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The Evaluation of a Workbook Designed to Promote Self-Forgiveness

Christopher Bell

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ACCEPTANCE

This dissertation, THE EVALUATION OF A WORKBOOK DESIGNED TO PROMOTE SELF-FORGIVENESS, by CHRISTOPHER MICHAEL BELL, was prepared under the direction of the candidate's Dissertation Advisory Committee. It is accepted by the committee members in partial fulfillment of the requirements for the degree, Doctor of Philosophy, in the College of Education, Georgia State University.

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THE EVALUATION OF A WORKBOOK DESIGNED TO PROMOTE SELF-FORGIVENESS

by

CHRISTOPHER BELL

Under the Direction of Dr. Jeff Ashby

ABSTRACT

Despite the many documented benefits of self-forgiveness, relatively few self-forgiveness intervention studies exist. This study measured the effectiveness of a workbook intervention designed to promote self-forgiveness. The intervention consisted of three components based on previous theoretical and empirical guidelines about the self-forgiveness process. The three components included: encouragement of pro-social behaviors and responsibility, addressing barriers to self-forgiveness, and promoting healthy thinking and behaviors. Outcome measures included state and trait self-forgiveness (Heartland Forgiveness Scale, Thompson et al., 2005; State Self-Forgiveness Scale, Wohl et al., 2008), responsibility acceptance (Fisher & Exline, 2006), attitudes towards future reparative behaviors (Fisher, 2010), shame and guilt (The Personal Feelings Questionnaire-2; Harder & Zalma, 1990) and self-esteem (Rosenberg Self-Esteem Scale; Rosenberg, 1965). It was hypothesized that the intervention condition would increase all outcome variables. After being randomly assigned to either the treatment or control group, participants received the survey immediately pre- and post-intervention, and after two weeks to measure longitudinal change. Participants included 125 undergraduate students in the College of Education of an urban university in the Southeastern U.S who committed an interpersonal offense (such as insulting another person) within the past six weeks that caused significant distress. A series of repeated measures Analysis of Variance (ANOVA) tests were conducted to determine the effectiveness of the

intervention as compared to the control group. The treatment group had significantly higher levels of state and trait self-forgiveness compared to the control group at the immediate post-test, as hypothesized. There were no other significant changes. This study had a high attrition rate for the two week follow-up survey which limited the longitudinal data analysis. The study has the potential to inform the literature on the utility of a workbook intervention as a self-help resource and a possible adjunct to therapy for individuals who struggle with self-forgiveness.

INDEX WORDS: Self-forgiveness, workbook, self-help, forgiveness of self, intervention

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Christopher Michael Bell

A Dissertation

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1 THE PROCESS OF SELF-FORGIVENESS

The empirical study of forgiveness has thrived over the past two decades, and this work has led to a variety of intervention strategies. In contrast, the study of self-forgiveness has lagged behind, both in terms of basic research and applied work. Some initial evidence, however, suggests that low self-forgiveness is implicated in a variety of clinical conditions, such as depression (Hirsch, Webb, & Jeglic, 2011). Thus, interventions that focus on self-forgiveness may provide a helpful language and set of adjunctive strategies for treating symptoms that are exacerbated by low self-forgiveness. However, only a few self-forgiveness interventions have been published so this work is in an early stage. The current paper briefly reviews the existing literature on self-forgiveness and proposes a framework for facilitating self-forgiveness.

Definitions

Self-forgiveness is defined as the reduction of negative thoughts, emotions, and motivations associated with self-condemnation (Enright, 1996; Hall & Fincham, 2005). It may also include an increase in positive thoughts, emotions, and motivations towards oneself (Hall & Fincham, 2005; Horsbrugh, 1974).

Benefits of Self-Forgiveness

Self-forgiveness is an important construct to study given its positive relationship to numerous mental health outcomes across multiple populations (Fisher & Exline, 2010; Macaskill, 2012). For instance, self-forgiveness has been related to life satisfaction and gratitude across multiple studies with diverse populations (Bugay, Demir, & Delevi, 2012; Macaskill, 2012; Toussaint & Friedman, 2009). This relationship has face validity, as it seems plausible that forgiving yourself and letting go of thoughts of low self-worth would lead to greater life enjoyment. Hirsch, Webb, and Jeglic (2011) found that self-forgiveness was related to reduced

depression symptoms in a college student population. Self-forgiveness also mediated the relationship between depression and suicidal ideation in this sample (Hirsch, Webb, & Jeglic, 2011). Kim, Johnson, and Ripley (2011) concluded that self-forgiveness was related to lowered neuroticism and socially prescribed perfectionism. Self-forgiveness may also have interpersonal benefits. Following a verbal conflict within a relationship, self-forgiveness was a statistically significant predictor of relationship satisfaction, as rated by the instigators of verbal conflict and their partners (Pelucchi, Paleari, Regalia, & Fincham, 2013).

Self-forgiveness has potential benefits within the field of health psychology. Krause and Hayward (2013) found that self-forgiveness was positively related to improved health in an older adult population. Similarly, Wilson, Milosevic, Carroll, Hart and Hibbard (2008) found that self-forgiveness was correlated to increased perceived health in a younger adult population. Lawler-Row (2010) found that self-forgiveness was linked with healthy aging and decreased physical symptoms of a medical illness as well. It is possible that there is a direct, causal relationship between self-forgiveness and health. However, self-forgiveness is more likely to have an indirect influence on health through the increase of social support and life satisfaction, and the reduction of stress (Lawler-Row, 2010; Romero et al., 2006). Toussaint and Webb (2005) hypothesized that self-forgiveness improves health through reduced rumination. In this way, self-forgiveness improves physical health as people experience less intrusive negative thoughts and emotions, including anger, shame, and guilt (Toussaint & Webb, 2005). Self-forgiveness may also improve health by causing individuals to make better lifestyle choices, such as improved social engagement and willingness to seek help for medical problems (Webb, Robinson, & Brower, 2009; Worthington, Berry, & Parrott, 2001).

In addition to improved mood and health, self-forgiveness can potentially reduce harmful behaviors. Westers, Rehfuss, Olson, and Biron (2012) found that self-forgiveness was related to decreased self-harming behaviors through reduced self-blame and self-condemnation in an adolescent sample. Forgiving oneself for the procrastination of school-related tasks reduced future procrastination through the reduction of negative emotions associated with studying (Wohl, Pychyl, & Bennett, 2010). Individuals who engaged in Eating Disorder behaviors also had lower levels of self-forgiveness as compared to individuals with no Eating Disorder symptoms (Watson, 2012). Watson (2012) discussed the importance of integrating self-forgiveness into eating disorder interventions to promote efficacy, as a lack of forgiveness may maintain these behaviors. Overall, self-forgiveness has many important benefits, including improved mood, health, relationship satisfaction, and reduced maladaptive behaviors.

Potential Consequences of Self-Forgiveness

Despite the many benefits of self-forgiveness, there are several potential risks. A commonly cited concern is that self-forgiveness may have unwanted social consequences. For instance, Strelan (2007) found a consistent and statistically significant positive relationship between narcissism and self-forgiveness. Strelan (2007) cautioned that self-forgiveness interventions should account for the fact that some individuals may deny or minimize the harmful effects that their behavior has on others. Fisher and Exline (2010) noted that self-forgiveness can benefit the offender, but may have detrimental social consequences if the self-forgiveness improvements enable the individual to continue the offensive behaviors. For example, consider an individual who has a history of intimate partner violence and is dismissive about the harmful effects of this behavior (i.e., “My partner deserved to get hurt for making me mad.”). In this example, promoting the offender's self-forgiveness is likely harmful towards

his/her partner, as it prevents the individual from acknowledging the negative consequences of his/her behavior and making appropriate changes. This pattern of blaming others is common with individuals who have a history of perpetrating intimate partner violence, and should be addressed early in treatment (Scott & Straus, 2007). This concern applies to several additional populations, as individuals who engage in sexual harassment often minimize the effects of their behaviors when confronted (Bergman, Langhout, Palmieri, Cortina, & Fitzgerald, 2002). Individuals with a history of perpetrated sexual offenses often deny the severity of their behavior as well, which further raises concern about the appropriateness of self-forgiveness with individuals who have committed interpersonal offenses (Langton et al., 2008).

The concern that self-forgiveness may enable maladaptive behaviors may also apply to more common transgressions, such as micro-aggressions or arguments. Thompson and colleagues (2005) found that the avoidance or minimization of the consequences of one's actions during the process of self-forgiveness may decrease the chance that an individual will make social amends or change their maladaptive behaviors. A laboratory study conducted by Exline, Root, Yadavalli, Martin and Fisher (2011) also supported this concern, as individuals who completed a self-forgiveness intervention were less likely to engage in social amends following a relationship offense. The uncomfortable internal experience of low self-forgiveness may indeed motivate an individual to apologize or make appropriate behavioral changes (Exline et al., 2011). Exline and colleagues (2011) suggested that encouraging reparative behaviors prior to the promotion of self-forgiveness may address this concern.

In addition to the social consequences of self-forgiveness, several authors have identified potential consequences to the self, particularly with addictive behaviors. For instance, Squires, Sztainert, Gillen, Caouette, and Wohl (2012) found that self-forgiveness reduced problem-

gamblers' will to change their pathological gambling behaviors. Wohl and Thompson (2011) found that nicotine users with high self-forgiveness were less likely to address their nicotine use as compared to those with low self-forgiveness. These implications are particularly troublesome for severe drug and alcohol addiction. Individuals with a history of alcohol addiction who are in a pre-contemplation stage of change and have high levels of denial will likely have higher self-forgiveness than individuals who have a more honest appraisal of their addiction and are able to see the detrimental consequences of their behavior. In these cases, a decrease in self-forgiveness as one transitions from pre-contemplation to contemplation may be a positive thing for the person's overall psychological health, even though they may experience initial increases in uncomfortable emotions (i.e., self-loathing, shame, guilt).

Overall, the many benefits of self-forgiveness indicate that it is an important construct to study despite these possible negative consequences. However, researchers and clinicians must be cautious about self-forgiveness and considerate of the population that is being studied, as certain populations (i.e., individuals diagnosed with Narcissistic Personality Disorder) may be particularly susceptible to make mistakes, such as self- or other-blame, in the process of self-forgiveness (Strelan, 2007). For example, increasing self-forgiveness in individuals diagnosed with Major Depressive Disorder may have different implications than increasing self-forgiveness in those with histories of alcohol abuse and intimate partner violence, given the social consequences and maladaptive behaviors associated with the latter conditions.

Potential Mistakes in the Process of Self-Forgiveness

Several authors have expanded on the risks of self-forgiveness and identified common mistakes that can be made in the process of self-forgiveness. Hall and Finchman (2005) first described the term "pseudo self-forgiveness" (p.626), which was defined as achieving self-

forgiveness by means of unhealthy defense mechanisms. Pseudo self-forgiveness is a maladaptive “shortcut” to self-forgiveness through unhealthy mental processes such as minimization, denial, and blaming others (Hall & Finchman, 2005). An example would be an individual who committed a micro-aggression and felt significantly guilty. In an attempt to feel better and forgive himself, the individual dismissed the potential harm caused by the micro-aggression (i.e., “They were being too sensitive”) and blamed their behaviors on someone else (i.e., “My boss made me upset earlier in the day. This made me react harshly, so it wasn’t really my fault”; Hall & Fincham, 2005). Fisher and Exline (2010) noted that people may be naturally vulnerable to this self-forgiveness mistake, as we all have a natural tendency to avoid the negative emotions associated with a wrongdoing.

Vitz and Meade (2011) noted that the opposite problem may exist as well. That is, individuals who have a tendency to blame themselves for incidents that are not truly their fault also pose a unique concern for the process of self-forgiveness. These errors of attribution can be thought of as a continuum, with a group that externalizes blame for their behaviors as one extreme (i.e., individuals with high levels of narcissistic traits), and individuals who excessively self-blame on the other end of the continuum (Vitz & Meade, 2011). Excessive self-blame is a valid concern for self-forgiveness, as individuals who are diagnosed with clinical depression are often prone to excessive self-blame (Flett, Blankstein, & Holowaty, 1990; Keilp, Grunebaum, Gorlyn, LeBlanc, Burke, Galfalvy, & Mann, 2012). This problem of self-blame is not limited to Mood Disorders, as individuals diagnosed with Obsessive-Compulsive Disorder (OCD) often take responsibility for events that are unrelated to their actions (Ecker & Gönner, 2008). Helping the individual to self-forgive in this case may cause harm, as it may reinforce that individual's distorted sense of responsibility. Although individuals who excessively self-blame pose unique

concerns, self-forgiveness is still a useful concept for these populations, although the self-forgiveness process may be more complex. The argument that self-forgiveness is not applicable to these populations doesn't acknowledge the potential use of professional help (i.e., professional counseling) to assist in the process of self-forgiveness. There are also many techniques designed to address errors of attribution for people who have a tendency to excessively blame themselves or others for their mistakes. For example, learned optimism exercises have demonstrated significant promise in addressing the attribution styles of individuals who may excessively self-blame (Fresco, Moore, Walt & Craighead, 2009). Specific cognitive therapy exercises also exist that are designed to help an individual develop a healthy sense of attribution for events with which they are struggling (i.e., Leahy, 2003). These techniques offer promise in helping to avoid these common attribution errors in the process of self-forgiveness.

Additional Critiques of Self-Forgiveness

Vitz and Meade (2011) summarized several additional critiques of self-forgiveness. The first critique was that self-forgiveness can create “splitting” or fragmentation of an individual’s self-concept, with a positive identity that attempts to forgive the negative identity (Vitz & Meade, 2011). According to Vitz and Meade (2011), this fragmentation can lead a person to have an unstable and disintegrated sense of self. This "splitting" may be particularly problematic for individuals who struggle to form an integrated self-concept, such as individuals diagnosed with Borderline Personality Disorder (Hawes, Helyer, Herlianto, & Willing, 2013). Despite these concerns, there is no empirical evidence to support the assertion that self-forgiveness has any relationship to an unstable or fragmented self-concept. On the contrary, several studies have demonstrated a statistically significant relationship between self-forgiveness and a healthy evaluation of one's self (Li & Fu, 2013; Strelan, 2007).

The second critique posited by Vitz and Meade (2011) was that self-forgiveness is not substantively different from self-acceptance. Vitz and Meade (2011) base this argument on the finding that self-forgiveness operates differently than interpersonal forgiveness (forgiveness of others), which doesn't allow for the differentiation of self-forgiveness and self-acceptance. Most self-forgiveness theorists would agree that self-acceptance is a central part of self-forgiveness (e.g., Strelan, 2007) but that there appear to be unique aspects of self-forgiveness that are not fully encompassed by self-acceptance. Consider the example of an individual who has a generally positive view of herself, but struggles with an accident where she dropped her infant child by accident. Self-forgiveness, in this case, is specific to the accident (i.e., "I made a horrible mistake"), and not necessarily related to a global rejection of the self (i.e., "I am a horrible person"), although there is likely overlap between the two constructs. A study replicated this idea and found that self-forgiveness was correlated with, but did not significantly overlap with, self-acceptance in a large sample of adults (Hill & Allemand, 2010). Further, several studies have demonstrated a consistent, robust relationship between self-forgiveness and forgiveness of others, suggesting that there is some similarity between the two constructs and the processes involved in them (Thompson et al., 2005; Toussaint, 2009).

Steps in the Process of Self-Forgiveness

Several authors have recommended ways to successfully implement self-forgiveness and account for most of the consequences and mistakes that can be made in the self-forgiveness process (Exline et al., 2011; Fisher & Exline, 2010; Woodyatt & Wenzell, 2013). The existing self-forgiveness literature also provides a basic framework for steps in the process of self-forgiveness. These steps include: taking accountability for one's actions, addressing negative cognitions and feelings (i.e., rumination and self-critical beliefs), and making behavioral

changes, such as apologizing or making peace with any victims of an offense (Fisher & Exline, 2010; Exline, et al., 2011; McConnel & Dixon, 2012; Tagney, Boone, & Dearing, 2005). Several authors have noted that self-forgiveness interventions should include both an increase in positive beliefs and feelings towards the self as well as a reduction of negative self-beliefs and feelings (Pelucchi, Paleari, Regalia, & Fincham, 2013; Thompson et al., 2005). These steps and recommendations will be discussed in further detail below.

Responsibility

In the current literature, multiple authors have identified responsibility, or taking accountability for one's transgression, as an appropriate and important first step in the process of self-forgiveness, for both social and personal reasons (Exline et al., 2011; Fisher & Exline, 2006; Woodyatt & Wenzell, 2013). Fisher and Exline (2010) highlighted the importance of acknowledging one's wrongdoing as being socially beneficial and a way of circumventing dismissive or unhealthy self-forgiveness. Jacinto & Edwards (2011) agreed that reparations and acceptance of responsibility should be the first step in the self-forgiveness process, as promoting self-forgiveness before reparations may prevent an individual from following through with appropriate reparative behaviors. Strelan (2007) also theorized that encouraging accountability for one's offense can help individuals avoid narcissistic self-forgiveness, which is an important consideration given the relationship Strelan (2007) found between narcissism and self-forgiveness. The avoidance of taking responsibility for a transgression can be appealing at first, as negative emotions are commonly associated with facing responsibility for one's mistakes (i.e., guilt, shame, regret; Fisher & Exline, 2010). However, the long-term consequences of avoiding responsibility likely outweigh the short-term discomfort that can arise, for both the offender and anyone that was harmed (Fisher & Exline, 2010).

The idea that responsibility acceptance can benefit the offender as well as others, regardless of the type of offense, may seem counterintuitive. One might assume that facing the negative consequences of one's actions would bring up feelings of guilt and shame, which could cause individuals to feel worse about themselves, and less self-forgiving. In a laboratory intervention study, Exline and colleagues (2011) found that individuals who received a self-forgiveness intervention and an intervention that promoted accountability for their role in an interpersonal offense had higher levels of self-forgiveness compared to individuals who received a self-forgiveness intervention alone. Woodyatt and Wenzell (2013) found that accepting responsibility for one's role in an offense, as opposed to ignoring it, can promote self-forgiveness as well. This boost in self-forgiveness that results from taking responsibility for one's transgression may be related to a sense of accomplishment or achievement that comes from facing one's wrongdoing. Overall, taking responsibility for one's transgression, such as the effect of a micro-aggression, appears to be an appropriate and important first step in the process of self-forgiveness with both personal and social benefits (Fisher & Exline, 2010).

During the responsibility acceptance phase of self-forgiveness, an evaluation of the attributions of the offense is necessary, in order to address unhealthy self- or other-blame (Vitz & Meade, 2011). Helping individuals to self-forgive for an incident that was not really their fault is unnecessary and potentially harmful, as it may reinforce the individuals' flawed sense of responsibility (Fisher & Exline, 2010). Helpful exercises to address attribution errors may include a "pie chart" activity, which includes drawing a graph and listing the number of factors that contributed to the incident, and the percentage of influence that each factor had (Leahy, 2003). The idea behind this exercise is to give individuals a more balanced perspective of the causal factors of an incident with which they are struggling (Leahy, 2003). Psychoeducational

techniques that explain some of the mistakes that people make in the self-forgiveness process may also help an individual to identify and avoid unnecessary blame towards themselves or others. However, in severe cases, such as individuals diagnosed with Obsessive-Compulsive Disorder and/or Major Depressive Disorder, more intensive treatment may be warranted. A counselor who is familiar with self-forgiveness may be particularly helpful in these cases.

Overall, the success of the responsibility acceptance component of self-forgiveness is reliant on finding a fair and realistic understanding of one's role in an offense, and avoiding errors of attribution (Exline et al., 2011).

Reparative Behaviors

Following the responsibility acceptance component, another vital part of the self-forgiveness process is the promotion of reparative behaviors, or efforts to make amends for any damage that was caused by an offense (Fisher & Exline, 2010). Examples of reparative behaviors may include: a verbal or written apology, an act of kindness towards the victim, making a conscious effort to avoid similar behaviors, and providing the person who was harmed with an opportunity to express their frustration. Several authors have discussed that reparations/apology behaviors can improve an individual's self-forgiveness, in addition to the obvious social benefits (Exline et al., 2011; Ingersol, Dayton, & Krause, 2005). In this way, the reparative behaviors may bring a sense of closure and peace for the offender. Reparative behaviors can also remind an individual of their strengths and improve their self-worth, both of which are beneficial for self-forgiveness (Vitz & Meade, 2011; Zechmeister & Romero, 2002). The simple planning of reparative behaviors alone has potential self-forgiveness benefits for the offender, in addition to increasing the likelihood that an individual will complete their reparative behaviors (Turnage, 2003; Witvliet, Ludwig, & Bauer, 2002). Exline and colleagues (2011) also clarified that

reparative behaviors should come before attempts to self-forgive, as increases in self-forgiveness may reduce an individual's willingness to follow through with their reparative behaviors.

Reparative behaviors are most beneficial when they are considerate towards the victim (Vitz & Meade, 2011). Thus, individuals who engage in self-forgiveness would benefit from empathizing with the victim, and should strive to tailor their reparations towards the victim's experience (Hall & Fincham, 2008). Individuals may benefit from consulting with a friend or a professional therapist in these cases. Although reparative behaviors are an important step in self-forgiveness, reparative behaviors may not be possible in all cases (Fisher & Exline, 2010). Incidents like these may be particularly common in military veterans or medical personnel who made a mistake that caused death or serious injury, or when geographic or logistical restrictions make it impossible for a direct apology. In these cases, even though direct reparations may not be possible, individuals may be able to engage in an indirect form of reparations, such as praying for the individual, donating money to a charity in the individual's name, or making an effort to learn from the mistake to honor the person who was harmed. Unfortunately, there is limited research on these indirect forms of reparations. Hall and Fincham (2008) described that reparations made towards a higher power, if appropriate, may be beneficial for the self-forgiveness process. In this study, reparations made towards a higher power had a less powerful influence on self-forgiveness than reparations made directly towards the person who was offended (Hall & Fincham, 2008). These indirect reparations also appeared to have a different psychological effect on the offender, as opposed to a direct apology (Hall & Fincham, 2008). Despite the limited research on indirect reparations, these appear to be a potentially useful avenue for self-forgiveness, especially for individuals who are unable to apologize to the person

who was harmed. Direct reparations should be given priority, however, as they are more beneficial for both the offender and the person who was harmed.

Negative Beliefs about the Self

Following the initial steps of accepting responsibility and engaging in reparative behaviors, the next appropriate step in the self-forgiveness process is to address the distressing negative thoughts and beliefs that arise when the individual contemplates the incident (Exline et al., 2011; Fisher & Exline, 2010). Thus, cognitive changes, or addressing beliefs and thought patterns, is a key component in promoting self-forgiveness (Enright et al., 1996). Beliefs about the self are particularly important, as the promotion of self-acceptance, particularly with regard to accepting one's self with consideration to the offense, can be beneficial for the self-forgiveness process (Hall & Fincham, 2008; Ingersoll-Dayton & Krause, 2005; Woodyatt & Wenzell, 2013). For example, the belief that "I am an acceptable person" may be less valuable than "I am an acceptable person who made this mistake" in regards to the self-forgiveness process. Vitz and Meade (2011) hypothesized that "should" and "must" statements, or inflexible standards for oneself and the world, likely contribute to difficulties with self-forgiveness and should be addressed in the self-forgiveness process. Cognitive therapy activities provide a particularly useful avenue for addressing these beliefs, given the fact that "should" and "must" statements are addressed throughout cognitive theory (Ellis, 2007; Leahy, 2003).

Cognitive patterns, or general tendencies and ways of perceiving the world, are another useful avenue to address when promoting self-forgiveness. Addressing rumination, or the tendency to brood about one's past difficulties, is worth addressing as rumination can interfere with the self-forgiveness process (McConnel & Dixon, 2012; Tagney, Boone, & Dearing, 2005). Fortunately, there are previous interventions that have demonstrated success with rumination,

which may be integrated into the process of self-forgiveness (Hilt & Pollak, 2012; Huffziger, Reinhard, & Kuehner, 2009). These rumination interventions have tended to focus on behavioral techniques that are designed to break the pattern of rumination. Cognitive flexibility is another concept that has potential benefit for self-forgiveness (Thompson et al., 2005). Thompson and colleagues (2005) described cognitive flexibility as the ability to think of multiple concepts at once or switch focus between multiple ideas. This cognitive flexibility concept relates to rumination, as rumination can be characterized as an inflexible thought pattern where an individual fixates on their negative past beliefs. Overall, healthy self-forgiveness involves cognitive change, including the promotion of self-acceptance and self-affirming beliefs, and the reduction of negative thought patterns, such as inflexible negative self-statements (i.e., “I am a loser”).

Reducing Shame

The reduction of shame is another important component of the self-forgiveness process, as shame has been one of the most common predictors of low self-forgiveness identified by previous researchers (Fisher & Exline, 2010; Tagney & Dearing, 2002; Woodyatt & Wenzell, 2013). Shame is also detrimental from a social perspective, as it causes a person to focus on the self as opposed to others (Holmgreen, 2002; Tagney, Boone, & Dearing, 2005). Several authors have proposed guidelines for reducing shame and increasing self-forgiveness, including the separation of one’s transgression from a global negative evaluation of the self (Holmgreen, 2002; Tagney, Boone, & Dearing, 2005). An example of this includes changing the self-statement: “I am a mean person” to “I did a mean thing.” Thus, exercises that are designed to help a person differentiate between doing an immoral action and being an immoral person could help promote

self-forgiveness by changing the underlying self-judgments that contribute to shame (Holmgreen, 2002; Tagney, Boone, & Dearing, 2005).

Building Coping Resources

Coping resources are valuable in this process, as they can help an individual with the feelings of guilt and shame that often arise. Several studies have provided support for the importance of spirituality and spiritual coping resources for self-forgiveness (Ingerson-Dayton & Krause, 2005; Vitz & Meade, 2011). These spiritual coping resources can include: prayer, meditation, or seeking counsel with a religious leader. Hall and Fincham (2008) noted that the belief that one was forgiven by a higher power was positively related to increased self-forgiveness in a sample of college students. Jacinto (2010) also found that increased engagement in religious/spiritual practices (i.e., church attendance) was related to increased self-forgiveness. Certain religious and spiritual practices provide outlets that are particularly relevant to self-forgiveness, such as the confession of a wrongdoing. Lawler-Row (2010) provided several examples of potentially useful spiritual practices, as they found that self-forgiveness related to the regularity of prayer, attendance of religious services, spiritual-related coping, and the belief that one is forgiven and watched over by a higher power. These findings are particularly useful for the self-forgiveness process if an apology for a wrongdoing is not possible to a person who was harmed, as an individual may be able to pray to a higher power or make some form of amends through formal religious practices. These findings are unfortunately limited to individuals who consider themselves to be spiritual/religious, although individuals who are atheist/agnostic may be able to modify some of these concepts to fit into their own belief system.

The recollection of past strengths can increase self-forgiveness as well, as strength recollection can remind an individual of aspects of their identity apart from their transgression

(Ingersoll-Dayton & Krause, 2005). Wenzell, Woodyatt, and Hendrick (2012) proposed a concept called “value reaffirmation” (p.619) as being particularly beneficial for the self-forgiveness process. Wenzell, Woodyatt and Hendrick (2012) defined value reaffirmation as making an effort to realign oneself with any personal morals or ethics that were violated in an offense. An example of this is to identify the value that was broken (i.e., "The Golden Rule"), and to then to make a conscious effort not to break that value in the future. Exline and colleagues (2011) also discussed the importance of encouraging individuals to put independent effort into self-forgiveness, outside of any formal intervention, to maintain self-forgiveness gains. This may include setting reminders to engage in the process of self-forgiveness (i.e., designating a set time each week) or staying mindful of the need to reflect on an offense at appropriate times. Thus, the process of self-forgiveness may also benefit from the identification of one's strengths, the utilization of spiritual coping resources, realignment with one's values, and a continued effort to engage in self-forgiveness at appropriate times.

Additional Considerations

Several studies have explored the effects of age on self-forgiveness. Lawler-Row (2010) found that age was not related to self-forgiveness in a large sample of college students. Age was also unrelated to self-forgiveness in several samples of individuals with medical problems, including cancer and spinal cord injury (Friedman, et al., 2010; Webb, Toussaint, Kalpakjian, & Tate, 2010). In a sample of social work students, older participants had statistically significant higher levels of self-forgiveness when compared to younger participants (Turnage, Hong, Stevenson, & Edwards, 2011). Although the relationship between self-forgiveness and age is inconsistent, it warrants further study, given the value shifts and life changes that individuals experience as they age (Beyers & Seiffge-Krenke, 2010; Erikson, 1982; Weiland, 1994).

According to Erikson's theory of social development, older adults are more concerned with being productive and having an impact on future generations, as compared to younger adults who are more focused on identity and social relationship development (Erikson, 1982). It is plausible that the process self-forgiveness may look different for these age groups, or that the transgressions that inhibit self-forgiveness may be different. Older adults may have more resiliency and a more stable identity to help them forgive, as compared to adolescents and young adults who often struggle with an unstable self-image (Luyckx, De Witte, & Goossens, 2011). A concern for older adults is that isolation may be more prevalent, and may inhibit individuals from utilizing social resources to promote self-forgiveness (Coyle & Dugan, 2012). Regardless, further research is needed to explore the relationship between age and self-forgiveness.

As with age, gender is another important factor to explore in the process of self-forgiveness, although the results of research addressing this relationship are also inconsistent. In one study of self-forgiveness within romantic relationships, males endorsed higher levels of guilt and responsibility acceptance for their actions, which had an influence on the process of self-forgiveness (Pelucchi, Paleari, Regalia, & Fincham, 2013). Exline and colleagues (2011) initially found that women had lower levels of self-forgiveness compared to males, although this finding was not replicated in the second part of their study. Several studies have found no significant relationship between self-forgiveness and gender in college student samples (Lawler-Row, 2010; Ranganadhan & Todorov, 2010). Given that many clinical conditions, particularly depression and anxiety, manifest differently for men and women (Linden, Vodermaier, MacKenzie, & Greig, 2012; Silverstein et al., 2013), it is plausible that gender has some effect on self-forgiveness in many cases. The direction of this effect appears to be that men are more self-forgiving than women (Exline et al., 2011). Social influences that cause women to feel more

guilt after interpersonal offenses may explain this finding (Etxebarria, Ortiz, Conejero, & Pascual, 2009), given the consistent, inverse relationship between guilt and self-forgiveness. Regardless, future research is needed in this area to clarify the relationship between gender and self-forgiveness.

The type of incident that an individual struggles with is another variable to consider. These incidents that cause an individual to struggle with self-forgiveness fall broadly into two categories: offenses towards the self, and offenses towards others (Hall & Fincham, 2008). Most studies tend to focus on self-forgiveness that involves offenses towards others (i.e., Hall and Fincham, 2008; Exline et al., 2011), although transgressions towards the self are also problematic and warrant future research (Ingersoll-Dayton and Krause, 2005). Transgressions towards the self can involve drug and alcohol abuse, or self-blame related to health problems (i.e., "I should have gone to the doctor sooner or made lifestyle changes"). Given the lack of research on the subject, it is unclear if offenses towards the self follow a different course of self-forgiveness as compared to offenses made towards another person. Exline and colleagues (2011) found that the transgressions that involved a reciprocal offense (i.e., an argument where both individuals clearly violated an ethical boundary) were related to increased self-forgiveness compared to when the individual was the only one who violated an ethical boundary. Thus, individuals who initiate an offense may struggle more with self-forgiveness compared to individuals who initiated an offense in retaliation to another (Exline et al., 2011).

Time is an important factor to consider when studying the process of self-forgiveness. It seems plausible that more recent offenses will cause more distress than older offenses (Hall & Fincham, 2008). However, Friedman and colleagues (2010) did not find a statistically significant relationship between the time when someone was diagnosed with cancer and self-forgiveness in

a sample of women diagnosed with breast cancer. This suggests that time may not play as important a role as previously thought. One longitudinal study measured the course of self-forgiveness over seven weeks, where self-forgiveness was measured each week following an interpersonal offense (Hall & Fincham, 2008). This study found that self-forgiveness levels improved linearly over this seven-week time period, indicating that older offenses may be easier to forgive than more recent ones (Hall & Fincham, 2008). Despite the fact that time may increase self-forgiveness for some individuals, many individuals will continue struggle with their transgressions well into their later-life (Ingersoll-Dayton & Krause, 2005; Ingersoll-Dayton, Torges, & Krause, 2010). This highlights the need for self-forgiveness interventions, as some individuals appear to continue to struggle with self-forgiveness long after their transgression, despite efforts to feel better.

The severity of one's wrongdoing is another important variable in the process of self-forgiveness, as less severe wrongdoings are generally easier to forgive than more severe ones (Hall & Fincham, 2008; Pelucchi, Paleari, Regalia & Fincham, 2013). This relationship seems self-evident, as more severe offenses likely create more painful emotions, which may threaten the individual's sense of self-worth. However, given the lack of research on the subject, it is unclear if the improvement of one's self-forgiveness simply decreases that person's perception of their offense severity (i.e., "It was no big deal that I hurt that person") or helps the person to self-forgive without a change in the perception of offense severity. Thus, future self-forgiveness interventions should measure the person's perception of the severity of their offense. The rating must come from the offender and not from an outside observer, as outside observers' opinions fail to capture the offender's unique perspective of the offense (Exline et al., 2011). Future research may be able to establish cutoff-points (i.e., eight or higher on a 10-point-likert scale of

perceived transgression severity) to identify if individuals may need a more intensive self-forgiveness intervention, such as formal psychotherapy.

Social extroversion and introversion may play a role in the process of self-forgiveness as well. Walker and Gorsuch (2002) found that extroverts may be more likely to self-forgive than introverts. This finding may relate to the fact that extroverts may have more social resources, as social support can help individuals to improve their self-forgiveness (Jacinto, 2010). Extroverts may have more skills to engage in apology behaviors, which makes them more likely to follow through with these behaviors. Extroverts may also be more willing and able to share their negative self-talk with others, which provides them with an opportunity to allow others to help reframe their cognitions and process their emotions (Jacinto, 2010).

Finally, employment status may be an additional consideration for self-forgiveness interventions. Webb, Robinson, and Brower (2009) found that unemployment was related to lower levels of self-forgiveness. This may be because individuals who are unemployed may struggle with shame and a lack of direction. These individuals may have fewer activities to distract them from their past offenses, which may also make them vulnerable to rumination and self-judgment.

Conclusion

This paper proposes steps and guidelines for the process of self-forgiveness that may be integrated into future interventions. The first proposed step in the self-forgiveness process should be to take accountability/responsibility and explore the attributions of one's transgression. This helps individuals to avoid self- and other-blame. The next proposed step is to engage in appropriate reparative behaviors (such as apologizing for one's actions) that are considerate towards the individual who was harmed. This step is particularly important from a social

standpoint, and also provides opportunities for personal growth. After responsibility acceptance and reparative behaviors, the self-forgiveness process should address some of the common barriers of self-forgiveness, including shame, rumination, thoughts of low self-worth, and cognitive inflexibility. Future interventions may integrate previous techniques that demonstrate effectiveness with these constructs. Cognitive therapy techniques may be particularly helpful for certain aspects of self-forgiveness, such as self-acceptance, given the cognitive theory and techniques that are devoted to the concept of self-acceptance. The self-forgiveness process may also include the utilization of spiritual coping resources, the exploration of strengths, realignment with one's values, and putting independent effort into forgiving oneself. Given the diversity of individuals who struggle with self-forgiveness, future research and interventions should be considerate of the type and severity of the transgression (i.e., transgressions towards the self vs. others), the individual's age, gender and employment status.

References

- Bergman, M. E., Langhout, R., Palmieri, P. A., Cortina, L. M., & Fitzgerald, L. F. (2002). The (un)reasonableness of reporting: Antecedents and consequences of reporting sexual harassment. *Journal of Applied Psychology, 87*(2), 230-242.
- Beyers, W., & Seiffge-Krenke, I. (2010). Does identity precede intimacy? Testing Erikson's theory on romantic development in emerging adults of the 21st century. *Journal of Adolescent Research, 25*(3), 387-415.
- Bugay, A., Demir, A., & Delevi, R. (2012). Assessment of reliability and validity of the Turkish version of Heartland Forgiveness Scale. *Psychological Reports, 111*(2), 575-584.
- Ecker, W., & Gönner, S. (2008). Incompleteness and harm avoidance in OCD symptom dimensions. *Behaviour Research and Therapy, 46*(8), 895-904.
- Ellis, A. (2007). *How to make yourself happy and remarkably less disturbable*. Atascadero, CA US: Impact Publishers.
- Enright, R.D. (1996). Counseling within the forgiveness triad: On forgiving, receiving forgiveness, and self-forgiveness. *Counseling and Values, 40*, 107 - 126.
- Erikson, E. H. (1982). *The life cycle completed: A review*. New York: Norton
- Etxebarria, I., Ortiz, M., Conejero, S., & Pascual, A. (2009). Intensity of habitual guilt in men and women: Differences in interpersonal sensitivity and the tendency towards anxious-aggressive guilt. *The Spanish Journal of Psychology, 12*(2), 540-554.
- Exline, J., Root, B. L., Yadavalli, S., Martin, A. M., & Fisher, M. L. (2011). Reparative behaviors and self-forgiveness: Effects of a laboratory-based exercise. *Self and Identity, 10*(1), 101-126.
- Fisher, M. L., & Exline, J. J. (2010). Moving toward self-forgiveness: Removing barriers related

- to shame, guilt, and regret. *Social and Personality Psychology Compass*, 4(8), 548-558.
- Flett, G. L., Blankstein, K. R., & Holowaty, L. S. (1990). Depression and complex attributions of blame in self and others. *Journal of Social Behavior and Personality*, 5(4), 175-188.
- Fresco, D. M., Moore, M. T., Walt, L., & Craighead, L. W. (2009). Self-administered optimism training: Mechanisms of change in a minimally supervised psychoeducational intervention. *Journal of Cognitive Psychotherapy*, 23(4), 350-367.
- Friedman, L. C., Barber, C. R., Chang, J., Tham, Y., Kalidas, M., Rimawi, M. F., Dulay, M., & Elledge, R. (2010). Self-blame, self-forgiveness, and spirituality in breast cancer survivors in a public sector setting. *Journal of Cancer Education*, 25(3), 343-348.
- Hall, J. H., & Fincham, F. D. (2005). Self-forgiveness: The stepchild of forgiveness research. *Journal of Social and Clinical Psychology*, 24(5), 621-637.
- Hall, J. H., & Fincham, F. D. (2008). The temporal course of self-forgiveness. *Journal of Social and Clinical Psychology*, 27, 174– 202.
- Hawes, D. J., Helyer, R., Herlianto, E. C., & Willing, J. (2013). Borderline personality features and implicit shame-prone self-concept in middle childhood and early adolescence. *Journal of Clinical Child and Adolescent Psychology*, 42(3), 302-308.
- Hilt, L. M., & Pollak, S. D. (2012). Getting out of rumination: Comparison of three brief interventions in a sample of youth. *Journal of Abnormal Child Psychology*, 40(7), 1157-1165.
- Hirsch, J. L., Webb, J. R., Jeglic, E. (2011). Forgiveness, depression, and suicidal behavior among a diverse sample of college students. *Journal of Clinical Psychology*, 67(9), 896-906.
- Holmgren, M. R. (2002). Forgiveness and self-forgiveness in psychotherapy. In S. Lamb

- & J. Murphy (Eds.), *Before forgiving: Cautionary views of forgiveness in psychotherapy*
New York: Oxford.
- Horsbrugh, H.J. (1974). Forgiveness. *Canadian Journal of Philosophy*, 4(2), 269–282.
- Huffziger, S., Reinhard, I., & Kuehner, C. (2009). A longitudinal study of rumination and distraction in formerly depressed inpatients and community controls. *Journal of Abnormal Psychology*, 118(4), 746-756.
- Ingersoll-Dayton, B., & Krause, N. (2005). Self-Forgiveness: A Component of Mental Health in Later Life. *Research On Aging*, 27(3), 267-289.
- Jacinto, G. A. (2010). Caregivers' coping and self-forgiveness after the death of a care-receiver. *Journal of Social Service Research*, 36(3), 206-215.
- Jacinto, G. A., & Edwards, B. L. (2011). Therapeutic stages of forgiveness and self-forgiveness. *Journal of Human Behavior In The Social Environment*, 21(4), 423-437.
- Keilp, J. G., Grunebaum, M. F., Gorlyn, M., LeBlanc, S., Burke, A. K., Galfalvy, H., & ... Mann, J. (2012). Suicidal ideation and the subjective aspects of depression. *Journal of Affective Disorders*, 140(1), 75-81.
- Kim, L. M., Johnson, J. L., & Ripley, J. (2011). A 'perfect' storm: Perfectionism, forgiveness, and marital satisfaction. *Individual Differences Research*, 9(4), 199-209.
- Krause, N., & Hayward, R. (2013). Self-forgiveness and mortality in late life. *Social Indicators Research*, 111(1), 361-373.
- Langton, C. M., Barbaree, H. E., Harkins, L., Arenovich, T., McNamee, J., Peacock, E. J., Dalton, A., Hansen, K., Luong, D., & Marcon, H. (2008). Denial and minimization among sexual offenders: Posttreatment presentation and association with sexual recidivism. *Criminal Justice and Behavior*, 35(1), 69-98.

- Lawler-Row, K. A. (2010). Forgiveness as a mediator of the religiosity—health relationship. *Psychology of Religion and Spirituality, 2*(1), 1-16.
- Leahy, R. L. (2003). *Cognitive therapy techniques: A practitioner's guide*. New York, NY US: Guilford Press.
- Li, Y., & Fu, J. (2013). College students' self-esteem and forgiveness: Mediator effect of attribution. *Chinese Journal of Clinical Psychology, 21*(1), 129-132.
- Linden, W., Vodermaier, A., MacKenzie, R., & Greig, D. (2012). Anxiety and depression after cancer diagnosis: Prevalence rates by cancer type, gender, and age. *Journal of Affective Disorders, 141*(2-3), 343-351.
- Luyckx, K., De Witte, H., & Goossens, L. (2011). Perceived instability in emerging adulthood: The protective role of identity capital. *Journal of Applied Developmental Psychology, 32*(3), 137-145.
- Macaskill, A. (2012). Differentiating dispositional self-forgiveness from other-forgiveness: Associations with mental health and life satisfaction. *Journal of Social and Clinical Psychology, 31*(1), 28-50.
- McConnell, J. M., & Dixon, D. N. (2012). Perceived forgiveness from God and self-forgiveness. *Journal of Psychology and Christianity, 31*(1), 31-39.
- Pelucchi, S., Paleari, F., Regalia, C., & Fincham, F. D. (2013). Self-forgiveness in romantic relationships: It matters to both of us. *Journal of Family Psychology, 27*(4), 541-549.
- Ranganadhan, A., Todorov, N. (2010). Personality and Self-Forgiveness: The Roles of Shame, Guilt, Empathy and Conciliatory Behavior. *Journal of Social and Clinical Psychology, 29*(1), 1-22.
- Romero, C., Kalidas, M., Elledge, R., Chang, J., Liscum, K. R., & Friedman, L. C. (2006). Self-

- Forgiveness, Spirituality, and Psychological Adjustment in Women with Breast Cancer. *Journal of Behavioral Medicine*, 29(1), 29-36.
- Scott, K., & Straus, M. (2007). Denial, minimization, partner blaming, and intimate aggression in dating partners. *Journal of Interpersonal Violence*, 22(7), 851-871.
- Squires, E. C., Sztainert, T., Gillen, N. R., Caouette, J., & Wohl, M. A. (2012). The problem with self-forgiveness: Forgiving the self deters readiness to change among gamblers. *Journal of Gambling Studies*, 28(3), 337-350.
- Strelan, P. (2007). Who forgives others, themselves, and situations? The roles of narcissism, guilt, self-esteem, and agreeableness. *Personality and Individual Differences*, 42(2), 259-269.
- Tangney, J. P., Boone, A., & Dearing, R. (2005). *Forgiving the self: Conceptual issues and empirical findings*. Unpublished manuscript, George Mason University.
- Thompson, L. Y., Snyder, C. R., Hoffman, L., Michael, S. T., Rasmussen, Billings, L. S., (2005). Dispositional forgiveness of self, others, and situations. *Journal of Personality*, 73, 313-359.
- Toussaint, L., & Friedman, P. (2009). Forgiveness, gratitude, and well-being: The mediating role of affect and beliefs. *Journal of Happiness Studies*, 10(6), 635-654.
- Toussaint, L. and Webb, J. R. (2005). "Theoretical and empirical connections between forgiveness, mental health, and well-being." In *Handbook of forgiveness* Edited by: Worthington, E. L. Jr. New York: Routledge.
- Turnage, B. F., Hong, Y., Stevenson, A. P., & Edwards, B. (2011). Social work students' perceptions of themselves and others: Self-esteem, empathy, and forgiveness. *Journal of Social Service Research*, 38(1), 89-99.

- Vitz, P. C., & Meade, J. M. (2011). Self-forgiveness in psychology and psychotherapy: A critique. *Journal of Religion and Health, 50*(2), 248-263.
- Walker, D. F., & Gorsuch, R. L. (2002). Forgiveness within the Big Five personality model. *Personality and Individual Differences, 32*(7), 1127-1138.
- Watson, M. L. (2012). Self-Forgiveness in Anorexia Nervosa and Bulimia Nervosa. *Eating Disorders, 20*(1), 31-41.
- Webb, J. R., Robinson, E. R., Brower, K. J., & Zucker, R. A. (2006). Forgiveness and Alcohol Problems Among People Entering Substance Abuse Treatment. *Journal of Addictive Diseases, 25*(3), 55-67.
- Webb, J. R., Robinson, E. R., & Brower, K. J. (2009). Forgiveness and mental health among people entering outpatient treatment with alcohol problems. *Alcoholism Treatment Quarterly, 27*(4), 368-388.
- Webb, J. R., Toussaint, L., Kalpakjian, C. Z., & Tate, D. G. (2010). Forgiveness and health-related outcomes among people with spinal cord injury. *Disability and Rehabilitation: An International, Multidisciplinary Journal, 32*(5), 360-366.
- Weiland, S. (1994). Erik Erikson: Ages, stages, and stories. In D. Shenk, W. Achenbaum (Eds.), *Changing perceptions of aging and the aged* (pp. 19-30). New York, NY US: Springer Publishing Co.
- Westers, N. J., Rehfuss, M., Olson, L., & Biron, D. (2012). The role of forgiveness in adolescents who engage in nonsuicidal self-injury. *Journal of Nervous and Mental Disease, 200*(6), 535-541.
- Wilson, T., Milosevic, A., Carroll, M., Hart, K., & Hibbard, S. (2008). Physical health status in relation to self-forgiveness and other-forgiveness in healthy college students. *Journal of*

- Health Psychology*, 13(6), 798-803.
- Witvliet, C. V. O., Ludwig, T. E., & Bauer, D. J. (2002). Please forgive me: Transgressors' emotions and physiology during imagery of seeking forgiveness and victim responses. *Journal of Psychology and Christianity*, 21, 219-233.
- Wohl, M. A., Pychyl, T. A., & Bennett, S. H. (2010). I forgive myself, now I can study: How self-forgiveness for procrastinating can reduce future procrastination. *Personality and Individual Differences*, 48(7), 803-808.
- Wohl, M., Thompson, L. (2011). A dark side to self-forgiveness: Forgiving the self and its association with chronic unhealthy behaviour. *British Journal of Social Psychology*, 50(2), 354-364.
- Woodyatt, L. and Wenzell, M. (2013). Self-Forgiveness and Restoration of an Offender Following an Interpersonal Transgression. *Journal of Social and Clinical Psychology*, 32(2), 225-259.
- Worthington, E. L. Jr., Berry, J. W. and Parrott, L. III. (2001). "Unforgiveness, forgiveness, religion, and health." In *Faith and health: Psychological perspectives* Edited by:
- Zechmeister, J. S., & Romero, C. (2002). Victim and offender accounts of interpersonal conflict: Autobiographical narratives of forgiveness and unforgiveness. *Journal of Personality and Social Psychology*, 82, 675-686.

2 THE EVALUATION OF A WORKBOOK DESIGNED TO PROMOTE SELF-FORGIVENESS

INTRODUCTION

Several authors have noted that self-forgiveness is an important construct for future research, given its significant relationship to important mental health constructs (Rangganadhan & Todorov, 2010; Wohl, Pychyl, & Bennett, 2010). For instance, in several studies, self-forgiveness was positively correlated with life satisfaction, gratitude, psychological well-being, and a tendency to forgive others (Jacinto, 2010; Rohde-Brown & Rudestam, 2011; Toussaint & Friedman, 2009). In addition, Ross, Kendall, Matterns, Wrobel, and Rye (2004) found that self-forgiveness was negatively related to symptoms of anxiety and depression. Several authors have identified a wide range of populations who would benefit from a self-forgiveness intervention, including individuals who have experienced a relationship breakup (Wohl, DeShea, & Wahkinney, 2008), individuals with a history of substance abuse (Scherer, Worthington, Hook, & Campana, 2010), and individuals who have committed an interpersonal transgression (Exline, Root, Yadavalli, Martin, & Fisher, 2011; Woodyatt & Wenzell, 2013).

Despite its many potential benefits, authors have identified several risks to self-forgiveness (e.g., Strelan, 2007; Woodyatt & Wenzell, 2013). Several authors have noted that the promotion of self-forgiveness may prevent an individual from making healthy behavior changes or apologizing for interpersonal offenses (Exline et al., 2011; Squires, Sztainert, Gillen, Caouette & Wohl, 2011). Both Strelan (2007) and Woodyatt and Wenzell (2013) also noted that self-forgiveness was related to dismissive attitudes towards one's flaws or offenses. In response to these potential risks, several authors have proposed strategies to address the risks and still successfully promote self-forgiveness. These strategies include the encouragement of

accountability for one's actions, the promotion of apology/amend behaviors prior to engaging in self-forgiveness, and the realignment with one's value system as part of the self-forgiveness process (Fisher & Exline, 2010; Strelan, 2007; Wenzell, Woodyatt, & Hedrick, 2012; Woodyatt & Wenzel, 2013).

Previous Interventions

Despite the fact that authors have identified a need for self-forgiveness interventions (e.g., Exline et al., 2011), there were only four published self-forgiveness intervention studies found during a literature review (See Table 1). In addition, none of the existing intervention studies have fully addressed the potential risks of self-forgiveness, and many of the existing intervention studies had methodological flaws which limit the generalizability of their results.

Armour, Windsor, Aguilar, and Taub (2008) tested the effects of a 14-week faith-based group intervention on several constructs, including state self-forgiveness, in a sample of male prison inmates. Armour and colleagues (2008) found that the intervention significantly increased global forgiveness (towards self, others, and God), but only for participants who identified as Christian. However, the study had several limitations. For instance, the authors did not use a control group or a well-established measure of self-forgiveness, nor did they address the potential risks of self-forgiveness.

Scherer, Worthington, Hook, and Campana (2011) measured the effect of a three session group-therapy intervention designed to promote self-forgiveness for individuals with a history of alcohol abuse. Scherer and colleagues (2011) found that the treatment group had improved state self-forgiveness and decreased shame and guilt compared to the control group, which was maintained at the follow-up period. Despite the success of the intervention, the treatment

modality was more intensive (three, 90 minute group-therapy sessions) than some settings may permit (e.g., once weekly outpatient counseling).

Exline et al. (2011) conducted a two-part laboratory intervention designed to improve state self-forgiveness and reparative/apology behaviors for undergraduate students who had committed an interpersonal transgression. Exline and colleagues (2011) found that individuals who completed the self-forgiveness intervention, in addition to an intervention designed to promote responsibility acceptance and apology behaviors, showed greater state self-forgiveness improvements than participants who received the self-forgiveness intervention alone. Self-condemnation limited the effectiveness of the intervention, while positive attitudes increased the effectiveness across groups (Exline et al., 2011). Exline and colleagues (2011) found that the encouragement of self-forgiveness prior to reparative behaviors decreased the likelihood that participants would follow through with reparative behaviors. In addition, the self-forgiveness gains were only partially maintained over a two week follow-up period. The authors noted the need for a more effective intervention for these reasons (Exline et al., 2011).

Wenzell, Woodyatt, and Hedrick (2012) designed a two-part study to promote state self-forgiveness using a role-play exercise with undergraduate students. The results of the study suggested that the intervention actually decreased self-forgiveness for participants as compared to the control groups (Wenzell, Woodyatt & Hedrick, 2012). However, the authors found that the value affirmation component of the intervention successfully differentiated genuine self-forgiveness (taking responsibility for one's behaviors) from pseudo-self-forgiveness (dismissing/minimizing one's wrongdoing in order to self-forgive; Wenzell, Woodyatt, & Hedrick, 2012).

In sum, the published studies of self-forgiveness interventions had several limitations. Primarily, the previous studies had small effect sizes that did not hold up well over time. In addition, the existing interventions did not fully address the risks of self-forgiveness and failed to design an intervention in an easily-accessible, self-help format. These interventions also failed to address the importance of cognition, rumination, and other barriers to self-forgiveness, which a number of authors (e.g., McConnel & Dixon, 2012; Tagney, Boone, & Dearing, 2005) highlighted as important.

In partial response to the documented need for effective self-help interventions (e.g., Norcross, 2006; Su, Fang, Miller, & Wang, 2011), the intervention utilized in the current study was designed to improve on earlier interventions by:

- 1) Addressing cognitions, beliefs, and rumination
- 2) Encouraging accountability, value re-affirmation, and reparative behaviors to address the risks of self-forgiveness
- 3) Utilizing an easy-to-use, self-help format

Conceptual Framework for Current Intervention

This intervention was designed for individuals who struggle with an interpersonal conflict, as previous authors have identified interpersonal conflict as a frequent source of self-forgiveness difficulties (e.g., Fisher & Exline, 2010). This intervention was not too specific in its approach, however, and could be easily adapted to other populations. The intervention was designed in a self-help, workbook format, as there are several advantages to a self-help format. For instance, U.S. citizens often engage in self-help interventions before seeking formal counseling services (Norcross, 2006). Several authors have noted the importance of a low-priced, easily accessible intervention that mental health professionals can readily distribute to a large

number of individuals who may be reluctant to engage in therapy (Mintz, Balzer, Zhao, & Bush, 2012). Self-help interventions have the advantage of being more anonymous than face-to-face interactions, which can help participants to respond more truthfully (Pahwa & Schoech, 2008). Chang (2005) also noted the importance of increasing counseling psychology's use of self-help interventions.

The intervention designed for this study has three components: the encouragement of accountability and pro-social behaviors, the reduction of barriers to self-forgiveness, and the promotion of healthy thinking and behaviors. These components build upon the conceptual framework proposed by previous authors (i.e., Fisher & Exline, 2010; Exline et al., 2011; Woodyatt & Wenzell, 2013) and include additional components. The theoretical framework for each component is described in further detail below.

Encouraging Accountability and Pro-Social Behaviors

The first component of the workbook encourages participants to take accountability for their transgression and to engage in reparative/apology behaviors. Acknowledging responsibility and engaging in reparative behaviors is an important first step, as self-forgiveness without acknowledging one's role in a transgression may be maladaptive (Dillon, 2001; Strelan, 2007). Several authors have indicated that taking responsibility for one's behavior is a vital and necessary component in self-forgiveness, as it promotes positive inter- and intrapersonal outcomes (Exline et al., 2011; Fisher & Exline, 2006; Woodyatt & Wenzell, 2013). Wenzell, Woodyatt, and Hendrick (2012) highlighted the importance of value reaffirmation in promoting self-forgiveness, which they defined as when, "offenders reassure themselves and others of their commitment to shared values, countering the implications of their guilt admission and reasserting their essential morality and worth" (p. 42). In a recent study, Woodyatt and Wenzell

(2013) found that when promoting self-forgiveness, individuals who addressed their shortcomings, took accountability for their actions, and accepted themselves while acknowledging their offense were more likely to engage in reparative behaviors and have higher self-esteem and lower self-punishing beliefs. Similarly, Exline and colleagues (2011) posited that self-forgiveness and reparations should involve the acceptance of responsibility, the consideration of others, attempts to help the individual who was harmed, and planning reparations before acting on them. Witvliet, Ludwig, and Bauer (2002) and Turnage (2003) also found that planning or visualizing reparations alone was linked to increased self-forgiveness and the likelihood of following through with reparative behaviors.

The first component of this intervention incorporates these recommendations by encouraging participants to take accountability for their transgression, exploring the effect their offense had on others, planning ways of apologizing or making amends, and then identifying and realigning themselves with their values that were violated during their offense. This is the first component in the workbook, as Exline and colleagues (2011) found that promoting self-forgiveness before planning reparations reduced the likelihood that an individual will follow through with their reparations.

Reducing Barriers to Self-Forgiveness

The second component of the intervention was designed to help reduce participants' levels of shame and self-blame and promote self-acceptance through various cognitive and psychoeducational exercises. A number of authors (e.g., Exline et al., 2011; Ranganathan & Todorov, 2010; Strelan, 2007; Woodyatt & Wenzell, 2013) have suggested that shame, self-blame, and low self-acceptance are the most common roadblocks in the self-forgiveness process, as they have been linked with lower self-forgiveness across several populations. Similarly,

Exline and colleagues (2011) found that self-condemning beliefs limited the effectiveness of their self-forgiveness intervention, while positive attitudes had the opposite effect. Zeichmeister and Romero (2002) also found that shame inhibited the process of self-forgiveness. Several authors have described shame as particularly detrimental from a social standpoint, as increased levels of shame can cause people to harshly judge themselves, which harms their sense of self-worth and inhibits individuals from apologizing for transgressions (Tagney & Dearing, 2002; Woodyatt & Wenzell, 2013). Holmgreen (1999) and Leith and Baumeister (1998) theorized that overcoming shame is a key part of self-forgiveness from a social standpoint, shame is less socially beneficial than guilt/remorse, as shame causes the individual to focus on the self, while guilt is more likely to cause an individual to focus on others.

Several studies offer additional recommendations in addressing these barriers to self-forgiveness. For instance, several authors have noted that helping individuals to differentiate between doing an immoral act and being an immoral individual may help reduce shame (Holmgreen, 2002; Tagney, Boone, & Dearing, 2005). Fisher (2010) found that participants' strength of belief in the statement: "There are no bad people, only good people who have done bad things" (p. 44) was related to decreased shame, which helped to augment the self-forgiveness process. Gilbert and Procter (2006) as well as Rizvi and Linehan (2005) also maintain that cognitive changes are a key component of resolving shame and self-judgment.

Based on these previous recommendations, this second component of the self-forgiveness intervention helps participants to decrease shame and self-judgment and increase self-acceptance through a variety of cognitive and journaling exercises. To promote self-acceptance, this intervention incorporates the recommendations of Woodyatt and Wenzell (2013) who found that self-acceptance was more strongly linked with self-forgiveness when people accepted themselves

with consideration towards their transgression, as opposed to ignoring it or dismissing it. Additional self-acceptance exercises also help to reinforce these concepts.

Promoting Healthy Thinking and Actions

The third component of the intervention was designed to reduce maladaptive thought patterns (e.g., rumination, self-judgment) and to augment and reinforce the effects of the previous two components. The results of a number of studies suggest the importance of addressing thought patterns in self-forgiveness interventions. For instance, Thompson and colleagues (2005), in addition to Barber, Maltby, and Macaskill (2005) found that rumination, or the tendency to brood over past difficulties, was strongly related to lower self-forgiveness. Rizvi and Linehan (2005) found that rumination was often related to shame, which is a barrier to self-forgiveness. McConnel and Dixon (2012) discussed the importance of addressing cognitive errors when engaging in the self-forgiveness process. Cognitive flexibility was found to be strongly related to increased self-forgiveness as well (Thompson et al., 2005). Self-condemning beliefs were a limiting factor in a previous self-forgiveness intervention, while positive self-beliefs and self-acceptance helped augment the intervention's effectiveness (Exline et al., 2011). Thus, promoting more balanced, flexible thinking through cognitive exercises is theorized to help promote self-forgiveness. The third component includes rumination reduction strategies based on successful rumination interventions (Ekkers, Korrelboom, Huijbrechts, Smits, Cuijpers, & van der Gaag, 2011; Hilt & Pollak, 2012; Huffziger, Reinhard, & Kuehner, 2009).

An additional strategy included in the intervention was a cognitive exercise called the double-standard technique (Leahy, 2003). This technique addresses Macaskill's (2012) finding that individuals are often harsher on themselves than on others when attempting to self-forgive. Finally, this intervention contained a component to help participants to put independent effort

into forgiving themselves, as Exline and colleagues (2011) indicated that this effort made a significant impact on the success of their self-forgiveness intervention. This component was included to help reinforce the long-term benefits of this intervention. Finally, a number of solution-focused and journaling techniques were included in the intervention to complement the cognitive strategies. Overall, this intervention was designed to address the limitations of the previous interventions and closely follow the theoretical guidelines proposed by the previous authors.

This author hypothesized that the intervention would create statistically significant improvements in pro-social/reparative behaviors and willingness to engage in these behaviors by using solution-focused and visualization strategies to help participants to plan and follow through with these behaviors. Additionally, this author hypothesized that the intervention would improve state and trait forgiveness, self-esteem, shame and guilt by addressing cognitive errors and promoting healthy, positive thoughts and behaviors that are related to all of these outcome variables. Solution-focused and journaling techniques will complement the cognitive strategies and help to address each of these outcome variables as well. The study design will be described in further detail below.

METHOD

Procedure

This study used an experimental design with two groups, treatment and control, assessed at three time periods (pre-, post-, and two-week follow up). The treatment group received the workbook/treatment condition. The control group were given 60 minutes (the expected length of time of the intervention workbook) to complete school work and reading assignments for their courses in a quiet setting. To limit priming effects, the participants were not told to bring

materials in advance. Participants in the control group who did not have school materials available were allowed to use a computer lab to print out materials for class.

Participants were recruited through an online undergraduate research database (SONA), where students in several undergraduate classes in the College of Education could sign up for research studies for course credit. The recruitment occurred over the summer ($N = 85$) and fall ($N = 26$) semesters of 2013, and the spring semester ($N = 14$) of 2014. Recruitment emails were sent to the classes during the summer semester of 2013 to encourage participation as well (see Appendix F for recruitment email/flyer about the study). On the online database, participants received information about the study, including the expected length of time, eligibility requirements, location of the study, and the expected procedures. If they agreed to participate, they signed up online for a two-hour time slot and came to 9th floor of the College of Education to complete the study. Participants received an email one day prior to their designated time slot, as a simple reminder. They received two research credits for their course for their initial participation.

The study took place in empty classrooms on the 9th floor of the College of Education. When participants arrived, the researcher randomly assigned them to a condition in an alternating, random fashion (treatment, control, treatment, control, etc.). This randomization procedure was limited on four occasions, as only one room was available during some administrations, and only one condition (treatment or control) was administered during this time to limit the treatment and control groups being in the same room. There are more participants in the treatment group for this reason. However, there were no statistically significant differences between groups on pre-test measures (see results section). The treatment and control groups were placed in separate rooms, both of which were similar in design and set up. The treatment and

control groups were not allowed to contact each other during the study, nor were participants allowed to interact with each other in any way. The study accommodated up to four participants per room at one time period (for a total of eight participants per time period), although most test sessions had fewer participants. Multiple time slots (two hours each) were made available each week, Monday through Friday, at the convenience of the researcher's schedule. The Summer semester research was conducted by this author, while two research assistants (who were trained by this author) helped during the Fall and Spring Semesters.

When participants arrived, the researcher briefly greeted them and directed them to go to the appropriate room (treatment or control) where they were instructed to sit at a desk that faced the wall, away from the other participants. Space was made so that participants would have their own desks. The researcher provided participants in both groups with the same basic instruction when they initially arrived: "Please sit down at an open desk, and read the informed consent and instructions on the survey packet that are placed on the desk. Let me know if you have any questions." Participants were also verbally instructed when they arrived not to interact with other participants in any way and to turn off their cell phones. Participants were informed that a researcher was available at all times to answer questions or address any concerns and that they were free to withdraw from the study at any time. To prevent participants from interacting with each other, extra pens and pencils were made available and each participant desk was arranged apart from other desks and faced the wall. The researcher monitored both rooms (treatment and control) to ensure that participants followed the guidelines. There were no problems with participants interacting with each other, refusing to follow rules, or withdrawing from the study due to distress. An informed consent packet was on each desk (placed on top), followed by the pre-intervention survey, the treatment workbook or the instructions for the control condition (see

Appendix D), and the post-intervention survey. The researcher placed these materials in this way as it fits with the order of the experiment (informed consent, pre-intervention survey, treatment/control, post-intervention survey). The treatment workbook contained instructions that guided the participants through the exercises as well, so that everything participants needed was in front of them (see Appendix E for the workbook condition).

To remind participants of the offense they were to focus on, the pre-intervention survey prompted participants to briefly describe their interpersonal offense on the first page of the survey. The instructions encouraged participants to choose an offense that they felt was significant in their life, but that they felt wasn't so distressing that it might impair their ability to complete the workbook activities. Participants then completed their condition (treatment or control), after which they completed the post-intervention survey. The second to last page of the post-intervention survey contained a space for participants to place their email address, if they wished to participate in the follow-up survey exactly 14 days later. If they indicated that they wanted to participate, they were sent an email with a link to the follow up survey on [surveymonkey.com](https://www.surveymonkey.com). Participants indicated their consent to receive this information by putting their email address on a line. If participants decided to participate, they were placed in a raffle for gift cards to Amazon.com (50\$ - first place, 25\$ - second place, 25\$ - third place). The very last page of the packet, for both groups, contained crisis contact information and counseling resources, which participants could tear off and take with them after they left.

Forgiveness Intervention

Consistent with the theoretical framework and literature on self-forgiveness theory (e.g., Fisher & Exline, 2010), the current intervention contained of three components: the encouragement of accountability and pro-social behaviors, the reduction of barriers to self-

forgiveness, and the promotion of healthy thinking and behaviors. Each component of the intervention began with a brief overview, and then continued into the activities and exercises.

The first component was designed to encourage participants to make amends and reparations for any damage that was done from their offense. This component contained a brainstorming activity to help participants identify steps that they could take to make amends, and then categorized them into three components (low anxiety, moderate anxiety, and high anxiety), according to how risky or anxiety-provoking the step seemed to them. This step utilized behavior activation principles proposed by Muñoz and Miranda (1986) to encourage participant adherence to their plan. After participants generated these steps, the next activity was designed to prompt participants to think about previous successful apologies/amend behaviors, and how they might be applied to their current offense. This step utilized solution-focused therapy principles designed to help participants draw from previous solutions and successes to address their current offense (Quick, 2012). After completing the solution-focused and brainstorming activities, the next activity asked participants to describe a plan to make peace with the situation. The brainstorming and solution-focused activities were designed to lead into this plan setting component. After describing a plan to apologize/make amends, the workbook prompted participants to visualize following through with the plan to promote the likelihood that participants will follow through with these behaviors.

The next section of the workbook contained psychoeducational material that addressed self-forgiveness, including a definition and explanation of the process of self-forgiveness, the benefits of self-forgiveness, and an explanation of how to avoid the mistakes commonly made during the self-forgiveness process. Healthy self-forgiveness was defined as involving two steps: accepting responsibility for the offense, and then letting go and working past the negative

thoughts and emotions that arise during the process. The workbook contained examples that elaborated on these concepts to facilitate participant understanding. After the examples, the workbook contained an activity to encourage participants to apply these two steps to their offense. To address individuals who may minimize the harmful consequences of their offense, the workbook contained an activity to prompt participants to identify the consequences their actions had towards themselves and others, as well as the values/morals that they violated. To address individuals who may unnecessarily blame themselves for the offense, the workbook followed with a brainstorming activity which encouraged individuals to explore all the factors that contributed to the offense.

The second component began with psychoeducational material that described the concept of unconditional self-acceptance (Ellis, 2007), or developing a stable sense of self-acceptance regardless of one's actions. The material included examples of unconditional and conditional self-acceptance. To promote retention and comprehension of the material, the workbook prompted participants to apply this self-acceptance concept to their transgression. The next page contained several positive self-statements, and participants were encouraged to choose the three that applied to them, and then were instructed to develop their own. The next section of the workbook contained activities to help participants judge their actions instead of their self, which Ellis (2007) suggested was the key element in reducing shame and conditional self-acceptance. The exercise also listed several examples of reframing negative self-talk. Participants received instructions to follow through with the reframing activities on sample beliefs, and then their own beliefs, to help reinforce these concepts.

The third component of the workbook instructed participants about the importance of considering self-forgiveness as a process that takes place over time. The first exercise of this

component is a letter writing/double standards activity. Participants are instructed to imagine that a friend committed the offense, and then write a letter to help the friend work through the offense. This activity was designed to expose the unfair standards that individuals often place on themselves as compared to others, and is designed to promote self-acceptance for participants, as suggested by Macaskill (2012). To help reduce rumination, the workbook included a “time-machine” activity (adapted from Leahy, 2003) which prompted participants to anticipate how their victim would feel about the offense in one year, five years, and ten years. This technique was designed to help participants understand that their offense will likely be less painful in the future as it is now, and the shame and guilt they feel will likely lessen (Leahy, 2003). The next component of the workbook contained a section that encouraged participants to identify positive self-statements, and to list coping strategies for any future negative thoughts. Finally, the last component asked participants to identify any aspects of the workbook that they found to be particularly helpful, to reinforce their future use of these skills.

The reading level of the intervention workbook, calculated by the Flesh-Kincaid Reading Statistic, was at an 8th grade level, which is consistent with guidelines for readability for medical and healthcare documentation (Doak, Doak & Root; 1996; Stossel, Segar, Gliatto, Fallar, & Karani, 2012). This author utilized the Flesh-Kincaid Reading Level as it is an established and reviewed method of determining reading level (Stossel et al., 2012). The intervention utilized font that was at least 14-points, based on the recommendations of Bernard, Liao, and Mills (2001). This intervention followed the guidelines of Seubert (2010) of using high contrast between the words and the background of the intervention, consistent font, large margins, grouping similar topics together, and avoiding large chunks of text. The intervention contained consistent formatting and wording. As per the recommendations of Pequegnat and colleagues (2007), this

author designed the current intervention to be user friendly. Thus, the current intervention was formatted and designed to have the appearance of a professional workbook manual, using Microsoft Publisher 2007.

The expected length of time of the intervention (approximately 60-90 minutes) was determined by several trial runs by research assistants. The workbook completion time average was 70.40 minutes ($SD = 21.85$), with a range from 40 minutes to 125 minutes. The workbook was administered with a research assistant in the lab to address any concerns or questions. Participants were prompted at the end of the workbook to identify one thing that they remembered, to help with retention of the information and as a manipulation check. Each workbook was reviewed by two raters to identify workbooks that had significant missing portions, or areas where participants skipped may have skipped ahead to save time. If one or both workbook raters identified workbooks as having significant missing portions (>25%), they were excluded from final analysis (See Appendix D and Appendix E for the Full Intervention Condition and Control Condition Scripts). Only one participant was excluded through this process, as this participant did not complete more than half of the workbook exercises. The workbook raters also reviewed the workbook manipulation check of participants identifying one thing they remembered from the workbook. The review indicated that all remaining participants successfully completed this check and were subsequently retained in the sample. Participants were also allowed to keep a copy of their workbook if they wished, although no participants chose to do this.

Control

Consistent with other intervention research studies (e.g., Allemand, Steiner, & Hill, 2013; Mintz, Balzer, Zhao, & Bush, 2012), the control group used a condition which was designed to

have no effect on the outcome variables. As opposed to a waitlist, participants in the control condition were instructed to complete homework assignments or read school-related materials. They were allowed to briefly visit a computer lab to print out any information from their courses they might need. The participants were not told beforehand to bring materials with them to limit any priming effects. Many of the participants already had school materials with them, as the participants were students who tended to schedule their research sessions around times when they had class. The researcher timed participants, from the moment they complete the pre-intervention survey, and waited 60 minutes before giving them the post-intervention survey. Similar to the treatment group, participants in the control group were provided with counseling resources, and the option of participating in the two-week follow-up by placing their email address on a line on the last page of the survey. If they indicated that they would like to participate, they were sent an email with the link to the online survey exactly fourteen days after they completed their study in the lab.

Participants

Participants were students who were enrolled in undergraduate courses in the College of Education of an urban and diverse University in the Southeastern region of the U.S. Participants were recruited through an undergraduate research pool where participants received two research credits for participation as the expected length of participation was approximately two hours. At the end of the experiment, participants were given the opportunity to participate in a raffle and complete the follow-up, longitudinal survey that was completed online two weeks after participants came to the lab to complete their condition (treatment or control). The primary inclusion criteria for the study was having committed an interpersonal offense towards a significant person in your life (i.e., co-worker, friend, family member) in the past six weeks that

prompted significant shame or regret. Examples of interpersonal offenses that were listed on the workbook included saying insulting or hurtful statements or getting into arguments. Participants also needed to be 18 years of age or older to participate. Both males and female were recruited. The gender balance between groups was hypothesized to be similar, given the random assignment procedure. The role of gender on the outcome of the intervention was explored as well (see the Analysis section for further details).

A total of 125 participants enrolled in the study. Sixty-nine (55.2%) participants were in the treatment group, while 56 (44.8%) were in the control group. Forty-six (36.8%) participants were male, while 79 (63.2%) participants were female. The age of participants ranged from 18 to 58, with an average age of 25.4 ($SD = 6.95$). Sixty-nine (55.2%) participants identified as African-American, 26 (20.8%) identified as Caucasian, 14 (13.2%) identified as Asian, 10 (8.0%) identified as Biracial/Multiracial, 3 (2.4%) identified as Latino/Latina, 2 (1.6%) as Middle Eastern, and 1 (0.8%) did not report a race/ethnicity. Eighty-two (65.6%) participants identified as Christian or Catholic, 26 (20.8%) participants did not list a religion, 7 (5.6%) participants identified as Muslim, 7 (5.6%) participants identified as Atheist or Agnostic, 2 (1.6%) participants identified as Jewish, and 1 (0.8%) participant identified their religion as Hindu. The majority of participants ($N = 100$, 88%) were single, while 8 (6.4%) identified as married, 6 (4.8%) identified as divorced/separated, and 1 (0.8%) identified as widowed. The participant demographics in this study were similar to the mostly female samples found in numerous college counseling center studies (i.e., Hardy, Weatherford, Locke, DePalma, & D'Iuso, 2011; Lockard, A. D., 2012).

Measures

All measures included in the study were selected because they had demonstrated adequate reliability and validity in previous studies. Participants took the surveys at three time points: pre-intervention, post-intervention, and the two-week follow-up. The surveys (pre-, post-, and follow-up) were all identical, with a few exceptions. The post-intervention and follow-up surveys did not contain demographic information to limit redundancy. The post-intervention surveys did not contain the completed reparations scale, as participants did not have a chance to complete reparations during the experimental conditions. The two-week time frame for the follow-up was selected based on the time frame used in previous intervention studies (e.g., Newman & Greenway, 1997; Utuza, Joseph, & Muss, 2012). Surveys were presented in three different order combinations to control for priming effects. A one-way ANOVA was conducted to determine if the order of the surveys had an effect on the pre-test outcome measures. The ANOVA tests demonstrated that no statistically significant differences emerged for any of the pre-test outcome measures (see Table 2). Thus, the order of surveys was considered insignificant.

Demographics

The survey asked for basic demographic information, including sex, age, race/ethnicity, religion and marital status. Participants were asked to describe their offense in detail (see workbook in Appendix A for detailed description), including who was involved and the closeness of the relationship between the participant and the victim (see participant section for further description of participant demographics).

Offense Characteristics

Participants were initially encouraged to select offenses that occurred within the past six weeks. Ninety-four (75.2%) participants selected an offense in the six-week time frame, and 31 (24.8%) selected an offense that fell outside of six weeks. The average time since the offense

occurred was 210.28 days ($SD = 694.62$), with a range from 1 day to 6000 days. All participants were included in the final analysis, regardless of time since offense, as many individuals struggle with self-forgiveness well after their initial offense (Ingersoll-Dayton & Krause, 2005). The majority of participants chose an offense that involved a person who was close to them, as the average closeness (0 = not close at all, 10 = very close) was 8.65 ($SD = 2.23$).

Trait Self-Forgiveness

Trait self-forgiveness was measured using the self-forgiveness subscale of the Heartland Forgiveness Scale (HFS; Thompson et al., 2005). The HFS is a self-report measure of trait self-forgiveness that is frequently used throughout research literature on self-forgiveness. The HFS measures dispositional forgiveness as opposed to forgiveness related to a single event. The original HFS consisted of 18 items, with six items for each scale (forgiveness of self, forgiveness of situations, forgiveness of others; Thompson et al., 2005). For this study, only the six item forgiveness-of-self subscale was used. Items are rated on a seven point Likert scale, with one representing “Almost always false of me” and seven representing “Almost always true of me.” A sample item includes: "With time, I am understanding of myself for the mistakes I've made" (Thompson et al., 2005). Several items are reverse scored, with higher scores representing higher self-forgiveness. The self-forgiveness subscale of the HFS demonstrated good internal consistency and test-retest reliability, ranging from 0.72 to 0.75 (Thompson et al., 2005). In the current study, the overall internal consistency/Cronbach's alpha coefficient of the scale was 0.67. Half of the items on this self-forgiveness scale were reverse scored, which may have confused participants and contributed to the lower reliability of the scale.

Self-Forgiveness of a Specific Offense

State self-forgiveness was measured using the Self-Forgiving Feeling and Action Scale (SFFA; Wohl, DeShea, & Wahkinney, 2008). This scale has been used in several other intervention studies to measure state self-forgiveness (e.g., Wenzel, Woodyatt, & Hendrick; 2012). As opposed to dispositional or trait self-forgiveness, this scale measures self-forgiveness related to a single event. This measure consists of 17 items, all of which begin with the sentence stem “As I consider what I did wrong” and uses a seven point Likert scale (1 = not at all, 7 = completely; Wohl, DeShea, & Wahkinney, 2008). Several items are reverse scored, for a total score where higher scores represent higher self-forgiveness. The scale consists of two subscales, self-forgiving beliefs (SFB) and self-forgiving feelings and actions (SFFA). High internal consistency was observed for both scales in the design study (Wohl, DeShea, Wahkinney, 2008). The SFFA scale had a Cronbach’s alpha coefficient that ranged from 0.74 to 0.86 and SFB ranged from 0.89 to .91. A number of other studies (e.g., Wenzel, Woodyatt, & Hedrick, 2012) have offered support for the internal consistency of the scale as well. In the current study, the overall internal consistency/ Cronbach's alpha coefficient of the overall scale was 0.91, with a SFFA subscale alpha of 0.85, and a SFB subscale alpha coefficient of 0.90.

Responsibility Acceptance

A responsibility acceptance scale designed by Fisher and Exline (2006) was used to measure the responsibility acceptance of the participants’ transgression. The scale consists of five items with responses ranging from 0 (I completely disagree) to 10 (I completely agree). Sample items include: “I did not really do anything wrong” and “This was clearly my fault” (Fisher & Exline, 2006). Several items were reverse scored, and the overall scores were summed where higher scores represent higher responsibility acceptance. The original study found that this scale had an internal consistency/Cronbach’s alpha coefficient of 0.83 (Fisher & Exline, 2006).

In the current study, the overall internal consistency/Cronbach's alpha coefficient of the scale was 0.88.

Self-esteem

The Rosenberg Self-Esteem Scale (Rosenberg, 1965) was included as a measure of self-esteem. The Rosenberg Self-Esteem Scale (Rosenberg, 1965) is one of the most commonly used scales for self-esteem, and has well-established psychometric properties (Mullen, Gothe & McAuley, 2013). Self-esteem was included as a measure in this study primarily because of the results of previous studies (e.g., Turnage, Hong, Stevenson, & Edwards, 2011; Wohl, Deshea & Wahkinney, 2008) that found that self-esteem was related to self-forgiveness. This scale consists of 10 items related to self-esteem such as "I feel that I have a number of good qualities" (Rosenberg, 1965). Participants respond to the items on a four-point Likert scale (1 = Strongly Agree, 4 = Strongly Disagree). Five items are reverse scored, and then all items are added together to obtain a total score reflecting global self-esteem. In the current study, the items were scored such that higher scores represented higher self-esteem. This scale demonstrated good internal consistency/Cronbach's alpha (e.g., coefficient of 0.82) in a previous studies (Zhao, Kong & Wang, 2013). In the current study, the overall internal consistency/Cronbach's alpha coefficient of the scale was 0.81.

Shame and Guilt

Shame and guilt were both measured using the Personal Feelings Questionnaire-2 (PFQ-2; Harder & Zalma, 1990). The PFQ-2 is a measure of both shame and guilt and has demonstrated adequate reliability (Cronbach's alpha coefficients ranging from 0.66 to 0.88) in previous self-forgiveness intervention studies (Scherer, Worthington, Hook, & Campana, 2011). The PFQ-2 consists of 16 items, with ten on the guilt subscale and six on the shame subscale.

Each item is rated from 0 (“you never experience the feeling”) to 4 (“you experience the feeling continuously or almost continuously”). Higher scores indicate higher levels of guilt and shame. Harder and Zalma (1990) found that the guilt subscale demonstrated an internal consistency of 0.72 and the shame subscale demonstrated an internal consistency of 0.78. Harder and Zalma (1990) also found that the PFQ-2 demonstrated adequate test-retest reliability. In the current study, the overall internal consistency/Cronbach's alpha coefficient of the scale was 0.81, with a shame subscale alpha of 0.74, and a guilt subscale alpha of 0.74.

Willingness to make apology/amends & Commitment to future change

The participant’s willingness to engage in reparative/amend behaviors and refrain from committing similar transgressions in the future was assessed through the Desire for Reconciliation subscale of the Interpersonal Restoration Scale (Woodyatt & Wenzel, 2013). This scale consists of six items, such as “I want to apologize to this person” and “I only want good things for this person” (Woodyatt & Wenzel, 2013). Items consist of seven-point Likert scales, with higher scores indicating a higher desire to reconcile with the person. Items were summed and put into a total score. The authors of the measure found the scale to have high internal consistency/Cronbach's alpha coefficient which ranged from 0.90 to 0.94 (Woodyatt & Wenzel, 2013). In the current study, the overall internal consistency/Cronbach's alpha coefficient of the scale was 0.90.

Reparative/Amend Behaviors

Participants’ level of completed reparative behaviors was measured through a five item scale. The scale was originally designed by Fisher and Exline (2006) and then modified by Fisher (2010). Item responses ranged on a Likert-scale from 0 (“I have not done this at all”) to 10 (“I have done this fully”). Sample items include: “To what extent have you apologized to

someone about the event?" (Fisher & Exline, 2006; Fisher, 2010). Higher scores represent a higher level of completed reparative/amend behaviors. Fisher and Exline (2006) found this scale to have high internal consistency (0.86). In the current study, the overall internal consistency/Cronbach's alpha coefficient of the scale was 0.90.

RESEARCH QUESTIONS/EXPECTED FINDINGS

Based on the fact that the intervention was designed to address all of the outcome variables, I expected that:

- 1) The intervention group will have improvements across outcome variables during the immediate post-test, as compared to the control group.
- 2) Participants in the intervention group will be more likely than the control group to make apologies or engage in reparative behaviors at follow-up.
- 3) Compared to the control group, participants in the intervention group will maintain treatment gains at the two week follow-up on all outcome variables.

RESULTS

Preliminary Analyses

The first step in the analysis was to determine a sample size estimate for adequate power for the intended subsequent analyses. Prior to participant recruitment, the G-power program was used to calculate estimated sample size, using a post-treatment effect size of $F = 0.25$ (medium). A power analysis of a two by three design repeated measures ANOVA indicated that 86 participants were needed for a power of .80, with .05 alpha error (based on Lin & Israel, 2012). For a two by two design repeated measures ANOVA, 98 participants would give a power of .80, with .05 alpha error (with correlation amongst measures set at 0.5).

The second step in the preliminary analysis was to address missing item data. Removal of entire participant surveys due to missing data was avoided, as it may introduce a biasing effect on results (Parent, 2013). Thus, a mean substitution method at the item level, with the item mean calculated to three decimal places, was used based on previous recommendations (Parent, 2013). Eighty percent of items or more needed to be completed in order for the mean substitution to be calculated. Scales with less than 10 items (e.g., Heartland Forgiveness Scale) were considered invalid if more than one item was missing. For scales with 10 items or more, two missed items were allowed. All demographic data was completed by participants, with the exception of four participants who left out their age. Overall, 19 participants missed at least one item on at least one of their scales in the pre and post-test measures. Of these 19 participants, 12 missed more than 80% of items on the scale which prevented further analysis of that scale. In these cases, the scale with missing items was not used, but the subjects were retained for additional analyses. On the SFFA (state self-forgiveness) scale, six participants misunderstood the directions and marked only one item on the scale. Missed data was otherwise considered completely random, as there were no apparent patterns or item content variables that related to additional participants' missing items. Amongst the two-week follow-up data, five participants missed one item on a scale. This data appeared random as well, as each of the missed items were different, and mean substitution methods were also used with this data.

The third step in the preliminary analysis was to explore the differences between the treatment and control groups on pre-test outcome variables. A one-way analysis of variance (ANOVA) was conducted to determine if differences existed between the treatment and control groups on pre-test outcome variables. No differences emerged between groups on any pre-test measures at the $p < .05$ level of significance (see Table 6). Additionally, there were no

statistically significant differences between the groups in terms of time since the offense occurred, $F(1, 123) = .21, p = 0.648$ or closeness to the person offended, $F(1, 123) = .10, p = 0.752$. Thus, there were no covariates needed for the main analyses amongst the pre-test measures as randomization was considered effective.

Since participants were included in the analyses, regardless of the time since their offense occurred, it was necessary to further explore differences between these groups on pre-test measures. The participants were split into two groups: one group who completed an offense within the specified time period (six weeks or less) and the other group who completed the offense in a time period greater than six weeks. No statistically significant differences emerged between groups on pre-test measures (see Table 7). Thus, the survey order and time since offense were not necessary covariates for the main analysis.

The correlations between pre-test outcome measures and gender differences were also explored (see Table 11). State self-forgiveness had positive, statistically significant correlations with trait self-forgiveness and self-esteem, and negative, statistically significant correlations with shame and guilt. Additionally, responsibility acceptance and reparation willingness had statistically significant negative correlations to state and trait self-forgiveness. T-tests were conducted to explore gender differences between males and females on pre-test outcome measures. Men had higher levels of guilt, $t(1,123) = 2.37, p = .019$ compared to women. No other statistically significant differences emerged between sexes on pre-test outcome measures (see Table 13).

Main Analysis - Immediate Effects of the Intervention

A two by two repeated measures ANOVA was used, with group assignment (treatment or control) as the between-subject factor, and the outcome variable as the within-subject factor to

determine the immediate effects of the workbook on each outcome variable. If a statistically significant time by group interaction existed, the treatment workbook was considered to have a significant effect on the post-test outcome variables. Multivariate Analysis of Variance (MANOVA) tests are often used when multiple outcome variables are measured, but many researchers recommend using separate repeated measures ANOVA tests to determine pre- and post-test differences (Enders, 2003; Mintz, Balzer, Zhao, & Bush, 2012). There were no covariates used, as no statistically significant differences emerged between the groups on pre-test measures.

Repeated measure ANOVA tests were conducted to determine between group differences. Several statistically significant time by group interactions emerged as a result of the repeated measure ANOVA tests (see Table 3 for a complete list of the repeated measure ANOVA analyses, and group means). A repeated measures ANOVA for total state self-forgiveness determined that a statistically significant time by group interaction existed; $F(1, 123) = 6.00, p = .016$, such that the treatment group mean increased by 10.56 between pre and post-test, while the control groups mean increased by 5.34. A repeated measures ANOVA was conducted for each subscale of the state self-forgiveness measure. The self-forgiving feelings and actions subscale had statistically significant increases as a result of the intervention; $F(1,123) = 10.38, p = .002$, such that the treatment group mean increased by 6.38, while the control group mean increased by 2.71 between pre- and post-test. The self-forgiving beliefs subscale did not have a statistically significant increase as the result of the intervention when compared to the control group, $F(1,123) = 1.46, p = .230$, as the treatment group mean increased by 4.18, and the control group mean increased by 2.67. The intervention had a statistically significant effect on trait self-forgiveness, as the treatment group mean increased by 2.44, while the control group

mean increased by 0.61; $F(1,123) = 7.07, p = .009$. There were no statistically significant time by group interactions for the remaining variables between the immediate pre- and post-test (see Table 3). A follow-up repeated measures ANCOVA, with time since the offense as a covariate, demonstrated similar results (see Table 12). Repeated measures ANOVA tests were also conducted to determine if a statistically significant gender by group by time interaction existed for any of the outcome variables. There were no statistically significant gender by group by time interactions ($F = .000 - 1.170, p = .282 - .997$)

To further explore within-group differences, a t-test was conducted to determine mean group pre- and post-test differences within each of the groups (see Table 10 for a complete list of analyses). As expected, the treatment group had statistically significant increases in state and trait self-forgiveness, responsibility acceptance, self-esteem, and willingness to engage in reparations (see Table 10). The treatment group also had statistically significant reductions in shame and guilt. Similar to the treatment group, the control group experienced statistically significant gains in state self-forgiveness, reparation willingness, responsibility acceptance and self-esteem, and statistically significant reductions in shame and guilt. Unlike the treatment group, the control group did not have statistically significant gains in trait self-forgiveness $t(1,55) = 1.33, p = .190$.

The effect size of the intervention is another important consideration, as p -values from F -tests don't comprehensively describe the effectiveness of an intervention (Ferguson, 2009). Partial eta-squared is one of the most commonly used effect size calculators for ANOVA tests, and was included to determine effect size based on previous studies and recommendations (Ferguson, 2009; Mintz, Balzer, Zhao, & Bush 2012). Table 8 includes the effect sizes for the intervention for the immediate pre and post-test. Based on previous recommendations, the partial

eta squared effect size was considered small if it was less than 0.06, medium if it was between 0.06 and 0.14, and large if it was greater than or equal to 0.14 (Sink & Stroh, 2006). The effect size was medium for self-forgiving feelings and actions (.082), as well as trait self-forgiveness (0.055). The effect sizes were small for all of the additional variables (ranging from .000 to .049; see Table 8 for a complete description).

Main Analysis - Long-Term Effects of the Intervention

Twenty-one (16.8% of original sample) participants completed the two-week, longitudinal follow-up. No statistically significant differences emerged between follow-up completers and non-completers on pre-test measures (see Table 6). Also, amongst only the individuals that completed the follow-up survey, the treatment ($N = 13$) and control groups ($N = 8$) did not differ on pre-test outcome measures (see Table 6). Thus, no covariates were included (see Table 6). However, the power of these analyses was limited, given the low number of participants.

A two by two repeated measures ANOVA was conducted to determine if the intervention had a statistically significant impact on completed reparative behaviors. The reparations scale was given pre-test, and during the two-week follow-up only, as the conditions of the experiment did not allow participants to complete reparations during the workbook/control condition. The treatment group pre-test mean ($M = 19.17$, $SD = 13.60$) increased by 9.25 ($SD = 12.68$), while the control group mean ($M = 23.25$, $SD = 15.78$) increased by 7.63 ($SD = 12.59$). This increase was statistically significant for both the treatment group, $t(1,12) = 3.34$, $p = .007$, and the control group $t(1,7) = 2.46$, $p = .044$ although the between group difference did not reach statistical significance; $F(1,18) = .314$, $p = .706$.

A two by three (pre-, post-, two-week follow up) repeated measures ANOVA was used to determine if a statistically significant time by group interaction existed for the remainder of the two-week follow-up data (see Table 5 for a complete list of repeated measure ANOVA tests for the follow-up data). No statistically significant differences emerged between groups for any of the outcome measures, thus the interpretation of the data is limited. Similar to the pre and post-test analysis, the partial eta squared test was used to measure the effect sizes of the intervention (See Table 9 for a complete list of the mean change and effect sizes for the longitudinal data). The effect sizes were large for responsibility acceptance (0.145) and moderate for trait self-forgiveness (0.125). The effect sizes were small (ranging from .000 to .040) for all other measures (see Table 9).

To further explore within-group differences, a t-test was conducted to determine mean group differences between the treatment group at post-test (Time 2) and follow-up (Time 3) variables (see Table 10 for a complete list of analyses). The treatment group experienced decreases between all of the post-test and the follow-up variables, although this only reached statistical significance for trait self-forgiveness $t(1, 12) = -3.15, p = .009$ and self-forgiving beliefs $t(1, 12) = -2.54, p = .026$. The control group experienced gains across all variables with the exception of decreases in responsibility acceptance, shame and guilt, although none of these changes reached statistical significance (see Table 10).

DISCUSSION

The main finding of this study is that a brief workbook intervention produced statistically significant gains on measures of both state and trait self-forgiveness, as compared to a control group. The intervention gains were specific to self-forgiveness, while none of the other outcome measures (i.e., self-esteem, shame, guilt) showed statistically significant change

when compared to the control group. Thus, this intervention may be most relevant to individuals who are struggling specifically with self-forgiveness. These self-forgiveness gains appeared not to come at a cost of reduced responsibility or willingness to make amends, as some critics have warned (i.e., Vitz & Meade, 2011). Rather, both responsibility and willingness to engage in reparations increased alongside self-forgiveness, although neither increase reached the level of statistical significance. This finding offers further evidence that self-forgiveness increases can also include pro-social benefits. Additionally, the fact that a multi-step process of self-forgiveness can be facilitated from a one-time workbook administration seems promising as much of the self-forgiveness literature has considered self-forgiveness as a tedious and somewhat time-intensive process (e.g., Hall & Fincham, 2007).

The findings of this study contribute to the existing literature in several ways. There are very few published self-forgiveness interventions, and no published self-forgiveness workbook interventions. A self-forgiveness workbook intervention is potentially useful given the need for increased self-help and low-cost interventions (Change, 2005; Mintz, Balzer, Zhao, & Bush, 2012). The workbook was completed rather quickly (i.e., 70 minutes on average) compared to previous interventions that required much longer periods of time, such as the four-hour group intervention created by Scherer and colleagues (2011). This workbook included the value reaffirmation concepts introduced by Wenzell, Woodyatt and Hedrick (2012), as well as cognitive and solution-focused strategies to address rumination, low self-worth, and shame. The inclusion of strategies to address all of these concepts is unique to this intervention, as previous interventions (e.g., Exline et al., 2011) have been less comprehensive in scope. This study also addressed several methodological flaws in previous existing studies, including the lack of a

control group (e.g., Armour et al., 2008) and failing to account for the risks of self-forgiveness by not measuring responsibility and reparative behaviors (e.g., Scherer et al., 2011).

This study had several limitations including a poor attrition rate for the follow-up period. The major reason for this poor follow-up likely relates to the fact that participants received full-credit for their participation during the pre- and post-test periods. Thus, there was little incentive to continue with the follow-up survey other than a lottery for a gift card. Another limitation relates to the sample itself. The sample was a non-clinical, undergraduate college student sample, which limits the generalizability of the findings to clinical populations. The sample was from the College of Education, and was mostly female as well. Additionally, this limits generalizability, as the types of incidents that individuals struggle with in a college population may differ from a community sample. One benefit of the sample was that there was cultural diversity amongst participants, and the age range was relatively higher than most undergraduate samples, with an average range of 25.

Some of the immediate self-forgiveness gains were lost during the two week follow-up period as well (see Table 10). However, given the high attrition rate, the analyses of the longitudinal data lacked sufficient power to reliably determine the long-term effects of the intervention. Thus, the longitudinal findings are considered exploratory, which is a major limitation of this study. Given this limitation, follow-up studies are needed with clinical samples before the workbook is implemented on a wider scale (i.e., treatment settings). However, the immediate self-forgiveness gains demonstrated by this intervention are promising.

An additional methodological weakness related to the motivation of some participants. Participants identified that they were willing to work on their offense. However, several participants may have been motivated more by research credit as opposed to actual personal

benefits. Several participants appeared unaware of the nature of the study when they presented to the lab and may have simply selected an offense just to satisfy the research requirements. A measure of motivation may be warranted for future interventions, particularly with undergraduate college students who are completing a research requirement.

The workbook itself had several strengths and weaknesses. The flexibility and ease-of-use of the workbook is a unique strength of this study. The workbook may be a useful and brief stand alone self-help intervention, or an intervention to be used to augment the effects of counseling if it is further validated through replication studies. The workbook concepts can be easily integrated into psychoeducational or outreach seminars, or utilized within psychotherapy. One of the main benefits of the workbook is that it increased self-forgiveness without decreasing responsibility acceptance, reparative behaviors and willingness to engage in reparations. This workbook relied on value realignment and psychoeducation strategies to achieve this (Wenzel, Woodyatt, & Hedrick, 2012). These strategies appeared to be helpful, and may be included in future interventions.

The workbook produced statistically significant self-forgiving feelings and actions, but not self-forgiving beliefs. The solution-focused strategies, which were more action and emotion focused, may have benefited participants more than the cognitive techniques, as they were more belief focused. Thus, future interventions may wish to utilize additional strategies to target self-forgiving beliefs. Since this workbook relied heavily on cognitive, problem-solving, and solution-focused strategies, emotion-processing and mindfulness strategies may be a useful addition to the effects of this workbook. A dismantling study, exploring the effects of each aspect of the workbook, may also be beneficial to modify and reduce any components that are less beneficial as others.

To avoid the limitations of this study, future studies may wish to include a stronger incentive for participants to complete the follow-up surveys, such as requiring a follow-up period to be completed to receive credit. Additionally, future intervention studies may benefit from including a greater range of time (i.e., six months) as opposed to two-weeks, to better measure the durability of self-forgiveness gains. Follow-up studies may wish to include this workbook or other self-forgiveness interventions with a clinical sample. A sample using a college counseling center population may be especially relevant in this respect, as this setting could also provide a more appropriate control group (treatment as usual) than the current study. Giving participants a chance to share their workbook experiences with a counselor may also enhance the benefits of the workbook, and provide opportunities for discussion in therapy. Similar to the current study, future studies should also include a measure of responsibility acceptance and reparative behaviors as a safeguard for the potential pitfalls of self-forgiveness. This study provided information to participants about the counseling center and additional counseling resources, regardless of their treatment condition. Future studies could measure how many participants follow up with formal counseling, and exploring the effect of the intervention on this outcome.

References

- Allemand, M., Steiner, M., & Hill, P. L. (2013). Effects of a Forgiveness Intervention for Older Adults. *Journal of Counseling Psychology, 60*(2), 279-286.
- Armour, M., Windsor, L., Aguilar, J., & Taub, C. (2008). A pilot study of faith-based restorative justice intervention for Christian and non-Christian offenders. *Journal of Psychology and Christianity, 27*(2), 159-167.
- Ashby, J., Rice, K., Martin, J. (2006). Perfectionism, Shame, and Depressive Symptoms. *Journal of Counseling and Development, 84*(2), 148-156.
- Barber, L., Maltby, J., & Macaskill, A. (2005). Angry memories and thoughts of revenge: The relationship between forgiveness and anger rumination. *Personality and Individual Differences, 39*(2), 253-262.
- Bergman, M. E., Langhout, R., Palmieri, P. A., Cortina, L. M., & Fitzgerald, L. F. (2002). The (un)reasonableness of reporting: Antecedents and consequences of reporting sexual harassment. *Journal of Applied Psychology, 87*(2), 230-242.
- Berinsky, A., Huber, G., Lenz, G. (2012) Evaluating Online Labor Markets for Experimental Research: Amazon.com's Mechanical Turk. Political Analysis. first published online March 2, 2012
- Bernard, M., Liao, C., & Mills, M. (2001). The effects of font type and size on the legibility and reading time of online text by older adults. *Extended Abstracts on Human Factors in Computing Systems, 175-176*.
- Beyers, W., & Seiffge-Krenke, I. (2010). Does identity precede intimacy? Testing Erikson's theory on romantic development in emerging adults of the 21st century. *Journal of Adolescent Research, 25*(3), 387-415.

- Biron, D. E. (2007). Personality, substance abuse, and lack of self-forgiveness with incarcerated males. *Dissertation Abstracts International*, 67.
- Bugay, A., Demir, A., & Delevi, R. (2012). Assessment of reliability and validity of the Turkish version of Heartland Forgiveness Scale. *Psychological Reports*, 111(2), 575-584.
- Campana, K. (2010). Self-Forgiveness Interventions for women experiencing a breakup. *Dissertation Abstracts International*
- Chang, T. (2005). Online counseling: Prioritizing psychoeducation, self-help, and mutual help for counseling psychology research and practice. *The Counseling Psychologist*, 33, 881-890.
- Coyle, C. E., & Dugan, E. (2012). Social isolation, loneliness and health among older adults. *Journal of Aging and Health*, 24(8), 1346-1363.
- Dillon, R. S. (2001). Self-forgiveness and self-respect. *Ethics*, 112, 53-83.
- Doak C, Doak L, Root J. Teaching patients with low literacy skills, 2nd ed, JB Lippincott Company, New York 1996.
- Eaton, J., Struthers, C. W., & Santelli, A. G. (2006). The mediating role of perceptual validation in the repentance/forgiveness process. *Personality and Social Psychology Bulletin*, 32, 1389–1401.
- Ecker, W., & Gönner, S. (2008). Incompleteness and harm avoidance in OCD symptom dimensions. *Behaviour Research and Therapy*, 46(8), 895-904.
- Ekkers, W., Korrelboom, K., Huijbrechts, I., Smits, N., Cuijpers, P., & van der Gaag, M. (2011). Competitive Memory Training for treating depression and rumination in depressed older adults: A randomized controlled trial. *Behaviour Research and Therapy*, 49(10), 588-596.

- Ellis, A. (2007). *How to make yourself happy and remarkably less disturbable*. Atascadero, CA US: Impact Publishers.
- Enders, C. K. (2003). Performing multivariate group comparisons following a statistically significant MANOVA. *Measurement and Evaluation in Counseling and Development*, 36, 40– 56.
- Enright, R.D. (1996). Counseling within the forgiveness triad: On forgiving, receiving forgiveness, and self-forgiveness. *Counseling and Values*, 40, 107 - 126.
- Erikson, E. H. (1982). *The life cycle completed: A review*. New York: Norton
- Etxebarria, I., Ortiz, M., Conejero, S., & Pascual, A. (2009). Intensity of habitual guilt in men and women: Differences in interpersonal sensitivity and the tendency towards anxious-aggressive guilt. *The Spanish Journal of Psychology*, 12(2), 540-554.
- Exline, J. J., DeShea, L., & Holeman, V. T. (2007). Is apology worth the risk? Predictors, outcomes, and ways to avoid regret. *Journal of Social and Clinical Psychology*, 26, 479–504.
- Exline, J., Root, B. L., Yadavalli, S., Martin, A. M., & Fisher, M. L. (2011). Reparative behaviors and self-forgiveness: Effects of a laboratory-based exercise. *Self and Identity*, 10(1), 101-126.
- Fetzer, J. E. I. (2003). *Multidimensional measurement of religiousness/spirituality for use in health research: A report of the Fetzer Institute/ National Institute on Aging Working Group*. Fetzer Institute Kalamazoo, MI.
- Fisher, M. L., & Exline, J. J. (2006). Self-forgiveness versus condoning: The importance of accepting responsibility. *Self and Identity*, 5, 127–146.
- Fisher, M. L. (2010). Evaluation of a self-forgiveness intervention: Does it promote emotion

- resolution and prosocial behavior?. *Dissertation Abstracts International*, 70.
- Fisher, M. L., & Exline, J. J. (2010). Moving toward self-forgiveness: Removing barriers related to shame, guilt, and regret. *Social and Personality Psychology Compass*, 4(8), 548-558.
- Flett, G. L., Blankstein, K. R., & Holowaty, L. S. (1990). Depression and complex attributions of blame in self and others. *Journal of Social Behavior and Personality*, 5(4), 175-188.
- Forman, E.M., Herbert, J.D., Moitra, E., Yeomans, P.D., & Geller, P.A. (2007). A randomized controlled effectiveness trial of acceptance and commitment therapy and cognitive therapy for anxiety and depression. *Behavior Modification*, 31, 772-799.
- Ferguson, C. J. (2009). An effect size primer: A guide for clinicians and researchers. *Professional Psychology: Research and Practice*, 40(5), 532-538.
- Fresco, D. M., Moore, M. T., Walt, L., & Craighead, L. W. (2009). Self-administered optimism training: Mechanisms of change in a minimally supervised psychoeducational intervention. *Journal of Cognitive Psychotherapy*, 23(4), 350-367.
- Friedman, L. C., Barber, C. R., Chang, J., Tham, Y., Kalidas, M., Rimawi, M. F., Dulay, M., & Elledge, R. (2010). Self-blame, self-forgiveness, and spirituality in breast cancer survivors in a public sector setting. *Journal of Cancer Education*, 25(3), 343-348.
- Gilbert, P., Procter, S. (2006). Compassionate mind training for people with high shame and self-criticism: overview and pilot study of a group therapy approach. *Clinical Psychology and Psychotherapy*, 13(6), 353-379.
- Grzegorek, J., Slaney, R., Franze, S., & Rice, K. (2004). Self-Criticism, Dependency, Self-Esteem, and Grade Point Average Satisfaction Among Clusters of Perfectionists and Nonperfectionists. *Journal of Counseling Psychology*, 51(2), 192-200.
- Hall, J. H., & Fincham, F. D. (2005). Self-forgiveness: The stepchild of forgiveness research.

- Journal of Social and Clinical Psychology*, 24(5), 621-637.
- Hall, J. H., & Fincham, F. D. (2008). The temporal course of self-forgiveness. *Journal of Social and Clinical Psychology*, 27, 174– 202.
- Harder, D. W., & Zalma, A. (1990). Two promising shame and guilt scales: A construct validity comparison. *Journal of Personality Assessment*, 55(3-4), 729-745.
- Hardy, J. A., Weatherford, R. D., Locke, B. D., DePalma, N., & D'Iuso, N. T. (2011). Meeting the Demand for College Student Concerns in College Counseling Centers: Evaluating a Clinical Triage System. *Journal of College Student Psychotherapy*, 25(3), 220-240.
- Hawes, D. J., Helyer, R., Herlianto, E. C., & Willing, J. (2013). Borderline personality features and implicit shame-prone self-concept in middle childhood and early adolescence. *Journal of Clinical Child and Adolescent Psychology*, 42(3), 302-308.
- Hill, P. L., & Allemand, M. (2010). Forgiveness and adult patterns of individual differences in environmental mastery and personal growth. *Journal of Research In Personality*, 44(2), 245-250.
- Hilt, L. M., & Pollak, S. D. (2012). Getting out of rumination: Comparison of three brief interventions in a sample of youth. *Journal o Abnormal Child Psychology*, 40(7), 1157-1165.
- Hirsch, J. L., Webb, J. R., Jeglic, E. (2011). Forgiveness, depression, and suicidal behavior among a diverse sample of college students. *Journal of Clinical Psychology*, 67(9), 896-906.
- Holmgren, M. R. (2002). Forgiveness and self-forgiveness in psychotherapy. In S. Lamb & J. Murphy (Eds.), *Before forgiving: Cautionary views of forgiveness in psychotherapy* New York: Oxford.

- Hong, Y., & Jacinto, G. A. (2012). Six step therapeutic process to facilitate forgiveness of self and others. *Clinical Social Work Journal*, 40(3), 366-375.
- Horsbrugh, H.J. (1974). Forgiveness. *Canadian Journal of Philosophy*, 4(2), 269–282.
- Huffziger, S., Reinhard, I., & Kuehner, C. (2009). A longitudinal study of rumination and distraction in formerly depressed inpatients and community controls. *Journal of Abnormal Psychology*, 118(4), 746-756.
- Ingersoll-Dayton, B., & Krause, N. (2005). Self-Forgiveness: A Component of Mental Health in Later Life. *Research on Aging*, 27(3), 267-289.
- Ingersoll-Dayton, B., Torges, C., & Krause, N. (2010). Unforgiveness, rumination, and depressive symptoms among older adults. *Aging and Mental Health*, 14(4), 439-449.
- Jacinto, G. A. (2010). Caregivers' coping and self-forgiveness after the death of a care-receiver. *Journal of Social Service Research*, 36(3), 206-215.
- Jacinto, G. A., & Edwards, B. L. (2011). Therapeutic stages of forgiveness and self-forgiveness. *Journal of Human Behavior in the Social Environment*, 21(4), 423-437.
- Keilp, J. G., Grunebaum, M. F., Gorlyn, M., LeBlanc, S., Burke, A. K., Galfalvy, H., & ... Mann, J. (2012). Suicidal ideation and the subjective aspects of depression. *Journal of Affective Disorders*, 140(1), 75-81.
- Kim, L. M., Johnson, J. L., & Ripley, J. (2011). A 'perfect' storm: Perfectionism, forgiveness, and marital satisfaction. *Individual Differences Research*, 9(4), 199-209.
- Krause, N., & Hayward, R. (2013). Self-forgiveness and mortality in late life. *Social Indicators Research*, 111(1), 361-373.
- Langton, C. M., Barbaree, H. E., Harkins, L., Arenovich, T., McNamee, J., Peacock, E. J., Dalton, A., Hansen, K., Luong, D., & Marcon, H. (2008). Denial and minimization

- among sexual offenders: Posttreatment presentation and association with sexual recidivism. *Criminal Justice and Behavior*, 35(1), 69-98.
- Lawler-Row, K. A. (2010). Forgiveness as a mediator of the religiosity—health relationship. *Psychology of Religion and Spirituality*, 2(1), 1-16.
- Leahy, R. L. (2003). *Cognitive therapy techniques: A practitioner's guide*. New York, NY US: Guilford Press.
- Li, Y., & Fu, J. (2013). College students' self-esteem and forgiveness: Mediator effect of attribution. *Chinese Journal of Clinical Psychology*, 21(1), 129-132.
- Lin, Y., & Israel, T. (2012). A computer-based intervention to reduce internalized heterosexism in men. *Journal Of Counseling Psychology*, 59(3), 458-464.
- Linden, W., Vodermaier, A., MacKenzie, R., & Greig, D. (2012). Anxiety and depression after cancer diagnosis: Prevalence rates by cancer type, gender, and age. *Journal of Affective Disorders*, 141(2-3), 343-351.
- Lockard, A. D. (2012). Change in Academic Distress: Examining Differences Between a Clinical and Nonclinical Sample of College Students. *Journal of College Counseling*, 15(3), 233-246.
- Luyckx, K., De Witte, H., & Goossens, L. (2011). Perceived instability in emerging adulthood: The protective role of identity capital. *Journal of Applied Developmental Psychology*, 32(3), 137-145.
- Macaskill, A. (2012). A feasibility study of psychological strengths and well-being assessment in individuals living with recurrent depression. *The Journal of Positive Psychology*, 7(5), 372-386.
- Macaskill, A. (2012). Differentiating dispositional self-forgiveness from other-forgiveness:

- Associations with mental health and life satisfaction. *Journal of Social and Clinical Psychology, 31*(1), 28-50.
- Mauger, P. A., Perry, J. E., Freemant, T., Grove, D. C., McBride, A. G., & McKinney, K. E. (1992). The measurement of forgiveness: Preliminary research. *Journal of Psychology and Christianity, 11*, 170–180.
- McConnell, J. M., & Dixon, D. N. (2012). Perceived forgiveness from God and self-forgiveness. *Journal of Psychology and Christianity, 31*(1), 31-39.
- Mintz, L. B., Balzer, A. M., Zhao, X., & Bush, H. E. (2012). Bibliotherapy for low sexual desire: Evidence for effectiveness. *Journal of Counseling Psychology, 59*(3), 471-478.
- Mullen, S. P., Gothe, N. P., & McAuley, E. (2013). Evaluation of the factor structure of the Rosenberg Self-esteem Scale in older adults. *Personality and Individual Differences, 54*(2), 153-157.
- Muñoz, R. F., & Miranda, J. (1986). Group Therapy for Cognitive-behavioral Treatment of Depression . San Francisco General Hospital. Depression Clinic.
- Newman, M. L., & Greenway, P. (1997). Therapeutic effects of providing MMPI-2 test feedback to clients at a university counseling service: A collaborative approach. *Psychological Assessment, 9*(2), 122-131.
- Norcross, J. C. (2006). Integrating self-help into psychotherapy: 16 practical suggestions. *Professional Psychology: Research and Practice, 37*, 683– 693.
- Pahwa, B., & Schoech, D. (2008). Issues in the evaluation of an online prevention exercise. *Journal of Technology in Human Services, 26*(2-4), 259-281.
- Parent, M. C. (2013). Handling item-level missing data: Simpler is just as good. *The Counseling Psychologist, 41*(4), 568-600.

- Pelucchi, S., Paleari, F., Regalia, C., & Fincham, F. D. (2013). Self-forgiveness in romantic relationships: It matters to both of us. *Journal of Family Psychology, 27*(4), 541-549.
- Pequegnat, W., Rosser, B. R. S., Bowen, A. M., Bull, S. S., DiClemente, R. J., Bockting, W. O., . . . Zimmerman, R. (2007). Conducting Internet-based HIV/STD prevention survey research: Considerations in design and evaluation. *AIDS and Behavior, 11*, 505– 521.
- Quick, E. K. (2012). *Core competencies in the solution-focused and strategic therapies: Becoming a highly competent solution-focused and strategic therapist*. New York, NY US: Routledge/Taylor & Francis Group.
- Ranganathan, A., Todorov, N. (2010). Personality and Self-Forgiveness: The Roles of Shame, Guilt, Empathy and Conciliatory Behavior. *Journal of Social and Clinical Psychology, 29*(1), 1-22.
- Rice, K., Richardson, C., Tueller, S. (2014). The Short Form of the Revised Almost Perfect Scale. *Journal of Personality Assessment, 96*(3), 368-379.
- Rizvi, S. L., & Linehan, M. M. (2005). The treatment of maladaptive shame in borderline personality disorder: A pilot study of 'opposite action.'. *Cognitive and Behavioral Practice, 12*(4), 437-447.
- Rohde-Brown, J., & Rudestam, K. (2011). The role of forgiveness in divorce adjustment and the impact of affect. *Journal of Divorce and Remarriage, 52*(2), 109-124.
- Romero, C., Kalidas, M., Elledge, R., Chang, J., Liscum, K. R., & Friedman, L. C. (2006). Self-Forgiveness, Spirituality, and Psychological Adjustment in Women with Breast Cancer. *Journal of Behavioral Medicine, 29*(1), 29-36.
- Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton University Press.

- Ross, S. R., Kendall, A. C., Matterns, K. G., Wrobel, T. A., & Rye, M. S. (2004). A personological examination of self and other-forgiveness in the Five Factor Model. *Journal of Personality Assessment, 82*, 207-214.
- Ross, S. A., Hertstein, M., Wrobel, T. (2007). Maladaptive Correlates of the Failure to Forgive Self and Others: Further Evidence for a Two-Component Model of Forgiveness. *Journal of Personality Assessment, 88*(2), 158-167.
- Schafer, J. L., & Graham, J. W. (2002). Missing data: Our view of the state of the art. *Psychological Methods, 7*, 147-177.
- Scherer, M., Worthington, E. r., Hook, J. N., & Campana, K. L. (2011). Forgiveness and the bottle: Promoting self-forgiveness in individuals who abuse alcohol. *Journal of Addictive Diseases, 30*(4), 382-395.
- Scherer, M. L., Worthington, E., Hook, J., Campana, K., West, S., Gartner, A. (2012). Forgiveness and Cohesion in Familial Perceptions of Alcohol Misuse. *Journal of Counseling and Development, 90*(2), 160-168.
- Silverstein, B. B., Edwards, T. T., Gamma, A. A., Ajdacic-Gross, V. V., Ressler, W. W., & Angst, J. J. (2013). The role played by depression associated with somatic symptomatology in accounting for the gender difference in the prevalence of depression. *Social Psychiatry and Psychiatric Epidemiology, 48*(2), 257-263.
- Scott, K., & Straus, M. (2007). Denial, minimization, partner blaming, and intimate aggression in dating partners. *Journal of Interpersonal Violence, 22*(7), 851-871.
- Seubert, D. (2010). Improving readability with appropriate design.
www.healthcommunications.org.
- Sink, C., & Stroh, H. (2006). Practical significance: The use of effect sizes in school counseling

- research. *Professional School Counseling*, 9, 401–411.
- Slaney, R. B., Rice, K. G., Mobley, M., Trippi, J., & Ashby, J. S. (2001). The Revised Almost Perfect Scale. *Measurement and Evaluation in Counseling and Development*, 34, 130–145.
- Soble, J. R., Spanierman, L. B., & Liao, H. (2011). Effects of a brief video intervention on White university students' racial attitudes. *Journal of Counseling Psychology*, 58(1), 151-157.
- Squires, E. C., Sztainert, T., Gillen, N. R., Caouette, J., & Wohl, M. A. (2012). The problem with self-forgiveness: Forgiving the self deters readiness to change among gamblers. *Journal of Gambling Studies*, 28(3), 337-350.
- Stossel, L. M., Segar, N., Gliatto, P., Fallar, R., & Karani, R. (2012). Readability of patient education materials available at the point of care. *Journal of General Internal Medicine*, 27(9), 1165-1170.
- Strelan, P. (2007). The prosocial, adaptive qualities of just world beliefs: Implications for the relationship between justice and forgiveness. *Personality and Individual Differences*, 43(4), 881-890.
- Strelan, P. (2007). Who forgives others, themselves, and situations? The roles of narcissism, guilt, self-esteem, and agreeableness. *Personality and Individual Differences*, 42(2), 259-269.
- Su, W., Fang, X., Miller, J. K., & Wang, Y. (2011). Internet-based intervention for the treatment of online addiction for college students in China: A pilot study of the Healthy Online Self-Helping Center. *Cyberpsychology, Behavior, and Social Networking*, 14(9), 497-503.
- Tangney, J. P., Boone, A., & Dearing, R. (2005). *Forgiving the self: Conceptual issues*

- and empirical findings*. Unpublished manuscript, George Mason University.
- Tangney, J. P., & Dearing, R. L. (2002). *Shame and guilt*. New York: Guilford Press
- Taylor, M., Bates, G., & Webster, J. (2011). Comparing the psychometric properties of two measures of wisdom: Predicting forgiveness and psychological well-being with the Self-Assessed Wisdom Scale (SAWS) and the Three-Dimensional Wisdom Scale (3D-WS). *Experimental Aging Research*, 37(2), 129-141.
- Thompson, L. Y., Snyder, C. R., Hoffman, L., Michael, S. T., Rasmussen, Billings, L. S., et al. (2005). Dispositional forgiveness of self, others, and situations. *Journal of Personality*, 73, 313-359.
- Toussaint, L., & Friedman, P. (2009). Forgiveness, gratitude, and well-being: The mediating role of affect and beliefs. *Journal of Happiness Studies*, 10(6), 635-654.
- Toussaint, L. L., Owen, A. D., & Cheadle, A. (2012). Forgive to live: Forgiveness, health, and longevity. *Journal of Behavioral Medicine*, 35(4), 375-386.
- Toussaint, L. and Webb, J. R. 2005. "Theoretical and empirical connections between forgiveness, mental health, and well-being." In *Handbook of forgiveness* Edited by: Worthington, E. L. Jr. New York: Routledge.
- Turnage, B. F., Hong, Y., Stevenson, A. P., & Edwards, B. (2011). Social work students' perceptions of themselves and others: Self-esteem, empathy, and forgiveness. *Journal of Social Service Research*, 38(1), 89-99.
- Utzu, A., Joseph, S., & Muss, D. (2012). Treating traumatic memories in Rwanda with the rewind technique: Two-week follow-up after a single group session. *Traumatology*, 18(1), 75-78.
- Vitz, P. C., & Meade, J. M. (2011). Self-forgiveness in psychology and psychotherapy: A

- critique. *Journal of Religion and Health*, 50(2), 248-263.
- Walker, D. F., & Gorsuch, R. L. (2002). Forgiveness within the Big Five personality model. *Personality and Individual Differences*, 32(7), 1127-1138.
- Wang, K., Slaney, R., & Rice, K. (2007). Perfectionism in Chinese university students from Taiwan: A study of psychological well-being and achievement motivation. *Personality and Individual Differences*, 42(7), 1279-1290.
- Wang, K., Yuen, M., & Slaney, R. (2009). Perfectionism, depression, loneliness, and life satisfaction: A study of high school students in Hong Kong. *The Counseling Psychologist*, 37(2), 249-274.
- Watson, M. L. (2012). Self-Forgiveness in Anorexia Nervosa and Bulimia Nervosa. *Eating Disorders*, 20(1), 31-41.
- Webb, J. R., Robinson, E. R., Brower, K. J., & Zucker, R. A. (2006). Forgiveness and Alcohol Problems Among People Entering Substance Abuse Treatment. *Journal of Addictive Diseases*, 25(3), 55-67.
- Webb, J. R., Robinson, E. R., & Brower, K. J. (2009). Forgiveness and mental health among people entering outpatient treatment with alcohol problems. *Alcoholism Treatment Quarterly*, 27(4), 368-388.
- Webb, J. R., Toussaint, L., Kalpakjian, C. Z., & Tate, D. G. (2010). Forgiveness and health-related outcomes among people with spinal cord injury. *Disability and Rehabilitation: An International, Multidisciplinary Journal*, 32(5), 360-366.
- Weiland, S. (1994). Erik Erikson: Ages, stages, and stories. In D. Shenk, W. Achenbaum (Eds.) , *Changing perceptions of aging and the aged* (pp. 19-30). New York, NY US: Springer Publishing Co.

- Wenzell, M., Woodyatt, L., & Hedrick, K. (2012). No genuine self-forgiveness without accepting responsibility: Value reaffirmation as a key to maintaining positive self-regard. *European Journal of Social Psychology, 42*(5), 617-627.
- Westers, N. J., Rehfuss, M., Olson, L., & Biron, D. (2012). The role of forgiveness in adolescents who engage in nonsuicidal self-injury. *Journal of Nervous and Mental Disease, 200*(6), 535-541.
- Wilson, T., Milosevic, A., Carroll, M., Hart, K., & Hibbard, S. (2008). Physical health status in relation to self-forgiveness and other-forgiveness in healthy college students. *Journal of Health Psychology, 13*(6), 798-803.
- Witvliet, C. V. O., Ludwig, T. E., & Bauer, D. J. (2002). Please forgive me: Transgressors' emotions and physiology during imagery of seeking forgiveness and victim responses. *Journal of Psychology and Christianity, 21*, 219-233.
- Wohl, M. A., DeShea, L., & Wahkinney, R. L. (2008). Looking within: Measuring state self-forgiveness and its relationship to psychological well-being. *Canadian Journal of Behavioural Science/Revue Canadienne Des Sciences Du Comportement, 40*(1), 1-10.
- Wohl, M. A., Pychyl, T. A., & Bennett, S. H. (2010). I forgive myself, now I can study: How self-forgiveness for procrastinating can reduce future procrastination. *Personality and Individual Differences, 48*(7), 803-808.
- Wohl, M., Thompson, L. (2011). A dark side to self-forgiveness: Forgiving the self and its association with chronic unhealthy behaviour. *British Journal of Social Psychology, 50*(2), 354-364.
- Woodyatt, L. and Wenzell, M. (2013). Self-Forgiveness and Restoration of an Offender Following an Interpersonal Transgression. *Journal of Social and Clinical Psychology,*

32(2), 225-259.

Worthington, E. L. Jr., Berry, J. W. and Parrott, L. III. 2001. "Unforgiveness, forgiveness, religion, and health." In *Faith and health: Psychological perspectives* Edited by:

Zechmeister, J. S., & Romero, C. (2002). Victim and offender accounts of interpersonal conflict: Autobiographical narratives of forgiveness and unforgiveness. *Journal of Personality and Social Psychology*, 82, 675-686.

Zhao, J., Kong, F., & Wang, Y. (2013). The role of social support and self-esteem in the relationship between shyness and loneliness. *Personality and Individual Differences*, 54(5), 577-581.

APPENDIX A: INTRODUCTION SECTION

Hello and thank you for participating in this study. If you feel uncomfortable you can stop the study at anytime. We will provide you with counseling resources at the end of the study if you would like to continue to work on any issues that come up while you complete this activity.

Basic instructions

This is a study designed to measure self-forgiveness. You are participating in this study as you identified that you have caused distress towards someone close to you in the past six weeks. This incident may have included:

- A relationship breakup
- Infidelity in a relationship
- Talking about someone behind their back
- Saying something mean to someone in a moment of anger
- An argument

There are two basic requirements for the incident that you select:

1. You feel comfortable and ready to describe the event in some detail

- You may want to avoid choosing a traumatic event (ex: physical or sexual assault; an incident that caused death or serious injury) for this exercise.

- It is healthy and normal to feel a bit of anxiety talking about things you have done that you regret, but please choose something that you believe won't cause too much anxiety and distress that it will impair your ability to function.

2. The event felt significant to you when it happened

- This doesn't mean that you worry about it constantly or it caused you to be very upset. It simply means that at the time it happened, you felt that the event was important, significant, or you felt a degree of regret, shame, guilt, and/or remorse.

Take your time if you need to, but please try to choose something that is significant to you, but that you feel comfortable exploring and thinking about. If you have any questions about this, ask the examiner.

Write the event down below that causes significant regret, shame, etc. that you want to work on (one or two sentences).

APPENDIX B: CONFIRMATION PAGE FOR TREATMENT AND CONTROL GROUPS

Please put your student email address below so we can confirm your participation with instructors.

We will be sending follow-up emails in two weeks, so please put your email below if you would like to participate. The follow-up email will be a survey (approximately 15-20 minutes long) designed to see if any progress you made today is maintained over time.

APPENDIX C: COUNSELING RESOURCES FOR TREATMENT AND CONTROL GROUPS

Thank you for your participation in this study. If you are in significant distress, please speak with the examiner. If you found any activities in the workbook particularly helpful, and you want any copies of the workbook to take home with you, please ask the examiner and he/she will provide you with an extra copy for you to take home. Also, counseling and therapy are often very helpful in helping you to forgive yourself from an incident. These resources are available for you at Georgia State to help you with your self-forgiveness or for any other reason.

1) The Georgia State Counseling & Testing Center offers free counseling sessions to students. To make an appointment, please contact the number below:

(404) 413-1640

or go to:

<http://www.gsu.edu/counseling/>

2) Another place for low-cost counseling services is the Georgia State Psychology Clinic. The number for this clinic is:

404-413-6229

3) If you feel suicidal, unsafe, or need emergency assistance at any time, please contact:
Mental Health Crisis Line:

(800) 715-4225

or

911

or the GSU university police

(404) 413-3333

Please take this last page with you as you go. Thank you for your participation!

APPENDIX D: CONTROL GROUP SCRIPT

You just completed the first survey, and now you will now have 60 minutes to study material from one of your courses before you complete the second survey. The researcher will time you, and let you know when the 60 minutes has passed. The weekly readings from your online course are available at the desk, and organized per class and topic. Please take one of the packets and study the material. Please do not write on the material that you take, and please return it once you are done.

Please do not disturb or interact with the other participants while you do this. Please do not use your cell phone during this time. There is a computer lab down the hall where you may print out school material if you need to. Please let the researcher know if you have any questions.

PLEASE DO NOT START THE NEXT SURVEY UNTIL THE RESEARCH ASSISTANT TELLS YOU TO.

APPENDIX E: WORKBOOK INTERVENTION

PART I: HEALTHY BEHAVIORS AND RESPONSIBILITY

One way to help you forgive yourself is to make steps to prevent repeating the same mistake, or to apologize/make peace with the person(s) that you may have hurt. Keep in mind, this process looks different for everyone. It is up to you to choose what you feel comfortable with. A small step to one person may be a large step to another, etc. An example will help illustrate this concept:

John went against his values and struggles with self-forgiveness for getting into a physical fight with his brother during an argument. He cares a lot about his brother, and he identified that he wanted to try to make peace with his brother. He identified the following steps he could take to help with his situation:

Small Step

1. Ordering a helpful book on amazon.com on anger management techniques
2. Joining an online support group for individuals struggling with anger
3. Making an appointment with a counselor to work on anger
4. Exploring why the event happened, and making a conscious effort to avoid engaging in the behavior again

Mid-sized step

1. Writing a letter to his brother or sending him a message to apologize
2. Making a brief apology

Large step

1. Meeting with his brother and apologizing face-to-face
2. Making a full apology face-to-face, as opposed to a brief one

What are some small steps (low anxiety, easy to do) you can take to prevent future arguments from happening, or to make peace/amends with anyone that may have been harmed? List at least one, but more if you can think of them.

1.

2.

What are some mid-sized (moderate anxiety-provoking, moderately difficult to do) steps you can take? List at least one, but more if you can think of them.

1.

2.

What are some large steps (high anxiety-provoking, take a lot of effort) you can take? List at least one, but more if you can think of them.

1.

2.

Give some examples of times when you have successfully apologized to someone, or you made peace with someone after an argument, or conflict. These may apply to your current situation, or they may apply to past situations. Try to list at least two, but more if you can think of them.

Example: I apologized to a friend after an argument two years ago.

1.

2.

Take a minute to think about a possible plan to apologize to the person that was hurt, to take some steps to resolve the situation that happened, or to make sure to prevent future behaviors. Write two to four sentences below to describe that plan.

Tip: It may help to think about the solutions and the steps you generated above when you do this.

Please take 30 seconds or so to visualize or imagine yourself following these steps before moving onto the next page.

Self-forgiveness is simply defined as the process of forgiving yourself for something that you did that you believed was wrong.

Self-forgiveness involves two steps:

Step 1) Accepting responsibility for your behaviors and actions

-This means acknowledging the effect your behaviors had on others and yourself.

-This does not mean that you beat yourself up and dwell on your past mistakes. It simply means that you acknowledge the effect of your behaviors.

Step 2) Letting go or moving past your negative thoughts and feelings about the event

-Step 2 simply means moving past, or coping with any feelings of guilt, shame and regret that come up when you complete Step 1.

When you are struggling with forgiving yourself for a previous incident, you often get “tunnel vision” and have difficulty seeing around the event (or events) that you are ashamed of.

Please remember both of these steps, as we will refer to them throughout the workbook.

A story may help illustrate these concepts:

Tom and Susan have been married for 10 years, and currently live together. Tom has been struggling with guilt and shame as he frequently spends money on alcohol without his wife's knowledge. Tom and Susan are having financial problems, and his bad habits are adding to their financial stress. Tom has lied to Susan on multiple occasions about his alcohol use, which often causes him to feel guilt, shame, and to tell himself that he is a "bad husband."

In this story, Tom is struggling with forgiving himself for his actions. This scenario represents self-forgiveness (**both** Step 1 and Step 2):

First, (Step 1) Tom acknowledged that he was in control of his behaviors, and he acknowledged the full impact that his behaviors were having on his relationship and on himself, including: added financial stress and the risk of conflict with his wife. He then (Step 2) worked on forgiving himself by telling himself that although he may have acted in a way that was potentially harmful to his relationship, it didn't necessarily make him a "bad husband." He also decided to use the guilt he felt to motivate him to change his behaviors.

In this scenario, Tom demonstrated self-forgiveness as he accepted responsibility for his actions (Step 1) and successfully forgave himself by changing negative thoughts and feelings into more positive ones (Step 2).

Again, Self-forgiveness is not denying or ignoring a mistake that you have made. It is also not beating yourself up for your past mistakes. It involves acknowledging the effect your behaviors had on others, while striving to move past the negative thoughts and emotions that arise.

In what ways can you practice self-forgiveness in regard to the situation that you identified earlier (Both Step 1 and Step 2)? What would that look like for you?

Example: I will remind myself that I am in control of my actions. I will remind myself of my positive qualities whenever I start feeling ashamed. I will try my best to learn from my past mistakes and failures.

This next section is to help you with the first step of self-forgiveness. The goal is to acknowledge the effect your behaviors may have had on others. In the event you picked for this workbook, list some of the ways this behavior (or behaviors) affected others. Please keep in mind that the goal here is **not** to punish you or to make you feel ashamed or guilty, but simply to acknowledge any effects your behavior had on others. List at least one.

Example: My insult hurt my friend's feelings and damaged their trust in me.

1.

2.

What personal values did you break when you engaged in the behavior you identified earlier?

Example: I broke the "golden rule/treat others like you want to be treated"

1.

2.

There are times where we blame ourselves completely when someone gets upset at us for something we did. Although we alone are responsible for our actions and the results of them, there may be other things that caused that person to get upset besides your actions. For example:

- They may have already been in a bad mood
- They may have been mistreated by someone earlier in the week

Are there other variables or reasons why the person became upset or hurt, that did not relate to your actions? If so, list them below:

Often times reflecting on these situations can teach you helpful lessons that you can remind yourself of. What lessons did you learn from examining this experience that you want to remember to help you in the future? What might be helpful for you to learn from this experience to teach others?

As discussed earlier, it is better to judge your actions and behaviors instead of judging yourself. An example of this would be saying: "I did a mean thing" instead of saying "I am a mean person." Another example would be: "This behavior was wrong" instead of saying "I am wrong/a bad person." Again, you focus your judgment on your behaviors, instead of judging yourself. This can be a much healthier way to think, and it simply comes from practice. Some more examples of people judging themselves include:

- a) I am stupid person because I procrastinated and failed the test.
- b) I am a mean person because I cheated on my partner.
- c) I am a bad person because I gossiped about my friend.

It is rarely helpful to judge yourself, as we all make mistakes and we all have flaws. Instead of judging yourself, focus on your behaviors instead. The sentences above are now re-worded, with the focus on the behavior instead of the person.

- a) My performance on that test was bad.
- b) My actions towards my partner are something I regret.
- c) My gossiping about my friend was a bad thing to do, and I will take steps not to do it again.

PART II ADDRESSING BARRIERS TO SELF-FORGIVENESS

This next activity will walk you through several exercises to help reinforce this concept (Ellis, 2007). In the first sentence (1), the person is judging themselves, sometimes harshly. In the second sentence (2), the person is judging their behaviors instead of judging themselves.

(1) I am a bad person for cheating on my partner. -----> (2) It was a bad thing to do to cheat on my partner. I can use the regret I feel to motivate myself to change my behaviors in the future.

I am such a failure. -----> (2) My behaviors and choices have not lead me to be as successful as I would like to be. I still have value and worth, and there are still actions I can take to promote my success.

Now try to do the same thing with these statements. Change them from judging yourself, to judging your behaviors. Also, feel free to add solution-focused statements to the end of the sentence.

(1) I am a failure because I did poorly on that test. -----> (2) _____

(1) I am scum because I hurt that other person. -----> (2) _____

Now identify (at least) three negative self-judgments (conditional self-acceptance statements; Ellis, 2007) that you have told yourself that cause significant shame, guilt, sadness, depression, etc. (example: I am a mean person for upsetting them. I am a weak person for letting myself get that angry). Think about the situation that you identified in the beginning of the workbook when you complete this.

1.

2.

3.

Now rewrite these statements to focus on judging your actions/behaviors instead of yourself: ex: I am bad. ----->That was a bad thing to do. This can take practice, so don't get discouraged if this is difficult. Simply try to do your best. Also, feel free to add solution statements to the sentences (example: That was a bad thing to do and I will try to take steps never to do it again).

1.

2.

3.

References

Ellis, A. (2007). How to make yourself happy and remarkably less disturbable. Atascadero, CA
US: Impact Publishers.

1) Imagine if someone that you respect (example: a friend or family member) came to you and told you that they were struggling with forgiving themselves for the same incident that you identified earlier. Imagine that this person told themselves some of the same negative things that you have told yourself. What positive things would you tell them to help them forgive themselves? Write a paragraph (at least 4 sentences) helping them to forgive themselves, feel better, or take steps to judge themselves less. What supportive statements would you tell them? Try to make these statements as genuine and meaningful as you can (Exercise adapted from Leahy, 2003).

Tip: It may help to visualize a specific friend, family member, etc. saying this to you. Take a moment and visualize them saying these statements to you, what would you say to them to help them feel better about themselves?

On the previous exercise, do the positive/supportive statements that you wrote also apply to you?
Couldn't someone else say these same things about you as well?

The truth is, the positive statements that you wrote to another person should also be applied to you as well. We are generally harder on ourselves than we are of others, even though there is no good reason to be.

PART III-Promoting Healthy Thinking and Behaviors

Time Machine Activity (Adapted from Leahy, 2003)-This activity is helpful because it reminds us that the negative emotions that we all experience tend to fade and seem less powerful over time. What seemed like A VERY BIG DEAL at one time, tends to seem less important as time goes on. I will illustrate this with a dialogue between a therapist and a client. The client is struggling with forgiving himself for saying hurtful words to a friend:

Therapist: You stated earlier that you are struggling with guilt for saying mean things to a friend during an argument.

Client: Yes. I was surprised at how upset she became. I felt awful after seeing how upset she was.

Therapist: How do you think she will feel about this incident in 2 weeks?

Client: Probably still a bit angry.

Therapist: How about 6 months from now?

Client: I don't know. She will probably still think about it, but not as much as she does now. I guess I can't really say.

Therapist: How about 1 year from now?

Client: Probably even less, it probably won't make too much difference to her then.

Therapist: How about 5 years from now?

Client: I guess she probably won't think about it much at all 5 years from now.

The idea behind this activity is to help remind you that all emotions have a beginning, middle, and an end, and that just because something feels intense at one point, chances are this will pass as time goes on.

Although you may have caused someone to get upset at one point, chances are that these feelings will pass for them over time (and for you!).

Now, we will try this with the incident that you identified earlier in the workbook.

How do you think the person you hurt or upset will feel about this incident/event 2 weeks from now?

What about 6 months from now?

How do you think the person will feel about this incident 1 year from now?

How do you think the person will feel about this incident 5 years from now?

What are some reasons why this may bother them less over time?

How do you think that you will feel about this incident 5 years from now?

References

Leahy, R. L. (2003). *Cognitive therapy techniques: A practitioner's guide*. New York, NY US: Guilford Press.

Since we have spent a lot of time talking about things you may be struggling with, to wrap up our workbook, it may be helpful to identify things that make you feel good about yourself. Think back over the past several days, weeks, months, etc. List all of the things that you are proud of, or that made you feel good about yourself.

Ex: I studied well and got a good grade on a test.

1.

2.

3.

Another helpful activity is thinking about some coping strategies that you can engage in when old feelings of guilt and shame arise. Some of these strategies can include:

-Exercise

-Talk with a friend (try to identify specific people)

-Thinking more positively, reminding myself of unconditional self-acceptance or some of the activities that you have learned

-Watching a funny movie or television show

Now identify some of these strategies yourself (list at least 3) that you can engage in if any challenging feelings come up that bother you about your self-forgiveness. Try to be as specific as possible:

- 1.
- 2.
- 3.
- 4.
- 5.

LAST QUESTION: How can you continue to apply what you have learned today to yourself to help you with self-forgiveness? What stood out to you as helpful that you want to continue to remember?

There is one more short survey to complete, and then you are finished. You have done great work today and we appreciate your participation in this study!

APPENDIX F: RECRUITMENT EMAIL/DESCRIPTION OF STUDY

Hello,

You are invited to participate in a voluntary research study. The purpose of the study is to explore the effectiveness of a workbook that is designed to promote self-forgiveness. You are eligible for this study if you committed a significant interpersonal offense within the past six weeks. This may include a time where you did something that you regret, caused someone harm, or violated your personal moral code or religious values. This experience or area should also be something that you feel comfortable writing about in a workbook. You must also be at least 18 years of age. Participation will require you to complete activities and a survey that will all together take around 2 hours of your time. You will also have the option of completing a follow-up survey that will take 15-20 minutes. You will receive 2 research credits for your participation. The research will be conducted by Chris Bell (cbell25@student.gsu.edu) and Dr. Don Davis (ddavis88@gsu.edu; 9th floor, GSU College of Education). Please e-mail Chris Bell (cbell25@student.gsu.edu) for further information.

Thank you,

Chris Bell

TABLE 1: PREVIOUS INTERVENTIONS

Study	N	Sample	Self-forgiveness Measure	Type of Treatment	Major Findings
Wenzell, Woodyatt, & Hedrick (2012)	56 females, 34 males	Undergraduates in Australia	SFFA	Imagery and confession activity	Self-forgiveness was not significantly influenced by the confession activity. The authors did find that value reaffirmation is a key component to measuring genuine self-forgiveness. The authors highlight the importance of measuring and promoting value reaffirmation as distinguishing between genuine and pseudo self-forgiveness.
Exline et al. (2011)	97 females, 75 males	Undergraduates in U.S.	SFFA	Laboratory exercise	Both treatment conditions showed improvement in self-forgiveness after immediate follow up, with the reparative behavior + self-forgiveness condition showing the most improvement. Individuals that made prior reparative behaviors improved the most from treatment. Results were not maintained after the two week follow up.
Scherer (2011)	67 males, 12 females	Outpatients in alcohol abuse program	SFFA	Three 90-minute group therapy sessions	Intervention group demonstrated increased levels of self-forgiveness, drinking refusal, decreased guilt and decreased shame when compared to the control group. All gains were maintained during 3 week follow up.
Fisher (2010)*	100 females, 72 males	Undergraduates in U.S.	SFFA	Online workbook	Overall, participants identified significantly reduced remorse, defensive attitudes, and self-punishment, and significantly increased amend behaviors as a result of the intervention.
Campana (2010)*	74 females	Undergraduate women experiencing break-up	HFS	Six-hour, online, workbook	Improved SF in treatment group on single item measure, no other improvement
Armour, Windsor, Aguilar, Taub (2008)	102 males	Inmates in Texas	MMRS	14-week faith-based group intervention	Although the intervention was not specifically designed for self-forgiveness, it did help promote it with the Christian participants (although there were no significant changes with non-Christians). The study also didn't use a control group, which was addressed in the limitations section
Biron (2007)*	36 males	Inmates in Virginia	MFS	10 week psycho-educational program	Paired samples t-tests revealed that both control and treatment groups improved on all outcome measures, although differences between the groups did not emerge. Results were limited due to high number of dropouts and low power

* = Dissertation; SFFA = Self-forgiving Feeling and Actions scale (Wohl et al., 2008); HFS = Heartland Forgiveness Scale (Thompson et al., 2005); MMRS = Multidimensional Measure of Religion and Spirituality (Fetzner, 2003); MFS = Mauger Forgiveness Scale (Mauger et al., 1992).

TABLE 2: ONE-WAY ANOVA-RESULTS: DIFFERENCES BETWEEN SURVEY ORDERS ON PRE-TEST MEASURES:
OFFENSES WITHIN 6 WEEKS AND OUTSIDE OF 6 WEEKS

Outcome	Survey Order	
	<i>F</i>	<i>p</i>
StateSF-Total	1.343	.265
StateSF-Beliefs	1.171	.314
StateSF-Feel/Act	1.243	.292
Trait SF	1.199	.305
Reparations	0.488	.615
Reparation Willingness	0.400	.671
Responsibility Acceptance	0.149	.862
Self-Esteem	1.274	.284
PFQ-Total	0.442	.644
PFQ-Shame	0.007	.993
PFQ-Guilt	1.659	.195

SF = Self-Forgiveness; Feel/Act = Feelings/Actions; Reparations = Completed Reparations; PFQ = Personal Feelings Questionnaire

TABLE 3: SUMMARY TABLE OF REPEATED MEASURES ANOVA, PRE AND POST-TEST, TOTAL SAMPLE WITH COMPLETE WORKBOOKS ONLY

Outcome	Treatment		Control		<i>F</i>	<i>p</i>
	<u>Pre-Test</u>	<u>Post-Test</u>	<u>Pre-Test</u>	<u>Post-Test</u>		
	<i>M (SD)</i>	<i>M (SD)</i>	<i>M (SD)</i>	<i>M (SD)</i>		
State SF-Total*	72.38 (13.49)	82.94 (12.61)	70.83 (14.47)	76.17 (15.25)	6.00	.016
State SF-Beliefs	40.88 (7.78)	45.06 (7.01)	39.43 (8.00)	42.10 (8.16)	1.46	.230
State SF-Feelings/Actions**	31.50 (7.33)	37.88 (6.70)	31.21 (7.78)	33.92 (7.99)	10.38	.002
HFS-Trait SF**	30.87 (5.89)	33.31 (5.79)	30.89 (5.47)	31.50 (5.56)	7.07	.009
Reparation Willingness	33.87 (9.37)	36.09 (8.22)	33.93 (9.67)	35.00 (9.19)	2.38	.125
Responsibility Acceptance	26.59 (9.67)	29.04 (13.83)	28.89 (7.95)	31.37 (11.53)	0.00	.984
Self-Esteem	32.87 (4.39)	33.81 (4.89)	32.03 (4.42)	32.68 (4.79)	.441	.508
PFQ-Total	26.12 (9.41)	22.46 (9.50)	27.18 (8.96)	24.55 (9.05)	.845	.360
PFQ-Shame	15.09 (6.08)	13.19 (6.19)	15.89 (6.28)	14.36 (6.33)	.254	.615
PFQ-Guilt	11.02 (4.67)	9.27 (4.43)	11.29 (4.17)	10.20 (4.04)	1.373	.244

* $p < .05$, ** $p < .01$; SF = Self-Forgiveness; PFQ = Personal Feelings Questionnaire; HFS = Heartland Forgiveness Scale; All means and standard deviations are to two decimal places

TABLE 4: SUMMARY TABLE OF REPEATED MEASURES ANOVA, PRE AND POST-TEST, TOTAL SAMPLE

Outcome	Treatment		Control		<i>F</i>	<i>p</i>
	<u>Pre-Test</u>	<u>Post-Test</u>	<u>Pre-Test</u>	<u>Post-Test</u>		
	<i>M (SD)</i>	<i>M (SD)</i>	<i>M (SD)</i>	<i>M (SD)</i>		
State SF-Total*	72.21 (13.46)	82.80 (12.57)	70.83 (14.47)	76.17 (15.25)	6.18	.014
State SF-Beliefs	40.71 (7.86)	44.97 (6.99)	39.43 (8.00)	42.10 (8.16)	1.65	.202
State SF-Feelings/Actions**	31.51 (7.28)	37.84 (6.65)	31.21 (7.78)	33.92 (7.99)	10.22	.002
HFS-Trait SF*	30.78 (5.89)	33.18 (5.85)	30.89 (5.47)	31.50 (5.56)	6.74	.011
Reparation Willingness	33.94 (9.32)	36.17 (8.19)	33.93 (9.67)	35.00 (9.19)	2.46	.119
Responsibility Acceptance	26.48 (9.64)	28.99 (13.74)	28.89 (7.95)	31.37 (11.53)	0.00	.985
Self-Esteem	32.81 (4.38)	33.72 (4.91)	32.03 (4.42)	32.68 (4.79)	.361	.549
PFQ-Total	26.30 (9.47)	22.77 (9.76)	27.18 (8.96)	24.55 (9.05)	.667	.416
PFQ-Shame	15.13 (6.05)	13.44 (6.48)	15.89 (6.28)	14.36 (6.33)	.043	.836
PFQ-Guilt	11.16 (4.77)	9.33 (4.42)	11.29 (4.17)	10.20 (4.04)	1.76	.187

* $p < .05$, ** $p < .01$; SF = Self-Forgiveness; PFQ = Personal Feelings Questionnaire; HFS = Heartland Forgiveness Scale; All figures to two decimal points

TABLE 5: RESULT OF REPEATED MEASURES ANOVA WITH 2-WEEK FOLLOW-UP DATA ONLY ($N = 21$)

Outcome	Treatment			Control			$F(p)$
	<u>Pre-Test</u>	<u>Post-Test</u>	<u>2-Week</u>	<u>Pre-Test</u>	<u>Post-Test</u>	<u>2-Week</u>	
	$M(SD)$	$M(SD)$	$M(SD)$	$M(SD)$	$M(SD)$	$M(SD)$	
State SF-Total	67.92(14.62)	84.77(11.31)	81.54(7.45)	62.63(16.10)	74.25(16.77)	77.75(14.62)	.041 (.843)
State SF-Beliefs	37.62(7.17)	47.00(5.52)	44.38(3.71)	34.88(10.45)	41.00(9.65)	42.88(7.51)	.109 (.745)
State SF-Feelings/Actions	30.31(8.74)	37.77(7.00)	37.15(5.00)	27.75(5.99)	33.25(7.29)	34.88(7.45)	.005 (.947)
HFS-Trait SF	29.67(7.28)	34.00(5.39)	29.75(5.75)	28.50(4.96)	30.50(4.63)	32.50(6.21)	2.544 (.128)
Completed Reparations	19.17(13.60)	--	28.42(12.68)	23.25(15.78)	--	30.88(12.59)	.147 (.706)
Reparation Willingness	36.31(5.88)	38.46(4.45)	37.69(5.14)	38.38(5.13)	38.25(5.09)	39.63(4.50)	.008 (.930)
Responsibility Acceptance	26.08(10.67)	30.77(14.60)	28.54(14.51)	28.75(4.92)	28.75(7.17)	23.50(9.02)	3.23 (.088)
Self-Esteem	31.54(3.86)	33.62(4.37)	32.00(4.22)	32.75(3.69)	32.50(4.11)	32.74(4.21)	.137 (.716)
PFQ-Total	26.75(7.79)	22.83(9.42)	21.00(5.62)	25.00(6.37)	24.25(8.21)	20.57(6.67)	.248 (.624)
PFQ-Shame	15.00(4.90)	13.17(6.19)	12.33(3.73)	13.50(4.21)	13.13(5.59)	10.69(4.29)	.009 (.926)
PFQ-Guilt	11.75(4.69)	9.67(3.80)	8.67(2.27)	11.50(2.56)	11.17(3.23)	9.88(3.09)	.745 (.400)

Treatment Group ($N = 13$), Control Group ($N = 8$); SF = Self-Forgiveness; Feel/Act = Feelings/Actions; PFQ = Personal Feelings Questionnaire; All means and standard deviations are to two decimal places.

TABLE 6: ONE-WAY ANOVA-RESULTS: DIFFERENCES BETWEEN TREATMENT AND CONTROL GROUP ON PRE-TEST MEASURES

Outcome	Two Week-Follow Up Completers (<i>N</i> = 21)		Total Sample (<i>N</i> = 125)	
	<i>F</i>	(<i>p</i>)	<i>F</i>	(<i>p</i>)
StateSF-Total	.603	(.447)	.152	(.697)
StateSF-Beliefs	.511	(.483)	.977	(.325)
StateSF-Feel/Act	.527	(.477)	.603	(.439)
Trait SF	.155	(.698)	.042	(.837)
Reparations	.243	(.628)	.135	(.714)
Reparation Willingness	.672	(.423)	.000	(.994)
Responsibility Acceptance	.438	(.516)	2.262	(.135)
Self-Esteem	.503	(.487)	.973	(.326)
PFQ-Total	.278	(.605)	.157	(.693)
PFQ-Shame	.501	(.488)	.302	(.584)
PFQ-Guilt	.019	(.893)	.004	(.951)
Days Since Offense	.863	(.365)	.210	(.648)
Closeness to Person	.555	(.465)	.100	(.752)

SF = Self-Forgiveness; Feel/Act = Feelings/Actions; Reparations= Completed Reparations; PFQ = Personal Feelings Questionnaire

TABLE 7: ONE-WAY ANOVA-RESULTS: DIFFERENCES BETWEEN GROUPS ON PRE-TEST MEASURES: OFFENSES WITHIN 6 WEEKS AND OUTSIDE OF 6 WEEKS

Outcome	Offenses within 6 weeks (<i>N</i> = 93)		Offenses outside of 6 weeks (<i>N</i> = 31)	
	Mean (<i>SD</i>)		Mean (<i>SD</i>)	<i>F</i> <i>p</i>
StateSF-Total	70.50 (14.19)		74.79 (12.24)	2.155 .145
StateSF-Beliefs	39.72 (8.01)		41.83 (7.61)	1.560 .214
StateSF-Feel/Act	30.77 (7.76)		32.97 (6.03)	1.941 .166
Trait SF	30.93 (5.61)		30.32 (6.00)	.260 .611
Reparations	23.05 (14.03)		23.29 (12.17)	.007 .933
Reparation Willingness	34.82 (8.85)		31.26 (10.71)	3.390 .068
Responsibility Acceptance	28.38 (8.64)		25.06 (9.63)	3.248 .074
Self-Esteem	32.78 (4.46)		31.48 (4.11)	2.033 .157
PFQ-Total	25.98 (8.86)		29.43 (10.16)	3.219 .075
PFQ-Shame	15.10 (5.66)		17.00 (7.49)	2.185 .142
PFQ-Guilt	10.88 (4.60)		12.43 (3.95)	2.750 .100

SF = Self-Forgiveness; Feel/Act = Feelings/Actions; Reparations = Completed Reparations; PFQ = Personal Feelings Questionnaire

TABLE 8: EFFECT SIZES FOR PRE AND POST-TEST REPEATED-MEASURE ANOVAS

	Offenses within 6 weeks (<i>N</i> = 93)	Offenses outside of 6 weeks (<i>N</i> = 31)	Total Sample (<i>N</i> = 124)
Outcome	Partial Eta Squared	Partial Eta Squared	Partial Eta Squared
StateSF-Total	.065	.006	.049
StateSF-Beliefs	.014	.010	.012
StateSF-Feel/Act	.116	.004	.082
Trait SF	.070	.017	.055
Reparation Willingness	.017	.029	.019
Responsibility Acceptance	.000	.000	.000
Self-Esteem	.010	.004	.004
PFQ-Total	.024	.010	.007
PFQ-Shame	.018	.018	.002
PFQ-Guilt	.020	.000	.011

SF = Self-Forgiveness; Feel/Act = Feelings/Actions; PFQ = Personal Feelings Questionnaire

TABLE 9: EFFECT SIZES AND MEAN CHANGES FOR LONGITUDINAL DATA ONLY ($N = 21$)

Outcome	Treatment		Control		F (p)	Partial Eta Squared
	<u>Post-Test</u>	<u>2-Week</u>	<u>Post-Test</u>	<u>2-Week</u>		
State SF-Total	Mean Δ +16.85	Mean Δ +13.62	Mean Δ +11.62	Mean Δ +15.12	.041 (.843)	.000
State SF-Beliefs	+9.38	+6.76	+6.12	+8.00	.109 (.745)	.006
State SF-Feelings/Actions	+7.46	+6.84	+5.50	+7.13	.005 (.947)	.002
HFS-Trait SF	+4.33	+0.08	+2.00	+4.00	2.544 (.128)	.124
Completed Reparations	--	+9.25	--	+7.63	.147 (.706)	.008
Reparation Willingness	+2.15	+1.38	-0.13	+1.25	.008 (.930)	.000
Responsibility Acceptance	+4.69	+2.46	+0.00	-5.25	3.23 (.088)	.145
Self-Esteem	+2.08	+0.46	-0.25	-0.01	.137 (.716)	.007
PFQ-Total	-3.92	-5.75	-0.75	-4.43	.248 (.624)	.014
PFQ-Shame	-1.83	-2.67	-0.37	-2.81	.009 (.926)	.000
PFQ-Guilt	-2.08	-3.08	-0.33	-1.62	.745 (.400)	.040

Mean Δ = Mean change from pre-test survey; SF = Self-Forgiveness; PFQ = Personal Feelings Questionnaire; HFS = Heartland Forgiveness Scale

TABLE 10: PAIRED SAMPLES T-TESTS FOR WITHIN-GROUP DIFFERENCES

Outcome	Treatment				Control			
	Pre- to Post-Test (<i>N</i> = 68)		Post-test to 2-Week (<i>N</i> = 13)		Pre- to Post-Test (<i>N</i> = 56)		Post-test to 2-Week (<i>N</i> = 8)	
	<i>Mean Δ</i>	<i>t</i> (<i>p</i>)	<i>Mean Δ</i>	<i>t</i> (<i>p</i>)	<i>Mean Δ</i>	<i>t</i> (<i>p</i>)	<i>Mean Δ</i>	<i>t</i> (<i>p</i>)
State SF-Total	+10.56	7.52 (.000)	-3.23	-1.25 (.235)	+5.35	3.93 (.000)	+3.50	1.32 (.227)
State SF-Beliefs	+4.18	4.57 (.000)	-2.62	-2.54 (.026)	+2.67	3.31 (.002)	+1.88	1.17 (.282)
State SF-Feelings/Actions	+6.38	7.53 (.000)	-0.62	-0.31 (.761)	+2.71	3.86 (.000)	+1.63	1.05 (.328)
HFS-Trait SF	+2.45	4.85 (.000)	-4.25	-3.15 (.009)	+0.61	1.33 (.190)	+2.00	1.53 (.170)
Reparation Willingness	+2.22	3.92 (.000)	-0.77	-0.70 (.497)	+1.07	2.40 (.020)	+1.38	1.77 (.120)
Responsibility Acceptance	+2.46	2.50 (.015)	-2.23	-1.12 (.285)	+2.48	2.84 (.006)	-5.25	-1.61 (.151)
Self-Esteem	+0.94	3.15 (.002)	-1.62	-1.63 (.129)	+0.65	2.10 (.040)	+0.23	0.32 (.761)
PFQ-Total	-3.64	-5.46 (.000)	-2.00	-1.13 (.282)	-2.63	-2.89 (.005)	-3.68	-1.47 (.186)
PFQ-Shame	-1.90	-4.53 (.000)	-1.00	-0.94 (.365)	-1.54	-2.53 (.014)	-2.43	-1.61 (.151)
PFQ-Guilt	-1.74	-4.54 (.000)	-1.00	-1.10 (.291)	-1.09	-2.71 (.009)	-1.25	-1.17 (.279)

Mean Δ = Mean change within groups at the time points; SF = Self-Forgiveness; Feel/Ac t= Feelings/Actions; HFS = Heartland Forgiveness Scale; Reparations = Completed Reparations; PFQ = Personal Feelings Questionnaire; All figures calculated to two-decimal places

TABLE 11: CORRELATIONS BETWEEN PRE-TEST OUTCOME MEASURES

	1	2	3	4	5	6	7	8	9	10	11
1. State SF-Feel/Act	—										
2. State SF-Beliefs	.62**	—									
3. State SF-Total	.89**	.91**	—								
4. HFS-Trait SF	.43**	.36**	.44**	—							
5. Completed Reparations	-.08	.04	-.02	-.02	—						
6. Reparation Willingness	-.23*	-.16	-.22*	.06	.45**	—					
7. Responsibility	-.25**	-.22*	-.26**	.01	.30**	.44**	—				
8. Self-Esteem	.33**	.26**	.33**	.51**	.12	.15	-.02	—			
9. PFQ-Shame	-.25**	-.07	-.17	-.29**	.05	-.05	-.01	-.41**	—		
10. PFQ-Guilt	-.31**	-.22*	-.30**	-.39**	.19*	.18	.09	-.27**	.50**	—	
11. PFQ-Total	-.32**	-.15	-.26**	-.38**	.12	.05	.04	-.41**	.91**	.82**	—

* $p < .05$. ** $p < .01$. SF = Self-Forgiveness; Feel/Act = Feelings/Actions; Responsibility = Responsibility Acceptance; PFQ = Personal Feelings Questionnaire; HFS = Heartland Forgiveness Scale; All figures calculated to two-decimal places

TABLE 12: SUMMARY TABLE OF REPEATED MEASURES ANCOVA, PRE AND POST-TEST, WITH TIME AS A COVARIATE

Outcome	Treatment		Control		<i>F</i>	p	η^2
	<u>Pre-Test</u>	<u>Post-Test</u>	<u>Pre-Test</u>	<u>Post-Test</u>			
	<i>M (SD)</i>	<i>M (SD)</i>	<i>M (SD)</i>	<i>M (SD)</i>			
State SF-Total*	72.38 (13.49)	82.94 (12.61)	70.83 (14.47)	76.17 (15.25)	5.83	.017	.048
State SF-Beliefs	40.88 (7.78)	45.06 (7.01)	39.43 (8.00)	42.10 (8.16)	1.37	.244	.012
State SF-Feelings/Actions**	31.50 (7.33)	37.88 (6.70)	31.21 (7.78)	33.92 (7.99)	10.13	.002	.081
HFS-Trait SF**	30.87 (5.89)	33.31 (5.79)	30.89 (5.47)	31.50 (5.56)	6.83	.010	.054
Reparation Willingness	33.87 (9.37)	36.09 (8.22)	33.93 (9.67)	35.00 (9.19)	2.36	.127	.019
Responsibility Acceptance	26.59 (9.67)	29.04 (13.83)	28.89 (7.95)	31.37 (11.53)	0.00	.995	.000
Self-Esteem	32.87 (4.39)	33.81 (4.89)	32.03 (4.42)	32.68 (4.79)	0.39	.532	.003
PFQ-Total	26.12 (9.41)	22.46 (9.50)	27.18 (8.96)	24.55 (9.05)	0.80	.372	.007
PFQ-Shame	15.09 (6.08)	13.19 (6.19)	15.89 (6.28)	14.36 (6.33)	0.24	.623	.002
PFQ-Guilt	11.02 (4.67)	9.27 (4.43)	11.29 (4.17)	10.20 (4.04)	1.30	.257	.011

* $p < .05$, ** $p < .01$; SF = Self-Forgiveness; PFQ = Personal Feelings Questionnaire; HFS = Heartland Forgiveness Scale; All means and standard deviations are to two decimal places

TABLE 13: SUMMARY TABLE OF T-TESTS, GENDER DIFFERENCES ON PRE-TEST OUTCOME MEASURES

Outcome	Males (<i>N</i> = 46)	Females (<i>N</i> = 79)	<i>t</i>	<i>p</i>
	<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)		
State SF-Total	70.47 (14.64)	72.28 (13.41)	-.695	.489
State SF-Beliefs	39.53 (8.73)	40.78 (7.40)	-.837	.404
State SF-Feelings/Actions	30.93 (7.87)	31.50 (7.24)	-.403	.688
HFS-Trait SF	30.11 (5.58)	31.24 (5.75)	-1.07	.285
Completed Reparations	24.07 (13.00)	22.55 (13.92)	.600	.550
Reparation Willingness	33.61 (9.84)	34.06 (9.29)	-.258	.797
Responsibility Acceptance	28.80 (8.88)	26.94 (9.02)	1.12	.264
Self-Esteem	31.76 (4.59)	32.90 (4.27)	-1.40	.165
PFQ-Total	27.18 (10.39)	26.45 (8.56)	.420	.675
PFQ-Shame	14.78 (6.61)	15.97 (5.94)	-1.03	.304
PFQ-Guilt*	12.40 (4.70)	10.47 (4.12)	2.37	.019

* $p < .05$, ** $p < .01$; SF = Self-Forgiveness; PFQ = Personal Feelings Questionnaire; HFS = Heartland Forgiveness Scale; All means and standard deviations are to two decimal places

TABLE 14: CONSORT TABLE OF STUDY DESIGN

