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Examination of an emotion-focused therapy intervention to promote self-forgiveness for interpersonal offenses

by

Marilyn A. Cornish

A dissertation submitted to the graduate faculty

in partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

Major: Psychology (Counseling Psychology)

Program of Study Committee:
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ABSTRACT

This study examined the effectiveness of a newly-developed emotion-focused counseling intervention designed to increase self-forgiveness for regretted actions committed against another person. Twenty-six participants who indicated they had unresolved emotions about a past offense enrolled in the study and were randomly assigned to a delayed or immediate treatment condition. Twenty-one participants completed the study. Results demonstrated the intervention had positive effects on both offense-specific emotional responses and on general well-being. After controlling for screening scores, participants who received the treatment had significantly lower self-condemnation and significantly greater state self-forgiveness and self-reported self-forgiveness than did participants who spent time on a waiting list. Again controlling for screening scores, treated participants also had significantly lower psychological distress and significantly greater self-compassion at the end of treatment than did participants who spent time on a waiting list. Satisfaction with life was only marginally impacted by the intervention relative to the waiting list. Results of this study demonstrate the utility of this new intervention for helping clients resolve the negative residual effects of unforgiveness toward the self.

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CHAPTER 1. OVERVIEW

Offending or harming others is an inevitable part of life, ranging from comparatively minor offenses like speaking harshly to a loved one to more severe acts of harm such as causing a car accident that seriously injures someone, committing atrocities during war, and being unfaithful to one's spouse. Causing harm to another—whether intentional or unintentional—can later cause deep remorse, self-blame, or shame on the part of the offender. Although such responses can be appropriate following hurtful actions, the perpetuation of those feelings and the development of harsher, more critical feelings (such as self-loathing) often create more problems than they solve. For example, research has demonstrated that holding on to shame and self-condemnation is related to negative psychological outcomes and a reduced capacity to effectively relate to others (Friedman et al., 2007; Ingersoll-Dayton & Krause, 2005).

Just as forgiveness has been found to be an effective means for victims to overcome past hurts (Baskin & Enright, 2004), so it appears self-forgiveness can lead to positive changes for the offender. Self-forgiveness has been defined as "a willingness to abandon self-resentment in the face of one's own acknowledged objective wrong, while fostering compassion, generosity, and love toward oneself" (Enright & the Human Development Study Group, 1996, p. 115). Those who are able to forgive themselves for past offenses have lower levels of depression, anger, and anxiety; greater satisfaction with life (Thompson et al., 2005); and greater prosocial behaviors, such as repentance and humility (Fisher & Exline, 2006).

Counseling interventions that promote interpersonal forgiveness have been found to be effective (Baskin & Enright, 2004), but research has not yet examined whether counseling interventions to promote self-forgiveness derive similar benefits. Therefore, the purpose of the current study was to develop and test the effectiveness of an individual counseling intervention

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for clients struggling to forgive themselves for past interpersonal offenses (i.e., offenses committed against another person).

The new intervention was adapted from empirically-supported interventions to promote interpersonal forgiveness (Greenberg, Warwar, & Malcolm, 2008; Worthington, 2001), with specific adjustments made due to aspects unique to self-forgiveness (e.g., reducing shame while acknowledging responsibility). The intervention utilizes an emotion-focused therapy perspective (Greenberg, 2010) and is designed to help clients accept an appropriate level of responsibility for the offense, resolve the negative self-defeating feelings associated with the offense, engage in reparative and restorative steps, and move forward with a renewed sense of self-acceptance and self-forgiveness.

A pilot study was designed to test this intervention against a waiting list control. To examine the effects of the intervention on offense-specific emotional responses, the ability of the intervention to reduce self-condemnation and increase self-forgiveness for a specific offense relative to a waitlist control was examined. In addition, the ability of the intervention to reduce general psychological distress and increase trait self-compassion and satisfaction with life relative to a waitlist control was tested to examine the effects of the intervention on general wellbeing.

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CHAPTER 2. LITERATURE REVIEW

As a high school student, Jack drank heavily at a party and then convinced several friends to go joyriding with him; he crashed his car, causing one of his friends in the car to be paralyzed from the waist down. Martha was unhappy in her marriage; she sought solace in a co-worker, and eventually developed a sexual affair with him. Rhonda forced her teenage daughter to have an abortion; now, ten years later, her daughter has been having difficulties conceiving and blames Rhonda for her inability to have a child. These fictional examples highlight some of the ways in which people harm others. Whether intentional or unintentional at the time, causing harm to another can later cause deep remorse, self-condemnation, and shame. Although some of these feelings may be warranted following an offense, when these feelings are relentless they often create more difficulties than they solve. In these instances, self-forgiveness may be one means by which individuals can work through the negative consequences of harming another, develop more self-compassion, and come away with a better understanding of how they want to approach their relationships with self and others in the future.

Psychological researchers have put forth various definitions of self-forgiveness. One of the first examinations of self-forgiveness was conducted by Bauer et al. (1992). Through a phenomenological interview approach, they developed a conceptualization of self-forgiveness that involves "a shift from fundamental estrangement to being at home with one's self in the world" (p. 153) in which one acknowledges responsibility for the wrong, grieves what could have been, and comes to terms with oneself as an imperfect person. In one of the major theoretical papers on self-forgiveness, Hall and Fincham (2005) utilized common definitions of interpersonal forgiveness to conceptualize self-forgiveness as "a set of motivational changes whereby one becomes decreasingly motivated to avoid stimuli associated with the offense,

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decreasingly motivated to retaliate against the self (e.g., punish the self, engage in self-destructive behaviors, etc.), and increasingly motivated to act benevolently toward the self" (p. 622).

One of the commonly cited conceptualizations of self-forgiveness comes from Enright and the Human Development Study Group (1996). They defined self-forgiveness as "a willingness to abandon self-resentment in the face of one's own acknowledged objective wrong, while fostering compassion, generosity, and love toward oneself" (p. 115). This definition highlights two important components of self-forgiveness that are internal to the person: acceptance of responsibility for the offense and positive, self-compassionate feelings toward oneself despite the acknowledged wrong. I would add, however, that self-forgiveness also spurs a behavioral component in which the person is motivated to engage in actions that repair the damage caused by the offense.

The Four *R*s of Genuine Self-Forgiveness.

The major elements of self-forgiveness following an interpersonal hurt can be categorized into four main components, which I have termed the *Four Rs of Genuine Self-Forgiveness*. These are (1) responsibility, (2) remorse, (3) repair, and (4) renewal. I describe these four components in turn, along with suggestions that have been offered for how each component might be facilitated.

Responsibility. Being able to acknowledge one's role in causing harm to another has been included in most, if not all, conceptualizations of self-forgiveness following interpersonal hurts (e.g., Bauer et al., 1992; Hall & Fincham, 2005, Holmgren, 1998). Although it is a natural human tendency for people to excuse, downplay, or focus on external causes for their negative actions (Baumeister, Stillwell, & Wotman, 1990; Zechmeister & Romero, 2002), such a stance is

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not conducive to self-forgiveness. Just as interpersonal forgiveness is said to be required only when an actual transgression has occurred (Enright & the Human Development Study Group, 1991), so too does self-forgiveness require an actual offense on the part of the person (Hall & Fincham, 2005). When such an offense has not occurred, other processes are more appropriate than self-forgiveness, such as self-esteem enhancement or assertiveness training (Enright & the Human Development Study Group, 1996).

When an actual offense has occurred, however, it is important for the transgressor to acknowledge and accept responsibility for his or her role in the offense. This acceptance of responsibility certainly involves a cognitive component that includes recognition of wrongdoing and acknowledgement that one could and should have done things differently (Holmgren, 2012). This acceptance of responsibility, however, also brings a more affective reaction that can include remorse, shame, and guilt (Hall & Fincham, 2008; Fisher & Exline, 2006) as one acknowledges that the victim did not deserve the transgression (Holmgren, 2012). These unpleasant emotions can lead to a sense of "moral pressure to balance the scales" (Exline, Root, Yadavalli, Martin, & Fisher, 2011, p. 102). When used as a stimulus to engage in the other components of self-forgiveness, these negative emotions can serve a positive, prosocial and healing function. For those who take on an extreme level of responsibility and develop feelings of shame, however, this can turn dysfunctional, as will be discussed later. For genuine self-forgiveness to occur, the cognitive acceptance of responsibility and its emotional consequences should spur reparative actions, rather than serve to keep one in perpetual self-blame and self-punishment (Fisher & Exline, 2010).

In this vein, Halling (1994) includes taking responsibility for one's own contributions to the painful situation as essential in self-forgiveness and describes it as including an awareness of

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one's own fallibility. He argues that this responsibility-taking need not be encapsulated by self-blame, but rather should be seen as an owning and embracing of all parts of who one is and has been, including those parts that one now regrets. Through this compassionate stance, one can then use responsibility-taking as a stimulus for the rest of the work of self-forgiveness. It has also been suggested that accepting responsibility can be a humbling experience—although such humbling can be painful, it may make individuals more willing to make amends for their behaviors (Fisher & Exline, 2006). This connection between accepting responsibility and wanting to make amends was highlighted by a participant in a qualitative study on self-forgiveness among older adults: "To forgive yourself, you have to decide that what you did was wrong and think about how to make it right" (Ingersoll-Dayton & Krause, 2005, p. 277).

In examining the literature, it is evident that conceptualizations of "genuine" self-forgiveness hinge on the transgressor's acceptance of responsibility for the offense. Without this recognition and acceptance of responsibility, a "pseudo self-forgiveness" results instead, in which offenders excuse, justify, and/or rationalize the offense, sometimes shifting blame to other people (Hall & Fincham, 2005, p. 626). Unfortunately, despite acceptance of responsibility being considered a key component, or at least a prerequisite, of self-forgiveness, most empirical examinations of self-forgiveness prior to those in the last few years did not examine acceptance of responsibility, and most measures of self-forgiveness do not incorporate this component (e.g., Mauger et al., 1992; Thompson et al., 2005; Wohl, DeShea, Wahkinney, 2008). This oversight leads to the potential confound between self-forgiveness and simply excusing one's offenses. This is a serious issue in the empirical literature, which will be addressed later. For theoretical understandings, however, it is clear that acceptance of responsibility is a key ingredient in working through past regrets.

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Holmgren (2002), therefore, provides a word of caution about clients who may want to achieve self-forgiveness without acknowledging wrong. Some clients may be "generally decent" but yet rationalize their behavior to avoid responsibility for the particular offense (p. 122). In these instances, therapists are encouraged to sensitively draw clients' attention to the fact that they are rationalizing. Other clients are dismissive of their offenses because they do not view them as wrong. When this occurs, therapists should assist clients in understanding themselves as moral agents. Therapists can help clients explore their sense of moral responsibility and assist them in developing and refining their moral attitudes. If clients are receptive to this process, they are likely to increase their sense of responsibility for their offenses and view those offenses as contrary to their moral obligations (Holmgren, 2002). Similarly, Fisher and Exline (2006) insist that egoistic clients need to be encouraged to move away from self-justification and toward acceptance of responsibility. They argue that therapists who can provide a secure and accepting environment for such clients will enable the clients to feel safe enough to face their offenses without slipping into defensiveness.

On the other hand, some clients may accept more responsibility for an offense or the negative consequences that followed their actions than is objectively warranted. In these instances, responsibility can still be explored and any hurtful actions or inactions should never be excused or downplayed, but the counselor can help the client examine contextual factors and the choices of others involved in order to prevent the client from accepting more responsibility than they actually hold for the offense and/or the consequences.

Remorse. As introduced above, recognizing that one has caused harm to another brings forth a host of negative feelings that can be difficult to deal with. Yet, acknowledgement and expression of the negative feelings associated with the offense has been included as an important

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part of the self-forgiveness process (Enright & the Human Development Study Group, 1996; Holmgren, 1998). These emotional reactions could be argued to fall into two overarching categories: guilt and shame. The feeling of *guilt* involves tension, remorse, and regret about one's actions. In contrast, in *shame*, the negative feelings are focused on the self, rather than on the regretted actions (Tangney & Dearing, 2002). Lewis (1971) described this distinction between guilt and shame: "The experience of shame is directly about the *self*, which is the focus of evaluation. In guilt, the self is not the central object of negative evaluation, but rather the *thing* done or undone is the focus" (p. 30, italics in original).

Of these two emotional-reaction categories, it has been suggested that guilt can serve a positive, prosocial function. Indeed, guilt and remorse have been connected to an increased likelihood of engaging in conciliatory behaviors toward the injured party (Fisher & Exline, 2006; Rangganadhan & Todorov, 2010). On the other hand, shame can lead to self-destructive intentions (Hall & Fincham, 2005) and does not predict conciliatory behaviors (Fisher & Exline, 2006). Not all people experience shame in response to their wrongdoing, but among those who do, the consequences can be negative. Shame-prone transgressors may try to make up for the offense through self-punishment, for example by berating oneself, denying oneself privileges, or ruminating about the harm caused (Exline et al., 2011). Although this self-punishment may be one step to "balance" the moral scales, it comes at a great personal cost. For example, both shame-proneness and self-condemnation (shame-related responses to a specific transgression) are associated with lower levels of well-being, as measured by high self-esteem, satisfaction with life, emotional stability and low depression, anxiety, and anger (Fisher & Exline, 2006). In a review of the literature on shame, Tangney and Dearing (2002) found shame to be related to greater depression, feelings of distress, paranoid ideation, hostility, and anxiety.

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In addition, this self-condemning stance serves no adaptive purpose because it only focuses on derogating the self rather than attempting to repair any harm caused to others from the offense (Exline et al., 2011). Individuals who experience a high degree of shame have lower perspective taking abilities (Leith & Baumeister, 1998) and greater difficulty empathizing with others (Tangney, 1991), both of which would be expected to hinder reparative behaviors following an offense. Because the feelings of shame are so global, making them difficult to overcome through reparative action, one of two responses commonly occur (Tangney & Dearing, 2002). On the one hand, individuals may engage in passive withdrawal from the situation and experience an internal rumination and self-directed hostility. On the other hand, shame-prone individuals may deflect the negative shame-based feelings by blaming others and engaging in direct or indirect aggression toward those others. This blaming of others can help shame-prone individuals defend their self-esteem and regain some sense of control (Tangney & Dearing, 2002). Again, both of these shame-based responses are not conducive to reparative behaviors or eventual self-forgiveness.

Based on this previous research, guilt and remorse are the negative emotions that are most conducive to positive change, whereas shame would need to be reduced. For some individuals, reduced shame will allow them to more fully accept responsibility, which was previously too difficult to handle due to one's fragile self-esteem. For others, the negative feelings can be shifted from a global negative evaluation to one that is more specific to the transgression, turning the focus to the victim and what can be done to make amends for the wrongdoing. How might this shame be reduced, though? The restorative justice movement within the criminal justice system can provide some insights into this process. Restorative justice emphasizes the development of empathy, personal responsibility, and a sense of control while

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also working to reduce offenders' shame-based identity as a bad person. To achieve this, offenders are taught to make a distinction between themselves and their actions, learning to accept that bad actions do not necessitate an identity as a bad person (Braithwaite, 2000).

Within a counseling context, psychoeducation about the differences between shame and guilt may help transgressors reduce their internal, global attributions about the offense, hence reducing shame (Webb, Colbum, Heisler, Call, & Chickering, 2008). In addition, shame might be reduced through the development of skills in approaching oneself with self-acceptance and self-compassion, which would allow individuals to examine their faults without descending into shame (Fisher & Exline, 2010). Other authors focus on the need to assess why clients are experiencing self-condemnation (Worthington, 2006). Clients can be helped to realize that all people are imperfect (Jacinto & Edwards, 2011) and that self-punishment is not a necessary response to wrongdoing (Potter-Efron, 2005). Baker (2008) offers the suggestion of having clients write letters to themselves acknowledging internal pain and the reasons they are so angry at themselves. By gaining a better understanding of the reasons behind their shame and self-punishment, clients may realize their goals or expectations for themselves need to be reevaluated (Worthington, 2006) and they can move toward a stance in which their inherent value as a person is affirmed (Fisher & Exline, 2006) despite the wrong they committed.

When shame is appropriately reduced, transgressors are primarily left with feelings of guilt or remorse. Again, these feelings are connected to recognition that one's actions have harmed another. With this recognition and attendant guilt often comes the desire to somehow make things right. By exploring their remorse, transgressors can gain a better understanding of their values violated by the offense and can begin to identify how they want to make things right again. This will bring them to the next component of self-forgiveness: repair.

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Repair. Previous writings on interpersonal forgiveness have described the "unconditional" nature of forgiveness (e.g., Enright & the Human Development Study Group, 1996); this interpersonal forgiveness is conceptualized as an altruistic gift that is not dependent on what the offender has done in response to their offense (Worthington, 2001). In contrast, authors have highlighted the conditional nature of self-forgiveness, in which transgressors may impose prerequisites on themselves before feelings of self-forgiveness are allowed (Hall & Fincham, 2005; Horsbrugh, 1974). These conditions primarily involve a making a commitment to change (Enright, 1996; Holmgren, 1998), behaving differently in the future (Hall & Fincham, 2005), and/or making amends for the harm caused (Holmgren, 1998).

Authors have described the importance of addressing the attitudes and behavior patterns that contributed to the offense (Baker, 2008; Holmgren, 1998). Without doing so, individuals are likely to commit similar transgressions in the future. The offense will also not be "over" for the transgressor until these patterns are addressed. Once they are, internal resolution of the offense can be better achieved, paving the way for self-forgiveness (Holmgren, 1998, p. 78). Take, for example, a father who abuses alcohol and verbally abuses his children while drunk. This man would need to address his alcohol abuse and short temper. As long as he continues to drink and until he gains better control over his emotional responses, he is at risk of abusing his children again. Worthington (2006) has suggested giving clients the homework assignment of behaving in ways that are more consistent with their ideals because acting "as if" can actually help clients reach that standard they are striving for.

Making amends or engaging in reparative behaviors is another important facet of righting the wrong. Some people will want to make direct reparations to the person they hurt, perhaps most commonly when they have a close relationship with the person they hurt. Exline et al.

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(2011) proposed three common elements of reparative behaviors: acknowledgement of actual or perceived wrong, a submissive posture that entails vulnerability, and positive intentions toward the offended party and concern about repairing relational bonds. Reparations may include behaviors like an apology (Exline et al., 2011) or asking the victim what he or she needs or wants in order to make up for the offense (Holmgren, 2012). Such steps would be feasible and possibly desirable in many instances.

There are also instances, however, in which direct reparative behaviors are not the best option. For example, the victim may no longer be alive, bringing up the offense may do more harm than good, or any contact between the victim and offender would not be beneficial. In these cases, a different kind of amends might instead be made for the offense. For example, transgressors might modify their behavior and take steps to improve the victim's life without causing further damage (Holmgren, 2012). They may also engage in behaviors that can indirectly make amends by doing positive things for other people not directly impacted by the offense. For example, someone who kills another driver while driving drunk cannot restore the life taken by the offense, and family members of the person killed may not be receptive of amends-making behaviors. The drunk driver can, however, give back to the community by offering speeches on the dangers of drinking and driving (Flanigan, 1996).

This process of addressing the wrong has been found to stimulate feelings of self-forgiveness. This is likely because apologies and other conciliatory behaviors serve to decrease one's guilt about the offense (Hall & Fincham, 2008). As guilt is reduced, room is made for the more positive feelings of self-acceptance and self-forgiveness. For example, Gerber (1990) researched how surgeons respond after surgeries that have bad patient outcomes. The researchers collected data from each surgeon in the study on two patients whose surgeries were not

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successful and who were likely to die within the next year. For each surgeon, one patient was assigned to continue seeing that surgeon for medical care and the other patient was assigned to return to the referring physician after routine postoperative follow-up. Common themes among surgeons for the patients who returned to their referring physician were feelings of guilt, shame, and/or self-punishment about not being able to successfully treat the patient, rumination about the surgery, awkwardness in the relationship during postoperative care, and feelings of defensiveness related to the surgery.

A very different picture emerged, however, with the patients that were continued to be seen by the surgeons. For these patients, surgeons described a sense of connectedness that arose between them and the patient, feelings of being forgiven by the patient, expressions of self-forgiveness and self-acceptance, and a greater sense of openness as they continued meeting with their patients. Although it was not possible for the surgeons to reverse the poor surgery outcomes, in the relationships that were maintained the surgeons were able to make up for the surgical failure in other ways. The amends-making that occurred in the maintained relationships not only resulted in beneficial emotional outcomes for the patients, but it also allowed the surgeons to accept their fallibility as doctors and move toward feelings of self-acceptance and self-forgiveness (Gerber, 1990).

In the qualitative study of older adults previously mentioned (Ingersoll-Dayton & Krause, 2005), the behavioral component of self-forgiveness was stressed by many participants. They discussed the importance of making reparations to those hurt by transgressions and of identifying ways to make changes in their behaviors to better match their ideal selves. These positive changes were often viewed as a prerequisite to self-forgiveness. As one participant stated, “I can forgive myself if I do something to make it right” (p. 279). Similarly, in a narrative study of past

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transgressions, those who had forgiven themselves for their offense were more likely to have apologized to their victim and made attempts to make amends compared to those who had not been able to forgive themselves (Zechmeister & Romero, 2002). In addition, following a lab-based exercise to increase perceived responsibility and self-forgiveness for a transgression, those who engaged in more reparative behaviors over the next two weeks reported more self-forgiveness at follow-up (Exline et al., 2011).

This prosocial act of making amends can, therefore, also have positive effects on the transgressor. For some individuals, making amends may be enough to allow feelings of self-forgiveness to emerge. Another group, however, will have some negative feelings that remain even after reasonable and appropriate reparations have been made (Fisher, 2009). This may be especially likely when individuals cannot repair the relational damage caused by the offense or when attempts at amends do not feel satisfactory (Fisher & Exline, 2010). For these individuals, the final component of reaching self-forgiveness is to replace the remaining negative emotions with feelings of self-compassion and self-forgiveness.

Renewal. As argued by Holmgren (1998), negative emotions and self-judgment following a transgression serve the purpose of encouraging moral growth. To hold onto these feelings and judgments after addressing the wrong serves no functional purpose. At this stage, it is now healthy and appropriate to release lingering negative emotion about the offense. This does not mean to forget that what one did was wrong or to no longer wish one had acted differently, as these can serve as important reminders to avoid similar offenses in the future (Dillon, 2001). Instead, it means acknowledging one's intrinsic worth as a person (Holmgren, 1998), setting aside lingering guilt and self-punishment (Fisher & Exline, 2010), and approaching oneself with compassion, acceptance, and kindness (Enright & the Human Development Study Group, 1996).

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This final component encompasses the emotional and motivational state described in the various definitions of self-forgiveness (e.g., Enright & the Human Development Study Group, 1996; Hall & Fincham, 2005).

Clients who are having difficulty releasing negative feelings such as regret (wishing that one had engaged in a different course of action) may benefit from an acceptance of human limitations, for example, by acknowledging that one could not have known all of the negative consequences that were going to occur from their offense (Fisher & Exline, 2010). Although they are not first-option interventions due to the possibility of leading to excuse making when done too early, focusing on one's good intentions in the situation and/or reducing the certainty with which one believes that a better choice was truly possible could serve to reduce rumination about the offense and provide clients with a sense of closure (Fisher & Exline, 2010). This may be especially helpful in instances when the client had initially accepted too much responsibility. Clients can also be encouraged to view oneself as someone who has recommitted to major values even while recognizing one's limitations to always living up to those values (Potter-Efron, 2005). This final component of self-forgiveness could be viewed as a "recreating" of oneself, which involves a renewed self-image that incorporates the past and gives direction to the future (Jacinto & Edwards, 2011, p. 429).

Self-Forgiveness and Wellbeing

Despite the relatively short period of time that self-forgiveness has been empirically researched, a host of connections between self-forgiveness and psychological wellbeing have been established. This research has primarily examined dispositional self-forgiveness (also referred to as self-forgivingness), the general tendency to forgive oneself for regretted actions or harm caused to others. Several more recent studies, however, have begun to examine the positive

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outcomes of self-forgiveness for a particular offense. Together, this research suggests a variety of benefits of the tendency to forgive oneself and of forgiving oneself for particular regretted actions.

Self-forgiveness and enhanced wellbeing. The disposition to forgive oneself for past regrets has been connected to several wellbeing variables. For example, self-forgivingness is positively related to perceived quality of life among women with breast cancer (Romero et al., 2006) and with satisfaction with life among college students (Thompson et al., 2005). In using a well-being index (self-esteem, satisfaction with life, and emotional stability loading positively, and depression, anxiety, and anger loading negatively), Fisher and Exline (2006) found a positive correlation between self-forgivingness and well-being. Those who are more self-forgiving are also more likely to have positive relationships and positive interactions with others (Hill & Allemand, 2010). Perhaps related to this, the personality variables of conscientiousness (Ross, Kendall, Matters, Wrobel, & Rye, 2004) and agreeableness (Strelan, 2007) are associated with the tendency toward self-forgiveness, as are the interpersonal variables of friendliness and assertiveness (Walker & Gorsuch, 2002).

Researchers have also found that ways of responding to stressful situations are associated with self-forgiveness at the dispositional and situational level. For example, caregivers whose care-receiver recently died were more likely to forgive themselves for past regrets associated with caretaking when they utilized adaptive coping strategies, such as seeking emotional support, accepting oneself, and positively reframing experiences (Jacinto, 2010). Dispositional self-forgiveness was found to be positively correlated with ability to engage in emotion repair and with attention to and clarity of one's emotions; in path analysis of that data, however, emotional clarity was the primary predictor of self-forgivingness (Hodgson & Wertheim, 2007). Similarly,

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Walker and Gorsuch (2002) found that general emotionality and emotional stability are positively related to self-forgivingness. These results suggest that those who can effectively attend to, understand, and work through their emotional distress can more easily forgive themselves for past regrets. Given that this research is all correlational in nature, it is also possible that an outcome of self-forgivingness is greater emotional health. Supporting this explanation, dispositional self-forgiveness is positively correlated with positive affect (Thompson et al., 2005). In addition, Ingersoll-Dayton and Krause's (2005) study of older adults found that those who were able to forgive themselves for past mistakes believed that it resulted in greater self-acceptance and improved mental health.

Self-forgiveness and reduced distress. In addition to these links between self-forgiveness and the presence of wellbeing, self-forgiveness has been found to be related to the absence of psychological distress. As might be expected from the earlier discussion of shame, those with higher self-forgiveness experience lower levels of shame (Fisher & Exline, 2006; Strelan, 2007; Webb et al., 2008). In a sample of college students, greater shame was also associated with more problematic drinking behaviors. However, among high shame individuals, those who also had greater dispositional self-forgiveness were buffered from problematic drinking: their rates of problematic drinking were close to that of low shame students. Self-forgiveness may therefore act as an adaptive form of emotion-focused coping that provides relief from negative affect associated with transgressions that might otherwise be escaped by drinking (Ianni, Hart, Hibbard, & Carroll, 2010).

In addition to the feelings of shame, researchers have found other psychological symptoms to be negatively associated with self-forgiveness. For example, researchers have found self-forgivingness to be related to lower levels of anxiety (Maltby, Macaskill, & Day,

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2001; Sternthal, Williams, Musick, & Buck, 2010; Thompson et al., 2005; Walker & Gorsuch, 2002; Witvliet, Phipps, Feldman, & Beckham, 2004), mood disturbance (Friedman et al., 2007; Romero et al., 2006), negative affect (Thompson et al., 2005), self-blame (Friedman et al., 2007; Wohl et al., 2008), rumination (Thompson et al., 2005) and hostility (Snyder & Heinze, 2005). One of the most well-established connections, however, is with depression or depressive symptoms. Several studies have demonstrated a negative correlation between depressive symptoms and both dispositional (Maltby et al., 2001; Sternthal et al., 2010; Thompson et al., 2005; Webb et al., 2008) and situational self-forgiveness (Wohl et al., 2008). Other researchers have established predictive relationships between the two variables. Among help-seeking war veterans, symptoms of depression (along with PTSD symptoms and anxiety) predicted trait-level difficulties in forgiving oneself (Witvliet et al., 2004). Similarly, Webb et al. (2008) found that depression (along with shame) was a negative predictor of self-forgiveness.

Using a national probability sample of over 1,000 adults, self-forgivingness was found to be a unique predictor of meeting the diagnostic criteria for major depressive disorder, even after removing the variance due to four religiousness/spirituality variables and interpersonal forgivingness (Toussaint, Williams, Musick, & Everson-Rose, 2008). These researchers also found evidence that the effect of self-forgivingness was due to decreased hopelessness, such that greater self-forgivingness predicts less hopelessness, and less hopelessness reduces the likelihood of meeting the diagnostic criteria for depression. Again, this grouping of research studies is all cross-sectional in nature, so although depression has been supported as both a predictor and outcome of self-forgiveness, the causal direction is uncertain. Given that there are several symptoms, including shame, excessive guilt, and hopelessness, common between

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depression and a lack of self-forgiveness, there may also be other causes that influence both depression and self-forgiveness.

A potential overarching explanation for the relationship between self-forgiveness and wellbeing is the consistent connection that has been found between neuroticism and a lack of self-forgiveness. Neuroticism is one of the Big Five personality factors and can be described as a tendency to experience unpleasant emotions easily, such as anger, anxiety, depression, or vulnerability (McCrae & Costa, 1987). A negative correlation has been found between neuroticism and self-forgivingness (Maltby et al., 2001). Negative temperament, mistrust, and low self-esteem, all components of the neuroticism factor, have also correlated negatively with self-forgiveness (Ross, Hertenstein, & Wrobel, 2007). When examining all five of the personality traits as predictors of the tendency to forgive oneself, neuroticism has emerged as the best, and sometimes only predictor. Leach and Lark (2004) found that openness to experience positively predicted self-forgivingness and neuroticism negatively predicted, with neuroticism being the stronger predictor. Ross et al. (2004) found only neuroticism to predict self-forgivingness in their multiple regression analysis that included the five personality traits. They went on to examine the six facets that made up their measure of neuroticism: anxiety, hostility, depression, self-consciousness, impulsivity, and vulnerability. Although all six variables were negatively correlated with self-forgivingness, only depression and impulsivity emerged as predictors when examined simultaneously. Taking their results as a whole, Ross et al. concluded that those who lack emotional stability and tend to internalize blame have the most difficulty with self-forgiveness.

Using a somewhat different approach, Maltby, Day, and Barber (2004) conducted principle components analyses to determine which types of forgiveness load with which mental

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health and personality variables. They found that self-forgiveness loaded negatively with the personality construct of neuroticism, as well as negatively with the coping measures of behavioral disengagement, denial, and mental disengagement. Based on their findings, they concluded that those who struggle with self-forgiveness have "anxious, worrying and moody personality traits and are not likely to engage or acknowledge stressful events" (p. 1638).

State self-forgiveness and changes in wellbeing. As already mentioned, most of the research on the benefits of self-forgiveness focuses on dispositional self-forgiveness. The few studies that have attended to situational self-forgiveness described already were correlational and cross-sectional in nature. However, a handful of research studies have examined self-forgiveness for a specific offense over time and how that self-forgiveness is associated with wellbeing.

Wohl, Pychyl, and Bennett (2010) examined the relationship between self-forgiveness for a specific occurrence of procrastination and procrastination on the same task in the future. After their first course exam, college freshman were assessed for procrastination on studying for that exam and their level of self-forgiveness for the procrastination. Following the second course exam, procrastination for that exam was also assessed. The researchers obtained the participants' first and second exam grades from the course instructor. Interestingly, self-forgiveness for procrastinating on the first exam preparation was positively correlated with scores on the second exam (but not on the first exam). In addition, greater self-forgiveness predicted a decrease in procrastination among those with high procrastination on the first exam. These individuals also experienced a reduction in negative affect, suggesting a moderated-mediation effect: self-forgiveness among procrastinators reduced negative affect, which was associated with less procrastination. This self-forgiveness and reduction in negative affect may have allowed

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students' energy to be spent on exam preparation, rather than staying stuck in feeling guilty about their previous failure to prepare (Wohl et al., 2010).

Also examining state self-forgiveness, Scherer, Worthington, Hook, and Campana (2011) conducted a group-based intervention to promote self-forgiveness among individuals in treatment for alcohol abuse or dependence. The intervention focused on self-forgiveness for transgressions committed as a result of alcohol misuse. The intervention was tested against a waitlist control group (the specific intervention is described later). The immediate treatment condition and waitlist condition did not differ on the study variables initially. However, after receiving treatment, those in the immediate treatment condition had higher levels of self-forgiveness and drinking-refusal self-efficacy and lower levels of shame and guilt about the offense compared to those in the waitlist. Although the design of this study did not involve using changes in self-forgiveness as a predictor of these positive outcomes, the results do demonstrate that changes in self-forgiveness were concurrent to increased self-efficacy in abstaining from alcohol and reduced shame and guilt, which provides evidence for the benefits of self-forgiveness for a specific offense (Scherer et al., 2011).

The previous two studies examined self-forgiveness for a specific type of offense. Hall and Fincham (2008) examined the temporal course of self-forgiveness for a variety of offense types over the course of eight weeks. Undergraduate students enrolled in the study within three days of committing a transgression against another person and then completed weekly questionnaires on their level of self-forgiveness and related variables. Examining the changes in these variables over time, the researchers found that increases in self-forgiveness were associated with decreased guilt and increased conciliatory behaviors toward the other person. State self-forgiveness was thus found to be connected to positive intrapersonal and interpersonal processes.

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The results of these examinations of changes in self-forgiveness for a specific offense complement the other research on dispositional and state self-forgiveness, providing additional evidence that self-forgiveness is associated with positive outcomes.

The Pitfalls of Self-Forgiveness

Despite the numerous benefits of self-forgiveness found in the literature, some research has also suggested pitfalls of self-forgiveness. Wohl and Thompson (2011) recently conducted an examination of the potential negative consequences of self-forgiveness for harm against the self, specifically smoking tobacco. Participants in the study were college students who smoked and who agreed that smoking was a serious health problem and a transgression against the self. The authors utilized a measure of intention to quit smoking that allowed them to divide participants into three stages of change in relation to intention to quit: pre-contemplation, contemplation, and preparation. Using the contemplation stage as a reference group, results indicated that higher levels of self-forgiveness for smoking increased the odds of being in the pre-contemplation stage and decreased the odds of being in the preparation stage. In other words, those who were more self-forgiving of their smoking were also less motivated to quit. It was also found that self-forgiveness mediated the link between perceived smoking cons and intention to quit, such that self-forgiveness reduced the effect perceived smoking cons had on preparation to quit smoking. Self-forgiveness for current harmful behaviors may reduce negative emotions about the behaviors enough that motivation to stop the behaviors is reduced, leading to a continuation of those behaviors (Wohl & Thompson, 2011).

Interestingly, results from an unpublished dissertation suggest that self-forgiveness for a failed attempt to quit smoking was associated with increased likelihood that smokers would make an attempt to quit again (Matthew, 2004). Self-forgiveness for the ‘failure’ in the past may

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reduce negative emotions about that failure enough that one can make an attempt at trying to quit again. Self-forgiveness for unhealthy behaviors that are ongoing, however, may be contraindicated because it reduces the negative affect that would otherwise be a stimulus for change. Although research has not been conducted in this area, it is likely that a similar effect would be found for current behaviors that harm another person, such as ongoing affairs or abuse. Self-forgiveness would not be recommended, then, unless the offense or harmful actions are in the past as opposed to the present.

Another pitfall of self-forgiveness is that it has sometimes been linked to antisocial qualities. For example, Zechmeister and Romero (2002) found that those who claimed to have forgiven themselves for harming others were more likely to blame the person they harmed and to describe victim responses as overreactions to the offense. In addition, Strelan (2007) found that self-forgiveness was positively associated with narcissism, a personality trait associated with excessive self-admiration, assertion of authority, feelings of superiority, and interpersonal exploitiveness (Emmons, 1987). It should be noted, however, that narcissism did not emerge as a unique predictor in a regression equation with self-esteem, shame, and guilt as predictors of self-forgiveness (Strelan, 2007). In this research that connects self-forgiveness to antisocial qualities, it is possible that self-forgiveness was confounded with being self-serving (by denying responsibility and wrongdoing) because responsibility-taking was not assessed through the self-forgiveness scale or other measures in the study. Providing evidence for this, Fisher and Exline (2006) found that egotism (as measured by narcissism, psychological entitlement, and lack of humility) was related to lower remorse for a specific offense, which was explained through reduced feelings of responsibility. It has been argued elsewhere that egotists' reluctance to accept

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responsibility for offenses—and the lack of negative emotion associated with that—helps explain why they can appear self-forgiving on some measures (Tangney, Boone, & Dearing, 2005).

It is possible that these associations between self-forgiveness and antisocial qualities are due to an inability of most measures to distinguish between genuine self-forgiveness and pseudo self-forgiveness. Therefore, researchers in this area (e.g., Fisher & Exline, 2006) have recommended that responsibility be measured to distinguish between those who simply excuse their behaviors and those who have arrived at the positive emotional position through the more difficult work of self-forgiveness. The current state of research, however, does not allow for full confidence that self-forgiveness is not associated with any self-serving biases or behaviors. Future research should therefore be conducted in this area.

Is Self-Forgiveness an Appropriate Response after Wrongdoing?

Given some of the mixed findings on self-forgiveness and interpersonal behavior, one may rightfully question whether self-forgiveness is an appropriate response after wrongdoing. A small segment of authors have made arguments against self-forgiveness (e.g., Dillon, 2001; Vitz & Meade, 2011) or hesitate to refer to self-forgiveness as a virtuous behavior (Horsbrugh, 1974). Vitz and Meade (2011) point to the "intrinsic conflict of interest involved" (p. 253) in self-forgiveness, in which individuals may blame situational factors, have non-authentic remorse, and downplay the negative consequences of their offense, leading to an inability to be in a position to appropriately forgive oneself. Murphy (2002) argues that self-forgiveness can dishonor the victim and runs the risk of having the offender never apologize or make amends. Similarly, Horsbrugh (1974) hesitates to consider self-forgiveness a virtue because it "would then be all too easy to slip into the habit of condoning the injuries which one inflicts on others" (p. 278).

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These critiques are worth noting and they make a valid point that what people may call "self-forgiveness" is actually a pseudo self-forgiveness or some other process. Those responses following wrongdoing may indeed be inappropriate. However, when self-forgiveness incorporates the processes of accepting responsibility and making amends, then the other two processes of reducing shame and releasing remaining emotions (as described above) should be an appropriate response following wrongdoing.

In fact, Holmgren (2012) argues that self-forgiveness is *always* morally appropriate following an offense, provided several steps are taken prior to reaching self-forgiveness. First, the person must recognize and acknowledge the wrong that was committed and take full responsibility for it. Second, the offender must recognize the victim's status as a person, which involves acknowledgment of the other person's needs, feelings, and vulnerabilities. Third, the offender must acknowledge the feelings that arise in connection with the offense, which may become especially salient after accepting responsibility and recognizing the other person's worth. Fourth, the person must address the attitudes and behavior patterns that led to the offense, which involves moral growth and brings a reduced likelihood of a similar offense in the future. Finally, the offender must attempt to make adequate amends for the wrong. After these steps have occurred, self-forgiveness is then considered an acceptable moral response to the wrongdoing (Holmgren, 2012). The components discussed in the *Four Rs of Self-Forgiveness* section above can account for these steps outlined by Holmgren. *Responsibility* can encompass Holmgren's first two steps in that it involves acknowledging the offense and that the victim did not deserve it. That brings the feelings about the offense to the forefront (step three), with *remorse* as the emotion that is most functional. *Repair* involves Holmgren's fourth and fifth steps. Finally, *renewal* through self-forgiveness is the response that is now appropriate in Holmgren's model.

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For the person who follows the Four Rs of Self-Forgiveness, there is little room to simply excuse or dismiss one's offense. Instead, the offender would need to work through the painful realization that one has caused significant harm to another person and attempt to make up for that wrongdoing. Going through such a process can arguably lead to much greater prosocial responses than could occur from keeping oneself bound to self-punishment. In this sense, self-forgiveness is not only an appropriate response, but a preferable one that has more respect for the victim than the self-focused process of perpetual self-punishment.

Even if self-forgiveness is an appropriate response following wrongdoing that can have positive outcomes for both the offender and others, that does not mean that self-forgiveness is a straightforward or easy process for individuals to accomplish. Many people who have done wrong can be so overcome by feelings of shame and remorse that it makes the prosocial steps of self-forgiveness difficult. Others may be stuck in a state of denial, in which they cannot accept responsibility for what they have done, which might increase the likelihood that individuals will engage in negative interpersonal behaviors in the future (Fisher & Exline, 2010). Both types of individuals for whom self-forgiveness may feel out of reach could benefit from a counselor's guidance as they work through the self-forgiveness process.

Although there are no published examinations of counseling interventions to promote self-forgiveness, unpublished dissertations, empirical work on non-counseling interventions, and non-empirical literature can provide a starting place for determining how counselors might effectively work with clients on self-forgiveness. A handful of authors (Baker, 2008; Holmgren, 2002; Fisher & Exline, 2010; Jacinto & Edwards, 2011; Potter-Efron, 2005; Worthington, 2006) have written theoretical articles or book chapters on addressing self-forgiveness in counseling. Their suggestions were incorporated into the previous examination of the *Four Rs of Genuine*

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Self-Forgiveness. Although their work on self-forgiveness can inform future interventions to promote self-forgiveness, their contributions will not be reiterated here. Instead, I turn my focus to the empirical examination of interventions to promote self-forgiveness and will end with an overview of a theoretical approach to counseling that may serve as a starting place for a new counseling intervention to promote self-forgiveness.

Promoting Self-Forgiveness

Interventions to promote self-forgiveness. Few examinations of interventions to promote self-forgiveness were found in the literature, and none were counseling interventions. One published examination (Exline et al., 2011), although not a counseling intervention, can provide some guidance for elements of a counseling intervention that might be helpful. Undergraduate students ($N = 172$) attended an in-person research appointment and were randomly assigned to one of four conditions in a 2 (responsibility/repair vs. not) x 2 (self-forgiveness vs. not) design. The intervention was delivered through tape recorded instructions. Participants in the responsibility/repair-only condition were given instructions to concentrate on their role in the offense, to engage in imagery to accept responsibility, and to identify ways they could make amends for their offense. Those in the self-forgiveness-only condition were asked to rate attitudes related to the offense and to identify barriers to self-forgiveness. They were then guided through imagery to release any excess guilt or self-punishment related to the offense. Those in the full-intervention condition completed the responsibility exercises followed by the self-forgiveness exercises. Those in the control condition did not complete any of the exercises.

In examining the effects of this intervention, it was found that participants in the responsibility/repair-only condition were significantly more likely to engage in reparative actions over the next two weeks compared to participants in the control group. Participants who received

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the full intervention reported significantly more self-forgiveness immediately following the exercise than did participants who only received the self-forgiveness component. Accepting responsibility therefore led to both interpersonal (reparative behaviors) and intrapersonal (self-forgiveness) benefits. In addition, participants who put effort into self-forgiveness in the two weeks following the intervention were more successful at increasing their self-forgiveness if they had received the self-forgiveness component of the intervention, demonstrating the benefits of that component of the intervention as well (Exline et al., 2011).

Two recent unpublished doctoral dissertations have also examined the effectiveness of self-forgiveness interventions. In what was likely an earlier version of the Exline et al. (2011) intervention, Fisher (2009) examined the effectiveness of a web-based intervention to promote emotional resolution and prosocial behaviors following a transgression. Prior to completing the intervention (or being assigned to a waitlist control), participants were asked to write a full description of their interpersonal offense. The intervention was in the format of an online workbook that involved four sections. The first section was designed to increase participants' perceived responsibility for the offense through thinking about their role in the situation and engaging in imagery focused on taking responsibility for the offense. In the second section, participants received information about the difference between doing something bad and being a bad person. They also engaged in imagery designed to reduce a negative, shame-based identity while still retaining a feeling of responsibility for the offense. The third section asked participants to evaluate how they could make peace with themselves and others about the offense. Participants were then encouraged to engage in behaviors that could make amends for their actions. After one week, participants reported on their amends-making behaviors and commitment to future change and then completed the final section of the intervention. This final

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section involved psychoeducation about the dangers of holding on to negative feelings about the offense and included imagery on releasing any lingering negative emotion.

Fisher's (2009) intervention was tested with 179 undergraduate students (7 withdrew prematurely) who were quasi-randomly assigned to receive the intervention or be placed on a waitlist. Compared to the waitlist group, those who received the intervention reported significantly reduced defensiveness related to their role in the transgression. Among those with high negative emotion prior to the intervention, there was a significant reduction in feelings of remorse among those who received the intervention compared to those who did not. Fisher also reported non-significant trends toward an increase in amends-making behaviors, a decrease in shame, and an increase in self-forgiveness among those who received the intervention compared to those in the control group. It is important to note that the majority of participants reported not completing the responsibility and shame imagery exercises. Close to half (41%) also indicated they could not think of steps to make peace with the situation. With several important elements of the intervention not completed by the participants, it reduced Fisher's ability to evaluate the effectiveness of the intervention. This is perhaps an inherent limitation in online self-help interventions.

Campana (2010) also developed and tested an online self-help workbook to promote self-forgiveness. This intervention was tailored specifically to women who had experienced a romantic relationship breakup in the previous two months. The intervention workbook was composed of 15 sections that participants completed and sent to the researcher in two parts. The first part was to be returned to the researcher within one week of receiving the workbook. This first part included the opportunity for participants to reflect on why they signed up for the intervention, to learn and practice relaxation techniques, to define self-forgiveness and related

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concepts and then read the researcher's definitions, to share about their role in the breakup, to create art about their current experience of self-forgiveness, to share about the effects of self-condemnation, and to identify core values violated through their transgression. The second part of the workbook was also completed at the participant's own pace over the course of one week. This second part included exercises in which participants described who was affected by their transgression and how, imagined speaking to two parts of themselves (the one that deserves forgiveness and the one that does not), committed to self-forgiveness and recognized it as a process that does not occur all at once, practiced self-affirming statements and wrote a letter of self-forgiveness to themselves, and reflected on things learned and self-forgiveness gained during the intervention.

Campana (2010) examined the effectiveness of her intervention with a sample of female undergraduate students. Participants were randomly assigned to receive the treatment immediately or after a waiting period. When comparing treated to non-treated participants, results did not support effects of the treatment on anger at self, self-judgment, self-retributive motivations, or forgiveness of one's ex-partner. Participants in both groups did decrease in anger at self and self-judgment, demonstrating a general decrease in these negative emotions over time, rather than a specific effect of this intervention. The intervention was, however, effective in increasing treated participants' self-reported forgiveness of self relative to the waitlist group. These gains in self-forgiveness were maintained at a two-week follow-up. A major limitation of this study was a high rate of attrition. There were 209 participants who signed up for this study and were randomly assigned to a condition. Of these participants, approximately one-third from each group did not meet eligibility criteria (primarily due to length of time since breakup) and another one-third did not respond to the researcher's attempts at contact. This left 35 waitlist

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participants and 39 immediate treatment participants, of whom 10 and 15 completed the study, respectively. This not only limits the power to test the hypotheses, but it also made it impossible to track what happened to the majority of participants who expressed interest in this intervention to promote self-forgiveness.

The final research study found on a self-forgiveness intervention came the closest to being a counseling intervention (Scherer et al., 2011). This intervention was designed to increase self-forgiveness and drinking-refusal self-efficacy among individuals diagnosable with alcohol abuse or dependence. This 4-hour psychoeducational intervention was conducted over three 80-minute weekly sessions as part of a broader alcohol abuse treatment program. The treatment was delivered in a group format, and facilitators were licensed master's level counselors with training in both alcohol abuse treatment and general group counseling. The intervention was adapted from Worthington's (2006) five-step model to REACH (interpersonal) forgiveness and focused on forgiving themselves for transgressions related to their alcohol abuse. The first step (R) was to recall the transgression that resulted in feelings of guilt and/or shame. Step two (E) encouraged participants to empathize with themselves by exploring their motivations surrounding their transgression. In step three (A), participants were asked to offer themselves the altruistic gift of self-forgiveness. Steps four (C) and five (H) involve committing to self-forgiveness and holding on to self-forgiveness achieved, respectively.

To test the effectiveness of this intervention, the authors enrolled 176 individuals who were attending community-based mental health center alcohol abuse treatment programs. Participants were therefore already completing a standard alcohol treatment program and this intervention was one of several group-based program elements they could participate in. Groups of participants interested in this intervention were randomly assigned to receive the treatment

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immediately (n = 92) or after two to three weeks (n = 84). Unfortunately, only 38 completed the treatment and 28 completed the waitlist. Of those, only 30 and 8 completed the follow-up, respectively. This high and non-proportionate attrition must be kept in mind when examining the results. Among participants who remained in the study, however, results did demonstrate that after controlling for Time 1 levels, at Time 2 (post-treatment/post-waitlist), participants who received the treatment reported significantly greater self-forgiveness and drinking-refusal self-efficacy and significantly lower shame and guilt. It does appear, therefore, that among those who completed the study, the intervention led to positive changes that could not be accounted for just by time or the general elements of participants' alcohol treatment programs (Scherer et al., 2011).

These were the only four empirical examinations of interventions to promote self-forgiveness found. Taken as a whole, these interventions had several limitations. First, the studies suffered from high attrition and/or low adherence to the intervention plan. Second, two of the studies were tailored toward a very specific population (women with recent relationship breakups [Campana, 2010] and individuals with alcohol misuse concerns [Scherer et al., 2011]). Although two of the studies (Exline et al., 2011; Fisher, 2009) were designed for people with all types of interpersonal transgressions, participants did not necessarily experience a high degree of distress related to the transgression. This leads to the third limitation: most of the studies were conducted on an undergraduate student population and did not utilize any clinical-based criteria for selection of participants. The final study (Scherer et al., 2011) was conducted on a community sample, but the intervention was tested within the context of an alcohol abuse treatment program.

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These characteristics of the intervention studies make it difficult to translate the findings to more general counseling practice in which clients may be struggling with the negative residual consequences of unforgiveness toward the self. Given the sheer number of examinations of counseling interventions to promote forgiveness of others and the consistent findings of their effectiveness in promoting interpersonal forgiveness and psychological well-being (for reviews, see Baskin & Enright, 2004; Wade, Hoyt, Kidwell, & Worthington, 2014), it is surprising that researchers have largely ignored counseling interventions to promote self-forgiveness. Even Scherer et al.'s (2011) research, the only examination of an in-person self-forgiveness intervention, was described as a psychoeducational workshop rather than as a counseling intervention. Thus, the development and examination of counseling interventions to promote self-forgiveness are sorely needed. In order to develop such an intervention, theoretical grounding in a specific approach to counseling may prove useful. Because of the central role emotions play in the self-forgiveness process, emotion-focused therapy (EFT; Greenberg, 2010) is a promising theoretical orientation for a new counseling intervention to promote self-forgiveness. EFT has been successfully used in individual and couples counseling to promote forgiveness of others (Greenberg et al., 2008; 2010).

Emotion-focused therapy. Emotion-focused therapy is a theoretical approach to counseling that views emotion as fundamental to the construction of the self, one's experiences, and the meaning drawn from experience. Psychological dysfunction is said to occur when clients have difficulty symbolizing their experience, are unable to regulate their emotional experience, and/or develop maladaptive emotional schemes. Emotion schemes are internal structures that synthesize a variety of cognitive, affective, and sensory sources of information to provide our

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sense of personal meaning. Maladaptive emotion schemes include those based in fear, shame, and distressed sadness (Greenberg, Rice, & Elliot, 1993).

From an EFT perspective, positive change occurs in counseling when people can make sense of their emotions through awareness, expression, regulation, and reflection and are able to transform maladaptive emotion schemes into more positive, adaptive ones. This corrective experience of emotion occurs in the context of an empathically understanding relationship with the therapist (Greenberg, 2010). Putting this in the context of self-forgiveness, maladaptive emotions of shame, self-condemnation, and self-hatred would need to be accessed, expressed, and regulated. Reflection could help to create new meaning, and the maladaptive emotions could be transformed by accessing feelings of sadness about the harm caused, as well as self-compassion and self-acceptance. New meaning could be created as individuals realize they can show themselves compassion and acceptance in the face of acknowledged wrong. Needs and motivations would also become salient and spur new action.

EFT utilizes a variety of techniques to assist clients in the process of emotional transformation. Two of these techniques may be especially relevant to the promotion of self-forgiveness. First, the two-chair technique is used when clients experience one aspect of the self as overly critical or coercive toward another aspect of the self. In the two-chair technique, the two opposing parts of the self are put in direct contact with each other when one part is placed in one chair and the other part is placed in the other chair. Clients then move back and forth between the chairs as they embody one of the parts and talk with the other part. This technique allows clients to explore the thoughts, feelings, and needs of each part, with the goal of softening the critical voice and achieving better integration of the two parts. The second relevant intervention is the empty-chair exercise, which is used when clients have unfinished business

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with another person. In this technique, the client imagines that person in the other chair and then talks to that other person to express one's unresolved feelings and needs (Greenberg, 2010).

Emotion-focused therapy has received wide empirical support and is one of the most researched theories on the process of psychotherapy change (Greenberg, 2010). Process-experiential treatments—of which emotion-focused therapy is one of the most common—have ranged in effect size of .70 to 2.49 from pre- to post-treatment, .33 to 1.43 compared to waitlist controls, and .11 to 1.24 over non-experiential treatment (Elliot, Greenberg, & Lietaer, 2004). It is impressive to note that in their review, experiential therapies were never found to be less effective than other therapies (Elliot et al., 2004). In addition, the average effect size of therapy compared to a waitlist is approximately .80 (Wampold, 2001). The finding of effect sizes up to 1.43 compared to a waitlist is therefore very high.

Emotion-focused therapy has also been utilized as a theoretical basis for interventions to promote forgiveness of others (Meneses & Greenberg, 2011). Greenberg et al. (2008) compared the effectiveness of an emotion-focused individual counseling intervention to a psychoeducational group on the promotion of interpersonal forgiveness. The EFT intervention consisted of 12 1-hour individual counseling sessions and included empty-chair and two-chair work to help the client acknowledge, express, and work through unforgiving feelings and increase forgiving feelings. The psychoeducation group consisted of 6 2-hour group sessions conducted every other week. The group included presentations and discussions on emotional injury, unfinished business and the impact it has, aspects of forgiveness, the role of emotion in responding to interpersonal hurts, and how to forgive someone. Compared to those in the psychoeducation group (n = 23), those who received the emotion-focused intervention (n = 23) had lower levels of global symptoms and unfinished business with their offenders, as well as

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greater levels of emotional 'letting go' and forgiveness at the end of treatment after controlling for pre-treatment levels. The effect size for between-treatment differences on the forgiveness measure was .41 (Greenberg et al., 2008).

Greenberg et al. (2010) also examined the effectiveness of an EFT couples counseling intervention to promote forgiveness within the couple. The intervention aimed to alter couples' dysfunctional relationship patterns and emotional responses to promote a secure and validating emotional bond and forgiveness by one partner of the other for a past offense. Twenty couples served as their own waitlist controls; they spent 10 to 12 weeks waiting for treatment and then participated in the 10 to 12 week intervention. Two couples dropped out of the treatment, both before session three. The injured partners did not experience change in forgiveness, trust in partner, global symptoms, or unfinished business during the waitlist period, but experienced statistically significant progress on all measures after the treatment. All of these gains except trust were maintained at a 3-month follow-up (Greenberg et al., 2010). Given these promising findings that EFT-based interventions have been effective in promoting interpersonal forgiveness, it seems appropriate for researchers to develop and test a self-forgiveness intervention that utilizes an emotion-focused therapy perspective.

The Current Study

To begin examining whether therapists can effectively intervene with their clients to promote self-forgiveness for past interpersonal offenses, the goal of the current research was to compare the effectiveness of a new individual counseling intervention to a waitlist control. The 8-week intervention I developed is grounded in emotion-focused therapy (Greenberg, 2002; 2010) and incorporates the *Four Rs of Genuine Self-Forgiveness* to help clients work toward

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self-forgiveness for a specific offense they committed against another person. This study provided an initial test of the intervention's effectiveness by examining several hypotheses.

The first set of hypotheses was that participants who received the intervention would report significantly lower self-condemnation and significantly greater self-forgiveness for their offense at the end of eight weeks compared to participants who spent those eight weeks on a waitlist. This was the primary set of hypotheses, given that the intervention was developed specifically as an intervention to promote self-forgiveness. Although self-forgiveness for a specific offense does increase over time (Hall & Fincham, 2008), it was expected that participating in the intervention would facilitate self-forgiveness (as measured by both a scale of state self-forgiveness and participants' self-report of the degree of self-forgiveness achieved) to a greater extent than would occur naturally while waiting for treatment. The hypothesis regarding self-condemnation was included due to robust findings that greater self-forgiveness is associated with lower levels of self-condemnation (e.g., Fisher & Exline, 2006; Webb et al. 2008) and because the intervention included exercises specifically designed to decrease shame-based responses to the transgression.

The second set of hypotheses was included to examine whether the intervention could produce changes in three general wellbeing variables. It was expected that participants who received the intervention would report significantly lower levels of psychological distress at the end of eight weeks compared to participants on the waitlist. Counseling interventions in general have been found to be effective in reducing psychological symptoms (Wampold, 2001) and it was, therefore, expected that this intervention would have similar effects. In addition, previous research has found that unforgiveness toward the self is associated with several types of psychological distress, such as depression, anger, and anxiety (e.g., Maltby et al., 2001;

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Thompson et al., 2005; Walker & Gorsuch, 2002; Wohl et al., 2008). Because the intervention was designed to increase self-forgiveness, it was expected that reductions in psychological distress would also be achieved as a result of this intervention.

Two other general wellbeing variables were examined: self-compassion and satisfaction with life. It was hypothesized that participants who received the intervention would report significantly higher levels of trait self-compassion and satisfaction with life at the end of eight weeks compared to participants on the waitlist. Although connections between self-compassion and self-forgiveness have not been empirically examined, theoretical examinations have connected self-forgiveness to a self-compassionate stance (Dillon, 2001; Enright & the Human Development Study Group, 1996; Halling, 1994; Holmgren, 1998). In addition, the intervention tested in this study included exercises intended to reduce harsh self-criticism and promote a more self-compassionate approach. It was therefore examined whether this intervention, designed specifically to increase self-forgiveness for an offense, could also impact trait self-compassion.

Satisfaction with life was included as the final well-being variable as a very global measure of wellbeing. Previous research has connected self-forgiveness with both perceived quality of life (Friedman et al., 2007; Romero et al., 2006) and satisfaction with life (Thompson et al., 2005). The most challenging test of this intervention in the current study is thus whether it can indeed impact a global wellbeing measure of satisfaction with life.

The third set of hypotheses was that positive changes on each of the offense-specific and general outcome variables would be maintained at two-month follow-up. With any intervention, it is important to show that changes persist beyond the immediate period following the end of the intervention. Without such changes, the intervention is of questionable utility.

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Finally, it was expected that significant reductions in perceived responsibility would *not* be found when comparing the treatment group to the waitlist group at the end of eight weeks. This hypothesis was included because of the theoretical importance of acceptance of responsibility for one's actions as a necessary component of genuine self-forgiveness (e.g., Hall & Fincham, 2005). If perceived responsibility does not change as a result of the intervention, any positive changes on the other study variables can better be argued to be the result of genuine self-forgiveness rather than the effects of excusing or condoning one's actions.

This study and the hypotheses examined were designed to lay the groundwork for additional self-forgiveness intervention research and to provide therapists with a specific approach for working with clients experiencing the negative residual consequences of unforgiveness toward the self. Insights provided by this study could be used to further modify the counseling intervention and to spur additional research projects on how to effectively help clients forgive themselves.

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CHAPTER 3. METHOD

Participants

Twenty-six adults living in central Iowa were eligible for and enrolled in the study. The majority of participants were women (*n* = 20; 76.9%) and the average age was 36 (*SD* = 17.0; range = 18-79). Most participants were European American (n = 21; 80.8%); 2 identified as African American (7.7%), 2 as Latina (7.7%), and 1 as Asian American (3.8%). About half of participants were single (*n* = 12; 46.2%), 8 were married (30.8%), 5 were divorced (19.2%), and 1 was separated (3.8%).

Offenses

Participants reported a variety of offenses for which they wanted to forgive themselves. These offenses were categorized using a system developed for research on interpersonal forgiveness (Wade et al., 2013), and included 12 violations of trust (46.2%), 6 cases of abuse (verbal and/or physical; 23.1%), 3 cases of relationship neglect (11.5%), 2 instances of disrespect/humiliation (7.7%), 2 cases of relationship abandonment (7.7%), and 1 offense that did not fit the categorization system (having an abortion; 3.8%). Offenses were committed against a spouse or other partner (*n* = 12; 46.2%), parent (*n* = 5; 19.2%), friend (*n* = 4; 15.4%), child (*n* = 3; 11.5%), sibling (*n* = 1; 3.8%) or acquaintance (*n* = 1; 3.8%). The average offense had occurred 118 months (9 years and 10 months) prior to the screening appointment (*SD* = 190.9 months; range = 3 months to 59 years).

Therapists

Eight therapists provided the treatment to participants. All therapists except one were doctoral students in counseling psychology who had already obtained a masters degree in counseling psychology or a related field. The final therapist had completed a masters degree in

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marriage and family therapy and was completing degree requirements for a masters in human development and family studies. Six of the 8 therapists were women (75%) and the average age was 27 (range = 26-28). Five therapists (62.5%) identified as European American, 2 identified as Latina (25%), and 1 identified as Asian (12.5%). Therapists had an average of 698 hours of direct clinical experience prior to starting this study (*SD* = 336; range = 300-1250). Five (62.5%) of the therapists included emotion-focused therapy (EFT) as part of their theoretical orientation and all had participated in a practicum class in which EFT was emphasized. All therapists participated in a 6-hour workshop on the treatment tested in this study and received weekly supervision from a licensed psychologist while working with participants.

The Treatment

The counseling intervention tested in this study is a flexible manualized treatment adapted from empirically-supported interventions to promote interpersonal forgiveness (Greenberg et al., 2008; Worthington, 2001), with specific adjustments made due to aspects unique to self-forgiveness (e.g., reducing shame while acknowledging responsibility). The intervention is grounded in emotion-focused therapy (Greenberg, 2010) and incorporates the Four Rs of Self-Forgiveness introduced in Chapter 2. It is designed to help clients accept an appropriate level of responsibility for the offense; resolve the negative self-defeating feelings associated with the offense; and move forward with a renewed sense of self-acceptance, self-compassion, and self-forgiveness. The intervention was tested with one volunteer client prior to the start of the study, and slight alterations were made to the manual during the pilot testing process. See Table 1 for a summary of the intervention and Appendix A for the intervention manual.

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Table 1. *Overview of the Goals, Specific Interventions, and Homework for the Self-Forgiveness Counseling Intervention*

Session	Goals	Specific Interventions and Homework (HW)
1: Getting Started	(1) build rapport with the client; (2) explore the client's expectations/concerns about self-forgiveness; (3) educate the client about the treatment	(1) psychoeducation about the self-forgiveness counseling process; (2) HW: complete "Reflecting on Your Actions" worksheet
2: Discussing the Offense	(1) initial discussion of the offense; (2) allow the client to "confess" his/her wrongdoing and identify sources of the client's mistakes—accept responsibility	(1) explore the wants, needs, and/or motivations that led to the offense
3: Exploring Consequences	(1) allow the client the opportunity to acknowledge the consequences of the offense—both for the other person and for the client; (2) identify barriers to self-forgiveness; (3) prepare for the two-chair exercise	(1) explore the consequences of offense and barriers to self-forgiveness; (2) introduce notion of opposing internal dialogue; (3) HW: complete "Identifying and Naming the Opposing Sides" worksheet
4: Reconciling Opposing Sides	(1) give voice to the client's opposing sides identified in the homework; (2) increase the client's awareness of the consequences of withholding self-forgiveness; (3) begin to reconcile the client's opposing voices	(1) Two-chair exercise: self-critical two-chair for most clients (self-condemning versus self-forgiving), with the option of utilizing a blame-shifting versus responsibility-accepting dichotomy for clients needing to accept more responsibility
5: Reconnecting to Values	(1) continue harmonizing the client's opposing sides; (2) allow the client to express his/her values and identify how the client wants to live up to those values; (3) return to needs/motivations connected to the offense and identify ways of meeting those needs in the future that better align with the client's values	(1) continue and finish two-chair exercise from previous exercise if needed; (2) two-chair exercise for values exploration (confident versus critical/fearful of not living up to values in future)

Continued on the next page

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Table 1, continued

Session	Goals	Specific Interventions and Homework (HW)
6: Repairing the Damage	(1) allow the client to express her/his remorse for the offense; (2) determine the reparative behaviors the client wants to undertake; (3) help the client to commit to healthier ways of meeting needs in the future.	(1) empty-chair exercise (apologizing to person hurt), with option of turning it into a two-chair dialogue between client and person hurt; (2) identification of reparative behaviors to engage in; (3) HW: engage in initial reparative goal and complete "Steps Toward Making Things Right" worksheet
7: Remembering and Moving Forward	(1) assist the client in remembering the offense while focusing on positive change since then; (2) replace remaining negative feelings with feeling of self-forgiveness	(1) discuss progress toward reparative goals and set new goals as needed; (2) help the client re-narrate the offense, with the focus on positive change since then; (3) guide the client through self-forgiveness imagery exercise; (4) HW: engage in reparative goals as needed and complete "A Letter of Self-Forgiveness" worksheet
8: Wrapping Up	(1) help the client identify progress and how s/he can maintain gains; (2) provide an overview of how self-forgiveness can be applied to other offenses; (3) say goodbye	(1) discuss client's letter of self-forgiveness and reflect on progress; (2) psychoeducation about the Four Rs of Self-Forgiveness

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After the therapeutic relationship is established, the first task of the intervention is to assist clients in accepting appropriate responsibility for their actions. This is done through discussions of the offense; identification of the needs, wants, and/or motivations that contributed to the offense; and exploration of the consequences of the offense. In addition, for clients who are having difficulty accepting responsibility, they engage in a two-chair exercise in which the part of them that tries to shift blame is reconciled with the part of them that is willing to accept responsibility while showing the self compassion. On the other hand, clients who are struggling with shame and self-condemnation use the two-chair exercise to express the critical part that is self-condemning and begin to reconcile it with the side that needs self-compassion and self-acceptance in the face of wrong.

Repair is incorporated into the intervention in several ways. For example, clients engage in an empty-chair exercise in which they imagine the person they hurt is sitting in the empty chair and then offer a sincere apology for the harm caused. In addition, clients identify the specific steps they want to engage in to make amends for their offense. Steps that can be accomplished over the course of one week are incorporated into a homework assignment in which the client actually takes a step toward making amends.

The sessions toward the end of the intervention are devoted to replacing remaining negative emotions with self-acceptance and self-forgiveness. Clients are encouraged to focus on the positive growth they achieved throughout the intervention. Therapists help the clients engage in an imagery exercise in which they imagine their cold, bitter feelings of self-condemnation being replaced with warm feelings of self-forgiveness and self-compassion. The non-judgmental, caring stance of the therapist throughout the intervention is also designed to assist the client in acting toward the self in a similar way. Finally, clients write a letter to themselves expressing

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self-forgiveness and self-compassion, which they are able to take with them to refer to if maladaptive feelings regarding the offense resurface.

Measures

Demographic information. Participants provided basic demographic information, including age, gender, race/ethnicity, and marital status. In addition, participants indicated whether they were currently receiving mental health counseling or therapy (an exclusion criterion).

Assessment of specific offense. Participants wrote a description of the specific offense they wanted to resolve as a part of the study. They also identified the type of relationship (e.g., spouse, parent) they had/have to the person they hurt, how the offense hurt that person, how the offense impacted the participants, how long ago the offense occurred, what has made overcoming the offense difficult, and whether they wanted to resolve the negative feelings associated with the offense. Participants were asked to think about this specific offense when answering offense-specific measures on the questionnaires (self-condemnation, state self-forgiveness, self-reported self-forgiveness, perceived responsibility, perceived harm caused).

Self-condemnation. Self-condemnation related to the offense was assessed using a measure created by Fisher and Exline (2006). Participants read the prompt, "When I think about this incident now, I feel…" followed by the items, which are rated on a 0 to 10 scale. Anchors were slightly altered, such that 0 indicates *not at all* (originally *don't feel this very much*) and 10 indicates *very much* (originally *feel this very much*). The measure includes four items, including "like I deserve to suffer for this" and "hateful toward myself." See Appendix B for the whole scale, along with all other measures included in this dissertation. Scores can range from 0 to 40,

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with higher scores indicating greater self-condemnation. Cronbach's alpha was .88 in the original sample (Fisher & Exline, 2006) and .83 in the current sample.

State self-forgiveness. The State Self-Forgiveness Scales (SSFS; Wohl et al., 2008) was used to measure self-forgiveness related to the specific offense. This 17-item measure was designed to measure feelings, actions, and beliefs related to self-forgiveness. It includes 8 items assessing feelings and actions (e.g., "As I consider what I did that was wrong, I feel compassionate toward myself"; Self-Forgiving Feelings and Actions [SFFA] subscale) and 9 items assessing beliefs (e.g., "As I consider what I did that was wrong, I believe I am a bad person" [reverse scored]; Self-Forgiving Beliefs [SFB] subscale). All items were found to load on a single factor (Wohl et al., 2008). The 4-point scale response options (1 = *not at all*; 2 = *a little*; 3 = *mostly*; 4 = *completely*) were decided to be too restrictive. Therefore, for this study, they were expanded to a 7-point scale with same response option markers (now anchored at 1, 3, 5, and 7). Altered scale scores can thus range from 17 to 119, with higher scores indicating greater self-forgiveness.

The SFFA subscale was found to have a Cronbach's alpha of .86 and the SFB subscale's alpha was .91. Both subscales were found to distinguish among people reporting various degrees of self-forgiveness. Higher scores on the SSFS were associated with less depressive symptoms. Discriminant validity was established by a non-significant relationship with self-esteem (Wohl et al., 2008). In the current study, Cronbach's alpha for the full scale was .94.

Self-reported self-forgiveness. In addition to the SSFS, a single item directly asked participants to rate the extent to which they have forgiven themselves for the specific offense they committed. Using Enright and The Human Development Study Group's (1996) definition of self-forgiveness, participants were asked, "If self-forgiveness is defined as 'a willingness to

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abandon self-resentment in the face of one's acknowledged objective wrong, while fostering compassion, generosity, and love toward oneself,' then place an X in the one box that best describes the degree to which you have forgiven yourself for the hurt or offense you are seeking help for in this study." Response options ranged from 1 (*not at all*) to 10 (*completely*). Anchors were also placed at 4 (*somewhat*) and 7 (*moderately*).

Perceived responsibility. Five items developed by Fisher and Exline (2006) were used to measure participants' perceived responsibility for the offense. Items are rated on a 0 (*completely disagree*) to 10 (*completely agree*) scale. Items include "I was in the wrong in the situation" and "I feel I was responsible for what happened." Items are summed; scores can range from 0 to 50, with higher scores indicating greater perceived responsibility. Cronbach's alpha was .83 in the original sample (Fisher & Exline, 2006) and was also .83 in the current study.

Psychological distress. The Clinical Outcomes in Routine Evaluation outcome measure (CORE; Evans et al., 2000) was used to measure general psychological distress. The CORE is a 34-item scale designed to assess the severity of clients' problems at treatment outset and measure changes in severity over the course of treatment. The CORE covers three dimensions: subjective well-being (4 items; e.g., "I have felt overwhelmed by my problems"), problems/symptoms (12 items; e.g., "I have felt unhappy"), and life functioning (12 items; "I have been able to do most things I needed to" [reversed]). It also includes 6 items assessing risk of harm to self or others that were omitted because they are intended to be used as clinical indicators rather than a measure of a specific dimension of symptoms (variations of these items were used, however, as part of the screening interview). Participants rated on a 5-point scale (0 = *not at all* to 4 = *most or all of the time*) how often each item applied to them in the past week. Internal reliability ($\alpha = .94$) and 1-week test-retest reliability ($\alpha = .91$) are high (Barkham et al., 2001). Validity evidence is

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provided by high correlations between the CORE and measures of symptoms and depression (α = .81-.89) and through the finding of large differences in scores between clinical and non-clinical populations (Barkham et al., 2001). The total mean score method was used in the current study, in which all non-risk items were combined for a single measure of psychological distress ranging from 0 to 4, with higher scores indicating greater psychological distress. The average score on the non-risk items obtained by a clinical sample was 2.12 (CORE System Group, 1998). Cronbach's alpha was .94 in the current study.

Self-compassion. The Self-Compassion Scale—Short Form (SCS-SF; Raes, Pommier, Neff, & Gucht, 2011) was used to measure participants' trait-level self-compassion, which involves acknowledging that suffering, failure, and inadequacies are inevitable and that everyone—including oneself—is worthy of compassion. The SCS-SF is a 12-item measure rated on a 5-point scale (1 = *almost never* to 5 = *almost always*). Items include "When I'm going through a very hard time, I give myself the caring and tenderness I need" and "When I'm feeling down I tend to obsess and fixate on everything that's wrong" [reverse scored]. A total sum score is used, with a range of 12 to 60. The SCS-SF was found to have an internal consistency reliability of .86 and a correlation of .97 with the 26-item Self-Compassion Scale (Raes et al., 2011). Validity evidence was provided through negative correlations with measures of depression, anxiety, and neurotic perfectionism, positive correlations with life satisfaction and emotional intelligence, and non-significant correlations with narcissism and social desirability (Neff, 2003). Cronbach's alpha was .73 in the current study.

Satisfaction with life. The Satisfaction with Life Scale (SWLS; Diener, Emmons, Larsen, & Griffin, 1985) was used to measure participants' global life satisfaction. The SWLS is a 5-item scale with response options ranging from 1 (*strongly disagree*) to 7 (*strongly agree*).

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Items include “In most ways my life is close to ideal” and “So far I have gotten the important things I want in life.” A total sum score is used, with a range of 5 to 35. Validity evidence was provided through moderate to high correlations with other measures of subjective well-being. Internal consistency reliability was .87 and two-month test-retest reliability was .82 (Diener et al., 1985). Cronbach’s alpha was .78 in the current study.

Open-ended feedback. After every counseling session, participants were asked two open-ended questions: “Of the activities or topics of discussion today, what was the most beneficial for you and why?” and “What would you have liked to change about today’s session and why?” There was also space to write additional comments after each session. In addition, participants responded to two open-ended questions in their post-treatment questionnaire packets: “What was/were the most helpful part(s) for you?” and “What was/were the least helpful part(s) for you?” This open-ended feedback was used to identify elements of the intervention that participants found particularly helpful or unhelpful.

After each counseling session, therapists also completed a feedback form. Among other questions about the session, therapists were asked to share any information that came to light during the session that could have an impact on the client’s treatment or progress.

Procedure

See Figure 1 for a flow chart of the study procedures.

Recruitment and selection. Participants were recruited through flyers and brochures placed in public spaces and online and newspaper advertisements. Potential participants called or emailed the research clinic for additional information and to set up a screening appointment. Individuals could schedule an appointment if they indicated (1) they were at least 18 years old, (2) they could recall an offense they committed against another person about which they had

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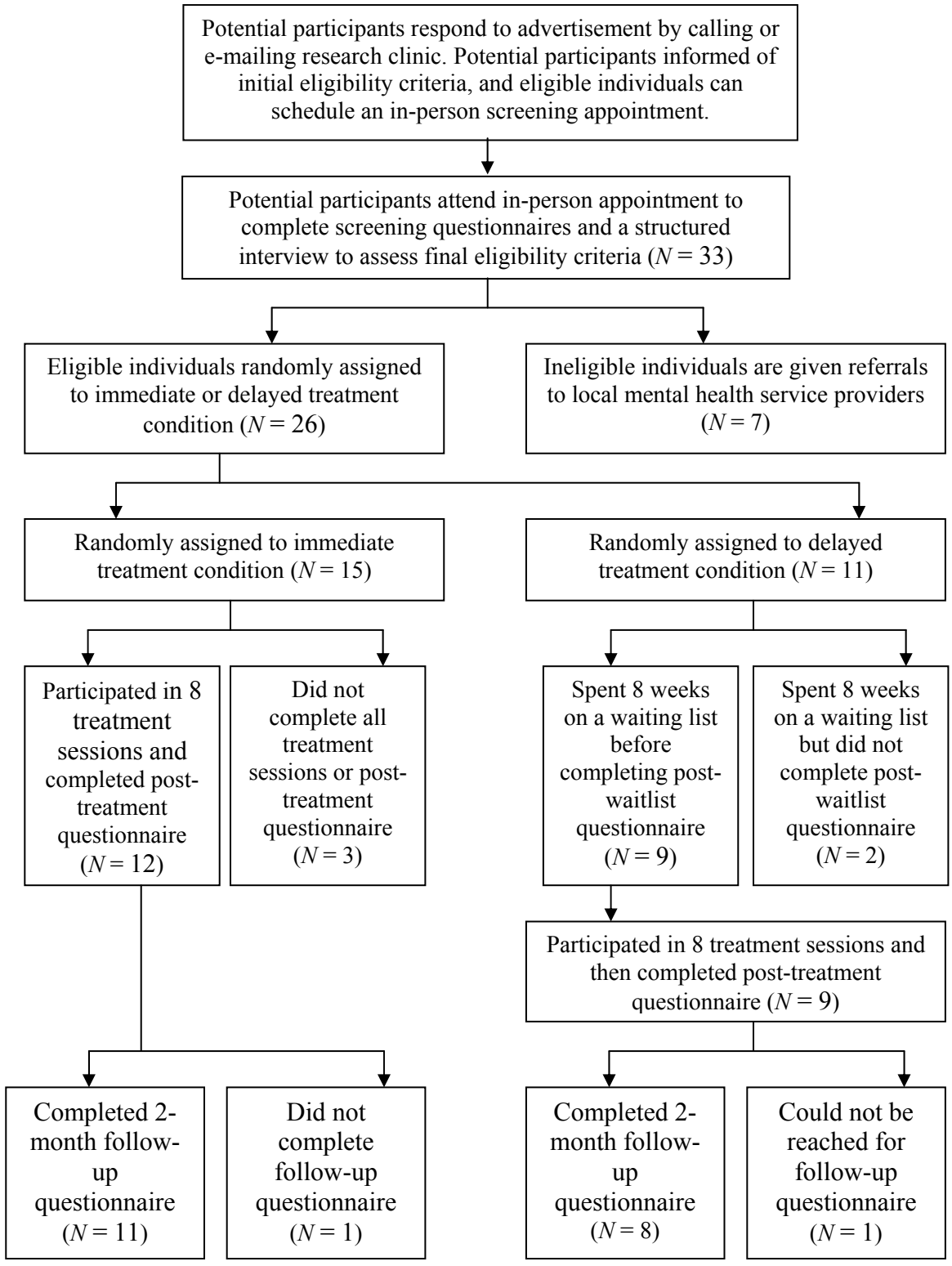

Figure 1. *Flow Chart of Study Procedures*

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unresolved feelings, (3) the offense occurred at least 3 months ago, (4) they were not currently receiving therapy, (5) and they were willing to spend 8 weeks on a waitlist before starting treatment if randomly assigned to do so.

Participants who indicated they met the initial eligibility criteria then attended an in-person screening appointment. After providing informed consent for the study, participants completed a questionnaire packet that asked for demographic information, personality and other trait measures, a description of their offense, and measures related to the specific offense. I then conducted a structured clinical interview with participants to ensure the offense met study criteria and that the participant did not meet any exclusion criteria. Participants were excluded from the study if they (a) exhibited significant risk to themselves or others, (b) were currently diagnosable with a psychotic disorder (per DSM-IV-TR criteria; APA, 2000), or (3) were receiving psychotherapy elsewhere. The final exclusion criterion was employed because the counseling intervention is designed as a stand-alone treatment, rather than an adjunct to other counseling. The other two exclusion criteria were included in order to limit participants to individuals whose symptoms did not grossly impair their functioning, but who could benefit from a psychological intervention to overcome past regrets.

There were seven individuals found to be ineligible at their screening appointment. These participants failed one of the initial eligibility criteria despite indicating they met them prior to scheduling their appointment. Three individuals committed their offense within the previous three months, two individuals were still engaging in the hurtful behaviors, and two individuals did not commit an interpersonal offense (one wanted to forgive someone who committed an offense against him and the other wanted to forgive himself for an offense someone committed against him).

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All participants received $10 for attending the screening appointment. Eligible participants were randomly assigned to the immediate treatment or delayed treatment condition. At the start of participant recruitment, a list of numbers was created using a random number generator. It was predetermined that even numbers would indicate assignment to the immediate treatment condition and odd numbers would indicate assignment to the delayed treatment condition. At the end of each screening appointment in which a participant was found to be eligible, a research assistant referred to the next number on the list to assign the eligible participant to a condition.

Immediate treatment condition. Participants in the immediate treatment condition started the intervention on the next available appointment that worked with their schedule. Participants completed the study measures again immediately prior to their first session. The intervention involved 8 weekly 50-minute individual counseling sessions with a trained therapist. Participants completed a short feedback form after each session and a post-treatment questionnaire packet after their final session to assess changes in the outcome variables. Participants were paid $5 for completing the post-treatment questionnaire. Two months following their final session, participants were mailed a follow-up questionnaire to complete and send back. Participants were paid $15 for completing the follow-up questionnaire.

Delayed treatment condition. Participants in the delayed treatment condition spent eight weeks on a waiting list prior to beginning the treatment. I contacted these participants via phone or email six to seven weeks into the waitlist period to schedule their first counseling session; at that time I offered them the opportunity to address any questions or concerns they had. Participants completed a post-waitlist questionnaire packet (containing the same outcome measures assessed by the post-treatment questionnaire described above) immediately prior to

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their first counseling session. These participants also completed a short feedback form after each of their eight counseling sessions and a post-treatment questionnaire packet after their final session. They were paid $5 for completing the post-treatment questionnaire. Two months following their final session, participants were mailed a follow-up questionnaire to complete and send back. Participants were paid $15 for completing the follow-up questionnaire.

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CHAPTER 4. RESULTS

Study Dropouts

There were two participants from the delayed treatment condition (18%) and three from the immediate treatment condition (20%) who ended their participation in the study early, for a total of five study dropouts (19%). The two delayed treatment participants both scheduled their first counseling session (at which time they would have completed their post-waitlist questionnaire) and confirmed their plans to attend the day before that appointment. They therefore had at least some motivation to participate in the counseling program even after the eight weeks on the waitlist. However, neither came to their first appointment. One participant rescheduled her appointment several times but continued to no-show or reschedule. I was eventually unable to reach her. I was unsuccessful in reaching the second participant after her first no-show. I therefore do not have post-waitlist data for these two participants and they did not complete the treatment following their time on the waitlist.

From the immediate treatment condition, two participants ended their participation after one session. Both no-showed to their second session. I was able to reach one participant, who indicated his rotating work schedule no longer allowed him to participate. I was unable to reach the other participant. The third participant chose to end her participation after her fifth session. She had unexpectedly needed to take five weeks off because she left town for that period of time. When she returned, a research assistant called her to schedule her sixth appointment but the participant indicated she was no longer interested in finishing her final three sessions. She did not provide a specific reason for this decision, but her therapist indicated the participant had made good progress during the first five sessions and may thus have been less motivated to

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continue after the need to take so much time off for travel. I was unsuccessful in getting any of these drop-out participants to complete additional study measures.

To determine whether these study dropouts differed from those who completed the study, independent samples *t*-tests were conducted on the study variables at screening. These analyses revealed that those who did not complete the study had significantly less self-condemnation at screening ($M = 16.6$; $SD = 15.0$) than did those who completed the study ($M = 28.9$; $SD = 9.0$), $t(24) = 2.41$, $p = .024$. In addition, those who did not complete the study accepted significantly less responsibility for their offense at screening ($M = 30.2$; $SD = 11.3$) than did those who completed the study ($M = 41.0$; $SD = 9.1$), $t(24) = 2.30$, $p = .030$. When the one dropout who completed the majority of the sessions was removed from analyses (whose scores at screening were 38 and 49 for self-condemnation and responsibility, respectively), these differences were even more prominent. Those who completed 0 or 1 sessions had significantly less self-condemnation at screening ($M = 11.3$; $SD = 10.5$), $t(23) = 3.51$, $p = .002$, and they accepted significantly less responsibility for their offense at screening ($M = 25.5$; $SD = 4.7$), $t(23) = 3.31$, $p = .003$, than did those who completed the study. It is likely that those who accepted less responsibility for and experienced less negative emotion about their offense were less motivated to participate in a counseling program specifically about self-forgiveness.

For consistency across analyses, the reported analyses were conducted using only participants who completed the post-treatment/post-waitlist questionnaire (21 participants); this includes the descriptive results of the data at screening. The presented results are therefore only applicable to individuals who seek out and complete counseling for self-forgiveness related to a past offense. However, all analyses were also conducted using the last-observation carried forward method and all conclusions remained the same.

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Results at Screening

Means, standard deviations, and correlations for the study variables at screening are included in Table 2. Because of the small sample size, relationships between variables needed to be moderately large to reach significance. For offense-specific outcomes, self-condemnation was negatively correlated with state self-forgiveness (r = -.68) and self-reported self-forgiveness (r = -.49). The correlation between the two self-forgiveness measures (r = .38) did not reach significance. Examining these outcomes in relation to offense-specific feelings of responsibility, self-condemnation was positively correlated with responsibility (r = .47).

The three general outcome measures were all significantly correlated with one another. Psychological distress had a negative relationship with both self-compassion (r = -.57) and satisfaction with life (r = -.68). Self-compassion and satisfaction with life were positively correlated (r = .53). Examining the relationships among the offense-specific and general outcomes, higher scores on state self-forgiveness were associated with lower psychological distress (r = -.56) and greater self-compassion (r = .68) and satisfaction with life (r = .44). Greater self-condemnation was associated with less self-compassion (r = -.46).

Independent samples t-tests were conducted to ensure there were no significant differences in screening scores between the delayed and immediate treatment conditions on the seven variables. No significant differences were found, although differences in self-reported self-forgiveness and perceived responsibility reached marginal significance (ps = .059 and .095, respectively). Because of the small sample size and some marginal differences, screening scores were used as a covariate in examining the effects of the intervention despite there being no significant screening differences.

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Table 2. *Means, Standard Deviations, and Correlations of Study Variables at Screening (Time 1)*

	Variable	*M*	*SD*	1	2	3	4	5	6
1	Self-Condemnation	28.9	9.0	---					
2	State Self-Forgiveness Scales	54.5	22.3	-.68**	---				
3	Self-Report Self-Forgiveness	3.0	1.4	-.49*	.38	---			
4	Perceived Responsibility	41.0	9.1	.47*	-.28	-.39	---		
5	Psychological Distress (CORE)	1.7	0.8	.41	-.56*	-.09	.03	---	
6	Self-Compassion Scale	31.1	7.0	-.46*	.68**	.12	-.23	-.57**	---
7	Satisfaction with Life Scale	18.0	6.8	-.09	.44*	-.11	.12	-.68**	.53*

Note: $N = 21$. *$p < .05$ **$p < .001$

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Effects of the Intervention on Offense-Specific Outcomes

In order to test the hypothesis that those who receive the intervention would have significantly lower self-condemnation and significantly greater state self-forgiveness and self-reported self-forgiveness related to the offense than would participants who spent eight weeks on a waiting list, analyses of covariance (ANCOVAs) were conducted on the three offense-specific outcomes. The outcome variable at screening (Time 1) was used as the covariate in each analysis and condition was the independent variable. The dependent variable was the outcome variable at post-treatment/post-waitlist (Time 2).

In addition, independent groups effect sizes (i.e., treatment versus waitlist at Time 2) and effect sizes for pre- to post-waitlist or pre- to post-treatment were calculated using Hedge's *g* to examine the magnitude of the treatment effects. This method is preferred over Cohen's *d* because Cohen's *d* tends to overestimate the population effect in small samples (Borenstein, 2012). To calculate Hedge's *g* for treatment versus waitlist, Cohen's *d* is first computed as

$$d = \frac{\overline{Y}_1 - \overline{Y}_2}{S_{Pooled}}$$

where $\overline{Y}_1$ and $\overline{Y}_2$ are the sample means of the two groups and S_{Pooled} is

$$S_{Pooled} = \sqrt{\frac{(n_1 - 1)S_1^2 + (n_2 - 1)S_2^2}{n_1 + n_2 - 2}}$$

where n_1 and n_2 are the sample sizes of the two groups and S_1 and S_2 are the standard deviations in the two groups. Finally, to remove the sample size bias and get Hedge's *g*, a correction factor, *J*, is multiplied by *d*

$$J(df) = \left(1 - \frac{3}{4df - 1}\right)$$

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where *df* is the degrees of freedom used to calculate the pooled standard deviation ($n_1 + n_2 - 2$). The resulting Hedge's *g* formula for the treatment versus waitlist effect size at Time 2 is

$$g = J(df)d$$

The Hedge's *g* equation for the pre-post effect size is the same, but *d* is first calculated as

$$d = \frac{\bar{Y}_{Post} - \bar{Y}_{Pre}}{S_{Pooled}}$$

where S_{Pooled} is

$$S_{Pooled} = \sqrt{\frac{S_{Pre}^2 + S_{Post}^2}{2}}$$

In addition, the *df* in *J(df)* is (*n* - 1), where *n* is the number of pairs. The reader can refer to Borenstein (2012) for how to calculate confidence intervals for both types of effect sizes.

Self-condemnation. The ANCOVA for self-condemnation was significant, $F(1,18) = 14.54$, $p = .001$ (see Table 3). Controlling for Time 1 scores (screening), at Time 2 (post-treatment/post-waitlist), participants in the immediate treatment condition had significantly lower scores on self-condemnation ($M = 11.1$[1]; $SD = 12.8$) than did participants in the delayed treatment condition ($M = 25.3$; $SD = 8.7$; see Figure 2). The effect size for treatment versus waitlist was -1.21, 95% CI [-2.15, -0.28], (meaning the immediate treatment participants had significantly lower self-condemnation at Time 2 than did delayed treatment participants), a large effect. The pre-post effect size was -0.15, 95% CI [-0.74, .45] for the delayed treatment condition and was -1.75, 95% CI [-2.53, -0.98] for the immediate treatment condition. Therefore, time alone (the waitlist) did not have a reliable effect on self-condemnation, but the intervention had a large pre-post effect in addition to a large effect at post-treatment when compared to the waitlist.

[1] Note that raw means and standard deviations are reported here and for all subsequent ANCOVA analyses, not the estimated marginal means used to conduct the ANCOVA analysis. In addition, all effect sizes were conducted using raw means and standard deviations.

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Table 3. *Screening and Post-Treatment/Post-Waitlist Means and Standard Deviations of Measures Tested with ANCOVA Analyses*

	Screening				Post-Treatment/Post-Waitlist				
	Treatment		Waitlist		Treatment		Waitlist		ANCOVA
Measures	M	SD	M	SD	M	SD	M	SD	*F*(1,18)
Self-Condemnation Measure	30.3	6.7	27.0	11.6	11.1	12.8	25.3	8.7	14.54**
State Self-Forgiveness Scales	52.0	20.0	57.9	25.8	87.8	27.7	67.2	25.4	8.49*
Self-Reported Self-Forgiveness	2.5	1.3	3.7	1.3	7.1	2.4	4.2	2.0	18.44**
Psychological Distress (CORE)	1.6	0.9	1.8	0.7	1.1	0.8	1.9	0.6	7.06*
Self-Compassion Scale	31.4	8.1	30.7	5.4	38.5	11.9	31.1	6.4	5.03*
Satisfaction With Life Scale	17.3	7.4	18.9	6.2	22.1	6.8	18.9	5.4	3.89

Note: $N = 21$. $^{*}p < .05$ $^{**}p < .001$

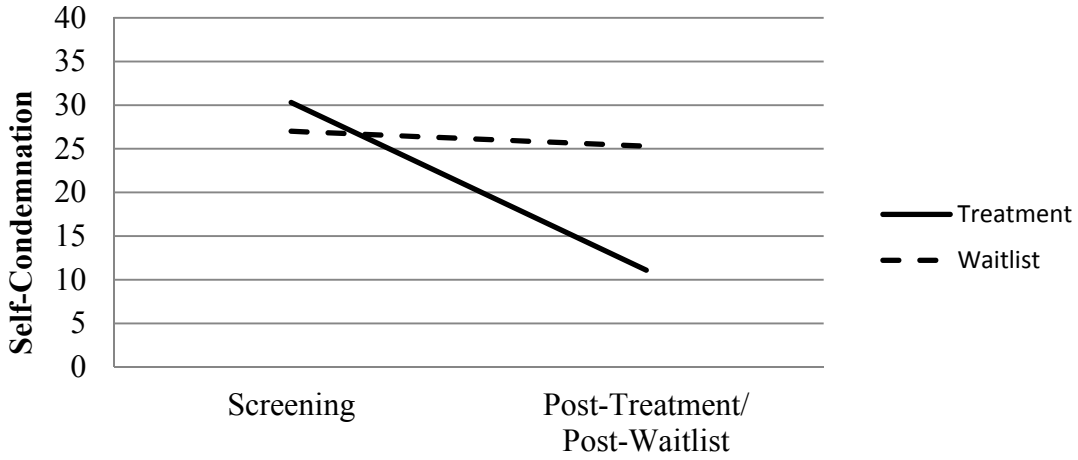

Figure 2. *Treatment versus Waitlist Scores on Self-Condemnation*

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State Self-Forgiveness. The ANCOVA for state self-forgiveness was significant, $F(1,18) = 8.49$, $p = .009$ (see Table 3). Controlling for Time 1, at Time 2, participants in the immediate treatment condition had significantly higher scores on state self-forgiveness ($M = 87.8$; $SD = 27.7$) than did participants in the delayed treatment condition ($M = 67.2$; $SD = 25.4$; see Figure 3). The effect size for treatment versus waitlist was 0.74, 95% CI [-0.16, 1.63]. Although this is a large estimated effect size, the confidence interval did include zero[2]. Despite the non-significant treatment versus waitlist effect size, the pre-post effect size was 0.33, 95% CI [-0.04, 0.70] for the delayed treatment condition and was 1.37, 95% CI [0.67, 2.08] for the immediate treatment condition. Time alone (the waitlist) did not have a reliable effect, whereas the intervention did have a large pre-post effect on state self-forgiveness.

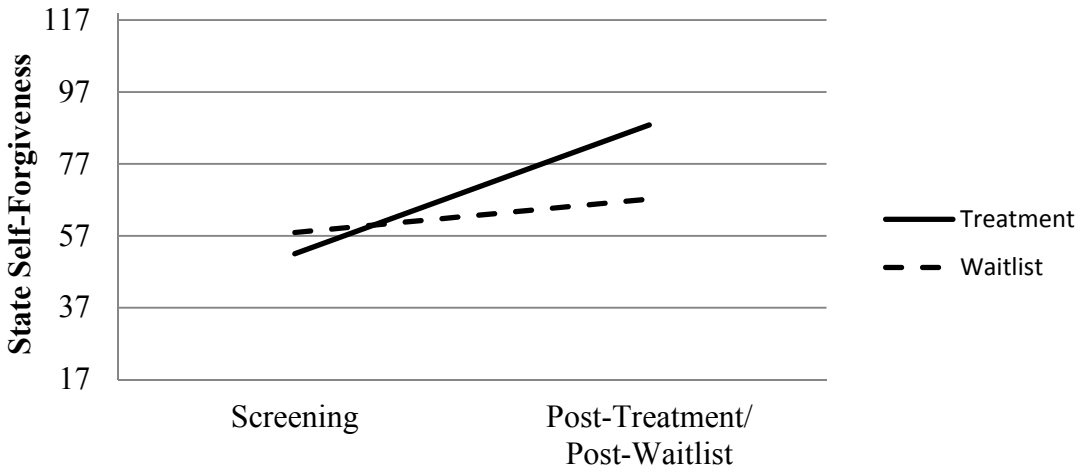

Figure 3. *Treatment versus Waitlist Scores on State Self-Forgiveness*

[2] This deviation from the significant ANCOVA result could be because the effect size does not control for screening scores; the actual means at Time 2 were utilized for effect size calculations, whereas estimated marginal means that take into account Time 1 scores are used in ANCOVA analyses. Indeed, an independent samples *t*-test for state self-forgiveness at Time 2 was only marginally significant ($p = .098$), demonstrating that Time 1 differences needed to be accounted for in order to demonstrate a significant effect of the intervention. In addition, as stated above, Hedge's *g* provides a more conservative effect size estimate and confidence interval to control for a small sample size.

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Self-Reported Self-Forgiveness. The ANCOVA for self-reported self-forgiveness was also significant, $F(1,18) = 18.44$, $p < .001$ (see Table 3). After controlling for Time 1, at Time 2, participants in the immediate treatment condition had significantly higher self-reported self-forgiveness ($M = 7.1$; $SD = 2.4$) than did participants in the delayed treatment condition ($M = 4.2$; $SD = 2.0$; see Figure 4). The effect size for treatment versus waitlist was 1.23, 95% CI [0.29, 2.17], a large effect. The pre-post effect size was 0.29, 95% CI [-0.18, 0.77] for the delayed treatment condition and was 2.21, 95% CI [1.11, 3.31] for the immediate treatment condition. Therefore, time alone did not have a reliable effect on self-reported self-forgiveness, but the intervention had a large pre-post effect in addition to a large effect at post-treatment when compared to the waitlist.

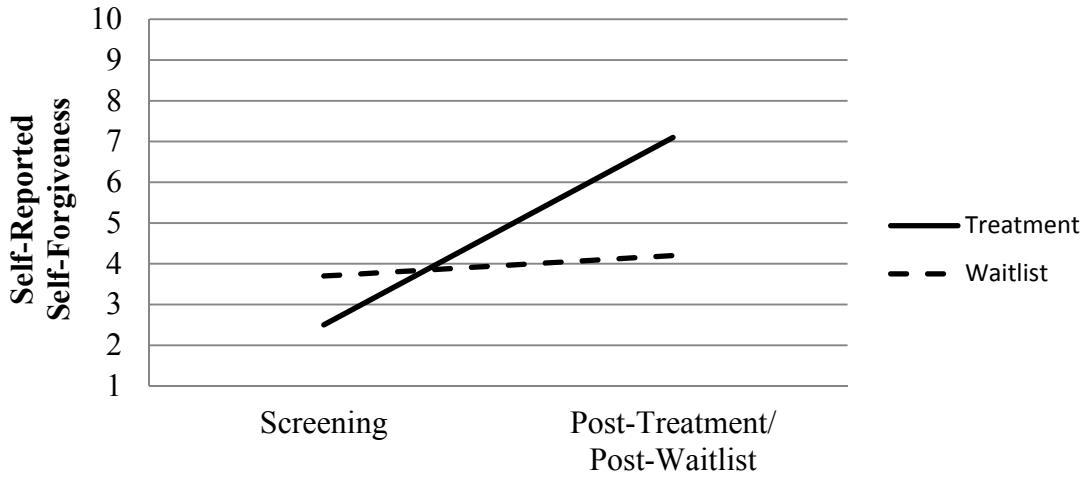

Figure 4. *Treatment versus Waitlist Scores on Self-Reported Self-Forgiveness*

Effects of the Intervention on General Outcomes

To test the effects of the intervention on more global outcomes not specifically connected to the offense, ANCOVAs were also conducted with psychological distress, self-compassion, and satisfaction with life as outcomes.

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Psychological distress. The ANCOVA for psychological distress was significant, $F(1,18) = 7.06$, $p = .016$ (see Table 3). Controlling for Time 1, at Time 2, participants in the immediate treatment condition had significantly lower psychological distress ($M = 1.1$; $SD = 0.8$) than did participants in the delayed treatment condition ($M = 1.9$; $SD = 0.6$; see Figure 5). The effect size for treatment versus waitlist was -1.03, 95% CI [-1.95, -0.11]. The pre-post effect size was 0.09, 95% CI [-0.24, 0.43] for the delayed treatment condition and was -0.60, 95% CI [-1.26, 0.06] for the treatment condition. Although the estimated pre-post effect for the treatment condition was moderate, the confidence interval included zero. The smaller pre-post effect for the treatment group compared to the treatment versus waitlist effect is likely due to the delayed treatment condition experiencing a slight trend toward deterioration while on the waitlist.

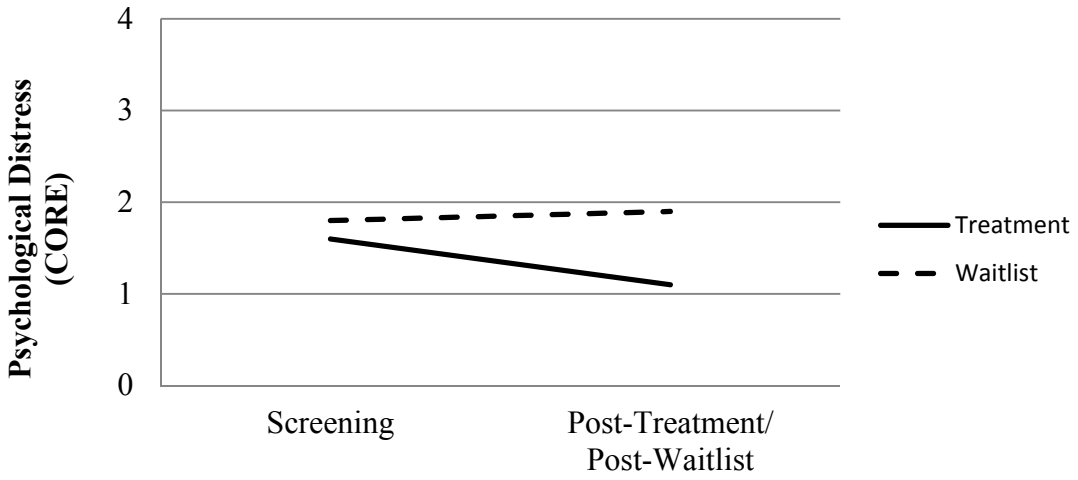

Figure 5. *Treatment versus Waitlist Scores on Psychological Distress*

Self-compassion. The ANCOVA for trait self-compassion was significant, $F(1,18) = 5.03$, $p = .038$ (see Table 3). Controlling for Time 1, at Time 2, participants in the immediate treatment condition had significantly higher self-compassion ($M = 38.5$; $SD = 11.9$) than did

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participants in the delayed treatment condition (*M* = 31.1; *SD* = 6.4; see Figure 6). The effect size for treatment versus waitlist was 0.71, 95% CI [-0.18, 1.60]. Although this is a moderate effect size, the confidence interval did include zero. Again, this deviation from the significant ANCOVA result may be because the effect size does not control for screening scores. The pre-post effect size was 0.07, 95% CI [-0.41, 0.54] for the delayed treatment condition and was 0.64, 95% CI [0.22, 1.06] for the treatment condition. Thus, time alone did not have a reliable effect as shown by no change on the waitlist, whereas the intervention did have a moderate pre-post effect on self-compassion.

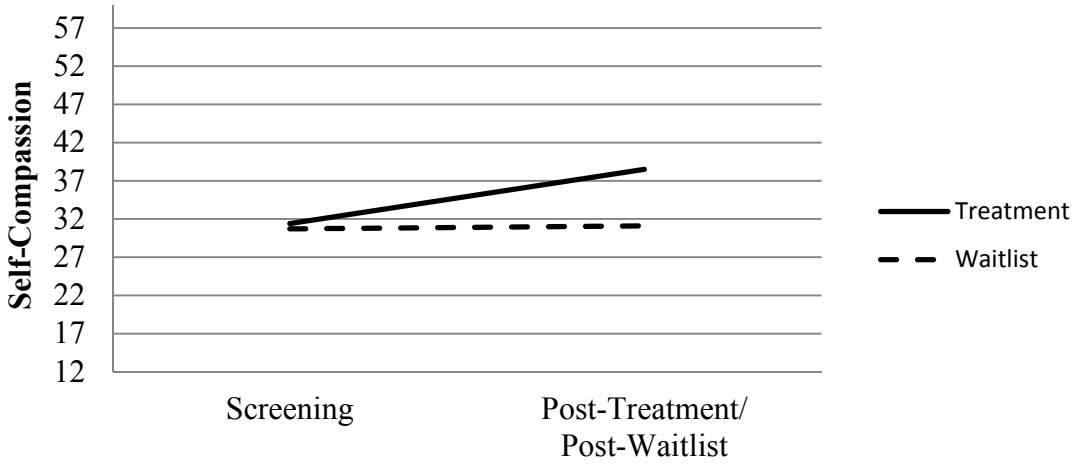

Figure 6. *Treatment versus Waitlist Scores on Self-Compassion*

Satisfaction with life. Finally, the ANCOVA for satisfaction with life was not significant, $F(1,18) = 3.89$, $p = .064$ (see Table 3), although the result did reach marginal significance. Controlling for Time 1, scores at Time 2 were similar for the immediate treatment (*M* = 22.1; *SD* = 6.8) and delayed treatment conditions (*M* = 18.9; *SD* = 5.4; see Figure 7). The moderate treatment versus waitlist effect size (*g* = 0.49) had a 95% confidence interval that included 0 [-0.38, 1.37]. The pre-post effect size was 0.0, 95% CI [-0.63, 0.63] for the delayed

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treatment group, but was 0.63 for the immediate treatment group, which was significantly different from 0, 95% CI [0.18, 1.09]. Therefore, participants did experience a moderate increase in satisfaction with life over the course of treatment, but this degree of change could not be fully differentiated from the effects of time.

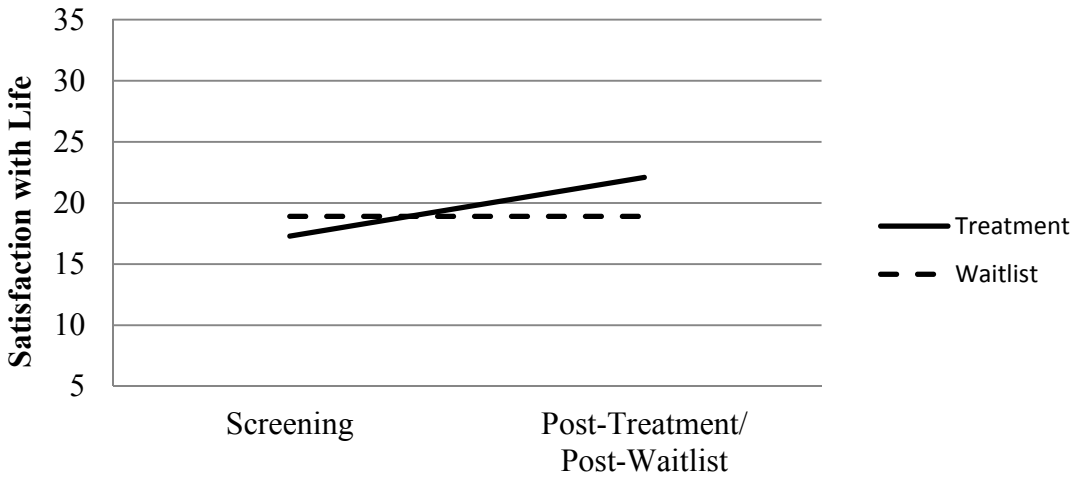

Figure 7. *Treatment versus Waitlist Scores on Satisfaction with Life*

Clinically Significant Change

Overview. Because the effect size only considers average change and therefore does not fully inform about treatment effectiveness for each individual, I also examined markers of clinically significant change for the primary offense-specific and general outcomes (state self-forgiveness and psychological distress, respectively). Utilizing the Jacobson and Truax (1991) method, two criteria must be met for an individual's change to be considered clinically significant: (1) the change score reflects change that is statistically reliable, and (2) the individual following change more closely represents the functional population than the non-functional population.

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The reliable change index (RCI) is used to determine whether the first criterion is met. The reliable change index is calculated as

$$\mathrm{RCI} = \frac{(\mathrm{X}_2 - \mathrm{X}_1)}{\mathrm{S}_{\mathrm{diff}}}$$

where X_1 is the participant's pretest score, X_2 is the participant's posttest score, and S_{diff} is the standard error of difference between the two scores and describes the spread of the distribution of change scores that would be expected if no actual change had occurred. S_{diff} is computed from the standard error of measurement (S_E) using this equation:

$$\mathrm{S}_{\mathrm{diff}} = \sqrt{2(\mathrm{S}_{\mathrm{E}})^2}$$

where S_E is calculated as

$$\mathrm{S}_{\mathrm{E}} = \mathrm{SD}\sqrt{1 - r_{\mathrm{x}}}$$

and SD is the standard deviation of pretest scores and r_x is the Cronbach's alpha of the measure at pretest. If the absolute value of RCI is greater than 1.96, it is unlikely ($p < .05$) that the change score is due to chance alone and is therefore considered to represent real change (Jacobson & Truax, 1991; Lambert & Bailey, 2012). Thus, an RCI absolute value score above 1.96 meets the first criterion for clinically significant change.

The second criterion is determined using a clinical cutoff score. The cutoff score for criterion two can be calculated in several ways. *Cutoff c* is preferred when normative data are available and represents the weighted midpoint between the means of functional and non-functional populations. When this is not available, *cutoff a* can be utilized instead, which represents two standard deviations beyond the mean of the non-functional population. The mean and standard deviation of the measure at pretest are used to calculate this cutoff. When the distributions of functional and non-functional populations are overlapping, *cutoff a* provides a very conservative cutoff for entering the functional range (Jacobson & Truax, 1991).

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Individuals who do not meet the first criterion are classified as *unchanged*, those who meet the first criterion in the positive direction but fail the second are classified as *improved*, those who meet the first criterion in the negative direction are classified as *deteriorated*, and those who meet both criteria are classified as *recovered* (Jacobson & Truax, 1991).

State self-forgiveness. I first examined clinically significant change for state self-forgiveness, the primary offense-specific outcome measure. Because normative data are not available for the State Self-Forgiveness Scales, the more stringent *cutoff a* needed to be utilized, and was calculated as:

$$a = M_1 + 2SD_1 = 54.5 + 2(22.3) = 99.1$$

As can be seen in Table 4, most of the delayed treatment participants (77.8%) did not experience reliable change from Time 1 (screening) to Time 2 (post-waitlist). One participant (11.1%) did improve and one participant (11.1%) could be classified as recovered at the end of the waitlist period. Therefore, some individuals struggling with self-forgiveness could expect to see increases in their self-forgiveness naturally over time, yet that change did not occur for most participants. On the other hand, 10 of the 12 participants (83.3%) in the immediate treatment condition achieved reliable change; five (41.7%) were classified as improved and five achieved improvement to recovery (41.7%).

Table 4. *Clinically Significant Change on State Self-Forgiveness from Screening to Post-Waitlist/Post-Treatment*

	Unchanged	Deteriorated	Improved	Recovered
Delayed Treatment	7 / 9 (77.8%)	0 / 9 (0%)	1 / 9 (11.1%)	1 / 9 (11.1%)
Immediate Treatment	2 / 12 (16.7%)	0 / 12 (0%)	5 / 12 (41.7%)	5 / 12 (41.7%)

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Psychological Distress. An even more demanding test of the intervention is its ability to improve general psychological wellbeing (as the intervention was designed to specifically increase self-forgiveness). Therefore, the psychological distress variable (CORE) was examined for clinically significant change as well. A clinical cutoff (i.e., *cutoff c*) has already been established for the CORE and was thus utilized here. Because of gender differences on this variable, the cutoff for men is 1.36 and for women is 1.50 (CORE, 1998), with scores lower than the cutoff being considered part of the normal population. As can be seen in Table 5, no participants in the delayed treatment condition experienced reliable improvement while on the waitlist, and one participant (11.1%) deteriorated.

Table 5. *Clinically Significant Change on Psychological Distress from Screening to Post-Waitlist/Post-Treatment*

	Unchanged	Deteriorated	Improved	Recovered
Delayed Treatment	8 / 9* (88.9%)	1 / 9 (11.1%)	0 / 9 (0%)	0 / 9 (0%)
Immediate Treatment	5 / 12* (41.7%)	1 / 12 (8.3%)	0 / 12 (0%)	6 / 12 (50.0%)

*1 individual in the delayed treatment condition and 3 in the immediate treatment condition were below the clinical cutoff (i.e., already considered to be part of the "normal" population) at screening and remained there after post-waitlist/post-treatment. There was thus no room for significant improvement among these participants.

In contrast, six of the 12 participants in the immediate treatment condition (50.0%) experienced significant improvement over the course of the intervention, all to the point of reaching recovered status. There were five treatment participants (41.7%) who were classified as unchanged, but three of those participants were already below the clinical cutoff at screening and thus had no room for significant improvement. There was also one treated participant (8.3%)

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who deteriorated. Of note, this participant entered the study with the second lowest score on this variable (0.54), which was below the clinical cutoff. Post-session feedback from the therapist of the participant who deteriorated indicated that the participant had experienced a personal issue during the couple weeks before her treatment ended, to which some of the increased distress could be attributed. Post-session comments from the therapist also indicated, however, that the intervention itself had triggered painful memories that were distressing to the participant (e.g., Session 7: "High levels of negative emotions have emerged [e.g., wounds reopened], which may impact her ability to see progress."). It therefore cannot be ruled out that the treatment itself led to increased psychological distress for this participant. This issue is explored more fully in Chapter 5 (under "Managing difficult emotions").

It is clear from the clinically significant change analyses, though, that the majority of the participants entering the study in clinical distress achieved reliably reduced distress over the course of treatment, such that they could be considered to have become part of the normal, functional population. This is in stark contrast to the lack of positive change that occurred for participants on the waitlist.

Effects of the Intervention for the Delayed Treatment Participants

Because participants in the delayed treatment condition also received the intervention following their time on the waitlist, examining changes in the outcome variables post-intervention can provide additional information regarding the effectiveness of the intervention. Dependent samples *t*-tests were used to examine differential changes over the two time periods (i.e., screening to post-waitlist [Time 1 to Time 2] and post-waitlist to post-treatment [Time 2 to Time 3]) for the primary offense-specific and general outcome variables (state self-forgiveness

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and psychological distress, respectively). In other words, I tested whether the change scores were different for the two time periods. I also compared pre-post effect sizes for the two time periods.

State self-forgiveness. The dependent samples *t*-test for differential changes in state self-forgiveness was significant, $t(8) = 2.92$, $p = .019$, such that the average change from Time 1 to Time 2 ($M = 9.3$; $SD = 14.2$) was significantly smaller than the average change from Time 2 to Time 3 ($M = 39.4$; $SD = 23.7$; see Figure 8). As calculated earlier, the Hedge's *g* effect size for change from Time 1 to Time 2 was 0.33 and included 0, (95% CI [-0.04, 0.70]). In contrast, the effect size for change from Time 2 to Time 3 was 1.87, 95% CI [0.65, 3.10], a large and significant effect. An examination of clinically significant change for the delayed treatment participants from Time 2 to Time 3 provides further evidence for the effectiveness of the intervention. One participant was unchanged (the one who already entered the recovered category while on the waitlist; 11.1%), two were improved (22.2%), and the remaining six improved to recovered status (66.7%).

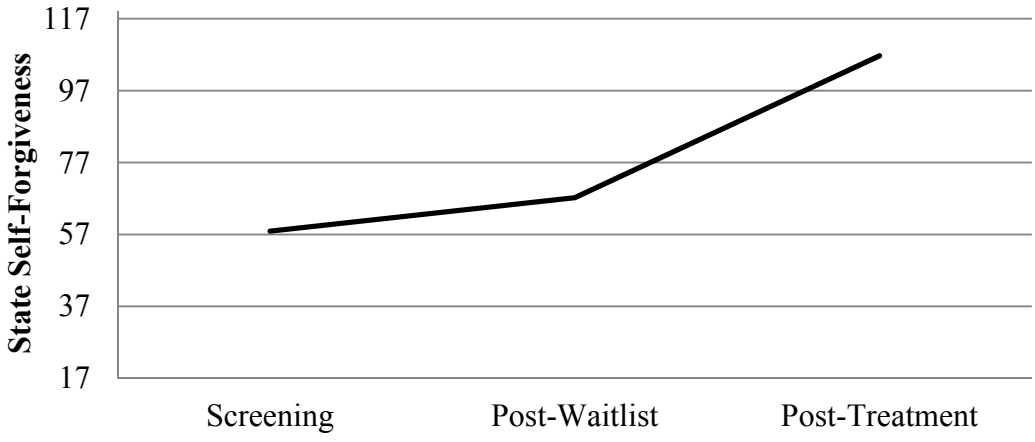

Figure 8. *Course of Change on State Self-Forgiveness for Delayed Treatment Participants*

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Psychological Distress. The dependent samples *t*-test for differential changes in psychological distress was also significant, $t(8) = -4.65$, $p = .002$. The average change from Time 1 to Time 2 was 0.08 ($SD = 0.35$) compared to an average change of -1.1 ($SD = 0.65$) from Time 2 to Time 3 (see Figure 9). As calculated earlier, the Hedge's *g* effect size for change from Time 1 to Time 2 for delayed treatment participants was 0.09, 95% CI [-0.24, 0.43]. In contrast, the effect size for change from Time 2 to Time 3 was -1.80, 95% CI [-3.03, -0.57], a large and significant effect. An examination of clinically significant change for the delayed treatment participants from Time 2 to Time 3 provides further evidence for the effectiveness of the intervention. Recall that one delayed treatment participant entered the study below the clinical cutoff and remained there over the course of the study. Of the remaining eight delayed treatment participants, one (12.5%) had no reliable change from post-waitlist to post-treatment (but this participant's score did drop below the clinical cutoff) and seven (87.5%) experienced reliable improvement with scores low enough to reach recovered status over the course of the intervention.

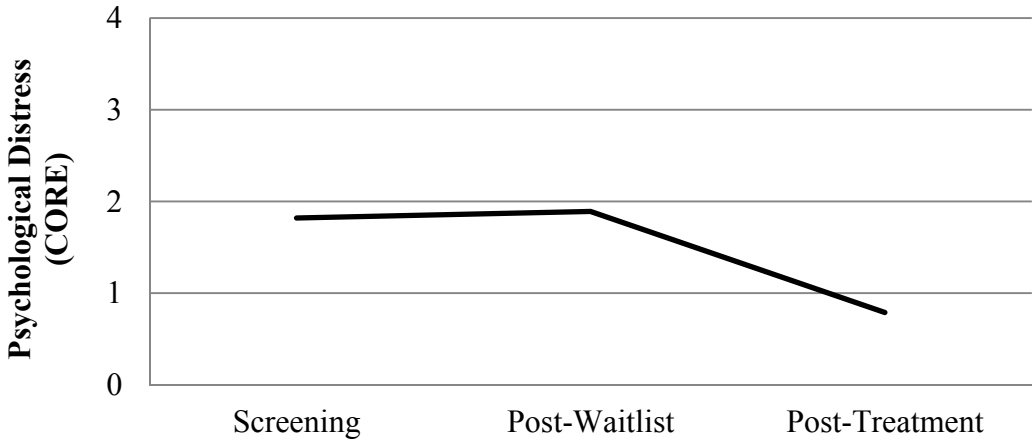

Figure 9. *Course of Change on Psychological Distress for Delayed Treatment Participants*

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Maintenance of Gains through Follow-Up

Nineteen of the 21 participants (90.5%) who completed the intervention also completed the 2-month follow-up questionnaire via the mail. Of the two participants who did not complete the follow-up questionnaire, one did not complete it after several reminders to do so and the second was unable to be reached by phone, email, or postal mail because all these contact methods were no longer valid for the participant. Using the 19 participants for whom follow-up data were available, a series of repeated measures analyses of variance (ANOVAs) were conducted to determine whether treatment gains were maintained through 2-month follow-up on each of the outcome variables found to be significantly affected by the intervention (self-condemnation, state self-forgiveness, self-reported self-forgiveness, psychological distress, and self-compassion). Time was the only independent variable (pre-treatment[3], post-treatment, follow-up). Because delayed treatment participants also received the intervention, all participants who completed the study were included in these analyses. All repeated measures ANOVAs showed a significant effect of time. Post-hoc dependent samples *t*-tests were then conducted to demonstrate that a significant difference was found between scores from pre-treatment to post-treatment, but not from post-treatment to follow-up. The exception was self-reported self-forgiveness, which significantly increased from post-treatment to follow-up. In other words, treatment gains were maintained or strengthened through follow-up. Results from the main offense-specific and general outcome variables (state self-forgiveness and psychological distress, respectively) are described in more detail in the following sections.

[3] Although not included in any previous analyses, immediate treatment participants completed the study measures immediately prior to their first session. This was done to standardize participants' experience (given that delayed treatment participants completed the measures right before their first counseling session, which was their post-waitlist questionnaire) and to have a consistent measurement time to use for these follow-up analyses. "Pre-treatment" scores are thus scores completed immediately prior to the first session (same as the post-waitlist scores for delayed treatment participants and scores not previously used for the immediate treatment participants). For immediate treatment participants, pre-treatment scores did not statistically differ from their screening scores.

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State self-forgiveness. The repeated measures ANOVA for state self-forgiveness was statistically significant, Wilk's $\lambda = .361$, $F(2, 17) = 15.04$, $p < .001$. Three post-hoc dependent samples *t*-tests were then conducted to make comparisons of scores across time. The first dependent samples *t*-test indicated there was a significant difference between the state self-forgiveness pre-treatment ($M = 63.2$, $SD = 27.5$) and post-treatment ($M = 95.7$, $SD = 24.5$) scores, $t(18) = 5.64$, $p < .001$, once again demonstrating that participants had significantly more state self-forgiveness after the intervention. The second dependent samples *t*-test indicated there was not a significant difference between the state self-forgiveness post-treatment ($M = 95.7$, $SD = 24.5$) and follow-up ($M = 94.8$, $SD = 26.5$) scores, $t(18) = 0.36$, $p = .721$, demonstrating that treatment gains were maintained through follow-up. The third dependent samples *t*-test indicated there was a significant difference between the state self-forgiveness pre-treatment ($M = 63.2$, $SD = 27.5$) and follow-up ($M = 94.8$, $SD = 26.5$) scores, $t(18) = 5.10$, $p < .001$, demonstrating that participants had significantly more state self-forgiveness at follow-up than they did before starting the intervention. See Figure 10 for a visual representation of the course of change of state self-forgiveness scores from pre-treatment through follow-up.

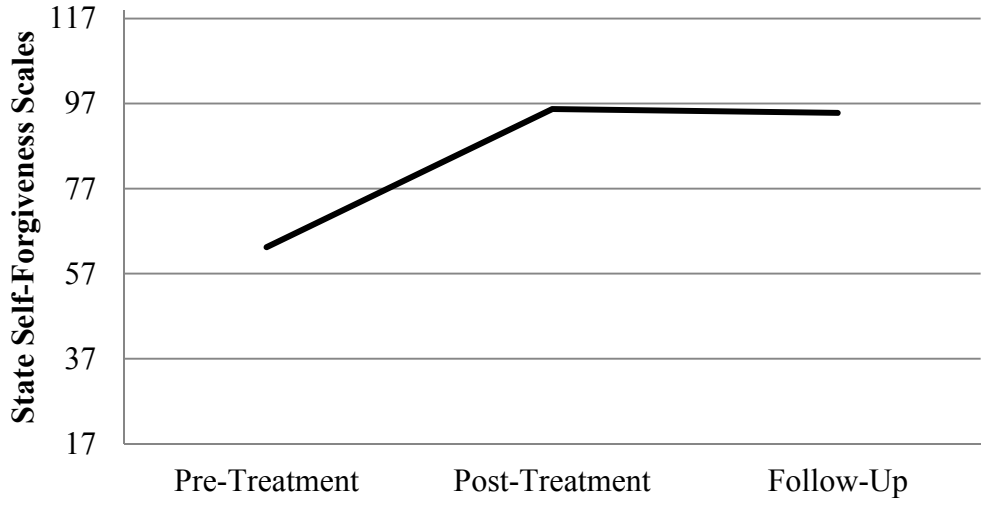

Figure 10. *Course of Change on State Self-Forgiveness from Pre-treatment to Follow-up*

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Psychological distress. The repeated measures ANOVA for psychological distress was statistically significant, Wilk's $\lambda = .409$, $F(2, 17) = 12.26$, $p = .001$. Three post-hoc dependent samples *t*-tests were then conducted to make comparisons of scores across time. The first dependent samples *t*-test indicated there was a significant difference between the state self-forgiveness pre-treatment ($M = 1.8$, $SD = 0.7$) and post-treatment ($M = 1.0$, $SD = 0.7$) scores, $t(18) = -4.39$, $p < .001$. The second dependent samples *t*-test indicated there was not a significant difference between the state self-forgiveness post-treatment ($M = 1.0$, $SD = 0.7$) and follow-up ($M = 0.9$, $SD = 0.7$) scores, $t(18) = -0.54$, $p = .599$. The third dependent samples *t*-test indicated there was a significant difference between the state self-forgiveness pre-treatment ($M = 1.8$, $SD = 0.7$) and follow-up ($M = 0.9$, $SD = 0.7$) scores, $t(18) = -5.02$, $p < .001$, demonstrating that participants had significantly less psychological distress at follow-up than they did before starting the intervention. See Figure 11 for a visual representation of the course of change of psychological distress scores from pre-treatment through follow-up.

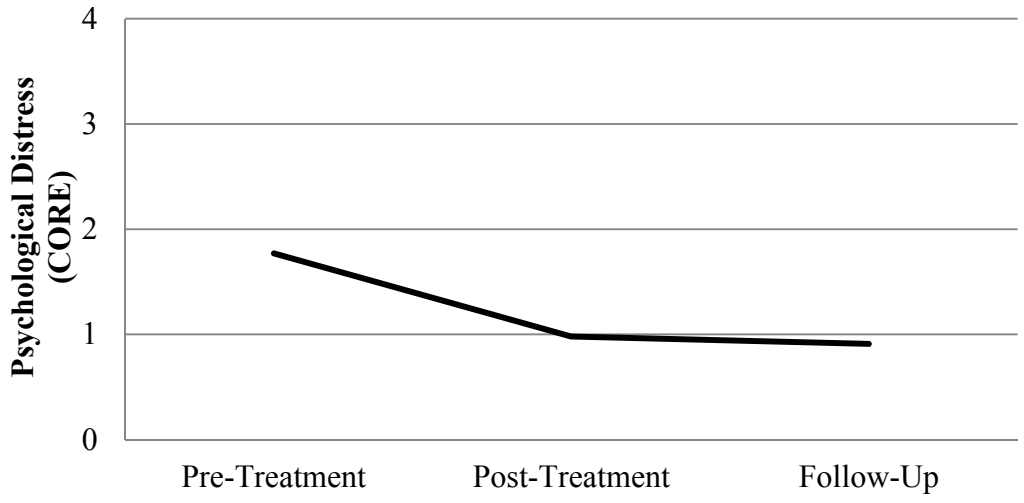

Figure 11. *Course of Change on Psychological Distress from Pre-treatment to Follow-up*

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Perceived Responsibility: Did Participants Just Let Themselves off the Hook?

Because of the importance placed on acceptance of responsibility in conceptualizations of genuine self-forgiveness and because the measures of self-forgiveness do not capture acceptance of responsibility, changes in perceived responsibility as a result of the intervention were examined. An ANCOVA was conducted with the perceived responsibility measure at post-treatment/post-waitlist as the outcome variable. Perceived responsibility at screening was used as the covariate and condition (immediate treatment, delayed treatment) was the independent variable. Contrary to expectations, this ANCOVA was significant, $F(1,18) = 9.65$, $p = .006$. After controlling for screening scores, participants in the immediate treatment had significantly lower perceived responsibility at post-treatment ($M = 31.6$; $SD = 13.5$) than did participants in the delayed treatment condition at post-waitlist ($M = 36.4$; $SD = 12.2$). The treatment versus waitlist effect size was -0.36, 95% CI [-1.23, 0.51], which was non-significant. This was likely due to the marginally significant difference between the conditions on screening responsibility scores that is not accounted for in the effect size calculations. In examining the pre-post effect sizes, there was a small, non significant effect size for the delayed treatment group of -0.06, 95% CI [-0.46, 0.34]. This is compared to a significant pre-post effect size for the immediate treatment group of -1.10, 95% CI [-1.49, -0.71], showing an average decrease in perceived responsibility over the course of treatment.

This decrease in perceived responsibility over the course of treatment would be troubling if it signaled that the intervention was encouraging clients to minimize their role in or downplay the offense, given the centrality of acceptance of responsibility in genuine self-forgiveness. Conversations with the supervising psychologist demonstrated that some participants had entered treatment accepting more responsibility for the offense and/or subsequent consequences than was

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likely objectively warranted. Therefore, part of their counseling work may have involved accepting an appropriate, less severe level of responsibility.

To provide some support for this assertion, a research assistant who did not know the study hypotheses read participants' offense descriptions (which they wrote at their screening appointment) and rated the participants' responsibility for the offense using a slightly modified version of the 5-item responsibility measure used by participants (e.g., the original item "I feel I was responsible for what happened" was changed to "The participant was responsible for what happened"). These scores were then compared to all 21 participants' scores at screening and at post-treatment (since the delayed treatment participants later received the intervention and completed measures post-treatment). At screening, the responsibility ratings of the research assistant were not significantly correlated with participants' perceived responsibility ($r = .21$, $p = .364$). At post-treatment, however, the research assistant's ratings had a moderate and significant correlation with participants' ratings ($r = .51$, $p = .02$), demonstrating that after participants completed treatment, the level of responsibility they accepted for their offense was more in line with the perceptions of someone disconnected from that offense than were their scores at screening.

In addition, individual participants' changes in responsibility can be examined utilizing the reliable change index (RCI), which provides a test for whether changes in a score over time are larger than what would be expected due to chance alone (Jacobson & Truax, 1991). See page 67 for a reminder of how the RCI is calculated. Utilizing the RCI, 12 of the 21 participants (57.1%) had change scores (pre- to post-treatment) that could not be differentiated from change expected to occur by chance alone, and are thus considered to be unchanged. One person (4.7%) had a reliable increase in responsibility; this person entered treatment for having verbally and

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physically abused her grown daughter during an argument, and it is interesting to note that she was ambivalent about her responsibility at her screening appointment. It therefore appears that the intervention helped her to accept responsibility for the harm she caused regardless of any role her daughter played in the initial argument. This participant had a reliable increase in both perceived responsibility and state self-forgiveness (improving to recovered status) over the course of the intervention.

There were, however, eight participants (38.1%) who had a reliable decrease in perceived responsibility for their offense. Many of these participants' offenses occurred within the context of a situation for which others had at least partial responsibility (e.g., one participant estranged herself from her father after being told lies about him by her mother as a child and another participant got an abortion [the unborn child was identified as the individual harmed] following pregnancy due to rape). Other participants held responsibility over harm they did not foresee causing (e.g., one participant's platonic friend was hurt by a sexual relationship he had with another person) or for which full or direct cause of harm was unlikely (e.g., one participant's friend committed suicide after she moved away [she was a primary source of support for that friend]). For most of the participants, then, it appears that any reduction in acceptance of responsibility for their offenses may have been clinically indicated and a natural, healthy aspect of exploring the hurt in more detail. This additional examination provides some reassurance that there was not something about the intervention that encouraged participants to minimize their responsibility for any harm caused.

Participants' Reflections on the Intervention

Because this treatment was only compared to a waitlist and not an alternative treatment, it is not possible to conclude that any specific elements of the treatment were effective. Yet,

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examining participants' comments can demonstrate which elements they perceived to be the most helpful. At post-treatment, participants were asked what about the program was most helpful for them. Two common themes emerged from the responses. The first theme was the experiential exercises. When mentioning specific activities, the two most common were the chair exercises and the visualization exercise. Thus, there were specific elements of the intervention that stood out to participants as helpful. The second theme, however, demonstrated that common factors (Wampold, 2001) were also impactful for participants, in particular, the therapist. Participants appreciated both the support and the challenge their therapists provided.

Participants were also asked to share which elements of the program they found the least helpful. Ten of the participants left the question blank or indicated it was all helpful. There were no common themes for the remaining six responses, but comments included wishing the intervention had lasted longer or wanting more time to discuss what was learned. In addition, one person indicated the chair exercises were the least helpful and another person indicated the visualization exercise was the least helpful. Thus, even though the experiential exercises were cited as the most helpful by many participants, a couple participants did not like them and/or did not find them to be as helpful as other components of the intervention.

In addition to asking the participants to reflect on the intervention at the end of the eight weeks, participants were asked about the most and least helpful elements of each session after completing that session. They also had the opportunity to leave additional comments. Responses were similar to the themes found at post-treatment. Table 6 includes the post-session comments of one participant to highlight the impactful experiences she had each session and the progress she made over the eight weeks. This participant was working on self-forgiveness for an affair

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that she believes ended her marriage. Although she identified her ex-husband as the primary person hurt, she also felt guilty about the consequences her actions had on her children.

Comments from this participant also reflect the challenging nature of the counseling program, in that it requires careful examination of the hurt caused and the exploration of difficult, often painful emotions. Despite the challenge, the comments provide evidence that the participant believed positive, rewarding change occurred over course of the intervention.

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Table 6. *One Participant's Post-Session Comments*

Session	Most Helpful	Least Helpful	Other Comments
1	Getting to know each other. The calm, nonjudgmental atmosphere and approach. It felt good to talk about some things I haven't discussed for a long time.	Nothing. I'm looking forward to doing this program	I think it will be very beneficial! I'm hopeful!
2	Reinforcing the belief that although the affair was wrong on my part, there were issues in my marriage prior to that time. It's also good to hear that it's okay to want my needs met (that it doesn't make me selfish). I still don't believe that totally, but it's good to keep hearing it.	Nothing. It felt like just a factual recap of the offense and events leading up to that offense. It's not horribly painful to talk about that. It's all that followed that hurts and continues to haunt me.	The surprise I felt and remorse when I talked about [my ex-husband].... It makes me wonder how sorry I am about everything else. I am sorry though; no one should have to live through what he did regardless of the problems we had in our marriage
3	I'm not sure. We definitely brought a lot of pain back to the surface. I'm really, really sad right now. Like I'm feeling a huge loss. Reliving the death of my marriage and the way my life was supposed to be...and I blame myself	If it's beneficial to go through all this in the long run then I don't want to change anything. I'm looking forward to doing the worksheet for next week. I think going over these painful consequences will help in that step	By far, the hardest, most painful one for me so far
4	Physically dividing the 2 sides, the moving from chair to chair. The realization that the self-loathing side isn't helping anyone, it's actually hurting everyone I'm involved with and doing the opposite effect of what the self-loathing side led me to believe.	Longer: I realized as I'm sitting here that I physically had my kids sitting on the side of my self-loathing (behind him). I have driven them there. I want the hope side of me to be stronger so I'm happier and positive, which will draw my kids to that side.	It was awesome. I want to call it a breakthrough for me. I can't wait to use these visuals of the 2 sides in my life as I go through the ups and downs.

Continued on the next page

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Table 6, continued

Session	Most Helpful	Least Helpful	Other Comments
5	Relating the two chairs (sides of me) from this week (confident/insecure) to the two sides from last week (hope & self-loathing). In both cases it is "self-talk" and I am in control of which side dominates. In both cases, the confident and hope sides are better -- not just for me, but in my relations.	Can't think of anything.	It was a great follow up and reinforcement to last week. The two sides last week were specifically related to my offense. This week the two sides relate to all aspects of my life and this way of dividing the two sides helps me make better decisions in how I react to things on a day to day basis.
6	“Talking” to my kids.... I got to say exactly what I wanted. But even better was when [the therapist] asked me how I thought they would respond. That helped me understand that [some] have forgiven me and that my [other child] may over time.	I really can't think of anything	Thank you!
7	The imagery of the train track and where I've been, all of the baggage, leaving most of it behind as I travel ahead in life with a lighter load and more positive thoughts! That's an image I'm going to work to keep with me always!	Can't think of anything	
8	Reading the words, "[Participant], you are forgiven" in the letter to myself. It made me emotional and happy! It's the goal I came here to accomplish!!	One more thing I am going to do is to write a letter to my ex-husband like I did to my kids. I think that will help me put even more closure on my past relationship with him.	Thank you!!

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CHAPTER 5. DISCUSSION

Results of this study provided various forms of evidence for the effectiveness of this new emotion-focused counseling intervention to promote self-forgiveness for past offenses. In this chapter I address those forms of evidence, discuss implications for future research and clinical work on self-forgiveness, acknowledge study limitations, and provide suggestions for future research in this area.

Effects on Offense-Specific Responses

Results demonstrated that individuals who went through the intervention had significantly lower self-condemnation and significantly greater state self-forgiveness and self-reported self-forgiveness at the end than did individuals who spent time on a waitlist. In addition, the estimated treatment versus waitlist effect sizes of -1.21 for self-condemnation and 1.23 for self-reported self-forgiveness are quite large when compared to the average treatment versus waitlist effect size of 0.80 for psychotherapy (Wampold, 2001).

Also, when examining all participants' individual changes in state self-forgiveness over the course of the intervention, 18 of the 21 (85.7%) participants (combining immediate and delayed treatment conditions) experienced reliable improvement, with 11 of those (52.4% of all participants completing the study) classifiable as recovered even when using a stringent cutoff score. One of the two people who did not experience improvement was already classifiable as recovered at the start of treatment (he was the only participant who achieved recovered status while on the waitlist). These findings taken as a whole demonstrate that the intervention has great promise in reducing clients' shame-based, self-punishing responses to past regrets and increasing self-accepting, self-forgiving responses. These intervention effects persisted or continued to strengthen through two-month follow-up.

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Effects on General Wellbeing

An intervention having the ability to reduce negative responses and increase positive ones relative to a specific offense is important and shows utility for affecting emotions directly related to that offense. Given all the therapeutic options available to clinicians, however, one may initially question whether focusing so specifically on a regretted offense is as beneficial as other forms of therapy that may have more global effects on wellbeing. The present study is not able to address this issue directly, as the intervention was not tested against an alternative treatment. By examining the effects of the intervention on general wellbeing variables (psychological distress, self-compassion, satisfaction with life), however, I hoped to demonstrate that this intervention had utility beyond offense-specific responses. And, indeed, results did demonstrate some positive effects on general well-being.

Regarding psychological distress, those who went through the intervention had significantly lower psychological distress at the end than did individuals who spent time on a waitlist. Despite this significant result of the analysis of covariance, the effect size calculations painted a less clear picture of the impact of the intervention on psychological distress. The estimated effect size for treatment versus waitlist on psychological distress was -1.03, a large and significant effect. However, the pre-post effect size for the intervention was smaller (g = -0.60) and the confidence interval included 0, 95% CI [-1.26, 0.06]. Interestingly, this slightly non-significant pre-post effect size for the immediate treatment condition is in contrast to the large and significant effect size for the delayed treatment condition from post-waitlist to post-treatment (g = -1.80). These mixed findings may be explained, in part, by the sharp increase in psychological distress experienced by one participant in the immediate treatment condition (from

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0.54 to 1.93; RCI = 5.02). With small samples, one outlier like this one can have a larger impact on results than it would in bigger samples.

As shown by the clinically significant change analyses, no participants had reliable decreases in psychological distress while on the waitlist and one had a reliable increase in distress. In contrast, 13 of 21 (61.9%) participants (combining immediate and delayed treatment participants) experienced reliable decreases in psychological distress over the course of the treatment, with all of those participants improving to recovered status. When considering that four of the seven participants who did not experience reliable change started and stayed below the clinical cutoff (and thus had no room for significant improvement), the findings are even more striking. Overall, the intervention had a positive effect on the large majority of the participants who entered treatment in the clinical range for psychological distress. That does not mean, however, that the increase in distress experienced by the one participant should be discounted, as I discuss further in the "Managing difficult emotions" section below.

Trait self-compassion was also examined as a general wellbeing factor. Results demonstrated that those who went through the intervention had significantly higher self-compassion at the end than did individuals who spent time on a waitlist. Although the moderate treatment versus waitlist effect size ($g = 0.71$)—which doesn't take into account screening scores—could not be confidently differentiated from no effect, there was a moderate and significant pre- to post-treatment effect size ($g = 0.64$) compared to no effect ($g = 0.07$) from pre- to post-waitlist. This provided evidence that the intervention resulted in participants having greater self-compassion, whereas participants on a waiting list experienced no change on this trait-level variable. Some of the most prominent theoretical examinations include a self-compassionate stance as part of self-forgiveness (e.g., Dillon, 2001; Enright & the Human

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Development Study Group, 1996), but this is the first empirical examination of self-forgiveness that I am aware of to incorporate self-compassion as a variable. Components of the intervention (e.g., the imagery exercise) encouraged participants to approach themselves with compassion relative to the offense, yet the self-compassion measure used in this study was not specific to the offense. That the intervention had an impact on trait self-compassion is thus encouraging. Other counseling interventions have increased self-compassion and/or self-acceptance as a goal (e.g., Greenberg, 2002; Hayes, Strosahl, & Wilson, 2003; Rogers, 1951), and it appears this new intervention may help achieve a similar outcome. This would need to be examined with additional research, but perhaps some of the exercises like the self-critical two-chair activity or the self-forgiving imagery helped to reduce participants' self-criticism and increase their overall self-compassion.

Satisfaction with life was examined as the final wellbeing variable. Even though the intervention had a moderate and significant pre- to post-treatment effect on satisfaction with life ($g = 0.63$), the analysis of covariance was only marginally significant and the treatment versus waitlist effect size ($g = 0.49$) was not significant. In some ways, this is not surprising given that satisfaction with life is a very global measure with high consistency across time (Diener et al., 1985). Still, past research has positively connected trait self-forgiveness with satisfaction with life (Thompson et al., 2005), which is what led to the original hypothesis that the intervention would result in greater satisfaction with life relative to a waitlist control. Perhaps state self-forgiveness (i.e., self-forgiveness for a specific offense) does not have the same connection to satisfaction with life as trait self-forgiveness does. This variable, however, may still be worthwhile to examine in future research—especially research with larger sample sizes that can identify small or moderate effects. When the zero average change for waitlist participants is

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contrasted with the moderate and significant positive change for intervention participants, one wonders if a larger sample size would have identified significant differences between the two groups. Future research would need to be conducted in order to test this possibility.

Even without having a clear impact on satisfaction with life, this intervention was associated with reductions in psychological distress and increases in self-compassion relative to a waitlist control, and these improvements were maintained through a two-month follow-up. This provides evidence that the intervention has promise beyond the narrower scope of offense-related emotional responses due to its ability to impact more general wellbeing.

Notes of Consideration Regarding the Intervention

As shown through various forms of evidence, this study suggests that the new counseling intervention to promote self-forgiveness has beneficial effects and warrants further exploration. There are several issues, however, that should be considered in future research on self-forgiveness counseling interventions.

The role of responsibility. Contrary to expectations, the intervention did result in average reductions in responsibility relative to the waitlist control. Because of the theoretical importance of acceptance of responsibility in genuine self-forgiveness, this result needs to be better understood. As presented above, 8 of the 21 (38.1%) participants experienced a reliable reduction in responsibility over the course of the intervention. Thus, by no means did the intervention encourage all participants to decrease their sense of responsibility. Had that been the case, any increases on the self-forgiveness measures could be assumed to be capturing pseudo self-forgiveness (Hall & Fincham, 2005) rather than a more genuine self-forgiveness as conceptualized in Chapter 2. Still, these results highlight the importance of measuring perceived responsibility along with any measures of self-forgiveness used.

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The reduction in perceived responsibility that did occur for eight participants seemed clinically warranted in most of the cases. By exploring the contextual factors of their offense (as was a part of the intervention), some participants may have realized they were holding themselves culpable for certain aspects of the offense they had little or no control over. From a clinical perspective, such realizations should help those individuals reduce their self-condemnation and move toward better well-being. The theoretical question that emerges from this, however, is whether self-forgiveness *per se* is still possible after an individual decreases her or his amount of perceived responsibility. Is it possible to reduce perceived responsibility for certain aspects of the offense but still genuinely forgive oneself for the aspects of the harm for which one does accept responsibility? How much responsibility must be accepted for genuine versus pseudo self-forgiveness to be operating? How much "objective" responsibility must an individual hold before self-forgiveness is even a warranted goal, in contrast to other desired outcomes like reducing the tendency to internalize blame, increasing general self-acceptance or self-compassion, or setting more realistic standards for oneself? These are important theoretical questions to tease apart.

Still, it remains that all participants expressed interest in this study after seeing an advertisement that included "self-forgiveness" in the language. Even if the circumstances of some participants' offenses may not warrant self-forgiveness from a theoretical perspective, the language appeared to fit for them. Moving forward with intervention studies, researchers will need to work to balance the theoretical and empirical notions of self-forgiveness with the clinical realities that will be encountered by practicing professionals.

Managing difficult emotions. It was expected that the intervention would bring up or temporarily intensify difficult emotions for many participants because it involved examining

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their culpability for having harmed another person. Participants were therefore informed during their screening appointment that the first several sessions may be challenging. The therapist also provided psychoeducation about that possibility during the first session and assisted the participant in exploring any concerns about the intervention. As was shown in Table 6 by one participant's comments, the intervention did indeed stir up painful emotions in early sessions. That work, however, was followed by positive change that was ultimately connected to reductions in psychological distress for most participants.

As found in the clinically significant change analyses, however, one participant had an increase in psychological distress over the course of the intervention, some of which may be attributable to the intervention itself. This participant wanted to forgive herself for not having been "a better daughter" to her mother as a child. Post-session feedback comments from this participant's therapist demonstrate that part of the client's work involved acknowledging the difficult contextual factors surrounding her offense, which brought up painful, somewhat traumatizing memories. Given the therapist's final post-session comment (Session 8: "Client was able to gain insight and skill into her self-forgiveness work; however, the process opened up many emotional wounds which will take greater time to heal") and the participant's increased score on psychological distress (from the normal range to the clinically distressed range), it is evident that these difficult emotions had not fully resolved by the end of the 8-week treatment despite her improving to recovered status on state self-forgiveness.

Had this participant been a regular client, as opposed to a participant in a study, it is likely that the therapist would have continued with her for additional sessions beyond the eight. In this instance, however, the therapist and I ensured the participant was connected to an outside therapist to continue any necessary work. The participant reported in her follow-up questionnaire

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that this additional work with another therapist had resulted in fuller resolution of her childhood memories: "[The program] was quite intense and I felt I needed more work with a counselor to arrive at resolution. Now those painful events have returned to a place where I have understanding of my fears and behaviors at that time. It feels good to have come to terms with that trauma." Her low score follow-up score on the psychological distress measure (0.25, again in the normal range) also demonstrated that change.

This participant's experience was certainly not the norm, but it does provide an important caveat for future research on self-forgiveness interventions. Researchers should ensure they have mechanisms in place for participants who have emotional responses not yet resolved by the end of treatment. This might be training therapists to make referrals to other professionals if needed (as was done in this study) or creating an intervention with more flexibility, such that it may be slightly shorter or longer depending on the needs of the client. Additional consideration may also need to be taken regarding who are the most appropriate candidates for a self-forgiveness intervention.

Limitations and Future Research

There are several limitations to this study that need to be acknowledged. First, with only 26 participants who enrolled in the study and only 21 participants completing the intervention, the sample size is quite small. With a small sample size, individual participants have a larger effect on overall results than they do when the sample size is larger. This can either inflate or deflate effects depending on the situation. Still, this sample size is on par with initial examinations of interventions designed to promote interpersonal forgiveness (e.g., Coyle & Enright, 1997; Freedman & Enright, 1996). Despite the limitations inherent in a small sample,

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this study nonetheless provided a good initial test of the intervention, which should be expanded upon in future research.

The second limitation is regarding study dropouts. Five participants (19%) ended their participation early, and the specific reasons for most of these dropouts are unknown. Because these participants did not complete any additional questionnaires, it is not possible to examine their changes in the study variables across time. As indicated previously, the study results should only be generalized to individuals who seek out and complete counseling for self-forgiveness, not to all individuals who initially express interest in such counseling. The finding that those who did not complete the study started with lower self-condemnation and perceived responsibility than participants who completed the study also suggests a potential recruitment limitation. Anecdotally, during their screening interview, most of these participants expressed ambivalence about whether they were sorry for or even responsible for the hurt they caused. The intervention does contain alterations that can be used with participants who initially shift the blame for their actions, but it is obviously tailored to clients who have already accepted responsibility (and sometimes too much responsibility, as it turns out).

As shown by the participant who increased her perceived responsibility for her offense (while also increasing self-forgiveness), this intervention can help clients initially ambivalent about their role in the offense. Still, the majority of clients who enter counseling with ambivalence about their responsibility may not have the motivation to engage in such a program. Two different approaches to future research may thus be warranted. The first is to limit participation to individuals who have already accepted a certain level of responsibility, which would allow the intervention to be tailored even further for that type of client. The second

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approach is to examine alternative treatment elements that might engage these ambivalent clients to a greater degree and/or better meet their counseling needs.

An additional study limitation is the use of only psychological variables. This was done because increased psychological wellbeing is a primary goal of counseling and because definitions of forgiveness have focused on those internal aspects. Still, my conceptualization of self-forgiveness in Chapter 2 includes repair as a component of the self-forgiveness process, in which the individual engages in some kind of amends or reparative actions and addresses the attitudes or behavior problems that contributed to the offense. The intervention tested in this study included in-session and out-of-session work on the repair component, but the outcomes of that work were not examined in this study. Future research on self-forgiveness interventions should include measures that capture reparative behaviors and changes in interpersonal functioning to show that self-forgiveness is a process that affects both psychological and relational wellbeing.

Another limitation to be addressed in future research is the lack of an alternative treatment group. The intervention was only tested against a waitlist. This is common for pilot tests of interventions (e.g., Freedman & Enright, 1996), and the large effect sizes found on most outcome variables provide initial evidence that this intervention would likely be comparable to more established interventions. Future researchers may include an alternative treatment group to allow for more direct comparisons. If this intervention is found to be as effective as—or even more effective than—alternative treatments, it would warrant more widespread use. Work could also be done to examine which specific elements of this intervention are most effective and why.

Given the finding that one participant experienced increased psychological distress over the course of the intervention, it will also be important to examine client and/or treatment factors

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that could be associated with increases in distress so any potential harm could be mitigated. This finding also highlights the need to examine individual change in addition to average change. When only group-level effects are examined, individual variation in treatment effectiveness can be overlooked. It is a better understanding of individual variation that might be most relevant to and helpful for clinicians who ultimately implement this treatment with clients. Future research could explore factors that (positively or negatively) influence changes in self-forgiveness and other outcomes over the course of an intervention. Factors associated with the offense (e.g., the client's intent and motivations, type of offense), victim (e.g., whether the victim has forgiven the client, the strength of the client's relationship to the victim), client (e.g., neuroticism, trait self-forgiveness), and counseling sessions (e.g., emotional expression, therapeutic alliance) could all be fruitful areas to explore.

Future research should also attend to the issue of responsibility. The measure of state self-forgiveness available at the start of this study (Wohl et al., 2008) did not capture perceived responsibility. Researchers using that measure in the future should take care to include some assessment of responsibility. Since the start of the current study, a new measure of state self-forgiveness was published (Woodyatt & Wenzel, 2013) that purports to distinguish between genuine self-forgiveness and pseudo self-forgiveness. This measure should be considered in future investigations and may help to answer some of the questions raised by this study.

Finally, future theoretical and empirical work should also be conducted on how self-forgiveness overlaps with and is distinct from processes like self-acceptance and self-compassion. Further development of the Four Rs of Self-Forgiveness model proposed in the literature might be especially fruitful in this area. There are many questions to consider regarding self-forgiveness and related constructs. When is it better to focus on self-forgiveness for a

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specific offense rather than encouraging a broader goal not specific to an offense? Are there some instances in which self-forgiveness as conceptualized here would be contraindicated? In those cases, what alternatives are more appropriate? These are questions that warrant further exploration.

Conclusion

This first examination of an emotion-focused therapy intervention to promote self-forgiveness found positive results that warrant further attention. Relative to a waitlist control, participants who went through the intervention emerged with less self-condemnation and psychological distress and greater self-forgiveness and self-compassion. Few participants experienced any form of improvement while on a waiting list, which is in contrast to the vast majority of participants who improved over the course of treatment. Many of these participants had been holding on to guilt and self-condemnation for years—even decades—before being able to release those negative feelings and achieve self-forgiveness through this program. Based on the significant improvement associated with this intervention, it is hoped that additional researchers will examine counseling programs to promote self-forgiveness, which can provide clinicians with new tools for helping clients forgive themselves.

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APPENDIX A. INTERVENTION MANUAL

Healing Your Past Through Self-Forgiveness

An individual counseling intervention to promote self-forgiveness for past regrets

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The Self-Forgiveness Project

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Information for the Therapist

Why is Self-Forgiveness Important?

Offending or harming others is an inevitable part of life, ranging from comparatively minor offenses like speaking harshly to a loved one during an argument to more serious acts of harm such as being unfaithful to one's spouse or committing atrocities during war. Causing harm to another—whether intentional or unintentional—can later cause deep remorse, self-blame, or shame on the part of offenders when they begin to acknowledge that their actions violated their personal values and expectations for themselves. Serious offenses can lead one to question one's self-concept and self-worth – what kind of person I am if I can inflict such harm on someone else?

Although such responses can be appropriate following hurtful actions, the perpetuation of those feelings and the development of harsher, more critical feelings (such as self-loathing) often create more problems than they solve. This is where self-forgiveness can come in.

Self-forgiveness has been defined as "a willingness to abandon self-resentment in the face of one's own acknowledged objective wrong, while fostering compassion, generosity, and love toward oneself" (Enright & the Human Development Study Group, 1996, p. 115). In self-forgiveness, individuals take responsibility for their past actions and make a commitment to changing future behaviors or attitudes, without holding oneself in self-condemnation or perpetual shame for their past. Those who are able to both accept responsibility for their offenses and forgive themselves for them have lower levels of depression, anger, and anxiety; greater satisfaction with life (Thompson et al., 2005); and greater prosocial behaviors, such as repentance and humility (Fisher & Exline, 2006).

What are the Tasks Involved in Self-Forgiveness?

There are several tasks that occur during the process of forgiving oneself. These can be broadly conceptualized as the *Four Rs of Self-Forgiveness*: (1) responsibility, (2) remorse, (3) repair, and (4) renewal. Although these *Four Rs of Self-Forgiveness* are not explicitly presented to clients in this intervention until the final session, exercises are designed to address each of these elements of self-forgiveness.

1) *Responsibility*: Some critics of self-forgiveness argue that self-forgiveness simply let's people off the hook, excuses their offenses, and sets them up to commit similar transgressions in the future. In genuine self-forgiveness, however, people acknowledge and accept responsibility for what they did and the harm they caused to others. This is often a painful process, but it is important for transgressors to be fully honest with themselves about their intentions, their attitudes, and their actions connected to the offense (Hall & Fincham, 2005). The acceptance of responsibility can lead to emotional reactions of guilt and/or shame. Guilt (tension, remorse, and

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regret about one's actions) tends to serve a positive, prosocial function because it motivates the individual to engage in actions that try to make amends for the wrongdoing. Shame, however, is a more toxic emotion that can hinder the steps necessary to reach self-forgiveness (Hall & Fincham, 2005; Fisher & Exline, 2006).

2) *Remorse*: After accepting responsibility for the offense, it is important to acknowledge and express the emotional reactions to the offense. Feelings of guilt and remorse are productive emotions after an offense because they spur to people to take steps to make things right (Fisher & Exline, 2006). Many people who are struggling with self-forgiveness, however, feel very shameful about their transgressions. Shame involves a global negative evaluation of the self and can lead to self-destructive intentions. Shame-prone transgressors may try to make up for the offense through self-punishment by, for example, berating oneself or denying oneself privileges (Exline et al., 2011). Although this self-punishment may be one step to "balance" the moral scales, it comes at a great personal cost—both shame-proneness and self-condemnation (shame-related responses to a specific transgression) are associated with lower levels of well-being and higher levels of depression, feelings of distress, paranoid ideation, hostility, and anxiety (Fisher & Exline, 2006; Tangney & Dearing, 2002). In addition, this self-condemning stance serves no adaptive purpose because it only focuses on derogating the self rather than attempting to repair any harm caused to others from the offense (Exline et al., 2011). Shame can also lead people to blame others in an attempt to defend their self-esteem and regain some sense of control (Tangney & Dearing, 2002). Reducing shame and replacing it with remorse is thus an important part of self-forgiveness. For some people, reduced shame will allow them to more fully accept responsibility, which was previously too difficult to handle due to one's fragile self-esteem. For others, the negative feelings can be shifted from a global negative evaluation to one that is more specific to the transgression (i.e., remorse), turning the focus to the victim and what can be done to make amends for the wrongdoing.

3) *Repair:* When shame is appropriately reduced, transgressors are primarily left with feelings of guilt or remorse. Again, these feelings are connected to recognition that one's actions have harmed another. With this recognition and attendant guilt often comes the desire to somehow make things right (Fisher & Exline, 2006). This process of repairing the wrong will look different for everyone, but involves things like addressing the attitudes and behavior patterns that contributed to the offense, making a commitment to behave differently in the future, and making amends for the harm caused (Hall & Fincham, 2005; Holmgren, 1998). Some people will make direct amends to the person they hurt, through things like an apology and asking the other person what needs to be done to make things right. If bringing up the offense would bring more harm than good, the transgressor can try to take steps to improve the victim's life without causing further harm. Indirect amends may also be used. This would involve positive things done to help others not directly affected by the offense, which demonstrate the transgressor's commitment to behaving in a more prosocial way in the future. In addition, individuals should assess the needs and motivations associated with the offense and determine healthier strategies for meeting those needs, in order to reduce the likelihood of similar offenses in the future. Taking steps to 'right the wrong' can reduce guilt about the offense and make room for the more positive feelings of self-acceptance and self-forgiveness to emerge (Hall & Fincham, 2008).

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4) *Renewal:* Even after reducing shame and making adequate amends for the offense, some individuals will still experience lingering negative feelings about the offense. To continue to hold on to these negative feelings and judgments after addressing the wrong serves no functional purpose. At this point, then, it is healthy and appropriate to release lingering negative feelings about the offense. This does not mean to forget that what one did was wrong or to no longer wish one had acted differently, as these can serve as important reminders to avoid similar offenses in the future (Dillon, 2001). Instead, it means acknowledging one's intrinsic worth as a person (Holmgren, 1998), setting aside lingering guilt and self-punishment (Fisher & Exline, 2010), and approaching oneself with compassion, acceptance, and kindness (Enright et al., 1996).

Emotion-Focused Therapy as a Theoretical Basis for the Intervention

This intervention is grounded in emotion-focused therapy (EFT; Greenberg, 2010). EFT is a theoretical approach to counseling that views emotion as fundamental to the construction of the self, one's experiences, and the meaning drawn from experience. Psychological dysfunction is said to occur when clients have difficulty symbolizing their experience, are unable to regulate their emotional experience, and/or develop maladaptive emotional schemes. Emotion schemes are internal structures that synthesize a variety of cognitive, affective, and sensory sources of information to provide our sense of personal meaning. Maladaptive emotion schemes include those based in fear, shame, and distressed sadness (Greenberg, Rice, & Elliot, 1993).

From an EFT perspective, positive change occurs in counseling when people can make sense of their emotions through awareness, expression, regulation, and reflection and are able to transform maladaptive emotion schemes into more positive, adaptive ones. This corrective experience of emotion occurs in the context of an empathically understanding relationship with the therapist (Greenberg, 2010). Putting this in the context of self-forgiveness, maladaptive emotions of shame, self-condemnation, and self-hatred need to be accessed, expressed, and regulated. Reflection can help to create new meaning, and the maladaptive emotions can be transformed by accessing feelings of sadness about the harm caused, as well as self-compassion and self-acceptance. New meaning can be created as individuals realize they can show themselves compassion and acceptance in the face of acknowledged wrong. Needs and motivations can also become salient and will spur new action.

EFT utilizes a variety of techniques to assist clients in the process of emotional transformation. Two of these techniques may be especially relevant to the promotion of self-forgiveness. First, the two-chair technique is used when clients experience one aspect of the self as overly critical or coercive toward another aspect of the self. In the two-chair technique, the two opposing parts of the self are put in direct contact with each other by placing one part in one chair and the other part in the other chair. Clients then move back and forth between the chairs as they embody one of the parts and talk with the other part. This technique allows clients to explore the thoughts, feelings, and needs of each part, with the goal of softening the critical voice and achieving better integration of the two parts. The second relevant intervention is the empty-chair exercise, which is used when clients have unfinished business with another person. In this technique, the client imagines that person in the other chair and then talks to that other person to express one's

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unresolved feelings and needs (Greenberg, 2010). Both of these techniques are utilized in this self-forgiveness intervention.

Guidelines for Using this Manual

1. Although this is a manualized intervention, meeting the client where he or she is at is more important than sticking strictly to the manual. There may be times in which you need to spend more time on a topic or exercise than is described in the manual. Much of the intervention is progressive in nature. Therefore, you do not want to move on to a new topic before the previous topic is adequately addressed. If you need to spend more time on a particular topic or exercise than is described, you will need to make decisions on how to shorten exercises that occur later to make up for the extra time.

2. Maintain patience. Let people *experience* the process of self-forgiveness. Do not force people to accept responsibility, make amends, let go of negative feelings, or forgive themselves. Some clients will make more progress on self-forgiveness than others—don't be agenda driven, be process driven. Help clients through their unique process of self-forgiveness. As needed, validate the fact that self-forgiveness is difficult and takes time.

3. Remind clients that some of the early sessions may be difficult. The early components of self-forgiveness are not easy and can be downright unpleasant for some people. Those components are necessary, however, for genuine, lasting self-forgiveness.

4. Don't force any of the exercises on clients, but do encourage participation. Some exercises may need to be modified to meet the needs of clients. The important part is keeping the *goals* of the exercise in mind when making modifications.

6. The information included in paragraph form at the start of some exercises is descriptive information for you to consider during the exercise. The bulleted information provides you with a description of how to guide clients through the exercise. The information in quotes is to be directly read to participants (you can use minor paraphrasing to better match your personal style, but remember to maintain the message of the talking point).

7. Review the information for the day's session before meeting with the client. This will help to make the session smoother and will better ensure that all elements are attended to in session.

8. Copies of the homework forms and handouts are included at the end of this manual for your reference.

9. Allow your personal counseling style to show through as appropriate. The risk of manualized interventions is that they feel forced or artificial. This intervention does require comfort with emotion-focused techniques, but you need not take on a counseling persona that is not genuine.

10. Relax! Remember that the therapeutic relationship is one of the most important predictors of client change in therapy. You need not be an expert in self-forgiveness to assist clients through this process. Establishing a safe and trusting relationship with the client will go a long way.

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Session 1: Getting Started

Session Goals:

1. Build rapport with the client
2. Explore the client's expectations/concerns about self-forgiveness
3. Educate the client about the treatment

Materials/Set-Up:

- Bring the "Reflecting on Your Actions" form with you to session

I. Overview

- "We are going to spend some time getting to know each another and talking about the plans for our work together before we start talking about the actions you regret committing. I want us to get comfortable working together and talk about your expectations and our plan for counseling before we begin to tackle the particular issues you came in for. We will have plenty of time in the upcoming sessions to discuss the offense and to help you work through it. For today, though, let's focus on your expectations and any concerns you have about this counseling intervention. Let me tell you a little bit about myself and then we can get started."

- Some things you will want to mention in your introduction:
  - Your status as a doctoral student in counseling psychology (mention the supervision you will receive)
  - Your experience working with individual counseling clients
  - Why you are excited to work with this and other clients on this project
  - Discuss confidentiality and limits of that confidentiality

II. Expectations/Concerns

You will now turn the focus to the client. This discussion will allow you to begin establishing a working alliance with the client. You will be able to build rapport and gain a sense of what your work with this client will be like. Pay attention to how in touch the client is with his/her emotions and how willing s/he is to engage in process discussions with you. Below are some suggested questions; use your clinical judgment to follow up on important things the client says.

Please note that if the client wants to give you some information about the offense (e.g., because it becomes an important part of explaining their answers to one of your questions), that is fine.

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What we do not want, however, is for the client to begin divulging a lot of information about the offense before you have a chance to work through the discussions intended for today's session.

- Process general expectations – sample questions to facilitate discussion
  - "What do you hope to accomplish during the next 8 weeks together?"
  - "What made you decide that you are now ready to begin working through your past regrets related to the offense (i.e., why did you sign up for this study)?"
  - "When you think about forgiving yourself, what comes up for you?"
    - Note: this may bring up concerns the client has about self-forgiveness; see the Educate the Client section for information on the intervention
    - Some clients may respond to this question by giving their understanding of what self-forgiveness is, whereas others may give you their thoughts and/or feelings about the prospect of forgiving themselves—both are important topics to explore
  - "What attempts have you made in the past to resolve your feelings about the offense? How have they worked?"

- Process concerns about self-forgiveness and the intervention
  - "What concerns do you have about self-forgiveness? What are you worried about?"
  - "Do you anticipate any roadblocks during our work together? What would hold you back from accomplishing your goals?"

III. Educate the Client

The client will have already been given general information about the treatment format and her/his initial questions will have been answered. Still, it is helpful at this point to educate the client about what to expect from the intervention. Some of this education may occur when discussing the client's concerns/expectations (e.g., clearing up a misconception the client has about the treatment). Please integrate the information into the session as appropriate.

- Format
  - 8 weekly 50-minute sessions
  - Remind the client that it is important to be able to get started on time for every session. The client should be here and ready to go when the appointment starts.

- Goals/Focus
  - "Most of our time will be focused on the particular hurt or offense you described during your screening appointment. We will work to resolve the negative feelings you have about what you did and the consequences your actions had. To do this, we will talk about the circumstances and motivations connected to your actions, how you feel now about what you did, and what you want to do differently in the future so that you can forgive yourself for your past mistakes. Some people wonder whether they will be asked to talk with the person they hurt as part of this intervention. Although some people may choose to do this, it is not a required or

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specifically encouraged part of the intervention. Toward the end, you will be asked to identify ways that you want to "make amends" for what you did, but there are many ways of doing that and need not require speaking directly with the other person."
    - Check in with client about how s/he is responding to the things you have said about the intervention so far
    - "I do want to acknowledge that some of the things we talk about during our sessions may be difficult. It is not easy to acknowledge our reasons behind why we did things that we now regret. However, being fully honest with yourself will likely be necessary in order to resolve the negative feelings you have about your regrets. I want to encourage you to stick with this program, even when it feels difficult. We can talk about any concerns or difficulties that come up as a result of these sessions. The work necessary to achieve self-forgiveness takes courage, and being able to stay with it during the hard parts should lead to positive outcomes at the end. We expect that you will come away with more self-acceptance and self-compassion, a clearer understanding of how you want to live your life and relate to other people, and additional tools for working through difficulties that come up in the future."

- Homework
    - Explain that there will sometimes be homework for them to do in between sessions. This is sometimes to help get them in the mindset for the next session (like their first homework assignment) and other times gives them the opportunity to practice things talked about during the sessions.
    - Emphasize the importance of following through with homework and process any questions or concerns they have about it. The homework does not need to take a large amount of time and is for the ultimate benefit of the client as opposed to something for our research purposes.

- Answer any questions they have about the counseling intervention. If you cannot answer a question (e.g., they may have questions about the research components), you can refer them to the researchers.

IV. Homework for Next Session

Now that you have just talked about homework, you can provide the client with information about the homework to be completed prior to the next session.

- "Next week we will begin discussing the hurtful actions that you described during your screening appointment. In order to prepare for that discussion, I ask that you complete this form (hand client the "Reflecting on Your Actions" form). It will help you to identify some of the things you find most important to discuss related to your past regrets. The homework will ask you to write about the offense, similar to what you did on your screening questionnaire packet. This time, however, I want you to think back to actual events and write down as many details as you can remember. As you write, try to

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remember and write down the factors (e.g., outside circumstances, needs or desires, motivations, expectations) that contributed to you selecting the course of action you took. The specific instructions are on the form for you to refer to when you do the homework. Try to be as honest as you can with yourself during this exercise."

- "Bring this completed sheet in with you next week. Although I will not directly look at what you wrote, we will talk about the things you wrote about, so it is helpful to have it with you in case you need to refer back to something."

- "What questions do you have about this homework?" (answer questions)

- "How confident are you that you will be able to complete this task?"
    - If the client expresses uncertainty that s/he will do the activity, explore the reasons, help the client establish a plan of action, and reinforce the reasons for asking the client to do this task

V. Closing the Session

- "Next week we will actually begin discussing your regretted actions in detail. How are you feeling about doing that?"

- "What final thoughts or reactions do you have as we wrap up our session today?"

- Say goodbye and express that you look forward to meeting with them again next week. Inform them that the research assistant will come in to give them a brief questionnaire.

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Session 2: Discussing the Offense

Session Goals:

1. Initial discussion of the offense
2. Allow the client to 'confess' his or her wrongdoing and identify the sources of the client's mistakes—accept responsibility

I. Introduction

- After welcoming the client back, provide an introduction to today's session: "Today we are going to start talking about the hurtful actions you committed, the incident you wrote about during your screening appointment. Last week I asked you to spend some time outside of session writing about the transgression so you would have a better idea of the things you wanted to discuss today. How was that experience for you?"

- Help the client explore reactions to the homework.
  - If any clients do not do the homework, you will want to discuss that with them to identify what prevented them from completing it, process any concerns they have about the intervention/homework, and encourage them to complete future homework assignments.
  - For clients who do not complete this assignment, they may need more time and/or structure to think about the questions presented below.

- Engage in a brief discussion of how the client is feeling about the upcoming discussion of the offense. Is the client apprehensive about sharing his or her offense with you? If so, why? Process those concerns before beginning. If necessary, provide reassurance that you are here to listen and to understand, not to judge the client for her or his actions. Educate the client that it is important to have a supportive place to disclose one's regrets, rather than silently carrying them alone.

II. Discussing the Offense

The bulk of the session will be spent helping clients discuss the offense they committed. In doing so, you will want to act as a non-judgmental listener who creates a safe and supportive environment for the client. Most clients will have strong feelings of regret, shame, or self-condemnation for their actions. They need to feel that they can share their past without having yet another person add to the negative feelings they are already experiencing.

The hope for this session is not only to reduce the secrecy of the offense by sharing it with someone, but also to increase the client's awareness of the factors that led her or him to commit

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the offense. Understanding their motives will be an important step in clients' process of taking an appropriate amount of responsibility and for eventually forgiving themselves.

During this session, you will want to mentally assess whether the client is taking an appropriate amount of responsibility for the offense. Some clients will minimize the responsibility they hold, making excuses for their actions. Perhaps more clients (since they are struggling with self-forgiveness) will take excessive responsibility for their actions, being unwilling to look at external circumstances or historical personal factors that influenced their decisions to act in the way they did.

- Ask the client to share the offense with you:
  - "During our discussion today, we will likely talk about the offense several times, but in different ways. To start off with, though, please tell me a little bit about the offense. What was it that you did or failed to do and who was hurt by your actions?"
  - Use this first round of sharing to get a sense for what it was the client did and who was hurt by the offense. In other words, collect some of the facts the client shares with you. Ask appropriate follow up questions to fill in any gaps the client leaves in the story.
  - Note: if the client already shared information about the offense with you last session, you will want to alter the above question but still ask the client to start by talking about his or her actions/inactions and who was hurt.

- Ask the client to share the circumstances surrounding the offense:
  - Discuss the factors leading up to the offense and/or the person's history with this type of behavior. Help the client begin to gain some awareness of why this happened.
  - Potential questions to facilitate this discussion:
    - "What were some things going on in your life [or in your relationship with the person you hurt] around the time you did this (*the offense*)?"
    - "Is this the first time you have done something like this (*the offense*)?"
      - If yes, explore what led them to act this way this time
      - If no, explore other experiences with this type of behavior (both related to the person who was hurt and other people, if applicable)
    - "Tell me about the level of responsibility you hold for this offense."
      - We will eventually want to alter the perceptions of those who accept too much or too little responsibility.

- Process the discussion thus far. Ask the client about reactions s/he is having to sharing this with you. What feelings is the client aware of having – about sharing and about the offense?

- Explore the wants/needs/motivations that led to the offense.
  - This discussion is intended to get more personal and honest than the discussion on circumstances surrounding the offense. The goal is to help clients identify the internal factors that led to their behavior. What needs or desires were they trying

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to satisfy by acting in the way they did? How much awareness did they have that their behavior would hurt another person?

- "What I would like you to do next is think back to the time when you engaged in those behaviors that hurt the other person (*you can label the specific behaviors and person hurt based on what the client said*). Take some time to imagine you are actually back at that place in time. Close your eyes if that is helpful. [*pause*]. What were your wants, needs, or motivations that led you to act the way you did? In other words, what purpose did your actions serve for you in that moment?"
  - If clients begin to make excuses for why they did what they did, it can be helpful to acknowledge that it is difficult but necessary to be honest with ourselves about why we chose to do something that ended up being hurtful (whether or not the intention was to hurt the other person). Encourage clients to access their honest motivations in the moment. Without taking that responsibility, it will be hard to move to a place of self-forgiveness.
  - *Example*: a client who cheated on her spouse during a rough patch in their marriage may have been motivated by having someone who expressed interest in her, highlighting her need for companionship and being appreciated. She may also have wanted to "have fun" and not feel bound by society's conventions. The second part may be more difficult, but still necessary, to acknowledge.
- Your goal is to help clients identify the needs or desires they were trying to satisfy through their actions. You may need to ask additional follow-up questions to meet this goal. For some clients, their intentions may have been good and the consequences were unintended. Other clients may identify that they acted in a way that put their own needs/desires ahead of respect for the other person. If so, help the client to process this realization. Acknowledge that, as humans, we all have acted in ways that serve our own needs, sometimes at the expense of others. If needed, remind the client that this intervention is designed to help clients work through their regret and identify ways they want to act in the future.

III. Wrapping up the Discussion of the Offense

- Spend time processing today's session. Potential questions:
  - "How does it feel to have shared with me things you are not proud of?"
  - "What is something that you realized about yourself and/or your actions from our discussion today?"
  - "How does acknowledging your role in the offense help you with self-forgiveness?"
    - Remember that to truly forgive ourselves, we must first acknowledge what we did wrong and take responsibility for our actions.
    - "How does it feel to acknowledge responsibility for the offense?"

- "What are the primary feelings you are aware of having about your actions? About yourself?"

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- This is another time when it might become appropriate to acknowledge the fallibility of humans. Yet, despite our fallibility, we all have the potential to alter our ways of relating to others in the future. Sometimes it takes really hard work, but we do not have to remain chained to our past mistakes.
- You can also introduce the idea that negative feelings are natural after doing something we regret, but that those feelings are most functional when they spur us to make changes and behave differently the next time, rather than when they make us get wrapped up in bad feelings about ourselves. There is a difference between feeling what *you did* was bad and feeling that *you* are bad. Feeling that *you* are bad helps no one and is something we want to reduce through this intervention.

IV. Closing the Session

- "Today we focused mostly on the offense and some of the factors that contributed to the offense. Next week we are going to expand our discussion to exploring what has happened since then—the consequences of your offense. I can tell you that this session and the next session are possibly the most difficult part of the process of self-forgiveness. It is never easy to take an honest look at what we have done to hurt others, why we did it, and what that hurt all involved. It is hard, but it is also an important step in moving toward genuine self-forgiveness. Unless we are able to take honest stock of what we did that was wrong, we cannot know and acknowledge what it is we need to forgive ourselves for. So, I admire your courage in sharing what you did with me today."

- "When you think about this process so far, what reactions do you have?"

- "How are you feeling about discussing the consequences of your offense next week?"
  - Provide any reassurance that you need to

- Wrap up the session for the day and say goodbye

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Session 3: Exploring Consequences

Session Goals:

1. Allow the client the opportunity to acknowledge the consequences of the offense—both for the other person and for the client
2. Identify barriers to self-forgiveness
3. Prepare the client for next session's two-chair exercise

Materials/Set-Up:

- Bring the "Identifying and Naming the Opposing Sides" form with you

I. Explore the Consequences of the Offense

Last session was spent discussing the actual offense and the precursors to the offense. This session is devoted to exploring what happened after the offense occurred—the consequences of the offense. Clients struggling to forgive themselves will likely be keenly aware of some of the consequences. Although it can be helpful to discuss these consequences in a supportive setting, an overarching goal for this session is to help the client realize that staying "stuck" in the internal consequences (e.g., ruminating about them, continuing to condemn oneself for causing pain) hinders one's ability to move on in a positive way. As long as clients are wrapped up in their own self-loathing, they cannot turn their attention positively to others, including the ones they hurt. Today's discussion will set the stage for the two-chair work that will occur next session.

- "Last week we spent most of the time focusing on events leading up to your regretted actions and what those regretted actions were. This week we are going to spend time talking about what has happened since then. When we have trouble moving on from past mistakes, it is often because those mistakes led to fairly lasting negative consequences, both for the person we hurt and for us. That is what I would like to discuss today. How are you feeling about discussing some of those negative consequences that stemmed from your offense?"
  - Assist the client in processing any concerns s/he may have. Then turn to the following questions, helping the client to explore as you find appropriate.

- "How was [*the other person*] impacted by your actions?"
  - You can help the client explore both the immediate impact and any lasting effects for the person hurt by the client's offense.

- "In what ways was your relationship with [*the other person*] changed by your actions?"

- "In what ways were you impacted by your actions?"

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- Ask the above general question first to allow the client to answer spontaneously. For the areas the client doesn't explore from this question, use the follow-up topics below.
- Explore the various emotional and cognitive responses to the offense
  - Guilt (a feeling of responsibility and regret about an offense)
  - Shame (a feeling that one is a bad person, not just that one has done something bad)
  - Remorse (deep and painful regret for wrongdoing)
  - Excusing (seeking to remove blame for the offense from oneself)
  - Blame-shifting (moving the blame for the offense from oneself to another)
- "What assumptions about yourself were challenged because of this offense?"
  - "What core values did you violate through this offense?"
- "How are you still being affected by this offense and your difficulty moving forward from it?"

- "Who else was impacted by your actions? How so?"
  - This is the least important of the discussions on the consequences and can be left mostly unattended to in order to make time for the next topics if needed.

II. Discuss Why it Has Been Hard to Move On

- "We have talked a lot today about the consequences of your actions, for the person who was hurt, for you, for your relationship with that other person, and for others. When you reflect on all the things we discussed today, what is it that has made moving on from this offense the *most* difficult?"
  - Assist the client in exploring the reason(s) moving on has been especially hard.
  - If the client seems to be having difficulty accepting responsibility, bring this up in a sensitive manner and discuss it with the client. What is the risk of accepting responsibility? What makes them look to other, external causes of their offense?

- Many clients will develop feelings of shame rather than just guilt or remorse. For these clients, a goal will be to identify that their actions may have been "bad" but that does not mean it needs to translate into being a "bad" person.
  - Discuss with the client that all people are fallible and make mistakes, but all people still have intrinsic worth. People do not need to be tied to their past and take on an identity as a bad person. In fact, feeling terrible about one's actions is actually a sign that the core values that were violated are still held and the person wants to make changes.
  - Explore any client reactions to this psychoeducation.

- "What are the consequences of staying "stuck" in this place of unforgiveness?"
  - Hopefully the client can identify negative consequences for self (although may need to encourage clients that they do not deserve never-ending punishment)
  - For clients who do not identify negative consequences for the self, highlight that holding oneself hostage to self-blame and self-punishment prevents them from turning their attention positively to others, including the ones they hurt. Not only

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does self-blame serve no functional purpose, then, but it can also prevent positive outcomes from occurring.

III. Introduce Two-Chair Exercise for Next Session

- "As we have seen from our discussion today, there are negative consequences of not being able to move forward from this offense. One way that you can begin to move forward is to acknowledge and give voice to opposing internal sides. We all have internal dialogue with ourselves. Sometimes there are parts of ourselves that disagree with other parts. This is natural to have happen, but it can cause confusion and difficulty moving forward. There are likely different parts of yourself related to this offense: a part that wants to move toward self-forgiveness and a part that is making it difficult to do so."

- "Next session we are going to give voice to those opposing sides and start reconciling them with one another. To prepare for this, I have a homework assignment for you to do. [hand the client the "Identifying and Naming the Opposing Sides" handout]. Using this worksheet, you are going to identify what those two opposing sides are."
    - "In general, we classify the side making self-forgiveness difficult into two main categories: (1) difficulty accepting responsibility, labeled "blame-shifting" on the worksheet, and (2) negative feelings about the self, labeled "self-loathing" here."
    - "Which of those do you think applies to you more?"
        - You can chime in with your own opinion; hopefully it matches that of the client. If both seem to apply, self-loathing is probably more salient (and can be a reason that the client tries to shift blame).
    - "Following the instructions, I want you to write about that side of you."
    - "On the other side of the page, you will write about the opposing side of you, the side that does want and/or need self-forgiveness. Follow the directions to reflect on these two opposing sides."

- "This handout will help you to prepare for next session, in which we are going to have you give voice to the two sides. We will do an exercise that will allow you the opportunity for each side to talk to the other side. This will help you better understand where each side is coming from and will help the two sides come to better agreement with one another."

- See if they have any questions about the homework or next session. Ask clients about their confidence in being able to get the homework done. Encourage completion.

IV. Wrapping up the Session

- "How are you feeling after our session today?"

- Briefly process the session and wrap up for the day.

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Session 4: Reconciling Opposing Sides

Session Goals:

1. Give voice to the client's opposing sides identified in the homework
2. Increase the client's awareness of the consequences of withholding self-forgiveness
3. Begin to reconcile the client's opposing voices

Materials/Set-Up:

- Make sure there is a third chair in the room for the 2-chair exercise

I. Introduction

- "Last week we discussed the consequences of your regretted actions and why it has been difficult for you to move on. We identified that there are negative consequences of you not being able to move on. As I mentioned last session, today you will be doing an exercise that will allow you to work through some of the reasons it has been hard to move on. You had a homework assignment that asked you to identify two opposing sides—one that is making self-forgiveness difficult and one that wants and needs to move toward self-forgiveness. What was this homework exercise like for you?"
  - Help the client to process his/her experience
  - If the client did not do the homework, you will need to cover some of the parts in session. At a minimum, the client needs to identify whether blame-shifting or self-loathing applies more and the client should briefly describe the side that does need or want self-forgiveness. It will also be helpful to give names to both sides.

- "Now that you have been able to at least somewhat identify the two opposing sides, we are going to spend most of the session "giving voice" to those sides and beginning to close the distance between the two sides."
  - You can now move into the two-chair exercise

II. Two-Chair Exercise

In thinking about the ways people can respond to hurting others, a continuum model might be helpful. On one extreme are the "blame-shifters" who deny responsibility for the offense. On the other extreme are the "self-loathers" who become stuck in shame and self-punishment. The hope for both types is that the two-chair exercise can help them come to the middle of the continuum. The "balanced" approach is to accept responsibility for the offense while still approaching the

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self with compassion and a desire to move forward positively. In this exercise, the "balanced" voice is the one that needs to be heard before self-forgiveness becomes a possibility.

In the homework exercise, participants were asked to select one of those extremes that hinder self-forgiveness: blame-shifting and self-loathing (or self-condemnation). They will have discussed the one they selected with you in the previous discussion of the homework. Among people coming to counseling for lack of self-forgiveness, self-condemnation is more likely to be hindering them compared to blame-shifting. Therefore, the description below is tailored to clients whose non-self-forgiving side is self-condemning. You will need to modify some of the instructions for clients with a different "voice" that is preventing self-forgiveness. See the end of this section for ideas for clients who shift the blame away from themselves.

- You will want the client to use the chair s/he usually sits in for the self-forgiving voice. The extra chair will be used for the voice that is preventing self-forgiveness. You can move the extra chair to comfortable distance from the client and facing the chair the client is in. You may want to ask the client to shift his/her chair a little bit to better face the empty chair.

- "To start this exercise, I want you to move to this chair (*gesture to the extra chair*), where you will use the perspective of your [*the name given to the self-condemning side*] voice. You are going to talk to the other side of you [*can give it the name the client gave the other side*], which will be sitting in this chair (*point to the chair the client was just in*). To start with, have your [*self-condemning*] voice tell the other side all of the reasons you can't move on from the offense and forgive yourself. Talk as if you were two separate people: say "you" when talking about the other side and say "I" when referring to the side you are sitting on."
    - Some participants may launch right in, others will need some encouragement. If needed, offer a few of the reasons the client has already said s/he condemns the self and can't forgive the self
    - As needed, remind the client to use "you" and "I" as described above
    - Facilitate the self-condemning side until you feel it has said all it needs to or until you sense the client is experiencing some of the other side, the side that needs forgiveness

- Ask the client to move to the other chair and respond to the self-condemning voice's accusations. This is the opportunity for the client to express his/her affective reactions to the self-condemnation. Use your clinical intuition to initiate and facilitate this discussion. Examples include:
    - "How does this other side of you respond to all those hurtful things [*name of first side*] said to you? Tell that side how those things make you feel."
    - "I noticed your [*tone of voice/body language*] change at the end. Have this side that needs forgiveness tell [*the self-condemning side*] what's going on for you."
    - "What does this side [*the side that needs self-forgiveness*] need from the other side? Tell him/her."

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- When you have the client switch back to the self-condemning side, have him or her respond to the self-forgiving side and offer an explanation for the self-condemnation (often it is an attempt to prevent the self from messing up again). It is hoped that through conversations between the two sides, the self-forgiving side will be able to express what is needed and the self-condemning side will begin to soften.

- Continue the dialogue, trying to help both sides understand one another and begin to come to agreement. Some clients may only switch chairs a couple times; others will benefit from multiple switches.
    - Markers that it may be time to switch chairs:
        - The client begins saying things that seem to be coming from the voice in the other chair
        - When strong emotions come up
    - Example: if the self-forgiving side begins crying when sharing all the pain the self-condemning side brings, ask the self-condemning side to respond empathically and offer an explanation for why s/he is so harsh [usually trying to make sure they don't mess up again]. You can then facilitate that dialogue, helping the self-condemning side see there are better ways of trying to meet that goal. The self-condemning side has likely had a lot of practice, so it may be helpful for the client to express that and ask the self-forgiving side to respond compassionately when the client falls back into self-condemning thoughts or emotions.

When the other voice tries to shift blame or excuse: As mentioned above, self-condemnation will likely be an accurate voice for most clients in this intervention. Some clients, however, may identify a voice that excuses or justifies their behavior. In this case, here is an example of how the conversation may go:

1. The excusing voice tries to give all the reasons the client is not at fault (and/or why other people are to blame).
2. The client shifts to the other chair with a voice that does acknowledge the wrong and accepts that people are fallible. You can help that side emphasize that doing something wrong does not have to mean that one is a bad person or stuck in the "badness" forever.
3. The blame-shifting side may then be asked to explain why it is afraid to accept responsibility.
4. The responsibility-accepting side can take on a self-compassionate stance that will accept the self in spite of having done wrong. This side can gently say that they were responsible, but that feeling bad about it means they don't like the way they acted and that they want to act differently in the future. This side can then offer the blame-shifting side the opportunity to also accept responsibility and express the desire to act differently in the future.

Please continue on the next page

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III. Processing the Exercise or Finding a Stopping Point

- DECISION POINT
  - Choose one of the two options and then follow the tasks for that option
  - OPTION 1: If there are only about 10 minutes left of the session and good resolution has not yet occurred, you need to wrap up the session and explain that this will continue next session
  - OPTION 2: If the exercise has come to a good stopping point, you can begin to process the exercise with the client

- OPTION 1 Tasks
  - When you are able to pause the two-chair exercise, check in to see how the client is feeling at that moment and about the exercise as a whole. Acknowledge that the two sides are still having difficulty understanding each other, but that time is almost up for the day. Explain that next session you will continue this dialogue in order to achieve better resolution.
  - In the meantime, ask the client to spend some time over the next week thinking about the disagreements between the two sides and what s/he thinks might help resolve that disagreement for better integration.
  - Provide the client with encouragement, saying that it is not easy to have the two sides come to an agreement and that it is natural for it to take some time. Note that things will feel a lot better after more resolution has been achieved.
  - "Next session we will be continue working on resolution between these two sides. We will also begin identifying steps you can take to 'make things right' so that you can move closer to self-forgiveness. Although the specifics are going to look different for every person and for different transgressions, an important component of self-forgiveness is finding a way to make amends for those things you regret. It is a way to show yourself and others that you want to do things differently in the future. Our major goal for next session is for you to explore the various ways that you might be able to make things right. Again, that will look different for everyone, and we want to figure out the best approach for *you*."
  - You can briefly discuss any questions or comments the client has. Then wrap up the session.

- OPTION 2 Tasks
  - If it appears the client has really begun to understand and reconcile the two sides, you can end the exercise at a good stopping point. Depending on how much time is left of the session (hopefully no more than 20 minutes), you may get to all or just some of these process-related questions. Select those that have the most relevance to this client (or other questions that seem appropriate).
    - "How are you feeling, having done this exercise?"
    - "How in touch with both of the sides were you? Did anything hold you back from getting more fully in touch with one of the sides?"
    - "What new understanding have you developed about the side that is making self-forgiveness difficult?"

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        - "What have you learned about your need for self-forgiveness? What can you do with that knowledge?"
        - "How can these two sides work together rather than against each other?"
    - Encourage the client in the work that was done and any progress made.
    - "Next session we will begin to identify steps you can take to 'make things right' so that you can move closer to self-forgiveness. Although the specifics are going to look different for every person and for different transgressions, an important component of self-forgiveness is finding a way to make amends for those things you regret. It is a way to show yourself and others that you want to do things differently in the future. Our major goal for next session is for you to explore the various ways that you might be able to make things right. Again, that will look different for everyone, and we want to figure out the best approach for *you*."
    - You can briefly discuss any questions or comments the client has. Then wrap up the session.

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Session 5: Reconnecting to Values

Session Goals:

1. Continue harmonizing the client's opposing voices
2. Allow the client to express his/her values and identify how the client wants to live up to those values
3. Return to the needs/motivations connected to the offense and identify ways of meeting those needs in the future that better align with the client's values

Materials/Set-Up:

- Make sure there is a third chair in the room to be used in the 2-chair exercise

I. Reflect on Work from Previous Session

- Acknowledge some of the highlights from the work the client did last session. Then ask the client to reflect on how the two-chair work has impacted her or him over the last week. For clients for whom the work was left unfinished, ask them about the reflection they were supposed to do over the week related to the disagreement between the two sides and what they think might be done to better integrate the two sides.

- DECISION POINT
  - Based on how you ended the previous session, you will need to determine the best way to start this session's two-chair exercise. After selecting the appropriate option, refer to the descriptions of the tasks in the next section below.
  - OPTION 1: If you needed to end the two-chair exercise before it was finished last session, you should start the session by continuing to harmonize the two opposing sides that were identified last session.
  - OPTION 2: If the two sides already came to pretty good resolution last session, begin identifying what the client needs to do to 'make things right.'

IIa. Continued Harmonizing (Option 1)

- If the client's self-condemning voice continued to dominate during the two-chair exercise last week, there is still work to be done to reduce the power of that voice (OR if the client's self-blaming side continued to make excuses, then more work is needed to compassionately accept responsibility for the offense).

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- Unless clinical judgment suggests a different starting place, here are potential starting places for the particular conflict the client is experiencing:
  - For self-condemners: start by asking the self-accepting side to share how the criticism of the self-condemning side impacted the client this week.
  - For blame-shifters: have the side that compassionately accepts responsibility describe to the blame-shifting side that it can still accept the self despite wrongdoing. Have the responsible side offer a safe place for the blame-shifting side to accept appropriate responsibility.

- This dialogue between the two sides can continue, with efforts made to help the client come to that "balanced" place that was described in the instructions for last session. Encourage the voice of the self-forgiving side. You can refer to the suggestions for the previous session to assist you in the two-chair continuation this session.

- When better resolution is achieved, spend some time processing the exercise with the client. Here are potential questions to assist in the exploration:
  - "How are you feeling, having done this exercise?"
  - "How in touch with both of the sides were you? Did anything hold you back from getting more fully in touch with one of the sides?"
  - "What new understanding have you developed about the side that is making self-forgiveness difficult?"
  - "What have you learned about your need for self-forgiveness? What can you do with that knowledge?"
  - "How can these two sides work together rather than against each other?"

- It is now time to move on to the primary goal of this session: allowing clients to articulate their values and how they want to live up to those values. Move to the second bullet point ("This identification of 'new steps'…") in the "Two-Chair Values Exploration" section below to continue the session.

IIb. Two-Chair Values Exploration (Option 2)

If the two sides have come to a pretty good understanding of the need to 'move on' from the offense, the primary work of the two-chair exercise this session will be for clients to articulate their values and how they want to ensure they live up to those values.

- For these clients who achieved better resolution between the two sides, there is less time pressure than for clients who did not reach much resolution. Therefore, you may find it helpful to spend additional time at the beginning of the session talking about how the 2-chair exercise impacted the client this week (e.g., how the client's responses to the self were altered due to the integration of the two sides). Once that discussion is complete, you can move on to the exercises to identify "new steps."

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- This identification of "new steps" will start with a two-chair exercise in which clients explore their values and identify ways they do and/or can live out those values.
  - "We are now going to do another two-chair exercise that will allow you to explore the values that are important to you and the things you feel you can do to live up to those values."

- Based on the previous two-chair work, you and/or the client may identify two slightly different opposing sides than described here. In that event, the exercise can be tailored to best fit the client's needs. In general, however, most clients will have a part of them that can articulate their values and is confident that they can live up to those values. The other, opposing part is fearful that they will fall short of their values and/or critical of the times in the past when values were violated. Discuss these two sides with the client to identify what best fits for him or her.

- You can then begin the two-chair exercise, starting with the side that is confident about their values. When expressing this confident voice, have the client sit in the same chair that previously held the self-forgiving side.
  - The confident side can articulate the client's values and identify ways that the client has demonstrated those values.
  - The fearful or critical side will then have the opportunity to express itself
  - Encourage a back-and-forth dialogue between the two sides.

- Build into the exercise exploration of how the offense violated the values
  - The fearful/critical side can bring up the values violated by the offense
  - Through dialogue, clients should identify how they violated their values in an effort to meet their own wants/needs/motivations (reminder: the wants, needs, and motivations connected to the offense were discussed in Session 2)
  - The confident side can then think of better ways of meeting its wants and needs that are more in accordance with the client's values and that will help to reduce the likelihood of committing a similar offense again

- A goal of this exercise is to help build up clients' confidence that they can live up to their values, so you will want to encourage the confident side to become stronger as the exercise goes on.

- When the exercise comes to a natural stopping place, you can spend time processing the exercise with the client.

III. Wrapping up the Session

- "There are a couple of things planned for next session. The first thing will be an exercise that will allow you the opportunity to express your regret and remorse to the person you hurt. It will be a chance to apologize to him/her. You will imagine that [*the person the client hurt*] is in the empty chair and then you will talk directly to him/her. Exercises

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like these give you the opportunity to get things off your chest in a safe, supportive environment. What are your thoughts about doing this exercise next week?"

- Help the client explore his/her reactions.
- It can be helpful to ask if the client has already apologized to the other person and/or whether the client would like to apologize in the future. For some clients, this exercise will be the only "apology" that they give. For others, it will be practice for a future apology. For those who already apologized, this can be a chance to express things they didn't have a chance to originally.

- "The other thing we will do next session is begin identifying the steps you want to take to "make things right." For some people, that might include an actual apology to the other person. It can also include positive actions toward the person hurt. Other people will end up making indirect amends for their hurt because it is not possible or beneficial to make direct amends to the person hurt. I encourage you to think about some of the things you might want to do to make things right related to your offense."
  - If there is time, you can have a brief discussion of steps the client has already taken to make amends and/or the client's ideas about how to make amends.

- Wrap up the session.

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Session 6: Repairing the Damage

Session Goals:

1. Allow the client to express her or his remorse for the offense
2. Determine the reparative behaviors the client wants to undertake
3. Allow the client to commit to healthier ways of meeting needs in the future

Materials/Set-Up:

- Make sure there is a third chair in the room to be used in the empty-chair exercise
- Bring the "Steps Toward Making Things Right" form with you to session

I. Overview

- "As I mentioned last session, today we are going to first spend some time in an exercise that will allow you to express your regret and remorse to the person you hurt. This will be an opportunity to apologize to him/her. You will imagine that [*the person the client hurt*] is in the empty chair and then you will talk directly to him/her. How are you feeling about doing that today?"
  - Explore the client's responses to this question.
  - If you don't already know, ask the client whether s/he has already made an apology about the offense. This will be useful information for facilitating the exercises. Gather some basic information on when the apology occurred, how the other person responded, and how the client felt about the apology and victim's response.

- "Before we get started with this exercise, I want to give you an overview of the elements that are considered part of a 'good' apology. Apologies should be clear about what you did that was wrong—rather than offering a general apology, be specific in labeling your actions or inactions that were hurtful. You also want to be sincere and take responsibility during an apology—even if the other person played a role in the offense, an apology is a chance for you to take ownership for your part of it and communicate your regret about the part you played. Demonstrating your emotions can also help the other person see the gravity of what you are feeling. Finally, apologies are easier to receive if you communicate a decision and commitment to not commit the offense again. What thoughts or reactions do you have to this information?"
  - Discuss the client's thoughts and/or reactions
  - When ready, you can move on to the empty-chair exercise

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II. Empty-Chair Exercise

This exercise will provide clients with the opportunity to express their remorse for the offense. For some clients, this will be preparation for an actual apology that will occur to the person they offended or to someone else hurt by the offense. For other clients, it will substitute for an actual apology because they can no longer communicate with the person they hurt (e.g., if the person has died) or because communicating about the offense would cause more harm than good.

- Move the extra chair so that the client is facing the chair directly and at a comfortable distance. The client may want to turn her or his chair away from you slightly so that you are better out of the line of vision, allowing the client to better focus on the empty chair.
    - "[*The person the client hurt*] is sitting in this chair. Take some time to form an image of what s/he looks like. [pause] What do you see?"
        - Follow-up prompts, if needed, include asking how old the person is (i.e., is the image from the present or the past) and what the person's body language is saying.

- "Now that you have [*person*] in front of you, what do you want to tell her/him related to the offense? You can start your apology now."
    - Note: if the client has apologized in the past, ask the client to start by recreating that apology as best as the client can remember. This will allow you to know what the client said and identify elements of the apology that might have been ineffective or incomplete. You can then help the client expand, deepen, or improve the apology.
    - Assist the client in apologizing for the offense. Areas of conversation to consider include:
        - The remorse and regret the client feels for his/her actions and for the pain caused
        - What the client wishes had happened differently
        - What would be the client's ideal outcome moving forward from this offense?
    - Help guide the client to utilize the components of a 'good' apology—specific, sincere, accepting responsibility, commitment to avoid offense again.
    - Use your clinical judgment to decide whether to turn this into a two-chair exercise in which the client pretends to be the other person and responds to the apology.
        - If this is done, encourage clients to say what they think the other person will say in response, not what they want to other person to say. Clients can move back and forth between the two chairs in a dialogue. Even if the other person says things that are difficult, encourage the client to stay calm in the apologizing chair. When the dialogue is complete, you can help the client explore reactions to the dialogue.
        - If the client offered an actual apology in the past, you could ask the client to use the actual response of the person to start with.
            - If the other person was not accepting of the apology, you may want this two-chair exercise to focus more on the other person's

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responses, which can hopefully end in better acceptance of the apology.
- If the other person did genuinely accept the apology, but the client still feels terrible about the offense, you may want to focus on the specific barriers that are keeping the client stuck in unforgiveness.

- If other people were harmed by the offense, you may have the client apologize to those people as well. Follow similar procedures as with the first one, but you may want to keep these new apologies shorter to allow time for the remaining topics of this session. If the initial apology took a significant portion of the session, this step should be skipped.

III. Determining Reparative Behaviors

This next discussion will allow clients to identify actual behaviors they want to engage in to make amends for their offense. They will then have the opportunity to start taking some of those steps between this session and next session.

- "What we are going to talk about next are reparative behaviors. 'Reparative behaviors' are things that are done to try to make up for an offense. Apologies are one type of reparative behaviors; you may decide that you want to offer an apology for what you did. There are a lot of other things you can do, however, instead of or in addition to an apology. Some of these things would directly involve the person you hurt, but there are also ways of making amends that do not directly involve the other person. Before we start talking about these things, though, how do you feel about trying to engage in reparative behaviors for your offense?"
  - Help the client explore his/her reactions.

- "As I said earlier, you can make direct amends to the person you hurt, but you can also make indirect amends that do not directly involve the person you hurt. Will you want to include direct amends to the person you hurt?"
  - Things to consider:
    - Is it physically possible for the client to do so (e.g., has the person died, does the client know how to reach the person?)?
    - Would it do more harm than good to the other person if the client tried contacting or interacting with the person?
  - If the client thinks it would be appropriate to do so, but does not 'want' to, you can facilitate a discussion on this hesitancy. Use your clinical judgment on whether to encourage clients to include direct amends as part of their reparative behaviors plan.

- Facilitate a discussion on the client's goal for making direct and/or indirect amends for the offense (for ideas, see the information at the end of this section on making direct and indirect amends). You can start with a discussion of broader, long-term goals for making up for the offense. Pull out the worksheet for this session and ask the client to write down the goals s/he has identified from the discussion in the space for Question 1.

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- Alternatively, for clients who need time to think, you can have them complete Question 1 on the worksheet first and then discuss what they wrote.

- "Now that we have identified some of your goals for making amends, it will be helpful to identify some specific short-term goals that you can make progress on over the next week. This homework assignment asks you to take some steps toward 'righting the wrong,' so we want to identify one or two things that you can realistically do before our next session. Thinking about your goals, what are some small things that you might be able to do before we meet up again?"
  - Assist the client in exploring and identifying short-term goals.
  - You want to help the client identify goals that are 1) manageable to accomplish before the next session and 2) are likely to lead to success and a building-up experience for the client. For example, a client may regret not attending to her sick mother who died alone in a nursing home. The client may decide she wants to volunteer every week at the local nursing home. A first step that could be accomplished before the next session is to call the nursing home to learn about various opportunities for volunteering.
  - Have the client write his/her short-term goals in Question 2 on the worksheet.

- "Similar to, but also somewhat different from, making amends is taking steps to better ensure you do not commit similar offenses in the future. Last session we discussed how your values were violated through your offense. You also explored the wants, needs, or motivations that you were attempting to meet through your offense. It is therefore important to make a commitment to meeting those wants and needs in a healthier way that is in line with your values."
  - If the client had good ideas from last session, remind the client of those things and facilitate a discussion on what the client can do when similar wants/needs arise in the future.
  - For clients who did not come up with ideas last session, help them brainstorm ideas for meeting their wants and needs in a healthy way.
  - Examples:
    - A woman who cheated on her husband identified a need to be appreciated and loved and a motivation to "let loose." Rather than meeting these needs and motivations through an affair, this woman might commit to sensitively telling her husband when she is not feeling loved or appreciated and to meet her motivation of "letting loose" through activities with her husband and through outings with her female friends.
    - A man who publicly humiliated a subordinate at work identified a need to feel powerful and a desire to be perceived as better than others. Rather than meeting these needs by tearing others down, this man might decide to meet his need of feeling powerful through healthy competition in his favorite sport. He might also rephrase his desire to be perceived as better than others as a desire to have others view him as competent. This man could then commit to doing quality work that will be recognized as such.

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- Ask clients to write their wants, needs, and/or motivations connected to the offense in Question 3 on the worksheet, along with the ways they plan to fulfill those needs in the future.

- "Like with the other worksheets, you will take this one with you today. Since you have already written your overall and short-term goals on here, it will give you something to refer to over this week. You will also see that there are three more questions that are connected to the things we discussed today. In the day or so before our session, please reflect back on your answers to the first three questions and then answer the last three questions. You can bring this with you next week to facilitate our discussion. When you think about carrying out the goal(s) this week, what are you aware of thinking and feeling?"
  - Explore the client's reactions.
  - "How confident are you that you can make progress toward your goals over the next week? What might hold you back from making progress?"
  - Discuss any questions/concerns the client has about this homework.

III. Wrapping up the Session

- "We will spend the beginning of next session discussing your progress toward making amends for your past regrets. After that we are going to focus on reducing any lingering negative feelings you have about the offense and increasing positive, self-forgiving feelings toward yourself."

- Answer any questions/concerns the client has about this and then close the session.

Making direct amends:

1. When it is possible and appropriate to make amends directly to the person hurt by the offense, such steps should be encouraged. It will be important to explore with the client, however, how 'direct' the reparative behaviors should be.
   a. If it is likely that the other person will not have a positive response to direct reparative attempts initially, you may want to encourage the client to take other reparative steps first or to at least be prepared for the other person's response. Remember that you want the first steps at reparations to be a 'building up' experience for the client so as to encourage additional reparations.
2. Very direct amends-making behaviors include:
   a. Apologizing to the other person
   b. Telling the other person that you have made a commitment to change (i.e., to act in some way that is counter to the offense)
   c. Asking the other person what s/he needs from you in order to make up for the offense (this option may be contraindicated if the other person is likely to make unreasonable demands)

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3. Less direct behaviors that still involve the person hurt by the offense include:
    a. Acting in ways that are counter to the actions involved in the offense (e.g., building up the confidence of one's spouse after a history of being overly critical)
    b. Avoiding situations or circumstances that trigger the types of behaviors implicated in the offense
    c. Engaging in actions that have a positive impact on the other person

Making indirect amends:

1. For clients who cannot make direct amends or who want to do additional reparative work, indirect amends can help clients make demonstrable progress toward engaging in behaviors that are more in line with their ideal self-concept
2. Therefore, the goal of indirect amends is to engage in behaviors or practice intentions that run counter to those associated with the offense
3. Examples of making indirect amends:
    a. Someone who engaged in bullying in middle school could donate toys to a children's shelter or volunteer to be a Big Brother or Big Sister
    b. Someone who caused an accident while driving drunk could speak at a local school about driving responsibly
    c. A boss who belittled previous employees can treat current employees with respect and dignity

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Session 7: Remembering and Moving Forward

Session Goals:

1. Assist the client in remembering the offense while focusing on positive changes since then
2. Replace remaining negative feelings with feelings of self-forgiveness

Materials/Set-Up:

- Bring the "A Letter of Self-Forgiveness" form with you to session

I. Discussion of Reparative Behaviors Progress

- Check in with the client regarding the homework from last session. The worksheet asked clients to reflect on their progress toward their amends-making goals over the week and whether they were able to respond to their wants/needs in a healthier way. Areas to explore with the client include:
  - Progress made toward the goals
  - What held the client back from making progress or what helped the client to make progress toward the goals
  - How it felt to make/not make progress toward the goals
  - Whether the wants/needs connected to the offense came up this week and how the client handled those want/needs

- Briefly, assist the client in exploring the next amends-making steps for this week.

II. Re-Narrating the Offense

This part of the session is a chance for the client to reflect on the offense again while focusing on the positive lessons and/or positive outcomes associated with the offense. It would not be helpful for clients to "forget" their offense, but it is also not helpful for them to hold on to all the negative feelings associated with the offense. Instead, clients can benefit from using the memory of the offense as a reminder not to engage in similar offenses in the future while also focusing on the positive changes that have occurred since then.

- "I would now like to spend some time discussing your offense again. When we have talked about the offense in the past, we have typically focused on your responsibility and your regret and remorse. Now that you have had the opportunity to begin to engage in some amends-making actions [or "*now that you have committed to engage in amends-making actions*" for those who did not do so over the last week], I would like to focus on

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your offense in a different way—a way that focuses on the lessons you have learned and some of the positive changes that have occurred since then. Remembering the offense helps remind you not to do similar things in the future, but once you have made appropriate amends for the offense, there is nothing helpful about holding onto the negative, self-punishing feelings about the offense. Instead, I hope that you will remember the offense in a way that is self-forgiving. By that I mean you are able to release the self-defeating feelings about the offense and instead allow feelings of self-acceptance and self-compassion to be associated with the memory."

- If the client has any questions or comments now, you can explore them.
- "To what extent do you think you have begun to shift your memory of the offense already?"
  - Help the client explore this.
  - "What has changed?"

- "So, let's spend some time reflecting on your offense again. I would like you to tell me about the offense, almost like you are telling me a story. In this story about your offense, I would like you to emphasize the fact that the offense occurred in the past. The actual description of the offense can be short. After narrating the offense, tell your story of the lessons you have learned and the positive changes that have occurred since then."
  - Help the client narrate his/her story of the offense, emphasizing the fact that the offense is in the past and focusing on the positive changes since then.
  - Have clients include their goals for making amends and reclaiming their values, along with progress toward those goals.
  - If the client does not include expressions of self-forgiveness in the story, help the client incorporate those elements. Even if the client is not at a place of 'self-forgiveness' yet, the story can include something about how the client is trying to become more self-accepting and self-forgiving.

- Process the re-narrating experience with the client.

III. Self-Forgiveness Imagery

This is an experiential exercise for clients to imagine letting go of negative feelings and replacing them with more positive feelings. You will guide the client through imagery using the script that starts on the next page.

- "Now that you have told a story that involved focusing on the positives, I want to do an exercise that will allow you to better experience the shift from negative emotions to positive ones. This exercise is going to involve imagery, I will guide you through the parts of the imagery and I want you to go through the imagery in your mind as you listen to me speak. Some people find imagery easier than others; if you have difficulty forming the images, please still stay engaged with my words and reflect on the things I am saying. Do you have any questions about this?"

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- Go through the imagery exercise with the client.
  - "Go ahead and get into a comfortable position in your chair [*pause*]. Close your eyes. Ready? [*pause*] Imagine that you are standing in a railroad station [*pause*]. You are reflecting on the long journey behind you—a journey that involved some dark, troublesome stops. We are now going to review this journey, starting with [*the offense that harmed the other person*]. Bring yourself back to the time of the offense [*pause*]. At this stop in your journey, you pick up some heavy, burdensome luggage [*pause*]. From there, you travel all the negative consequences of that transgression [*pause*]. You likely pick up additional baggage on the way. Try to imagine that baggage you have picked up from your offense—it might be guilt, shame, or any number of things [*pause*]. Imagine what all of these pieces of luggage look like and how they feel in your arms [*pause*]."
  - "All of this excess baggage you are now carrying prevents you from helping the other passengers on your journey. It prevents you from living life to the fullest—your journey is held back by all this baggage [*pause*]. Along your journey, something happens, though. You realize that your suitcase containing the shame and self-condemnation about your transgression serves no useful purpose on your journey. In fact, it is almost making it impossible to make any progress on your journey. Although it is difficult to part with in some ways, you open up your suitcase of shame and begin emptying the contents to lighten your load. You might throw out that suitcase all together. Take some time to feel what it is like to rid yourself of that burdensome luggage [*pause*]."
  - "Now that some of that burden is lifted, you can see and understand your journey more clearly. You can see that you are holding a suitcase that contains your responsibility for the transgression. You stop now to inspect that suitcase [*pause*]. Examining the contents of your responsibility suitcase allows you to identify the next steps of your journey. Looking at the train transfer options, you make the wise decision to board the train that takes you in the opposite direction of your transgression—it takes you to a place where you can begin making amends for your transgression."
  - "As you travel this journey of making amends, you examine the contents of your luggage again. In doing so, you discover a crucial piece of luggage that you now realize has been with you your whole journey [*pause*]—the suitcase containing your values. Sure, there were a few times when this suitcase was overlooked, but now that it is at the forefront of your attention again, you realize you've been relying on the contents of this suitcase throughout the recent turns of your journey. You have been reclaiming your values. Take some time now to examine the contents of this values suitcase. What values are in there? Say the names of these values silently to yourself as you identify each one. Hold those values tight to you [*pause*]."
  - "With the full realization that you are holding on to your values, take a look at some of the other luggage you've been carrying with you. There may be some of that burdensome luggage that you are still carrying with you—lingering guilt, regret, or shame [*pause*]. You realize that much of this burdening luggage is not necessary anymore. As best as you can, sift through those suitcases and remove the unnecessary weight you have continued to carry with you [*pause*]. Now, you

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may not be able to remove all of this guilt, shame, or regret. That is normal and that is okay. The goal, however, is to make it so that those feelings don't have as much power in your journeys to come. To help reduce the power of any of those feelings that remain, I want you to add something to those suitcases—I want you to add positive feelings. These positive feelings have an amazing capacity to lighten your load and make it easier to focus on your journeys still to come. Think of them as helium balloons that will help reduce the weight of those lingering negative feelings."

- "So, to those suitcases, add self-acceptance [*pause*]. Add self-compassion [*pause*]. Add love for yourself [*pause*]. Add any other positive emotions that will help you on your journey [*pause*]. Add the reminder that all humans make mistakes and that everyone can move forward despite past mistakes [*pause*]. Now that you have added all this good luggage, your journey somehow feels lighter and more manageable. Here you are, standing in the train station. Your journey has taken you to some difficult places in the past. No doubt there will be difficulties that lie ahead. Yet, armed with your new luggage contents, you are ready to continue your journey. You see your next train arriving [*pause*]. You look ahead to where this train is heading [*pause*]. You can see that the journey ahead is one that includes self-forgiveness [*pause*]. The train comes to a stop. Carrying your luggage that is filled with acceptance, compassion, and love for yourself, you step onto this train [*pause*]. When you are ready, slowly open your eyes."

- "What was this exercise like for you?"
  - Help the client to process this exercise
  - If there is time, you may also ask the client about some of the specific imagery he or she used in the exercise
  - Check in with the client about how far s/he has traveled on that final "train," the one leading to self-forgiveness

IV. Homework

Before you wrap up this session, you need to give the client the homework assignment to be completed before the final session.

- "You have made a lot of progress toward resolving your negative feelings about the offense and increasing your self-forgiveness. One way to help solidify those gains is by writing yourself a letter of self-forgiveness. That is what I would like you to do before our final session next week. Here is a sheet that describes the homework [*hand the client the "A Letter of Self-Forgiveness" form*]. You can use the space on the sheet to write the letter, but if you prefer, you can use your own paper or stationary. Part of the letter should include an offer or expression of self-forgiveness. The rest is up to you—try to think about the things you need to hear from yourself in order to move forward positively from your past offense. This will not only help you solidify your feelings of self-forgiveness, it will also be something that you can re-read in the future if needed. Although this letter is

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for your personal benefit, please bring it with you next week so that you can discuss your reactions to the activity."

- Check in with the client to see if s/he has any questions about or reactions to the homework. Encourage the client to write the letter during a time when s/he is not rushed.

- Wrap up the session, reminding the client that next week is the final session. If there is time to do so, you can briefly ask the client about her or his feelings about the counseling sessions coming to an end. Inform the client that next session there will be time to reflect on the counseling experience, to discuss how the process can be applied to other offenses, and to say goodbye.

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Session 8: Wrapping Up

Session Goals:

1. Help the client identify progress and how s/he can maintain gains
2. Provide an overview of how the self-forgiveness process can be applied to other offenses
3. Say goodbye

Materials/Set-Up:

- Bring the "Four Rs of Self-Forgiveness" handout with you to session

I. Overview

- "Because today is our final session, we will spend our time reflecting on your counseling experience and the progress you have made toward self-forgiveness. We will also discuss how you can apply the things learned in this intervention to other transgressions from your past or to things that occur in the future. At the end we will then take some time to say goodbye. How are you feeling about today being our last session?"
  - Explore the client's reactions.

II. Discussing Homework and Reflecting on Progress

- "Last week I asked you to write a letter to yourself expressing self-forgiveness. Tell me a little bit about what that experience was like for you."
  - Explore the client's reactions to the exercise.
  - Some clients may want to read the letter to you. This is by no means a requirement and you will want to use your clinical judgment to decide whether or not it will even be helpful (part of this may depend on the length of the letter).
    - If a client hands you the letter and asks you to read it, try to encourage other ways of sharing, such as having the client read it out loud or asking the client to summarize the main points.
  - Potential follow-up questions:
    - "What was the most helpful thing you wrote to yourself?"
    - "To what extent were you able to offer yourself forgiveness?"
    - "How might this letter be helpful to you in the future?"

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- Ask the client to reflect on progress made over the course of the intervention.
    - This can include progress on the specific goal of self-forgiveness, but discussion of other types of progress (e.g., increased self-compassion, reduced shame, more positive outlook on life) should also be encouraged.
    - Chime in with your own assessment of the client's progress. It often means a lot to clients to hear the ways their therapist has seen them change.
    - Also encourage discussion of goals for maintenance of gains and for continued progress. There may be some areas that the client did not make as much progress in—you can sensitively bring this up to the client with the intention of encouraging continued growth. Keep such feedback framed in a way that encourages hope in future progress.

III. Applying the Intervention to Other Offenses

- "Since we are talking about goals for the future, I want to briefly discuss how you might apply the things learned during this process to other things you want to forgive yourself for. Before we talk about this, I wonder if you have found yourself doing any of that work naturally—have you begun to work through the process of self-forgiveness for other offenses too?"
    - If yes, explore what the client has done and what spurred this change.
    - If no, inform the client that it is okay s/he has not begun to do that and that is why you are discussing it during this final session—you want clients to be able to apply it to other aspects of their life if and when it is appropriate.

- "There were four main things that we worked on during this intervention, and all four parts are considered essential to the self-forgiveness process. These four things have been referred to as the Four Rs of Self-Forgiveness. They are responsibility, remorse, repair, and renewal. Here is a handout that gives a brief overview of these four components [*give client the "Four Rs of Self-Forgiveness" handout*]. Even though I didn't describe these four steps to you in this way at the beginning of our time together, we did go through each of these four components of self-forgiveness. For any past or future things you want to forgive yourself for, these are the steps you can take, in the order listed."
    - "What are your thoughts about these components of self-forgiveness?"
    - "Do you have any questions about how you could work through these steps on your own?"
        - Try to answer the client's questions as best you can. Think back to the exercises and discussions you have had with clients. Many of those could be tailored to something they could do on their own (e.g., journaling).
        - Some ideas for what they can do for each step are included on the handout. If there are questions you cannot answer, you can direct participants to contact the primary investigator for more information.

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IV. Saying Goodbye

- Transition into saying goodbye to the client. Here are some suggested questions for ending your time with the client:
  - "What was the most impactful part of this experience for you?"
  - "What did you learn about yourself during this experience?"
  - "How are you going to continue making progress after leaving?"
  - "What would you have wanted to change about this experience?"
  - "How are you feeling as we wrap up?"

- Share some of your own reflections and reactions with the client. Make this a meaningful goodbye—feel free to use questions and statements that you use with your other counseling clients.

- Ask the client if s/he would like referrals to other counseling resources. You can mention Network's group counseling opportunities and you can also have the research assistant give the client a referral form with local counseling options after the session.

- As you wrap up, allow the client the opportunity to share any final thoughts and reflections.

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Reflecting on Your Actions

Overview: This homework is to be completed prior to Session 2. Its purpose is to help you begin reflecting on your past regrets in a more structured way to help you identify the things that will be most important to discuss next session. During this exercise, you should be reflecting on the specific offense that you wrote about during your screening appointment (and that you saw a copy of when completing your questionnaire today).

Instructions: Use the space below and on the back side (continuing on additional paper as needed) to write about your offense. Think back to the actual offense and write down as many details as you can remember. You may find it helpful to write in narrative form (i.e., tell your story of what happened). Please discuss (1) the circumstances leading up to this offense, (2) your actions and/or inactions involved in the offense, (3) and the wants, needs, and/or motivations that contributed to you selecting the course of action you took. Try to be as honest as you can with yourself during this exercise.

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Identifying and Naming the Opposing Sides

Overview: This homework is to be completed prior to Session 4. Its purpose is to help you better identify the two opposing sides of the internal conflict often present when self-forgiveness is hard to reach. This exercise is important because next session you will participate in an activity that allows you to express the two sides and begin to reconcile the two with one another. Doing so will be a big step in the direction of forgiving yourself for your regretted offense.

Instructions: Answer each of the following questions. Please take your time in reflecting on the two opposing sides as you answer the questions.

1. Most people who struggle to forgive themselves either (a) have difficulty accepting responsibility for their actions (i.e., they make excuses or shift blame), blocking off the need for self-forgiveness; or (b) they have negative feelings about the offense that become "global" (i.e., about themselves rather than their actions), leading to shame, self-loathing, and self-punishment. *Which of these two difficulties do you struggle with more?*

BLAME-SHIFTING or SELF-LOATHING

This is the "side" of you that is making self-forgiveness difficult. Please describe this side:

2. If you had to give this side a name, what would it be? Why? _____

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3. Now that you have described and named the side of you that is making self-forgiveness difficult, spend some time thinking about the other side of you—the side that wants and needs to be able to self-forgive. Self-forgiveness involves accepting an appropriate level of responsibility for what you did wrong, while also treating yourself with compassion. You could say that people who forgive themselves accept responsibility for their actions and regret having done them, but they don't require themselves to be chained to self-loathing and self-punishment. Instead, they turn their energy toward making amends to others for their past mistakes and acting in a way that better fits with their sense of right and wrong. Please describe the side of you that wants and/or needs to move toward this goal of self-forgiveness: _____

4. In what ways is this side in opposition with the other side described on the first page? _____

5. If you had to give this side a name, what would it be? Why? _____

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Steps Toward "Making Things Right"

Overview: Part of this worksheet will be completed during Session 6 and the other part will be completed prior to Session 7. This worksheet gives you the opportunity to write down your goals for "making things right" regarding your past offense. It will give you something to refer to over the next week as you start to take action toward making amends. The questions to be completed before next session are designed to give you the opportunity to reflect on your progress made over the week.

Instructions: Answer questions 1, 2, and 3 during Session 6. Prior to attending Session 7, please answer questions 4, 5, and 6.

1. What goals do you have for making amends for your offense? The more specific your goals are, the more easily you will know if and when you meet them.

2. What specific step or steps will you be able to make prior to your next session? Please try to make this initial goal something that can reasonably be accomplished within one week.

3. What were the wants, needs, and/or motivations connected to your offense? What are the healthy, values-connected ways you plan to fulfill these wants/needs/motivations in the future?

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4. Please describe the progress made toward your goal (from Question 2) for this week. If you did not meet this goal, what held you back from doing so? If you did meet your goal, what led to your success?

5. Were there times this week when your wants/needs/motivations connected to offense came up for you? If so, were you able to follow your plans of how to meet those needs in a healthier way? Please describe.

6. How has it felt for you to make steps toward making amends for your offense?

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A Letter of Self-Forgiveness

Overview: This assignment is to be completed prior to Session 8. The purpose of this assignment is to have you write a letter to yourself expressing the self-forgiveness you have attained thus far. Self-forgiveness involves both a decrease in negative feelings and thoughts toward the self and an increase in positive, compassionate thoughts and feelings toward the self. Being able to express these changes to yourself helps to solidify the progress you have made so far.

Instructions: Use the front and back of this worksheet or use a sheet of paper of your choice to write yourself a letter. Part of this letter should include an offer or expression of self-forgiveness. The rest is up to you—try to think about the things you need to hear from yourself in order to move forward positively from your past regret.

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Four Rs of Self-Forgiveness

The intervention you just completed was designed to focus on four main elements that are central to self-forgiveness: (1) responsibility, (2) remorse, (3) repair, and (4) renewal. When trying to forgive yourself, you should work through the four elements in the order listed. When all four areas are addressed after a transgression, genuine self-forgiveness can occur.

1) *Responsibility*: You need to acknowledge and accept responsibility for your offense and the harm you caused to others. This is often a painful process, but it is important to be fully honest with yourself about your intentions, your attitudes, and your actions connected to the offense. Without accepting responsibility, you run the risk of simply letting yourself off the hook for the offense, which does not lead to positive change. To accept responsibility, you should explore the wants, needs, and/or motivations that were associated with the offense. This honest assessment of the reasons you acted as you did will encourage you to take responsibility for your actions.

2) *Remorse*: After accepting responsibility, you will want to acknowledge and express your emotional reactions to your offense. Feelings of guilt and remorse are productive emotions after an offense because they spur to you take steps to make things right and avoid similar offenses in the future. Many people who are struggling with self-forgiveness, however, feel very shameful about their transgression. Shame involves a global negative evaluation of the self and can lead to self-destructive intentions. Therefore, you will need to reduce feelings of shame, which leaves the more manageable feeling of remorse. To reduce shame, it is helpful to remind yourself that everyone makes mistakes and that negative actions do not need to lead to an identity as a bad person. By taking this perspective, you are instead left with feelings of remorse about your actions, not shame about yourself. Ways of expressing remorse include journaling and talking with a trusted confidant.

3) *Repair:* Exploring your remorse for the transgression will likely lead to the desire to make things right. This process of repairing the damage can involve things like addressing the attitudes and behavior patterns that led to the offense, making a commitment to behave differently in the future, and making amends. If appropriate, you can make amends directly to the person you hurt, through things like an apology and engaging in positive actions toward the person. If direct amends are not possible or would not be helpful, you can engage in repair in an indirect way. This would involve positive things done to help others not directly affected by your offense, which demonstrates your commitment to behaving in a more prosocial way in the future. In addition, you should assess the needs and motivations associated with the offense and determine healthier strategies for meeting those needs to reduce the likelihood of similar offenses in the future. Taking steps to repair the offense can reduce guilt about the transgression and make room for the more positive feelings of self-acceptance and self-forgiveness to emerge.

4) *Renewal:* Even after reducing shame and making adequate amends for the offense, you may still experience lingering negative feelings about the offense. To continue to hold on to these negative feelings and judgments after addressing the wrong serves no functional purpose. At this point, then, it is healthy and appropriate to release your lingering negative feelings about the offense. This does not mean to forget that what you did was wrong or to no longer wish you had acted differently, as these can serve as important reminders to avoid similar offenses in the future. Instead, it means acknowledging your intrinsic worth as a person, setting aside lingering guilt and self-punishment, and approaching yourself with compassion, acceptance, and kindness. This final step can be seen as a personal renewal and completes the self-forgiveness process.

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APPENDIX B. MEASURES

Self-Condemnation measure (Fisher & Exline, 2006); with modified anchor wording

Please circle the number that best describes how strongly you feel each item. *When I think about this incident now,* *I feel…*	0 = Not at all										10 = Very much
1. disgusted with what I did	0	1	2	3	4	5	6	7	8	9	10
2. like a bad person.	0	1	2	3	4	5	6	7	8	9	10
3. like I deserve to suffer for this.	0	1	2	3	4	5	6	7	8	9	10
4. hateful toward myself.	0	1	2	3	4	5	6	7	8	9	10

Self-reported self-forgiveness item:

If SELF-FORGIVENESS is defined as *"a willingness to abandon self-resentment in the face of one's acknowledged objective wrong, while fostering compassion, generosity, and love toward oneself"*, then…

…place an X in the one box that best describes the degree to which you have forgiven yourself for the hurt or offense you wrote about on page 6.

1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
Not at all			Somewhat			Moderately			Completely

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State Self-Forgiveness Scales (Wohl, DeShea, & Wahkinney, 2008); with modified range for response options

Please respond to each of the items below by selecting the *one* number that *most closely* describes how strongly you experience each of the thoughts or feelings.	1 = Not at all		3 = A little		5 = Mostly		7 = Completely
<u>As I consider what I did that was wrong, I…</u>							
1. …feel compassionate toward myself.	1	2	3	4	5	6	7
2. …feel rejecting of myself.	1	2	3	4	5	6	7
3. …feel accepting of myself.	1	2	3	4	5	6	7
4. …feel dislike toward myself.	1	2	3	4	5	6	7
5. …show myself acceptance.	1	2	3	4	5	6	7
6. …show myself compassion.	1	2	3	4	5	6	7
7. …punish myself.	1	2	3	4	5	6	7
8. …put myself down.	1	2	3	4	5	6	7
<u>As I consider what I did that was wrong, I believe I am…</u>							
9. …acceptable.	1	2	3	4	5	6	7
10. …okay.	1	2	3	4	5	6	7
11. …awful.	1	2	3	4	5	6	7
12. …terrible	1	2	3	4	5	6	7
13. …decent.	1	2	3	4	5	6	7
14. …rotten.	1	2	3	4	5	6	7
15. …worthy of love.	1	2	3	4	5	6	7
16. …a bad person.	1	2	3	4	5	6	7
17. ….horrible.	1	2	3	4	5	6	7

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Perceived Responsibility measure (Fisher & Exline, 2006)

Please circle the *one* number that *most closely* describes how much you disagree or agree with each statement regarding the hurt or offense you wrote about.	0 = Completely Disagree					5 = Neutral					10 = Completely Agree
1. I feel I was responsible for what happened.	0	1	2	3	4	5	6	7	8	9	10
2. I wasn't really to blame for this.	0	1	2	3	4	5	6	7	8	9	10
3. I was in the wrong in the situation.	0	1	2	3	4	5	6	7	8	9	10
4. This was clearly my fault.	0	1	2	3	4	5	6	7	8	9	10
5. I did not really do anything wrong.	0	1	2	3	4	5	6	7	8	9	10

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Clinical Outcomes in Routine Evaluation—outcome measure (CORE, 1998)

	This page has 28 statements about how you have been OVER THE LAST WEEK. Please read each statement and think how often you felt that way last week. **Over the last week…**	0 = Not at all	1 = Only Occasionally	2 = Sometimes	3 = Often	4 = Most or all of the time
1	I have felt terribly alone and isolated	0	1	2	3	4
2	I have felt tense, anxious, and nervous	0	1	2	3	4
3	I have felt that I have someone to turn to for support when needed	0	1	2	3	4
4	I have felt O.K. about myself	0	1	2	3	4
5	I have felt totally lacking in energy and enthusiasm	0	1	2	3	4
6	I have felt able to cope when things go wrong	0	1	2	3	4
7	I have been troubled by aches, pains, or other physical problems	0	1	2	3	4
8	Talking to people has felt too much for me	0	1	2	3	4
9	Tension and anxiety have prevented me from doing important things	0	1	2	3	4
10	I have been happy with the things I have done	0	1	2	3	4
11	I have been disturbed by unwanted thoughts and feelings	0	1	2	3	4
12	I have felt like crying	0	1	2	3	4
13	I have felt panic or terror	0	1	2	3	4
14	I have felt overwhelmed by my problems	0	1	2	3	4
15	I have had difficulty getting to sleep or staying asleep	0	1	2	3	4
16	I have felt warmth or affection for someone	0	1	2	3	4
17	My problems have been impossible to put to one side	0	1	2	3	4
18	I have been able to do most of the things that I needed to	0	1	2	3	4
19	I have felt despairing or hopeless	0	1	2	3	4
20	I have felt criticized by other people	0	1	2	3	4
21	I have thought I have no friends	0	1	2	3	4
22	I have felt unhappy	0	1	2	3	4
23	Unwanted images or memories have been distressing me	0	1	2	3	4
24	I have been irritable when with other people	0	1	2	3	4
25	I have thought I am to blame for my problems and difficulties	0	1	2	3	4
26	I have felt optimistic about my future	0	1	2	3	4
27	I have achieved the things I wanted to	0	1	2	3	4
28	I have felt humiliated or shamed by other people	0	1	2	3	4

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Self-Compassion Scale—Short Form (Raes, Pommier, Neff, & Gucht, 2011)

Please respond to each of the items below by selecting the *one* number that *most closely* describes how often you typically act in the manner stated in the item.	1 = Almost Never		3=Sometimes		5 = Almost Always
1. When I fail at something important to me, I become consumed by feelings of inadequacy.	1	2	3	4	5
2. I try to be understanding and patient towards those aspects of my personality that I do not like.	1	2	3	4	5
3. When something painful happens, I try to take a balanced view of the situation.	1	2	3	4	5
4. When I'm feeling down, I tend to feel like most other people are probably happier than I am.	1	2	3	4	5
5. I try to see my failings as part of the human condition.	1	2	3	4	5
6. When I'm going through a very hard time, I give myself the caring and tenderness I need.	1	2	3	4	5
7. When something upsets me, I try to keep my emotions in balance.	1	2	3	4	5
8. When I fail at something that's important to me, I tend to feel alone in my failure.	1	2	3	4	5
9. When I'm feeling down, I tend to obsess and fixate on everything that's wrong.	1	2	3	4	5
10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.	1	2	3	4	5
11. I'm disapproving and judgmental about my own flaws and inadequacies.	1	2	3	4	5
12. I'm intolerant and impatient towards those aspects of my personality that I don't like.	1	2	3	4	5

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Satisfaction with Life Scale (Diener, Emmons, Larsen, & Griffin, 1985)

Below are five statements with which you may agree or disagree. Using the scale at the right, indicate your agreement with each item by circling the appropriate number.	1 = Strongly Disagree	2 = Disagree	3 = Slightly Disagree	4 = Neutral	5 = Slightly Agree	6 = Agree	7 = Strongly Agree
1. In most ways my life is close to my ideal.	1	2	3	4	5	6	7
2. The conditions of my life are excellent.	1	2	3	4	5	6	7
3. I am satisfied with my life.	1	2	3	4	5	6	7
4. So far I have gotten the important things I want in life.	1	2	3	4	5	6	7
5. If I could live my life over, I would change almost nothing.	1	2	3	4	5	6	7

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