (EFI) user's manual*. Madison, WI: The International Forgiveness Institute.
- Exline, J. J., Root, B. L., Yadavalli, S., Martin, A. M., & Fisher, M. L. (2011). Reparative behaviors and self-forgiveness: Effects of a laboratory-based exercise. *Self and Identity*, 10, 101-126.

- Exline, J. J., Yali, A. M., & Lobel, M. (1999). When God disappoints: Difficulty forgiving God and its role in negative emotion. *Journal of Health Psychology, 4*, 365-379.
- Eysenbach, G. (2009). Adherence in internet interventions for anxiety and depression: Systematic Review. *Journal of Medical Internet Research, 11*, e13.
- Eysenbach, G. (2005). The law of attrition. *Journal of Medical Internet Research, 7*, e11.
- Fehr, R., Gelfand, M. J., & Nag, M. (2010). The road to forgiveness: A meta-analytic synthesis of its situational and dispositional correlates. *Psychological Bulletin, 136*, 894-914.
- 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: Author.
- Fisher, M. L., & Exline, J. J. (2010). Moving toward self-forgiveness: Removing barriers related to shame, guilt, and regret. *Social and Personality Psychology Compass, 3*, 1-11.
- Fisher, M. L. (2009). *Evaluation of a self-forgiveness intervention: Does it promote emotion resolution and prosocial behavior?* Unpublished doctoral dissertation, Case Western Reserve University.
- Fisher, M. L., & Exline, J. J. (2006). Self-forgiveness versus excusing: The roles of remorse, effort, and acceptance of responsibility. *Self and Identity, 5*(2), 127-146.
- Friedman, L. C., Barber, C. R., Chang, J., Tham, Y. L., Kalidas, M., Rimawi, M. F., et al. (2010). Self-blame, self-forgiveness, and spirituality in breast cancer survivors in a public sector setting. *Journal of Cancer Education, 25*, 343-348.
- Friedman, L. C., Romero, C., Elledge, R., Chang, J., Kalidas, M., Dulay, M. F., Lynch, G. R., & Osbourne, C. K. (2007). Attribution of blame, self-forgiving attitude and psychological adjustment in women with breast cancer. *Journal of Behavioral Medicine, 30*, 351-357.
- Galindo, J. (2002). Understanding the construct of forgiveness: An empirical study. (Doctoral dissertation). Retrieved from *ProQuest Dissertations and Theses*.
- Garner, D. M. (2004). *Eating Disorder Inventory-3 professional manual*. Lutz, FL: Psychological Assessment Resources, Inc.

- Geraghty, A. W. A., Wood, A. M., Hyland, M. E. (2010). Attrition from self-directed interventions: Investigating the relationship between psychological predictors, intervention content, and dropout from a body dissatisfaction intervention. *Social Science & Medicine*, 71, 30-37.
- Gonyea, J. G., Paris, R. & de Saxe Zerden, L. (2008). Adult daughters and aging mothers: The role of guilt in the experience of caregiver burden. *Aging and Mental Health*, 12, 559-567.
- Green, M., DeCourville, N., & Sadava, S. (2012). Positive affect, negative affect, stress, and social support mediators of the forgiveness-health relationship. *Journal of Social Psychology*, 152, 288-307.
- Greer, C., Worthington, E. L., Jr., Lavelock, C. R. (2012). *Six practical sections for becoming a more forgiving Christian*. Virginia Commonwealth University, Richmond, VA.
- Griffin, B. J., & Worthington, E. L., Jr. (January, 2013). *Six steps to self-forgiveness: Self-directed workbook*. Unpublished workbook, Virginia Commonwealth University, Richmond Virginia.
- Griffin, B. J., Lavelock, C. R., Worthington, E. L., Jr. (in press). *On earth as it is in heaven: Healing through forgiveness*. *Journal of Psychology and Theology*, in press.
- Griffin, B. J., Lavelock, C. R., Worthington, E. L., Jr., Wade, N. G., & Hoyt, W. T. (in press). Forgiveness and mental health. In Loren Toussaint, Everett L. Worthington, Jr., & David Williams (Eds.), *Forgiveness and health: Scientific evidence and theories relating forgiveness to better health*. New York: Springer.
- Griffin, B. J., Worthington, E. L., Jr., Danish, S. J., Dees, R. F., Davis, D. E., Lavelock, C. R., & Shaler, L. (2013). Self-forgiveness and military service: Equipping warriors to fight for freedom from self-condemnation. Manuscript submitted for publication.
- Hall, J. H., & Fincham, F. D. (2005). Self-forgiveness: The stepchild of forgiveness research. *Journal of Social and Clinical Psychology*, 24, 621-637.
- Hall, J. H., & Fincham, F. D. (2008). The temporal course of self-forgiveness. *Journal of Social and Clinical Psychology*, 27, 174-202.
- Harris, P. A., Taylor, R., Thielke, R., Payne, J., Gonzalez, N., & Conde, J. G. (2009). Research electronic data capture (REDCap) – a metadata-driven methodology and workflow process for providing translational research informatics support. *Journal of Biomedical Informatics*, 42, 377-381.

- Hirsch, J. K., Webb, J. R., & Jeglic, E. L. (2011). Forgiveness, depression, and suicidal behavior among a diverse sample of college students. *Journal of Clinical Psychology, 67*, 896-906.
- Hirsch, J. K., Webb, J. R., & Jeglic, E. L. (2012). Forgiveness as a moderator of the association between anger expression and suicidal behaviour. *Mental Health, Religion & Culture, 15*, 279-300. doi: 10.1080/13674676.2011.571666
- Holmgren, M. R. (1998). Self-forgiveness and responsible moral agency. *Journal of Value Inquiry, 32*, 75-91.
- Ingersoll-Dayton, B., Torges, C., & Krause, N. (2010). Unforgiveness, rumination, and depressive symptoms among older adults. *Aging and Mental Health, 14*, 439-339.
- Jacinto, G. A. (2009). The self-forgiveness process of caregivers after the death of care-receivers diagnosed with Alzheimer's disease. *Journal of Social Service Research, 36*, 24-36.
- Joseph, S., Linley, P.A., Harwood, J., Lewis, C.A., & McCollam, P. (2004). Rapid assessment of well-being: The Short Depression-Happiness Scale (SDHS). *Psychology, and Psychotherapy: Theory, Research and Practice, 77*, 463-478.
- Kazdin, A. E., & Rabbitt, M. (2013). Novel models for delivering mental health services and reducing the burdens of mental illness. *Clinical Psychological Science, 1*, 170-191.
- Keane, T. M., Caddell, J. M., & Taylor, K. L. (1988). Mississippi Scale for Combat-Related Posttraumatic Stress Disorder: Three studies in reliability and validity. *Journal of Consulting and Clinical Psychology, 56*, 85-90.
- Kessler, R., & Mroczek, D. (1994). *Scoring the UM-CIDI short form*. Ann Arbor, MI: Survey Research Center.
- King, M. L. (2008). Lack of self-forgiveness, victimization, and health in incarcerated females. (Doctoral dissertation). Retrieved from *ProQuest Dissertations and Theses*.
- Konstam, V., Chernoff, M., & Deveney, S. (2001). Toward forgiveness: The role of shame, guilt, anger, and empathy. *Counseling and Values, 46*, 26-39.
- Lander, A. (2012). Toward the incorporation of forgiveness therapy in healing the wounds of eating disorders: A case study in self-forgiveness. *Clinical Case Studies, 11*, 119-139.

- Lavelock, C. R., & Worthington, E. L., Jr. (2012). *The path to forgiveness: Six practical sections for becoming a more forgiving person*. Virginia Commonwealth University, Richmond.
- Lavelock, C. R., Snipes, D. J., Griffin, B. J., Worthington, E. L., Jr., Davis, D. E., & Hook, J. N. (in press). Conceptual models of forgiveness and health. In Loren Toussaint, Everett L. Worthington, Jr., & David Williams (Eds.), *Forgiveness and health: Scientific evidence and theories relating forgiveness to better health*. New York: Springer.
- Lavelock, C. R., Worthington, E. L., Jr., & Burnette, J. L. (2012). *The path to self-control: Six practical sections for becoming a more disciplined person*. Virginia Commonwealth University, Richmond.
- Lavelock, C. R., Worthington, E. L., Jr., & Davis, D. E. (2012). *The path to humility: Six practical sections for becoming a more humble person*. Virginia Commonwealth University, Richmond.
- Lavelock, C. R., Worthington, E. L., Jr., & King, L. A. (2012). *The path to positivity: Six practical sections for becoming a more positive person*. Virginia Commonwealth University, Richmond.
- Lavelock, C. R., Worthington, E. L., Jr., & Schnitker, S. A. (2012). *The path to patience: Six practical sections for becoming a more patient person*. Virginia Commonwealth University, Richmond.
- Lavelock, C., Griffin, B. J., Worthington, E. L., Jr. (2013). Forgiveness, religion, spirituality, and mental health in people with physical challenges: A review and a model. *Research in the Social Scientific Study of Religion*, in press.
- Lazarus, R.S. (1999). *Stress and emotion: A new synthesis*. New York: Springer.
- Linehan, M. M., & Nielsen, S. L. (1981). Assessment of suicide ideation and parasuicide: Hopelessness and social desirability. *Journal of Consulting & Clinical Psychology*, 49, 773-775.
- Litz, B. T., Stein, N., Delaney, E., Lebowitz, L., Nash, W. P., Silva, C., & Maguen, S. (2009). Moral injury and moral repair in war veterans: A preliminary model and intervention strategy. *Clinical Psychology Review*, 29, 695-706.
- Lyons, G. C. B., Deane, F. P., Caputi, P., & Kelly, P. J. (2011). Spirituality and the treatment of substance use disorders: An exploration of forgiveness, resentment, and purpose in life. *Addiction Research and Theory*, 19, 549-469
- Lyubomirsky, S., & Layous, K. (2013). How do simple positive activities increase well-being? *Current Directions in Psychological Science*, 22, 57-62.

- Macaskill, A. (2012a). Differentiating dispositional self-forgiveness from other-forgiveness: associations with mental health and life satisfaction. *Journal of Social and Clinical Psychology, 31*, 28-50.
- Macaskill, A. (2012b). A feasibility study of psychological strengths and well-being assessment in individuals living with recurrent depression. *The Journal of Positive Psychology, 7*, 372-386.
- MacBeth, A., & Gumley, A. (2012). Exploring compassion: A meta-analysis of the association between self-compassion and psychopathology. *Clinical Psychology Review, 32*, 545-552.
- Maltby, J., Macaskill, A., & Day, L. (2001). Failure to forgive self and others: a replication and extension of the relationship between forgiveness, personality, social desirability, and general health. *Personality and Individual Differences, 30*, 881-885.
- Marsden, A. B. (2010). The role of childhood sexual abuse in the development of maladaptive behavior in incarcerated males. (Doctoral dissertation). Retrieved from *ProQuest Dissertations and Theses*.
- Martin, L. A., Vosvick, M., & Riggs, S. A. (2012). Attachment, forgiveness, and physical health quality of life in HIV+ adults. *AIDS Care, 24*, 1333-1340.
- 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.
- Mills, J. K. (1995). On self-forgiveness and moral self-representation. *Journal of Value Inquiry, 29*, 405-406.
- Mitchell, J. E., Crosby, R. D., Wonderlich, S. A., Crow, S., Lancaster, K., Simonich, H., Swan-Kremeier, L., Lysne, C., & Myers, T. C. (2008). A randomized trial comparing the efficacy of cognitive-behavioral therapy for bulimia nervosa delivered via telemedicine versus face-to-face. *Behaviour Research and Therapy, 46*, 581-592.
- Neff, K. (2003). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity, 2*, 85-101.
- Neff, K. D., & McGehee, P. (2010). Self-compassion and psychological resilience among adolescents and young adults. *Self and Identity, 9*, 225-240.
- Nock, M. K., Holmberg, E. B., Photos, V. I., Michel, B. D. (2007). Self-injurious Thoughts and Behaviors Interview: Development, reliability, and validity in an adolescent sample. *Psychological Assessment, 19*, 309-317.

- Osman, A., Bagge, C., Gutierrez, P. M., Konick, L. C., Kooper, B. A., & Barrios, F. X. (2001). The Suicidal Behaviors Questionnaire-Revised (SBQ-R): Validation with clinical and nonclinical samples. *Assessment, 8*, 443-454.
- Pargament, K. I. (1997). *The psychology of religion and coping: Theory, research, practice*. New York: Guilford Press.
- Radloff, L. S. (1977). The CES-D Scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement, 1*, 385-401.
- Riek, B. M. (2010). Transgressions, guilt, and forgiveness: A model of seeking forgiveness. *Journal of Psychology and Theology, 38*, 246-254.
- 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.
- 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.
- Sapolsky, R. M. (1994). *Why zebras don't get ulcers*. New York: WH Freeman.
- Scheier, M. F., Carver, C. S., & Bridges, M. (1994). Distinguishing optimism from neuroticism (and trait anxiety, mastery, and self-esteem): A re-evaluation of the Life Orientation Test. *Journal of Personality and Social Psychology, 67*, 1063-1078.
- Scherer, M., Worthington, E. L., Jr., Hook, J. N., & Campana, K. L. (2011). Forgiveness and the bottle: Promoting self-forgiveness in individuals who abuse alcohol. *Journal of Addictive Diseases, 30*, 382-395.
- Shacham, S. (1983). A shortened version of the profile of mood states. *Journal of Personality Assessment, 47*, 305-306.
- Snyder, C. R., Harris, C., Anderson, J. R., Holleran, S. A., Irving, L. M., Sigmon, S. T. et al. (1991). The will and the ways: Development and validation of an individual-differences measure of hope. *Journal of Personality and Social Psychology, 60*, 570-585.
- Spielberger, C. D., Gorsuch, R. L., & Lushene, R. E. (1970). *Manual for the state- trait anxiety inventory (Self-evaluation questionnaire)*. Palo Alto, CA: CPP.

- Spielberger, C. D., Jacobs, G., Russell, S., & Crane, R. S. (1983). Assessment of anger: The state-trait anger scale. In J. N. Butcher & C. D. Spielberger (Eds.), *Advances in personality assessment* (Vol. 2, pp. 161–189). Hillside, NJ: Lawrence Erlbaum.
- Squires, R. C., Sztainert, T., Gillen, N. R., Caouette, J., & Wohl, M. J. A. (2012). The problem with self-forgiveness: Forgiving the self deters readiness to change among gamblers. *Journal of Gambling Studies*, 28, 337-350.
- StatEpi Coordinating Center Department of Epidemiology. (n.d.) HIV symptom checklist. Johns Hopkins University, The MultiCenter AIDS Cohort Study (MACS). Retrieved January 23, 2008, from <http://www.statepi.jhsph.edu/macs/forms.html>.
- Strelan, P. (2007). Who forgives others, themselves, and situations? The roles of narcissism, guilt, self-esteem, and agreeableness. *Personality and Individual Differences*, 42, 259-269.
- Strelan, P., Acton, C., & Patrick, K., (2009). Disappointment with God and well-being: The mediating influence of relationship quality and dispositional forgiveness. *Counseling and Values*, 53, 202-213.
- Strelan, P., & Covic, T. (2006). A review of forgiveness process models and a coping framework to guide future research. *Journal of Social and Clinical Psychology*, 25, 1059-1085.
- Sue, D. W. (2012). *Counseling the culturally diverse: Theory and practice*. New York: John Wiley & Sons.
- Sukhodolsky, D. G., Golub, A., & Cromwell, E. N. (2001). Development and validation of the Anger Rumination Scale. *Personality and Individual Differences*, 31, 689–700.
- Svalina, S. S., & Webb, J. R. (2012). Forgiveness and health among people in outpatient physical therapy. *Disability & Rehabilitation*, 34, 383-392.
- Tabachnick, B. G., & Fidell, L. (2001). *Using multivariate statistics* (4th ed.). Needham Heights, MA: Allyn & Bacon.
- Tangney, J. P., & Dearing, R. (2002). *Shame and guilt*. New York: Guilford Press.
- 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.). New York: Routledge.
- Tangney, J.P., Boone, A. L., Fee, R., & Reinsmith, C. (1999). *Multidimensional Forgiveness Scale*. George Mason University, Fairfax VA.

- Teachman, B. A. (2014). No appointment necessary: Treating mental illness outside the therapist's office. *Perspectives on Psychological Science*, 9, 85-87.
- Thompson, L. Y., Snyder, C. R., Hoffman, L., Michael, S. T., Rasmussen, H. N., Billings, L. S., Heinze, L., Neufeld, J. E., Shorey, H. S., Roberts, J. C. & Roberts, D. E. (2005). Dispositional forgiveness of self, others, and situations. *Journal of Personality*, 73, 313-360.
- Toussaint, L. L., & Webb, J. R. (2005). Theoretical and empirical connections between forgiveness, mental health, and well-being. In Everett L. Worthington, Jr. (Ed.), *Handbook of forgiveness* (pp. 349-362). New York: Brunner-Routledge.
- Toussaint, L. L., Owen, A. D., & Cheadle, A. (2012). Forgive to live: Forgiveness, health, and longevity. *Journal of Behavioral Medicine*, 35, 375-386.
- Toussaint, L. L., Williams, D. R., Musick, M. A., & Everson, S. A. (2001). Forgiveness and health: Age differences in a U.S. probability sample. *Journal of Adult Development*, 8, 249-257.
- Toussaint, L. L., Williams, D. R., Musick, M. A., & Everson-Rose, S. A. (2008). The association of forgiveness and 12-month prevalence of major depressive episode: Gender differences in a probability sample of U.S. adults. *Mental Health, Religion & Culture*, 11, 485-500.
- Vitz, P. C., & Meade, J. M. (2011). Self-forgiveness in psychology and psychotherapy: A critique. *Journal of Religion and Health*, 50, 248-263
- Wade, N. G., Hoyt, W. T., Kidwell, J. E. M., Worthington, E. L., Jr. (2014). Efficacy of psychotherapeutic interventions to promote forgiveness: A meta-analysis. *Journal of Consulting and Clinical Psychology*, 82, 154-170.
- Wade, N. G., & Meyer, J. E. (2009). Comparison of Brief Group Interventions to Promote Forgiveness: A Pilot Outcome Study. *International Journal of Group Psychotherapy*, 99, 199-220.
- Walker, D. F., & Gorsuch, R. L. (2002). Forgiveness within the Big Five personality model. *Personality and Individual Differences*, 32, 1127-1137.
- Wang, A. (2006). The relationship between self-forgiveness and AA treatment variables. (Doctoral dissertation). Retrieved from *ProQuest Dissertations and Theses*.
- Watson, D., Clark, L. A., & Tellegen, A. (1988). Development and validation of brief measures of positive and negative affect: The PANAS scales. *Journal of Personality and Social Psychology*, 54, 1063-1070.
- Watson, M. J., Lydecker, J. A., Jobe, R. L., Enright, R. D., Garner, A., Mazzeo, S. E., & Worthington, E. L., Jr. (2012). Self-forgiveness in anorexia nervosa and bulimia nervosa. *Eating Disorders*, 20, 31-41.

- Webb, J. R., Dula, C. S., & Brewer, K. (2012). Forgiveness and aggression among college students. *Journal of Spirituality in Mental Health, 14*(1), 38-58.
- Webb, J. R., Hill, S. K., & Brewer, K. G. (2012). Dimensions of social support as mediators of the forgiveness-alcohol outcome relationship. *Addictive Disorders & Their Treatment, 11*, 64-75.
- Webb, J. R., Robinson, E. A. R., & Brower, K. J. (2009). Forgiveness and mental health among people entering outpatient treatment with alcohol problems. *Alcoholism Treatment Quarterly, 27*, 368-388. doi: 10.1080/07347320903209822
- Webb, J. R., Robinson, E. A. R., & Brower, K. J. (2011). Mental health, not social support, mediates the forgiveness-alcohol outcome relationship. *Psychology of Addictive Behaviors, 25*, 462-473. doi: 10.1037/a0022502
- Webb, J. R., Toussaint, L., Kalpakjian, C. Z., & Tate, D. G. (2010). Forgiveness and health-related outcomes among people with spinal cord injury. *Disability & Rehabilitation, 32*, 360-366.
- Wenzel, M., Woodyatt, L., & Hedrick, K. (2012). No genuine self-forgiveness without accepting responsibility: Vale reaffirmation as a key to maintaining positive regard. *European Journal of Social Psychology, 42*, 617-627.
- Westers, N. J., Rehfuss, M., Olson, Lynn, & Biron, D. (2012). The role of forgiveness in adolescents who engage in nonsuicidal self-injury. *Journal of Nervous Mental Disorders, 200*, 535-541.
- Wilson, T., Milosevic, A., Carroll, M., Hart, K., & Hibbard, S. (2008). Physical health status in relation to self-forgiveness and other-forgiveness in health college students. *Journal of Health Psychology, 13*, 798-803.
- Witvliet, C. V. O., Phipps, K. A., Feldman, M. E., & Beckham, J. C. (2004). Posttraumatic mental and physical health correlates of forgiveness and religious coping in military veterans. *Journal of Traumatic Stress, 17*, 269-273.
- Wohl, M. J. A. & Thompson, A. (2011). A dark side to self-forgiveness: Forgiving the self and its association with chronic unhealthy behavior. *British Journal of Social Psychology, 50*, 354-364.
- 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/Revue canadienne des sciences du comportement, 40*, 1-10.

- Woodyatt, L. & Wenzel, M. (2013). Self-forgiveness and restoration of an offender following an interpersonal transgression. *Journal of Social and Clinical Psychology, 32*, 225-259.
- Worthington, E. L., Jr. (2006). *Forgiveness and reconciliation: Theory and application*. New York: Routledge.
- Worthington, E. L., Jr. (2013). *Moving forward: Six steps to forgiving yourself and breaking free from the past*. Colorado Springs, CO: WaterBrook/Multnomah.
- Worthington, E. L., Jr., Davis, D. E., Hook, J. N., Gartner, A. L., Webb, J., Toussaint, L., & Sandage, S. J. (2012). Forgiveness. In T. Plante (Ed.), *Religion, spirituality, and positive psychology: Understanding the psychological fruits of faith* (pp. 63-78). Santa Barbara, CA: Praeger/Greenwood (ABC/CLIO).
- Worthington, E. L., Jr., & Langberg, D. (2012). Self-forgiveness in treating complex trauma and moral injury in present and former soldiers. *Journal of Psychology and Theology, 40*, 274-288.
- 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., Witvliet, C. V. O., Pietrini, P., & Miller, A. J. (2007). Forgiveness, health, and well-being: A review of evidence for emotional versus decisional forgiveness, dispositional forgivingness, and reduced unforgiveness. *Journal of Behavioral Medicine, 30*, 291-302.
- Wu, A.W., Revicki, D.A., Jacobson, D., & Malitz, F.E. (1997). Evidence for reliability, validity, and usefulness of the Medical Outcomes Study HIV Health Survey (MOS-HIV). *Quality of Life Research, 6*, 481-493.
- Yamhure-Thompson, L., & Snyder, C. R. (2003). Measuring forgiveness. In S. J. Lopez & C. R. Lopez (Eds.), *Positive psychological assessment: A handbook of models and measures* (pp. 301-312). Washington, DC: American Psychological Association.
- Zechmeister, J. S., & Romero, C. (2002). Victim and offender accounts of interpersonal conflict: Autobiographical narratives of forgiveness and unforgiveness. *Journal of Personality and Social Psychology, 82*, 675-686.
- Zeelenberg, M., Van Dijk, W. W., Manstead, A. S. R., & van der Pligt, J. (1998). The experience of regret and disappointment. *Cognition and Emotion, 12*, 221-230.

Appendix A
Consent Document

RESEARCH SUBJECT INFORMATION FORM

TITLE: Efficacy of a Workbook to Promote Self-Forgiveness: A Randomized Clinical Trial with University Students

VCU IRB NO. HM 14994

This information form may contain words that you do not understand. Please ask the study staff to explain any words that you do not clearly understand. You may review this form for as long as you like to think about or discuss with family or friends before making your decision.

PURPOSE OF THE STUDY

The purpose of this research study is to find out if people who complete our workbook become more self-forgiving and enjoy improved mental health outcomes.

You are being asked to participate in this study because you are an undergraduate student enrolled in PSYC 101 at Virginia Commonwealth University.

DESCRIPTION OF THE STUDY AND YOUR INVOLVEMENT

If you decide to be in this research study after reading this form, having all your questions answered, and understanding your involvement, you may begin the study.

This study will be completed on a computer and on your own time, communicating with the researcher and returning completed documents via e-mail. **YOUR ABILITY TO RETURN COMPLETED DOCUMENTS VIA EMAIL IS A CRUCIAL PART OF YOUR PARTICIPATION.** You will be asked to complete four sets of surveys via e-mail over the course of five weeks, and during that time **you will be randomly assigned to complete a either immediately complete a self-forgiveness promoting workbook or complete a workbook after approximately two-weeks.** Each survey packet will take about one hour to complete. The workbook will take about four to six hours to complete, and you have two weeks to finish it. If you are assigned to the experimental condition, you will receive a workbook immediately after enrolling in the study. If you are assigned to the control condition, you will be given a workbook approximately two-weeks after you enroll in this study. In the workbook, you will be asked to talk about feelings you experienced after committing a wrongdoing against another person that you choose to discuss. Also, you will engage in a number of exercises to promote self-forgiveness, such as responding to YouTube videos and identifying self-forgiving behavior. The responses you provide in the workbooks will be kept confidential and secure, being viewed by only one researcher. Once e-mail correspondence is no longer needed at the end of data collection, all names associated with responses will be converted into numbers.

Significant new findings developed during the course of the research that may relate to your willingness to continue participation will be provided to you.

RISKS AND DISCOMFORTS

Sometimes thinking about these subjects causes people to become upset. Several questions will ask about things that have happened in your life that may have been unpleasant. You do not have to write about any subjects you do not want to talk about, and since it is a workbook, you always have the option to put it down and think about it later. You may end your participation at any time. If you become upset, the study staff will give you names of counselors to contact so you can get help in dealing with these issues.

BENEFITS TO YOU AND OTHERS

Most people will likely experience some personal psychological benefit from working through the self-directed workbooks to promote self-forgiveness. Even if you are assigned to the control condition, you will complete the workbook two weeks after enrolling in the study and will still have access to the benefits of participating. Even if you do not experience direct personal benefits from your participation, the information we learn from people in this study may help us design better interventions for promoting self-forgiveness. We hope that you will take away from the study a better idea of how self-forgiveness is an important part of your mental health.

COSTS

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

ALTERNATIVES

The alternative to participating in this study is to not participate in this study. You may select another study in which to participate or to consult your PSYC 101 professor for an alternative to research participation in general.

CONFIDENTIALITY

Potentially identifiable information about you will consist of your name attached to responses to the workbook and survey questions, simply so we can contact you throughout the study via e-mail. Data is being collected only for research purposes. When data collection is finished, ID numbers, not names, will identify your data. All files you complete will be kept in password-protected files and these files will be kept indefinitely. Access to all data will be limited to one member of study personnel. A data and safety-monitoring plan is established.

We will not tell anyone the answers you give us; however, information from the study may be looked at or copied for research or legal purposes by Virginia Commonwealth University.

What we find from this study may be presented at meetings or published in papers, but your name will never be used in these presentations or papers.

We will not tell anyone the answers you give us. But, if you tell us that someone is hurting you or that you might hurt yourself or someone else, the law says that we have to let people in authority know so they can protect you or someone else. In addition, if you choose to describe an offense that by law must be reported such as hurting a child or the elderly, the researcher is obligated to notify the appropriate authorities and your disclosure may result in legal consequences.

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.

Your participation in this study may be stopped at any time by the study staff without your consent. The reasons might include:

- the study staff thinks it necessary for your health or safety;
- you have not followed study instructions;
- administrative reasons require your withdrawal.

If you leave the study before the final survey is completed, you may not receive full credit for participation.

QUESTIONS

In the future, you may have questions about your participation in this study. If you have any questions, complaints, or concerns about the research, contact:

Everett L. Worthington, Jr., PhD, Professor of Psychology (eworth@vcu.edu)

or

Brandon J. Griffin, B.A., Graduate Student (griffinb2@vcu.edu)

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

***Office for Research
Virginia Commonwealth University
800 East Leigh Street, Suite 113
P.O. Box 980568
Richmond, VA 23298
Telephone: 804-827-2157***

You may also contact this number for general questions, concerns or complaints about the research. Please call this number if you cannot reach the research team or wish to talk to someone else. Additional information about participation in research studies can be found at <http://www.research.vcu.edu/irb/volunteers.htm>.

Appendix B

Instrumentation

DEMOGRAPHICS

1. What is your gender?

- ☐ Male
- ☐ Female
- ☐ Other

2.

What is your age?

3. What is your race?

- ☐ African American/Black
- ☐ American Indian/Alaskan Native
- ☐ Asian/Pacific Islander
- ☐ Caucasian/White
- ☐ Multiracial
- ☐ Other

3b. If you identified as either Multiracial or Other, please specify your race.

4. What is your religious affiliation?

- ☐ Atheism/Agnosticism
- ☐ Buddhism
- ☐ Christianity
- ☐ Hinduism
- ☐ Judaism
- ☐ Islam
- ☐ None

4b. If you identified as other, please specify your religious affiliation.

Description of an How You Offended Another Person

5. **Instructions:** Write a small paragraph (3-5 sentences) about a specific offense that you committed against another person and that you continue to condemn yourself for even today. What you choose to write about is confidential. Although the findings of this study may be presented in meetings or published in papers, what you write about will never be used in any way that could enable anyone to identify you. Nevertheless, if you choose to write about someone who might hurt you or someone else, or if you choose to write about an offense that must be reported by law (i.e., hurting a child or an elderly person), the researcher may be required to notify the appropriate legal authorities.

6. Time Since the Offense Occurred

To the best of you knowledge, which of the following periods of time best describes when you committed the offense that you wrote about?

- Within the past week
- Within the past month
- Within the past 6 months
- Within the past year
- More than 1 year ago

7. Victim of Offense

Which best describes the victim of your offense?

- Family Member
- Romantic Partner
- Friend
- Coworker
- A person I don't know
- Other

7b. If you specified other, please describe your relationship to the victim of your offense.

Perceived Transgression Severity (SEV; Hall & Fincham, 2008)

Instructions: Read each of the following statements. Using the provided scale, select the option that best describes how true each statement is for you regarding the target offense that you described above.

	Very Positively		None			Very Negatively	
How did your behavior affect you?	1	2	3	4	5	6	7
How did your behavior affect the other person?	1	2	3	4	5	6	7
How did your behavior affect your relationship with the other person?	1	2	3	4	5	6	7

Self-compassion Scale (SCS kindness/judgment subscale; Neff, 2003)

Instructions: Read each of the following statements. Select the option that best describes how true each statement is for you in general.

	Almost Never			Almost Always	
I'm disapproving and judgmental about my own flaws and inadequacies.	1	2	3	4	5
I try to be loving towards myself when I'm feeling emotional pain.	1	2	3	4	5
When times are really difficult, I tend to be tough on myself.	1	2	3	4	5
I'm intolerant and impatient towards those aspects of my personality that I don't like.	1	2	3	4	5
When I', going through a very hard time, I give myself the caring and tenderness I need.	1	2	3	4	5
When I see aspects of myself that I don't like, I get down on myself.	1	2	3	4	5
I'm kind to myself when I'm experiencing suffering.	1	2	3	4	5
I can be a bit cold-hearted towards myself when I'm experiencing suffering.	1	2	3	4	5
I'm tolerant of my own flaws and inadequacies.	1	2	3	4	5
I try to be understanding and patient towards those aspects of my personality that I don't like.	1	2	3	4	5

Differential Process Scales of Self-forgiveness (DPSF; Woodyatt & Wenzel, 2013)

Instructions: Indicate how you feel RIGHT NOW about the offense that you wrote about by selecting your level of agreement with the following statements.

	Do Not		Neutral			Strongly	
	Agree at All					Agree	
I have tried to think through why I did what I did.	1	2	3	4	5	6	7
I am trying to learn from my wrongdoing	1	2	3	4	5	6	7
I have spent time working through my guilt.	1	2	3	4	5	6	7
I have put energy into processing my wrongdoing.	1	2	3	4	5	6	7
I am trying to accept myself even with my failures.	1	2	3	4	5	6	7
Since committing the offense I have tried to change.	1	2	3	4	5	6	7
I don't take what I have done lightly.	1	2	3	4	5	6	7

State Self-forgiveness Scale (SFFA & SFB; Wohl, DeShea, & Wahkinney, 2008)

Instructions: Please indicate how accurately each of the following statements represents how you feel right now about your target offense.

	Not at All		Completely	
As I consider what I did that was wrong, I feel compassionate toward myself.	1	2	3	4
As I consider what I did that was wrong, I feel rejecting of myself.	1	2	3	4
As I consider what I did that was wrong, I feel accepting of myself.	1	2	3	4
As I consider what I did that was wrong, I feel dislike toward myself.	1	2	3	4
As I consider what I did that was wrong, I show myself acceptance.	1	2	3	4
As I consider what I did that was wrong, I show myself compassion.	1	2	3	4
As I consider what I did that was wrong, I punish myself.	1	2	3	4
As I consider what I did that was wrong, I put myself down.	1	2	3	4
As I consider what I did that was wrong, I believe that I am acceptable	1	2	3	4
As I consider what I did that was wrong, I believe that I am okay.	1	2	3	4
As I consider what I did that was wrong, I believe that I am awful.	1	2	3	4
As I consider what I did that was wrong, I believe that I am terrible.	1	2	3	4
As I consider what I did that was wrong, I believe that I am decent.	1	2	3	4
As I consider what I did that was wrong, I believe that I am rotten.	1	2	3	4
As I consider what I did that was wrong, I believe that I am worthy of love.	1	2	3	4
As I consider what I did that was wrong, I believe that I am a bad person.	1	2	3	4
As I consider what I did that was wrong, I believe that I am horrible.	1	2	3	4

Appendix C

Self-forgiveness Workbook

Moving Forward:

*Six Steps to Forgiving Yourself
and Breaking Free from the Past*



Self-Directed Learning Workbook
An Intervention Designed to Promote Self-Forgiveness

Everett L. Worthington, Jr., PhD
Virginia Commonwealth University
(Adapted as a Workbook by Brandon Griffin & Caroline Lavelock)

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Introducing the Program

In this workbook, you will work through practical exercises designed to promote self-forgiveness for an offense you committed against another person. Once you learn the method, you can apply the same easy six-step process to many hurts or even to times when you just get down on yourself for failing to reach some standard that you know is too ambitious to consistently achieve. By learning and then later applying this method, you may experience freedom from self-condemnation and restore a sense of self-acceptance and personal growth in your life.

Clinical psychologist and professor, Everett L. Worthington, Jr., Ph.D., established the method employed by this workbook in a book, *Moving Forward! Six Steps to Self-Forgiveness and Breaking Free from the Past* (Waterbrook/Multnomah, 2013). In addition to providing insight from a career of scientific inquiry into forgiving others and oneself, Dr. Worthington narrates experiences from his own life to meet the reader as a fellow traveler on the path to self-forgiveness.

Do you struggle to self-forgive?

What? We designed this workbook to help you move through six steps that can equip you with a method to self-forgive an offense you committed against another person. Think about a particular thing you might have done over which you experience self-condemnation. Are you distressed by the guilt, remorse, and shame associated with your transgression? Do you feel like a failure when you think about it? Do you have trouble getting past it? Does a feeling of dread and an oh-no-I-simply-can't-believe-I-did-*that* feeling make you break out in a cold sweat at the memory of your mess-up. By practicing this six-step method on one particular offense that you identify, you can then later generalizing your experience to your everyday life. You might become a skilled self-forgiver and reintroduce self-acceptance and personal growth to your life, or you might be able to get back on track to a life of flourishing.

Who? This workbook is designed to equip people to forgive themselves for doing an interpersonal offense that they regret. There are other things that we all regret—like not achieving to the level we would like. But most people have experienced times when they simply messed up and hurt someone and they know it—know it all too well. Individuals who experience self-condemnation and self-blame associated with specific interpersonal offenses and are willing learn and practice the six-step method proposed by Dr. Worthington will benefit most from the workbook. Of course, they must be both self-controlled and patient with themselves, and while they are waiting to see their regret slip into their rear-view mirror, they must work hard to bring about these changes. Is this for you? Are you courageous enough to face up to your own failures? Are you self-controlled enough to be able to work through this workbook conscientiously? If you've got this far, we think you are. You've taken the biggest step by just committing to start through it.

How? Perhaps you've tried to forgive or excuse yourself for some transgression before but emotional self-forgiveness has eluded you. You still experience the same self-blame and condemnation with which you initially struggled—maybe not quite as often or as intensely, but it is still there. This workbook will teach you to responsibly forgive yourself—not just let yourself off the hook without facing up to your own moral issues—by using a six-step process that has been developed in the laboratory of life. It has been refined in counseling. It has been tested in the fire of emotional turmoil. It has been studied scientifically in both group counseling (and the results published in a psychological journal) and through a brief workbook study (that served as a dissertation that has not yet been published).

When? Now is the best time to start to recapture your shame-free life. Now is the time to get yourself on the road to freedom from the regret. Now is the time to break the chains that have shackled you to the past.

If you are doing this for a psychological scientific study, then this workbook must be completed in **two weeks** within order for you to receive credit for participating in this study. Completing the sections should take about six to eight hours total (depending on the seriousness with which you work through the exercises, how much you reflect on the experiences, and your rate of work). So, you should work at your own pace. Once you start a section, try to finish it on the same day.

Even if you are not doing this as part of a psychological scientific study or class project, you will benefit from this the most if you work through it within a week or two. Experts at psychological change tell us some things about how we can get the most benefit from our effort at trying to change. First, we need to work through a program in enough committed time to have a sense of the flow of the whole program, which is called “massed practice.” Second, we need to keep reviewing where we have been as we are working through the workbook—not just when we get to the end. Third, we can benefit the most by frequent review or what is called “spaced practice.”

So, that suggests several strategies in working through the book. One is to hurry through it in six hours and just do the exercises but not spend time reflecting on them. Perhaps you might dedicate a Saturday to this, or you might work on it from six pm until you finish one night. If you do this, you *will* benefit. You *will* experience a measure of relief from your self-condemnation. But if you are doing this for your own benefit and not just to get a project done, then you will probably take longer and think more about the exercises. You'll write more because you know that we learn through writing. We think faster than we write, so by writing more, you spend more time thinking about it. Also, you'll probably do the workbook in maybe three three-hour segments. And as you get ready to start the second and third segments, you'll look back over the material you've already written (so it's fresh on your mind) and perhaps even write more. At the end, you'll sit back and flip through the whole workbook again and reflect on what you've learned.

Personal Self-Assessment

The goal of this workbook is to help you forgive yourself and to equip you with a practical method by which you may adequately cope with self-condemnation. To accomplish this goal, you must be willing to face up to times when you feel that you've failed yourself. If you are in a study, you will complete the workbook and will share parts of your personal life. That requires trust. The investigators of this study pledge to safeguard the information shared within the workbook and not to divulge it to anyone outside of our research lab in any way in which you personally could be identified, and we will *never* to link your name with any publicly discussed information.

Demographic Information

Write the following:

First name:

Brief description of the specific transgression you committed against another person that you will use throughout this workbook.

To what degree do you currently feel condemnation toward yourself over this hurt? (Bold One)

-3	-2	-1	0	1	2	3
I condemn myself			Neutral			I forgive myself

What do you want to get out of this workbook experience?

DIRECTIONS: For each item, write the number in the space provided that best represents how you think or feel about yourself as a result of the specific transgression you described above.

5

Self-Forgiveness Score = Add together [Sum of Ratings] + [Sum of (6 minus ratings)]

Self-Forgiveness Score = _____ + _____ = _____

KEY:

50-60 pts: You have mostly forgiven yourself for the offense. Therefore, it may be worth considering a different offense for the purposes of this workbook.

Although it is possible to over-interpret just two items, note that low scores on particular steps (i.e., rating in left columns and 6-minus-ratings in right columns) can alert you to pay careful attention to those steps in the workbook.

Step One

Receive Divine Forgiveness

Step One

Receive Divine Forgiveness

People need little more than a daily routine to encounter numerous opportunities to experience self-condemnation. Shame suffocates us after committing an offense of omission, such as forgetting an anniversary or not defending a friend whose character is questioned. Unfortunately, at some point we all will also fail to meet expectations and neglect to perform the behaviors expected of us. But, that's only half the problem! Offenses of commission occur when we intentionally act in ways that disappoint and harm loved ones, friends, coworkers, etc. For example, veterans who regret their wartime actions and individuals who act unfaithfully toward a spouse are two groups of people that struggle to self-forgive as a result of their intended actions. Despite the details of a specific harm, we can be certain that the remorse, guilt, and shame we experience can transform even the smallest offense to a monstrous burden.

Think about the offense you chose to consider while completing this workbook. Have you ever tried forgiving yourself before? Perhaps, you've simply attempted to let yourself off the hook. But, guilt and shame have a way of creeping back into your thoughts, irritating and depressing you, and even stealing your sense of hope or purpose. This might be because you have not considered that life is more than simply whether WE are happy, but we have obligations to others and to things that are beyond or higher than even others. We call this the Divine, though for some people it can be more about feeling we have let down or disappointed nature, humanity (or other important groups of people like family or other collective), or even a sense of something transcendent, something beyond the normal existence. Your own condemnation disorients your life and your connection with God, nature, people, or the transcendent beyond. Self-forgiveness that is responsibly experienced without simply trying to let ourselves off the hook can restore the balance.

In the process of self-forgiveness, you are both a perpetrator and victim of an offense. You try to believe the best about yourself, and you want to act according to your own values, priorities, and beliefs. But, none of us can escape the reality of harm and disappointment that we cause others. In fact, transgressions rarely affect just one person; there's always collateral damage. We "sin" against ourselves, people we value, and what we call divine. Our transgressions, like a blade, sever our lives in two. No person can ever return our life to be the spouse who has not forgotten or the soldier who never took a life. For this reason, we must begin the self-forgiveness process by looking beyond ourselves. We must seek the forgiveness available in God, nature, or humanity in general to restore wholeness to our fragmented life.

Exercise 1-1
Experiencing Self-Forgiveness in Literature

The goal of this exercise is for you to explore self-forgiveness by considering the meaning of each literary quote.

Instructions for each item:

- Read the quote.
- Write a one-word response to the quote.
- Read the quote again.
- Write a phrase that captures your feeling about the quote.

Quote 1

Guilt upon the conscience, like rust upon iron, both defiles and consumes it, gnawing and creeping into it, as that does which at last eats out the very heart and substance of the metal.

Bishop Robert South

Word:

Phrase:

Quote 2

The worst loneliness is to not be comfortable with yourself.

Mark Twain

Word:

Phrase:

Quote 3

We are supposed to forgive everyone; everyone includes ourselves.

Denis Waitley

Word:

Phrase:

Quote 4

Our capacity to make peace with another person and with the world depends very much on our capacity to make peace with ourselves.

Thich Nhat Hanh

Word:

Phrase:

Quote 5

Love yourself – accept yourself – forgive yourself – and be good to yourself, because without you the rest of us are without a source of many wonderful things.

Leo F. Buscaglia

Word:

Phrase:

Quote 6

When guilt rears its ugly head confront it, discuss it and let it go. The past is over. It is time to ask what can we do right, not what we do wrong. Forgive yourself and move on. Have the courage to reach out for help.

Bernie S. Siegel, M.D.

Word:

Phrase:

Quote 7

On our own strength, we are not capable of really forgiving, especially if it concerns deep hurt. Forgiving is the most divine thing we do. It is the completion of love. When we notice that we cannot (yet) forgive, we must be very much on our guard not to blame ourselves or get discouraged, so long as there is a sincere desire to grow towards forgiveness.

Peter van Breeman

Word:

Phrase:

Exercise 1-2

Dealing with Distress

In one psychological scientific study of self-forgiveness, psychotherapist Mickie Fisher and Case Western Reserve University professor Julie Exline (2006) concluded that excessive self-blame leads to psychological, social, and spiritual maladjustment. It introduces a theme of rigidity to our lives that invades our thoughts, feelings, behaviors, and relationships. Have you ever noticed how hard it can be to achieve personal growth or connect socially when you can't forgive yourself? Does it seem like the people, things and events that once brought joy to your life have lost their luster? In our distress, we feel distant from people we value, stifled in our spiritual lives, and unable to accomplish our personal goals. Our inflexibility makes us incapable of achieving a stable sense of happiness. All we know is what we did, whom we wronged, and how badly we feel.

Fortunately, Fisher and Exline also investigated the strategies used by individuals who appeared free from the imprisonment of self-condemnation. Those who reported more repentance, a greater sense of humility, and more feelings of remorse discovered that reducing their negative feelings required substantial effort. In the following exercise, you too will work to take responsibility for the harm you caused and adequately handle the condemnation you feel.

Instructions for each item:

- Use each prompt to write a sentence (or more) about your chosen offense.

1. We must accept responsibility for our actions.

a. If I only had . . .

b. If I only had not . . .

c. I should have . . .

d. I wish that I . . .

2. We must show regret and remorse for our actions.
 - a. I'm sorry that I . . .

 - b. I feel guilty because . . .

3. We must realize that making up for wrongdoing and repairing relationship will be costly.
 - a. The people I have hurt are . . .

 - b. If I could talk to those I've harmed, I would say . . .

4. We must cultivate repentance and humility in ourselves.
 - a. My actions made others feel . . .

 - b. Others' needs are important to me because . . .

 - c. My pride keeps me from . . .

 - d. God, nature, or humanity forgives me because . . .

References

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

Exercise 1-3
Take a Spiritual Inventory

We know this is difficult to do and a very personal thing. (If you are sharing this workbook with us because you are doing it as a project or within a study, feel free to write your full inventory on a separate sheet of paper and just abbreviate your responses below to show that you have seriously done this.)

- Write down what you consider to be the most sacred so that you have it in writing before you begin. Is it God, people, nature, or something “beyond” that you might not be able to name specifically? You might consider several things to be Sacred. If so, note them, but identify the thing you consider to be most Sacred.

- Spirituality is usually defined as a sense of closeness or connection with the Sacred. Evaluate your relationship with what you consider most Sacred. How close or connected do you feel to it? Do you feel more out of sorts spiritually when you are ruminating or worrying about past offenses?

- Has your self-condemnation resulted in an overall weakening of your connection or closeness with the Sacred?

- How has that disruption of the Sacred bond shown up? (Examples, angry at God, disconnected from nature, loneliness from others, bonds with close friends have loosened, etc.)

- Here’s the big question: What do you want to do differently to help restore this sense of spirituality? Make a long-term and shorter-term plan.

Exercise 1-4
Contract to Try to Forgive Yourself

Making a decision to forgive oneself is vital to progress through the remaining exercises in the six-step process of this workbook. Your decision will empower repentance, aid relationship repair, help confront unrealistic expectations, weaken ruminations, and lead the way to emotional self-forgiveness. We can be certain that anything less than a completely sincere and committed decision to try to forgive yourself will reduce the benefit of the self-forgiveness process.

As you will learn in Exercise 2-4 of this process, decisional self-forgiveness and emotional self-forgiveness are not the same. In fact, our emotions may lag behind our most resolute decisions to forgive ourselves. By signing this contract, you are not stating that have already completely forgiven yourself of your chosen offense. Instead, the contract affirms your commitment to work diligently through the difficult process of assuming responsibility for your offense, practicing the method of self-forgiveness, and committing to change to a new healthier lifestyle. In a later exercise, you will make a sincere decision to forgive yourself to the extent possible at that time. But that is still down the road. This contract is simply a sincere statement to give this a strong effort.



I declare to myself that on _____, 20 ____, I intend to use this workbook on *Moving Forward! Six-Steps to Forgiving Yourself and Breaking Free from the Past* to try to forgive myself for the wrong I did. I will try to use the exercises contained within this workbook to try to forgive myself for _____

Also, I plan to practice these steps regularly in order to become a self-forgiving person, to adequately cope with guilt and shame, and to restore hope and purpose in my life.

Signature

Date

Witness

Exercise 1-5
Finding Your Own Example of Self-Forgiveness

Describe a classic narrative of self-forgiveness, maybe from a children's story, scripture passage, or movie plot. You might consider viewing the movie *Good Will Hunting*, the story of a young man who escapes the chains of self-condemnation. Try watching as this experience unfolds for Will by copying this link to your Internet browser: <http://www.youtube.com/watch?v=UYa6gbDcx18>. Using this or a similar narrative, describe the resistance to and rewards of the self-forgiveness process. Do any parallels exist to your story?

Type your response here.

What Did Your Get Out of This Section?

Write one (or more) thing(s) that you got out of *Step One: Receive Divine Forgiveness*. We urge you to think seriously and list as many things as you can that you benefited from—remember, your time spent taking this seriously will determine how much change you might experience. But please list at least one at a minimum.

Ideas from Step One to Consider

1. To what degree do you believe self-forgiveness depends on forgiveness by God, nature, or humanity in general?

In *Free! Six Steps to Self-Forgiveness*, Worthington argues that self-condemnation affects our physical, emotional, relational, and spiritual selves. The consequences of our offenses reach beyond the limits of our own personal life; therefore, self-forgiveness begins by seeking forgiveness from God, nature, or humanity in general to promote our spiritual standing. In the following steps, we will continue to address effects of self-condemnation on all aspects of our lives.

2. How much of the guilt you experience is healthy? Do you ever feel guilty for something outside your control, a need to be perfect, or a desire for social approval?

It has been argued that we only have a limited amount of psychical energy and that guilt ties up resources that we could be spending elsewhere. Such exhaustion leaves us vulnerable to new stressors. For this reason, it is important to identify sources of healthy guilt and eliminate guilt that results from unrealistic expectations (i.e. perfectionism, a need to always say yes, etc.)

3. Chuck Colson: A Case Study in Divine Forgiveness

The life of Chuck Colson (1931-2012) changed drastically when his association with the Watergate Scandal forced the termination his role as advisor to the United States President and reassigned him as an inmate in Maxwell Prison. Although he still paid the social consequences of his offense in prison, he writes in his book, *Born Again* (Chosen Books, 1976/2008), about the relief he experienced after being confronted by a peer and becoming accountable to God. During and after his time in prison, Colson worked diligently to loose the chains of self-condemnation from millions of fellow suffers. He is now known primarily for his contributions to society described in his book, through a Prison Fellowship ministry, and from his radio program, *Breaking Point*.

Step Two

Repair Relationships

Step Two

Repair Relationships

The gift of divine forgiveness—a restored sense of connection or closeness with whatever you hold to be Sacred—is an essential first-step in the self-forgiveness process. However, alone, it cannot repair the social damage caused by our actions or even psychological damage from rumination and unrealistic expectations. To self-forgive responsibly, the next step is to make amends with those whom we have harmed.

When people are wronged, they experience injustice. They might even feel entitled to restoration at the expense of their transgressor. One of the earliest legal principles, the *Lex Talionis*, required that an offender’s punishment be equal in kind and severity to the initial harm. Yet, this idea did not disappear with the ancient civilizations from which it came. News stories often highlight victims’ relief as justice is served via the court system. We feel better when our transgressors suffer. Indeed, misery does love company!

The discrepancy between the way a victim perceives a relationship after an offense and the way they would like it to be restored is called the *injustice gap*. The bigger the offense is, the bigger the injustice gap will be. Trivial transgressions might be resolved with a simple apology. However, significant offenses can create an injustice gap that is so large that it cannot be bridged by even the most eloquent and sincere confession. In these situations, an attempt to make amends and seek forgiveness may receive a response such as “no not ever” or “just not yet.” Whether by forgiveness, revenge, civil justice or another method, victims seek to resolve the injustice gap they perceive. It is your job, as an offender, to reduce the injustice gap and restore equality to the relationship.

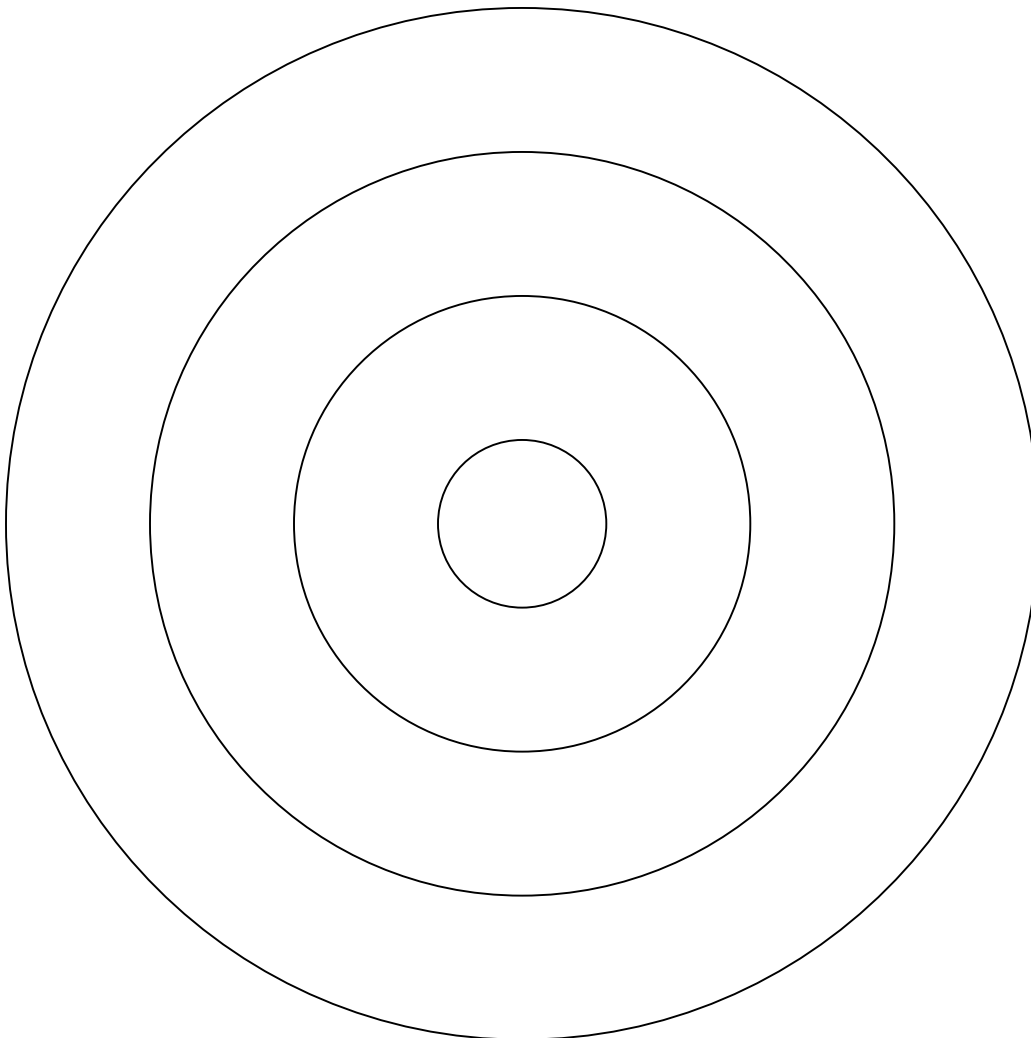
A similar process occurs when we damage our own character or fail to live up to personal or moral standards. We cannot escape the feeling of injustice toward ourselves after we harm others. Shame – the *expected* negative evaluation of others – pervades our thoughts and emotions. We reinforce the belief that discovery of our secret will lead to abandonment by presenting a false identity to the world and withdrawing.

We must do whatever we can to narrow the injustice gaps that result from our transgression. Anyone who has attempted to make amends for a serious mistake knows that the process requires more time and energy than you might anticipate. Furthermore, there are some cases where the damage we did cannot be repaired. It is difficult and time-consuming to figure out how we might “pay it forward” and help others in an appropriate way if we cannot really make it up to the person we harmed directly. We cannot simply ignore the consequences of our actions. Instead, we bury our pride in humility and acknowledge the importance of others’ needs. By this our actions, coupled with our words, communicate that we value those we have harmed.

In summary, other people are crucial to the process of self-forgiveness. Focusing on ourselves leads to self-blame and shame, but focusing on others promotes healing and self-forgiveness.

Exercise 2-1 *Assessing the Damage*

Unfortunately, the harmful consequences of one's actions extend beyond our own lives to people who surround us. In the diagram below, imagine that you are at the center of the concentric circles. Each additional circle represents those to whom you are close. For example, you might imagine that your family or close friends immediately surround you in the most proximal circle while more distant relationships like coworkers and acquaintances remain further out from the center. Add a textbox to write the names of people who suffered as a consequence of your actions and place the name in the appropriate circle. Indicate how close you are to that individual.



Exercise 2-2 *Injustice Gap*

An injustice gap exists solely inside the mind of a victim, but its effects are far-reaching. This complicates how we go about repairing relationships. The amount of injustice resulting from a particular offense perceived by a victim is often more than the injustice perceived by a perpetrator. Consider a child whose pride in life is a pet goldfish. Now imagine that, while the child is away, a parent forgets to feed the goldfish that eventually dies. Upon the child's return, he or she enters the bedroom in eager anticipation of seeing the favored fish only to become grief-stricken by what has happened. In the child's tear-filled eyes, what can replace that which is lost? Another fish? Two fishes? Not a chance!

Write the first names of people who experienced injustice as a result of your offense.

Imagine the severity of pain experienced by the victim(s) of your offense. (*Circle/Bold*)

How severe is the guilt and shame you experience as the transgressor? (*Circle/Bold*)

Write down a few things you might do to make amends and shrink the injustice gap.

When it is impossible or dangerous to contact a victim, how can helping others who were not initially involved in the transgression promote self-forgiveness?

What percentage of your healing is tied directly to a victim's unforgiveness. Why?

Exercise 2-3
Assessing the Hurts

Think about the time that *someone else* hurt you. Try to get back to how you felt around that period of your life so you can remember how you reacted to the hurt. Indicate each of the kinds of hurt you felt by placing an “X” in the spaces provided.

___ Disappointment: I did not get from the person some things I wanted, some things I looked forward to, or some things that I expected.

___ Rejection: I experienced the loss of some important parts of our relationship and felt that some personal flaw of mine might have been the cause of the loss of the relationship.

___ Abandonment: I was left behind, physically or emotionally. This experience left me feeling fearful and insecure about the future.

___ Ridicule: I was the object of his/her anger and mockery. I sometimes wonder if the ridicule was deserved or accurate.

___ Humiliation: I lost every shred of pride and dignity I had.

___ Betrayal: My confidence was completely destroyed.

___ Deception: I was lied to, cheated on, or deceived.

___ Abuse: I was treated in a way that degraded who I am and robbed me of my dignity, emotionally, physically, or sexually.

___ Separated, unconnected, or estranged: I felt a loss of connection.

___ Other: What were they?

Describe your feelings when you learned about the person's hurtful actions.

Exercise 2-4

Finding Forgiveness

People employ similar methods to reduce injustice that results from interpersonal and intrapersonal offenses. But, not all approaches are ultimately beneficial. A variety of attempts to reduce injustice are described below, and two options are accurate definitions of forgiveness. Other descriptions are not quite right, and some are obviously wrong. Can you find the correct definitions of forgiveness? What other methods, if not forgiveness, are described? Select two options that best define forgiveness and record them at the bottom of the page.

1. Telling yourself that what happened wasn't that bad and you ought to move on
2. Forgetting that anything bad happened and pushing the event or relationship out of your memory
3. Return to the relationship
4. Accepting an excuse or explanation for what someone did or is doing to you
5. A voluntary release of your right to condemn and get revenge on the person who hurt you (or yourself) because you have different feelings toward the person
6. Tolerating negative things that someone has done or continues to do to you
7. Accepting people despite their flaws
8. Blaming and confronting the person who hurt you
9. Getting someone who hurt you to believe that everything is still okay
10. Getting even with the person who hurt you
11. Deciding to voluntarily give up your right to revenge against yourself and treat yourself as a flawed but valued person.
12. Having the other person apologize, express regret, or beg forgiveness until the balance of justice has been restored.
13. Relying on the legal system, karma, or divine justice to give offenders what they deserve

I choose _____ and _____ as the correct definition(s) of forgiveness. (You can see our responses of what each of these is by looking on the following page.)

Explanations for Non-Forgiveness Options

Here are reactions to each description on the previous page. First, reread the description. Then, read the reactions given below. Think about which reactions with which you most quickly identify. Do you believe forgiveness offers a better alternative?

1. **Denial** is a poor response. If you are hurt and you try to deny it, the denial almost never works. The hurt keeps resurfacing and you never seem to be free of it.
2. **Forgetting** is impossible. A memory has been formed. The memory may shift with time. It may change. Or the pain you associate with the memory may even diminish or disappear. But you simply won't be able to completely forget. The disturbing part of *trying* to forget is that the harder you try, the less you will succeed.
3. **Reconciliation** occurs when we continue in a relationship after an offense occurs. This is not forgiveness. You can *forgive* and reconcile the relationship or *forgive* and not restore the relationship when it dangerous to do so. Or you can *not forgive* but choose to interact with the person (and risk further hurts) or *not forgive* and not choose to interact.
4. **Excusing** (whether a valid excuse or explanation or an inadequate one) is not forgiving the person for hurting you and may set you up for further disappointment.
5. **Emotional forgiveness** acknowledges that a wrong was done but chooses not to seek revenge or continue condemning the person who hurt you. It is the experience of forgiving because you experience different feelings toward the person.
6. **Tolerating** negative things will not prevent an offense from happening again, and it will generally keep you angry and unforgiving.
7. **Accepting** someone (with or without acknowledging the flaws) is not forgiving. We can accept a person and not forgive a hurtful act by the person. Or we can forgive a hurtful act and still not accept the person.
8. **Blaming** a person or yourself for harm acknowledges the person's guilt but keeps negative feelings at the forefront. Confronting the person or yourself, which is directly talking about a hurt, might help the relationship (if the confrontation is done gently received without reservation). Confronting the person might also damage the relationship. Confronting is not forgiving.
9. **Deception** is getting someone who hurt you to believe everything is okay when you feel hurt. The deception might be done for good motives (such as to spare feelings or prevent being fired by a boss). Or the deception might have more undesirable motives (such as setting the person up so you can hurt him or her).
10. **Revenge** is getting even, not forgiveness.
11. **Decisional forgiveness** involves your pledge that your behavior will not be aimed at revenge against yourself and that you'll try to treat yourself as a valued and valuable person, even though you see your flaws.
12. **Getting Justice** by having the person apologize, express regret, or beg forgiveness might make you willing to put the offense behind you and might allow you to feel at peace. If the other person humbles himself or herself enough to satisfy your sense of justice, often the other person will feel resentful and feel that you might have asked for too much. Getting justice is not forgiveness.
13. **Vengeance**, no matter the point of origin, is not forgiveness. We continue to experience the negative effects of unforgiveness even after witnessing the suffering of a perpetrator.

Exercise 2-5
The Burden of Unforgiveness

Feeling unforgiveness is like carrying around a weight. This is true whether the unforgiveness is toward another person or toward oneself. It will help you if you get a very physical understanding of this. Literally, reading this without acting it out won't provide near the benefit of spending two minutes acting this out.

Clasp your hands and extend your arms as far away from your body as you can, holding them straight out from your body for at least 30 seconds, and probably more. Imagine that in your hands is your burden of self-condemnation. You can improve the experience by actually holding something weighty in your hands, like a basketball or some weight that it won't hurt to eventually let fall to the floor. After that initial time, you may not be ready to let go of this burden of self-condemnation yet, so hold it for thirty more seconds—at least a minute or more altogether. As your arms grow weary, think of all of the other things you could be doing with your hands (and with your life) if you could just let go of this self-blame and shame and self-condemnation and move on. Remember that holding this burden is hurting you and it doesn't seem to be helping you do anything productive about repairing the damage you caused.

Even though you may not be ready to figuratively let go of the self-condemnation, open your hands and let your arms fall back to their natural position. Remember the relief you feel, and embrace it when you are ready to forgive yourself.

Exercise 2-6

The Benefits of Forgiveness

In a 2008 article in the *Journal of Social and Clinical Psychology*, researchers Judith Hall and Frank Fincham reported that people who feel forgiven by God and by victims of an offense are able to more fully self-forgive.

We can directly seek forgiveness from a victim through an explicit confession of our transgression and reparative action toward the relationship. For example, individuals involved in an extra-marital affair may experience liberation after a truthful confession to a spouse. However, victims may be unavailable (due to relocation, death, etc.) or contact might be too dangerous (an abusive ex-spouse) to permit a direct exchange. In these situations, we make amends indirectly by participating in socially beneficial actions on behalf of a victim.

List as many benefits of choosing to self-forgive as you can. Include benefits to physical health, mental health, relationships, and any other aspect of life (like spiritual).

Physical Health

Mental Health

Relationship

Other

Exercise 2-7
Elements of a Good Confession

Below are six steps to forming a good confession. By writing out exactly what you plan to say, you can prepare to confess to people who experienced harm or disappointment as a result of the transgression you selected to address throughout this workbook. Write a sentence or two under each step to prepare your confession. Then, if possible and prudent, directly contact those you have harmed to confess your wrongdoing. If direct contact is impossible or dangerous, share your confession with a trusted family member, friend, coworker, pastor, etc.

Step One: Admit to your wrongdoing, mistakes, and failures.

Step Two: Apologize to all parties who were affected.

Step Three: Empathize with victims' pain and acknowledge their personal value.

Step Four: Do more than you feel is necessary to restore relational equality.

Step Five: Make up your mind to sacrifice - Sacrifice in silence.

Step Six: Make an explicit request of forgiveness.

Exercise 2-8
The Empty Chair Exercise

One intervention used by therapists to help clients wade through the thoughts, emotions and behaviors associated with a transgression is called “The Empty Chair Exercise.” During the intervention, clients sit down in front of an empty chair and imagine that the intended recipient of their confession occupies it. Then, they proceed to perform a dress rehearsal before delivering their confession to the intended recipient.

You too can use this exercise to practice your confession. Go to a place where you may speak freely in private. Arrange two chairs facing each other and sit down in one of them. Picture a spouse, parent, child, friend, coworker or whomever you may have harmed and deliver your confession as if they were sitting in front of you. If your transgression involves solely yourself, imagine that a troubled friend communicates exactly the same confession to you. What would you say to them? Take ten to fifteen minutes to deliver your confession just as you would if the people whom you care about deeply were sitting directly across from you. Then, answer the following questions.

How did rehearsing a confession affect your attitude toward the transgression and victim?

What kind of emotional response did your confession elicit?

Which steps stated in the Exercise 2-7 made the strongest impact on your transgression?

How would you respond to someone who offered the same confession to you?

Exercise 2-9 *Paying It Forward*

It is not always possible to make amends for things we did wrong. Lewis Smedes told a story about a mother and daughter who got in a squabble after the daughter betrayed the mother. The mother retaliated by gossiping about her daughter all over the village. The squabble got so intense that the council of elders in the village met and decided that mother and daughter must climb the mountain and seek counsel from the Wise Woman who lived at the top of the mountain. They did and they told their stories. When the Wise Woman had heard both, she said that the daughter had to go find a 100-pound boulder and push it up the mountain. The mother was given the task of finding a sack and filling it with 100 pounds of pebbles and schlepping it up the mountain. When they finally arrived with their respective burdens, the Wise Woman said that, “You’ve now worked hard to get to this point in your relationship repair, but to complete it, you must put back the stones exactly where you found them.”

Clearly, the mother’s gossip could never be repaired because it assassinated the character of her daughter. There are many failures we make in life that we can’t make amends for. Dr. Worthington felt that he failed his brother who had asked for advice about a serious struggle he was having with depression. But, Dr. Worthington got triggered into responding in an unhelpful way coming out of the family dynamics he and his brother had while growing up. When his brother later committed suicide, Dr. Worthington was devastated. He told his story in *Moving Forward: Six Steps to Forgiving Yourself and Breaking Free from the Past*. One difficulty he found in forgiving himself was that he could not make amends because his brother was dead. He could never pay back good for the harm he had done. However, he did find that he could pay it forward by helping his brother’s widow deal with jumbled finances.

Consider what you have done wrong and are dealing with in this workbook. What damage did you do?

Is there some way that you could pay it forward by helping people who were not harmed directly? (Examples that others have identified have included things like a woman who was drunk, crossed the midline, and hit and killed another driver. She devoted years to Mothers Against Drunk Driving (MADD) to imagine that in your hands is your burden of hurt and unforgiveness against Drunk Driving (MADD). She could not bring back the deceased driver, but she could help others not experience those tragic events in their lives.)

What Did Your Get Out of This Section?

Review this section. (In fact, if you have time, review the first section also.) Write one (or more) thing(s) that you got out of *Step Two: Repair Relationships*.

Ideas from Step Two to Consider

Self-forgiveness that does not account for the harm incurred by others (or simply letting yourself off the hook) is limited and can be not very responsible if it simply ignores the damage you've done. For example, how might you feel if someone who harmed you deeply simply self-forgave without considering your pain? At the same time, our self-forgiveness cannot completely depend on others. As moral creatures, we alone are morally responsible for our thoughts and actions, and we must consider beliefs about and behaviors toward ourselves after committing an offense. A healthy balance between these two extremes is difficult, but not impossible, to achieve.

Some Ideas in Response to the Few Thought Questions for Section 2

1. In the previous section, we discussed a variety of ways to cope with wrongdoing. Some responses such as decisional and emotional self-forgiveness promote healing, and other responses such as blaming, excusing, and deceiving perpetuate unforgiveness. Can you identify the negative coping strategies that you are most prone to use? Which is stronger: positive or negative coping strategies? Write below:

Identifying the negative strategies that you believe you are most likely to use may help you put up guardrails to keep the self-forgiveness process on track. Guardrails operate as cues to warn of the danger of the slope of self-condemnation. By identifying cues of your negative behavior, you are more capable of changing your behavior.

An old saying may help illuminate our question of the relative strengths of positive and negative coping strategies. "Given a black dog and a white dog, which will be stronger? The one you feed the most." Think for a moment of which dog you feed the most. Are you constantly adding fuel to negative coping or is your effort on controlling negative and promoting positive coping?

Step Three

Rethink Ruminations

Step Three *Rethink Ruminations*

When people dwell on negative thoughts and images, they may also experience symptoms of poor mental health. Rumination, the act of obsessing over negative thoughts and images, has been associated with numerous anxiety and mood disorders. Although worry can motivate us by reinforcing productive work toward a goal, rumination causes us to dwell on emotion-based questions and get stuck in unproductive patterns of thinking. So, what's the difference between worry and rumination? Worry focuses on a problem and reasons to a solution; rumination drowns us in a sea of repetitive emotion-focused questions, doubt, and fear. When we ruminate we focus on the worst parts of our lives.

Rumination is a repetitive problem. Although failure and mistakes are an inevitable part of life, many people experience intense rumination when their expectations to solve a problem or be perfect are not met. Even more, our condemnation grows when others also reap the consequences of our offense. When we ruminate about our failures and mistakes, it costs us dearly.

Have you ever considered how much your thoughts affect how you feel? Our thoughts inform our emotions and can even impact our physical health. In this section of the workbook, you will work to control sources of rumination such as a sense of failure from committing an offense or being unable to meet personal standards and expectations.

We also include in this step, reconsidering whether you are being too hard on yourself in terms of your expectations. Do you expect perfection from yourself? Do you expect yourself to be problem-free and never to hurt others? Those expectations are probably not realistic.

In addition, but closely related, do you have unrealistic standards? That is, perhaps you have reasonable expectations about how you behave, but you just don't think your level of performance will ever be good enough to merit self-approval—or even to merit not being worthy of self-condemnation.

Both rumination and mismatch between expectations and standards are part of the psychological self-repair you need to address. In the first two steps, you tried to repair your relationship with the Sacred and your relationships with others (either through making amends or paying it forward). In the present step, we consider the third area of repair—your own psychological self-repair.

Exercise 3-1
A Thought Experiment

Instructions: In the space provided, describe one of your best memories. Try to think of a time that you really enjoyed. Perhaps you can recall memories of a valued friend or family member, a pleasurable event, or when you successfully achieved a goal.

What moods and emotions does this memory inspire?

Now try to recall a bad memory. You might describe a conflict between you and another person, a time when you were disappointed, or a day when you received bad news. Describe your memory below.

What moods and emotions does this memory inspire?

During step three of this workbook, you will learn about the impact of thoughts on our emotions. First, the negative thought patterns that immediately precede your feelings of self-condemnation, blame, and guilt will be examined. Then, we will try to identify negative thoughts early to regain control of our self-condemnation. Finally, you will plan a strategy to avoid ruminating behaviors and commit to change in order to regain emotional stability.

Exercise 3-2

Rumination Quiz

Instructions: Complete the following quiz that will help you think about the effects of rumination on your life. Mark an item “True” if it is a good description of you. Mark an item false if it is unlike you.

- _____ 1. Sad thoughts prevent me from enjoying activities and people that I once loved.
- _____ 2. I regularly think about meeting my own standards or others’ expectations.
- _____ 3. I struggle to not feel depressed when I disappoint others or myself.
- _____ 4. I lose sleep over problems I cannot solve or mistakes I have made.
- _____ 5. Even though others forgive me, I hold myself responsible for wrongdoing.
- _____ 6. I wish I worried less about minor mistakes.
- _____ 7. After a conflict with others, I think regularly about how I’m hurt.
- _____ 8. It’s difficult for me to concentrate when I keep remembering my offense.
- _____ 9. I often feel badly for long periods of time as a result of shame and guilt.
- _____ 10. I worry about who might not accept me if they knew what I’ve done.

Instructions: Read the next section only after you have finished the rumination quiz. Then answer the questions below

When people ruminate they experience self-condemning thoughts and feelings long after an offense has taken place. Unfortunately these behaviors have significant negative consequences on our physical, emotional, mental, relational, and spiritual health. In addition, the content of ruminations might be either anxious, depressive, or something else entirely. In the above quiz, items 1, 3, 5, 7, and 9 are all depressive behaviors and items 2, 4, 6, 8, and 10 indicate increased levels of anxiety.

Did you answer “True” to three or more questions in either group? Both?

Have you noticed any negative effects of rumination on your health as described above?

Exercise 3-3
Assessing Faulty Beliefs and Assumptions

Although we assume faulty beliefs and assumptions are correct, they don't really help us negotiate our world. We say, "My life should be free from problems" or "I should overcome difficulties quickly and easily." But, life doesn't work this way. We invest a large amount of emotional resources in faulty assumption, and we are devastated when life seems to crush our fragile beliefs and reveal the emptiness inside. The result almost always is self-blame.

Identify three faulty beliefs or assumptions that you've held during your lifetime.

1.

2.

3.

In what ways have your faulty beliefs and assumptions done more damage than good?

What benefit exists for you to continue believing in a faulty belief?

What would be lost if you chose to no longer endorse a faulty belief?

What benefits exist for you to no longer hold a faulty belief?

Exercise 3-4
Exposing Unrealistic Expectations and Standards that Are too Strict

Failure is inevitable. Sometimes we make mistakes or encounter unexpected obstacles that stifle our progress and lead to self-blame. At other times our expectations are simply too high. Consider a person who plans to be cancer-free within six month's time. Or, think about an individual who anticipates a raise or promotion at work. If these expectations are not met, it can be easy to feel condemnation for something that is not even our fault. While the novelty of unrealistic goals may motivate us to achieve short-term goals, the long-term consequences of failure and self-condemnation can be crippling. In this exercise, you will examine the feasibility of your self-expectations.

Write down two self-expectations or standards you desire to uphold. It may be especially useful to include expectations over which you experience self-condemnation as a result of the offense that you have selected to review throughout this workbook.

1.

2.

Think about your early childhood, adolescence, and adult life. What experiences influenced your self-expectations and goals?

Which expectations are self-imposed and which are adopted from others' expectations?

Are your goals realistic given that we all will eventually fail? Why or Why not?

Do you hold yourself to different standards than you hold others? Why or Why not?

If you were to fail to meet these expectations, why should you still be a valuable person?

Exercise 3-5 *Faulty Cognitive Processes*

The roads to self-condemnation are many. People employ numerous different kinds of faulty thought processes that each lead to feelings of condemnation. Even without their knowledge, these faulty processes hijack our thinking and wreck our emotions. It is important to know where you may be vulnerable in order to adequately deal with your negative thoughts.

Instructions: Indicate the extent to which you believe each of the following cognitive processes characterize your rumination.

Dichotomous reasoning - when we think in all-or-nothing terms.

(Mom didn't complain as she raised me, so I shouldn't complain when I'm the parent.)

Catastrophizing – inflating the negative consequences of our actions

(If I put mom in a care facility, her life savings will disappear. However, keeping her at home will bankrupt my own family).

Questioning the known – doubting a statement of fact and raising uncertainty

(The doctor says mom will slowly get worse, but he's spinning it too positively.)

Stuck in a rut – incessantly repeating the same line of reasoning

(I'm such a bad daughter, I'm such a bad daughter, I'm such a bad daughter.)

Discounting Progress – discounting the good news you hear

(I try and try to control my temper. Once in a while I can do so, but that's usually when I have a good day.)

Think about the effects of these faulty cognitive processes on you.

Exercise 3-6
Strategies to Rethink Rumination

Behaviors – How You Feel Can Depend on What You Think

Our emotions are not a direct response to things happening around us; they are the product of our thoughts and how we perceive events. Consider all the possible responses a crowd of people may have to witnessing a single event. Perspective affects everything we feel. If you practice controlling your thoughts, you can regain control of out-of-control emotions.

1. Recognize your repeated patterns and change them – patterns of thinking, not single thoughts, produce the greatest impact on your emotions.
2. Learn to interrupt the flow – Stopping the flow of negative thoughts is like trying to stop a boulder rolling down a mountain. The longer you wait, the more difficult it will be. Learn to intervene early by diverting your thinking to something productive.
3. Be aware of what won't help – Think about what to do rather than what not to do. Instead of telling yourself to avoid certain thoughts, be prepared with positive thoughts that you may focus on when ruminations arise.
4. How to Change – Changing your perspective is difficult. You must decide that you will try to improve, practice, set definite goals, monitor progress, and stay committed.

Questions about your ruminative behaviors:

What patterns of thinking strongly affect your emotions?

Write down positive things to consider when you encounter negative thought patterns.

Exercise 3-7
Develop an Action Plan

In order to rethink your ruminations, it is important to be prepared with an action plan. In the previous three exercises, you identified unrealistic standards, faulty cognitive processes and patterns. This exercise will help you build a plan to execute when you find yourself ruminating about negative thoughts and images.

1. Unrealistic Standards – A common cue for rumination is unrealistic standards. These standards can be self-imposed (i.e. perfectionism) or the product of others' desires for us (i.e. parents who seek to manage a child's career). Are the standards by which you judge your own worth self-imposed or adopted from an outside source? Are your standards reasonable? Many times we blame ourselves for not living up to an unreachable standard.

2. Faulty Cognitive Processes and Patterns – The roads to self-condemnation are many. People employ numerous different kinds of faulty thought processes that each lead to feelings of condemnation. It is important to know where you may be vulnerable. For example, some people think in all-or-nothing terms, others catastrophize about minor setbacks, and still others discount progress and positive news.

What people, events, or cues precede your ruminative behaviors?

List three positive thoughts to recall when your ruminative thoughts return.

- 1.

- 2.

- 3.

What Did Your Get Out of This Section?

Write one (or more) thing(s) that you got out of *Step Three: Rethink Ruminations*.

Thinking about the Material So Far

Go back to Exercise 1-1. Read again the quote by Bishop Robert South. What are your reflections on it now?

How are you doing on your plan for renewing your spiritual life? (Exercise 1-3)

What is the injustice gap? (Exercise 2-2)

There were two types of forgiveness. They were _____ forgiveness and _____ forgiveness. (Exercise 2-4)

From the benefits of self-forgiveness (Exercise 2-6), are you seeing any yet?

Can you recall any of the steps in making a good confession? (Exercise 2-7)

Ideas from Step Three to Consider

1. To what extent do you believe you are capable of failure, imperfection, and evil?

Yehiel Dinur was a holocaust survivor who was a witness during the trial of the infamous Nazi war criminal, Adolf Eichmann. Dinur entered the courtroom and stared at the man behind the bulletproof glass – the man who had presided over the slaughter of millions. The court was hushed as a victim confronted a butcher of his people. Suddenly Dinur began to sob and collapsed to the floor. But not out of anger or bitterness. As he explained later in an interview, what struck him was a terrifying realization. “I was afraid about myself,” Dinur said. “I saw that I am capable to do this. . . Exactly like he.” In a moment of chilling clarity, Dinur saw the skull beneath the skin. “Eichmann,” he concluded, “is in all of us.”

2. How much of the guilt you experience is healthy? Do you ever feel guilty for something outside your control, a need to be perfect, or a desire for social approval?

It has been argued that we only have a limited amount of psychical energy and that guilt ties up resources that we could be spending elsewhere. Such exhaustion leaves us vulnerable to new stressors. For this reason, it is important to identify sources of healthy guilt and eliminate guilt that results from unrealistic expectations (i.e. perfectionism, a need to always say yes, etc.)

Step Four

REACH Self-Forgiveness

Step Four

REACH Self-Forgiveness

Self-forgiveness doesn't happen overnight. Even though you made a sincere decision to try to forgive yourself for the offense you are concentrating on in this workbook during Step One (Exercise 1-4), you might still experience self-condemning emotions such as sadness, fear, and anger. For this reason, we distinguish between decisional and emotional self-forgiveness. Decisional self-forgiveness is an important part of the self-forgiveness process; however, it is unlikely that you will feel immediately better after deciding to self-forgive. Instead, making a decision is a first step and you must strengthen your decision by actively pursuing emotional self-forgiveness.

The fourth step in self-forgiveness process is REACH self-forgiveness. This involves making a sincere decision to forgive yourself and then, using the REACH Forgiveness method, which has successfully been used to promote forgiveness of others in victims of harm across the globe, to REACH Forgiveness for yourself. Recently, as a result of scientific productivity and personal experience, Dr. Worthington adapted the REACH method specifically to teach people how to experience emotional self-forgiveness. Therefore, the following steps are designed to help you replace self-condemning emotions with a positive, growth-oriented perspective. The REACH method is composed of five steps that are each represented by a single letter. During the next five exercises, you will review each of the REACH steps.

Exercise 4-1
Make a Decision to Forgive Yourself for Your Chosen Offense

Previously, you made a contract with yourself to try to use this workbook to experience forgiveness of yourself for the wrongdoing you chose to concentrate on. Now you will get down to the serious business of actually forgiving yourself.

As we have argued throughout this workbook, you really want to practice responsible self-forgiveness, not just letting yourself off of the hook. So, the first thing you worked on was trying to make things right with what you hold to be Sacred in your life (Step 1), whether that is a Sacred God that is informed by one of the major religions or God as you understand God, or whether it involves making things right with nature, with people, or with something “beyond” or transcendent. You might not have felt you could completely restore your sense of closeness or connection with the Sacred (or you might feel that you have). But we hope your spiritual inventory helped move you toward more closeness and connection.

We then (Step 2) sought to repair some of the social damage that might have been the fallout of the wrongdoing. We had you examine the relationships and consider making confessions and apologies to people you harmed. We doubt that many people will restore the harm in all respects and some might have committed to pay it forward in the future. However, you have taken significant steps to restoring the social balance and making social repairs, which is a socially responsible thing to do.

We then (Step 3) asked you to consider two types of mental self-repairs that were needed for responsible self-forgiveness. We asked you to consider how you might reduce your ruminations. We also asked that you consider the reasonableness of your expectations for your own behavior and your standards against which you judge that behavior.

To the extent that you have moved forward in being more responsible in repairing the three levels of damage related to self-condemnation, it is possible now for you to make a responsible decision to forgive yourself for the wrongdoing. Remember the definition of decisional self-forgiveness from Exercise 2-4 (definition 11).

I declare to myself that on _____, 20 ____, I intend to forgive myself for the wrong I did. By this I mean that I will not seek to revenge myself on myself by being punitive toward myself with self-hatred and self-condemning thoughts (at least as well as I am able). I also mean that I will seek to treat myself as someone who is imperfect and will, on occasion fail, and yet will seek to realize and say to myself that I still have value despite my imperfections and failures. Thus, I declare that, regarding this wrong that I did:

I will decide to forgive myself. I thus, declare myself forgiven, realizing that there is more to being free of feelings of unforgiveness that is still to be done.

Signature

Date

Witness

Now, I can move to seeking to emotionally REACH Forgiveness. Later, I may revisit this decision to forgive myself and come to feel even more committed to the decision. For now, though, I move to REACH Emotional Self-Forgiveness by working through the five steps of the REACH Forgiveness model.

References

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

(A Christian-oriented self-help book in which Chapter 3 contains most of the theological aspects)

Worthington, E. L., Jr. (2003). *Forgiving and reconciling: Bridges to wholeness and hope*. Downers Grove, IL: InterVarsity Press.

Exercise 4-2
R: Recall the Hurt

The first step, R, is recall the hurt. Your mission, if you choose to accept it, is to remember the offense as objectively as possible. Try not to take sides! Avoid arguing that you are either evil incarnate or completely void of blame. A more accurate and healthier explanation most likely will find you somewhere in between these two extremes.

Instructions: Answer the following questions in the space provided.

1. First, what beliefs and emotions led you to commit the wrongdoing?

Was your offense a one-time incident or an event in a series of harms?

Did you commit the offense intentionally or unintentionally?

What do you believe are the consequences of your offense?

2. Next, recall the day you decided to self-forgive. How have your beliefs, emotions, and behaviors changed since the day you committed the offense?

How has your view of yourself changed in the wake of committing the offense?

Exercise 4-3

E : Empathy Helps Replace Negative Emotions with Positive Emotions

Chronic self-condemnation isolates us from our social environment. We focus only on ourselves and become numb to what others have to say. Sometimes our isolation is an act of self-preservation when we fear how others would respond if they knew of our secret offense. On other occasions, we feel that the weight of our wrongdoing exceeds the forgiveness offered by others or by God. And, in some cases, people who harm others feel no guilt, which is not self-forgiveness. Either way, we focus solely on ourselves, distort our responsibility for an offense, and continue to condemn ourselves.

Fortunately, that's only half the equation. Empathy is admitting wrongdoing and understanding the reasons and emotional factors that that might have led to that wrongdoing. Empathy may promote self-forgiveness thereby replacing negative emotions with positive ones. Moreover, by practicing self-forgiveness, we can experience self-compassion without neglecting our responsibility for our actions.

Instructions: You will be asked to empathize with a variety of people in the questions below. In addition empathizing with victims of your offense, you should also empathize with yourself. Accurate empathy with oneself neither excuses you of blame nor endorses an unrealistic expectation that you should never harm or disappoint others.

1. Circle the words (**or mark in bold**) that describe how the harm you committed made OTHERS feel.

Disappointed	Satisfied	Neglected
Relieved	Fearful	Sympathetic
Betrayed	Anxious	Wounded
Annoyed	Pleased	Unloved
Frustrated	Angry	Worthless

2. Circle the words (**or mark in bold**) that describe how the harm you committed made YOU feel.

Disappointed	Satisfied	Neglected
Relieved	Fearful	Sympathetic
Betrayed	Anxious	Wounded
Annoyed	Pleased	Unloved
Frustrated	Angry	Worthless

3. Were there any similarities between how you as a perpetrator and any victims of harm respond? Any differences?

4. We all do things for what we believe at the time to be good reasons.
 - a. What reasons did you have for committing the offense?

 - b. What reasons did your victims have for responding the way that they did?

5. Compassion is feeling that the person is needy and *wanting* to do something to help.
 - a. If you felt real self-compassion, how might your own needs be met?

 - b. If you felt real compassion toward others, how might your victims needs be met?

Exercise 4-4

A : Altruistic Gift of Self-Forgiveness

The third step to REACH emotional self-forgiveness requires that you give yourself an Altruistic gift of self-forgiveness. Focus for a moment on feeling of freedom you received after seeking divine forgiveness and forgiveness from others. When you have been able to adopt this state of gratitude, do this exercise.

If you were going to write a letter of gratitude for being forgiven, what would you say?

Exercise 4-5
C : Commit to Emotional Self-Forgiveness

The fourth part of the REACH method is to commit to the emotional self-forgiveness you have experienced. At this point, you may benefit from a tangible expression of the self-forgiveness that is taking root in your thoughts and emotions. Nations often memorialize significant experiences in a similar way. They build memorials, construct statues, and preserve the scripts of iconic speeches. But, the individual people can do likewise.

Can you think of an important person or experience that you have memorialized? In the same way, you can create a memorial to signify your gift of self-forgiveness that will stand the test of time, doubts, and self-accusation. Let's work on several Walls of that memorial.

Wall 1: Commit by Reflecting on Your Change

Think back to how badly you felt toward yourself at the beginning of this workbook. It will help if you go back to Exercise 1-2, in which you detailed the negativity you felt then. But now, we hope, you feel a lot different.

So, on a percent basis, what percent of the negative feelings toward yourself—those feelings of guilt, shame, remorse, and self-condemnation—have you now replaced?

I have forgiven myself, such that _____ percent of my negative feelings have been removed.

Wall 2: Commit By Writing

- Write about how much you forgave emotionally and how that feels.

Wall 3: Commit by Hand-Washing

Use a pen to write a brief description of the transgression on your hand. You might try writing a single word such as “HURT, GUILT, SHAME, etc.”

Now try to wash it off. Were you able to get all of the ink off?

How might this exercise memorialize the self-forgiveness you have experienced?

Wall 4: What if Emotional Self-Forgiveness Isn't Complete?

If you have reduced less than 100 percent of your negative feelings, you might need to go back through the steps again.

The Roof: Broadening Your Experience of Successful Self-Forgiveness to Apply to Other People

If you have a history of offenses against another person—perhaps some big hurts and many small hurts—you do not need to recall every hurt to effectively forgive yourself. You can forgive the hurtfulness by taking three steps.

- Pick a few of the most hurtful acts that represent all the hurts you have inflicted. Work through those two or three—one at a time—until each is forgiven.
- At some point you will decide that you have forgiven enough of the individual acts, and you have thus forgiven the person.
- List any barriers to you experiencing emotional self-forgiveness below.

Exercise 4-5
H : Hold onto Self-Forgiveness

Freedom from self-condemnation and blame doesn't mean that you will never experience them again. If you believe your struggle is completely over, you're setting yourself up to be disappointed. We all experience doubts.

But, you have a choice about your emotions. You can hold onto unforgiving emotions, or if you have replaced those with love, empathy, sympathy or compassion, you can now hold on to your emotional forgiveness even in the face of powerful events that demand that you give up that emotional forgiveness.

Psychologist Fred Luskin suggests that experiencing negative emotions is like watching a television channel that is depressing, angering, fear-producing, or bitterness-enhancing. But importantly, **you can change channels**. Choose a more positive channel.

What negative emotional channels do you often watch?

What positive emotional channels do you want to watch more of?

Is there something stopping you from changing channels? What is it?

Can you do something about it? Or can you just commit to change channels and seek more positive experiences?

What Did Your Get Out of This Section?

Write two (or more) things that you got out of *Step Four: REACH Self-Forgiveness*.

Ideas from Step Four to Consider

1. Do you agree that you need to seek forgiveness regarding ways you have disrupted bonds with the Sacred, attempt to make amends or pay it forward to heal some of the social effects, and try to reduce ruminations and change expectations and standards if you are to make a decision to forgive yourself responsibly and then to experience healing of your emotions through REACHing self-forgiveness? If not, what do you think isn't needed or what else is needed?
2. Although wounds heal in time, time does not heal wounds. Actions heal wounds! The REACH methods provide a concrete series of actions that will help you self-forgive, but it is important that you remember and practice these steps regularly. Try starting this process by recalling each of the five steps below.

R:
E:
A:
C:
H:
3. In Exercise 4-3 you identified yours and others' reactions to the offense you committed. Were the reactions you identified similar? Were they different? Empathy describes your ability to take the perspective of and emotionally identify with others. As a perpetrator of harm, how might your empathy toward victims of harm facilitate or impede the self-forgiveness process. Can you think of anyone who empathizes with you as a perpetrator of harm?

Step Five

Rebuild Self-Acceptance

Step Five

Rebuild Self-Acceptance

Victory is hard-won in the battle for self-forgiveness as a way of reducing or eliminating self-condemnation. But unfortunately, forgiving yourself is also not the end of the war. Perhaps our most troublesome problem is this: How do I accept myself as valuable when I am more flawed than I ever believed to be possible?

Self-condemnation threatens how we think about ourselves. It drives a wedge between who we are and who we want to be. This problem arises for multiple reasons. First, it is possible that we believe we are no longer able to live up to our own or others' standards or expectations. For example, consider the anguish of a soldier whose wartime actions violate previously held moral beliefs, a spouse caught in an affair, or a parent who lost control disciplining a noncompliant child. A second reason why self-condemnation can cause problems is one might initially see oneself as better than one actually is. Perhaps a parent has sufficiently provided for his or her family in the past but is now no longer able to do so (whether by loss of job, consequence of physical disease or disability, etc.). Whether transgressions cause us to prematurely foreclose on life or reduce our inflated sense of self, a distorted self-concept is at the foundation of our problem.

Accepting oneself doesn't mean being completely satisfied with your past decisions and behaviors. We all must come to terms with the life path that got us to the point where we are now. Yet, self-acceptance is about being good enough. We must believe that we are valuable despite the mistakes we've made although we aspire to be better. Self-acceptance means embracing our ability to learn and grow from our mistakes.

Exercise 5-1
Where You've Been

Instructions: Each of us has experiences that contribute to who we are today. Some important experiences are positive and others are negative. But, we cannot deny the impact of these events on our lives. In the following exercise, you will be asked to consider the impacts of significant successes and failures in your life.

Describe an important success in your life.

How has this experience shaped your perspective?

Describe an important failure in your life.

How has this experience shaped your perspective?

In what ways did you learn from these past experiences?

Exercise 5-2
We Are All Capable of Wrongdoing

Yehiel Dinur was a holocaust survivor who was a witness during the trial of the infamous Nazi war criminal, Adolf Eichmann. Dinur entered the courtroom and stared at the man behind the bulletproof glass—the man who had presided over the slaughter of millions. The court was hushed as a victim confronted a butcher of his people. Suddenly Dinur began to sob and collapsed to the floor. But not out of anger or bitterness. As he explained later in an interview, what struck him was a terrifying realization. “I was afraid about myself,” Dinur said. “I saw that I am capable to do this...Exactly like he.” In a moment of chilling clarity, Dinur saw the skull beneath the skin. “Eichmann, “he concluded, “is in all of us.”

- Answer these three questions:
 1. What is the point of this story? Do you agree with it? Why or why not?
 2. Do you think that Yehiel Dinur thought that he was in any way similar to Adolf Eichmann before his realization?
 3. Do you tend to underestimate your capacity, under a different set of circumstances, to commit atrocities?

Exercise 5-3
What Makes You Valuable?

Freedom from self-condemnation and blame doesn't mean that you will never experience them again. If you believe your struggle is completely over, you're setting yourself up to be disappointed. Yet, it is important to keep in mind that we are valuable in spite of our mistakes.

Prior to committing your offense, what did you believe made you a valuable person?

How has your offense and mistakes threatened your sense of personal worth?

What makes you valuable in spite of your mistakes?

Who or what can you count on to remind you of your worth?

Exercise 5-4
Consider This

Suppose you found a \$100 bill on the sidewalk. It has dirt all over it. It had little rips and lots and lots of wrinkles. It was not that pretty to look at, though you thought you might be able to take it home with you, wash it off and press it in a book. In short, right now, it doesn't look like a hundred bucks. But here's the question: Would it spend? There are times in our lives when we do things that (metaphorically) get us dirty, wrinkled, ripped, and not morally pretty. But we are still valuable as a person.

What do you think of this metaphor?

Exercise 5-5
Man in the Mirror

Look at yourself in the mirror, then walk away. Return to the mirror a second time.

You have looked at two faces. The first face you saw was the face of a person who has been hurt and at the same time the face of a person who has hurt others. The second face you saw is the face of one who has struggled against the oppression of unforgiveness, revenge motives, and grudges. It is the face of one who has emerged victorious over self-condemnation.

What Did Your Get Out of This Section?

Write one (or more) thing(s) that you got out of *Step Five:Rebuild Self-Acceptance*.

Ideas from Step Five to Consider

Love yourself – accept yourself – forgive yourself – and be good to yourself, because without you the rest of us are without a source of many wonderful things.

Leo F. Buscaglia

1. Can anyone reach self-acceptance or is it an unlikely luxury?

Self-acceptance is not something people are born with. Instead, it takes a courageous individual to honestly confront life's failures and mistakes, generously forgive oneself, and work to rebuild self-acceptance. In this way, self-acceptance requires concentrated effort and discipline.

2. How long will it take to rebuild self-acceptance?

There is no standard for the amount of time it takes to rebuild self-acceptance. In fact, we have argued that self-acceptance way of living rather than a transient state.

Step Six

Resolve to Live Virtuously

Step Six *Resolve to Live Virtuously*

A conflict rages inside each of us. Although we are flawed, we are also capable of seeking virtue and goodness. Unfortunately, wrongdoing often causes people to withdraw and foreclose on any effort to lead a virtuous and good life. The blaze of self-condemnation may consume our efforts toward character and moral growth if we are not careful. We must instead become aware of our wrongdoing and the consequences of our actions in order to responsibly self-forgive and lead a life of virtue.

However, we are not alone on our quest. How we think about and behave toward ourselves depends upon the influence of our relationships to the divine and others. In this way, our relationships function as valuable tools to build a healthy self-concept and virtuous life. Growth therefore is frequently the product of community. But, like us, our relationships are undeniably flawed and interpersonal offenses are an inevitable consequence. For this reason, we regard what takes place in the aftermath of wrongdoing as an essentially human event that may promote growth and virtue.

Exercise 6-1
Breaking Free and Moving Forward

Freedom from self-condemnation and blame doesn't mean that you will never experience them again. If you believe your struggle is completely over, you're setting yourself up to be disappointed. We all experience doubts. But, we must hold on to our commitment to self-forgive and resolve to lead a virtuous life in the future.

Many historical and fictional narratives indicate that the road to virtue is paved in mistakes. Consider the lives of individuals including Chuck Colson and the Apostle Paul who devoted their lives to serving others in the wake of severe offenses. Also, numerous examples from literature and movies such as *Les Miserables* and *The Mission* in which characters of virtue carry scars of past transgressions. In the space provided, describe one such narrative and indicate who your selected story encourages you to live virtuously despite your wrongdoing.

Exercise 6-2
Learning from Mistakes

Self-forgiveness provides us with a unique opportunity to promote self-acceptance even after committing wrongdoing. However, accepting ourselves – and our mistakes – does not mean foreclosing on our ability to change. Instead of limiting what we may become, wrongdoing and mistakes can be the origin of moral and character growth.

What have you learned from past wrongdoings that might support you now?

What have you learned from the wrongdoing described earlier in this workbook?

What positive consequences have resulted from your offense?

What positive consequences would you like to result from your offense?

What might you do to help promote desirable outcomes that result from your offense?

Exercise 6-3
Dedicate Yourself to Being a More Self-Forgiving Person: 12 Steps

Step 1: Why Forgive Yourself?

Why do you want to be a more self-forgiving person? List as many reasons as you can.

Step 2: Identify the 3 Greatest Wrongdoings You Have Committed against Others throughout Your Lifetime.

List a short description (like: "I betrayed a close friend") of the three most severe offenses you have committed

- 1.
- 2.
- 3.

Step 3: Self-Forgive One Offense at a Time.

Pick one of the offense you listed in Step 2, write a brief description of each.

R= Recall the hurt (summary)

E=Empathize (from a sympathetic point of view, describe the responses of victims of your offense)

A=Altruistic gift (write a reason why you might want to unselfishly grant self-forgiveness.)

C=Commit to any self-forgiveness you experienced (write your intention to try someday, or soon, or when, to forgive)

H=Hold on to forgiveness (write how hard you think it would be to make self-forgiveness last)

Step 4: Identify Your Self-forgiveness Heroes.

Looking back over your life and thinking of people you know or have read or heard about, identify 2 people you think of as *self-forgiveness heroes*—people who have self-forgiven much and whom you admire.

1. Describe someone in your life who you consider to be very self-forgiving. What makes them forgiving? How do you feel about this person?
2. Someone from the past (examples: Jews, Gandhi, King David, Solzhenitsyn, Martin Luther King, Jr., etc.)
3. Someone from the present whom you don't know personally

Step 5: Examine Yourself.

Write a detailed message to yourself expressing your desire to be a self-forgiving person.

Step 6: Try to Become More Forgiving.

Write ways you would like to develop a self-forgiving and warm character. How do you think you could begin moving toward this character?

Step 7: Change Your Experience with the Past.

You can't change the past, but you can change the way you are going to talk about it. Pick out one of the three offenses (step 2) and write how you are going to talk differently about it from now on.

Step 8: Plan Your Strategy for Becoming More Self-forgiving.

Write below a way you are going to try better from now on to forgive yourself.

Can you dedicate yourself to seeking forgiveness for your offenders and being more grateful for the roles others play in our lives?

Write something else that you really intend to do to become a more self-forgiving person.

Step 9: Practice Self-forgiving under Imagined Conditions.

Pick one of the people from your people from your list of three events (Step 2). Imagine you are in a room with that person. What happens?

Step 10: Practicing Self-Forgiveness Day to Day.

Looking back at your list of three offenses (see Step 2), choose the one person that you have the most negative feeling toward. List their strengths as a person.

Step 11: Consult Someone You Trust.

Do you seek social support when you have committed an offense, or do you try to handle it alone? Is there anyone you trust that you could talk to about your heartfelt desire to be a more self-forgiving person? Write that person, or persons, name(s) below. Why do you go to that person? What kind of response do they usually give you?

Step 12: Start a Campaign to Feel Warmth toward Your Enemies

Write out things you could do (both privately and publicly) to show your attempts to change your feelings toward those that you have harmed. Write out specific things you could do to show the warmth of your emotions towards one of those people you listed in Step 2.

What Did Your Get Out of This Section?

Write one (or more) thing(s) that you got out of *Step Six: Resolve to Live Virtuously*.

Ideas from Step Six to Consider

1. Can we be virtuous and acknowledge that we are flawed?

People who commit wrongdoings may foreclose on their lives and give up any effort at living a moral and purposive life. Yet, a single act of wrongdoing – no matter how severe – cannot undermine future attempts to live a virtuous life. We all will fail, and we all possess the capacity to learn from our mistakes.

2. In what ways do you plan to live virtuously in the future?

Conclusion

Personal Self-Assessment

The goal of this workbook is to promote self-forgiveness and equip readers with a practical method by which they may adequately cope with self-condemnation. Before beginning this workbook, you completed a scale to measure the amount of self-forgiveness you have experienced regarding a specific offense. After completing the scale below, compare your score to the total you received before completing the workbook. A greater numerical score on your final assessment indicates an increase in the self-forgiveness you've experienced regarding your specific offense.

Self-Forgiveness Scale for a Specific Offense

DIRECTIONS: For each item, write the number in the space provided that best represents how you think or feel about yourself as a result of the specific transgression you described above.

1 2 3 5 5

Step	Statement	Rating		Step	Statement	Rating	6 minus rating
1	I never feel abandoned or punished by God (higher power, nature, etc.).			1	I don't believe God (higher power, nature, etc.) has forgiven me.		
2	I have repaired the damage I did through my wrongdoing or, if that was not possible, I paid benefits forward to make amends.			2	If my actions harm other people, I rarely try to make amends and repair the relationship.		
3	I often dwell on the mistake I made			3	I condemn and punish myself for long time after I committed the initial offense		
4	I have decided to forgive myself for what I've done wrong			4	I often experience sadness, fear, or anger toward myself because of the harm I caused.		
5	I give myself permission to make mistakes.			5	I do not accept myself when I know I've done wrong		
6	I am a virtuous person who sometimes does bad things			6	I do not use my failure or wrongdoing as opportunities to grow as a person		
	Sum of Ratings				Sum of (6 minus ratings)		

Self-Forgiveness Score = Add together [Sum of Ratings] + [Sum of (6 minus ratings)]

Self-Forgiveness Score = _____ + _____ = _____

Interpreting Your Score:

KEY:

12-24 pts: You have not forgiven yourself for the offense and may find this workbook very helpful.

25-50 pts: You have somewhat forgiven yourself for the offense and may find this workbook helpful.

50-60 pts: You have mostly forgiven yourself for the offense. Therefore, it may be worth considering a different offense for the purposes of this workbook.

Although it is possible to over-interpret just two items, note that low scores on particular steps (i.e., rating in left columns and 6-minus-ratings in right columns) can alert you to pay careful attention to those steps in the workbook.

Look back to your initial self-assessment. Given that this is a short and “unofficial” scale, do you see any difference in the scores?

First Assessment: _____

This Assessment: _____

If you consider the degree of self-forgiveness you had experienced at the outset of this workbook to be your starting point, then how much self-forgiveness have you experienced as a result of completing this workbook (including the time you spent thinking about the workbook and its exercises. (Bold One)

-3	-2	-1	0	1	2	3
I condemn myself			Neutral			I forgive myself

To what degree do you currently feel condemnation toward yourself over this hurt? (Bold One)

-3	-2	-1	0	1	2	3
I condemn myself			Neutral			I forgive myself

How helpful was this workbook in teaching you to forgive yourself? (Bold One)

-3	-2	-1	0	1	2	3
Not Helpful		Neutral				Very Helpful

Processing the Workbook Experience

DIRECTIONS: Rate each of the following on a scale of 1 to 5 representing the degree to which you experienced the item.

1 = Not at all

2 = A Little

3 = Moderate

4 = A Lot

5 = Tremendous Amount

I feel more forgiven by God, nature, or humanity in general since completing the workbook. **1 2 3 4 5**

I sought the forgiveness of and feel more forgiven by others whom I harmed. **1 2 3 4 5**

I can better identify and avoid ruminative negative thoughts since completing the workbook. **1 2 3 4 5**

I learned the five steps to REACH self-forgiveness. **1 2 3 4 5**

Although I am not perfect and I am capable of hurting other people, this workbook helped me to accept my mistakes and myself. **1 2 3 4 5**

This workbook helped me see myself as a virtuous person who sometimes does wrong rather than an evil person. **1 2 3 4 5**

What feedback would you like to give the writers of this workbook?

About how long, in hours and minutes, did you spend on this workbook from start to finish?

If you did this as part of a research study, we sincerely thank you for participating in this study. If you did this purely to seek to better your ability to cope with self-condemnation, we also sincerely hope you have reached your goals.

Vita

Brandon Jayson Griffin was born on June 16, 1989, in Mountain Home, Arkansas. He is currently a second year doctoral student in the APA-accredited Counseling Psychology program at Virginia Commonwealth University. He received Bachelor of Arts degrees in Psychology and Religious Studies from Southwest Baptist University in Bolivar, Missouri in 2011. His research interests include forgiveness, gratitude, and the development of secular and religiously accommodative interventions designed to promote virtue. Brandon was a recipient of the 2013 APA Division 36 Student Research Award for his work on the topic of self-forgiveness.