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A Randomized Control Trial Adapting a Self-Forgiveness Intervention for Perfectionists

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The Dissertation Advisory Committee and the student's Department Chairperson, as representatives of the faculty, certify that this dissertation has met all standards of excellence and scholarship as determined by the faculty.

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A RANDOMIZED CONTROL TRIAL ADAPTING A SELF-FORGIVENESS

INTERVENTION FOR PERFECTIONISTS

by

MICHAEL MASSENGALE

Under the Direction of Don Davis, Ph.D.

ABSTRACT

Self-forgiveness is a relatively new construct in the positive psychology literature. Many

researchers posit that self-forgiveness promotes well-being, psychologically and relationally, but

others worry it might serve as a moral disengagement strategy that can harm individuals and

relationships. In the present chapter, I conducted a qualitative review of 65 published empirical

studies exploring associations of self-forgiveness with mental health and relational well-being. In

order to address discrepancies in the literature, the review highlights more sophisticated studies

and explores the differences that emerge when the construct of self-forgiveness is assessed as a

state as opposed to a trait. In particular, measurement concerns are identified, specifically noting

the lack of studies in the field that assess well-being while considering the two-part definition of

self-forgiveness. Implications for future research and practice are discussed. The present study

examined the effect of an adapted self-forgiveness intervention. Drawing on clinical

considerations, I posit that existing interventions may be a poor fit for individuals, such as

maladaptive perfectionists, who are prone to difficulties with self-evaluation and self-

condemnation. I incorporated techniques from cognitive behavioral therapy to facilitate more realistic self-appraisal and tested the revised intervention. Utilizing an RCT framework, participants who completed the intervention showed significantly higher levels in a variety of self-forgiveness outcomes. Additionally, individuals high in maladaptive perfectionism showed worse baseline levels but a greater response to the intervention. Implications for future research and practice are discussed.

INDEX WORDS: Self-forgiveness, perfectionism, workbook

A RANDOMIZED CONTROL TRIAL ADAPTING A SELF-FORGIVENESS

INTERVENTION FOR PERFECTIONISTS

by

MICHAEL MASSENGALE

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1 Self-Forgiveness and Personal and Relational Well-Being

In an interview just before he died, Bob Ebeling gave a chilling account of being haunted with self-condemnation ever since the explosion of the space shuttle Challenger (Berkes, 2016, January 8). As an engineer at NASA, Ebeling urged his directors to delay the launch because cold weather could undermine the integrity of the rubber seals on the booster rockets. Seven astronauts died when this potentiality became a reality. Like many people who are haunted by their past, self-condemnation plagued Ebeling for years after the tragedy. Our team, along with others, are working to understand how self-forgiveness can help individuals regain well-being after such events.

Recent conceptualizations of self-forgiveness advance an approach by which offenders accept an appropriate degree of responsibility for the offense (e.g., Griffin et al., 2015; Woodyatt & Wenzel, 2013) and work to repair their self-image through becoming "decreasingly motivated to avoid stimuli associated with the offense, decreasingly motivated to retaliate against the self . . . , and increasingly motivated to act benevolently towards the self" (Hall & Fincham, 2005, p. 622). This two-part definition attempts to differentiate self-forgiveness from a moral disengagement process (or pseudo self-forgiveness) in which offenders persistently transgress while numbing themselves to guilt and shame (Gilbert & Woodyatt, 2017; Leach, 2017).

Given concerns about whether self-forgiveness may facilitate moral disengagement, early scholarship has focused intently on evaluating the degree to which self-forgiveness correlates with well-being, including mental health and relationship quality. A recent meta-analysis (Davis et al., 2015) reported that self-forgiveness was moderately related to a variety of well-being outcomes, including psychological well-being, general mental health, depression, and anxiety. However, meta-analyses are only as sound as the studies they include, and this body of research

had two key limitations that inhibit our understanding of the link between self-forgiveness and well-being.

First, most studies reviewed by Davis et al. used measures of self-forgivingness (i.e., tendency to forgive across offenses) that focus only on the self-image repair aspect of self-forgiveness but do not incorporate responsibility. In the present review, I attend closely to the measurement of self-forgiveness and how that may influence our understanding of the relationship between self-forgiveness and well-being. Second, most studies reviewed by Davis et al. employed cross-sectional, correlational designs. Thus, the results of the meta-analysis did not give appropriate attention to more sophisticated attempts to operationalize a two-part definition of self-forgiveness that involves an interplay between accurate responsibility attribution and repair of self-image over time. In the present review, I highlight studies that used longitudinal, experimental, or other complex designs (e.g. actor-partner independence model). Failure to attend to these two methodological factors—both involving alignment with the two-part definition of self-forgiveness—could lead to misleading results from meta-analyses.

Qualitative Review

I conducted a qualitative literature review of empirical studies of self-forgiveness and well-being. My goal was to explore how various ways of operationalizing the two-part definition may partially explain why some studies show a stronger or weaker relationship between self-forgiveness and well-being. Accordingly, I note the measurement strategy (e.g., limiting analyses to those with a certain degree of responsibility; Wohl, Pychyl, & Bennett, 2010; or measuring the process of self-forgiveness rather than merely the repair of self-image; Woodyatt & Wenzel, 2013) and their potential implications for results. As studies accumulate, my hope is that this

qualitative approach can provide the foundation for examining such moderators formally in future meta-analyses.

Literature Search and Inclusion Criteria

I used two methods to locate empirical studies. First, on June 15, 2016, I conducted a PsychINFO search using the term [self-forgiv*]. This search yielded over 190 articles. Second, I obtained the list of references from Davis et al. (2015). I included studies that (a) had a measure of self-forgiveness, (b) had a measure of mental health (e.g. depression, suicidal ideation, well-being, life satisfaction and substance use) or relationship quality, and (c) were published in a peer-reviewed journal. I did not include measures that might be indirectly related to mental health such as shame or guilt. In total, 65 studies met inclusion criteria including over 20 studies published since the 2015 meta-analysis. The method and results of these studies are summarized in Table 1.1 and 1.2.

Results

Overview of Participants

The reviewed studies used a variety of samples. Most studies ($n = 34$ of 65) used convenience samples (i.e., undergraduates); however, almost as many ($n = 31$ of 65) targeted specific applied contexts (e.g., substance abuse treatment, Webb, Robinson, & Brower, 2011; couples, Kim, Johnson, & Ripley, 2011; or separated partners, Rohde-Brown & Rudestam, 2011). Only two studies included dyadic data of relationships (Pelucchi, Paleari, Regalia, & Fincham, 2013; Pelucchi, Paleari, Regalia, & Fincham, 2015).

Overview of Measures

Most studies ($n = 54$ of 65) in the current review assessed self-forgiveness as a trait (i.e., self-forgivingness), the degree to which one tends to forgive oneself across a range of offenses.

The most commonly used measures were the Heartland Forgiveness Scale (HFS; Thompson et al., 2005) and the Mauger Forgiveness Scale (MFS; Mauger et al., 1992). Only 13 of the 65 studies assessed self-forgiveness as a state. The State Self-Forgiveness Scale (SSFS; Wohl, DeShea, & Wahkinney, 2008) was used in four studies and required participants to rate items that assess their current feelings, actions, and beliefs about an identified offense. Several studies ($n = 4$) adapted trait measures of forgiveness to assess self-forgiveness of a specific offense (e.g., Pelucchi et al., 2013; Wohl & Thompson, 2011).

Some studies recruited (or selected a subsample of) participants in a manner that ensured individuals accepted some degree of responsibility for the offense (e.g., Pelucchi et al., 2015; Wohl et al., 2010). As I discuss results, I note these strategies. Only Fisher and Exline (2006) explored how responsibility was associated with well-being and used a mental health measure within the scope of this review.

Self-forgiveness and Mental Health

Trait measures of self-forgivingness. A total of 60 studies have assessed the relationship between mental health and self-forgivingness, including six studies published since Davis et al. (2015). Of the 60, no studies found a negative relationship and only one study found a null relationship between self-forgivingness and mental health (Kaye-Tzadok & Davidson-Arab, 2016). In this study of 100 female survivors of sexual abuse, self-forgivingness correlated with higher resilience and lower post-traumatic symptoms but was unrelated to post-traumatic growth. Taken together, self-forgivingness was robustly linked to positive mental health across a variety of outcomes, including depression and mood disturbances (e.g., Bryan, Theriault, & Bryan, 2015; Friedman et al., 2010), anxiety (e.g., Macaskill, 2012), and eating disorders (e.g., Watson et al., 2012).

Perhaps one of the most compelling lines of evidence of the link between self-forgivingness and positive mental health outcomes is the set of studies on suicidal ideation and behaviors (Hirsch, Webb, & Toussaint, 2017). For example, among military veterans, researchers found a moderately negative relationship between a history of suicide attempts and levels of self-forgivingness (Bryan et al., 2015). In a sample of domestic abuse survivors, self-forgivingness attenuated the relationship between the frequency of abuse and suicidal behavior (Chang, Kahle, Yu, & Hirsch, 2014). Although these two studies do not allow us to infer causality, they demonstrate a consistent relationship in the literature between higher self-forgivingness and lower suicidal thoughts and behaviors.

State measures of self-forgiveness. Eight of 10 studies that assessed self-forgiveness of a specific offense reported a positive relationship between self-forgiveness and mental health (see Table 1.2). The two studies that reported a negative relationship included measures of addictive behavior and the stages of change (Squires et al., 2012; Wohl & Thompson, 2011). In Wohl and Thompson, 181 college students trying to reduce smoking and who acknowledged smoking was a "transgression against the self" (p. 356) completed measures of self-forgiveness (only self-image repair; Brown & Phillip, 2005) and smoking behavior. Those higher in state self-forgiveness were more likely to be in the pre-contemplation stage, and therefore less likely be advancing through the stages of change. Similarly, Squires et al. had 110 college students with signs of gambling addiction who were attempting to reduce gambling behavior complete measures of self-forgiveness (Brown & Phillip, 2005), gambling symptomology, and readiness to change. Squires et al. found that higher levels of self-forgiveness negatively predicted readiness to change. Findings from both cross-sectional studies are consistent with the idea that self-forgiveness (specifically, the ability to repair one's self-image soon after the offense) is

associated with a pre-contemplative stage of change, which involves ambivalence about taking the necessary steps required to change one's behavior.

There were three studies that found a positive relationship between self-forgiveness and behavioral change (Ianni, Hart, Hibbard, & Carroll, 2010; Scherer, Worthington, Hook, & Campana, 2011; Wohl et al., 2010). In Wohl et al., undergraduates ($N = 134$) completed state measures of self-forgiveness (adapted from Wohl et al., 2008), procrastination, and negative affect in multiple waves including before and after a midterm. Students were asked whether the procrastination affected their performance with a single three-point item, and any student who replied "not at all" was removed from the study. Results of a mediated-moderation model suggested that, among those who procrastinated on the first exam, self-forgiveness for the offense of procrastination reduced negative affect and made them less likely to procrastinate on a future exam. One way to make sense of the inconsistency between this study and the two described in the prior paragraph is to view the method of dropping participants as a crude way of incorporating the two part-definition of self-forgiveness: each study assessed responsibility differently and various scaling ranges were utilized (e.g. dichotomous versus three-points).

Another important line of evidence comes from two intervention studies (Peterson et al., 2017; Scherer et al., 2011). Both interventions included content focused on promoting responsibility although neither measured it. Scherer et al. randomly assigned 70 adults diagnosed with alcohol dependence or abuse to a psychoeducational self-forgiveness group or to a control group using treatment as usual. The treatment group reported higher self-forgiveness and self-efficacy to refuse alcohol relative to the control group. Peterson et al. randomly assigned 462 undergraduates who reported an alcohol-related transgression to a self-forgiveness intervention or a neutral condition involving a reflection. Self-forgiveness was moderately and positively

associated with an intention to reduce future drinking. Taken together, results from these two interventions are consistent with the idea that self-image repair that occurs too quickly and without adequate responsibility-taking, can interfere with motivation to change. As time passes, however, self-image repair shows a generally positive relationship with mental health outcomes.

Only one study (Fisher & Exline, 2006) assessed how responsibility influences well-being and found no direct relationship. Notably, this study did not report any analysis attempting to incorporate a two-part definition of self-forgiveness, such as examining the link between self-image repair and well-being controlling for responsibility or examining responsibility as a moderator. Nevertheless, the study found a link between responsibility and outcomes frequently associated with well-being, such as guilt (instead of shame) and remorse (instead of self-condemnation). These findings suggested that accepting responsibility may be indirectly linked to well-being through an emotional coping strategy (rather than directly associated).

Taken together, although most studies found a positive relationship between forgiveness of a specific offense and mental health, there were several notable exceptions. These exceptions involved studies that focused on a mental health outcome associated with desire to change a problematic behavior rather than just variables that may correspond to repair of one's self-image (e.g., psychological well-being). In the one study that attempted explore how responsibility affects mental health, Fisher and Exline showed no direct link between accepting responsibility and well-being and did not incorporate a two-part definition in the analysis.

Self-Forgiveness and Relationships

Trait self-forgivingness and interpersonal relationships. Of seven studies on self-forgivingness and relationship outcomes, five reported a positive relationship and two reported a null relationship. Of the five, trait self-forgivingness was positively and moderately related to

perceived social support in three studies (Day & Maltby, 2005; Jacinto, 2010; Webb, Hirsch, Conway-Williams, & Brewer, 2013). Hill and Allemand (2010) found a positive, but weak relationship between self-forgivingness and the positive relations aspect of psychological well-being (Ryff, 1989), which assesses the number of close friendships and how individuals feel they are perceived. One study (Webb et al., 2011) found a small, positive correlation between self-forgivingness and social support that disappeared over the course of treatment.

The two studies that reported a null relationship used measures assessing relationship quality rather than perceived support. Kim et al. (2011) found a null relationship between self-forgivingness (Thompson et al., 2005) and self-reports of martial satisfaction. Maltby, Macaskill, and Day (2001) found that self-forgivingness (using a single item) was unrelated to indicators of atypical social functioning. Taken together, self-forgivingness showed a consistent, positive relationship with measures of perceived social support, but null effects were more common in studies on self-forgivingness and relationship quality. Thus, perhaps self-forgivingness tends to correspond with perceptions of support, but its actual influence on relationships is more complex and depends on a variety of factors associated with the victim, the offender, and their relationship with each other over time.

State self-forgiveness and interpersonal relationships. How self-forgiveness of actual offenses affects relationships is largely uncharted territory. Only two studies examined self-forgiveness within relationship dyads (Pelucchi et al., 2013; Pelucchi et al., 2015). In Pelucchi et al. (2013), 168 couples recalled an offense committed against their partner and completed measures of forgiveness (adapted from the HFS) and relationship satisfaction. If participants did not accept sufficient responsibility (as measured by a score of three or lower on a seven-point scale) the couple was excluded from the study. The actor-partner model was used to simultaneously

estimate both partners' perspectives of forgiveness and relationship quality. For the offender, higher levels of self-forgiveness and lower levels of unforgiveness correlated with relationship satisfaction; however, for the victim, only the offender's unforgiveness of self was associated with low levels of satisfaction. These findings suggest that offenders who persistently experience unforgiveness toward themselves can sour both partners' view of the relationship over time.

Additionally, the positive aspects of self-forgiveness are important for the offender's, but not the victim's, sense of satisfaction. In Pelucchi et al. (2015), 130 couples recalled an offense and completed measures of self-forgiveness, relationship quality, and other-forgiveness. The researchers tested a model in which, controlling for severity, self-forgiveness (and unforgiveness) predicted other-forgiveness (and unforgiveness), which in turn predicted relationship quality. Taken together, there is some evidence regarding how self-forgiveness affects one's interpersonal relationships. Self-forgivingness was generally related to perceiving that one has supportive interpersonal relationships, which leads to satisfaction. Notably, only two studies of the seven even included potential offenders and their victims, but these studies did not focus both partners on the same offense, and it is difficult to tell how selecting a subsample based on responsibility might have influenced the results.

General Discussion

The purpose of this review was to examine whether self-forgiveness is associated with benefits to well-being and relationships. Practitioners and scholars have worried that people who learn to repair their self-image too easily and quickly, without appropriate ownership of their hurtful behavior, might promote habits of moral disengagement that could cause great damage to the individual and others (Woodyatt & Wenzel, 2013). A recent meta-analysis reported that self-forgiveness was moderately and positively related to mental health, but inconsistently related to

relationship variables (Davis et al., 2015). In the current chapter, I reexamined these conclusions while considering the various limitations in the studies comprising that meta-analysis. Namely, these studies aligned poorly with a two-part definition that includes an interplay between taking responsibility and repairing self-image. Therefore, I conducted a qualitative review of studies that examined the relationship between self-forgiveness and mental health or relationship quality. The focus was especially on studies that attempted to incorporate the two-part definition of self-forgiveness through (a) examining forgiveness of specific offenses and (b) incorporating both self-image repair and appropriate responsibility.

Does Self-Forgiveness Promote Mental Health?

As expected, studies that measured self-forgivingness (specifically, self-image repair) were robustly linked with greater mental health (i.e., 59 of 60 studies). In contrast, when mental health and forgiveness was assessed regarding a specific offense, including addictive behavior, results were mixed. Self-image repair did not tend to predict better mental health in studies that focused on changing problematic behaviors rather than constructs that conceptually overlap with self-image repair (e.g., psychological well-being). Perhaps the real puzzle is why studies that focused on trait self-image repair (without accounting for responsibility) so consistently predicted well-being. Does moral disengagement largely account for this finding?

Research on sociometer theory (Leary, Tambor, Terdal, & Downs, 1995) would temper such a conclusion. Sociometer theory suggests that self-esteem helps people regulate social acceptance in relationships. Accordingly, people who sever the connection between their reputation with others and their own sense of self would soon become socially isolated, which would tend to damage well-being. This theory suggests that taking responsibility is a long-term strategy for protecting a positive self-image in the face of inevitable transgressions that occur in

relationships. In the moment, accepting appropriate responsibility causes moral emotions that may decrease well-being, but the decision to sever relationships is risky and, if used too easily, may result in social rejection that severely undermines one's ability to maintain high self-esteem. Indeed, several studies (e.g., Griffin et al., 2016; Woodyatt & Wenzel, 2013) testing a two-part definition of self-forgiveness provide indirect evidence (i.e., using measures of guilt, shame, or self-esteem rather than well-being) for the hypothesis that self-forgiveness promotes well-being. However, sociometer theory highlights a gap in the empirical research on self-forgiveness and well-being. Specifically, researchers have not explored the process through which offenders decide whether to repair their relationship with a specific victim or distance from that relationship and seek to protect their broader social reputation through adversarial strategies (e.g., attacking the reputation of the victim).

Although a few studies included responsibility as a moderator of the relationship between self-image repair and well-being, it will be helpful to develop more sophisticated ways of integrating a two-part definition. For example, in scholarship on perfectionism, latent class methods are used to identify categories based on the degree to which individuals have high standards and are critical towards themselves. A similar method could be applied to integrate the two aspects of self-forgiveness. I am especially interested in the possibility that various configurations (i.e., high, low, or medium responsibility) may have strengths and weaknesses for well-being or relationships, depending on the nature of the particular relationship (e.g., degree of exploitation or relationship value).

However, responsibility may be a double-edged sword. In the trauma literature, attribution of responsibility is a major focus of study (Alexander, Eyerman, Giesen, Smelser, & Sztompka, 2004; Janoff-Bulman, 1979). Individuals often blame themselves for traumatic events

and may engage in over-control (i.e., take on too much responsibility), which increases negative outcomes, such as demoralization and depressive symptoms (Janoff-Bulman, 1979). Therefore, it is with caution one must approach addressing what constitutes "appropriate" responsibility and how to measure it. It is possible that in several of the studies outlined above, appropriate responsibility (i.e. a four or higher) may even be excessive or harmful and could explain the mixed results seen in the addiction studies.

Given the need for greater complexity in basic research on the relationship between self-forgiveness and well-being, emerging intervention work provides an important body of evidence. Initial interventions have showed increases in self-forgiveness and other benefits to mental health (e.g., Cornish & Wade, 2015; Woodyatt, Worthington, Wenzel, & Griffin, 2017). As this work develops, I encourage scholars to draw on theory regarding the regulation and adaptive use of negative emotions (Carver & Scheier, 1998). On one hand, acute negative emotion can provide a powerful motivator for change, but on the other, chronic negative emotion narrows focus and deplete creativity and coping resources. As demonstrated by Wohl et al. (2010), even early in the process, self-forgiveness may have an important role in reducing rumination and negative emotions. Thus, a productive course of self-forgiveness will likely include the ability to tolerate the negative emotions that come through owning one's behavior and integrating past mistakes into a positive self-image.

Does Self-Forgiveness Promote Better Relationships?

Although only nine studies examined the relationship between self-forgiveness and relationship quality, we can draw a few tentative conclusions. Self-forgivingness correlated positively with perceived social support, and it correlated weakly and inconsistently with relationship quality. The two studies that examined self-forgiveness within actual relationships

found that unforgiveness was negatively associated with relationship satisfaction (Pelucchi et al., 2013; Pelucchi et al., 2015). Both studies restricted the sample to those who accepted a certain degree of responsibility for the offense, and it will be helpful to explore this potential moderator with more precise measurement.

Altogether we have more questions than answers about how self-forgiveness affects interpersonal relationships. Most likely, the benefits of self-forgiveness for the offender and others depend on various aspects of the relationship context. Longitudinal studies that track the two aspects of self-forgiveness, personal well-being, and relationship quality over time could help clarify the costs and benefits of various types of forgiveness processes. For example, researchers could use latent growth curve modeling to classify people into groups based on their trajectories on measures of self-forgiveness. This approach might clarify how responsibility and other contextual factors, such as a lack of forgiveness from others, might affect relational well-being. I suspect that the ideal process includes an offender who seeks to repair the relationship, accepts responsibility, and then repairs their self-image. This pattern might be associated with better outcomes relative to a trajectory where the offender either uses self-forgiveness to morally disengage or persists in a state of negative emotions.

Strengths, Limitations, and Future Research

There are several notable strengths in this developing literature. First, research on self-forgiveness and well-being has led to the development of a theoretically complex, multi-method, and methodologically diversified field. Second, the potential exists for a thriving applied field of study that can ground and inform basic research. Several studies have already demonstrated the positive effects of self-forgiveness interventions (Cornish & Wade, 2015; Griffin et al., 2015; Scherer et al., 2011). The results of our review suggest that self-forgiveness interventions might

be fruitfully extended to other areas, such as treating depression or suicidal ideation or with couples counseling.

Despite these strengths, I want to bring attention to several limitations that must be addressed for research in this area to thrive. First and foremost, I documented a major weakness in how researchers are currently attempting to measure a two-part definition of self-forgiveness. The vast majority of studies assessing the link between well-being and self-forgiveness ignore this distinction. Studies that do attempt to ensure that participants have accepted appropriate responsibility either have not used mental health outcomes or have used potentially problematic strategies such as measuring responsibility and then conducting an analysis only on individuals that meet some arbitrary threshold of accepting responsibility. This strategy is tantamount to treating responsibility as a moderator, but not actually comparing the relationship between self-forgiveness and the outcome variable at different levels of responsibility. In the present review, the most common method for incorporating responsibility was using a single item to drop participants based on an arbitrary cutoff. This strategy also forces an assumption that self-forgiveness can only occur after the offender has accepted adequate responsibility for a wrong-doing. Invariably, offenders, victims, and bystanders will have different perspectives of what constitutes "enough" responsibility (Zechmeister & Romero, 2002). In order to advance our understanding of the benefits of self-forgiveness, I suggest that it is crucial to develop more flexible ways of understanding and measuring the responsibility aspect of self-forgiveness.

Second, within scholarship on self-forgiveness, the typical focus has been on the possibility that people may accept too little responsibility (i.e., moral disengagement). However, in light of theory and research on trauma recovery, we should be equally concerned that some individuals may practice over-control that causes them to habitually take too much responsibility

for offenses. Consider a survivor of domestic violence, someone who lost a spouse during a car accident, or a veteran who was ordered to bomb a community. Does self-forgiveness ever involve a process of decreasing one's sense of responsibility? In real life, people may encounter offenses that are highly complex and involve conflicting values (e.g., obedience to authority versus a moral code that it is wrong to kill someone). Repairing one's self-image may sometimes involve creating a new narrative about the offense that involves attenuating or reframing one's sense of responsibility. If psychologists hope to use interventions to help real people forgive themselves for complex offenses, then they need to fill in the theory on what it means to accept appropriate responsibility for an offense (and to evaluate interventions, we need measures that can capture this process).

My example at the outset illustrates this issue. Ebeling perceived an offense that haunted him for much of his adult life. Consider what it might have looked like on measures of responsibility and self-image if Ebeling had attended a self-forgiveness intervention that promoted complete healing. Perhaps the intervention would have helped him realize, as has been seen in the trauma literature, that he was taking too much responsibility for decisions that he did not make, and his accusations of himself were not realistic or healthy. This insight might have removed barriers to repairing his self-image. Ironically, based on the most common method in the present review, if Ebeling's score on a responsibility item changed from a 5 (I am very responsible for what happened) to a 1 (What happened was not my fault), then the researcher might have excluded him from the analysis. I believe it is important for future theory and research on self-forgiveness to include the full range of offenses, including those in which self-image repair may require individuals realizing that they are being much too hard on themselves due to perfectionism or over-control coping.

Something similar actually happened for Ebeling, albeit without intervention. Shortly before Ebeling passed away in March of 2016, he found his self-condemnation lessened (Berkes, 2006, February 25). After his initial interview, former colleagues reached out to him and emphasized the effort he had expended to halt the launch and reminded him that the decision to launch was outside of his control. According to his family, these conversations stirred an internal shift, and his burden grew lighter. In real life, many of the people who seek self-forgiveness may need to reduce the degree to which they feel responsible for what happened. Many of these individuals may have perfectionistic tendencies and live in relatively graceless systems that train and reward high performance (e.g., medicine, athletics, military). The construct of self-forgiveness is too limited if it cannot help these people as well.

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Table 1.1 Self-Forgiveness and Outcomes Associated with Psychological Well-being

Study	Sample	Outcome Measure(s)	Measure of Self-Forgiveness	Relationship
		Trait Self-Forgiveness		
Batool and Saeed (2009)	124 Iranian divorcees	Beck Depression Inventory-II (Beck et al., 1996) and Suicidal Ideation subscale (Anton & Reed, 1991)	Trait Self-Forgivingness (Walker & Gorsuch, 2002)	Self-Forgiveness negatively correlated with depression ($r = -.29$) and suicidal ideation ($r = -.28$)
Bryan, Theriault, and Bryan (2015)	474 military personnel and veterans	Self-Injurious Thoughts and Behaviors Interview (Nock et al., 2007), Depression from the Patient Health Questionnaire-9 (Kroenke et al., 2001), PTSD Checklist Short Form (Lang & Stein, 2005)	HFS	Self-Forgiveness negatively correlated with suicidal ideation ($r = -.29$), depression ($r = -.53$), and PTSD symptoms ($r = -.44$)
Bugay and Demir (2010)	373 college students	Satisfaction with Life Scale (Diener, Emmons, Larson, & Griffin, 1985)	HFS	Self-Forgiveness positively correlated with life satisfaction ($r = .21$)
Bugay, Demir, and Delevi (2012)	796 college students	Satisfaction with Life Scale (Diener et al., 1985)	HFS	Self-Forgiveness positively correlated with life satisfaction ($r = .26$)
Chang et al. (2014)	101 adults	Suicidal Behaviors Questionnaire-Revised (Osman et al., 2001)	MFS	Self-Forgiveness negatively correlated with suicidal behaviors ($r = -.40$)
Cheavens et al. (2016)	91 geriatric patients	Geriatric Suicide Ideation Scale (Heisel & Flett, 2006) and Center for Epidemiologic Studies Depression Scale (Radloff, 1977)	HFS	Self-Forgiveness negatively correlated with suicidal ideation ($r = -.43$) and depression ($r = -.44$)
Datu (2014)	210 college students	Subjective Happiness Scale (Lyubomirsky & Lepper, 1999) and Satisfaction with Life Scale (Diener et al., 1985)	HFS	Self-Forgiveness positively correlated with subjective happiness ($r = .46$) and life satisfaction ($r = .31$)
Day and Maltby (2005)	176 college students	Revised UCLA Loneliness scale (Russell et al., 1980)	HFS	Self-Forgiveness negatively correlated with loneliness ($r = -.31$)

Deane et al. (2012)	618 adults pursing substance abuse treatment	Psychological distress from the Depression, Anxiety and Stress Scale–21 (Lovibond et al, 1995)	HFS	Self-Forgiveness negatively correlated with distress ($r = -.41$)
Exline, Yali, and Lobel (1999)	5200 college students	Aggregate of the Beck Depression Inventory (Beck, Ward, Mendelsohn, Moch, & Erbaugh, 1961) and the Beck Anxiety Inventory (Beck et al., 1988)	Single item (own)	Self-forgiveness negatively correlated with depression ($r = -.21$) and anxiety ($r = -.21$)
Feibelman and Turner (2015)	294 college students	Eating disorders with Eating Attitudes Test (Garner et al., 1982)	HFS	Self-Forgiveness negatively correlated with eating disorders attitude ($r = -.23$)
Fisher and Exline (2006)	138 college students	Psychological well-being (own)	Aggregate of MFS, HFS, and Multidimensional Forgiveness Scale (Tangney et al., 1999)	Self-Forgiveness positively correlated with well-being ($r = .49$)
Friedman et al. (2010)	108 women with breast cancer	Depression from the Profile of Mood States-Short Form (Shacham, 1983)	MFS	Self-Forgiveness negatively correlated with mood disturbances ($r = -.58$)
Hill and Allemand (2010)	450 adults	Psychological Well-Being Scale (Ryff & Keyes, 1995)	Trait Self-Forgivingness (adapted from Krause & Ellison, 2003)	Self-Forgiveness positively correlated with well-being ($r = .20$)
Hirsch, Webb, and Jeglic (2011)	158 college students	Beck Depression Inventory-II (Beck et al., 1996)	BMMRS	Self-Forgiveness negatively correlated with depression ($r = -.36$)
Hirsch, Webb, and Jeglic (2012)	372 college students	Beck Depression Inventory-II (Beck et al., 1996)	BMMRS	Self-Forgiveness negatively correlated with depression ($r = -.30$)
Hodgson and Wertheim (2007)	110 adults	Personal distress from the Interpersonal Reactivity Index (Davis et al., 1983)	HFS	Self-Forgiveness negatively correlated with personal distress ($r = -.43$)
Ingersoll-Dayton, Torges, and Krause (2010)	965 geriatric adults	Center for Epidemiologic Studies Depression Scale (Radloff, 1977)	Single item (own)	Self-Forgiveness negatively correlated with depression ($r = -.11$)

Jacinto (2010a)	133 individuals who recently lost someone with Alzheimer's	Adaptive and non-adaptive coping from Revised-COPE (Zuckerman & Gagne, 2003)	Developed for study	Self-Forgiveness is positively correlated with adaptive coping (*r* =.54) and negatively correlated with (*r* = -.49)
Jacinto (2010b)	133 individuals who recently lost someone with Alzheimer's	Mental well-being from General Health Questionnaire-5 (Shamasunder et al., 1986) and Decreased grief from Marwitt and Meuser Cargiver Grief Inventory (2002)	Developed for study	Self-Forgiveness is positively correlated with well-being (*r* =.38) and decreased grief (*r* =.51)
Kaye-Tzadok and Davidson-Arad (2016)	184 Israeli adolescents and women	Posttraumatic Growth Inventory (Tadeschi & Calhoun, 1996), Resilience from unlisted measures, and posttraumatic symptoms from Posttraumatic Diagnostic Scale (Foa et al., 1997)	HFS	Self-Forgiveness is negatively correlated with PTSD symptoms (*r* =-.36), positively correlated with resilience (*r* =.37), and showed no significant relationship with posttraumatic growth (*r* =.14)
Lawler-Row (2010)	605 adults	Aggregate of the Beck Depression Inventory (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961) and the Scales of Psychological Well-being (Ryff, 1989)	BMMRS	Self-Forgiveness negatively correlated with depression (*r* =.-21) and positively correlated with well-being (*r* =.20)
Lyons et al. (2011)	277 adults in substance abuse treatment	Psychological well-being from the Life Engagement Test (Scheier et al., 2006)	HFS	Self-Forgiveness positively correlated with well-being (*r* =.34)
Macaskill (2012a; study 1)	411 college students	State-Trait Anger Expression Inventory (Spielberg, 1999), the Satisfaction with Life Scale (Diener et al., 1985), and the General Health Questionnaire (Goldberg & Williams, 1991)	MFS	Self-Forgiveness positively correlated with satisfaction (*r* =.20), and psychological health (*r* =.24)
Macaskill (2012a; study 2)	298 college students	State-Trait Anger Expression Inventory (Spielberg, 1999), the Satisfaction with Life Scale (Diener et al., 1985), the State-Trait Anxiety Inventory (Spielberger, Gorsuch, & Lushene, 1970) and the General Health Questionnaire (Goldberg & Williams, 1991)	MFS	Self-Forgiveness negatively correlated with anger (*r* =-.38), and anxiety (*r* =-.63), and positively correlated with life satisfaction (*r* =.41) and psychological health (*r* =.39)

Macaskill (2012b)	112 adults	The Satisfaction with Life Scale (Diener et al., 1985), the Short Depression-Happiness Scale (Joseph et al., 2004), and Positive and Negative Affect Schedule (MacKinnon et al., 1999)	MFS	Self-Forgiveness positively correlated with life satisfaction ($r =.61$) and positive affect ($r =.29$) as well as negatively correlated with depression ($r =-.77$) and negative affect ($r =-.65$)
Maltby, Macaskill, and Day (2001)	324 college students	Aggregate of depression from the General Health Questionnaire (Goldberg & Williams, 1991) and state anxiety from the General Health Questionnaire (Goldberg & Williams, 1991)	MFS	Self-Forgiveness negatively correlated with depression ($r =-.32$) and anxiety ($r =-.22$)
Nsamenang et al. (2013)	101 adults	Center for Epidemiologic Studies Depression Scale (Radloff, 1977) and the Suicidal Behaviors Questionnaire-Revised (Linehan and Nielsen, 1981)	BMMRS	Self-Forgiveness negatively correlated with depression ($r =-.48$) and suicidal behavior ($r =-.28$)
Randall and Bishop (2013)	261 older male inmates	Geriatric Depression Scale—Short Form (Sheikh & Yesavage, 1986)	HFS	Self-Forgiveness negatively correlated with depressive symptoms ($r = -.37$)
Romero et al. (2006)	81 women with breast cancer	Aggregate of psychological well-being from the Functional Assessment of Chronic Illness Therapy (Cella, 1997) and Depression from the Profile of Mood States (Shacham, 1983)	MFS	Self-Forgiveness negatively correlated with depressive symptoms ($r = -.47$) and positively correlated with well-being ($r =.46$)
Ross et al. (2004)	147 college students	Depression and Anxiety facets from the NEO-PI-R (Costa & McCrae, 1992)	Factor Combining MFS and HFS	Self-Forgiveness negatively correlated with depression ($r =-.66$) and anxiety ($r = -.47$)
Ross et al. (2007)	162 college students	Various traits associated with personality disorders (SNAP; Clark, 1993).	Summed factor scores from the HFS, MFS, FLS	Self-Forgiveness weakly to moderately negatively correlated with multiple personality disorders including paranoid ($r = -.37$), borderline ($r = -.47$), narcissistic ($r =-.25$), and avoidant ($r = -.41$)

Snyder and Heinze (2005)	79 survivors of abuse	Traumatic Stress from the Revised Civilian Mississippi Scale for PTSD (Norris & Perilla, 1996)	HFS	Self-Forgiveness negatively correlated with PTSD symptoms (r =.-.74)
Sternthal et al. (2010)	3105 adults	Depression from the Center for Epidemiologic Studies Depression Scale (Radloff, 1977), and the Anxiety Symptoms (Hopkins Symptoms Checklist, 1974)	Single item (own)	Self-Forgiveness negatively correlated with depressive symptoms (r = -.12), major depression, (r = -.03), and anxiety symptoms (r = -.11)
Svalina and Webb (2012)	150 adults	Mental Health Status from the Medical Outcomes Study Short Form-12 (Ware et al., 1996)	BMMRS	Self-Forgiveness positively correlated with mental health status (r =.44)
Thompson et al. (2005)	276 college students	Aggregate of the Satisfaction with Life Scale (Diener et al., 1985), the State-Trait Anxiety Inventory (Spielberger et al.,1970), and the Center for Epidemiologic Studies Depression Scale (Radloff, 1977)	HFS	Self-Forgiveness positively correlated with satisfaction with life (r =.39) and negatively correlated with anxiety (r = -.42) and depression (r = -.44)
Toussaint and Friedman (2009)	72 adults receiving psychiatric services	Satisfaction with Life Scale (Diener et al., 1985)	HFS	Self-Forgiveness positively correlated with satisfaction with life (r =.57)
Toussaint et al. (2008)	1423 adults	Depression from the Composite International Diagnostic Interview (Kessler, Andrews, Mroczek, Ustun, & Wittchen, 1998)	Self-forgiveness (own scale)	Low self-forgiveness significantly associated with the prevalence of a major depressive disorder in women (odds ratio .34) and men (odds ratio .15)
Walker and Gorsuch (2002)	180 college students	Trait anxiety from the International Personality Item Pool (Goldberg, 2000)	Trait Self-Forgivingness (adapted McCullough et al., 1997)	Self-Forgiveness negatively correlated with anxiety (r = -.44)
Watson et al. (2012)	51 adults being treated for an eating disorder	Eating disorder attitudes and behaviors were assessed using the Eating Disorder Risk Composite (EDRC) subscales from the EDI-3 (Garner, 2004): Drive for thinness (EDI-DT), Bulimia (EDI-B), and Body Dissatisfaction (EDI-BD)	HFS, MFS	Self-Forgiveness negatively correlated with drive for thinness (rs = -.54, -.55), bulimia (rs = -.36, -.41), and body dissatisfaction (rs = -.40, -.41)

Webb and Brewer (2010a)	721 college students	Alcohol use disorder (Babor, Higgins-Biddle, Saunders, & Monteiro, 2001) and risk of relapse (own)	BMMRS	Self-Forgiveness was not correlated with alcohol use disorder but was negatively correlated with risk of relapse ($r = -.40$)
Webb and Brewer (2010b)	126 college students	Overall psychological distress from the Mental Health Status (Ware, Kosinski, & Keller, 1996)	BMMRS	Self-Forgiveness negatively correlated with psychiatric distress ($r = -.40$)
Webb et al. (2011)	149 adults receiving substance abuse treatment	Psychiatric distress (BSI; Derogatis & Melisaratos, 1983) and Alcohol use (Timeline Followback Interview, Sobell et al., 1996)	Single item (own)	Self-Forgiveness negatively correlated with psychiatric distress ($r = -.44$) and alcohol problems ($r = -.38$) at baseline and at follow-up ($rs = -.36, -26$)
Webb et al. (2013)	363 college students	Overall psychological distress from the Depression Anxiety Stress Scale (Lovibond & Lovibond, 1995) and the Medical Outcomes Study Short Form-12 (Ware et al., 1996)	BMMRS	Self-Forgiveness negatively correlated with psychiatric distress ($r = -.33$) and positively correlated with Global Mental Health ($r = .29$)
Webb, Robinson, and Brower (2009)	126 adults receiving substance abuse treatment	Anxiety, depression, psychoticism, and overall psychological distress from the Brief Symptom Inventory (Derogatis & Melisaratos, 1983)	BMMRS	Self-Forgiveness negatively correlated with psychological distress ($r = -.34$), depression ($r = -.37$), anxiety ($r = -.38$), and psychoticism ($r = -.29$)
Webb et al. (2006)	157 adults receiving substance abuse treatment	Purpose in Life Scale (Crumbaugh & Maholick, 1964)	BMMRS	Self-Forgiveness positively correlated with purpose in life ($r = .33$)
Webb et al. (2010)	140 adults with spinal cord injuries	Satisfaction with Life Scale (Diener et al.,1985)	Trait Self-Forgivingness (Toussaint, 2001)	Self-Forgiveness positively correlated with satisfaction in life ($r = .28$)
Webb et al. (2008)	280 adults	Aggregate of Center for Epidemiological Studies Depression Scale (Radloff, 1977)	HFS	Self-Forgiveness negatively correlated with depression ($r = -.44$)

Weinberg (2013; trauma survivors)	108 survivors of a terrorist attack	Traumatic stress from the PTSD Symptom Scale-Self Report (Foa, Riggs, Dancu, & Rothbaum, 1993)	HFS	Self-Forgiveness negatively correlated with PTSD symptoms (r = -.49)
Weinberg (2013; partners of trauma survivors)	108 spouses of survivors of a terrorist attack	Traumatic stress from the PTSD Symptom Scale-Self Report (Foa, Riggs, Dancu, & Rothbaum, 1993)	HFS	Self-Forgiveness negatively correlated with PTSD symptoms (r = -.27)
Witvliet et al. (2004)	363 veterans	PTSD symptoms from the Mississippi Scale for Combat-Related PTSD (Keane, Caddell, & Taylor, 1988), the State-Trait Anxiety Inventory (Spielberger et al.,1970), the Beck Depression Inventory (Beck, Ward, Mendelsohn, Moch, & Erbaugh, 1961)	MFS	Self-Forgiveness negatively correlated with PTSD (r = -.19), depression (r = -.22), state anxiety (r = -.16), and trait anxiety (r = -.28)
Yalcin (2013)	182 college students	Satisfaction with Life Scale (Diener et al., 1985)	HFS	Self-Forgiveness positively correlated with satisfaction with life (r = .27)
Yao et al. (2016)	475 college students	Subjective Well-Being (Diener & Suh, 1997)	HFS	Self-Forgiveness was positively correlated with well-being (r = .48).

<div align="center">State Self-Forgiveness</div>

Cornish and Wade (2015)	26 adults who recently committed interpersonal transgressions completed a SF intervention	Clinical Outcomes in Routine Evaluation outcome measure (Evans et al., 2000)	SSFS	Increase in Self-Forgiveness over intervention predicted a reduction in distress (β = -.43)
Dixon et al. (2014)	206 undergraduate students	Intrusiveness Scale for Rumination (McCullough et al., 2007) and the Unconditional Self-Acceptance Questionnaire (Chamberlain & Haaga, 2001)	Single item (Hall & Fincham, 2008)	Self-Forgiveness negatively correlated with rumination (r = -.29) and positively correlated with self-acceptance (r = .27)
Peterson et al. (2016; study 1)	100 community members	Eating attitudes test (Garner et al., 1982)	SSFS	Self-Forgiveness was negatively correlated (r = -.57) with disordered eating symptoms

Peterson et al. (2016; study 2)	462 undergraduates	Future responsible drinking intentions (own)	SSFS	Self-Forgiveness beliefs and feelings/actions were positively correlated ($r = .25$; $r = .20$) with an intent to drink responsibly
Rohde-Brown and Rudestam (2011)	223 divorced parents	Fisher Divorce Adjustment Scale (1978), Depression from Center for Epidemiological Studies-Depression (Radloff, 1977)	SSF	Self-Forgiveness positively correlated with adjustment ($r = .26$), and negatively correlated with depression ($r = -.37$)
Squires et al. (2012)	110 college students reporting symptoms of gambling	Readiness to Change Gambling Scale (DiClemente & Highes, 1990)	Adapted from SFS	Self-Forgiveness negatively correlated with readiness to change ($r = -.41$)
Watson et al. (2012)	51 adults being treated for an eating disorder	Eating disorder attitudes and behaviors were assessed using the Eating Disorder Risk Composite (EDRC) subscales from the EDI-3 (Garner, 2004): Drive for thinness (EDI-DT), Bulimia (EDI-B), and Body Dissatisfaction (EDI-BD)	Adapted from EFI to assess affect and cognitions	Self-Forgiveness affect/cognition negatively correlated with drive for thinness, ($r = -.65/-.62$), bulimia ($r = -.35/-.43$), and body dissatisfaction ($r = -.50/-.52$)
Wohl, DeShea and Wahkinney (2008)	60 college students with an unwanted end to a relationship	Aggregate of the Satisfaction with Life Scale (Diener et al., 1985) and the Beck Depression Inventory (Beck, 1972)	SSFS	Self-Forgiving feelings and beliefs negatively correlated with depression ($r = -.42$, -.39); neither had a significant relationship with life satisfaction
Wohl, Pychyl, & Bennett (2010)	312 college students	Negative affect from the Positive and Negative Affect Scale (Watson, Clark, & Tellegen, 1988)	Adapted from SSFS	Self-Forgiveness a significant predictor of negative affect ($\beta = .22$)
Wohl and Thompson (2011)	149 adults receiving substance abuse treatment	Process of change from Experiential Processes of Change (Prochaska et al., 1988)	SFS	Self-Forgiveness negatively correlated with readiness to change ($r = -.62$)

Notes. BMMRS = Single Item from Brief Multi-dimensional Measure of Religiousness and Spirituality (Fetzer Institute, 2003); FLS = Forgiveness Likelihood Scale (Rye et al., 2001); HFS = Heartland Forgiveness Scale (Thompson et al., 2005); MFS = Mauger Forgiveness Scale (Mauger et al., 1992); SSF = State Self Forgiveness (Wahkinney et al., 2001); SSFS = State Self-Forgiveness Scale (Whol et al., 2008); SFS = Self Forgiveness Scale (Brown & Philips, 2005)

Table 1.2 Self-Forgiveness and Outcomes Associated with Relational Well-being

Study	Sample	Outcome Measure(s)	Measure of Self-Forgiveness	Relationship
		Trait Self-Forgiveness		
Day and Maltby (2005)	176 college students	Revised UCLA Loneliness Scale (Russell et al., 1980)	HFS	Self-Forgiveness negatively correlated with loneliness ($r = -.41$)
Hill and Allemand (2010)	450 adults	The Positive Relations scale from the Psychological Well-Being scales (Ryff & Keyes, 1995)	TTFS	Self-Forgiveness positively correlated with positive relations ($r = .10$)
Jacinto (2010b)	133 individuals who recently lost someone with Alzheimer's	Social support (own)	Self-forgiveness (own scale)	Self-Forgiveness positively correlated with social support ($r = .40$)
Kim, Johnson, and Ripley (2011)	223 adults	Martial satisfaction with the Revised Dyadic Adjustment Scale (Busby et al., 1995)	Adapted from HFS	No relationship found between self-forgiveness and martial satisfaction
Maltby et al. (2001)	324 college students	Social dysfunction from the General Health Questionnaire (Golberg & Williams, 1991)	MFS	No relationship found between self-forgiveness and social dysfunction
Webb et al. (2011)	149 adults receiving substance abuse treatment	Social support from University of Arkansas Substance Abuse Outcomes Modules (Smith et al., 1996)	Single item (own)	Self-Forgiveness positively correlated with social support at baseline ($r = .22$) but non-significant at follow-up
Webb et al. (2013)	363 college students	Social support (Abbey, Abramis, & Caplan, 1985) and Problematic interpersonal functioning (Inventory of Interpersonal Problems; Horowitz, Rosenberg, Baer, Ureno, & Villasenor, 1988).	Single item (own)	Self-Forgiveness positively correlated with social support at baseline ($r = .32$) and negative correlated with problematic interpersonal functioning (-.31)
		State Self-Forgiveness		

| Pelucchi et al. (2013) | 168 Italian couples | Relationship satisfaction from the Quality of Marriage Index (Norton, 1983) | Adapted from HFS | Self-Forgiveness correlated positively for males (*r* = .24) but was not significant for females |
| Pelucchi et al. (2015) | 130 couples | Relationship satisfaction from the Quality of Marriage Index (Norton, 1983) | Adapted from HFS | Self-Forgiveness correlated with relationship satisfaction (*r* = .28) |

Notes. BMMRS = Single Item from Brief Multi-dimensional Measure of Religiousness and Spirituality (Fetzer Institute, 2003); FLS = Forgiveness Likelihood Scale (Rye et al., 2001); HFS = Heartland Forgiveness Scale (Thompson et al., 2005); MFS = Mauger Forgiveness Scale (Mauger et al., 1992); SSF = State Self Forgiveness (Wahkinney et al., 2001); SSFS = State Self-Forgiveness Scale (Whol et al., 2008); SFS = Self Forgiveness Scale (Brown & Philips, 2005)

2 A Randomized Control Trial Adapting a Self-Forgiveness Intervention for Perfectionists

One decade ago, Hall and Fincham (2005) pejoratively called self-forgiveness the "step child" of forgiveness researchers due to a lack of scholarship and empirical studies. More recently, it has become one of the most vibrant and rapidly developing aspects of forgiveness scholarship (e.g., Woodyatt, Worthington, Wenzel, & Griffin, 2017). As research robustly linked self-forgiveness with benefits to health, mental health, and relationships (for a review, see Davis et al., 2015a), teams began developing interventions to help people forgive themselves. These initial forays have explored individual (Cornish & Wade, 2015; Jacinto & Edwards, 2011; Worthington, 2006), group (Scherer, Worthington, Hook, & Campana, 2011), and workbook modalities (Griffin et al., 2015). The workbook modality is particularly promising, given the potential to disseminate to large audiences or use as an adjunctive to therapy. Initial trials have demonstrated moderate effects on increasing self-forgiveness (Bell, Davis, Griffin, Ashby, & Rice, 2017) and reducing feelings of shame and guilt (Griffin et al., 2015) in participants. In the current manuscript, I build off this strong foundation and seek to deepen our understanding regarding the efficacy of self-forgiveness workbooks. Namely, it is essential to understand not only whether an intervention works but when and for whom it works (Shoham-Salomon & Hannah, 1991). I sought to broaden the reach of self-forgiveness workbooks by targeting individuals potentially overlooked by previous workbook designs.

To make my case, I first define self-forgiveness and examine how self-forgiveness scholars' preoccupation with moral disengagement shaped the development of workbooks. Second, I consider why this preoccupation may be a poor fit for many seeking self-forgiveness and why it is particularly important to address this discrepancy in the workbook modality. Third, I posit that maladaptive perfectionism is an optimal personality construct to test how client-

treatment interactions influence the treatment effects of a self-forgiveness workbook and make the case for incorporating cognitive-behavioral interventions. I then present a study of a self-forgiveness intervention adapted to help certain participants adopt more accurate appraisals of the offense and reduce self-condemnation.

Defining Self-Forgiveness

Self-forgiveness is typically defined as increasing positive and reducing negative self-directed feelings, thoughts, and behaviors following a wrongdoing (Whol, DeShea, & Wahkinney, 2008) and can be conceptualized within a stress-and-coping framework (Davis et al., 2015b). When an individual commits a wrongdoing (e.g., steal money from a friend), the amount of stress experienced depends on how the offender appraises the offense. A prosocial form of self-forgiveness, according to the dual-process model (Griffin et al., 2015), involves a series of key steps. Namely, perpetrators should first take responsibility for the harm. This process of accepting responsibility ideally results in adaptive, negative emotions such as guilt that promote prosocial actions. Alternatively, a self-oriented emotion such as shame can result in a state of self-condemnation that turns people inward and thus halts the process of recovery (Tangney & Dearing, 2002). Once prosocial actions are taken, individuals recommit to their values and rebuild self-regard. Self-forgiveness can be considered, broadly, a process of first taking responsibility and then pursuing self-image repair (Massengale, Choe, & Davis, 2017).

This emphasis on taking responsibility differentiates self-forgiveness from processes in which offenders let themselves off the hook too easily. Negative moral emotions, such as guilt, seem necessary for prosocial relational outcomes because they often promote reparations (e.g., apology or offers of restitution; Exline, Root, Yadavalli, Martin, & Fisher, 2011). To reduce negative emotions without also promoting prosocial actions is, therefore, a dubious goal in

intervention work. In a similar vein, other researchers expressed concerns that self-forgiveness could be conflated with moral disengagement. Namely, individuals may be motivated to downplay the harm and move too readily to self-image repair, as seen in one study where self-forgiveness was *negatively* correlated with readiness to change in adults who smoke (Wohl & Thompson, 2011).

As a result, concerns related to moral disengagement have garnered substantial attention from researchers and shaped self-forgiveness interventions. Current workbooks presume individuals are prone to moral disengagement. For example, Griffin et al. (2015) explicitly mention that for self-forgiveness, participants must transform their self-concept in a way that "integrates personal responsibility for an offense" (p. 124). Similarly, Bell et al. (2017) spent one-third of the intervention promoting responsibility and prosocial attitudes to minimize the possibility of moral disengagement.

Self-Condemnation and Self-Forgiveness

Readers only attending to basic research on self-forgiveness might be tempted to conclude that the primary problem that people encounter when working on forgiving themselves is a tendency to downplay responsibility for the offense. However, from a stress-and-coping perspective (Worthington, 2006), there are a variety of ways that an individual might proceed. When appraising the offense, in lieu of taking too little responsibility, people might struggle characterologically with taking too much responsibility. In fact, correcting this emphasis on too little responsibility, a recent model by Woodyatt and Wenzel (2013) identified three processes: taking too little responsibility (pseudo self-forgiveness), taking responsibility without the ability to repair one's self-image (self-punitive self-forgiveness), and a forgiveness that has both appropriate responsibility and self-image repair (genuine self-forgiveness). In my view, they

could have gone even further—self-punitive forgiveness may involve taking excessive or even inappropriate responsibility for the offense, which subsequently may cause difficulty with self-image repair.

The problem is, of course, that we have very little direct evidence regarding how often people need help taking more versus less responsibility. Nevertheless, there are practical reasons to doubt the assumption that most individuals need help taking more responsibility. If people successfully employ moral disengagement strategies, then they may no longer feel a need to seek help forgiving themselves, for there is no perceived offense left to forgive. Additionally, it is possible that many people who present for a self-forgiveness intervention tend to be hard on themselves. If true, interventions that give too much focus to pseudo self-forgiveness may be reinforcing guilty feelings before promoting self-image repair, which is likely counterproductive. Furthermore, it is certainly plausible that some participants—those high in punitive self-forgiveness—may struggle with unrelentingly rigid moral standards and thus experience difficulty repairing their self-image after offenses (Massengale et al., 2017).

Early work only paid lip service to the problem I am raising—that many participants may need help appraising the offense less punitively to facilitate the self-image repair in later phases of the intervention. Take for example the model discussed earlier by Woodyatt and Wenzel (2013). In order to deal with people "who are perfectionists or overly self-critical" (p. 254), they suggest a distinction between offenses that actually cause interpersonal harm and offenses where no interpersonal harm was caused (but people are being hard on themselves for not living up to a personal value or moral standard). They direct the latter group to another construct—self-compassion—which may require different intervention strategies.

Such distinctions seem potentially unwise when it comes to the transition from basic research to applied work on self-forgiveness. First, it may be hard for participants to clearly identify offenses that do not involve harm to others. Some might argue that all offenses occur within the context of relationships, even if concealed. Even if we grant such "private offenses with no interpersonal harm," offenses against the self may quickly become interpersonal if they draw a person into cycles of shame that cause relationship-damaging behaviors such as withdrawal or negative coping (e.g., substance use). This conceptual distinction may have little relevance to most participants seeking help.

Second, the attempt to filter some offenses to self-compassion (only those where perceived offenses are deemed valid) raises a variety of practical problems. This approach implies that people may only need to forgive themselves if it is determined that the harm was sufficiently interpersonal and objectively wrong. These requirements put a lot of pressure—to the point of absurdity—on the selection criteria for a self-forgiveness intervention. Such a rigid distinction between self-forgiveness (an objective offense exists) and self-compassion (relevant for all other cases of subjective self-criticism; Woodyatt & Wenzel, 2013) provides little guidance for the many individuals involved in morally ambiguous offenses (e.g., following orders from a superior officer, which ends up resulting in the death of another human) or when people disagree whether a harm was committed.

Third, even if harms could be objectively classified prior to an intervention, from a stress-and-coping perspective, the primary issue is the offender's appraisal of the offense. For example, for any "objective harm done to another," one offender might downplay the offense, whereas another might amplify the perceived threat of the offense. Therefore, given that the stress of self-condemnation is based on subjective appraisal—not objective facts that might be used to classify

an offense—a self-forgiveness intervention designed to help people with a complex and wide range of situations and appraisal strategies might need to avoid rigid categories or a one-size fits all approach. From the perspective of stress-and-coping theory, it would be wise to assume that each participant may struggle with appraisals that distort in either direction (i.e., amplify or minimize) and that these tendencies may change over time, as people try to repair their self-image.

If I am correct about the need for more conceptual flexibility, then the workbook modality ought to increase our concerns about the need to attend to people who may be too harsh on themselves. I assume that many individuals who report for a workbook intervention may struggle with chronic self-criticism and low self-esteem. These are common challenges seen in a variety of clinical samples including anxiety, depression, and post-traumatic stress disorder. In individual therapy, a client might incorporate the therapist's perspective to challenge egregiously punitive cognitions and rumination. For a workbook intervention, such problems might be left intact and possibly amplified by an approach that has potentially over-adjusted for problems with moral disengagement. Accordingly, no therapist is present to help clients decide whether they need self-forgiveness (because they committed a worthy wrong) or self-compassion (because they committed a perceived wrong that might require reappraisal of responsibility). Therefore, the workbooks must be flexible enough to meet various needs, including the needs of individuals prone to difficulties with evaluation and self-condemnation.

Perfectionism and Self-Forgiveness

What qualities are likely a poor fit for existing approaches to promoting self-forgiveness? In all likelihood, any potential construct that is associated with patterns of self-critical rumination would be a good candidate. Clinical levels of distress would be one possibility. For example,

while originally situated in the conceptualization of obsessive-compulsive disorder, a combination of distress paired with high levels of responsibility has been shown to be associated with anxiety disorders (Tolin, Worhunsky, & Maltby, 2006) and symptoms of depression (Pozza & Dèttore, 2014). In survivors of childhood sexual abuse, self-blame is often present and is associated with traumatic stress, especially when reinforced by others (e.g.., victim blaming; Ullman, Townsend, Filipas, & Starzynski, 2007). Distortions in blame are so common in posttraumatic stress disorder that two criteria related to distorted beliefs were added to the DSM-5 to facilitate the diagnosis (D.2. and D.3.; American Psychiatric Association, 2013).

Before these interventions are tested with individuals presenting with clinical levels of distress, an appropriate initial step to explore my line of reasoning is to examine personality styles that put individuals at higher risk for chronic self-criticism. Here, perfectionism comes to mind. Perfectionism is a personality characteristic that is associated with having high standards. However, disparate outcomes among high achievers necessitates measuring a second dimension that incorporates self-criticism when failing to live up to these standards (i.e., discrepancy; Rice & Ashby, 2007). Adaptive perfectionism includes having high standards and low discrepancy (i.e., a tendency to strive but also lower levels of self-criticism when failing to meet a standard), and maladaptive perfectionism involves a dangerous combination of not only holding oneself to unrealistically high standards but struggling to tolerate the discrepancy between an ideal self and one's perceived self (Rice & Aldea, 2006).

Relatively few studies have assessed whether there is a link between perfectionism and self-forgiveness, but conceptual reasons and some empirical evidence suggest maladaptive perfectionism could be associated with low levels of self-forgiveness. For example, high levels of "socially prescribed perfectionism" (i.e., standards imposed by others) is associated with low

levels of self-forgiveness (Kim, Johnson, & Ripley, 2011), and an indirect link between self-evaluative perfectionism (i.e., maladaptive perfectionism) and self-forgiveness via rumination has been demonstrated (Dixon, Earl, Lutz-Zois, Goodnight, & Peatee 2014). Although no studies have demonstrated a direct association between maladaptive perfectionism and punitive self-forgiveness, numerous findings suggest individuals high in maladaptive perfectionism struggle with self-condemnation. For example, following performance feedback, individuals high in maladaptive perfectionism reported high levels of shame (Stoeber, Harris, & Moon, 2007) and were prone to maladaptive thought processes (e.g., exaggeration of mistakes, irrational inflation of task importance, rumination; Besser, Flett, & Hewitt, 2004). Thus, individuals with high levels of maladaptive perfectionism may need assistance moderating their self-appraisal and boosting their self-image.

For self-forgiveness workbooks, specific modifications are likely needed so that individuals prone to maladaptive perfectionism would benefit. In lieu of simply emphasizing increased responsibility, I propose incorporating strategies from cognitive-behavioral therapy (CBT) to help participants flexibly reflect on their past behavior. Excessive self-blame is the primary target of various cognitive approaches (e.g., Beck, 1976, Beck, 2011; Wright, Basco, & Thase, 2006), and activities such as reflecting from the perspective of a neutral, third-party could help individuals prone to self-blame examine context and gain perspective. CBT interventions have been shown to be effective for maladaptive perfectionism specifically, including reduced anxiety, depression, and distress (LaSota, Ross, & Kearney, 2017), and these benefits are seen when utilizing self-directed interventions (Radhu, Daskalakis, Arpin-Cribbie, Irvine, & Ritvo, 2012; Rozental et al., 2017). Furthermore, a self-forgiveness workbook developed by Bell et al. (2017) utilized cognitive interventions and found comparable treatment effects to Griffin et al.

(2015). Therefore, adding CBT exercises seems appropriate to broaden the reach of the

workbook and to test this specific client-treatment interaction.

The Present Study

Taken together, I have strong reasons to believe that interventions designed to promote

self-forgiveness may require additional flexibility to meet the needs of individuals prone to

difficulties with self-evaluation. As mentioned above, what is known about self-forgiveness

suggests that at least a portion of people who present for help forgiving themselves are

distressed, prone to self-condemnation, and may need help softening their harsh self-appraisal.

Therefore, the purpose of the current pilot study was to adapt a self-forgiveness intervention to

include content designed to accommodate participants with high levels of maladaptive

perfectionism. I evaluated initial evidence regarding the presence of these individuals who

presented for a self-forgiveness intervention within a university context and whether they

benefited from self-directed work.

Accordingly, I tested the following hypotheses. First, I predicted that the intervention

would result in significantly higher levels of state self-forgiveness, higher genuine self-

forgiveness, higher well-being, and lower punitive self-forgiveness compared to participants in

the wait-list control. This hypothesis allowed me to test whether the adapted intervention

maintained the original intervention's ability to promote self-forgiveness (Griffin et al., 2015)

and was based on previous findings that cognitive interventions are effective in self-forgiveness

interventions (Bell et al., 2017). Additionally, this hypothesis examined the direct effect of self-

forgiveness interventions on psychological health. As mentioned above, Davis et al. (2015a)

found that self-forgiveness has a moderate to strong association with a variety of well-being

outcomes. However, studies reporting this finding are largely cross-sectional, and to date, no researchers have tested the effect of a self-forgiveness workbook on psychological health.

Second, I hypothesized that higher levels of maladaptive perfectionism (i.e., higher levels of discrepancy) would correlate with lower levels of state self-forgiveness, lower genuine self-forgiveness, lower well-being, and higher punitive self-forgiveness at pretreatment. This hypothesis was based on the findings mentioned above that individuals with higher levels of discrepancy are prone to negative emotions and distorted self-appraisal. This hypothesis allowed me to test whether discrepancy is associated with distress and poor self-forgiveness outcomes prior to intervention.

Third, I hypothesized that maladaptive perfectionism would moderate the relationship between treatment condition and outcomes. Specifically, individuals in the intervention group with high levels of maladaptive perfectionism would show higher levels of state self-forgiveness, genuine self-forgiveness, well-being, as well as lower levels of punitive self-forgiveness after the intervention compared to participants with low levels of maladaptive perfectionism.

Method

Participants and Procedure

The participants ($n = 107$) were college students (88 females [82.2%]; 19 males [17.8%]; 0 non-binary [0%]) ranging in age from 19 to 57 ($M = 26.39$, $SD = 8.47$). The sample was racially/ethnically diverse, with 41% ($n = 43$) identifying as Black/African-American, 22% ($n = 24$) as White/Caucasian, 11% ($n = 12$) as Asian/Pacific Islander, 14% ($n = 15$) as Hispanic/Latino/a, 9% ($n = 10$) as multiracial, and 2% ($n = 3$) as other. In regards to religious affiliation, 64% ($n = 70$) reported as Christian, 3% ($n = 3$) as Jewish, 3% ($n = 3$) as Muslim, 1%

(n = 1) as Buddhist (1), 10% (n = 11) as agnostic, 2% (n = 2) as atheist, and 16% (n = 17) as other.

Participants were recruited from undergraduate courses at a large, public university in the Southeastern United States in exchange for course credit. This sample was selected due to the high prevalence of maladaptive perfectionism in student populations (Radhu et al., 2012). Out of the pool of students who completed the general survey over the course of four semesters (n = 2,166), participants were invited to complete a self-directed intervention if, in a survey, they indicated a time they acted against their personal values (n = 822).

This study utilized a wait-list intervention approach. Specifically, students attended an in-person meeting where the study's purpose (i.e., a self-directed workbook to promote self-forgiveness) and structure (i.e., half of the participants will take home a workbook) was explained. Participants who consented to the study were randomly assigned either to the treatment or the wait-list control condition through an even-odd numbering system. Specifically, all participants were given a packet with the pre-survey measures, and the packets were numbered sequentially. Before leaving, participants completed the presurvey measures. The individuals in the treatment condition (i.e., identified by an even-numbered packet) were immediately provided a self-directed workbook and instructed to complete and return it within two weeks. Those in the control group (i.e., identified by an odd-numbered packet) were told their workbook would come via email and to await further instructions. After two weeks, all participants received an email that included a second wave of measures and had 48 hours to complete the postsurvey. After the second wave, participants in the wait-list control were sent the intervention via email to provide an opportunity to receive similar outcomes to participants in the

treatment group. No data were collected from the control group after they completed the intervention.

A consort chart (see Figure 2.1) details when and for what reason participants were excluded from the study. Of the 822 invited, interested participants ($n = 143$) first attended an in-person meeting to discuss the study, sign the consent form, and complete presurvey items. Within this group, four participants were excluded for failing to complete measures in the presurvey, and one participant from the treatment group was excluded after completing the postsurvey measures without completing the intervention. The intervention was 54 pages in length, and participants had to write throughout the packet to be retained in the study's analysis. Of the remaining participants ($n = 138$), results from independent t-tests show those who completed the study ($n = 107$) did not significantly differ from those who dropped out (defined as those who did not complete the second survey; $n = 31$) on perfectionistic discrepancy ($p = .818$), well-being ($p = .982$), state self-forgiveness ($p = .808$), genuine self-forgiveness ($p = .364$), or punitive self-forgiveness ($p = .290$), at the first data collection point. The final sample included 53 participants in the intervention group and 54 participants in the wait-list control group.

Measures

Self-forgiveness. State self-forgiveness was measured with the State Self-Forgiveness Scale (SSFS; Wohl, DeShea, & Wahkinney, 2008). The SSFS is comprised of 17 items, which assesses behaviors, affective responses, and the participant's self-concept. An example item is "As I consider what I did that was wrong, I show myself compassion." Participants indicated their level of agreement from 1 = *not at all* to 4 = *completely*, with higher scores indicating a higher level of state self-forgiveness. Unlike the more commonly used trait self-forgiveness

measures, participants are directed to reflect on their current feelings and beliefs related to a specific event. Scores from this scale have shown good evidence of reliability (Cronbach's alpha = .74-.89). Additionally, this scale has demonstrated evidence of predictive validity with scores associated with positive mental health outcomes (Wohl et al., 2008). The participants were asked to report their feelings, actions, and beliefs related to the event being explored in the self-forgiveness workbook.

Various coping strategies individuals utilize when pursuing self-forgiving were measured with the Differentiated Self-Forgiveness Process Scale (DSFPS; Woodyatt & Wenzel, 2013). The DSFPS consists of three subscales: punitive, genuine, and pseudo self-forgiveness. Only the punitive and genuine subscales were used in the current study. The punitive subscale assesses the participant's level of self-condemnation with seven items (e.g., "What I have done is unforgivable"). The scores have shown show good evidence of reliability (Cronbach's alpha = .83-.89) and negatively correlate with constructs such as self-esteem (Woodyatt & Wenzel). The genuine self-forgiveness subscale assesses acceptance and positive self-regard with seven items (e.g., "Since committing the offense I have tried to change"). The scores have shown good evidence of reliability (Cronbach's alpha = .83; Griffin et al., 2015) and positively correlate with intrapersonal restoration (Woodyatt & Wenzel). Participants indicated their level of agreement with all items from 1 = *strongly disagree* to 5 = *strongly agree*, with higher scores indicating a greater tendency to rely on a particular process of self-forgiveness.

Maladaptive Perfectionism. Perfectionism was assessed with the Short Almost Perfect Scale (SAPS; Rice, Richardson, & Tueller, 2014). The measure consists of two subscales assessing both the participant's standards and discrepancy. There are various approaches to measuring perfectionism, but Stoeber and Otto (2006) suggest that the discrepancy subscale is

sufficient to assess maladaptive perfectionism due to its association with negative outcomes. While data from both subscales were collected, only the discrepancy subscale was utilized in the analysis. Participants indicated their level of agreement with 4 items (e.g., "Doing my best never seems to be enough") from 1 = *strongly disagree* to 7 = *strongly agree,* with higher scores indicating a greater discrepancy (i.e., higher maladaptive perfectionism). Scores from the discrepancy subscale have shown good evidence of reliability (Cronbach's alpha = .84) and are positively correlated with measures of poor psychological health, such as depression (Rice et al., 2014).

Well-being. Global well-being was assessed with the Schwartz Outcome Scale (SOS-10; Blais et al., 1999). Participants indicated their level of agreement with various statements regarding their life in the past 7 days from 1 = *never* to 7 = *all or nearly all of the time*, with higher scores demonstrating higher levels of satisfaction and well-being. Scores from the SOS-10 have shown good evidence of reliability across a diverse set of participants (Cronbach's alpha = .96) and are correlated with a variety of positive mental health outcomes (Haggerty et al., 2013).

Intervention

Participants in the intervention group completed a self-directed workbook designed to help participants gain better self-appraisal strategies and repair their self-image. The workbook was adapted from the "Moving Forward: Six Steps to Forgiving Yourself" intervention (Griffin et al., 2015), which in turn, was based on Worthington's (2013) REACH model of forgiveness. The participants complete six modules including recalling an offense, repairing relationships, resolving to live virtuously, rethinking rumination, reaching emotional self-forgiveness, and rebuilding self-acceptance.

The intervention manual utilized in this study had two distinct changes from Griffin et al's (2015) workbook. First, the intervention utilized language and techniques relevant for perfectionism, namely providing psychoeducation on the difficulties of self-appraisal, naming various barriers associated with perfectionism, and incorporating various cognitive therapy techniques (e.g., challenge dichotomous thinking). Second, due to feasibility concerns, the workbook was shortened from its original 6-hour length to 2-hours. Specifically, although components were removed (especially sections emphasizing responsibility-taking), the REACH model was kept intact, and each section had both a psychoeducational and task-oriented component.

Power Analyses

In this study, independent t-tests, chi square, as well as simple, multiple, and hierarchical linear regressions were utilized to test assumptions and hypotheses. A priori power analyses were conducted to ensure enough participants were assessed to test the effectiveness of the intervention. Specifically, I utilized hierarchical linear regression to test the hypotheses that the adapted intervention was effective. Calculations from G*Power 3 suggest that, if I assumed the intervention shows a moderate effect size ($f^2 = .15$), comparable to the original intervention (Griffin et al., 2015), an alpha of .05, a desired power is .8, and two predictors (i.e., the intervention and the co-variate) then the necessary sample size to detect the effect is 55 participants (Faul, Erdfelder, Lang, & Buchner, 2007).

<div align="center">

Results

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Preliminary Analyses

Analyses were conducted using IBM SPSS Statistics for Windows, Version 25.0 (IBM Corp., 2017). An analysis of missing data determined that less than 2% of data were missing per

item, and overall, less than 1% of all data was missing, meaning imputation was unlikely to introduce bias (Schlomer, Bauman, & Card, 2010). Additionally, Little's (1988) Missing Completely at Random (MCAR) test was not significant (χ^2 = .000, df = 6480, p = .999), meaning multiple imputation could be utilized.

Next, the assumptions for multiple regression were tested including linearity, homoscedasticity, normality, multicollinearity, and outliers. A visual inspection of Q plots showed the predictor variables had a linear relationship with the outcome variables, and a visual inspection of scatterplots between the predicted and standardized residuals showed no evidence of heteroscedasticity. The skew and kurtosis for all variables was within acceptable ranges (+/- 2; George & Mallery, 2010). The variance inflation factor (VIF) was less than 10 for all analyses that included multiple predictor variables, meaning there was limited evidence of multicollinearity (Hair, Anderson, Tatham, & Black, 1995). Outliers were found in less than 2% of variables; however, in all cases, Cook's test was less than 1, suggesting these outliers had a minimal effect on the regression analysis (Pituch & Stevens, 2016). Therefore, these outliers were retained in the analyses.

Although the participants were randomly assigned, analyses were conducted to ensure the participants in the two conditions (i.e., intervention and wait-list control) did not significantly differ (Kadzin, 2003). Specifically, chi-square analyses were conducted to ensure the groups did not significant vary by gender (χ^2 = .043, df = 1, p = .835), notable considering known gender differences in forgiveness (Miller, Worthington, & McDaniel, 2008). Independent t-tests were conducted to ensure participants in the two conditions did not differ on any outcome variable at pretreatment including perfectionistic discrepancy (p = .430), well-being (p = .560), state self-forgiveness (p = .117), punitive self-forgiveness (p = .132), and genuine self-forgiveness (p =

.169). These results suggest that randomization was successful at creating equivalent groups at pretreatment.

Sample descriptive statistics for all variables are found in Table 2.1. Using Cronbach's alpha, reliability estimates calculated from the sample data for all study variables were adequate, ranging from .75 to .95. Additionally, the reliabilities estimates were consistent with previously published estimates (see Measures section above). To test my hypotheses, bivariate correlations were utilized, as well as simple, multiple, and hierarchical linear regression—due to their ability to test treatment effects within an RCT framework (e.g., McBride, Atkinson, Quilty, & Bagby, 2006).

Hypothesis 1: Do Participants in the Intervention Show Improved Outcomes at Posttreatment?

The first hypothesis was that the intervention would result in higher levels of state self-forgiveness, higher genuine self-forgiveness, higher well-being, as well as lower punitive self-forgiveness in participants compared to individuals in the wait-list control. I tested this hypothesis using hierarchical linear regression. With well-being as an example, the baseline well-being was entered first (Step 1) to control for well-being prior to the intervention, and the treatment condition as a categorical variable was entered (i.e., control $= 0$ and intervention group $= 1$; Step 2) to predict well-being at posttreatment. The intervention resulted in significantly higher levels of state self-forgiveness ($B = 3.98$, $SE = 1.26$, $p = .002$; Table 2.2), higher levels of genuine self-forgiveness ($B = 2.42$, $SE = .79$, $p = .003$; Table 2.3), and higher levels of well-being ($B = 5.23$, $SE = 1.39$, $p < .001$; Table 2.4) in participants, after controlling for baseline levels of each construct. The intervention had no significant effect on punitive self-forgiveness ($B = -1.21$, $SE = .99$, $p = .225$; Table 2.5). When comparing the group that received the

intervention to the wait-list controls, there was a small effect on state self-forgiveness ($d = .17$), a moderate effect on well-being ($d = .42$), and a large effect on genuine self-forgiveness ($d = .66$). After controlling for baseline levels in participants, the intervention demonstrated a small effect on state self-forgiveness ($\Delta R^2 = .03$), well-being ($\Delta R^2 = .05$), and genuine self-forgiveness ($\Delta R^2 = .07$), Thus, Hypothesis 1 was partially supported.

Hypothesis 2: Does Maladaptive Perfectionism Predict Greater Distress at Pretreatment?

The second hypothesis was that discrepancy scores (i.e., higher levels of maladaptive perfectionism) would negatively correlate with state self-forgiveness, genuine self-forgiveness, and well-being and positively correlate with punitive self-forgiveness, at pretreatment. I tested this hypothesis by conducting Pearson's *r* bivariate correlations among variables. In support of Hypothesis 2, scores on maladaptive perfectionism negatively correlated with state self-forgiveness ($r = -.55$, $p < .001$) and well-being ($r = -.56$, $p < .001$), whereas scores positively correlated with punitive self-forgiveness ($r = .40$, $p < .001$) at pretreatment, as shown in Table 2.1. No significant correlation with genuine self-forgiveness was found ($r = -.02$, $p = .832$). Thus, Hypothesis 2 was partially supported.

Hypothesis 3: How Do Participants Higher in Maladaptive Perfectionism Respond to the Intervention?

The third hypothesis was that discrepancy scores (i.e., higher levels of maladaptive perfectionism) would moderate the relationship between treatment condition and treatment outcomes, such that the relationship would be stronger at higher levels of discrepancy. This hypothesis was tested using PROCESS (Hayes, 2017). The perfectionism variable was centered to facilitate interpretation.

When testing the effects of the intervention, both maladaptive perfectionism and the interaction (i.e., treatment condition x discrepancy) predicted well-being and state self-forgiveness at posttreatment. Specifically with state self-forgiveness, the overall model was significant, $F(4,102) = 46.75$, $p < .001$, $R^2 = .65$; higher levels of maladaptive perfectionism predicted lower levels in state self-forgiveness ($B = -.57$, $SE = .14$, $p < .001$) and demonstrated a significant interaction effect with the treatment condition ($B = .66$, $SE = .17$, $p < .001$), as seen in Table 2.6. With well-being, a similar pattern was found where the overall model was significant, $F(4,102) = 42.06$, $p < .001$, $R^2 = .63$; higher levels of maladaptive perfectionism had a significant main effect on well-being ($B = -.70$, $SE = .15$, $p < .001$) and demonstrated a significant interaction effect with the treatment condition ($B = .62$, $SE = .19$, $p < .001$), as seen in Table 2.7.

To facilitate interpretation of the interactions, PROCESS was utilized to generate a plot of the interaction effects (Figures 2.2-4) as well as conduct simple slopes (Aiken & West, 1991) and Johnson-Neyman (1950) analyses. For state self-forgiveness, simple slopes analyses (+/- 1SD) revealed that for participants with low levels of maladaptive perfectionism (-1SD), the effect of the treatment was not significant, after controlling for baseline state self-forgiveness ($B = -.77$, $t[102] = -.45$, $p = .651$). However, for participants with high levels of maladaptive perfectionism (+1SD), the effect of the treatment on state self-forgiveness was significant ($B = 8.96$, $t[102] = 5.15$, $p < .001$). Point estimates indicated that when maladaptive perfectionism was at or above -2.41, the interaction was significant ($p < .05$). This overall pattern was also observed for well-being. Namely, the effect of the treatment on well-being was not significant for participants with low levels of maladaptive perfectionism ($B = 1.01$, $t[102] = .54$, $p = .591$). For participants with high levels of maladaptive perfectionism, the effect of the treatment on well-being was significant ($B = 10.13$, $t[102] = 5.29$, $p < .001$), after controlling for baseline

well-being. Point estimates indicated that when maladaptive perfectionism was at or above -4.12, the interaction was significant ($p < .05$).

Although the intervention resulted in higher levels of genuine self-forgiveness (Hypothesis 1) and the overall model was significant when maladaptive perfectionism was added to the model, $F(4,102) = 10.13$, $p < .001$, $R^2 = .28$, neither the main effect nor the interaction were significant (Table 2.8). For punitive self-forgiveness, the overall model was significant, $F(4,102) = 16.92$, $p < .001$, $R^2 = .40$, but the treatment effect was not a significant predictor (Table 2.9). However, the main effect of maladaptive perfectionism ($B = .31$, $SE = .10$, $p = .004$) and the interaction between treatment condition and perfectionism ($B = -.41$, $SE = .14$, $p = .005$) were significant predictors of punitive self-forgiveness. These interaction effects are presented in Figure 2.4. Simple slopes analyses revealed that for participants with low levels of maladaptive perfectionism (-1SD), the effect of the treatment on punitive self-forgiveness was not significant, after controlling for baseline levels ($B = 1.66$, $t[102] = 1.97$, $p = .234$). For participants with high levels of maladaptive perfectionism, the effect of the treatment on punitive self-forgiveness was significant (B = -4.40, $t[102] = -3.02$, $p = .003$), after controlling for baseline levels. Point estimates indicated that when maladaptive perfectionism was at or above 1.52, the interaction was significant ($p < . 05$). Thus, Hypothesis 3 was partially supported.

Discussion

The purpose of the present study was to adapt an existing self-forgiveness intervention for participants that might struggle with the negative effects associated with maladaptive perfectionism. I evaluated evidence that some individuals may have preexisting difficulties with self-condemnation and that discrepancy scores would moderate the efficacy of the intervention. This study responds to growing attention that basic science on self-forgiveness may not align

well with clinical populations that might be served by such interventions. My study demonstrates personality styles associated with self-punitiveness may influence a participant's response to an intervention and draws attention to the possibility that these interventions could exacerbate preexisting problems unless manuals are flexible to the needs of participants.

As hypothesized, the adapted intervention resulted in higher levels of both state and genuine self-forgiveness in participants, after controlling for baseline levels of the constructs. Additionally, this study was the first to show that a self-directed self-forgiveness intervention can result in higher levels of psychological well-being. The small to large effect sizes were consistent with the effects seen in the 6-hour intervention developed by Griffin et al. (2015). These effect sizes are highly promising, given dosage effects (i.e., efficacy directly correlated with intervention length) often observed in comparable positive psychology interventions promoting forgiveness of others (Wade, Hoyt, Kidwell, & Worthington, 2014) and well-being (Sin & Lyubomirsky, 2009). My findings suggest that the reduced time spent by participants did not seem to lessen the treatment effect.

The associations between maladaptive perfectionism and low levels of baseline self-forgiveness and well-being provided evidence that individuals prone to high levels of perfectionism demonstrated difficulties with self-forgiveness prior to the intervention. Whereas previous findings on the link between perfectionism and self-forgiveness are mixed (e.g., Dixon et al., 2014; Kim et al., 2011), the overall literature suggests maladaptive perfectionism is associated with numerous problematic coping strategies including harsh self-criticism (Radhu et al., 2012). These findings further emphasize the need to consider relevant personality characteristics as well as the needs of specific populations when designing interventions.

Furthermore, this study demonstrated, for the first time, that personality styles can influence the effectiveness of a self-forgiveness intervention. Specifically, whereas higher levels of maladaptive perfectionism are associated with lower levels of self-forgiveness at baseline, the intervention showed effectiveness for individuals prone to high levels of maladaptive perfectionism on state self-forgiveness and well-being, whereas no significant effect was found for individuals with lower levels of perfectionism. These findings were not replicated when assessing the effect on genuine self-forgiveness but are consistent with other studies that reported divergent findings related to the measurement of self-forgiveness (e.g., Griffin et al., 2015; Woodyatt and Wenzel, 2013). Specifically, state self-forgiveness and well-being seem to capture emotional restoration, but genuine self-forgiveness seems to measure a more nuanced process related to effortful, self-image repair. My findings are consistent with these studies and suggest that higher levels of maladaptive perfectionism are associated with negative emotional states and unrelated to indicators of effort.

Finally, the intervention did not demonstrate a direct effect on reducing punitive self-forgiveness, but maladaptive perfectionism and the interaction of the treatment condition and perfectionism significantly predicted punitive self-forgiveness after the intervention. The point estimates suggest that even individuals with below average levels of maladaptive perfectionism demonstrated significant increases in state self-forgiveness and well-being (at or above the 36th and 27th percentiles, respectively), whereas only individuals with higher levels of maladaptive perfectionism saw a significant reduction in punitive self-forgiveness (at or above the 58th percentile). These findings are consistent with the limited, prior research. Namely, the main effect of the intervention on state self-forgiveness and well-being suggests a wide range of individuals see improvements in emotional restoration following the self-forgiveness

intervention, but only individuals with preexisting difficulties with self-evaluation and self-criticism would demonstrate a significant reduction in self-condemnation. This finding is consistent with Woodyatt and Wenzel's (2013) study, which showed that individuals utilize a variety of coping strategies to manage their distress and that only a certain a portion of participants demonstrate difficulties with self-condemnation. The overlap between maladaptive perfectionism and punitive self-forgiveness shown in Hypothesis 2 as well as the differential responses to intervention in Hypothesis 3 demonstrate compelling evidence that individuals high in maladaptive perfectionism were prone to poor self-forgiveness at baseline yet saw a significant reduction in self-condemnation following the intervention. My study demonstrated that, even if no main effect was found, individuals prone to certain negative, self-critical coping strategies benefited from an intervention adapted to their needs.

Limitations

This study had several limitations. The design was longitudinal; however, data collection only occurred at two time points, and the second data collection occurred immediately after the intervention was completed. Whereas previous studies showed gains in self-forgiveness are maintained after four weeks (Griffin et al., 2015) and gains seen in interventions promoting forgiveness of others are maintained after 24 weeks (Wade et al., 2014), long-term data collection would determine whether gains from this intervention are maintained and would allow for more complex analyses such as hierarchical linear modeling. Additionally, the participants for this study were a racially/ethnically diverse sample of undergraduate students, who were chosen, in part, due to the high prevalence of maladaptive perfectionism (Radhu et al., 2012). However, while I recruited from a student population that is approximately 60% female, my study's sample was 82% female. Of note, the proportion of females in my sample was essentially

identical to the sample collected in the original RCT (82% female; Griffin et al., 2015). It is unclear whether disproportionately female samples occurred in both instances due to selection bias, the method of recruitment, or some combination of the two. While females are more likely to forgive others than men (Miller et al., 2008), no self-forgiveness gender effects have been identified in the literature. Regardless, the generalizability of the findings to a general population that is 50% female is unknown. Next, the dropout rate was low (25%), but it nevertheless raises concerns related to the effect of retention on the generalizability of the findings. Finally, although the participants completed many of the measures in person, self-report measures are not an optimal source of data collection. Multi-method assessment approaches would strengthen confidence in the findings (Dorn, Hook, Davis, Van Tongeren, & Worthington, 2014).

Future Directions

Additional studies could help us better understand both moderators and mediators relevant to self-forgiveness. For example, little is known about the extremes in responsibility-taking. Any study that attempted to measure the two-part definition of self-forgiveness (i.e., increase responsibility and improve self-image) typically excluded individuals with low levels of responsibility, essentially treating it as a moderator but not testing all levels of the variable (Massengale et al., 2017). Additionally, I propose that, in light of various studies that utilized Woodyatt and Wenzel's Differentiated Self-Forgiveness Process Scale (2013), mediational pathways could be tested to examine the various processes of self-forgiveness. For example, I wonder whether individuals demonstrating self-condemnation could have excessive levels of responsibility. If so, I therefore speculate these individuals may need to reduce responsibility before pursuing self-image repair, whereas other individuals prone to moral disengagement

would need to follow the more traditional path of increasing responsibility. Additional intervention studies that test mediational hypotheses would be beneficial.

Finally, this study demonstrates the importance of incorporating the needs of individuals prone to higher levels of self-criticism when planning interventions; however, little is known regarding extreme difficulties in this area. Consider what could happen if a trauma survivor with clinical levels of distress attempts to promote self-forgiveness through a workbook intervention. Trauma survivors often hold themselves accountable for putting themselves in harm's way, and a self-forgiveness intervention tailored for individuals prone to moral disengagement potentially reinforces this view. Alternatively, cognitive approaches, as demonstrated in this study, might target "irrational guilt-related beliefs, such as exaggerated perceptions of responsibility for causing negative outcomes and beliefs that unforeseeable outcomes were preventable, [that] are common among treatment-seeking trauma survivors" (Kubany & Watson, 2002, p. 113). It seems likely that these workbooks would attract individuals with persistent tendencies to blame themselves. The use of workbook manuals necessitates flexibility, and while cognitive approaches could be sufficient, individuals with high levels of distress may require additional validation and support.

Conclusion

These findings demonstrate the importance of assessing not only whether interventions work but for whom. This study is the first to show that personality characteristics, specifically maladaptive perfectionism, influence the effects of a self-directed workbook on a variety of self-forgiveness outcomes. By better knowing who presents for assistance and what differential responses occur, we can enhance the effectiveness of workbooks, ensuring that they are helpful and relevant for any individual in need.

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Table 2.1

Correlation, Means, and Standard Deviations of Study Variables at Pretreatment

Variable	1	2	3	4	5
1. Self-critical perfectionism	0.88	-0.56***	-0.55***	-0.02	0.40***
2. Well-being		0.90	0.59***	0.31***	-0.45***
3. State self-forgiveness			0.94	-0.10	-0.65***
4. Genuine self-forgiveness				0.80	0.03
5. Self-punitive self-forgiveness					0.75
M	13.26	52.69	52.50	29.71	15.77
SD	6.86	10.44	10.44	4.40	5.56

* $p < .05$. ** $p < .01$. *** $p < .001$. Sample reliabilities are reported on the diagonal.

Table 2.2

Hierarchical Regression Model of State Self-forgiveness at Posttreatment

Step and Variable	B	SE	β	R^2	ΔR^2	ΔF
Step 1				0.73		
Constant	19.01	3.29				
State self-forgiveness (pretreatment)	0.68	0.06	0.73***			
Step 2				0.76	0.03	9.982**
Constant	15.53	3.34				
State self-forgiveness (pretreatment)	0.71	0.06	0.77***			
Treatment Condition	3.98	1.26	0.20**			

* $p < .05$. ** $p < .01$. *** $p < .001$. Based on tables found in Ivers, N. N., Johnson, D. A., Clarke, P. B., Newsome, D. W., & Berry, R. A. (2016). The relationship between mindfulness and multicultural counseling competence. *Journal of counseling & development, 94*(1), 72-82.

Table 2.3

Hierarchical Regression Model of Genuine Self-forgiveness at Posttreatment

Step and Variable	B	SE	β	R^2	ΔR^2	ΔF
Step 1				0.46		
Constant	15.38	2.79				
Genuine self-forgiveness (pretreatment)	0.49	0.09	0.46***			
Step 2				0.53	0.07	9.35**
Constant	15.28	2.69				
Genuine self-forgiveness (pretreatment)	0.46	0.09	0.43***			
Treatment Condition	2.42	0.79	0.26**			

* $p < .05$. ** $p < .01$. *** $p < .001$

Table 2.4

Hierarchical Regression Model of Well-being at Posttreatment

Step and Variable	B	SE	β	R^2	ΔR^2	ΔF
Step 1				0.69		
Constant	17.28	3.80				
Well-being (pretreatment)	0.70	0.07	0.69***			
Step 2				0.74	0.05	14.20***
Constant	13.94	3.69				
Well-being (pretreatment)	0.71	0.07	0.71***			
Treatment Condition	5.23	1.39	0.25***			

$* p < .05. ** p < .01. *** p < .001$

Table 2.5

Hierarchical Regression Model of Punitive Self-forgiveness at Posttreatment

Step and Variable	B	SE	β	R^2	ΔR^2	ΔF
Step 1				0.58		
Constant	4.81	1.48				
Punitive self-forgiveness (pretreatment)	0.64	0.09	0.58***			
Step 2				0.58	0.00	1.49
Constant	5.16	1.50				
Punitive self-forgiveness (pretreatment)	0.65	0.09	0.59***			
Treatment Condition	-1.21	0.99	-0.10			

$* p < .05. ** p < .01. *** p < .001$

Table 2.6

Full Model of State Self-forgiveness at Posttreatment

Step and Variable	B	SE	β	t
Constant	18.46	3.64		5.08***
State self-forgiveness (pretreatment)	0.65	0.07	0.70	9.84***
Treatment condition (TC)	4.03	1.16	0.21	3.46***
Self-critical perfectionism	-0.57	0.14	-0.40	-4.18***
TC X perfectionism	0.66	0.17	0.34	3.88***

$* p < .05. ** p < .01. *** p < .001$

Table 2.7

Full Model of Well-being at Posttreatment

Step and Variable	B	SE	β	t
Constant	19.09	4.05		4.72***
Well-being (pretreatment)	0.61	0.08	0.60	8.14***
Treatment condition (TC)	5.51	1.27	0.26	4.32***
Self-critical perfectionism	-0.70	0.15	-0.45	-4.66***
TC X perfectionism	0.62	0.19	0.30	3.27**

$* p < .05. ** p < .01. *** p < .001$

Table 2.8

Full Model of Genuine Self-forgiveness at Posttreatment

Step and Variable	B	SE	β	t
Constant	14.92	2.72		5.48***
Genuine self-forgiveness (pretreatment)	0.47	0.09	0.44	5.12***
Treatment condition (TC)	2.41	0.80	0.26	3.02**
Self-critical perfectionism	-0.07	0.09	-0.10	-0.76
TC X perfectionism	0.12	0.12	0.13	1.02

* $p < .05$. ** $p < .01$. *** $p < .001$

Table 2.9

Full Model of Punitive Self-forgiveness at Posttreatment

Step and Variable	B	SE	β	t
Constant	5.10	1.59		3.21**
Punitive self-forgiveness (pretreatment)	0.67	0.10	0.60	6.95***
Treatment condition (TC)	-1.33	0.95	-0.11	-1.40
Self-critical perfectionism	0.31	0.10	0.34	2.93**
TC X perfectionism	-0.41	0.14	-0.34	-2.88**

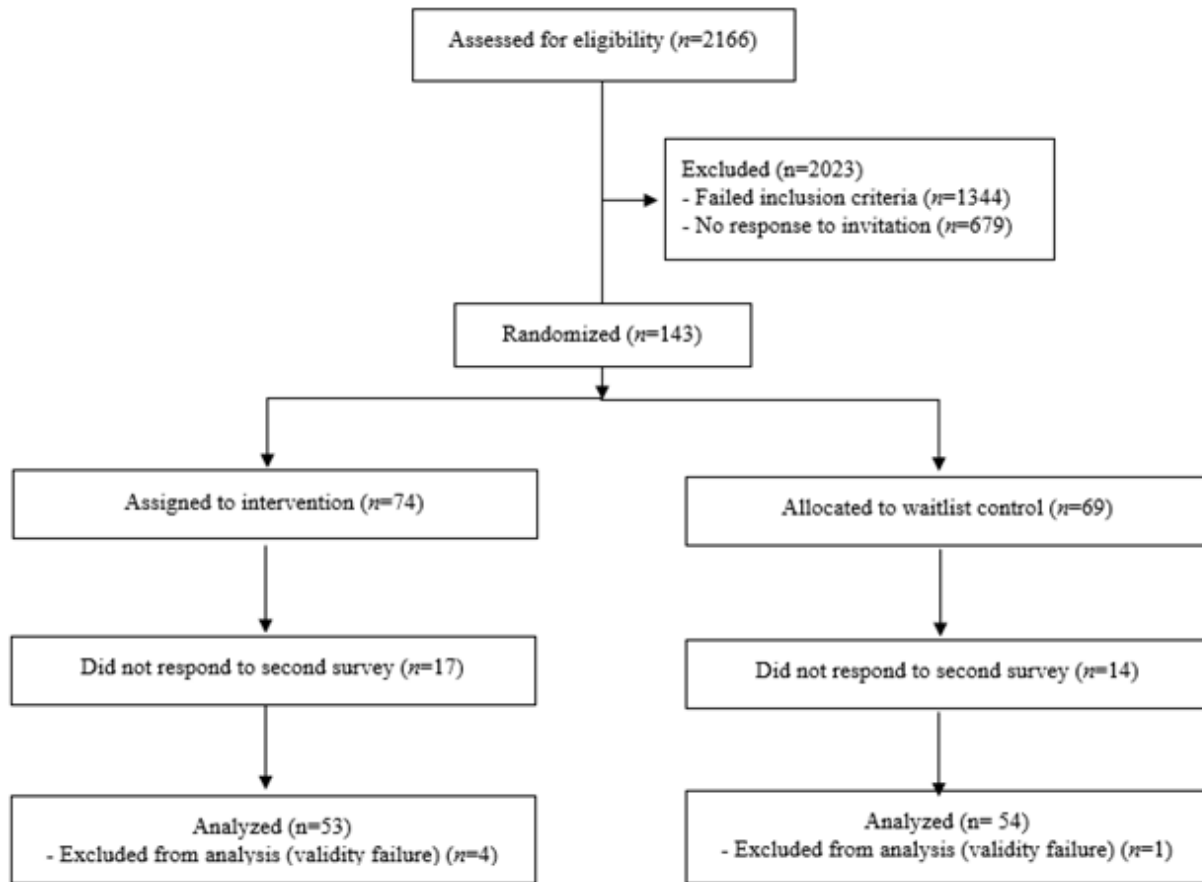* $p < .05$. ** $p < .01$. *** $p < .001$

Figure 2.1. *CONSORT flow chart.*

Figure 2.2. *Moderation effect of perfectionism on the relationship between treatment condition (control versus intervention) and state self-forgiveness (post-intervention).*
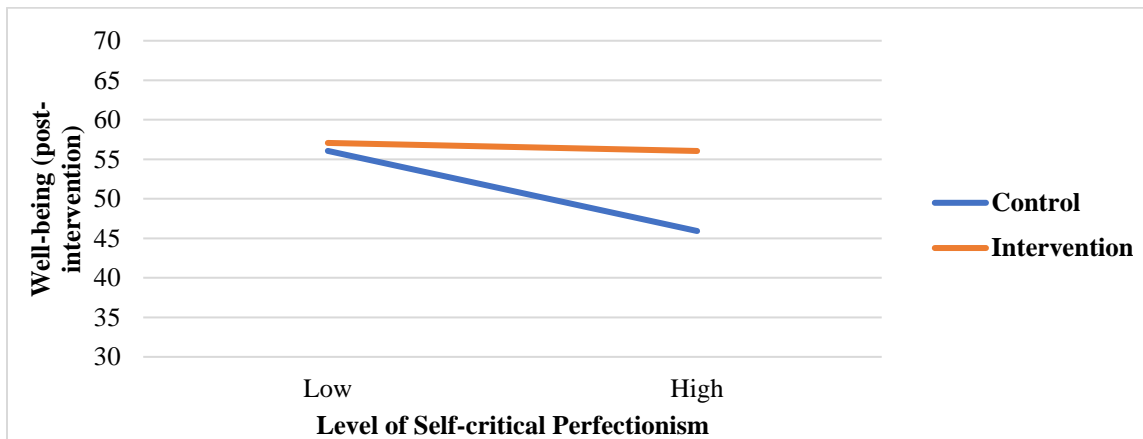

Figure 2.3. *Moderation effect of perfectionism on the relationship between treatment condition (control versus intervention) and well-being (post-intervention).*

Figure 2.4. *Moderation effect of perfectionism on the relationship between treatment condition (control versus intervention) and self-punitive SF (post-intervention).*

APPENDICES

Appendix A: Participant Measures

Appendix A.1 Demographics

1. What is your sex?
    a. Male
    b. Female
2. What is your gender?
3. What is your age?
4. What is your race?
    a. White/Caucasian
    b. Black/African-American
    c. Asian/Pacific Islander
    d. Hispanic/Latino/a
    e. Multiracial
    f. Other
5. What is your current marital status?
    a. Single
    b. Married/partnered
    c. Separated
    d. Divorced
    e. Widowed
    f. Other
6. What is your academic major?
7. Which statement describes you best:
    a. I consider myself spiritual and religious
    b. I consider myself religious but not spiritual
    c. I consider myself spiritual but not religious
    d. I consider myself neither
8. I have a relationship with God or a higher being.
    a. True
    b. False
9. What is your religious/spiritual affiliation?

Appendix A.2 Recruitment Item

Instructions: Take a moment to reflect on your experiences and try to identify a single event that went against your personal values and beliefs. You may have memories of the event that you can't forget, feel guilty and ashamed when you think about it, and have to deal with problems that it causes in your life today no matter how long ago it occurred. Be as specific as you are able. For example, instead of choosing an offense like "I'd like to forgive myself for how I treat my partner," describe a specific time when you said something mean to your partner, didn't do what you said you would do, or a specific instance when you were unfaithful to your partner. Most people tend to report offenses that occur in the context of relationships that are important to them.

Of course, the offenses we condemn ourselves for range in severity. Some are extreme and some are almost harmless. It is best if you choose an offense that is moderately severe and that led to harm. Don't choose an offense that means so little to you that you have almost forgotten about it, and don't choose an offense that is so painful that just thinking about it will cripple you.

In the space below, write a paragraph (3-5 sentences) about what you did that violated your values. PLEASE DO NOT INCLUDE ANY IDENTIFYING INFORMATION ABOUT THE OTHER PERSON/PEOPLE INVOLVED.

Appendix A.3 Pre and Posttreatment Items

State Self-Forgiveness Scales (Wohl, DeShea, & Wahkinney, 2008)

Answer the following questions about the transgression you committed on a scale from 1 = Not at all to 4 = Completely.

As I consider what I did that was wrong, I …
1. feel compassionate toward myself.
2. feel rejecting of myself. (R)
3. feel accepting of myself.
4. feel dislike toward myself. (R)
5. show myself acceptance.
6. show myself compassion.
7. punish myself. (R)
8. put myself down. (R)

As I consider what I did wrong, I believe I am . . .
1. acceptable.
2. okay.
3. awful. (R)
4. terrible. (R)
5. decent.
6. rotten. (R)
7. worthy of love.
8. a bad person. (R)
9. horrible. (R)

Differentiated Self-Forgiveness Process Scale (Woodyatt & Wenzel, 2013)

In the space next to the statement, please select a number from 1 (strongly disagree) to 5 (strongly agree) to rate how you feel about the offense you committed.

1. I have tried to think through why I did what I did.
2. I am trying to learn from my wrongdoing.
3. I have spent time working through my guilt.
4. I have put energy into processing my wrongdoing.
5. I am trying to accept myself even with my failures.
6. Since committing the offense, I have tried to change.
7. I don't take what I have done lightly.
8. What I have done is unforgiveable.
9. I can't seem to get over what I have done.
10. I deserve to suffer for what I have done.
11. I feel like I can't look myself in the eye.
12. I want to punish myself for what I have done.
13. I keep going over what I have done in my head.
14. I don't understand why I behaved as I did.
15. I feel the other person got what they deserved.
16. I wasn't the only one to blame for what happened.
17. I think the other person was really to blame for what I did.
18. I feel what happened was my fault.
19. I feel angry about the way I have been treated.
20. I'm not really sure whether what I did was wrong.

Shortened Form of the Almost Perfect Scale-Revised (Rice, Richardson, & Tueller, 2014)

The following items are designed to measure certain attitudes people have toward themselves, their performance, and toward others. It is important that your answers be true and accurate for you. In the space next to the statement, please enter a number from "1" (strongly disagree) to "7" (strongly agree) to describe your degree of agreement with each item.

1. I have high expectations for myself.
2. Doing my best never seems to be enough.
3. I set very high standards for myself.
4. I often feel disappointment after completing a task because I know I could have done better.
5. I have a strong need to drive for excellence.
6. My performance rarely measures up to my standards.
7. I expect the best from myself.
8. I am hardly ever satisfied with my performance.

Schwartz Outcome Scale (Blais et al., 1999)

Please respond to each statement by circling the number that best fits how you have generally felt over the last 7 days from 1 = Never to 7 = All or nearly all of the time. There are no right or wrong responses. Often the first answer that comes to mind is best.

1. Given my current physical condition, I am satisfied with what I can do.
2. I have confidence in my ability to sustain important relationships.
3. I feel hopeful about my future.
4. I am often interested and excited about things in my life
5. I am able to have fun.
6. I am generally satisfied with my psychological health.
7. I am able to forgive myself for my failures.
8. My life is progressing according to my expectations.
9. I am able to handle conflicts with others.
10. I have peace of mind.

Appendix B: Self-forgiveness manual

Moving Forward:
Six Steps to Forgiving Yourself
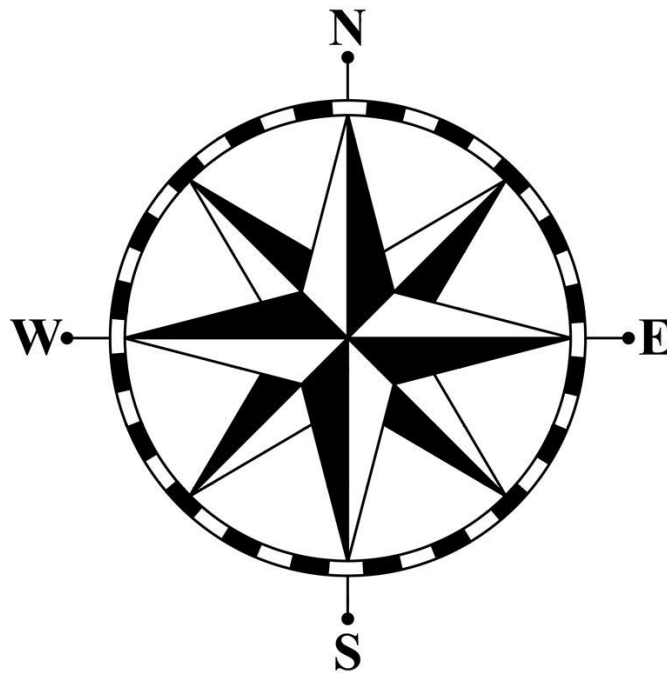
Self-Directed Learning Workbook

Content adapted from Griffin & Worthington (2015) was used with permission.

Introducing the Program

Every person will, at some point, condemn himself or herself. At times, it is because we do something that violates our personal or moral beliefs, fail at an important task, treat people that we care about wrongly, or even witness something that we later wish that we had tried to stop. Although what we've done may have happened a long time ago, our past experiences continue to shape how we think, act, and relate to others even today. Sometimes we just cannot let it go. Perfectionists may have an especially difficult time letting go and forgiving themselves because they tend to be especially hard on themselves and to have high, sometimes unachievable standards. In this workbook, you will work through practical exercises designed to help you responsibly forgive yourself for a time when you did something that wronged another person. This is a responsible way of forgiving yourself if you are still bothered by something you did or its consequences. By learning and practicing this method, you will reconnect with what you value and reclaim a sense of self-acceptance.

Clinical psychologist and professor, Everett L. Worthington, Jr., Ph.D., established the method that was adapted to create this workbook in a book that he wrote in 2013 that is entitled, *Moving Forward! Six Steps to Self-Forgiveness and Breaking Free from the Past*. In addition to providing insight from a career of scientific inquiry into forgiving others and oneself, Dr. Worthington shares experiences from his own life to meet the reader as a fellow traveler on the path to self-forgiveness. You can learn more about Dr. Worthington and (if you desire) order the book that he wrote by visiting http://www.forgiveself.com. You can also read about the evidence that supports the efficacy of this workbook to alleviate feelings of guilt and shame, promote self-forgiveness, and improve your health and sense of well-being in life in the following scientific articles.

Griffin, B. J., Worthington, E. L., Jr., Lavelock, C. R., Greer, C. L., Lin, Y., Davis, D. E., & Hook, J. N. (2015). Efficacy of a self-forgiveness workbook: A randomized controlled trial with interpersonal offenders. *Journal of Counseling Psychology, 62,* 124-136.

Davis, D. E., Ho, M. Y., Griffin, B. J., Bell, C., Hook, J. N., Van Tongeren, D. R., DeBlaere, C., Worthington, E. L., Jr., & Westbrook, C. (2015). Forgiving the self and physical and mental health correlates: A meta-analytic review. *Journal of Counseling Psychology, 62,* 329-335.

Griffin, B. J., Worthington, E. L., Jr., Wade, N. G., Hook, J. N., Davis, D. E., & Lavelock, C. R. (2015). Rumination and Mental Health: Trajectories of change over the course of explicit self-forgiveness intervention. Manuscript under editorial review.

Do you struggle to forgive yourself?

What? We designed this workbook to help you learn six steps that will equip you with a method to forgive yourself for an offense that you committed against another person—one that still might bother you even after some time has passed. The easiest way for you to learn this six-step method is to think about a particular thing you might have done for which you continue to condemn yourself. That is, are you bothered by guilt, remorse, and shame associated with a specific event in your life? Do you feel like a failure or something worse? Do you have trouble getting the offense out of your mind or does it continue to come up in your relationships? By practicing the method in this workbook on one specific offense, you can later apply what you've learned to other experiences. In fact, with a little effort, you could become a skilled self-forgiver by engaging in values-based living and accepting yourself as a flawed but valuable person, and you might assist others in the difficult but essential process of forgiving oneself.

Who? This workbook is designed to equip people, and perfectionists in particular, to forgive themselves for perpetrating an offense that hurt someone else or to deal with their own harsh self-judgments. There are things that we all regret—like not achieving to the level we would like. But most people have also experienced times when they flat-out messed up and hurt someone else. Individuals who experience chronic self-condemnation or self-blame associated with a specific interpersonal offense and who are willing to learn and practice the six-step method proposed in this workbook will benefit most from this workbook. Yet, while they are waiting to see their regret slip into their rear-view mirror, they must work hard to bring about these changes. Is this for you? Are you courageous enough to face one of the most difficult things people encounter? That is, are you ready to face down your own failures or the times you've fallen short of your own or others' expectations? Do you have enough self-control to work through this workbook? Research has shown that the people who benefit the most from this treatment are those who remain focused, spending adequate time and effort on each exercise. If you've gotten this far, we think you are one of those people who will really benefit from working through the entire workbook. You've taken the biggest step by just committing to start it.

How? Perhaps you've tried to forgive yourself for some transgression before but emotional self-forgiveness has eluded you. That is, you still *feel bad* about what you did. You still experience the same self-blame and condemnation with which you initially struggled—maybe not quite as often or as intensely, but it is still there. This workbook will teach you to responsibly forgive yourself by using a six-step process that has been developed in the laboratory of life. It has been refined in counseling. And it has been studied scientifically in a study of over 200 people who completed an earlier version of this workbook. The results of that study have been vetted scientifically, and the report of the study has been reported in the prestigious journal, the *Journal of Counseling Psychology*. In addition, others are using this method throughout the world. They are testing it in group counseling, individual therapy, and as a self-directed workbook. This is a new and improved workbook based on two additional years of research in a hot new psychological science field.

When? Now is the best time to start to recapture your positive sense of self. Now is the time to get yourself on the road to freedom from the regret. Now is the time to break the negative thought patterns and emotional distress that links your past experiences to your present choices.

Step One

Recall an Offense

Step One

Recall an Offense

The first task is to identify a single offense that you would like to focus on for the purpose of mastering the technique presented in this workbook. It is important that you select an offense that is concrete rather than abstract. Be as specific as you are able. For example, instead of choosing an offense like "I'd like to forgive myself for how I treat my partner," describe a specific time when you said something mean to your partner, didn't do what you said you would do, or a specific instance when you were unfaithful to your partner. Despite your motivation for completing this workbook, most people tend to report offenses that occur in the context of relationships that are important to them. If you're having trouble deciding on an offense, think about who is close to you. We most frequently wrong the people to whom we are closest – our partners, families, friends, coworkers, etc. However, you might also choose someone that you don't know as well.

The offense that you identify should also be one that continues to bother you. Perhaps your feelings of guilt about what you've done won't seem to go away. Or you feel ashamed of part of who you are – you cannot accept that piece of yourself no matter what others might say. Even though an offense may have occurred long in the past, its influence on how you think about yourself or your relationships to others is as strong today as it has ever been. Of course, the offenses we condemn ourselves for range in severity. Some are extreme and some are almost harmless. To master the technique presented in this workbook, it is best if you choose an offense that is moderately severe and that led to harm. Don't choose an offense that means so little to you that you have almost forgotten about it, and don't choose an offense that is so painful that just thinking about it will cripple you. Your mastery of this technique is like building a muscle. You wouldn't walk into the gym and start with so little weight that you receive no benefit, but you also would not start with so much weight that you would be injured.

Now that you've selected an offense, think about what caused you to act the way that you did. What were you thinking at the time? What was going on around you? Were you pressed for time, reacting to a time when someone harmed you, or compelled to act the way that you did by some other influence?

How much control did you have over the situation? Who else or what else what involved in the circumstance that led to the offense? Also, be sure to consider the consequences that may have happened immediately after the offense occurred (e.g., my sibling was injured) but also the consequences that

persist even today (e.g., my sibling doesn't trust me). Having identified an offense, its causes, and its consequences, you are now ready to begin.

Exercise 1A
Recall an Offense

Instructions: Take a moment to reflect on your experiences and try to identify a single event that went against your personal values and beliefs. You may have memories of the event that you can't forget, feel guilty and ashamed when you think about it, and have to deal with problems that it causes in your life today no matter how long ago it occurred. In the space below, write a paragraph (3-5 sentences) about what you did that violated your values. PLEASE DO NOT INCLUDE ANY IDENTIFYING INFORMATION ABOUT THE OTHER PERSON/PEOPLE INVOLVED.

_____

_____

_____

Exercise 1B

Identify the Consequences

Instructions: Take a moment to reflect on your experiences and try to identify the past and present consequences of your offense. Using the list below, place an "X" next to each of the ways that the event you described impacts your life now. Although the event may have occurred a long time ago, select reactions that you may have had then as well as how you feel in the present.

○   Feeling Guilty about What I've done

○   Feeling Ashamed of Part of Myself

○   Feeling Angry toward Other People

○   Feeling Angry toward Myself

○   Blaming myself

○   Feeling Disappointed that things didn't turn out like I hoped

○   Having Difficulty Trusting Others (e.g., family members, friends, etc.)

○   Having Difficulty Trusting Myself

○   Doubting my Religious/Spiritual Faith

○   Believing that I'll Never Change

○   Feeling Out of Control

○   Feeling a Loss of Meaning or Purpose

○   Grieving because I lost something that was Important to Me

○   _____

○   _____

○   _____

○   _____

Exercise 1C
What is Self-forgiveness?

Once you've identified an offense for which you would like to forgive yourself, it is important to ask yourself "What is self-forgiveness."

Write your definition of self-forgiveness:

_____

_____

_____

In this workbook, we assert that self-forgiveness is made up of two related but different processes. <u>First, self-forgiveness involves making a decision to connect back to values-based living.</u> When we violate our values we often experience negative offense-related emotions like guilt, shame, anger, disappointment, remorse, regret, etc. These emotions can feel overwhelming so we might make a *decision* to avoid people or situations that are associated with the offense. By making that decision, we also disengage from our values. It is therefore important that *responsible* self-forgiveness includes making a decision to connect to your values by accepting appropriate responsibility that is yours, seeking to make amends or restitution, and resolving to live according to those values in the future.

<u>Second, self-forgiveness involves experiencing the emotional restoration of a positive sense of self</u>. When we wrong another person, we initially experience a decrease in self-esteem, self-acceptance, and self-regard. This can be a good thing when the threat to our sense of self motivates us apologize, confess, and make amends. However, for some people, their sense of self doesn't recover after the offense occurred, perhaps if they are unable to find a way to make amends. They experience a persistent feeling that they are not a valuable person, are unforgiveable, or no longer belong with the people that are most important to them. Thus, *responsible* self-forgiveness also includes a restored positive sense of self in which you are able to live with respect for yourself as an imperfect but valuable person.

So, *responsible* self-forgiveness includes **(1) making a decision to affirm your values** and **(2) experience the emotional restoration of a positive sense of self**. We must make a decision to accept personal responsibility, attempt to engage in amend making behavior, and learn from our mistakes. And, we must replace self-condemning negative emotions directed at ourselves with self-affirming positive emotions. We call this the two-factor model of self-forgiveness. As is shown in the figure below, we can use these two components to distinguish self-forgiveness from other reactions that people sometimes have after they wrong another person.

Two-Factor Model of Self-forgiveness

Affirmation of Values

	Low	High
Low	Self-neglect	Self-punish
High	Self-excuse	Self-forgive

Positive Self-regard (vertical axis label, Low / High)

Let's talk about differences between self-forgiveness and other ways that people sometimes react to wrongdoing that they perpetrate. On one hand, if an individual affirms their values but does not recover their emotional sense of positive self-regard, then they punish themselves to atone for the offense. On the other hand, if an individual recovers their emotional sense of positive self-regard, but does not affirm their values, they excuse themselves of blame for a wrongdoing. If an individual who perpetrates an interpersonal harm neither affirms their values nor recovers their self-regard, then they neglect themselves. It is important to consider the consequences of each of these methods of coping with wrongdoing. Self-punishing might repair your relationships but leave you feeling ashamed; self-excusing might repair your sense of self but sabotage your relationships; and Self-neglecting might threaten both your relationships and sense of self.

Self-forgiveness, as we stated earlier, is when you both (1) make a decision to affirm your values and (2) experiencing the emotional restoration of positive self-regard in the aftermath of perpetrating an offense. As you might expect self-forgiveness has positive intra-personal (i.e., within you) and positive inter-personal (i.e., between you and others) consequences. It is important that you keep both of these two processes in mind as you complete this workbook in order to responsibly forgive yourself.

Now that you know what self-forgiveness is, how would your life be different if you went to sleep tonight and woke up tomorrow having forgiven yourself completely?

_____

_____

_____

_____

_____

_____

The last thing to keep in mind is that the decisional and emotional components of self-forgiveness don't always occur simultaneously. In fact, without an initial drop in your emotional sense of self you would likely have no motivation to affirm your values by making amends. Conversely, you might continue to feel guilty or ashamed at times even after you've made a decision to forgive yourself, just like you might make a decision not to seek revenge against a person who harmed you even though you feel your heart racing, muscles tightening, and breath shortening when you see that person again. Don't worry! When we forgive others and when we forgive ourselves, our physical sense of emotional forgiveness can lag behind our decision to forgive.

Exercise 1D
Self-forgiveness Contract

Instructions: When you are ready to make a decision to forgive yourself, complete the contract below. It is OK to complete the contract even if you sometimes feel guilty or ashamed. These feelings may come and go even after people make a decision to forgive themselves, and we will address them in an upcoming section of the workbook. What is important is that this contract signifies that you have made a decision to accept responsibility for your actions and to accept yourself as an imperfect but valuable person.

I, _____, declare that on the _____ day of

_____ in the year _____, I forgive myself for what I have done or left undone.

By this I mean that I accept responsibility for my actions, without blaming others for my decisions

or blaming myself for things not in my control. However, I will not punish myself to atone for my

actions; instead, I pledge to treat myself like someone who is imperfect, but also who is valuable and

able to learn from mistakes in life. Although I cannot change the past, I will try to make choices

today with respect for myself and for others. I thus declare myself forgiven.

_____ _____

              Signature   **Date**

Step Two

Repair Relationships

Step Two

Repair Relationships

To self-forgive responsibly, the next step is to make amends with those whom we have harmed if another person was involved in the event for which you are having trouble forgiving yourself. Even if the event involved falling short of your own standards and another person was not directly involved, there may be ways in which your struggle to forgive yourself may have impacted your relationships. For example, people experiencing negative emotions towards themselves may begin to isolate themselves from others. This may cause individuals to neglect their relationships. When we treat others wrongly, they experience injustice. Victims of our offenses might even feel entitled to restoration at our own expense. One of the earliest legal principles, the *Lex Talionis*, required that an offender's punishment be equal in kind and severity to the initial harm. Yet, this idea did not disappear with the ancient civilizations from which it came.

The discrepancy between the way a victim perceives a relationship after an offense and the way that they would like it to be restored is called the ***injustice gap***. The bigger the offense is, the bigger the injustice gap will be. A simple apology on behalf of a perpetrator may resolve the injustice gap that results from a trivial transgression. However, significant offenses can create an injustice gap that is so large that it cannot be bridged by even the most eloquent and sincere apology. In these situations, an attempt to make amends or to seek forgiveness may receive a response such as "no not ever" or "just not yet." Whether by forgiveness, revenge, legal recourse or another method, victims desire to resolve the injustice gap they perceive. If you've wronged another person, it's your job to make an effort to reduce the injustice gap and restore equality to the relationship. How your effort is received is partially up to people outside of your control, but your job is to make an effort.

A similar process occurs when we damage our own character or fail to live up to our personal or moral standards. We cannot escape the feeling that we've acted unjustly. Shame – the *expected* negative evaluation of others – pervades our thoughts and emotions. We reinforce the belief that discovery of our secret will lead to abandonment by presenting a false identity to the world or isolating ourselves socially. Indeed, our shame, guilt, and other negative offense-related emotions are connected to what we value. If we disengage from these emotions rather than work to resolve them, then we disconnect from the very values that were violated. This is unfortunate because our values are often what are most important to us and to our relationships.

So, part of making a decision to affirm values that may have been violated by your offense is accepting responsibility for your actions and seeking to make amends. When we don't do those things, we cannot meaningfully interpret or successfully resolve our offense-related emotions like guilt and shame. We begin to feel like other people and perhaps even that which we believe is Sacred (e.g., God, nature, humanity in general) will condemn us. It is that shame that can keep us from accepting forgiveness from others or from the god(s) in which we believe, both which are important catalysts for self-forgiveness.

In summary, other people and that which we believe to be Sacred are both crucial to the process of self-forgiveness. Focusing on ourselves leads to self-blame and shame, and we cannot simply ignore the consequences of our actions. Instead, we must acknowledge the importance of others' needs. By this our actions, coupled with our words, communicate that we value those we have harmed while also respecting ourselves.

Exercise 2A

Assessing Your Level of Responsibility

The harmful consequences of our wrongdoing extend beyond our own lives to people who surround us. In the diagram below, imagine that you are at the center of the circles. Each circle represents those to whom you are close. For example, you might imagine that your family or close friends immediately surround you in the closest circle to you while coworkers and acquaintances remain further out from the center. Write a single initial of people who suffered as a consequence of your actions (again, do not include anything that could identify the person) and place the initial in the appropriate circle to indicate how close you are to that individual.

YOU
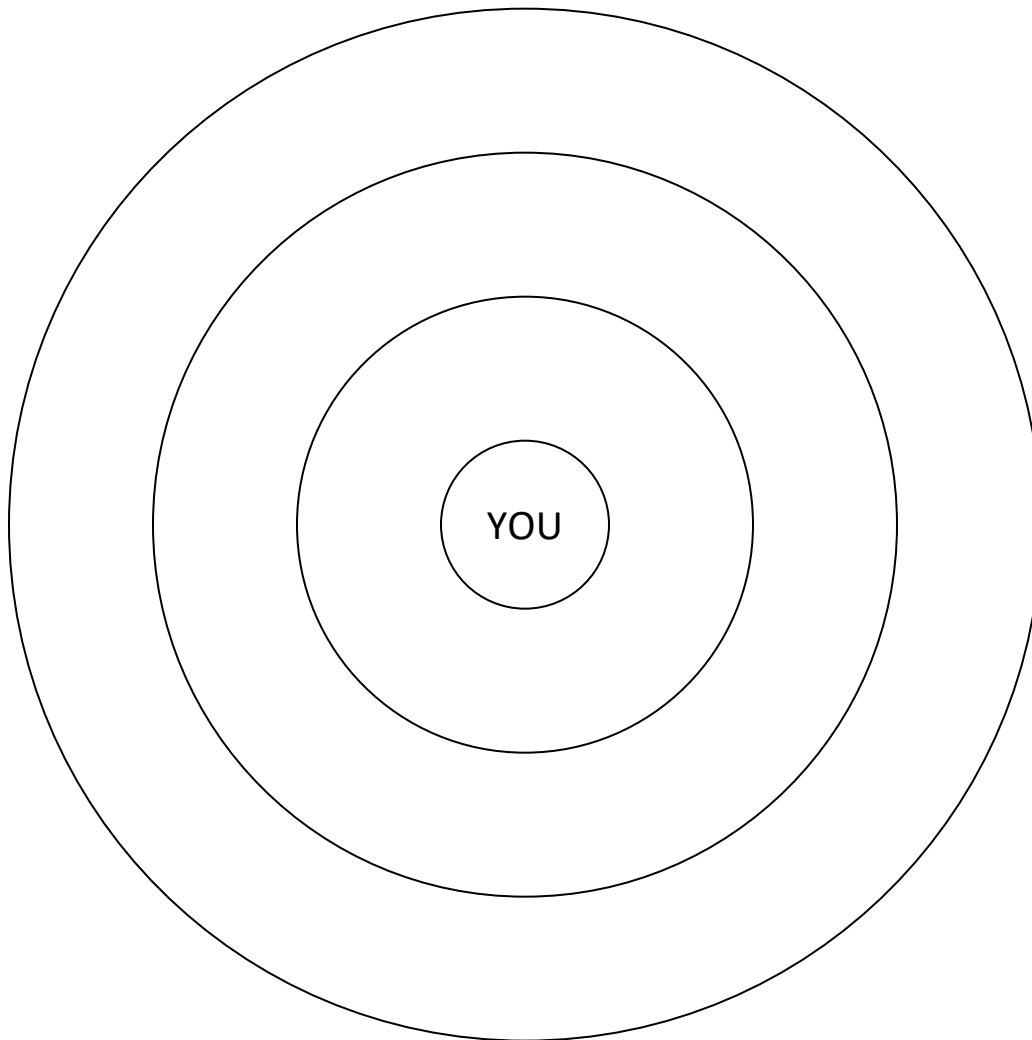
Exercise 2B

Injustice Gap

In your journey to reconnect with your values, you've got to cross the injustice gap. That means, you'll have to accept responsibility, without blaming your actions on others or blaming yourself for things outside of your control. Keep in mind that the injustice gap is not only in your mind; it is also in the mind(s) of the victim(s) of your offense. This complicates how we go about repairing relationships. Moreover, the amount of injustice resulting from an offense as perceived by a victim is often more than the injustice perceived by a perpetrator.

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

Imagine the severity of pain experienced by the victim(s) of your offense, and rate how severe you believe that pain is.

1	2	3	4	5	6	7
Mild			Moderate			Severe

An important part of forgiving oneself is honestly looking at what happened. People tend to fall into one of two ditches in the aftermath of an offense. One ditch involves trying to shift blame away from the self too much. You often hear people mention factors such as, "I was having a bad day" or "that person really made me mad." It can be good to acknowledge external factors that facilitated your behavior, but there are often elements of what happened that you and only you could have controlled. Denying responsibility is a movement away for honesty with oneself, and self-deception of any kind can undermine the process of healing.

The other ditch involves accepting too much responsibility. Sometimes bad things happen and in order to gain a sense of control, we adopt the false view that something was our fault. An extreme example might be someone who survives a deadly accident and feels survivor guilt. Even though logically the person may

know that he or she did not do anything wrong, part of that person's coping process may involve irrationally absorbing guilt and shame.

Strangely, we can sometimes fall in both ditches at the same time. For example, Sara recently went through a breakup. She really struggled to make sense of what happened. On one hand, she really struggled to hear some of the things that her partner identified as problems, such as her tendency to criticize when she felt anxious. Some of these things were too painful to accept, at least for now. On the other hand, she also tended to absorb too much blame for the relationship not working. She wanted to somehow work things out in her mind so that this terrible outcome could have been prevented. So Sara both displaced blame and absorbed too much blame, all at the same time.

So for the next few activities, we are going to spend some time trying to develop a more accurate sense of what happened. We want you to pay attention to how the pain you are experiencing may be causing some distortions in how you view the offense.

What are some ways that you might be avoiding taking responsibility for your role in what happened?

What are some ways that you might be absorbing too much blame for what happened?

With this tricky balance in mind, this section will help you consider possible factors that contributed to the event. On the scale below, rate the degree to which you think you are taking too little or too much responsibility for what happened. In addition, we want you to rate the victim's perspective and a completely objective third-party.

Your perspective:

Victim:

Objective:

1	2	3	4	5	6	7
Too little responsibility			Some responsibility			Too much responsibility

If you didn't have any pain or guilt or shame and you felt completely integrated and healed, how do you think you would understand your responsibility for the offense? How would you reconcile any differences in the three perspectives we asked you to consider?

_____

_____

_____

_____

Exercise 2C

Assessing the Hurts

Empathy is the key to forgiving others and ourselves. If you have empathy for others, you will respect them. Also, empathy for the experiences of people that you may have hurt will transform your feelings of guilt and shame into motivation to repair your relationships and build healthier interpersonal bonds not despite your failures but because of them. A relationship that has been tested and recovered is stronger than one that has never been tested! So, think about the time that **someone else** hurt you. Try to get back to how you felt around that period of your life so you can remember how you reacted to the hurt. Indicate each of the kinds of hurt you felt by placing an "X" in the spaces provided.

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

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

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

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

___   <u>Humiliation</u>: I lost every shred of pride and dignity I had.

___   <u>Betrayal</u>: My confidence was completely destroyed.

___   <u>Deception</u>: I was lied to, cheated on, or deceived.

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

___   <u>Separated, unconnected, or estranged</u>: I felt a loss of connection.

How are the reactions you described in Exercise 2C similar to what was felt by the person you harmed?

Exercise 2D
Elements of a Good Confession

It not only helps people you might have offended or harmed if you accept your responsibility, express a sincere apology, attempt not to offend or hurt them again, but it also helps you to make that confession. It is hard to confess your responsibility to others, but it shows yourself that you are serious about accepting responsibility for your actions. Below are six steps to forming a good confession. By writing out exactly what you plan to say, you can prepare to confess to people who experienced harm or disappointment as a result of the transgression you selected to address throughout this workbook. Write a sentence or two under each step to prepare your confession. Then, if possible and prudent, consider contacting those you have harmed to confess your wrongdoing.

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

Step Two: Apologize to all parties who were affected.

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

Step Four: Commit to an act that could restore relational equality.

Step Five: Make up your mind to sacrifice. To make up for what you did, it is necessary to make some costly sacrifices. Sacrifice in silence. Complaining about what you are doing or expecting recognition for it means you'll take away a lot of the power of the sacrifice.

Step Six: Make an explicit request of forgiveness.

What if you can't apologize and can't restore relational equality? Perhaps you hurt a stranger (this often happens with things like military combat, or accidents). You cannot ever really restore that relationship as it was. Or perhaps you did an irreparable harm to someone (i.e., damaged their reputation, was responsible for an injury, or harmed the person in a way that can't be healed or repaired). Are you stuck? No. You can still make an imaginary confession, pretending that the person is before you and you are talking to the person. To the extent that you can really get into the imagination, this will help. The mind and body cannot tell the difference between a very engaging experience in real life or in your imagination. So, you can promote some healing even if the person can't be addressed in person. If you are in this situation, try it now.

Did you write out or say aloud your confession? (If you do, it will have more impact.)

What is your evaluation of this? Did it help?

Exercise 2E
The Empty Chair Exercise

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

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

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

What kind of emotional response did your confession elicit?

Which steps stated in the previous exercise made the strongest impact on your transgression?

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

Exercise 2F

Dealing with Distress

In one scientific study of self-forgiveness, psychotherapist Mickie Fisher and Case Western Reserve University Professor Julie Exline (2006) concluded that excessive self-blame leads to psychological, social, and spiritual maladjustment. Excessive self-blame introduces a theme of rigidity to our lives that invades our thoughts, feelings, behaviors, and relationships. Have you ever noticed how hard it can be to connect socially when you can't forgive yourself? Does it seem like the people, things and events that once brought joy to your life have lost their luster? In our distress, we feel distant from people we value, stifled in our spiritual lives, and unable to accomplish our personal goals. Our inflexibility makes us incapable of achieving a stable sense of happiness. All we know is what we did, whom we wronged, and how badly we feel about it. While having high standards can motivate us to achieve great things, sometimes setting all-or-nothing goals (i.e. standards we either meet 100% or fail) causes us to feel like a failure much of the time. This pattern occurs if people hold themselves to higher standards than others or blame themselves for things not fully in their control.

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

Instructions for each item:

- Use each prompt to write at least one sentence about your offense.

1. We must accept appropriate responsibility for our actions.
     a. If I only had . . .

     b. If I only had not . . .

     c. I should have . . .

       d.   I wish that I . . .

       e.   I don't blame myself for…

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

       b.   I feel guilty because . . .

       c.   To show that I am sorry, I have apologized or confessed to a specific person who reacted by . . .

       d.   Based on the reactions of this other person (these other people), my feelings make me feel (more or less, circle which one if either) able to work toward forgiving myself because…

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

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

       c.   God, nature, or humanity forgives me because . . .

Reference

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

Step Three

Resolve to Live Virtuously

Step Three

Resolve to Live Virtuously

A conflict rages inside each of us. Although we are flawed, we are also capable of seeking virtue and goodness. Wrongdoing can cause people to morally disengage, to lose sight of their values, and to foreclose on any effort to lead a virtuous and good life. But it does not change the core of who we are. Therefore, we must instead responsibly forgive ourselves.

By responsibly forgiving ourselves, we set ourselves up to live a meaningful and purposeful life in the future. It is likely that immediately after the offense that you described in this workbook occurred, you felt like that experience was a strong influence on your current decisions and relationships. If you were starting something new or in a similar situation, your mind may have recalled your past failures and mistakes and that memory might have directed your present behavior. The final decisional component of self-forgiveness is ensuring that your present behaviors and choices are guided by what you think is most important in life and in your relations (i.e., your values) rather than being determined by simply your past experiences.

In the following exercises, you will be asked to clearly identify your values and to think about simple and practical ways that you can incorporate those values into your life. You will also be encouraged to reflect on your past experiences from a new perspective – a growth oriented perspective that shows just how far you've come!

Exercise 3A

Learning from Mistakes

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

What have you learned before that helped you deal with times when you were challenged to live according your values?

What have you learned from the offense that you described for the purpose of this workbook?

What positive consequences have resulted from your offense?

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

EXERCISE 3B

Reconnecting to What's Important

Instructions: Personal values are the things that you value most in life. Even though we may not talk or think overtly about our personal values, they guide our choices by giving us a sense of purpose and meaning in life. In the space below, identify your Top 5 personal values and write a brief sentence about what each value means for you. If you're stumped, look at the next page for a list of common values from which you might choose.

Value	What It Means to You
Ex.) *Integrity*	*It is important to me to keep my word.*
1)	
2)	
3)	
4)	

5)	

Once you have identified your Top 5 values and what they mean to you, share about how you could incorporate your values into your "New Normal" with a member of your group, a therapist, or a significant other in your life.

Common Personal Values

Below is a list of values that people sometimes have. You can select values from this list, or you can use this list to help generate your own ideas

Autonomy	Humility	Relationships
Balance	Humor	Reliability
Benevolence	Imagination	Resourcefulness
Compassion	Independence	Respect
Confidence	Integrity	Responsibility
Courage	Justice	Righteousness
Creativity	Kindness	Sacrifice
Duty	Leadership	Self-control
Empathy	Love	Self-discipline
Equality	Loyalty	Service
Faith	Money	Spirituality
Fairness	Nature	Stewardship
Family	Openness	Teamwork
Forgiveness	Parenthood	Thankfulness
Freedom	Peace	Tolerance
Forgiveness	Patience	Trust
Gratitude	Patriotism	Truth
Growth	Perseverance	Understanding
Honesty	Privacy	Vitality
Hope	Prosperity	Wisdom

Step Four

Rethink Rumination

Step Four

Rethink Rumination

In Steps 1, 2, and 3 of the workbook, you've decided to affirm your values that were violated by the offense that you described. You've decided to take responsibility for the offense and its consequences. You've decided to make amends by apologizing, seeking forgiveness, and offering restitution to the extent that it is safe, prudent, and possible to do so. And, you've decided to learn from your mistakes by living according to your values in the future.

In Steps 4, 5, and 6, you will focus on the emotional experience of self-forgiveness. This entails replacing negative emotions directed at yourself with positive emotions. You will begin to work on experiencing the emotional restoration of positive self-regard. Specifically, you will focus on rumination. Rumination is a pattern of thinking in which people passively and repetitively obsess about an offense and its consequences. Individuals who struggle to forgive themselves ruminate on memories of their past mistakes, rigidly adhere to unattainable perfectionistic standards, and have anticipatory anxiety in which they fear being unable to live according to their values in the future.

Rumination has been linked to an array of problems. It intensifies and prolongs distress; it inhibits problem solving, and it weakens social support. Rumination has also been associated with feeling anxious and depressed. In the aftermath of perpetrating an offense, people who ruminate about something they did dwell on emotion-based questions and get stuck in unproductive patterns of thinking. When we ruminate, we focus on and exaggerate the worst parts of our lives.

Rumination is a repetitive problem. The word "ruminate" comes from the Latin word *ruminare*, which means "to chew again." In fact, a similar word is used to describe a type of mammal, like a cow, goat, or sheep, that breaks down its food by regurgitating previously swallowed food (known as cud) to chew it again. Likewise, although failures and mistakes are an inevitable part of life, people sometimes mentally "regurgitate" and "chew on" their problems again. When we ruminate about our failures and mistakes, it costs us dearly. <u>Rumination is a link that binds our past experiences to our present choices</u>. When we ruminate, the influence of our past experiences on our current mood and relationships becomes even stronger.

We also include in this step an evaluation of the expectations you are trying to meet. Rumination is closely linked to perfectionism – that is, the tendency to hold yourself to excessively high standards that are rarely met. Do you expect perfection from yourself? If so, those expectations are probably not realistic, and part of your process to gain a new sense of positive self-regard will be discovering that you are an imperfect but incredibly valuable person.

Both rumination and perfectionistic standards are part of the psychological self-repair you need to address. Whereas we focused on repairing social and spiritual damage that sometimes results from perpetrating wrongdoing against another person, the current step considers a third area of repair— your own psychological self-repair.

Exercise 4A
Assessing Faulty Beliefs and Processes

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

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

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

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

1	2	3	4	5	6	7
Mild			Moderate			Severe

Catastrophizing – inflating the negative consequences of our actions

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

1	2	3	4	5	6	7
Mild			Moderate			Severe

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

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

1	2	3	4	5	6	7
Mild			Moderate			Severe

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

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

1	2	3	4	5	6	7
Mild			Moderate			Severe

Discounting Progress – discounting the good news you hear

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

1	2	3	4	5	6	7
Mild			Moderate			Severe

Exercise 4B
A Thought Experiment

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

What mood or emotion does this memory inspire?

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

What mood or emotion does this memory inspire?

As you can see, how you think can affect how you feel. In fact, psychologists refer to *experience-dependent neuroplasticity* as your ability to strengthen specific circuits in your brain by participating in certain activities. If you spend your time ruminating, then the circuits activated by unpleasant experiences will be the strongest. However, if you train your brain to think about your ability to learn from your mistakes, to make use of opportunities for growth, and to respect yourself, then these circuits will strengthen.

Exercise 4B

Strategies to Rethink Rumination

Next, you need an action plan so that the next time you notice a ruminative thought, you can quickly take control.

1. First, recognize your repeated patterns and change them – patterns of thinking, not single thoughts, produce the greatest impact on your emotions. Write an example of a ruminative thought you sometimes have.

_____

_____

2. Second, learn to interrupt the flow of ruminative thoughts. The longer you wait to interrupt, the more difficult it will be. For example, try a breathing exercise. Instead of ruminating, place your hand on your stomach, take a deep breath in through your nose so that you feel your diaphragm push your hand out, slowly exhale through your mouth, and repeat.

3. Be aware of what won't help – Think about what to do rather than what not to do. You can't simply not think about something negative; you must replace it with something else. Instead of telling yourself to avoid certain thoughts, be prepared with positive thoughts that you may focus on when ruminations arise. List three positive thoughts that you could say when your ruminative thoughts return.

    a.

    b.

    c.

4. How to Change – Changing your perspective is difficult. You must decide that you will try to improve, practice, set definite goals, monitor progress, and stay committed.

Step Five

REACH Self-Forgiveness

Step Five

REACH Emotional Self-Forgiveness

Self-forgiveness doesn't happen overnight. Even though you've already made a sincere decision to try to forgive yourself for the offense, you might still experience self-condemning emotions such as guilt, shame, sadness, fear, or anger. For this reason, we distinguish between decisional and emotional self-forgiveness. Making a decision to affirm your values is an important part of the process of responsible self-forgiveness. However, it is unlikely that you will feel immediately better after deciding to affirm your values. Making a decision is the first step, and you must strengthen your decision by working toward emotional self-forgiveness.

Thus, the fifth step in the self-forgiveness process is to REACH Emotional Self-Forgiveness. This involves using elements of the REACH Forgiveness method, which has been used to successfully promote forgiveness of others in victims of harm across the globe (Wade, Hoyt, Kidwell, & Worthington, 2013). The following exercises are designed to help you replace self-condemning emotions with positive, growth-oriented emotions. Although you may not have been ready to emotionally forgive yourself prior to starting this workbook, you are now in a better position to do so given that you have identified an offense (Step 1), accepted responsibility for your actions and tried to make amends (Step 2), and made a plan to live according to your values in the future (Step 3). To the extent that you have moved forward through these previous steps with thoughtful attention and concentrated effort, it is possible now for you replace those negative self-condemning emotions with a positive sense of self.

One of the most replicated findings of the scientific literature on forgiveness is the connection between emotional forgiveness and health. Chronic condemnation of self and others threatens our health. It is stressful to harbor negative emotions, especially when people and situations function as triggers of that condemnation. When we constantly condemn ourselves or others we experience more depression and hostility, less satisfaction with life, and are at higher risk for cardiovascular and immune system problems. Some evidence even suggests that forgiving yourself is related to mortality in some cases (Krause & Hayward, 2013). So, in replacing self-condemning emotions with self-forgiving emotions you respect yourself by acknowledging that your mistakes make you no less valuable as a person.

Exercise 5A
Finding Forgiveness

People use similar methods to reduce injustice that results from being hurt or hurting others. But, not all approaches are ultimately beneficial. Several attempts to reduce injustice are described below. Two options are accurate definitions of forgiveness. Other descriptions are not quite right or are obviously wrong. Circle the correct definitions of self-forgiveness.

1.   Telling yourself that what happened wasn't that bad and moving on

2.   Forgetting that anything bad happened and pushing the event or relationship out of your memory

3.   Restoring trust to your relationship

4.   Accepting an excuse or explanation for what someone did or is doing to you

5.   Emotional restoration of a positive sense of self

6.   Tolerating negative things that you do or continue to do

7.   Blaming and confronting the person who hurt you

8.   Getting someone who hurt you to believe that everything is still okay

9.   Letting the person you hurt get even with you

10.   Deciding to connect with and affirm your violated values

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

1. **Denial** is a poor response. If you hurt someone, the denial almost never works. The hurt keeps resurfacing and you never seem to be free of it.

2. **Forgetting** is impossible. A memory has been formed. The memory may shift with time. It may change. But you simply won't be able to completely forget. The disturbing part of *trying* to forget is that the harder you try, the less you will succeed.

3. **Reconciliation** occurs when we restore trust in a relationship after an offense occurs. This is not forgiveness. You can *forgive* and reconcile the relationship or *forgive* and not reconcile if reconciliation is dangerous or impossible.

4. **Excusing** (whether a valid excuse or explanation or an inadequate one) is not forgiving the person for hurting you and may set you up for further disappointment.

5. ***Emotional forgiveness*** *occurs when you experience emotional restoration of a positive sense of self.*

6. **Tolerating** negative things will prevent you from learning from your mistakes.

7. **Blaming** a person or yourself for harm acknowledges the person's guilt but keeps negative feelings at the forefront. Confronting the person or yourself, which is directly talking about a hurt, might help the relationship (if the confrontation is done gently and received without reservation). Confronting the person might also damage the relationship if it is not done well.

8. **Deception** is getting someone you hurt to believe everything is okay.

9. R**evenge** is getting even. It's punishing yourself not forgiving yourself.

10. ***Decisional forgiveness*** *occurs when you decide to affirm your violated values by taking responsibility and making amends.*

Exercise 5B
Altruistic Gift of Self-Forgiveness

Emotionally forgiving yourself is like giving yourself a gift. As we mentioned previously, scientific evidence suggests that people who practice self-forgiveness have better mental health, report fewer physical health problems, and have higher quality relationships. But, you must see yourself as worthy to receive such a gift. In the space provided, imagine that you are writing a letter to yourself to accompany your gift of self-forgiveness. What would you say to let yourself know that they are worth the value of the gift that you have chosen to give? Write at least 4-5 sentences to explain the gift and state why it is important to you to give the gift.

Dear _____ (your first name),

Exercise 5C
Commit to Emotional Self-Forgiveness

Now that you've given yourself the gift of self-forgiveness, you can commit to the change that is taking root in your thoughts and emotions. Although occasional feelings of guilt or shame may surface when you encounter a trigger (e.g., the victim of your offense), the offense and associated distress will no longer direct your thoughts or behaviors. In order to symbolize this change, do the following.

1. Use a pen to write a brief description of your offense on your hand. You might write a single word such as "HURT, GUILT, SHAME, etc."

2. Now try to wash it off by washing your hands with soap and water. Were you able to get all of the ink off? Although most of the ink has faded, can you still see the outline of what was written?

Instructions: Answer the following questions about your experience.

How might washing the ink from your hands symbolize the self-forgiveness process that you have engaged in over the course of this workbook?

What is needed for the residual ink to be washed away?

Step Six

Rebuild Self-Acceptance

Step Six

Rebuild Self-Acceptance

Victory is hard-won in the battle for self-forgiveness as a way of reducing or eliminating self-condemnation. And, one of the most difficult battles is learning to accept yourself as a flawed but valuable person. We must ask ourselves, "How do I accept myself as valuable when I am more flawed than I ever believed to be possible?

Self-condemnation threatens how we think about ourselves. It drives a wedge between who we are and who we want to be – our real self and our ideal self. This problem arises for multiple reasons. First, it is possible that we believe we are no longer able to live up to our own or others' standards or expectations. For example, consider the anguish of a soldier whose wartime actions violate previously held moral beliefs. Many people live with the assumption that they are a good person or believe that they are doing the right thing, and in a moment life goes off the tracks and we've done something that we never thought we could do. We realize that we are capable of doing something that we never thought would happen (e.g., cheating on a romantic partner). A second reason why self-condemnation can cause problems is one might initially see oneself as better than one actually is. Perhaps a parent has sufficiently provided for his or her family in the past but is now no longer able to do so (whether by loss of job, consequence of physical disease or disability, etc.). When transgressions cause us to foreclose on life, a distorted self-concept is at the foundation of our problem.

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

Exercise 6A

Where You've Been

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

Describe an important success in your life.

How has this experience shaped your perspective?

Describe an important failure in your life.

How has this experience shaped your perspective?

In what ways did you learn from these past experiences?

Exercise 6B
What Makes You Valuable?

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

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

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

What makes you valuable in spite of your mistakes?

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

Now try an exercise to challenge self-criticism. There can be several strategies to develop self-compassion, either by practicing kindness towards the self, exercising common humanity (noting how many people make mistakes), and mindfulness (acknowledging internal states without judgment).

Pick a self-critical thought around the event you are trying to forgive. Next, write challenges to the thought based on self-kindness, common humanity, and mindfulness. See the example to help you.

Self-critical thought	Exercising self-kindness	Exercising common humanity	Exercising mindfulness
I did poorly on the exam because I am stupid, useless, and underserving of happiness.	*Not doing well on that exam does NOT make me a bad person*	*Everyone fails something at some time, and they aren't lesser people. Failure can promote growth.*	*The times when I do not do well need to be viewed as part of a larger picture of what I have achieved and who I am*

From Egan et al. (2014)

Exercise 6C

Person in the Mirror

Look at yourself in the mirror. What you see is the face of a person who has been hurt and at the same time the face of a person who has hurt others. You see the face of a person who has felt guilt directed toward their behavior or shame directed toward yourself. But, you also see the face of one committed to resisting self-condemnation and strive for self-compassion.

Has your commitment to completing this workbook and to resolving your offense in particular changed how you see yourself? If so, how?

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

2. Being able to accept yourself as a valuable person, though you see the flaws and failures, is not just a state of feeling okay about yourself. It is a skill. You can get better at that skill if you practice it. It's like any other skill. At first, we aren't good at it. As we practice, we can improve.

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

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

Resources for Georgia State Students

If the process of completing the workbook stirred up experiences difficult to manage, please know that resources are available for you as a Georgia State Student.

Note that one service available to you is the Georgia State University Counseling Center. They can be reached by calling 404-413-1640. They are located at 75 Piedmont Ave, N.E. (Next to the University Commons), Counseling and Testing Center, Suite 200A.