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Everett L. Worthington, Jr.
Michael Wenzel · Brandon J. Griffin
Editors

Handbook of the Psychology of Self-Forgiveness

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Abstract

Self-forgiveness is one method by which people process self-condemnation in the aftermath of perceived wrongdoing or failure. When people seek to resolve self-condemnation, they attempt to reconcile conflicting identities—one who accepts personal responsibility for violation of a socio-moral value and experiences consequent emotions like guilt and shame, as well as one who seeks self-acceptance through release of distressing emotions directed at the self. For this reason, the challenge of forgiving oneself is to both accept responsibility for a perceived violation and accept oneself as a person of value. In this prologue we outline what to expect in this volume on the psychology of self-forgiveness. We preview the chapters in which expert researchers and clinicians offer their views on self-forgiveness, conceptual models that guide research and practice in different areas, and agendas for future research and practice. We identify ten themes to keep in mind when reading this book. Overall, we hope that readers will appreciate the many roles of self-forgiveness in personal well-being and interpersonal relationships.

Preface: What's So Difficult About Self-Forgiveness?

> *"It's important to forgive."*
> *"Who do you have the most difficult time forgiving?"*
> *"Myself."*
>
> *-Humans of New York, April 24, 2014.*

Scientific interest in self-forgiveness arises from the lived experience of people who find that sometimes the hardest person to forgive can be yourself. Throughout life people find themselves in situations where they feel responsible for suffering or unwanted outcomes received by either others or themselves. Parents face regret for hurts suffered by their children, as a result of either their own actions or their failure to prevent harm to their children. Couples develop relationship problems, have affairs, fail to work on their marriage, and divorce or break up. Workers can commit wrongdoing in the workplace and can wrong or hurt fellow workers, leading to reduced productivity and poorer morale. The wars in Afghanistan and Iraq have produced numerous veterans, many who have perpetrated, failed to prevent, or witnessed events that violate their deeply held personal beliefs (i.e., moral injury). And of course people commit criminal offences, engaging in violence and other illicit acts, victimizing individuals or entire communities. In short, life is about regrets—doing what we should not do and not doing what we should do. Only the conscienceless are immune.

The experience of having committed a wrong or not done what is right can result in lingering feelings of condemnation and resentment toward the self. Often feelings of shame, guilt, remorse, or regret persist even after a period of punishment by others or oneself, or even after receiving forgiveness from others and feeling forgiven by whatever one considers to be sacred. In the short term, painful emotions can be functional. Emotions like guilt and shame can help us navigate life, if they are meaningfully interpreted as motivators to reconcile with those affected by our behavior and to facilitate social belonging. However, when self-condemnation is pervasive and chronic, people can experience diminished self-worth. They may

punish themselves in an attempt to cope with offence-related experiences. They deny themselves pleasure, isolate themselves from others, and sometimes harm themselves. Unresolved guilt, shame, anger, and disappointment can also lead to cycles of defensive avoidance or externalization of rage that cripples development and functioning of healthy relationships. In contrast to strategies to cope with wrongdoing by either accepting responsibility or prioritizing oneself over others, forgiving oneself entails accepting responsibility for violation of a socio-moral value while also accepting oneself as a person of value. In this way, self-forgiveness enhances our sense of belonging and esteem when perceived wrongdoing or failure threatens these essential psychological needs. Many bright scholars have reflected for years about these issues.

What to Expect

In its entirety this volume represents a far-reaching and thorough investigation of self-forgiveness from numerous psychological perspectives. It is not without puzzles, contradictions, and debates—nor should it be. In the pages that follow, we count the raising of issues, unanswered questions, and unsolved mysteries as equally important as providing a seminal foundation for sound empirical investigation and clinical application of self-forgiveness. In this chapter we provide an overview by tracing the development of the psychology of self-forgiveness through the stages of empirical science as described by Rozin (2001).

First, we seek to define and describe self-forgiveness as a phenomenon. Necessarily, we must accurately measure it. Measurements have paralleled the various ways self-forgiveness has been defined and described. We assess the generalizability of self-forgiveness as well as what distinguishes it from alternative ways of responding to wrongdoing. As will become apparent in Part I of this handbook, which we devote to the understanding of self-forgiveness, much work has been done in this regard. The continuing controversy and lingering questions about definitions, measurement, and empirical associations should open readers' minds to new areas of investigation.

Second, after science defines and describes a phenomenon, it aims to understand by what mechanisms and under what conditions a phenomenon manifests. What are the antecedents of self-forgiveness? What effects does it produce? As sophistication of understanding increases, scientists begin to identify what processes are involved (i.e., mediators) and what conditions change (i.e., moderators) the way the phenomenon unfolds. Innovative and sophisticated work has sought to identify the causes and consequences of self-forgiveness, which are reviewed in Part II of this volume. Due to the complexity of self-forgiveness much more work is needed, and the contributions in Part II provide avenues toward further advances in our understanding of self-forgiveness as it relates to personality, physiological, psychological, relational, and religious/spiritual constructs.

Finally, besides having described the phenomenon of self-forgiveness, worked out ways to examine and measure it soundly, and started to understand how it operates in relation to other constructs of interest, scientists also consider scientifically informed interventions in the clinic and in society. Indeed, some clinicians have already begun to apply what we know about self-forgiveness processes based on their clinical experience. Others have begun to integrate their clinical and scientific understandings in broader fields than the counseling room, often using basic or action-oriented research to do so. Both types of approaches—clinically-initiated and research-initiated (in clinical laboratory or community)—can lead to developing evidence-based interventions, which are then disseminated to the mental health community after numerous efficacy and dismantling trials. Scholar-practitioners offer several models of self-forgiveness intervention delivered via modalities such as individual, group, and self-directed treatments in Part III and discuss broader applications to specific clinical contexts and presenting issues in Part IV.

Overview of the Book

In this preface, we provide an overview of the handbook. We briefly walk you through a part-by-part, and chapter-by-chapter summary of the topics that the scholars in this book will review. We applaud the group of international scholars represented within these pages whose content expertise, methodological rigor, and diverse theoretical perspectives comprise the foundation of the empirical literature on the psychology of self-forgiveness.

Part I: Understanding Self-Forgiveness

In the first part of this book we provide a framework for understanding the need for self-forgiveness. Here there are several questions a reader may want to consider. What psychological processes (emotions, motivations, needs, cognition, etc.) give rise to self-forgiveness? How might self-forgiveness be measured? Is self-forgiveness beneficial and, if so, in what contexts? Are there conditions under which selfforgiveness might be problematic? These questions form the basis of the first phase of empirical research to define and describe the phenomenon of self-forgiveness.

The editors begin by exploring the past and future of the science of self-forgiveness in the chapter "Orientation to the Psychology of Self-forgiveness." You should get a historical sense of how the psychology of self-forgiveness has developed from this orienting chapter to provide a contextual background for your reading of the rest of the book. Next, while much has been written on the topics of shame and guilt, we present two contributions that broaden understanding of guilt and shame as they relate to self-forgiveness. In the chapter "Understanding Shame and Guilt," Leach

reviews recent advances in our understanding of shame and guilt. In the chapter "An Evolutionary Approach to Shame-Based Self-Criticism, Self-Forgiveness, and Compassion," Gilbert and Woodyatt explore the cultural, physiological, and functional-evolutionary underpinnings of experiences of shame, guilt, and self-blame.

Fundamental psychological needs can become disrupted through feeling that one has committed a transgression or failed to meet an important standard or expectation. In the chapter "Working Through Psychological Needs Following Transgressions to Arrive at Self-Forgiveness," Woodyatt, Wenzel, and de Vel-Palumbo explore needs of agency and communion that arise when we perceive ourselves to have done wrong, how these then can form barriers to self-forgiveness, and pathways to address these needs. In the chapter "Repairing Meaning, Resolving Rumination, and Moving toward Self-Forgiveness," Graham, Morse, O'Donnell, and Steger investigate the need for purpose and meaning. They address how cycles of rumination can occur and can be repaired by self-forgiveness in the aftermath of threat to meaning.

Part II: The Causes and Consequences of Self-Forgiveness

The second part of the handbook is devoted to discussions of how self-forgiveness is associated with personality, physiological, psychological, relational, and religious/spiritual constructs, and under what conditions it is beneficial. In the chapter "The Measurement of Dispositional Self-Forgiveness," Strelan describes self-forgiveness as a disposition and its association with personality and individual differences. Toussaint, Webb, and Hirsch adapt a stress-and-coping model to investigate the association between self-forgiveness and physical health in the chapter "Self-Forgiveness and Health: A Stress-and-Coping Model." Massengale, Choe, and Davis, in the chapter "Self-Forgiveness and Personal and Relational Well-Being," review the association of self-forgiveness and subjective well-being. Given the frequency with which people condemn themselves for their actions in the context of close and continual relationships, Pelucchi, Regalia, Paleari, and Fincham examine processes of self-forgiveness within romantic dyads in the chapter "Self-Forgiveness Within Couple Transgressions." Exline, Wilt, Sauner, Harriott, and Saritoprak highlight when transgressions and failures are perceived as desecration of one's religious/spiritual values in the chapter "Self-Forgiveness and Religious/Spiritual Struggles." Finally, in the chapter "The Dark Side of Self-Forgiveness: Forgiving the Self Can Impede Change for Ongoing, Harmful Behavior", Wohl offers critical insight into contexts where self-forgiveness may not be beneficial, with a discussion of self-forgiveness and the process of behavioral change.

Part III: Applications of Self-forgiveness in Psychopathology and Psychotherapy: Models and Modalities of Intervention

As the basic science of self-forgiveness proliferated, it eventually grew to support a still limited but promising applied self-forgiveness science. Thus, in the third part of this book, innovative clinical scholars discuss different models and modalities of self-forgiveness intervention. Cornish and Wade take an individual therapy approach in chapter "Self-Forgiveness in Individual Psychotherapy: Therapeutic Models and Counseling Outcomes." Worthington, Griffin, and Wade outline approaches to group-based interventions to promote self-forgiveness in the chapter "Group Intervention to Promote Self-Forgiveness." Glenn, Moon, Paine, Wolff, and Sandage discuss self-forgiveness intervention within couple and family therapy in the chapter "Self-Forgiveness in Couple and Family Therapy." And, in the chapter "Self-Directed Intervention to Promote Self-Forgiveness," Griffin, Worthington, Davis, and Bell explore self-directed interventions designed to promote self-forgiveness as an alternative to traditional modalities of treatment.

Part IV: Applications of Self-Forgiveness in Psychopathology and Psychotherapy: Clinical Applications to Specific Domains

In Part IV of this volume, authors with diverse areas of expertise in a range of clinical presentations discuss the application of self-forgiveness to a range of clinical and subclinical psychopathologies. In the chapter "Self-Forgiveness and Military Service: Equipping Warriors to Combat Moral Injury," Griffin, Worthington, Danish, Donovan, Lavelock, Shaler, Dees, Maguen, and Davis discuss the clinical application of self-forgiveness in military health, especially for service members exposed to morally salient traumatic stressors. DiBlasio explores why people with personality disorders may experience barriers to self-forgiveness and pathways to self-forgiveness through understanding theorized neurobiological components of their diagnosis in the chapter "Self-Forgiveness and Treating Personality Disorders." Hirsch, Webb, and Toussaint investigate self-forgiveness and condemnation in the context of self-harm and suicidal behaviors in the chapter "Self-Forgiveness, Self-Harm, and Suicidal Behavior: Understanding the Role of Forgiving the Self in the Act of Hurting One's Self." In the chapter "Self-Forgiveness, Addiction, and Recovery," Webb, Hirsch, and Toussaint examine self-forgiveness in the context of substance addiction and recovery, and Mosher, Hook, and Grubbs explore self-forgiveness in the context of behavioral addiction to sex (i.e., hypersexual behavior) in the chapter "Self-Forgiveness and Hypersexual Behavior." Next, in the chapter "Self-Forgiveness at Work: Finding Pathways to Renewal When Coping with Failure or Perceived Transgressions," Woodyatt and Cornish discuss industrial/organizational application of self-forgiveness in the workplace, especially as it relates to burnout. Within the context of religious/spiritual communities, Webb,

Hirsch, and Toussaint examine the role of spiritual direction or pastoral-related care in promoting self-forgiveness in the chapter "Self-Forgiveness and Pursuit of the Sacred: The Role of Pastoral-Related Care." Finally, in the chapter "Self-Forgiveness in Older Adulthood," Windsor explores self-forgiveness as it relates to aging. We as editors conclude the book by charting some of the many current and future directions for self-forgiveness in research and practice. Our conclusions, though, only touch the tip of the iceberg. We are sure that alert readers will be stimulated to find their own relevant research and practice agendas from the fertile fields reviewed by the scholars within this volume.

Ten Things to Look for as You Read

Assess Yourself

Now that you understand the organization of this book, we suggest ten items to keep in mind as you read these excellent review chapters. First, assess your own beliefs about self-forgiveness prior to reading the book. As cognitive psychology tells us: Regardless of how fair we attempt to be, we all have self-confirming biases. So, steel yourself to keep an open mind as you encounter the various reviews.

Meanings, Measures, and Methods Can Determine Outcomes

Second, pay close attention to the definition of self-forgiveness that the author(s) of each chapter endorses. We have emphasized a two-factor understanding as necessary to defining self-forgiveness in a way that differentiates it from simply letting oneself off the hook for wrongdoing. This requires attempts to accept responsibility and make amends for the wrongdoing and also a change in emotional experience away from regret, remorse, shame, guilt, and self-condemnation. Together these changes lead to reaffirming one's moral commitments and regaining emotional equanimity. While we believe the psychological science will eventually support at least these two factors, we are aware that we have our own cognitive biases. So, we urge you to take seriously the varieties of understanding of self-forgiveness. Third, pay attention to the measures that are used in each author's review. Some emphasize responsibility; others, emotional restoration; others something else. Do not be misled into thinking that because two measures both purport to assess self-forgiveness, they are actually assessing the same thing. Measures often support researchers' definitions and often predetermine the conclusions because of what they do and don't measure.

Evaluating the Evidence

Fourth, be alert to whether the theoretical models are clinical models (which are prescriptive) or models seeking to understand how self-forgiveness is experienced naturally. Fifth, with clinical or applied models, look closely for the source of authority. Is the model based primarily on one person's clinical observations and acumen, one theoretical perspective, one definition, or on correlational or experimental studies? Uncontrolled clinical observations can be valuable—just look at Sigmund Freud and Jean Piaget for support of that truth. But, scientific methods do help control biases by bringing multiple perspectives (i.e., author, editor, reviewers, other scientists) to bear on the data and observations. Does the research consist of case studies, small-*N* qualitative in-depth studies, uncontrolled treatment studies, randomized controlled trials (ask yourself, what is the alternative treatment?), effectiveness trials in the community, or dissemination trials (we'll tell you up front that the burgeoning applied science of self-forgiveness includes none of these)? Sixth, who are the participants in the studies? Do the processes depend specifically on the particular group that is sampled? To what degree have the same or different findings been uncovered by different labs with different methods, and to what degree are all of the studies coming out of a single lab, with a single method, with the same outcome measures? Seventh, what is the overall degree of strength of evidence supporting a conclusion?

Juggling Just Judgments

Eighth, overall, what do you think the weight of evidence is when judging the methods, findings, and all of the other factors we've asked you to think about? Ninth, to what degree are the authors seemingly acting as advocates for a particular finding or method and to what degree do the authors seem to fairly evaluate the evidence? (Note, that authors can be eminently fair and still arrive at a conclusion that strongly supports a point of view, so do not judge simply by the conclusion but by the way they treat the evidence.) Tenth, to what degree have your initial ideas about self-forgiveness changed as a result of your reading? Harken back to your initial self-evaluation and assess all of the new insights you gained through interacting with these scholars.

Conclusion

In summary, we sincerely hope that the *Handbook of the Psychology of Self-Forgiveness* will connect you to the science exploring one of the most fundamental aspects of being human—that is, coping with our wrongdoing and failure—and the

practice of self-forgiveness in your life, the lives of others you might know, clinical practice, and wider social applications. It is our privilege to bring to you the reflections of some of the sharpest minds in psychological science and clinical practice, who have devoted their time, energy, and intellect to understanding self-forgiveness. We believe that the contributions of these authors not only provide insight into the current state of our knowledge, but perhaps more importantly direct us to aspects and applications of the self-forgiveness process that remain unknown.

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Part I
Understanding Self-Forgiveness

Orientation to the Psychology of Self-Forgiveness

Lydia Woodyatt, Everett L. Worthington Jr., Michael Wenzel, and Brandon J. Griffin

Orientation to the Psychology of Self-Forgiveness

This chapter is a guide to understanding what self-forgiveness is and the broad state of psychological research that relates to self-forgiveness. While the body of literature investigating self-forgiveness is still in its early development, this chapter will touch on the key theories, movements, empirical work, and unexplored questions. You will see that the research is not without its controversies. There remain many rich areas for innovation and discovery. Consistent with the format of this book, we first consider early observations of self-forgiveness, and contexts within which self-forgiveness has been examined. We discuss early definitions of self-forgiveness, and we describe how these have shifted over time. We then discuss how self-forgiveness has been operationalized and measured. Finally, we review processes of self-forgiveness and clinical approaches that are emerging in the field. If you are unfamiliar with self-forgiveness research, this chapter will familiarize you with some key ideas you will encounter throughout the literature on the psychology of self-forgiveness. If you are an expert in the field, we hope this broad chapter will stimulate your thinking about the overarching issues and exciting future directions.

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Origins of the Empirical Science of Forgiveness

Self-forgiveness was a lay term in common usage long before the recent explosion of scientific research. A quick internet search offers more on the topic than one could possibly read (approximately 5,020,000 hits in 0.35 s). Despite this wide lay interest, the science of the psychology of self-forgiveness is relatively new. Its emergence can be traced to the early to mid-1990s. In the earliest years, however, the systematic exploration of self-forgiveness primarily occupied the thoughts of philosophers (Dillon, 2001; Holmgren, 1998; Mills, 1995; Snow, 1993), with only a single phenomenological study (Bauer et al., 1992) and an early measurement of trait self-forgiveness (Mauger et al., 1992) by psychologists.

The prelude to the empirical investigation of self-forgiveness was a conceptual article written by Enright and The Human Development Study Group (1996). This article described the forgiveness triad, which the authors saw as three interrelated aspects of dealing with moral transgressions. Importantly, the emphasis was on *intervening* to help people forgive others, receive forgiveness from others, and forgive oneself. As an intervention process, it is prescriptive, not descriptive. That is, the process guided psychotherapy patients through a series of steps to arrive at a therapeutic endpoint. However, the process that one experiences in psychotherapy, counselling, or psychoeducation often substantially differs from the natural progression of a phenomenon. That basic psychological science of self-forgiveness remained relatively unexplored for several years. Although Enright and colleagues never empirically studied the proposed theory of intervention, their article provided a foundation for the approaching explosion of scientific interest in forgiveness.

In 1997, the John Templeton Foundation funded a Request for Proposals (RFP) on forgiveness that propelled its empirical study. An incredible amount of knowledge was gained that described, predicted, and experimentally manipulated forgiveness of others specifically. None of the funded projects dealt with self-forgiveness. What that RFP accomplished was to engage numerous scientists in research on various aspects of forgiveness. But, by 2005, it was clear that, as Hall and Fincham (2005) noted, self-forgiveness had become the neglected stepchild of forgiveness research, receiving little scientific attention. For instance, only 34 entries in *PsycINFO* from 1971 to 2005 (retrieved April 12, 2017) examined self-forgiveness relative to almost 1100 studies that existed on forgiving others at the time (for a bibliography, see Scherer, Cooke, & Worthington, 2005). Research on self-forgiveness began to accumulate in the second decade of the twenty-first century. From 1971 to 2011, only 93 articles, dissertations, or chapters had been published (~2 per year), but from 2011 to April 2017, 124 (~about 20 per year) studies of self-forgiveness were published.

Scope of Psychological Research on Self-Forgiveness Today

To date self-forgiveness has been examined across a range of contexts. It has been related to drug and alcohol addiction or use (Gueta, 2013; McGaffin, Lyons, & Deane, 2013), mothering (Gueta, 2013), smoking (Wohl & Thompson, 2011), gambling

(Squires, Sztainert, Gillen, Caouette, & Wohl, 2012), and disordered eating (Peterson et al., 2017). It has been studied in population groups including cancer patients (Toussaint, Barry, Bornfriend, & Markman, 2014), people living with HIV/AIDS (Mudgal & Tiwari, 2015), military service members (Bryan, Theriault, & Bryan, 2015), hypersexual disorder patients (Hook et al., 2015), and complex trauma survivors (Worthington & Langberg, 2012). The ways self-forgiveness has been examined and the impact of self-forgiveness in these contexts have varied from study to study.

Self-forgiveness has been observed with a range of demographic factors. In terms of age, self-forgiveness research has been largely focused within adult samples, particularly young adults (as the research has been largely, but not exclusively, with undergraduate samples). However, self-forgiveness may be of particular relevance for older adults (see Windsor, 2017, because at later ages adults reflect back on their regrets, failures, and missed opportunities in life (Ingersoll-Dayton & Krause, 2005). We know little about when young children develop a sense of self-forgiveness, nor do we know the processes they use to work through their own feelings of having done wrong.

In terms of sex or gender differences, there have been no systematic investigations so far. Suggestive evidence exists that women and men equally engage in self-forgiveness (Macaskill, Maltby, & Day, 2002). However, there may be differences in how self-forgiveness functions as a protective factor for women in contrast to men (Ermer & Proulx, 2016). Similarly, there has been no systematic exploration of self-forgiveness and sexual identification. Some research has examined the experiences of LGBTQ persons (Greene & Britton, 2013) and within romantic couples (Pelucchi, Paleari, Regalia, & Fincham, 2013).

In terms of religious differences, Davis, Worthington, Hook, and Hill (2013) conducted a meta-analysis of research on religion and spirituality as it was associated with forgiveness. In contrast to forgiving other people, which is advocated in all five major religions, self-forgiveness was related to neither religion nor spirituality. A positive association was observed between self-forgiveness and religiousness when religiousness was observed as a relational construct. In terms of cross-cultural occurrence and variations in the experience of self-forgiveness, we know very little. The phenomenon has been examined predominantly in North American contexts (USA and Canada) but not uniquely so. Since 2012, studies have emerged across a wider range of countries (e.g., Australia, Israel, India, and Italy). No study has yet examined self-forgiveness from a cross-cultural perspective, specifically. For example, we do not know what types of issues may lead to the need for self-forgiveness in different cultural contexts. However, given the differences that emerge in terms of causes of shame and guilt, we could predict differences would emerge (Goetz & Keltner, 2007). In addition, with self-forgiveness being specifically an experience of the self, there have been no investigations of self-forgiveness as it manifests (or doesn't) in collectivistic cultures. What types of barriers may exist to self-forgiveness in various cultural contexts? For example, certain belief systems may lead to assumptions that self-forgiveness is unacceptable. Likewise, some highly religious people might believe that forgiveness by God

should be sufficient to assuage people's shame and guilt, and thus might invalidate the experience of self-forgiveness.

What Is Self-Forgiveness and How Can We Measure It? The Initial and Ongoing Challenge

The earliest psychological definition of self-forgiveness was proposed by Enright and The Human Development Study Group (1996). They described self-forgiveness as "a willingness to abandon self-resentment in the face of one's acknowledged objective wrong, while fostering compassion, generosity, and love toward oneself" (Enright and The Human Development Study Group 1996, p. 116). This definition was seminal. It is mirrored across much of the psychological literature, with nuances that researchers have integrated from time to time in an attempt to concretely operationalize self-forgiveness (Hall & Fincham, 2005; Wohl, DeShea, & Wahkinney, 2008). However, it is also a source of dispute, in reply to which many scholars have proposed alternative definitions (Woodyatt & Wenzel, 2013b). There are several components of Enright et al.'s pioneering definition of self-forgiveness that are worth noting and which provide us with a useful frame for examining the psychological and empirical literature that has emerged since that time.

Self-Forgiveness Entails Releasing Negative Emotions Directed at Oneself A key component of self-forgiveness involves the meaningful interpretation and successful resolution of negative emotions or attitudes directed at oneself. Enright et al. drew from philosophy of forgiving others, paralleling the processes by beginning with resentment experienced by victims toward perpetrators of offense (for a philosophical exploration, see Holmgren, 2012). Resentment implies holding one culpable for what has occurred and desiring to exact revenge or punishment. When perpetrators accept forgiveness from one who was wronged, the perpetrator is released from others' resentment on behalf of a victim's altruistic decision to forgive. Self-forgiveness, according to Enright et al., is releasing the resentment one feels toward *oneself* for one's own actions.

Interestingly, in psychological research the idea of self-resentment, which is holding oneself culpable for what occurred, experiencing the emotion of resentment, and seeking to punish oneself, has not been clearly operationalized. Instead, researchers have identified either a reduction in other negative emotions (i.e., shame, guilt, self-anger; e.g., Mauger et al., 1992; "I feel guilty because I don't do what I should do for my loved ones") or a reduction in negative cognition (i.e., self-blame appraisals; e.g. Wohl, Pychyl, & Bennett, 2010; "I criticize myself for…"). Adapting McCullough, Worthington, and Rachel's (1997) conceptualization of forgiving others, Hall and Fincham (2005) emphasized behavior or behavioral motivations. They defined self-forgiveness as "a set of motivational changes whereby one becomes decreasingly motivated to avoid stimuli associated with the offense, decreasingly motivated to retaliate against the self (e.g., punish the self, engage in self-destructive behaviours etc.), and increasingly motivated to act benevolently towards the self" (p. 622). Here, we can

see several motivational components, a reduction in avoidance and desire for self-punishing behaviors, absent from Enright's earlier definition. However, while many studies examine the roles of shame, guilt, and self-blame in self-forgiveness (Fisher & Exline, 2010), self-directed behaviors (e.g., self-punishment or self-deprivation) have rarely been assessed.

Given this context, it is not surprising that self-forgiveness has been defined, and then operationalized, predominantly as the reduction or elimination of self-condemning emotions such as shame and guilt. However, the critical element of self-forgiveness is *not* that the individual has low levels of offense-related emotions. This would also be true of a perpetrator who excused themselves of wrongdoing (Woodyatt & Wenzel, 2014). Rather, self-forgiveness is the experience of self-condemnation and *then* release from these negative emotions and cognition perhaps accompanied by an intention to repair any spiritual, social, and psychological harm done. In this regard an underlying implicit assumption of self-forgiveness—but one rarely operationally realized—has been that, while offense-related negative emotions can become toxic over time, they initially empower the process of self-forgiveness by motivating reparation of ruptures to one's interpersonal relationships and catalyzing personal growth following perpetration of an offense. However, paradoxically, these emotions should be negatively related to the end-state of self-forgiveness because successful self-forgiveness results necessarily in the reduction of condemning self-directed emotions over time.

This paradox is arguably at the heart of self-forgiveness, namely that we need to experience and accept our shame and guilt as legitimate in order to experience the later release from them. Indeed, since a core of the definition of self-forgiveness relates to these emotions, understanding them, how and why they arise, and how they can be worked through is essential to the process of self-forgiveness. There is of course a large body of accumulated research on the self-conscious emotions (see Tracy, Robins, & Tangney, 2007), and emerging research in relation to shame and guilt, as well as self-criticism, may offer new insights into the processes of self-forgiveness (Gilbert & Woodyatt, 2017; Leach, 2017).

Self-Forgiveness Entails Fostering Positive Emotions Directed Toward Oneself
Enright and The Human Development Study Group's (1996) definition of self-forgiveness not only included the abandoning of self-directed negative emotion but also the increase in positive or benevolent emotion (compassion, generosity, and love toward the self). Davis et al. (2015), in their meta-analysis of the self-forgiveness and well-being literature, define self-forgiveness as "an emotion-focused coping strategy that involves reducing negative and increasing positive thoughts, emotions, motivations and behaviours regarding oneself" (pp. 329–330). Even more broadly self-forgiveness has been described as "the act of generosity and kindness toward the self following self-perceived inappropriate action" (Bryan et al., 2015, p. 40). However, while some scales capture both the absence of negative affect and cognition and the presence of positive affect and cognition, the exact process of transformation from one to the other is still elusive. What is this transformative process? Do negative affect and cognition simply cease and become replaced by positive affect

and cognitions? Or is a state of self-forgiveness a more emotionally complex experience (Lindquist & Barrett, 2008)? Indeed, if this was all there is to it, simply ceasing feeling bad and moving toward feeling good, we would have a *hedonic* conception of self-forgiveness, selfish and amoral as it were (for discussion of *hedonic* versus *eudaimonic* experiences of self-forgiveness, see Woodyatt, Wenzel, & Ferber, 2017).

Self-Forgiveness Involves an Appraisal of Responsibility The final component of Enright and The Human Development Study Group's (1996) definition is perhaps the most pivotal: self-forgiveness occurs "in the face of one's acknowledged objective wrong" (p. 116). On one hand, one may question the inclusion of the word *objective* wrong. It is easy to think of examples where self-forgiveness may be needed but where objectively no moral wrong has occurred. There are situations where we make mistakes, fail to have foresight, or act rightly but with bad consequences – and yet may feel the need to forgive ourselves. For many, self-condemnation occurs not because one has perpetrated moral wrongdoing but because one failed to reach some personal standard (Worthington, 2013). For example, one might feel self-condemnation because one failed to make straight A's, live up to a parent's ideal, outsell one's competitor, or perform as well as one wished in a golf tournament. No objective moral wrong was committed, yet people might experience self-condemnation, regret, remorse, guilt, and shame, with all of the attendant emotional, cognitive, and motivational fallout. Nonetheless, social psychologists would tend to argue that these standards, including morality, relate to one's perceived values of reference groups and social identities, which can vary with context and time (see Leach, Bilali, & Pagliaro, 2015).

That aside, there is general agreement that self-forgiveness does not mean denying responsibility, but in fact results from a felt responsibility and likely involves working through one's appraisals of responsibility. *If* self-forgiveness was simply releasing oneself from blame and increasing positive emotion, this would not be true forgiveness at all, but what has been termed pseudo self-forgiveness. Pseudo self-forgiveness is excusing oneself of blame without recognizing that an offense has occurred, in essence letting oneself off the hook (Hall & Fincham, 2005; Tangney, Boone, & Dearing, 2005). This means that *genuine* self-forgiveness cannot be achieved by merely reappraising the wrongful or disappointing behavior (1) as not being so wrong, (2) as being excusable, (3) as not solely one's own fault, or (4) as being harmless in its effects. Without a sense of wrongdoing or at least a feeling of responsibility, there is nothing to forgive (Hall & Fincham, 2005; Wenzel, Woodyatt, & Hedrick, 2012; Woodyatt & Wenzel, 2013a, b).

Feelings of guilt, remorse, regret, and condemnation that are to some extent deserved or warranted set the occasion for forgiveness (Dillon, 2001). This perception of perceived *responsibility for* harm to oneself, others, or even toward a perceived higher moral principle or spiritual power also differentiates self-forgiveness from cases where humans are just managing other self-directed negative emotion

(e.g., low self-worth). Self-forgiveness may involve coming to a more realistic understanding of one's appraisal of responsibility. For example, it may involve addressing self-critical perfectionism or other unrealistic expectations. Self-forgiveness is nevertheless distinguishable from a simple release of self-condemning emotion by merely adopting a more benevolent, generous, or understanding stance toward oneself (i.e., self-acceptance).

The Paradox Expanded: What Makes Self-Forgiveness so Difficult?

We have so far concluded that self-forgiveness is a process that occurs over time in which an individual appraises himself or herself as responsible for a perceived wrong-doing or failure, meaningfully interprets, and successfully resolves the consequent negative self-condemning emotions, cognitions, motivations, and behaviors, toward more positive self-directed emotions, cognitions, motivations, and behaviors. The challenge of self-forgiveness, in both research and clinical practice, seems to be that self-forgiveness occurs at the intersection of both of these concerns, for arriving at and maintaining appropriate responsibility for one's actions on one hand and for maintaining a positive and coherent sense of self on the other hand. This quandary has likely hindered the development and an empirical science of self-forgiveness for some time.

Research has come to focus on either (1) a dispositional tendency to release self-condemnation (e.g., Maltby, Macaskill, & Day, 2001; Thompson et al., 2005) or (2) an end-state of self-forgiveness where individuals have disposed of their self-condemnation, and instead show high compassion, love, and generosity toward the self (Wohl et al., 2008). Hall and Fincham (2005) identified this problem, noting that, at a measurement level, the outcome of self-forgiveness would be indistinguishable from pseudo self-forgiveness, where offenders let themselves off the hook by denying responsibility, minimizing harm, or blaming the victim (see also Tangney et al., 2005; Wenzel et al., 2012). Despite Hall and Fincham's (2005) warnings on the problems associated with measuring self-forgiveness as a hedonic disposition or end-state, research on self-forgiveness has largely evolved using this approach, possibly introducing the influence of a confound into the extant literature on self-forgiveness.

We contend that in forgiveness (of self or others) negative feelings are released (Worthington, 2006) without explaining away or excusing harmful behavior (Thompson et al., 2005). For this reason, Wenzel et al. (2012) argued that self-forgiveness is best understood as the process by which we *sever* the negative link between taking responsibility and positive self-regard, which is a process that Holmgren (1998) referred to as *genuine* self-forgiveness. Woodyatt and Wenzel (2013b) demonstrated that measures of self-forgiveness had been largely oriented toward capturing repair of positive self-regard and, instead, developed a measure of genuine self-forgiveness as a process, emphasizing acceptance of responsibility, and thus differentiating state self-forgiveness from pseudo self-forgiveness. Cornish and Woodyatt (2017) developed a dispositional measure of genuine self-forgiveness, in an attempt to disentangle dispositional self-

forgiveness from personality traits associated with hedonic well-being, that is, simply the maintenance of positive self-regard.

More recently, Griffin (2017) suggested a measure that attempts to capture directly the distinct nature of accepting responsibility and enhancing esteem as a dual-process model in an effort to improve state self-forgiveness measures. According to the dual-process model (Griffin et al., 2015), two distinct processes make up self-forgiveness. First, affirmation of values requires a cognitive shift toward accepting responsibility for one's offense and committing to align one's behavior and values in the future. Second, restoration of esteem entails the replacement of self-condemning emotions with self-affirming emotions. While these distinct but related components are each necessary and jointly sufficient for self-forgiveness to occur, they likely relate uniquely to various antecedents and consequences. For example, making a decision to affirm violated values by accepting responsibility and attempting to learn from one's mistakes is more proximally associated with interpersonal benefits (e.g., social belonging), while enhancing esteem is more proximally associated with intrapersonal benefits (e.g., personal health; Griffin et al., 2016). Within this dual-process framework, preliminary evidence suggests that the existing scales that purport to assess self-forgiveness err either toward responsibility acceptance (Woodyatt & Wenzel, 2013b) or enhancing esteem (Wohl et al., 2008), potentially to the exclusion of the other (Griffin, 2017). These dual processes may mirror decisional and emotional components of forgiveness toward others (Exline, Worthington, Hill, & McCullough, 2003; Worthington, 2006, 2013).

These recent developments can be seen as a movement toward a *eudaimonic* conceptualization of self-forgiveness. Self-forgiveness is conceptualized as more than a hedonic outcome, which is more than just relieving the self from feeling bad and helping the self to feel good. It is a process of personal development, growth, and change (Woodyatt et al., 2017) and is embedded within relationships in which responsibility is acted out, values are reaffirmed, and social harmony is of concern. For self-forgiveness to be genuine, individuals need to maintain their awareness of responsibility and having done wrong while relieving self-condemnation. They may accept their self *despite* their guilt and shame, severing (global) self-evaluation from their (specific) moral failure, or indeed regain their self-worth *through* accepting guilt and shame as indicators of their intact moral identity.

In this sense, self-forgiveness would require psychological work, but there are still many questions as to what kind of work exactly is part of the process. Is it simply the process of working through one's harmful actions to arrive at a state of reduced self-condemnation, or are there certain attitudes and actions that are required for self-forgiveness to have occurred? To what extent should amend-making or behavior change be required as part of the process? Are these behaviors part of the process of self-forgiveness, or in addition to it? Is self-forgiveness simply an "emotional coping" response where one shifts from a negative to positive self-directed state (as defined by Davis et al., 2015), or is more involved? This is a point of tension within the research: Where does the definition of self-forgiveness end, and prescriptions of how self-forgiveness "should" work begin? This has implications for our understanding of the outcomes and the ethicality of self-forgiveness.

Natural and Clinical Models of Self-Forgiveness

What processes are involved in working through one's wrongdoing or self-condemnation? We must come at this question by two routes. First, models of naturally occurring self-forgiveness might reveal ways that people work through self-condemnation to reach self-forgiveness without specific intervention. Second, clinical models suggest ways that clinicians have shown that people can be induced to forgive themselves when they seek help.

Models of Naturally Occurring Self-Forgiveness

While no clear dominant evidence-based model of naturally occurring self-forgiveness has yet emerged (McConnell, 2015), several models have been proposed. Hall and Fincham (2005) posited a psychological model of self-forgiveness. In their model, self-forgiveness was an outcome of attributions of responsibility, perception of severity, guilt, shame and empathy, conciliatory behaviors, and perception of forgiveness by others. This model was subsequently tested using a longitudinal design, reported in Hall and Fincham (2008). In their study, participants who reported perpetrating an interpersonal transgression as recently as 3 days prior were surveyed over a period of 7 weeks. The results indicated that self-forgiveness (measured as a single item) was linearly associated with time. As people forgave themselves, guilt decreased and conciliatory behavior increased. However, to this point in time, Hall and Fincham's model has had mixed empirical support (for a review, see McConnell, 2015). We identify three common aspects arising from models of naturally occurring self-forgiveness as well as different contextual factors that appear to influence its progression. Unlike clinical models, which prescribe an order of experiences, these three experiences do not imply a time sequence, and no longitudinal research has tested the sequencing of the experiences.

Working Through Attributions of Responsibility Effective self-forgiveness requires that the person make personal attributions of responsibility for wrongdoing or for failing to live up to expectations or standards. But, what has occurred when such attributions are made? Does one take appropriate or reasonable responsibility for one's actions—and how much and what kind of acknowledgement of one's responsibility is publicly necessary, if any? What barriers impede acceptance of personal responsibility (see Woodyatt, Wenzel, & deVel Palumbo, 2017)?

Coping with Emotions That Arise When confronted with one's actions involving wrongdoing or failure, shame, guilt, remorse, anger, and other self-conscious emotions can arise. Part of self-forgiveness is likely to be to understand these emotions and their functions (see Leach, 2017; Gilbert & Woodyatt, 2017) and to allow them to be present without deflecting them, avoiding them, or reverting to defensiveness or hopelessness. Strategies to meaningfully interpret and successfully resolve these emotions may be required in order to help clients enact repair to their self-image.

Repair of Social, Psychological, and Perhaps Spiritual Relationships Repair involves (at least) two components. Conciliatory actions or amend-making to heal any hurt caused is needed to facilitate social repair. In addition, other actions may be needed to repair one's own sense of self. Worthington (2013) suggested that people needed also to repair a third component: their relationship to the Sacred—God, nature, or humanity, depending on what people hold to be sacred.) Often these two (or three) occur together. While attempting these repairs can lead to increase shame and guilt in the lead-up to conciliatory behavior, it also allows individuals to address underlying concerns that are associated with the ongoing experience of self-condemnation. In the absence of a victim, actions to reaffirm values that have been violated have been shown to have similar benefits (Woodyatt & Wenzel, 2014; Woodyatt et al., 2017). Additionally, as noted by Jacinto and Edwards (2011), this may also involve reentering community, to reestablish one's identity and the relationships that define the self.

Clinical Intervention Models

While there is no clear dominant clinical intervention model, there are several relationships that one may consider that arise across models. Some models have been tested in controlled experiments (Cornish & Wade, 2015b; Exline, Root, Yakavalli, Martin, & Fisher, 2011; Griffin et al., 2015; Scherer, Worthington, Hook, & Campana, 2011; Toussaint et al., 2014). Other articles are theoretical reflections (Enright and The Human Development Study Group (1996); Jacinto & Edwards, 2011; Worthington, 2013). However, many of the therapeutic processes do contain, to some extent and with varying foci, the process themes we have identified above. You will see these themes reflected for example in Cornish and Wade (2015a, 2015b), Griffin et al. (2015), based on Worthington's (2013) six steps. These approaches are all supported by basic research, but the interventions also rely on many other techniques to make the core experiences palatable and engaging to clients and to set up a logical movement through the core elements. The order of movement differs with different interventions, and each intervention creates a persuasive and engaging flow. The other elements that are likely important in intervention include motivating change, building hope and confidence in the specific intervention the person is following, defining self-forgiveness in a way that helps structure the treatment, focusing on a specific event to forgive rather than trying to globally change the character, using concrete exercises that produce emotionally memorable experiences, making a clearly demarcated decision or choice to forgive oneself, consolidating changes, and seeking to help clients generalize the changes and the change process beyond the specific event that has been the focus of the intervention. Several chapters contained in this book that review approaches to individual psychotherapy, group therapy, couples and family therapies (Ruffing Moon, Krier, Paine, Wolff, & Sandage, 2017), and self-directed approaches (Griffin, Worthington, Davis, & Bell, 2017).

Conclusions

Self-forgiveness is not easy, not in practice and not in research. Across the literature there is relative consistency across definitions of self-forgiveness. Measurements that can be roughly categorized as dispositional versus situational, end-state versus process, and hedonic (presence of positive/absence of negative affect) versus *eudaimonic* (growth/change often considering what is good for oneself and others) versus dual focused. Measures of self-forgiveness have tended to be largely dispositional and weighted toward hedonic conceptualizations. There are fewer state measures (Wohl et al., 2008) and to date only one published measure assessing genuine self-forgiveness as a process (Woodyatt & Wenzel, 2013a, 2013b). Researchers have tended to assess emotions and cognitions more than motivation and definitely more than behavior. Measurement and observation of complex psychological experiences are inevitably flawed. As such, it is important to have multiple measures of the construct and researchers continue to develop new approaches.

In addition, as a process that unfolds over time there are still very few longitudinal studies examining self-forgiveness (Fisher & Exline, 2010; Hall & Fincham, 2008; Woodyatt & Wenzel, 2013b). The vast majority of self-forgiveness studies tend to be cross-sectional. However, self-forgiveness is a process of change and difficult to capture empirically because it unfolds in different time frames and in different ways for different individuals. As surmised by Hall and Fincham (2005), "[T]he realization of wrongdoing and acceptance of responsibility generally initiate feelings of guilt and regret, which must be fully experienced before one can move toward self-forgiveness" (pp. 626–627). This is the challenge of self-forgiveness, and of self-forgiveness research: How is the experience of having done wrong *worked through* to move beyond the experience of self-condemnation (Cornish & Wade, 2015b; Fisher & Exline, 2006; Hall & Fincham, 2008) so that one can "play on" in the future (Snow, 1993)?

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Understanding Shame and Guilt

Colin Wayne Leach

Understanding Shame and Guilt

People can experience intense dysphoria when they fail to meet standards important to them or important to others of consequence, like family, bosses, coworkers, neighbors, or authority figures (Lazarus, 1991). Whether it is moral, competence, or conventional in nature, failure to meet important standards can lead to unpleasant, self-critical emotions like shame or guilt. For at least the last several decades, guilt has been viewed as the more useful emotion because it is thought to motivate people to respond constructively to failure (for reviews, see Gilbert & Andrews, 1998; Tangney & Fischer, 1995; Tracy, Robins, & Tangney, 2007). In fact, guilt is widely thought to include many of the elements considered essential to the process of self-forgiveness, such as acknowledgement of wrongdoing, acceptance of responsibility, and the desire to improve oneself or one's relationship with others (see Fisher & Exline, 2010; Hall & Fincham, 2005; Woodyatt & Wenzel, 2014).

Partly because guilt is conceptualized and assessed in such different ways, however, the empirical evidence for guilt's presumed positive link to self-forgiveness is not consistent across measures or across studies (Carpenter, Tignor, Tsang, & Willett, 2016; Griffin et al., 2016; Woodyatt & Wenzel, 2014). For instance, Carpenter et al. (2016) found that guilt conceptualized and measured as chronic self-criticism of one's behavior had a near zero correlation with a general tendency toward self-forgiveness. This is a broader problem in research on guilt (Cohen, Wolf, Panter, & Insko, 2011; Gausel & Leach, 2011). For example, the correlation between guilt and depression increases with the degree to which guilt is conceptualized and measured as a *chronic*, *generalized* self-criticism of one's behavior (Kim, Thibodeau, & Jorgensen, 2011).

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In contrast to guilt, shame has long been viewed as a more aversive state of self-criticism that is less constructive than guilt (for reviews, see Gilbert & Andrews, 1998; Tangney & Fischer, 1995; Tracy et al., 2007). As shame is said to be a profound self-criticism of the global self, it is thought to be a devastating blow to self-worth that hamstrings people leaving them barely strong enough to crawl away and hide from their fundamental inadequacy (see Lewis, 1971; Tangney & Dearing, 2002). The only other escape from shame is thought to be an "externalization" of the felt inadequacy in the form of angry hostility toward those aware of one's failure or otherwise vulnerable to one's wrath (for discussions, see Gausel & Leach, 2011; Tangney & Dearing, 2002). This so-called humiliated fury, or shame-rage spiral, is an emotion-specific form of Freud's notion of displacement and is quite similar to the classic explanation of violence dubbed the frustration-aggression hypothesis.

Given the prevailing view of shame, it is not surprising that researchers of self-forgiveness generally expect shame to lead to less self-forgiveness and therefore to lead to less constructive responses to failure, moral or otherwise (see Fisher & Exline, 2010; Hall & Fincham, 2008). But, here too the evidence is mixed, apparently because of the variety of ways in which shame is conceptualized and measured (e.g., Griffin et al., 2016; Woodyatt & Wenzel, 2014). For instance, Carpenter et al. (2016) found shame conceptualized and measured as chronic negative self-evaluation to be only weakly correlated to a general tendency toward less self-forgiveness ($r = -0.10, -0.19$).

In sum, guilt is widely considered a constructive dysphoria about failure whereas shame is considered a dysfunctional and potentially disordered dysphoria (for a review, see Gausel & Leach, 2011). As such, guilt is thought to lead to self-forgiveness, self-improvement, and making amends, whereas shame is thought to lead to debilitating self-castigation, avoidance of failure and its consequences, and sometimes also the hostile externalization of felt inadequacy. As with all classifications of concepts, such as the DSM or ICD systems of distinguishing between psychological disorders, it is useful to theory, research, and practice to highlight the distinctions between the two dysphoric, self-critical states of shame and guilt. The prevailing view of shame and guilt appears to be especially useful because shame and guilt are thought to be so *qualitatively* different that they are conceptualized as very much like opposites. As useful as this may be to conceptualizing how shame and guilt should be linked to self-forgiveness, contemporary emotion theory and research offer little support for viewing shame and guilt as opposites. In fact, shame and guilt are more alike than different (for a review, see Gausel & Leach, 2011; Lazarus, 1991). Both shame and guilt are dysphoric states based in self-criticism for moral or other failure that focus attention on the self (for reviews, see Gilbert & Andrews, 1998; Tangney & Fischer, 1995; Tracy et al., 2007). And, consistent with this, contemporary emotion research shows there to be small *quantitative* differences between shame and guilt, rather than the dramatic qualitative differences suggested by conceptualizing them as opposites (for a review, see Gausel & Leach, 2011).

Thus, as I will explain in some detail, there is little reason to think of shame and guilt as opposite ways of experiencing failure that motivate people to act in oppo-

site ways. To understand how these two emotions can facilitate or inhibit the constructive self-criticism and desire to improve that defines self-forgiveness, we must delve more deeply into the concepts of shame and guilt, to understand more precisely how these emotions are experienced and how the failure that precipitates them, and the context in which they occur, determine their implications for the self and for social relations.

Shame, Guilt, and Debilitation

There are few emotional states thought to be as wholly and as deeply debilitating as shame (for reviews, see Gilbert & Andrews, 1998; Tangney & Dearing, 2002; Tracy et al., 2007). In a good deal of clinical psychology research, shame is linked with both the "internalized" problems of depression, anxiety, and low self-worth and the "externalized" problems of hostility, aggression, and anti-sociality (for reviews, see Gilbert & Andrews, 1998; Tangney & Dearing, 2002). And, clinically relevant shame is said to emerge from many, equally horrific, bases—body shame, trauma shame, parental shaming, punitive shaming, the shame of humiliation, or the experience of stigma, all of which can lead to shame and its internalized and externalized problems. Whatever its basis, shame is typically thought to be a debilitating dysphoria that manifests itself across people's cognitive, affective, and behavioral systems. Shame is seen in negative thinking, pessimism, and cognitive distortion; in the negative affect of internalized states of fear, sadness, and hopelessness; in externalized states of anger and hostility; and in passive, avoidant, withdrawn distancing from the self and from others (see Ferguson, 2005).

Although the traditional view of shame as psychologically debilitating and socially disruptive is widely accepted, there is a long-standing view among a minority of academic psychologists that the available quantitative evidence for the traditional view is relatively weak and inconsistent (for reviews, see de Hooge, 2014; Deonna, Rodogno, & Teroni, 2012; Dost & Yagmurlu, 2008; Ferguson, 2005; Ferguson & Stegge, 1995; Gausel & Leach, 2011). The dramatic *qualitative* differences expected between shame and guilt are not consistent with the generally small *quantitative* differences observed in most academic research. Indeed, as relatively self-focused states of sadness in response to self-criticism for perceived failure, most general theories of emotion expect shame and guilt to be more similar than different (Dost & Yagmurlu, 2008; Gausel & Leach, 2011). Proposals of dramatic qualitative differences, such as that shame is focused on the global self, whereas guilt is focused only on the self's behavior, take this likely small relative difference between shame and guilt and exaggerate them to suggest that the two emotions are more different in character than is theoretically or empirically possible.

In one recent line of research aimed at clarifying the nature and degree of similarities and differences between shame and guilt, Cohen et al. (2011) isolated the strong criticism of the self in shame from the criticism of the self's behavior in guilt. Thus, they developed highly specific self-report measures of individuals' propensity

to experience these elements along with measures of the desire to repair or withdraw from failure. When assessed narrowly as strong criticism of the self (e.g., "a despicable human being," "feel like a bad person"), shame had small links to greater emotional distress, negative affectivity, lower self-esteem, and the desire to avoid one's failure or those witness to it. This is consistent with the view that shame is a somewhat more profound and intense form of self-criticism than is guilt. However, counter to the traditional view of shame as debilitating psychologically and socially, Cohen et al. found shame and guilt to be more similar than different. In large student and national samples, shame and guilt were both linked to a *less* anti-social orientation to others. More specifically, shame and guilt both had small to moderate links to less reported aggression (physical and verbal), dishonesty and deceit, unethical decisions, and delinquency at work and in general.

Tangney, Stuewig, and Martinez (2014) recently published an intriguing study that followed an ethnically diverse sample of 482 convicted felons for a year after their release from jail to examine the traditional view of productive guilt and counterproductive shame. Participants' personal proneness to react to moral and other failures with shame and guilt was assessed while incarcerated. These scores were used to predict self-reported crime and actual arrest a year after release. Contrary to the traditional view, neither guilt nor shame proneness predicted actual arrest ($r = -0.08$), although guilt did predict less self-reported crime ($r = -0.14$).

Although there is a long-standing assumption that shame and guilt are highly distinct emotions that represent opposite ways of experiencing failure, there is in fact little theoretical or empirical reason to assume this. Shame and guilt are more alike than different; the small differences between them are a matter of degree. Thus, if we are to properly understand how dysphoria about failure is likely to be linked to self-forgiveness we need to dig deeper into the specific ways in which moral or other failure is experienced rather being satisfied with the fairly vague terms (conceptually and linguistically) of shame and guilt (Gausel & Leach, 2011). Indeed, the feeling of global inferiority in an important aspect of the self that is seen as difficult to improve is a more precise characterization than is "shame" of the emotional state that is likely to prove an obstacle to self-forgiveness.

The Role of Global Inferiority

The contemporary view of shame in psychological research owes a great deal to psychoanalyst Helen Block Lewis's (1971) pioneering analyses of her therapy sessions with clients and the translation of these ideas to personality and social psychology by June Price Tangney, mainly in the 1990s (for a review, see Tangney & Dearing, 2002). According to this view, shame is a debilitating and counterproductive experience of failure because shame is, at its heart, an extremely brutal castigation of the whole self by the self. It is the inference that one's failure to be honest, or kind, or competent reveals a fundamental and thus difficult to improve flaw in one's character. Despite this fairly clear conceptualization of shame as

debilitating because it is a sense of global inferiority, research on shame rarely isolates this presumably important element of shame to better understand the emotion and its effects.

It is uncontroversial that a sense of global inadequacy is devastating to the self-concept and can undermine basic self-worth in a way that paralyzes people. Indeed, felt inferiority and debilitating paralysis are central to the cognitive distortions, negative thinking, and behavioral inhibition widely viewed as defining symptoms of depression (see Gilbert & Andrews, 1998; Kim et al., 2011; Tangney & Dearing, 2002). The question, however, is whether shame *necessarily* involves such profound and unchanging inadequacy. If a sense of global inferiority is what explains why the experience of shame is sometimes debilitating, then it makes sense, conceptually and empirically, to examine the sense of global inferiority directly rather than to examine it indirectly through the concept of shame, which may or may not imply global inferiority (Gausel & Leach, 2011).

The developmental psychologist Tamara Ferguson has argued for over two decades that the development of shame and guilt in children suggests against the idea that shame is routinely experienced as the self-castigation of the whole self for being profoundly and unalterably inadequate (for reviews, see Ferguson, 2005; Ferguson & Stegge, 1995). As such, she eschews the traditional view that portrays these two emotions as highly distinct or even opposite. She suggests that what distinguishes shame from guilt is more subtle. According to Ferguson, shame *can be* more aversive than guilt because in shame people believe that their failure reflects an important shortcoming in who they are as a person. Guilt is relatively more focused on one's behavior rather than on one's identity. Thus, according to Ferguson, shame *can be* debilitating if one views one's whole person as fundamentally flawed, but it need not be so severe if the view of oneself is not so severe.

Ferguson's view suggests that psychological and social dysfunction should be linked to shame that is based in a sense of global inadequacy (for a review, see Gausel & Leach, 2011). And, there is a wide variety of quantitative evidence consistent with this idea. For instance, Kim et al. (2011) performed an empirical synthesis of 108 different studies that examined the strength of the links between reported depression symptoms and reported shame and guilt. They found that chronic shame and shame that was generalized to the self as whole rather than tied to specific circumstances and experiences were moderately linked to depression symptoms. Importantly, chronic and generalized experiences of guilt were about as strongly linked to depression across studies. As chronic and generalized self-criticism of the global self is a key aspect of depression, it is this aspect of dysphoria that should be most logically linked to depression whether people label their experience as "shame," "guilt," or something else entirely. Research that includes a sense of inadequacy in its assessment of shame, or assesses shame as necessarily chronic or generalized, is therefore likely to observe that shame is linked to depression and other indicators of psychological debilitation. The same is likely true for assessments of shame that assume that it is a personality-based proneness to make chronic or generalized self-criticism of the self as a whole (see Tangney & Dearing, 2002).

In several recent studies, Gausel, Leach, and colleagues have examined the idea that global inferiority can explain why shame is debilitating and counterproductive by focusing more finely on the language that people use to describe their experiences of shame about failure. In studies of English and Norwegian speakers, they isolated the feeling of inferiority from the feeling of shame in general and from the feeling of rejection and isolation that can often accompany feelings of inferiority or shame. For instance, Gausel, Leach, Vignoles, and Brown (2012) conducted two studies of about 400 everyday Norwegians' responses to evidence of their society's recent genocidal practices against an ethnic minority. They found that a sense that this wrongdoing suggested a specific defect in Norwegians' character was associated with highly distinct feelings of inferiority and shame. And, the more that individual Norwegians saw themselves as typical of the group, the more shame and especially the more inferiority they felt. When empirically isolated from the distinct feeling of shame about this moral failure, only the feeling of inferiority was linked to withdrawal and other self-defensive motivation. Gausel, Vignoles, and Leach (2016) used similar assessments of the multifaceted experience of shame about either a personal wrong against a loved one or an imagined betrayal of a friend. Here, too a sense that the moral failure revealed a specific defect in the self was linked to the distinct feelings of inferiority and shame. And, in Study 1, the feeling of shame appeared to predict the self-defensive motivation to avoid the failure and those aware of it only before shame was empirically distinguished from the feeling of inferiority and other feelings and interpretations of the failure.

This is an admittedly brief, and incomplete, review of quantitative research on the traditional view of shame as necessarily debilitating psychologically and counterproductive socially. Nevertheless, there is consistent and convincing evidence that the traditional view is in need of amendment. Shame is not necessarily linked to low self-worth, negative thinking, avoidance, withdrawal, or the internalized and externalized problems long thought to be associated with it. Instead, it seems that it is the experience of shame based in, or expressed in, a sense of global inferiority that is debilitating psychologically and that orients people to self-defensive and anti-social responses such as hostile lashing out. As Ferguson has argued, this particular form of inferiority-based shame is not common in healthy children and adults. This fact does not diminish its importance as a psychological and social phenomenon. Rather, understanding the particular potency of inferiority-based shame enables researchers and practitioners alike to better understand people's experiences. Of course, more finely conceptualizing and studying shame that is based in a sense of global inferiority also allows us to better examine and understand the other forms in which shame may come (see Gausel & Leach, 2011; Leach & Cidam, 2015). These other forms are likely to be decidedly less debilitating and destructive than the inferiority-based shame that has garnered so much attention and come to stand in for shame in general.

Shame Can Be Constructive

Viewing shame as coming in different forms that are more precisely characterized by distinct cognitive appraisals of failure and feelings about it enables us to consider why and when shame might be a productive form of self-criticism that motivates constructive effort at the improvement of the self and of the social relations affected by one's failure. In fact, even a conceptual openness to the possibility that shame may be sometimes productive enables reassessment of past quantitative evidence free of the assumption that shame is necessarily debilitating and destructive. In 2011, Gausel and Leach reviewed a good deal of the most prominent quantitative research on shame and guilt to show that numerous studies purported to demonstrate the qualitatively different natures of shame and guilt actually showed the two emotions to be more similar than different (see also Ferguson, 2005). Thus, in many instances, shame and guilt were about equally linked to many of the ways of thinking and feeling that define the constructive self-criticism of self-forgiveness. For example, many studies over the last 20 years have found that shame and guilt have about equal moderately positive associations with empathizing with others and taking their perspective (Gausel & Leach, 2011).

In addition, a recent wave of studies shows that recalled or present episodes of shame lead to greater desire for self-improvement (e.g., de Hooge, Zeelenberg, & Bruegelmans, 2010; Lickel, Kushlev, Savalei, Matta, & Schmader, 2014), cooperative behavior (de Hooge, Bruegelmans, & Zeelenberg, 2008), and pro-social orientation toward those affected by one's moral failure (Gausel et al., 2016). For example, the aforementioned studies of Gausel et al. (2012) found Norwegians' reported feelings of shame about their country's genocidal practices to be moderately linked to a contrite orientation whereby individuals wanted to express their sense of responsibility and remorse to members of the victimized group. And, Gausel et al. (2016) found shame about personal moral failures to predict contrition in addition to the desire to compensate the victim and repair the psychological and material damage done. Also, in the above discussed student and national samples of Cohen et al. (2011), shame and guilt were both linked to a *more* pro-social orientation to others. More specifically, guilt, and to a somewhat lesser degree shame, had small to moderate associations with more self-reported empathy, moral values and concerns, honesty, altruism, and a desire to repair the consequences of one's failures.

Perhaps because it directly counters the prevailing view of shame as maladaptive and guilt as adaptive, theory and research on the constructive potential of shame and on the subtle distinctions between shame and guilt does not appear to have penetrated the mainstream of academic or clinical understanding. Despite the long-standing arguments of researchers like Ferguson, and the spate of recent research in the last decade showing shame to be less debilitating and destructive than is widely presumed, the traditional view appears to still be the prevailing view. Paradigms of understanding may persevere in the face of disconfirming evidence partly because individual disconfirmations can be seen as anomalous and because no more general

paradigm has been offered to integrate the traditional view with the new view. To address these concerns, Leach and Cidam (2015) recently offered an integrative model of when shame evokes constructive motivation after failure and when it elicits the opposite. To avoid the dismissal of evidence for constructive shame as anomalous, Leach and Cidam performed a meta-analysis to quantitatively synthesize published research rather than conducting their own studies.

Concerned that the effects of shame cannot be properly understood without attention to the nature of the failure about which it is experienced, Leach and Cidam (2015) reasoned that shame is most likely to be positively linked to the motivation to constructively approach failure and its consequences when the person or the context leads to the interpretation of the failure as *likely* to improve with effort. Thus, a belief that the self is alterable in ways that allow for personal betterment or a belief that the damage done to others can be repaired (perhaps by apology or restitution) should change the quality of the shame experience in a way that makes the serious self-criticism of a specific defect in the self more manageable and thus more motivating of change. In contrast, when the person or the context leads to the interpretation of the failure as *unlikely* to improve with effort, shame will probably be experienced as debilitating. Indeed, an unalterable defect in the self will probably be experienced as the profound sense of inferiority that is well known for its debilitating and destructive effects.

In a meta-analysis of 90 samples totaling more than 12,000 participants, Leach and Cidam (2015) examined each study to ascertain whether the method or measurement implied that the failure in question was more or less likely to be improvable with effort. Some studies gave participants an explicit message that their failure was improvable by instructing them that they would have another chance at a task or that they could take some time to learn how to perform better. Other studies implied that a failure was very difficult to improve by offering only high stakes tasks that were difficult to succeed at or to improve upon. Across these two types of studies, Leach and Cidam found both shame and guilt to be equally linked to prosociality and self-improvement when the context suggested that failure was more reparable. However, when the context suggested that failure was less reparable, shame was negatively linked to constructive approach motivation and behavior, whereas guilt's link remained positive. This suggests that the key to self-forgiveness, and to other constructive responses to failure, is the possibility of repair and improvement that color the experience of shame and guilt in ways that make these emotions more constructive. As with other efforts to more precisely characterize how shame and guilt are experienced about failure, Leach and Cidam's (2015) effort to contextualize shame and guilt by taking into account the nature of the failure aims to more finely distinguish why shame and guilt motivate people to either constructively approach or defensively avoid their failure and its consequences. This sort of precision in theory and measurement is important to the production and interpretation of research that can improve our understanding of shame and guilt, and their roles in the process of constructive responses to failure, such as self-forgiveness. Of course, this sort of precision can aid those who aim to understand people's experience of shame and guilt in a way that allows them to encourage and facilitate the therapeutic process of self-forgiveness.

Shame, Guilt, and Social Image

Up to this point, I have focused on shame and guilt as personal emotions based in a concern for the ways in which a moral, competence, or other failure calls one's self-image into question. However, in the more social end of psychology, and in numerous social sciences, shame is conceptualized and studied as based in a concern for the way in which a failure may call into question one's reputation or social image in the eyes of others (for reviews, see de Hooge, 2014; Gausel & Leach, 2011). In the aforementioned studies by Gausel, Leach, and colleagues, concern for the way that a moral failure might damage one's social image was also examined as an alternative basis of "shame." For instance, Gausel et al. (2012) found Norwegians' concerns that other countries would condemn them for their genocidal practices to be the central explanation of their motivation to hide their failure and to avoid its consequences. This concern for condemnation operated mainly through a feeling of rejection and isolation, which was strongly tied to a feeling of inferiority. Indeed, a great deal of prior research shows that feared condemnation from others and the feelings of rejection and isolation that often follow from it are an important basis of felt inferiority. Being devalued by others is at least as strong a basis of felt inferiority than self-criticism.

In the studies of Gausel et al. (2016), we experimentally manipulated this concern for condemnation by, for example, leading participants to believe that others in the study would hear about the mistreatment of a family member that the participant reported anonymously. Although the others would not necessarily know who the perpetrator was, participants had reason to be concerned that their act would be condemned and that they might somehow be found out. As a result, participants expressed strong concern that their social image would be damaged and that they would feel rejected and isolated as a result. In other words, participants worried that their failure would lead to damage to their social image that was unlikely to be improved through effort. Of course, one's social image is not always so difficult to improve. As Gausel and Leach (2011) discussed, work on appeasement, the maintenance of social bonds, and reintegrative shaming, among other work, all suggest that people may act pro-socially toward others in an effort to repair their social image after a failure that is known by important or consequential others. In the meta-analysis discussed above, Leach and Cidam (2015) assessed the combined evidence from seven studies, mainly by de Hooge and colleagues, which gave participants an opportunity to act pro-socially toward people who had witnessed participants' moral or achievement failure. In these studies, where their social image was clearly improvable, participants' shame had a moderately positive link to constructive approach motivation or behavior (e.g., to help others).

Distinguishing shame about a more or less reparable social image called into question by failure helps to further specify the different forms that shame can take. Indeed, Woodyatt and Wenzel (2014) recently relied on the social image oriented form of shame to argue against the prevalent view that shame undermines self-forgiveness. They argued that when based in a concern for one's moral standing in a community, shame should motivate efforts to improve one's social image by dem-

onstrating to others that one is of sufficient moral character to recognize, acknowledge, and repair one's moral or other failures (see also Gausel & Leach, 2011).

Conclusion

The productive self-criticism of self-forgiveness appears to be crucial to personal improvement after moral or other failure. It seems obvious that the acknowledgement of, and specific self-criticism for, failure are necessary first steps to identifying what specific aspects of the self need improvement after failure. Feeling bad about this aspect of the self seems to be part and parcel of working through one's failure. For what are likely a variety of reasons, researchers of self-forgiveness and of shame and guilt have focused on this dysphoria and expected it to be so painful and damaging to self-worth that it would undermine productive self-criticism by leading people to do whatever they could to avoid the failure that precipitated the pain. In other words, shame was thought to be so aversive to people that experiencing self-criticism in this way was presumed to lead to self-defense rather than honest self-assessment and humble effort at self-improvement.

To be sure, there is ample theory and research in support of the view that shame about failure can be debilitating and lead people in directions opposite to the productive self-criticism that appears to facilitate individuals' efforts to constructively approach their failure in order to arrive at self-forgiveness. However, rather than thinking of this highly aversive state as shame in general, it is more precise to think of this as a specific form of shame defined by a felt inferiority about a whole self or important part of the self that is believed to be beyond redemption. People who experience this sense of inferiority are likely to suffer from the internalized (e.g., self-loathing, pessimism, depression, self-destructive behavior) and externalized (e.g., distrust and dishonesty, hostility, lashing out) problems that have been traditionally associated with shame. Theorists, researchers, and clinicians may better understand and better help those struggling with inferiority-based shame by seeing it for what it is. Conflating inferiority-based shame with shame in general, or with a shame based in a belief that one's social image is irreparably damaged by a failure, muddies the potentially important distinctions between these social psychological states.

Giving inferiority-based shame its due in the process of self-criticism also enables a finer view of the other forms that shame can take. Most notably, it enables the conceptualization, examination, and intervention in the more potentially productive state of shame that is based in a view of the failed self as improvable. As a dysphoric state of self-criticism, the emotional experience of shame and the attendant cascade of cognitive, neurological, physiological, and bodily processes can serve as a signal that some aspect of ourselves requires serious attention and effort. If we believe, or are led to believe, that this aspect of our self is improvable, a focus on what is wrong can heighten our attention and concentrate our effort. Feeling bad about a failure is probably not necessary to productive self-criticism for it, but the

dysphoria in shame is a powerful phenomenological sign that we should take our failure seriously (see Lazarus, 1991). Of course, the outward manifestation of our shame—lowered head, frowning face, constricted body posture, withdrawal, and other behavioral inhibition—can also signal to important others that we are taking our failure seriously and are aware of its potential to damage our self-image and our social image (for discussions, see de Hooge, 2014; Gausel & Leach, 2011). This serious, sad, but sensible response can be a key part of the productive self-criticism referred to as self-forgiveness, inside and out.

Although pioneering shame theorist Lewis (1971) saw shame about less reparable social image as a particularly immature dependence on others, this likely underestimates the importance of our social image to our psychological and social well-being. People do sometimes fail in ways that make it near impossible for others to see them as anything other than a failure deserving of condemnation. This is a potent basis of devastating feelings of rejection and isolation as well as a profound sense of inadequacy. It is not at all surprising that those who experience a failure as inviting condemnation from important others tend to be motivated to do what they can to run away, hide, lash out, or otherwise defend their self-image and their social image against such a serious threat. As such, it should be no surprise that people are motivated to work to improve their social image after failure by improving themselves and/or improving their social image directly. As social creatures, we want to appear at least minimally successful to those on whom we depend for psychological (like respect) and material (like food) resources. In many ways, the notion of self-forgiveness seems to suggest that efforts at self-improvement are most important in the process of productive self-criticism even if such effort also improves one's social image (see Woodyatt & Wenzel, 2014). However, avoiding condemnation from important others is a potent motivator of moral and other effort that should not be underestimated in comparison to the motivator of improving one's self-image in one's own eyes. Future work on shame and guilt in self-forgiveness would be wise to integrate processes of self-forgiveness with those of receiving other's forgiveness to better integrate forms of shame more concerned with self-image with those concerned with social image. The plasticity of shame as an emotional experience is one advantage to using it as a way to characterize the dysphoria about failure that seems so important to understanding who, when, and why people respond constructively to failure in important domains of their lives that question their character.

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An Evolutionary Approach to Shame-Based Self-Criticism, Self-Forgiveness, and Compassion

Paul Gilbert and Lydia Woodyatt

The Self That Seeks Forgiveness Lives Within a Social Context

What marks humans as different from other animals is not so much their motivation and emotional orientations but the recent evolution of cognitive competencies for processes such as knowing awareness, self-awareness, second-order self-appraisal, systemic reasoning, rumination, anticipation, and attribution, negative self-judgements, and possibilities for self-forgiveness (Byrne, 1995; Gilbert, 2009; Suddendorf & Whitten, 2001). Negative self-evaluation on the one hand, and self-acceptance, self-forgiveness, and self-compassion on the other, can only arise because we have capacities for symbolic self-representations that cannot be separated from the social contexts in which they operate (Gilbert, 2009; Siegel, 2016; Sznycer et al., 2016). For example, obesity in some cultures signals wealth and well-being, whereas in others it signals poor self-regulation. Sumo wrestlers are prized in their cultures, but people of that size on the local London bus would not be. Hence, the focus of shame, self-criticism, and even self-hatred is based in our social contexts (Sznycer et al., 2016). Considering self-criticism and self-forgiveness in social and evolutionary contextual terms provides a platform for recognising that self-criticism, self-compassion, and self-forgiveness can be understood in terms of their social as well as personal forms and functions (Gilbert, 1998a, 1998b, 2009). In addition, it offers a basis for understanding the relationship of compassion to self-forgiveness.

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Evolution of Competing and Caring Motives

Various motivation and emotional dispositions evolve because they benefit survival and gene replication (Buss & Plomin, 2014). Two of the major challenges for all species are (1) competing for resources (including food and sexual opportunities) and (2) offspring survival. Social competition gives rise to a variety of specific competencies (e.g. social comparison and self-other monitoring) to work out how to navigate increases and decreases of social rank and status, cope with threats to one's social standing, and be successful at resource acquisition. In humans, social status is won or lost less with aggression and more in competing to be attractive to others: being accepted, included, wanted, and chosen as a friend, lover, employee, and leader (Barkow, 1989; Gilbert, 1989, 2007; Sznycer et al., 2016). In contrast to competing for social status is the evolution of strategies for ensuring offspring survive to reproduce. Rather than produce hundreds of eggs, with only a few surviving (called *r* selection), mammalian survival has involved producing few offspring but caring for them, and to avoid harming them (called *k* selection; Buss & Plomin, 2014; Crook, 1980; Geary, 2000; Gilbert, 1989). Thus, the motivation to be caring, helpful, and supportive has been central to human evolution (Mayseless, 2016).

Understanding Shame, Humiliation, and Guilt

Self-criticism can be associated with a range of emotions including shame, humiliation, and guilt. Each of these can be understood according to the way they relate to competitive or caring motivation systems. Table 1 offers a snapshot overview of the differences between various self-conscious emotions. Understanding these different motives and emotions suggests that self-forgiveness will operate very differently depending on the emotions and motivations to which it relates.

Shame and humiliation emerge from defences that evolved in the context of dominant-subordinate relations (Gilbert, 1989, 1992, 1998a, 1998b, 2000; Gilbert & McGuire, 1998; Sznycer et al., 2016). Hence, shame responses have a similar profile to submissive defences of eye gaze avoidance, behavioural inhibition and withdrawal, posturally making the body smaller, and elevated cortisol responses (Gilbert, 1992, 1998a, 1998b, 2000, 2009). Attacks of shame can lead people to feel paralysed and even unable to talk or think clearly—all aspects of defensive, behavioural inhibition. Humiliation activates more the non-submissive, fight back, strategies. In contrast, guilt emerges from the evolution of caring behaviour and the avoidance of harming others (kin and allies; Crook, 1980; Gilbert, 1989).

Internal Versus External Shame Shame has been linked to the competitive dynamics of life and can be distinguished between external and internal shame on the basis of the attentional and cognitive focus, and coping behaviours (Goss, Gilbert, & Allan, 1994; Gilbert, 1998a, 2007). There is now good evidence for these distinctions and how they impinge on psychopathology in slightly different ways

Table 1 Rule of thumb distinctions between shame, humiliation, and guilt

Internal shame	Humiliation	Guilt
Rank mentality	Rank mentality	Care mentality
Inwardly directed attention on damage to self and reputation	Externally directed attention is to the threat or damage done to the self by the other	Externally directed attention on hurt caused with empathy for the other, allied with a focus on one's behaviour
Feelings are of anxiety, paralysis, heart sink, confusion, emptiness, self-directed anger	Feelings are of anger, injustice, and vengeance	Feelings are of sorrow, sadness, and remorse
Thoughts focused on negative judgments of the 'whole self', such as being bad, inadequate	Thoughts focused on unfairness of any negative judgments or behaviours by others	Thoughts focused on the 'harm to the other, sympathy and empathy
Behaviours focused on submissive closing down and moving away, avoidant displacement, denial, self harm; self recovery	Behaviours focused on vengeance and silencing the other—having power over the other, belittling and humiliating back	Behaviours focused on trying to repair harm, offer genuine apologies, make amends for the benefit of others

Adapted from, P. Gilbert (2010) *Compassion Focused Therapy*. With kind permission from Routledge

(Kim, Thibodeau, & Jorgensen, 2011). In external shame, attention is focused on the mind of the other and how the other is judging the self and may act towards the self (e.g. rejecting, avoiding, attacking). The self feels looked down upon, unattractive, and 'marked' as undesirable. External shame not only arises from wrongdoing but from making mistakes, being seen as stupid or incompetent, 'letting oneself down in the eyes of others', or having a physical appearance that is unattractive or disfigured. Self-forgiveness for external shame would be forgiving oneself for doing things that has damaged one's reputation, social standing, acceptability, or likeability in the eyes of others. In contrast, for internal shame, attention is turned inwards. The imagined or anticipated audience fades from consciousness into the background; the self becomes the judging audience of the self. The primary emotions associated with shame are ones of anxiety, disgust, and what might be called 'heart sink'.

Humiliation Humiliation can arise from similar events as external shame (feeling looked down or held in contempt by another), but here there is little self-reference (Gilbert, 1998a, 1998b). Rather, the focus is on the threatening behaviour of the other. The essence of humiliation is feeling being 'made to look small'. This can fuel a counter-attack or revenge attack; Scheff and Retzinger (1991) discuss this as 'humiliated fury'. Whereas in shame, individuals try to accommodate to subordinate roles/status, in humiliation they seek to exert dominance in retaliation. Stram (1978) noted that while people may feel they deserve their shame they do not feel they deserve their humiliation (see Gilbert, 1998a, 1998b for a review).

Guilt Guilt is related to the care-focused and harm avoidance motivational system. As Crook (1980) pointed out motivations to care for kin also involve avoiding harming them, with aversive consequences if doing so, and with a motivation to repair any harm done. No parental investment or attachment system could evolve unless there was also a harm avoidance aspect within it. This involves an awareness of not only what an infant needs (e.g. food, protection comfort), but what could be harmful to them. Gilbert (1989) utilised these insights in developing a model of guilt. Gilbert (1989) argues that guilt can arise in contexts of an empathic awareness of unintentionally causing harm. This is then associated with feelings of remorse and sadness and the motivation to repair any harm done.

Understanding Self-Criticism

There is considerable research highlighting how self-criticism is associated with a range of mental health problems (for reviews, see Gilbert & Irons, 2005; Kannan & Levitt, 2013; Shahar, 2016). However, it is important to note that there is a distinction between shame-based self-criticism and compassion-based self-correction (Gilbert, 2009). There are different forms and functions of self-criticism (Driscoll, 1988) that vary from mild self-rebuke and disappointment to self-persecution and self-hatred (Castilho, Pinto-Gouveia, & Duarte, 2015; Gilbert et al., 2004). As these are rooted in different psychological processes, they can be associated with differences in symptom or problem presntations, therapy requirements, as well as differences in the barriers to therapy (Gilbert & Irons, 2005). Recent research has also shown that different types of self-criticism are linked to shame and psychopathology in different ways, with self-hatred being more pathogenic than inadequacy (Castilho, Pinto-Gouveia, & Duarte, 2017) (Table 2).

Self-Criticism as a Means of Feeling in Control Criticising one's self may give the feeling of being in control when in reality one is not, with many difficulties in life arising arbitrarily. Bergner (1995) developed these themes and explored their links to psychopathology and their psychotherapy (see also Woodyatt, Wenzel, & de Vel Palumbo (2017)).

Self-Criticism as Redirected Anger One function of self-criticism was identified centuries ago by Freud (1856–1939), who borrowed from the German philosopher Frederic Nietzsche the idea that 'no one blames themselves without a secret wish for vengeance' (Ellenberger, 1970). This basic idea was to appear in Freud's 1917 publication *Mourning and Melancholia*, in which he distinguished *mourning* (where the world had become empty) from *melancholia* (where the self had become empty). For the latter, Freud proposed that some individuals had high hostility towards people they depended on but failed to express it due to fear of a counter-attack or loss of support. This became known as the 'anger turned inward' model.

Self-Criticism as Appeasement of a Powerful Other A different take on the same basic idea was generated by the attachment psychiatrist John Bowlby (1980).

Table 2 Distinguishing between shame-based self-criticism and compassionate self-correction

Shame-based self-attacking	Compassionate self-correction
• Focuses on the desire to condemn and punish • Punishes past errors and is often backward looking • Is given with anger, frustration contempt, disappointment • Concentrates on deficits and fear of exposure • Focuses on self as a global sense of self • Includes a high fear of failure • Increases chances of avoidance and withdrawal	• Focuses on the desire to improve • Emphasises growth and enhancement • Is forward looking • Is given with encouragement, support, kindness • Builds on positives (e.g. seeing what you did well and then considering learning points) • Focuses on attributes and specific qualities of self • Emphasises hope for success • Increases the chances of engage
For a transgression • Shame, avoidance, fear • Heart sink, lowered mood • Humilation-Aggression	*For a transgression* • Guilt, engage • Sorrow, remorse • Reparation
Consider example of critical teacher with child who is struggling	Consider example of encouraging supportive teacher with child who is struggling

Adapted from, P. Gilbert (2009) *The Compassionate Mind*. With kind permission from Constable Robinson

He posited that children, who are dependent on their parents, may not be able to express anger or defend against parental hostility or rejection as to do so could escalate parental hostility. Consequently, when a child is hit they tend to assume they have done something wrong rather than view their mother or father as an impulsive, aggressive person. Bowlby coined the term 'defensive exclusion' to refer to the way in which a child learns to exclude from awareness the bad behaviour of the parents (and later, others), and take blame personally in order to maintain some kind of positive attachment. One can imagine that these children may be particularly likely to self-blame in contexts of conflict, and likely to be poor self-forgivers. They can become overly apologetic, submissive, and take responsibility in contexts where that might be inappropriate (for reviews see Mikulincer & Shaver, 2007).

In terms of cultural history, many early civilisations, such as the Aztecs, had a belief in the power of the gods to control the fates. The way to avoid the misfortunes of (say) droughts, famines, and diseases was to try to get the gods on side. The way to do this was to try to work out what they wanted, be obedient, and sacrifice to them as a demonstration of one's submissiveness, gratitude, and followership (Garcia, 2015). The key point is that if the scarifices do not work, and the famines are as bad as ever next year, people do not direct their anger at the gods (who have failed them) because that would be too dangerous, but to themselves with questions of 'what did we do wrong to upset you' (self-blame) and 'how can we win your favour again' (appeasement), maybe even more sacrifices. In a context of individuals (even imagined ones) who are powerful and vengeful, subordinates cannot afford to express anger but must self-monitor their behaviour, and this process of self-monitoring may easily become a form of self-blaming and fear or doing something

wrong (Fournier, Moskowitz, & Zuroff, 2002). Forrest and Hokanson (1975) showed that in a conflict situation, depressed people felt relieved by being able to be self-critical whereas non-depressed people preferred to be assertive. So self-blaming and self-criticism are clearly related to power dynamics and that will be important for self-forgiveness. (See Gilbert & Irons, 2005).

Further evidence that some forms of self-criticism do indeed develop within a background of threatening environments was revealed in a major study by Sachs-Ericsson, Verona, Joiner, and Preacher (2006). They found self-criticism, but not dependency, was a full mediator of the relationship between childhood parental verbal abuse and internalising difficulties associated with depression and anxiety symptoms. For other forms of abuse, self-criticism was only a partial mediator.

In addition, Irons, Gilbert, Baldwin, Baccus, and Palmer (2006) found that recalling parents as rejecting, overprotecting, and controlling was significantly related to both inadequacy and self-hating forms of self-criticism. In contrast, recall of parental warmth was negatively correlated with them. In addition, recalling parents as warmth and helpful was associated with the ability to be self-reassuring when things were difficult. The impact of recall of negative parenting on depression is mediated by forms of self-criticism, while the effect of parental warmth on depression was mediated by the ability to be self-reassuring. The study also found that a fearful avoidant attachment style (keeping emotional distance from others because one is frightened of them) was significantly linked to self-criticism compared to a dismissing style (which involves not engaging in close attachments because one does not see them as helpful or useful). Such data further indicate the social and relational dynamics of self-criticism.

It is known that socially anxious people tend to see themselves as subordinate and inferior to others (see Gilbert, 2014a; Weeks, 2014, for reviews). Similarly, social anxiety is associated with both self-blaming and self-criticism. For example, Trower, Sherling, Beech, Horrop, and Gilbert (1998) asked anxious and non-anxious students to engage in a free-flowing open conversation with a lecturer. The lecturer, however, was primed to break social conversation rules such as randomly changing the subject and speaking over the student. When asked about the reasons for the lecturer's behaviour, students low on anxiety blamed the rudeness of the lecturer, while socially anxious students blamed themselves (e.g. that they were boring).

Self-Forgiveness

Recognising these underpinning functions of self-criticism indicates that the concept of self-forgiveness is very tricky because self-forgiveness can seem threatening when people's tendencies to self-blame and self-criticise are rooted in their safety strategies. Both taking blame and seeking forgiveness can be seen as safety seeking efforts to calm the anger in the minds of the (powerful) other(s) so that the self is not rejected or hurt. Indeed, sometimes individuals can be so fearful of retribution that they will literally beg for forgiveness and continue to be in a state of loathing and

distress without it (Garcia, 2015; Plante, 2016). In nonhuman primates too, when a subordinate has been threatened or hurt by a dominant they may, after a while, seek the reassurance of the dominant by approaching them with very submissive postures. Generally submissive signals are natural de-escalators of anger and hostile intent. This is called 'reverted escape' where the subordinate returns to the source of the threat (see Gilbert, 2000 for reviews). These kinds of safety behaviours, which may appear as submissive seeking of forgiveness, can be linked to the regulation dyadic relationship of hostile-dominance and subordination.

Thus, we can see that self-criticism and related emotions such as shame are highly related to competitive motives that arise within hierarchical social groups where status and power dynamics are at play. One question we might ask is to what extent does having power or status mitigate against tendencies to self-blame and self-criticise, or facilitate self-compassion and self-forgiveness (Gilbert & Miles, 2002). Certainly, during the Global Financial Crisis many individuals knew perfectly well they had caused harm but neither owned responsibility, nor felt a need for forgiveness from others, let alone self-forgiveness (Sachs, 2012). Indeed, rather than engaging in responsibility and showing regret or remorse there is some evidence that those who are dispositionally higher in power (e.g. high on narcissism) may simply justify their behaviour (Strelan, 2007). Certainly, those in positions of power seem to exhibit less concern for others and their suffering (Keltner, 2016).

Compassion Towards Self and Others

In contrast to power and competitive motives, our capacity for compassion evolved from mammalian motives for caring (Mayseless, 2016). What links caring to compassion is our socially intelligent competencies that allow us to *knowingly* engage in helpful acts (Gilbert, 2017). So many mammals care for their infants by protecting them and feeding them; however, we would not necessarily call this compassionate behaviour.

We can define compassion as an aspect of caring involving a sensitivity to suffering in self and others with a commitment to try to alleviate and prevent it (Gilbert, 2017; Gilbert & Choden, 2013). From this definition, there are two basic sets of psychological competencies required. The first is our ability to turn towards signals of distress and suffering rather than avoid them, dissociate, use denial or justification—even if we are the cause. The second is moving to an action orientation and working out what is a wise thing to do. In the case of compassion, we can identify six competencies for engaging with distress and six for working out what to do. These are given in Fig. 1. By articulating the competencies that underpin compassion—such as attention sensitivity, distress tolerance, empathic insight, courageous behaviour—we will be able to explore how each of these can play a role in self-forgiveness. For example, it is clear that an inability to tolerate distress or understand one's actions could mitigate against self-forgiveness. One has to be empathic to the distress one causes, even unintentionally, in order for self-forgiveness to rise
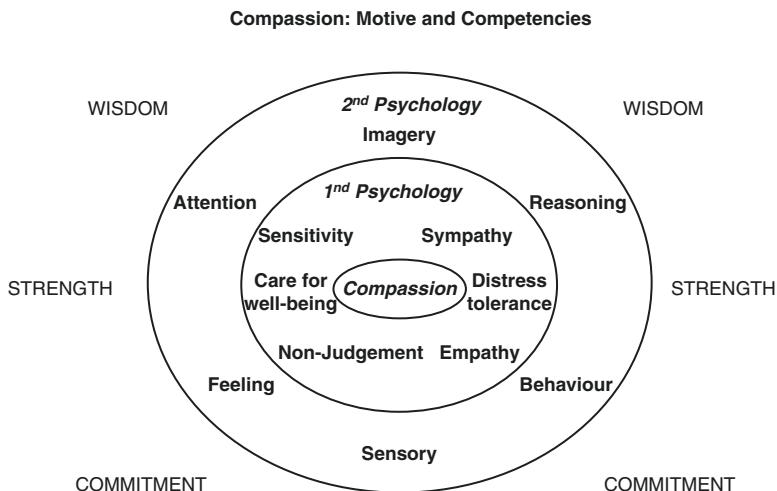
Compassion: Motive and Competencies

Fig. 1 The competencies of compassion. Adapted from, P. Gilbert (2009) *The Compassionate Mind*. With kind permission from Constable Robinson

at all. So self-forgiveness may require one or more particular facets of compassion to be developed.

A crucial point here is that self-forgiveness may work very differently according to the underpinning motivational system. The functions and healing of rank, power, and (global-self) shame based underpinings for self-criticism and self-forgiveness will be different from care concern (behaviour-focused) underpinings for self-criticism and self-forgiveness.

Competencies of Compassion and Their Role in Self-Forgiveness

One way of developing facets of compassion is through approaches such as Compassion Focused Therapy (Gilbert, 2010). Below we outline facets of compassion that may be particularly relevant for those struggling with self-forgiveness that are addressed within Compassion Focused Therapy (CFT). As with most psychotherapies, change begins first with a willingness to move towards or into the difficulty, the capacity to recognise a need for self-forgiveness, and then the desire to address this and relieve it.

Attention Sensitivity Compassion requires us to pay attention to the nature and extent of suffering and the source of our or others' distress. Noticing and attending to an aversive state (guilt and shame, or self-criticism or self-dislike) rather than

dissociating from it is important. This state of mindfulness, of recognising and attending to one's thoughts and emotions, is part of compassion.

Sympathy   When we pay attention to distress in oneself and others, we can be emotionally moved by that distress. This reaction is typically labelled as sympathy (Eisenberg, VanSchyndel, & Hofer, 2015). In a way this is feeling distressed for our distress as opposed to indifference. So partly what motivates one to consider and develop self-forgiveness is being emotionally moved in some way with the pain that certain actions and a lack of self-forgiveness cause us.

Distress Tolerance   Developing emotion and distress tolerance is essential to most psychotherapies. In order to forgive others, we need to be engaged with, and to tolerate the pain, hurt, and anger others have caused us. Self-forgiveness is likely facilitated by learning to tolerate genuine guilt-based remorse and sadness. We may gain insight into our need for self-forgiveness when we are able to tolerate the way in which our self-criticism and lack of self-forgiveness underpins (say) feelings of being unlovable, disconnected, or lonely. Again if we block out from those feelings, if we cannot tolerate to look deeply into them or bear them, then we may not fully recognise the harm of shame-based self-criticism and self-hatred and the need for both self-acceptance and self-forgiveness (Gilbert & Irons, 2005).

Empathy   Empathy is the ability to resonate emotionally with the experiencing of self and others and also understand it. Generally, there is a focus on two dimensions of empathy: (1) emotional contagion and attunement and (2) perspective taking (Decety, Bartalm, Uzefovsky, & Knafo-Noam, 2016; Decety & Cowell, 2014). Empathy also enables us to recognise and anticipate the 'consequences' of our behaviour and the impact we have on others. Without it we may lack insight into the harmful and hurtful nature of our acts, which will inhibit processes of self-forgiveness. Beyond this, empathy enables us to connect with our common humanity. However, part of that common humanity is the realisation that people are not entirely an individualised, autonomous 'in control' selves. Rather our needs and desires have been complexly developed through the interaction of genes, physiology, and social contexts (Gilbert & Choden, 2013). CFT has the view that 'I'm not responsible for *having* an anger or sex system or it's vigour or even it's typical elicitors –as these were built by genes and physiological systems choreographed – by background.' A car is very useful but also potentially dangerous and therefore we have to learn how to drive it carefully and responsibly. It's the same with our minds: they are potentially wonderfully creative and caring but also potentially dangerous to us and others. So we need to take responsibility for learning how to 'drive them' safely. Empathic insight into the evolving nature of mind helps us see this. Empathy requires acquiring wisdom and understanding that the human brain is full of conflicting motives. With a lack of self-empathy we tend to have unrealistic expectations of what is possible for us. Compassionate self-correction is a way of being motivated to see our mistakes honestly and openly in order to improve (Gilbert, 2010).

Nonjudgement   The sixth engagement quality of compassion is nonjudgement. This relates to an ability to be accepting and open to one's experience, without condemn-

ing and closing down on it. It again addresses the self-focused, self-critical elements but can enable experiences of guilt, associated with sadness and remorse. Inaddtion to the six engagement competencies are those for taking compassionate action, such as using insight, wisdom and courage (see Gilbert 2009, 2017 for a fuller discussison).

CFT is a motivational approach to compassion and identifies a number of competencies. These competencies are the basis for compassionate mind training (e.g. how to improve distress tolerance, empathy, courageous behaviour, and evidence-based thinking). Central practices use breathing, posture, and behavioural techniques to construct a sense the self consistent with who we would be if we were at our most compassionate. Therapists can then help clients develop competencies such as empathy and distress tolerance, along with the competencies for courage and wisdom and to change. Using the example of self-forgiveness, one might invite the client to step into the compassionate state and then consider: 'as your compassionate self how would you like to develop the tolerance you need to be self-forgiving; how would you like to see this problem that would enable you to be more self-forgiving; as your compassionate self how would you wish to act to enable you to be more self-forgiving; what might you need to do in order to practice becoming more self-forgiving.' (see https://www.youtube.com/watch?v=VRqI4lxuXAw). CFT spends a lot of time helping people to construct and imagine themselves at their compassionate best—focusing on attention, using imagination and reason, developing courageous action, learning body awareness, and recognising and acknowledging feelings that arise. Teaching people how to deliberately switch into these imagined states of mind, using breathing exercises to stimulate the vagal nerve, body postures, and various other mental rehearsals, plays important roles in therapeutic change (see Kirby, 2016; Kirby & Gilbert, 2017; Leaviss & Uttley, 2015; McEwan & Gilbert, 2016). CFT also uses a range of acting techniques to facilitate this process (Gilbert, 2010). CFT suggests that by creating compassionate states of mind and using the psychoeducation model, with various imagery and body-based practices, clients are able to discover their own internal wisdom from which they can develop a basis for self-acceptance and self-forgiveness.

Conclusions

Tragically, human brains have evolved in such a way that we have many internal and external conflicts, and dispositions to do harmful things to ourselves and others. Among our recently evolved competencies are ones for knowing self-awareness and self-monitoring. We can become judgemental and condemning of ourselves in ways that stimulate internal threat processing and keeps us in high states of threat/stress. It is unlikely other animals can do this. In addition, shame-based self-criticism creates a sense of difference and disconnection from others.

This chapter has argued that the family of self-monitoring processes such as shame-based self-criticism and self-condemnation can be distinguished from guilt

and self-compassion in regard to the underlying evolutionarily shaped motives for competition or care. Any intervention therefore would likely benefit by exploring the functions of self-criticism because different functions will give rise to different facilitators and inhibitors of self-acceptance and self-forgiveness.

Compassion approaches seek to create particular states of mind which enable people to use their own internal wisdom, strength, and courage to address the issues that require self-forgiveness. Self-forgiveness is not letting oneself off the hook but at times feeling the sadness of remorse more intently. Cultivating our inner capacity for caring and compassionate ways of being with oneself and the dark side of one's nature offers an opportunity for healing and integration (Gilbert, 2017).

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Working Through Psychological Needs Following Transgressions to Arrive at Self-Forgiveness

Lydia Woodyatt, Michael Wenzel, and Melissa de Vel-Palumbo

Through intention or inattention humans can commit transgressions, violate important values, or do wrong. We can harm others. Sometimes those we hurt are those we love the most. Painful emotions (e.g., guilt, shame, disappointment) often accompany knowledge that we have wronged people, especially those we care about. We are fundamentally motivated to maintain communion with others (Abele & Wojciszke, 2014) and, related to this need for belonging, to think of ourselves as relatively good people, as appropriate group members and relationship partners (Leary, 2000). This need can be classified as a need to maintain *moral-social identity* (Shnabel & Nadler, 2015). We are also motivated to maintain a sense of *agency* (Abele & Wojciszke, 2014), to perceive ourselves as relatively in control of ourselves, and as purposeful and powerful actors in our own stories. However, when we commit a transgression our needs to maintain a positive moral-social identity and a personal sense of agency can appear to be pitted against one another.

For example, imagine you have betrayed somebody's trust by revealing a secret. To protect your social-moral identity, you may see the betrayal as not representing your true self, but this raises questions about your agency: who or what made you do it? Alternatively, you may maintain your agency and accept the choices you made, but then this raises questions about your morality: how could you do it—are you even a good person? These conflicting needs can elicit problematic self-protective strategies (i.e., defensiveness or self-punishment) as attempts to reduce one or both of these threats. Understanding the nature of the psychological needs that arise following a transgression may be essential to successfully resolve the

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experience of having committed a transgression, but in such a way as to lead to a renewed sense of self, reconciliation, and a pro-social orientation.

In this chapter, we will explore the psychological needs that arise following transgressions, and how these needs shape our understanding of the difficulties of the process of self-forgiveness, particularly difficulties relating to taking responsibility. We propose that the work of self-forgiveness is not simply to reduce the negative self-evaluations or aversive emotions associated with wrongdoing, which can be achieved through processes that simply deflect responsibility. Rather the challenge is to *work through* a process whereby people reestablish their senses of both moral-social identity and agency. We describe value reaffirmation as a means of harnessing moral-social identity and agency in a process of self-forgiveness that facilitates the restoration of the offender, victim, and those in the surrounding community.

The Need for (and Challenge of) Self-Forgiveness

> And he got sick, both of us got sick, but Jack was the one who died. And he might have lived if I hadn't been such a bad person. If he'd been 'enough' for me, he'd never have got HIV….Jack died thirty years ago. I dream about him almost every night. It's good to see him alive. For a moment, I don't have to blame myself for his death.
>
> –Humans of New York, September 13, 2016 (Humans of New York, 2016)

When we consider the above example, two points stand out in relation to self-forgiveness. First, self-blame and its emotional correlates can be painful and enduring, potentially lasting a lifetime—especially when we have hurt others. Given the psychological, relational, and physical correlates of chronic self-blame and shame (Cibich, Woodyatt, & Wenzel, 2016; Dickerson, Gruenewald, & Kemeny, 2004), it is understandable that clinicians and researchers have applied themselves to helping individuals to cope with these experiences. However, when we consider our example above, a second observation emerges: there are things for which self-blame can be warranted because we do carry some responsibility. In these contexts, a complete absence of self-blame would seem immoral. These are situations where the need for self-forgiveness arises, where, on one hand, there is a person that needs to be released from chronic or debilitating self-blame, but, on the other hand, there is a real wrong that has occurred.

Specifically, what is needed is *genuine self-forgiveness*. Genuine self-forgiveness does not release the offender (the self) from responsibility for wrong actions, blame, guilt, and shame, but rather implies the severance of the negative link between responsibility and positive self-regard (Wenzel, Woodyatt, & Hedrick, 2012). Simply restoring one's self-regard by releasing the self from responsibility or 'letting oneself off the hook' represents *pseudo* self-forgiveness only (Hall & Fincham, 2005; Tangney, Boone, & Dearing, 2005; Wenzel et al., 2012). It does not qualify as self-forgiveness because, with the blame erased, there is actually nothing left to forgive. Genuine self-forgiveness has been so termed to distinguish pseudo self-forgiveness from a form of self-forgiveness where the offender accepts responsibility, experiences the negative

resulting emotions, and then works through their actions, thereby moving toward a renewed self-regard. However, as the above example illustrates, working through one's actions can be easier said than done. This is the difficult work of self-forgiveness.

A Needs-Based Approach: Transgressions Threaten Basic Psychological Needs

Why is it that perceived transgressions are so hard to recover from, particularly when we hurt others? Psychologists have argued that one reason transgressions are so problematic is that they relate to two fundamental human psychological needs, mapping closely onto the "Big Two" dimensions of content in social cognition: communion and agency (Abele & Wojciszke, 2014). Specifically, proponents of the needs-based model of reconciliation (Shnabel & Nadler, 2008, 2015) argue that committing a transgression threatens an offender's need for moral integrity and social acceptance, and if unresolved this need can form a barrier to reconciliation with a victim. We have argued that this need for social-moral identity can relate to how a person is able to work through their wrongdoing and reconcile with themselves (Woodyatt & Wenzel, 2014; Woodyatt, Wenzel, & Ferber, 2017). Further, offenders (like victims) may also feel threats to their sense of agency, power, and control (Okimoto, Wenzel, & Hedrick, 2013; Okimoto & Wenzel, 2014; SimanTov-Nachlieli, Shnabel, & Halabi, 2016; SimanTov-Nachlieli, Shnabel, & Mori-Hoffman, 2017). We propose that both the need for moral-social identity and the need for personal agency are placed under threat in the process of working through one's own transgression. We argue here that these needs are difficult to process and under some conditions can lead to problematic self-protective tendencies to satisfy one need at the expense of the other.

Transgressions Threaten Our Need for Moral-Social Identity

The need for moral-social identity is derived from our need for belonging. This need can also be referred to as need for acceptance, relatedness, or communion (Shnabel & Nadler, 2008, 2015). Given the necessity of relationships for survival, it is critical that we maintain a secure place within social groups. As Leary (2000) has argued, we are motivated to maintain a global sense of being an "appropriate" relationship partner or group member. Appropriateness is guided by our perception of group norms, values, and expectations. Violation of these norms, values, and expectations threatens our sense of belonging because groups can choose to marginalize or exclude those who threaten a group's *way of being,* in order to maintain group cooperation, reciprocity, and cohesion (Baumeister, Stillwell, & Heatherton, 1994).

Related to the need for belonging, psychologists have long argued that we are motivated to protect our sense of self-integrity, self-consistency, or self-determination

(Festinger, 1957; Ryan & Deci, 2000; Sherman & Cohen, 2006; Steele, 1988). Our needs for self-consistency and social belongingness are entwined because our sense of morality (i.e., being a "good" person) is intimately connected to our group memberships, via internalization of group norms, values, and expectations. Thus, our need for social-moral identity—of being a "good" person—is developed and defined by the internalization of the norms, values, and expectations of the groups to which we belong; and our conformity to those group norms, values, and expectations is what makes us a "good person." Indeed, some have argued that our desire for self-consistency only matters to the extent that it has an impact on our social survival (Leary, Raimi, Jongman-Sereno, & Diebels, 2015).

The perpetration of a transgression represents a threat to people's interconnected sense of belonging and sense of self-consistency—together referred to as the need for moral-social identity (Okimoto & Wenzel, 2014; Shnabel & Nadler, 2015; Woodyatt & Wenzel, 2014). A transgression reflects that offenders are not true to their values, socially defined and internalized; they are not conforming with their group's norms and values and thus do not seem to share values that define the group's identity and their mutual belonging. In fact, they may be seen as undermining or challenging those group values, to which the group may respond, possibly with exclusion. Emotions such as shame and guilt (and other self-conscious emotions) are thought to be indicators of an underlying threat to social-moral identity (for a review, see Cibich et al., 2016). These emotions highlight to us the possibility that we have done something that implies we are less than a good person/group member.

Transgressions Threaten Our Sense of Agency

Agency (from a psychological perspective) refers to the capacity to act, take initiative, and have an influence over one's own life situation (Abele & Wojciszke, 2014). Agency includes personal perception of competency and status, power and control, and strength or capacity to act. While a transgression may sometimes be felt as taking control, the perpetration of a transgression can also represent a threat to the offender's sense of agency, first, because of social consequences and sanctions the offender may fear. The victim may seek revenge and/or the group impose a punishment, degrading the offender's status, disempowering the offender, and potentially incapacitating the offender (e.g., through incarceration) (see Wenzel, Okimoto, Feather, & Platow, 2008). Second, offenders may perceive their transgression as a symptom of lack of self-control, as weakness in giving in to temptation, and the inability to take charge of their lives. Indeed, agency also includes the capacity to understand or make sense of what has occurred. If we do not understand why something has occurred, our capacity to act is undermined because we do not know how to respond in order to achieve a predictable outcome. On the other hand, if we understand the cause of an action, we remain effective agents with the potential to respond to the behavior and to prevent it from reoccurring in the future. Thus, motivations for power, control, and understanding are key components of a sense of personal agency in the context of transgressions.

While concerns about agency have been traditionally explored in the context of victim rather than offender needs (Shnabel & Nadler, 2015; Wenzel et al., 2008), researchers have recently presented evidence that a need for agency may also apply to offenders, at least in some contexts. For example, Okimoto et al. (2013) found that offenders who withheld an apology experienced an increase in both their sense of self-consistency (to their own values) and their sense of status/power. The apology refusal seemed to repair concerns for both agency and concern for violated values, which was in turn associated with higher self-esteem. Also, offenders who see themselves as both offenders and victims (in the context of an intergroup conflict) have been shown to have a need for agency similar to the need experienced by victims (SimanTov-Nachlieli et al., 2016).

Following from the view that we may experience needs for both agency and moral-social identity when committing a transgression or wrongdoing, we may be faced with a psychological conundrum. On one hand, we want to be moral, good, and consistent. In that case when confronted with our own bad actions we might think, *How could I have done this? I am a good person, I wouldn't do something like this.* To make sense of our moral failure we deny our responsibility—our agency. On the other hand, we want to be agentic. We might think, *I am in control, I chose to act*. In order to make sense of our behavior, we may then try to deny that what we have done was wrong. We might, therefore, betray our morality. With the needs for moral integrity and agency thus appearing mutually exclusive, offenders may be tempted to satisfy one by sacrificing the other.

Attempts to Resolve these Dual Concerns

Following a transgression there are multiple ways that we can cope with a threat to our moral-social identity. One way is to minimize the threat to our moral-social identity (i.e., I am a good person/group member) by denying our agency, claiming we are victims of circumstances, outside pressures, actions of others, or even parts of ourselves over which we have no control (Bandura, 1999). But if we are not in control of the circumstance, how can we predict, control, or affect what will happen in the future? How can we stop it from happening again, take charge, change, and move forward? Thus, over time maintaining our sense of personal morality can undermine our sense of agency if moral-social identity maintenance is our chief priority. Alternatively, following a transgression we can strive to maintain (or regain) a sense of agency (i.e., of being in control of our own actions) by denying our moral failing. Attempts to maintain our agency may include strategies like claiming our actions were justified, or claiming that we were acting in accord with a higher ideal. However, self-justification of this sort is likely to be challenging because others (e.g., those we have hurt) may not agree with us. Maintaining a sense of moral agency by denying moral failing may require us to avoid thinking about the event, or to avoid people connected to the event who may remind us of our actions. And we may know, or at least have a lingering feeling, that we should have done otherwise

(Wenzel, Woodyatt, & McLean, 2016). This sense of dissonance might, over time, even lead us to disconnect from those communities or abandon the underlying moral values we have violated. Thus, by attempting to maintain our sense of agency, we sacrifice our sense of morality.

Moral disengagement describes the manner in which people distance themselves from the guilt and self-reproach associated with harming others (Bandura, 1999). The theory outlines eight processes of disengagement, but we can cluster them into two broad types: (1) one type minimizes threats by proposing the transgressor is agentic (in control) but essentially denying that any immoral action was committed (e.g., devaluation/dehumanization to exclude the victim from the community of moral concern, minimization of harmful consequences). (2) Another type of disengagement processes maintains morality but reduces agency by shifting responsibility onto others (e.g., minimization of role, diffusion of responsibility). These processes are part of a range of defensive strategies through which humans brush off threats to the self that arise as a result of failures and negative feedback, processes that in other contexts help us to maintain perseverance and move forward with goal-directed action. However, in the context of transgressions, these behaviors can lead to ongoing perpetration of harm. These responses have been labeled *pseudo* self-forgiveness because they are processes by which a person can renew their sense of self-regard and reduce self-condemnation, but by denying their responsibility for their actions (see also Tangney et al., 2005; Wenzel et al., 2012).

On the other hand, rather than shrugging off the threat to moral-social identity, *self-punishment* may reflect an attempt to repair both needs. By acknowledging one's responsibility for the wrong and taking actions to show contrition, one is agentic, and simultaneously confirms that one knows right from wrong. However, self-punishment can be problematic as well. While seemingly opposite to defensive strategies, research suggests that self-punishment *can* similarly function to simply purge one's guilt (Bastian, Jetten, & Fasoli, 2011; Inbar, Pizarro, Gilovich, & Ariely, 2013). By taking justice in one's own hand, offenders-turned-punisher maintain their agency while, through a self-directed act, they may attempt to expunge their guilt without necessarily changing or repairing any harm that has occurred (Bastian et al., 2011; van Bunderen & Bastian, 2014). When an offender self-punishes instead of making amends, threat to moral-social identity may remain unresolved.

Alternatively, where self-punishment is not intended as a quick fix of purging one's guilt, offenders may feel they cannot let go of their self-punishment lest they betray their moral values. However, holding onto self-punishing thoughts may become paralyzing in the longer term and eventually undermine agency. Indeed, many self-punishers find it difficult to move on from self-reproach and in fact report feeling worse after instances of self-punishment (de Vel-Palumbo, Woodyatt, & Wenzel, 2017). It is as though a self-punisher attempts to reinforce their moral-social identity (*I know right from wrong*) but at the same time concedes their immorality (*I am a bad person deserving of punishment*). Similarly, while self-punishment asserts agency (*I am the one who acts, who is responsible*), self-punishment may also undermine agency by conceding that the self needs to be controlled via punishment (Holmgren, 2012). Thus, there is the possible fallacy that self-punishment

(just like pseudo self-forgiveness) attempts to restore agency at the expense of moral-social identity repair or that it commits to a moral-social identity yet at the expense of agency over time. In order to satisfy both of these psychological needs, an alternate process is needed.

Self-Forgiveness as Moral Engagement

Here is the challenge of *genuine* self-forgiveness. Self-forgiveness that is genuine typically requires the application of time and effort to *work through* one's actions and responsibility (agency) in order to restore one's moral-social self (Holmgren, 2012). We posit that pathways to self-forgiveness are achieved through moral *engagement*, working through these core questions about the self, rather than bypassing or avoiding them or by going too far in the opposite direction of excessive self-blame. Finding the fine line of appropriate responsibility allows offenders to reconcile moral-social identity and agency issues, rather than pitting them against each other.

Self-Forgiveness is not Simply Making Ourselves Feel Better

Early self-forgiveness work tended to define self-forgiveness (in measurement and intervention) as reduced self-resentment and self-condemnation, and increased self-compassion, generosity, and love toward the self (Enright, 1996b; Mauger et al., 1992; Tangney, Boone, Fee, & Reinsmith, 1999). However, when researchers focused on achieving these outcomes a pattern emerged. Increased positive self-regard and reduced self-condemnation were not positively associated with change, responsibility, or amends, neither correlationally, longitudinally, nor following interventions (Bell, Davis, Griffin, Ashby, & Rice, 2017; Fisher & Exline, 2006; Wohl & Thompson, 2011; Woodyatt & Wenzel, 2013, 2014; Woodyatt et al., 2017; Zechmeister & Romero, 2002). For example, applying the logic of self-affirmation, it might be expected that if we can reduce negative affect associated with transgressions perhaps we can reduce avoidance and thereby increase approach-orientated behaviors (Sherman & Cohen, 2006; Steele, 1988). Empirically, this was tested in the context of interpersonal transgression using traditional self-affirmation (i.e., individuals reaffirm personal values unrelated to the domain of failure; Woodyatt & Wenzel, 2014), self-compassion (i.e., expressions of kindness toward and common humanity of the self; Woodyatt, Wenzel & Ferber, 2017), or affirmation of belonging (i.e., recall of experiences of feeling loved and accepted; Woodyatt & Wenzel, 2014). In all cases, participants felt better—but they did *not* take increased responsibility or make amends. Over time they actually trusted themselves *less*. Apparently, feeling better about the self does not necessarily mean that offenders engage in moral repair or reform—it might in fact be antithetical to it. Importantly, while responsibility was a key component in self-forgiveness theory, it was only

peripherally addressed (for discussion, see Wenzel et al., 2012; Woodyatt et al., 2017) and so self-forgiveness seemed equated to simply letting oneself off the hook. Thus, the empirical research to date suggests that emotion-focused and self-focused interventions are effective at reducing negative feelings toward the self, but not necessarily effective at encouraging genuine self-forgiveness that also promotes responsibilitytaking and amend making.

Given the painfulness of negative feelings such as shame and guilt, it is not surprising that their alleviation had become the focus of self-forgiveness research and practice. However, potentially this approach is equivalent to focusing on the symptoms rather than the cause (Woodyatt et al., 2017). Emotions are indicators or guides that help us to negotiate our social environment and to pursue the satisfaction of psychological needs and goals (see Gilbert & Woodyatt 2017, Chap. 3; Leach 2017, Chap. 2. Simply ridding us of negative emotions means failing to utilize the self-regulatory functions of those negative emotions. Put differently, perhaps a lack of self-condemnation and presence of positive self-regard are not necessarily indicators of success at working through one's transgressions. Self-condemnation (and the associated aversive emotions) is an adaptive response to *moral* transgressions and indeed a sign of normal psychological well-being. As such, self-forgiveness may be best achieved by understanding and addressing the psychological needs to which our emotions are alerting us, rather than by avoiding them.

Self-Forgiveness Involves Understanding One's Responsibility

[Interviewer] "What do you feel most guilty about?"
[Respondent] "Going to Iraq and killing people."

–Humans of New York, October 25, 2014

Researchers and clinicians have come far over the past decade in empirically demonstrating the important role of responsibility-taking and of feelings like guilt, remorse, and even shame in the process of self-forgiveness (Wenzel et al., 2012). Self-forgiveness interventions specify the need for responsibility as part of the self-forgiveness process (Woodyatt, Worthington, Wenzel, & Griffin, 2017). However, responsibility represents the first major hurdle to self-forgiveness, because there are several barriers that can inhibit responsibility-taking.

Responsibility-Taking is Hard Recognizing our wrongdoing is likely to *increase* rather than decrease aversive emotions such as shame, guilt, or remorse. By acknowledging our responsibility, we admit, yes, we did violate group values. That acknowledgement actually increases our threat to moral-social identity (at least initially). In this way, responsibility-taking is necessary for self-forgiveness, but is psychologically costly and painful (Fisher & Exline, 2006; Hall & Fincham, 2005). Emotions of guilt, shame, and remorse are part of the process of self-forgiveness rather than a sign of a failure to self-forgive. To understand the role of negative emotions is an important part of working through self-forgiveness. A useful analogy is that of a fuel gauge

(originally used by Leary, 2000, when explaining self-esteem). Our emotions are gauges of underlying psychological needs. The issue is not the gauge per se, it is the deficit (or potential deficit) to which we are being alerted. That is, just as our fuel gauge alerts us to our threat of running out of fuel, our emotions alert us to threatened psychological needs. Of course, sometimes our gauge can be misaligned or inaccurate. In relation to our moral-social identity, our past history, our relationships, particularly the security with which we view our attachments, may lead to our "rejection gauge" alerting us preemptively or inappropriately to this threat, experiencing heightened shame or guilt even when we have little or no responsibility. Part of working through self-forgiveness is figuring out to what extent our "gauge" is accurate.

Perceived Difficulty of Moral Repair can have an Impact on Taking Responsibility Signs of stigma and rejection by others can inhibit acknowledgement of shame. For example, Woodyatt and Wenzel (2013) found that social rejection from the victim, either in the form of perceived hostility or lack of willingness to forgive, exacerbated pseudo self-forgiveness—the defensive downplaying of responsibility and wrongdoing. One possibility is that social rejection and stigma communicates to an offender that the pathway to repair is difficult, or even impossible. Recent research on shame suggests that shame leads to avoidance, when it is perceived to be difficult to repair (Cibich et al., 2016; Leach & Cidam, 2015; Leach 2017, Chap. 2). That is, to the extent that there are available pathways to repair one's moral-social identity and sense of agency, we expect that transgressors will be able to acknowledge shame/responsibility and move toward repair.

Social stigma may not be the only factor that impacts perceived reparability. Other issues such as distance from the perceived victim (i.e., physical, relational or temporal distance from the transgression event) or indeed the death of the person involved can mean that the potential response of the other person is not clear and the pathway to repair seems costly or difficult. Interestingly, at least in one study, third-party responses seemed to be as important as victim responses for offenders evaluating reparability (Woodyatt & Wenzel, 2013, Study 2), where perceptions of stigma/rejection (versus respect) can similarly impact responsibility. Third-party respect may communicate to an offender both pathways to reenter the community and a belief in the person's agency. By extension, contexts such as group interventions (see Worthington, Griffin, & Wade, 2017), where norms of respect are established, may be useful for self-forgiveness interventions. There are likely a range of other cognitive and individual difference variables such as perceived malleability of the self that may also impact on whether the self is perceived as reparable or not, and these should continue to be explored in the context of self-forgiveness and responsibility.

Responsibility is Hard to Nail Down Perhaps one of the more challenging issues relating to self-forgiveness concerns what the "appropriate" amount of responsibility actually is in a given situation. For some individuals, their sense of responsibility is inappropriate or disproportionate. Consider the following examples:

> I used to ride motorbikes for fun. I feel guilty that my choice to go out riding that day has impacted on the quality of life of my wife and children now that I am in a wheelchair.
>
> –Male participant

I just feel as though it is my fault, if only I picked up some sign that he was lying, if I saw that he wasn't the person he pretended to be, then maybe I could have avoided all this mess.

–Female participant

For both these cases, the negative events that occurred to these people were possibly outside of their control (Woodyatt et al., 2017). In fact, in many stories of people struggling with self-forgiveness this theme, of not controlling the uncontrollable, is present. These examples illustrate how questions about agency also play into self-forgiveness. A threat to their agency may lead individuals to take greater responsibility than is perhaps warranted (see Bulman & Wortman, 1977). Critically, there is little empirical work exploring how people can accept the uncontrollable while maintaining a personal sense of agency more generally. For these situations, self-forgiveness may involve acknowledging the *limits* of one's responsibility for negative events, so that one can avoid descending into despair and ongoing self-punishment. However, it is important perhaps to note that practically it may be difficult to discern whether an individual is accurate in their attributions of responsibility, as there is often no objective criteria as to what degree of responsibility was real. However, we propose that the degree to which the person can redirect their attention toward the core aspects of the moral-social failure (rather than just a failure to be omniscient/omnipresent/omnipotent) helps to assess the underlying concern more accurately and provides a pathway to repair.

Value Reaffirmation as a Means of Moral Engagement

One proposed way of addressing the needs underlying a transgression is via reaffirming the values that have been violated in a transgression (Wenzel et al., 2012). Value reaffirmation is identifying which value(s) we have transgressed. Then, by demonstrating our commitment to those shared values we are able to reaffirm the shared group membership underlying those values. Thus, social-moral identity can be reinforced through recommitment to these shared values (Prentice, Miller, & Lightdale, 1994). Moreover, values affirmation may address the issue of agency by helping the person to work through the questions (and limits) of personal responsibility.

Acts of value reaffirmation can be varied. Confessions and apologies can function as reaffirmation of values (Wenzel et al., 2012). Indeed self-punishment, as we have described, may act as a means of reaffirming underlying transgressed values. All of these behaviors are ways of demonstrating to others that "I know what I did was wrong". This commitment to shared group values decreases the chance of rejection for the behavior and reinforces one's belonging to the group that the values symbolically represent. Value reaffirmation does not remove the threat to moral-social identity, thereby eliminating the need to change one's behavior; rather, it elicits a desire to act in ways consistent with one's values and reinforces that one is capable of repairing one's moral-social identity. Across several studies, Wenzel and Woodyatt have demonstrated that this process of moral engagement through value reaffirmation encourages processing one's wrongdoing reflective of genuine

self-forgiveness, in a way that leads to reconciliation and repair, as well as improved self-trust, and a state of self-forgiveness over time, without the pitfalls of self-punishment or defensiveness (Wenzel et al., 2012; Woodyatt & Wenzel, 2014; Woodyatt et al., 2017).

Value Reaffirmation: A Research Paradigm with Practical Implications

Value reaffirmation, as we use it in the context of interpersonal transgressions, encapsulates several questions that participants in our studies work through. What value do I think my behavior has violated; Why is this value important; When are other times in the past that I have acted in ways consistent with that value? Here, we explore each question and some of the nuances we have found in research and speculate on some possibilities for practice.

(1) What value do I think my behavior has violated?

This is an important question because it allows a person to focus specifically on what has occurred. Rather than bypassing or avoiding the event, the person engages with what occurred and harnesses the negative emotions they may experience, to address the underlying psychological threat. Articulating the value violated in the transgression targets the source of the identity threat. As we have discussed, traditional self-affirmation, which involves affirmation of values unrelated to the transgression, bypasses the social-moral threat. In essence, this shifts the focus from the failure to other domains of the self in which one is successful. Interestingly, we found that when given the choice of values in traditional self-affirmation tasks, participants tended to self-select transgression or relationship relevant values. Selecting values relevant to the transgression was, in turn, associated with responsibility and repair (Detweiler, 2015). Consistent with other research, these findings suggest that people generally have a preference for countering the threat in the most relevant and direct domain, even if this process is uncomfortable (Stone, Wiegand, Cooper, & Aronson, 1997).

We suggest that it is important that these values are self-generated. Any attempt to dictate a transgressor what values they have violated may create defensive responses and reduce moral engagement. However, relying on the self-generation of values does pose the problem of how to help people take responsibility when they are unwilling to acknowledge any wrongdoing and value violation. Further research is needed to explore strategies for reducing psychological defensiveness and increasing responsibility taking in such cases. However, in instances where self-blame is disproportionate and the person cannot identify an underlying value that has been violated due to no real transgression having occurred, a clinician would be able to move to emotion-focused strategies (self-compassion, mindfulness, self-affirmation). Alternatively, as shame is still likely to relate to social-moral dimensions, helping a client to strengthen relationships of security and acceptance may also be part of releasing the self from self-punishment.

Less is known about the role of agency in self-forgiveness and restoration following transgressions. We suspect, due to the positive relationship between value reaffirmation and self-trust, that articulating the values that have been violated will help a person to begin to make sense of their actions, and this will increase a sense of agency. This hypothesis is yet to be explored. There are likely to be other ways of addressing agency in a self-forgiveness framework that also warrant research. Some initial research suggests that affirmations of agency can be helpful in the context of intergroup conflicts (SimanTov-Nachlieli et al., 2016); however, these have not been tested in the context of self-forgiveness.

(2) Why do you think this value is important?

Reflecting on why the identified violated value is important to the individual allows them to explore further their commitment to the value, thereby reinforcing their moral-social identity. By examining the importance of the value they violated the person can reassert their agency, including their awareness and understanding of their own choices and actions. However, in some instances this may actually lead a person to reject the basis for their feeling of self-condemnation. They may recognize that they have violated a value, but that the value is not actually personally important. For example, a woman may feel ashamed for falling pregnant outside of marriage. However, if during this stage she identifies, "actually this is my parents' value, not my own," she may come to understand where her shame is arising from (e.g., the desire to please others). In this instance, processes such as Acceptance and Commitment Therapy, in which the person identifies the values that are actually important to them personally and in what setting or occasion, would allow them to reestablish new boundaries for their social-moral identity.

(3) Describe some times in the past when you acted in a way consistent with this value

A reflection on how the individual has acted in ways consistent with the identified violated value allows them to find evidence to support their understanding of themselves as a person committed to shared values. This may encourage the person to redefine their moral-social life as broader than this one specific occurrence. It may also impact on perceived reparability of the wrong, although this has not specifically been tested. However, it is possible that the transgression has occurred on more than one occasion or that the person has trouble generating past times when they did act consistent with the value; such cases could be problematic for the value affirmation process. Ways to help people to develop a sense of moral-social identity where this is absent may be necessary for moving toward self-forgiveness. How to do this remains an issue for future exploration.

In sum, our experimental research used these three steps as facets of value reaffirmation tasks. Compared to control groups, the research showed positive effects of values affirmation, usually with time, on participants' willingness to engage in conciliatory behaviors as well as their restored self-regard or self-trust, mediated by self-reported engagement with their own shame or guilt, increased genuine self-forgiveness,

and reduced defensiveness (Woodyatt & Wenzel, 2014; Woodyatt et al., 2017). However, these experimental investigations were with nonclinical samples only (university students) and largely related to self-reported interpersonal transgressions. Furthermore, research is yet to investigate the relevance or effects of each of the three elements of the value reaffirmation task, or systematically attempted to maximize its effectiveness as an intervention. The development of an intervention tool for clinical practice and its evaluation with clinical samples are tasks for further research.

Conclusions

In our research, addressing the underlying psychological threats to moral-social identity and personal agency through value affirmation increases the chance of people accepting responsibility and moving toward repair on their own accord. We propose that accepting responsibility via values affirmation will not damage one's self-regard because it reflects the renewed commitment to the violated values and affirms one's membership within community. This pathway to self-forgiveness will then best be maintained by continued focus on these core values and the implied commitment to future actions consistent with those values (be they reparation, apologies, or plans to change). In this way, the focus is not only on repairing the harm, but on the development of the transgressor's sense of agency and social-moral identity moving forward. We suggest that, by satisfying both of these psychological needs, in the long term, this strategy will hold more promise than the paths of defensiveness and self-punishment. Of course, while the evidence for this theory is promising, it has so far only been tested under restricted conditions. For example, research is yet to examine repeat offenders, ongoing chronic behaviors, very severe transgressions, or victimless transgressions. Further work is needed to develop practical interventions and their empirical evaluation in the field.

Furthermore, value reaffirmation is not necessarily a solitary activity, but rather would commonly be an interactive social process. Offenders may engage with victims and/or third parties in a process of identifying the violated value, establishing its importance and recalling past behaviors or relationship rituals demonstrating an active commitment to pursuing the value. And an offender's recommitment to the value may be mirrored and confirmed by the victim's or third party's belief in a value consensus, providing the offender the social-moral identity they crave and allowing victims (or third parties) to forgive (Wenzel, 2016). Ultimately, the challenge of restoration is that people are experience re-humanization, becoming again moral agents, empowered actors, and valued members of a community. This is relevant for both victims and offenders following transgressions.

> I had lost my humanity because of the crime I committed, but now I am like any human being.
>
> –Dominique Ndahimana (Voices of Reconciliation, 2016) (New York Times, 2016).

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Repairing Meaning, Resolving Rumination, and Moving toward Self-Forgiveness

Kirsten L. Graham, Jessica L. Morse, Maeve B. O'Donnell, and Michael F. Steger

> *I have made many mistakes and no doubt will make more before I die. When I have seen pain, when I have found that my ineptness has caused displeasure, I have learned to accept my responsibility and to forgive myself first, then to apologize to anyone injured by my misreckoning. Since I cannot un-live history, and repentance is all I can offer God, I have hopes that my sincere apologies were accepted.*
>
> –Maya Angelou, "Letter to my Daughter"

Fallibility is woven into the fabric of human existence. We each act destructively at some times in our lives, with our hurtful behaviors threatening to alienate others and deny our human need for belongingness (Baumeister & Leary, 1995). Of course, there is great variability from person to person in the frequency and severity of such hurtful behaviors, as there is variability in people's capacity to repair the damage they have done and forge anew their connections to others. Often, these reparative processes are framed by forgiveness, a granting of pardon and a relief of belaboring emotions. We teach our children to seek and provide forgiveness from an early age, and forgiving others is lauded as a central human virtue. Those who have transgressed against others or against their own moral code not only must face those they have wronged, but they also must face themselves and their deeds. Thus, self-forgiveness is an important process in moving past the wrongs we commit.

From our perspective, just "moving on" is not the greatest aim for our lives. Rather, we each can aspire to live a life filled with meaning, purpose, and significance. Therefore, it is critical to understand how people might not simply ignore or accommodate their mistakes into the rest of their lives, but ideally make them a meaningful and generative part of a life well-lived. This chapter seeks to explore how

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59

self-forgiveness is related to, and perhaps serves a critical role in, living a meaningful life. We will first discuss meaning in life and the related concept of meaning-making, followed by self-forgiveness, culminating in the relationship between the two. Our primary hypothesis is that meaning in life provides the necessary context for integrating transgressions and both stimulating and guiding self-forgiveness, and that self-forgiveness helps enable people to feel life is meaningful by providing a mechanism for meaning-making following transgressions. Throughout, it is our assumption that self-forgiveness is most effective for supporting meaning when it is pursued in conjunction with sincere efforts to seek forgiveness from those who have been harmed and to reduce the likelihood that one will make similar transgressions in the future.

Meaning

The central premise of this chapter is that the ability to forgive oneself and the ability to nurture a life full of meaning work together. Sincere efforts to confront, learn from, and grow from our transgressions can help us develop maturity, authenticity, and perspective that feed the generation of meaning. Theoretically, the word "meaning" can be used in many different ways. We will be focusing on three primary uses: meaning(s), meaning in life (MIL), and meaning-making. Generally, when people talk about "meaning" or "meanings" they are referring simultaneously to two separate ideas. The first, and most common in the research literature, is a reference to people's judgments that their lives are meaningful, or put more precisely, that they have high levels of MIL (Battista & Almond, 1973; Reker & Wong, 1988). MIL can be defined as people's subjective judgments (a) that their lives make sense and are comprehensible, (b) that there are one or more highly valued and overarching aspirations or purposes that give motivational structure to their lives (i.e., purpose), and (c) that their lives have innate value and are worth living (da Silva, vanOyen Witvliet, & Riek, 2017; Steger, Frazier, Oishi, & Kaler, 2006; Steger, 2009). Therefore, a meaningful life, or a life marked by high levels of MIL, has (a) comprehension, (b) purpose, (c) and significance.

The second use of "meaning" refers more to what actually makes people's lives feel meaningful. For example, knowing that someone has high levels of presence of meaning tells us nothing about what they think of when they consider MIL. One person might think of living according to core values, another may think of being a caring parent or partner, yet other people may think of climbing to the top of the career ladder or redressing societal needs. Thus, "meaning" frequently is used to discuss the specific contents or components of people's comprehension, purpose, or significance.

A difficult experience may contradict meanings they have made of life, such as when someone is assaulted and doubts the previously held idea that people are basically good. Further, following a difficult experience, people may need to expend effort to integrate conflicting meanings, or to try to replace ineffective or distressing meanings. "Meaning-making" is the process by which people refashion or rebuild meaning after a violation of or disruption to prior meanings (e.g., Park, 2010; Steger & Park, 2012). By extension, when making meaning, they may strive to reestablish

or recraft comprehension, purpose, or significance. MIL is considered to be an asset for coping with adversity (Steger, Frazier, & Zaccanini, 2008a, b), providing a strong foundation for future meaning-making. In a recursive process, successful meaning-making feeds into even greater presence of meaning (Park, 2010). To summarize, MIL is the degree to which people feel their lives are meaningful, meanings are the specific understandings or purposes that provide this sense of MIL; meanings are also the specific components that may be disrupted or challenged by adverse events, necessitating meaning-making to revise or reconstruct them.

There is an abundance of evidence that MIL occupies a fundamental role in human well-being (for review, Steger, 2012a). Among many hundreds of results, presence of meaning is associated with a full array of positive psychological attributes such as well-being (e.g., Zika & Chamberlain, 1987, 1992; Steger, Kashdan, Sullivan, & Lorentz, 2008a), happiness (Ryff & Keyes, 1995), self-esteem (Ryff, 1989; Steger et al., 2006; Steger et al., 2006), hope and optimism (Mascaro & Rosen, 2005, 2006; Steger et al., 2006; Steger & Frazier, 2005), and autonomy and personal growth (Ryff, 1989; Steger et al., 2008a). On the other hand, lacking the sense that one's life is meaningful is associated with anger, shame, and sadness (Steger et al., 2006), hopelessness (e.g., Grygielski, 1984), and grief (e.g., Park, 2010). Meaning in life is also inversely related to various forms of psychopathology such as depression (Mascaro & Rosen, 2005, 2006; Steger et al., 2006; Zika & Chamberlain, 1992), anxiety (Mascaro & Rosen, 2005), and antisocial and aggressive behavior (Steger et al., 2008a, b). Thus, finding effective ways to make meaning and elevate MIL is important to people's well-being.

Meaning and Self-Forgiveness: Conceptual Overview

The central argument of this chapter is that self-forgiveness is an important tool for meaning-making. Committing transgressions against others (interpersonal transgressions) or against one's own moral precepts (moral transgressions) can damage meaning within any of the three main dimensions. For example, moral transgressions may conflict severely with one's own perceptions of the self as a good person, which would violate comprehension. Either moral or interpersonal transgressions may throw someone off course, or cause doubts to arise, in regard to purpose in life. Interpersonal transgressions could put at risk close relationships that make people feel that they matter or make a difference in the world, violating significance.

When people view themselves as committing moral or interpersonal transgressions, it necessarily implies that they have done something at odds with the meanings that populate their MIL. There can really only be a couple of options at that point: ignore the transgressions and allow them to potentially undermine MIL in unpredictable ways, or engage in meaning-making to strengthen an adaptive sense of MIL going forward. It certainly is possible that people might make maladaptive meaning following a transgression, perhaps by seeing themselves as a toxic person, or by becoming convinced that the world is an amoral place where only the strong and exploitative survive. However, we would hope that people can learn more about
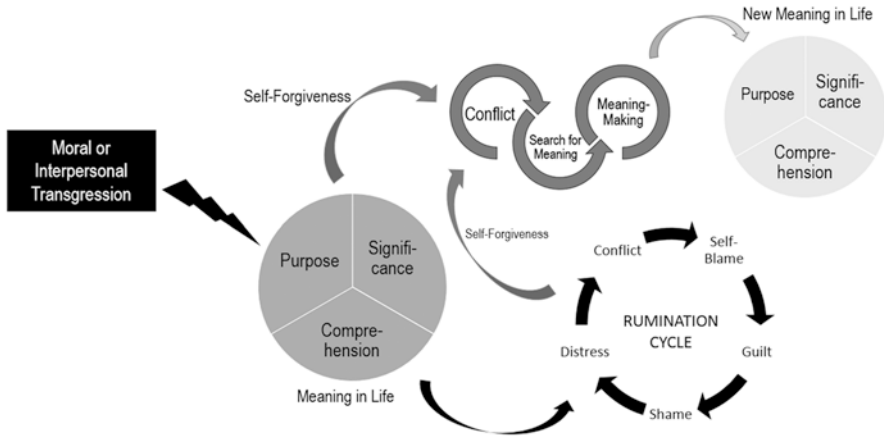
Fig. 1 A model of meaning-making through self-forgiveness. In this model, people's moral or interpersonal transgressions are thought to conflict with their existing meaning in life, comprised of their comprehension, purpose, and significance. People may immediately engage in a meaning-making process that enables them to fashion a new meaning in life system, ideally one that reduced the likelihood of future transgressions rather than one that rationalizes or justifies such transgressions. People who do not engage in meaning-making may become ensnared in a cycle of rumination. We propose that self-forgiveness facilitates breaking free of this cycle, enabling people to engage in meaning-making

their strengths and weaknesses, and resolve to learn from their transgressions to lessen the frequency and impact of future transgressions, as well as to remedy any harm they may have done. We suggest that this effort to make better meanings following transgression relies in part on self-forgiveness.

Self-forgiveness may be an integral tool for facilitating meaning-making following interpersonal and moral transgressions by enabling people to acknowledge their transgressions rather than ignore them. Specifically, we argue that self-forgiveness may enable people to move forward with better actions rather than remain stuck in a loop of rumination between remorse and rationalization. This conceptual model is shown in Fig. 1. There is little empirical evidence on which to draw in support of these arguments; therefore, this chapter seeks to present a conceptual background for future research on self-forgiveness in the context of MIL and meaning-making.

Ruptures of Meaning

When people commit transgressions against others or their own morality, it creates a situation that is appraised as highly incongruent with their meaning. Meaning can be restored through a process of reappraising and adjusting our understanding of the world. In order to explicate this process, imagine the following scenario:

> You are in a meeting with important people at work when your phone buzzes. The screen shows your life partner is calling. Although the meeting is boring, you feel vaguely annoyed

that your partner would call you at work. How many times do you have to say that you don't appreciate these kinds of calls. With aggravated flair, you refuse the call and put your phone in your laptop case. Two hours later, at the end of the meeting, you stop into the bathroom and check your phone. Your partner left a voicemail. Between long pauses, the shell-shocked voice of your partner says the doctor has bad news about the biopsy…

In this case, a basic understanding that the world is a benevolent and predictable place was violated (e.g., Park, 2010). In a benevolent world, bad things do not happen to good people and therefore a loved one should not be afflicted by cancer. Further, in this example, the protagonist must struggle to understand and make meaning of both this tragic event and the uncharitable, neglectful thoughts and actions committed while his/her partner suffered alone with terrible news. This callous-seeming act may violate an understanding about one's self as good, kind, available to support loved ones, etc. The struggle to reconcile and rehabilitate one's self-image with one's transgressions is an inherent process of meaning-making (vis-à-vis the importance of achieving a positive self-understanding; Steger, 2009; Steger, 2012a, 2012b). Our transgressions can therefore be seen as ruptures of our own meanings, and such ruptures often produce a myriad of emotional and cognitive consequences.

Emotional Consequences of Meaning Ruptures Research on post-traumatic stress indicates that when a traumatic event shatters people's meaning, distress may manifest as anxiety, depression, guilt, shame, and/or regret, as they struggle to make sense of the traumatic event and reconstruct their sense of meaning (e.g., Janoff-Bulman, 1992; Owens et al., 2009). Not only must people cope with meaning ruptures, but they also must cope with the distressed emotions they experience following such ruptures, particularly if they experience trauma. Whereas some individuals may engage in experiential avoidance or unhealthy forms of coping in response to the stressor, others are able to more effectively process the stressful event (Foa, Huppert, & Cahill, 2006). In other words, they engage in meaning-making to rebuild MIL, which typically promotes acceptance, adjustment, and gratitude while reducing distress and restoring well-being (Park, 2010).

Cognitive Consequences of Meaning Ruptures In addition to processing emotional reactions to meaning ruptures, people also engage in compensatory cognitive processes through which individuals seek to make sense of the event and develop updated understandings about their world (Cann et al., 2011). From a cognitive perspective, meaning-making is focused on reducing discrepancies between pre-event meanings and people's appraisals of negative events (Park, 2010). People either may reappraise the event (e.g., "There are many reasons to be optimistic, many people survive cancer and so too will my partner") or reconstruct their meanings (e.g., "Perhaps bad things happen to everyone"). If people are initially unsuccessful in reconciling the discrepancies between the event appraisals and meanings, they may continue to struggle, engaging in a continuous battle to come to terms with the event. This seemingly unending loop of repetitive thoughts can be considered a form of rumination.

Rumination and Repetitive Thought Despite a wealth of research dedicated to exploring rumination and its effects, there is not a consistent definition or understanding of rumination (see Smith & Alloy, 2009 for a comprehensive review). Some researchers view rumination as largely negative, describing it as an unproductive focus on distress that keeps an individual cognitively and emotionally lodged in adverse circumstances (Nolen-Hoeksema, Wisco, & Lyubomirsky, 2008). Indeed rumination is correlated with negative physical (Thomsen et al., 2004) and psychological health outcomes (Olatunji, Naragon-Gainey, & Wolitzky-Taylor, 2013; Watkins, 2008). In the case of a transgression, ruminative thinking may be indicative of an attempt to gain understanding in order to forgive oneself for acting in opposition to his/her own moral code.

Some researchers have started to parse out the different types and functions of repetitive thought, noting the constructive and beneficial effects of some types of repetitive thought over others (Segerstrom et al., 2003; Watkins, 2008). Specifically, repetitive thought in the form of *processing* a traumatic event is widely considered to be an important aspect of the recovery and growth process (e.g., Horowitz, 1986; Resick et al., 2008; Tedeschi & Calhoun, 2004). Theoretically, this processing allows the individual to resolve the disruption of their beliefs about the world and themselves by developing a new understanding from the experience (Harber & Pennebaker, 1992; Horowitz, 1986; Janoff-Bulman, 1992; Resick et al., 2008). This is particularly true for *deliberate* thought (e.g., purposeful cognitive rehearsal of an event) as compared to *intrusive* thought (e.g., automatic thoughts about the event) (Allbaugh et al., 2016). Unless rumination leads to the repair of a meaning rupture, however, distress may not be resolved and rumination may persist. As should be clear by this point in the chapter, we believe that the act of self-forgiveness may help reduce damaging forms of rumination by repairing ruptures in meaning.

Repairing Meaning through Self-Forgiveness

Self-forgiveness has been labeled as the "step-child" of forgiveness literature (Hall & Fincham, 2005), indicating that most research has focused on forgiveness between people. Because interpersonal relationships are so vital to well-being and meaning (Baumeister & Leary, 1995; Ryan & Deci, 2001), it should be no surprise that the ability to forgive others serves as an important relational repair strategy for ongoing relationships (Bono, McCullough, & Root, 2008), helping people to regain lost meaning after someone has hurt them (Van Tongeren et al., 2015).

In order to exercise forgiveness when oneself is the transgressor, it is vital to recognize that one has committed an objective wrongdoing (Holmgren, 1998). To achieve self-forgiveness, one must both overcome negative feelings toward the self (e.g., self-hatred; Hall & Fincham, 2005; Holmgren, 1998) and also foster positive

feelings, such as self-compassion, generosity, and self-love. Beyond the emotional realm, some theorists have focused on the potential for self-forgiveness to heal feelings of estrangement from oneself, allowing one to be "at home again" with oneself (Bauer et al., 1992). Self-forgiveness also may be viewed as the process by which people no longer avoid stimuli associated with the offense, engage in fewer self-punitive thoughts and behaviors, and behave more positively toward themselves. Altogether, self-forgiveness represents emotional, cognitive, and behavioral components that allow people to grant themselves pardon. This process may be both distressing and motivating. Woodyatt and Wenzel (2014) found that affirming one's values after a transgression (e.g., "Even though I violated my values in this action, I am still a moral person") led to both greater shame and self-forgiveness. It is tempting to view this process of scrutinizing one's values—and how one crossed them—as a mapping of the meaning rupture itself.

Resolving Rumination

Much of the research that has been conducted consistently links forgiveness to the repetitive cognitive rehearsal of an event (McCullough, Rachal, Sandage, Brown, & Hight, 1998), with rumination often characterized as a telltale sign of unforgiveness (McCullough, 2001; Worthington, Berry, & Parrott, 2001) and decreased rumination seen as a key component of the forgiveness process (Toussaint, Webb, & Worthington, 2005). Rumination is consistently negatively correlated with forgiveness (see meta-analysis by Fehr, Gelfand, & Nag, 2010), with some studies showing a temporal relationship wherein rumination precedes unforgiveness (e.g., McCullough, Root, & Cohen, 2006; Williams, 2015). However, other findings show that initial high levels of rumination about a specific event predict greater increases of forgiveness over time (Wenzel et al., 2010). While more research is needed, this type of relationship between rumination and forgiveness lends itself to the meaning-making model in that an individual with high levels of rumination may be initially seeking meaning through ruminating over the event, which is then resolved once meaning is made through forgiveness.

While there is much less research on self-forgiveness as compared to other-forgiveness, preliminary evidence points, again, overall to a negative relationship between self-forgiveness and rumination (e.g., Terzino, 2011; Thompson et al., 2005; Barber et al., 2005). Likewise, results of an experimental study indicated that self-forgiveness led to decreased negative emotions (e.g., guilt) and increased perceived control as compared to a rumination group (da Silva et al., 2017). This study also revealed that a self-forgiveness exercise was consistent with imagined forgiveness from the harmed other, with both resulting in decreased feelings of guilt and sadness and increased perception of being in control (da Silva et al., 2017). Future research could seek to explore if the connections between other-forgiveness and rumination and meaning are comparable to self-forgiveness.

Whereas research on self-forgiveness is currently lacking, a related construct called self-compassion has been gaining more attention and may offer insights into the role of self-forgiveness within the meaning-making model. The overlap between these constructs has been identified as similarity of definition, process, components, conceptualizations, and impact on psychological outcomes, with self-compassion and self-forgiveness also sharing the critical component of recognizing one's humanity (Neff, 2003; see Williams, 2015 for a more thorough review). The recognition of humanity may act as a meaningful catalyst for processing the adverse event—better enabling transgressors to accept their flaws, learn from the event, forgive their actions, and repair the rupture to their meaning system.

Emotional Healing

Numerous studies reveal the costs of not forgiving others. A review by Griffin, Worthington, Lavelock, Wade, and Hoyt (2015) connects unforgiveness of others to poor psychological and physical health outcomes, including chronic negative emotion, decreased subjective well-being, trait anger, trait anxiety, and life dissatisfaction. Unforgiveness is also associated with ongoing resentment that can perpetuate anxiety and depression symptoms for the unforgiving individual (Huang & Enright, 2000). In the context of an interpersonal transgression, unforgiveness is associated with bitterness and anger that may precipitate relational loss (Macaskill, 2012). According to McCullough et al. (2006), victims of interpersonal transgressions frequently experience negative mental health and interpersonal consequences resulting from efforts to avoid the transgressor and feelings of vengefulness toward the transgressor. Such avoidance, thoughts of revenge, and unforgiveness may propagate behaviors that impede interpersonal restoration. When a transgression occurs in the context of a close relationship, disruption or loss of that relationship may increase the severity of distress, creating a void in the support system or relational network of both individuals. Research suggests that relationships are a vital source of meaning for many individuals (e.g., Emmons, 2003), thus the loss of close relationships due to unforgiveness may simultaneously increase psychological distress and reduce sense of meaning in life. On the other hand, forgiving others correlates negatively with depression and anger and positively with various measures of interpersonal relationships like relationship closeness, commitment, and satisfaction (Fehr et al., 2010). Forgiving others is also positively linked to the size of one's social support network and satisfaction with social support (Green et al., 2012). In terms of more general mental health outcomes, forgiving others is associated with lower levels of anxiety and stress (Messay, 2012) as well as lower levels of fear, hostility, neuroticism, and rumination (Berry et al., 2005). Forgiveness of others correlates positively with life satisfaction, positive affect, and optimism (Allemand et al., 2012). Studies investigating forgiveness therapy indicate that forgiving others fosters emotional healing and psychological health, including improving anxiety, depression, self-esteem (e.g., Reed & Enright, 2006).

When people *commit* transgressions against others they often experience similar patterns of emotional distress, with guilt, regret, and shame among the most common emotional consequences. In many cases, individuals experience guilt or feelings of remorse focused on the specific incident (Fisher & Exline, 2010), although they may also feel regret from imagining alternative outcomes and comparing such outcomes to actuality (Fisher & Exline, 2010). Individuals may also experience shame or self-condemnation wherein negative emotion is directed at one's very self rather than one's actions alone (Fisher & Exline, 2010).

Research on individuals who transgressed indicates three common reactions toward the self: self-punitiveness, pseudo self-forgiveness, and genuine self-forgiveness (Woodyatt & Wenzel, 2013). Self-punitiveness refers to feelings of self-condemnation, guilt, and shame, wherein the individual's negative emotional response toward the self may get in the way of making amends toward others (Woodyatt & Wenzel, 2013). Pseudo self-forgiveness, whereby the offender denies or minimizes responsibility, reduces feelings of shame and distress while also reducing the likelihood for pro-social behavior change and interpersonal restoration (Woodyatt & Wenzel, 2013). Genuine self-forgiveness is a process by which the individual accepts responsibility, makes amends, expresses guilt, regret, and shame, and experiences a restored sense of positive self-regard, empathy, and interpersonal support (Woodyatt & Wenzel, 2013). Research suggests that the process of genuine self-forgiveness ameliorates the internal distress that committing a transgression provokes and may restore interpersonal relations harmed in the transgression (Woodyatt & Wenzel, 2013). It follows then that the latter reaction to the self offers an authentic engagement with the emotional consequences of the event, allows the individuals to cognitively understand the role they played in the event, and supports a reconstruction of their sense of meaning.

Cross-sectional research supports these suppositions, for genuine self-forgiveness is associated with positive mental and physical health outcomes (e.g., Fisher & Exline, 2006; Maltby, Macaskill, & Day, 2001). In their meta-analyses of self-forgiveness, Davis et al. (2015) found that self-forgiveness positively correlates with physical health, psychological well-being, and life satisfaction. Self-forgiveness may also foster compassion, generosity, and love toward oneself (Fisher & Exline, 2010). On the other hand, self-forgiveness negatively correlates with depression, trait anxiety, state anger, state guilt, and state shame (Davis et al., 2015). Being unforgiving of oneself is associated with anger, shame, anxiety, life dissatisfaction, and poorer mental health (e.g., Davis et al., 2015; Macaskill, 2012). Genuine self-forgiveness correlates with many of the same well-being variables as presence of meaning, which suggests that both may facilitate well-being in some way, which further supports a connection between engaging in self-forgiveness and meaning-making. However, while cross-sectional research indicates that genuine self-forgiveness is associated with well-being, it does not illuminate the process of self-forgiveness and the emotional components of the process. For example, while guilt may correlate negatively with self-forgiveness in cross-sectional studies, much of the research on the process of self-forgiveness indicates that experiencing guilt after transgressing is associated with positive psychological outcomes and eventual

self-forgiveness (e.g., Macaskill, 2012). Individuals who feel guilt may be more likely to engage in efforts to repent, repair relationships, and make positive changes that promote self-forgiveness.

Protracted guilt might be one way in which we encourage awareness of meaning ruptures caused by our own transgressions. Guilt signifies that one has done a misdeed, and if guilty feelings dissipate quickly—whether through reparations, rationalization, or even distraction—there is very little incentive to examine the full implications of our actions for others or for our own moral code. Rumination may, then, reduce the ability to escape the consequences of our actions, and it may also extend feelings of guilt, prompting people to engage in a deeper examination of how their actions violated the meanings that govern their lives. In this sense, self-forgiveness would be seen to facilitate meaning-making by helping us both confront and prepare to grow from the mistakes and transgressions we commit. Without self-forgiveness, people may be unable to find a path out of rumination and endless guilt, and without meaning-making, people may be unable to transition to new ways of being in the world.

Conclusion

Self-forgiveness helps enable people to feel life is meaningful by providing multiple mechanisms for meaning-making following transgressions. Self-forgiveness is seen to help resolve the incongruity between one's values and actions, repairing the damage done to self-concept and other forms of meaning (Davis et al., 2015). Further, self-forgiveness may alleviate shame, guilt, anger, regret, and other negative emotions associated with the event. In particular, we have argued that self-forgiveness "closes the loop" of rumination that focuses on reconciling the ruptures in MIL caused by acts that deviate from or conflict with our senses of comprehension, purpose, or significance. In closing, we would argue that not only does self-forgiveness facilitate meaning-making, but that MIL provides the necessary and critical context for understanding self-forgiveness. While alleviating distress might make a person feel better, doing so through self-forgiveness in the context of meaning-making necessitates that people learn something from their past experiences, that transgressions are integrated rather than ignored, that the impact on one's self or others is appreciated rather than rationalized, and that the potential for future transgressions is addressed rather than papered over. If self-forgiveness fails to stimulate future actions that are more consistent with values, morals, and the concerns of those around us, then it is simply a hedonistic bandage. After all, the way we act in the world has vital consequences for living a life of meaning (Steger, Kashdan, & Oishi, 2008). A meaning-focused view on self-forgiveness may be valuable because it embraces both the cleaning of the wounds caused by our transgressions and their healing.

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Part II
The Causes and Consequences of Self-Forgiveness

The Measurement of Dispositional Self-Forgiveness

Peter Strelan

The Measurement of Dispositional Self-Forgiveness

Researchers measure self-forgiveness at both the dispositional and state levels. In this chapter, I focus on dispositional self-forgiveness, and its relation to various affective, mental health, dispositional, and transgression-specific variables. In so doing, I cast a critical eye over the way that dispositional self-forgiveness is measured, and the implications for interpreting the associated research. To provide some context for my critique, I first reiterate some fundamental points that others make in this handbook about what is involved when forgiving the self.

Conceptualizing Self-Forgiveness

First, self-forgiveness is relevant when a person perceives that he or she has done something that transgresses important personal values or moral standards. Positioning self-forgiveness as a response to betrayed values or standards accounts for circumstances in which a person has hurt another (e.g., "hurting another person goes against what I stand for"), and also when they have done something solely "against" the self (e.g., "I keep drinking even though I know I shouldn't").

Second, self-forgiveness becomes relevant when people feel distressed by what they have done. They feel that they need to do something to assuage the distress. However, self-forgiveness does not mean simply letting oneself off the hook.

Third, self-forgiveness therefore means acknowledging and taking responsibility for one's actions, and seeking to restore oneself to the moral circle by acting reparatively.

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Fourth, self-forgiveness is a process. One cannot arrive at self-forgiveness without first having properly reflected about one's actions and, often, acted restoratively. So, self-forgiveness takes time and effort.

Fifth, self-forgiveness involves experiencing restored positive self-regard (e.g., Enright & The Human Development Study Group, 1996) that is *conditional* upon not repeating the behavior, variously conceptualized in terms of self-esteem (e.g., Hall & Fincham, 2005), self-concept (e.g., Griffin et al., 2015), self-acceptance (e.g., Cornish & Wade, 2015), and self-trust (e.g., Woodyatt & Wenzel, 2013, 2014).

An important theoretical thread running through the various facets of self-forgiveness is that self-forgiveness must be *responsible*. "Responsibility" has several meanings in the context of self-forgiveness. In one sense, it refers to the fundamental requirement that offenders acknowledge and take responsibility for their actions. If a person does not take responsibility, there is no recognition of moral failure, and therefore there is nothing to forgive. In another sense, "responsible" self-forgiveness refers to self-reflecting, acting reparatively, and exerting genuine efforts to change. In so doing, one avoids repeating the same (or similar) behavior. If a person forgives themselves but then acts badly again, we might question how genuine their self-forgiveness was. Importantly, responsible self-forgiveness means a person has "earnt" the right to restored positive self-regard. As such, *responsible* self-forgiveness represents the important difference between genuine and pseudo self-forgiveness. The latter occurs when individuals simply let themselves off the hook (for detailed coverage of all of the ideas addressed in this section, see Cornish & Wade, 2015; Griffin et al., 2015; Hall & Fincham, 2005; Woodyatt & Wenzel, 2013, 2014).

How Dispositional Self-Forgiveness is Measured

The preceding section should give an indication of the multi-faceted and complex nature of self-forgiveness. However, as we are about to see, existing measures of dispositional self-forgiveness endeavor to operationalize the construct almost entirely on the basis of *one* particular facet—self-regard.

When we measure constructs at the dispositional level, we are measuring people's tendencies to act, think, and feel in a certain way over time and across situations. In addition, such trait-level measures are typically self-report. In effect, they capture individuals' perceptions of what they think they are like across situations and time. Dispositional self-forgiveness therefore refers to the extent to which a person generally considers himself or herself a self-forgiving person.

Mauger et al. (1992) developed the first dispositional self-forgiveness scale. Their Forgiveness of Self Subscale (FOSS) consists of 15 true or false statements, such as "I find it hard to forgive myself for some things that I have done," "I often feel like I have failed to live the right kind of life," and "I often feel that no matter what I do now I will never make up for the mistakes I have made in the past." Higher scores reflect lower levels of self-forgiveness.

The FOSS seems to possess some limitations. In terms of construct validity, many of the items might be measuring something other than self-forgiveness, for example, "I often get in trouble for not being careful to follow the rules" and "It is easy for me to admit that I am wrong." Furthermore, some of the items may not resonate with non-religious respondents, e.g., "If I hear a sermon, I usually think about things that I have done wrong," and "I rarely feel as though I have done something wrong or sinful." While some researchers have gotten around these issues by simply removing apparently problematic items (e.g., Macaskill, 2012), construct validity concerns remain. The FOSS could be confused with tendencies towards self-criticism.

A more widely used measure is Thompson et al.'s (2005) self-forgiveness subscale of the Heartland Forgiveness Scale (HFS). This consists of six items measured on a seven-point Likert scale (1 = *almost always false of me*; 7 = *almost always true of me*), with items reverse-scored where necessary. Items are, "Although I feel bad at first when I mess up, over time I can give myself some slack," "I hold grudges against myself for negative things I've done" (reversed), "Learning from bad things that I've done helps me get over them," "It is really hard to accept myself once I've messed up" (reversed), "With time I am understanding of myself for mistakes I've made," and "I don't stop criticizing myself for negative things I've felt, thought, said, or done" (reversed). As Worthington et al. (2014) note in their review of forgiveness measures, one could construe five of the six items as referring more to the absence of self-condemnation. Thus, the HFS self-forgiveness subscale is open to the same criticism as Mauger et al.'s (1992) FOSS scale. Indeed, the scales are reasonably correlated, for example, $r = 0.55$ (Ross, Kendall, Matters, Wrobel, & Rye, 2004), and $r = 0.61$ (Thompson et al., 2005).

Finally, Tangney, Boone, Fee, and Reinsmith (1999) developed a scenario-based measure of self-forgiveness, as part of their Multidimensional Forgiveness Scale (MFS). Whereas the previous mentioned scales measure an individual's idea of what he or she is like, the MFS measures behavioral inclinations, consistent with the fundamental view of personality as a conglomeration of a person's behaviors across time and place. The MFS presents participants with eight different scenarios (e.g., "Imagine that your brother or sister tells you a secret, and specifically asks you not to tell anyone. The very next day, you let the secret out") and asks them how likely they would forgive themselves in each scenario. Researchers aggregate scores across the scenarios to provide an indication of a person's generalized level of self-forgiveness.

Notably, the MFS does not define self-forgiveness, instead leaving it up to respondents' idiosyncratic ideas of what self-forgiveness means to them. This is problematic, in two ways. First, there is not a clear theoretical basis upon which to interpret MFS scores. Second, it means the MFS is vulnerable to respondent self-presentation bias, a charge that one may also level at the FOSS and the HFS. I elaborate on this issue shortly.

A Restrictive Operationalization of Dispositional Self-Forgiveness

I observed earlier that the HFS and FOSS seem to be measuring reduced self-condemnation rather than positive self-regard. In fact, that is the least problematic aspect of these measures. There is a bigger issue. Scholars have been careful to emphasize that, in the context of self-forgiveness, positive self-regard is contingent upon transgressors meeting several other requirements of the self-forgiveness process, including acknowledging wrongdoing; taking responsibility; engaging in self-reflection; doing reparative work; and making an effort to change for the better (see, for example, Cornish & Wade, 2015; Griffin et al., 2015; Hall & Fincham, 2005; Woodyatt & Wenzel, 2013, 2014). Yet, the FOSS and the HFS measure only self-regard (or, more specifically, absence of self-condemnation, which does not necessarily imply that one has positive self-regard).

Thus, two inter-related problems emerge when we measure dispositional self-forgiveness solely on the basis of self-regard. First, we cannot account for the possibility that respondents are engaging in pseudo self-forgiveness. Although all self-report trait-level measures are open to self-presentation biases, those relating to self-forgiveness are particularly susceptible. They require people to introspect and be honest about acting poorly. Yet, as tests of attribution theory have shown time and again, humans tend to downplay their own bad behaviors or inclinations (e.g., Zechmeister & Romero, 2002), and prefer to present themselves in a positive light. For example, Thompson et al. (2005) reported a significant positive correlation of 0.27 between their self-forgiveness subscale and socially desirable responding. Each of the MFS, HFS, and FOS lacks a mechanism for identifying when a respondent is a pseudo self-forgiver.

Second, as we will see shortly, studies have tended to rely on bivariate relations with variables measured using the same method, at the same (trait) level, and which are concerned with states and traits of the self-forgiver (e.g., well-being, shame) rather than outcomes for the other person who has been hurt. Taken together, the twin issues of restrictive operationalization and predominance of correlational methodology make it difficult to know how to interpret the literature on dispositional self-forgiveness.

An Illustrative Review of the Literature

In Table 1, I summarize the direction of relations generally found between dispositional self-forgiveness and measures relating to affect, mental health, physical health, personality and other dispositional variables, and transgression-specific responding. The studies indicated in Table 1 are representative, rather than exhaustive. Thus, the following review is also not meant to be exhaustive, but, rather, illustrative.

Table 1 Summary of the direction of relations generally found between dispositional self-forgiveness and trait- and state-level measures relating to affect, mental health, personality, and transgression-specific responding

	Dispositional self-forgiveness	Representative empirical studies
Emotion variables		
Trait shame	−	Carpenter, Tignor, Tsang, & Willett (2016), Fisher & Exline (2006), Macaskill (2012), McGaffin, Lyons, & Deane (2013), Strelan (2007a), and Rangganadhan & Todorov (2010)
Trait anger	−	Macaskill (2012), Seybold, Hill, Neuman, & Chi (2001), and Thompson et al. (2005)
Trait guilt	−	Strelan (2007a)
Mental health outcomes		
Psychological well-being	+	Davis et al. (2015)
Depression	−	Cheavens, Cukrowicz, Hansen, & Mitchell (2016), Maltby et al. (2001), Seybold et al. (2001), and Thompson et al. (2005)
Ruminative style	−	Thompson et al. (2005)
Anxiety	−	Macaskill (2012), Thompson et al. (2005), and Walker & Gorsuch (2002)
Negative affect	−	Thompson et al. (2005), Yao et al. (2016), and Romero et al. (2006)
Physical health outcomes	+	Davis et al. (2015)
Big five personality factors		
Agreeableness	+	Leach & Lark (2004) and Strelan (2007a)
Conscientiousness	+	Leach & Lark (2004) and Ross et al. (2004)
Neuroticism	−	Kim, Johnson, & Ripley (2011), Leach & Lark (2004), Maltby et al. (2001), Macaskill (2012), Mauger et al. (1992), Ross et al. (2004, 2007), and Walker & Gorsuch (2002)
Extraversion	+	Ross et al. (2004)
Other dispositional variables		
Gratitude	+	Strelan (2007b)
Self-esteem	+	Strelan (2007a, 2007b), Tangney et al. (2005), and Yao et al. (2016)
Narcissism	+	Strelan (2007a) and Tangney et al. (2005)
Trait forgiveness of others	+	Barber, Maltby, & Macaskill (2005), Macaskill (2012), and Mauger et al. (1992)
Specific transgressions		
Angry ruminations	−	Barber et al. (2005)
Remorse	−	Fisher & Exline (2006)
Empathy	−	Tangney et al. (2005)
Retaliation	+	Tangney et al. (2005)
Anger management	−	Tangney et al. (2005)

To exemplify the problem of restrictive operationalization, first consider the finding of a relatively strong positive correlation between the HFS and self-esteem ($r = 0.67$; Strelan, 2007a; $r = 0.64$; Strelan, 2007b). These relations suggest that the HFS, at least, may indeed be little more than a proxy for positive self-regard (or, more specifically, reduced inclination towards self-condemnation). Now consider that shame-proneness and dispositional self-forgiveness tend to be moderately negatively related (e.g., Strelan, 2007a). If we think of dispositional self-forgiveness as reflecting predominantly positive self-regard, then we have little difficulty interpreting the negative relation with shame-proneness ("I like myself so I generally don't feel ashamed"). However, we know that dispositional self-forgiveness should also involve characteristics such as responsibility taking, self-reflection, and effort to repair and change. In the absence of items measuring these additional qualities, interpreting the relation with shame-proneness becomes more difficult. We do not know whether dispositional self-forgivers are well adjusted or are inclined to let themselves off the hook.

Because current measures of dispositional self-forgiveness may be conflated with reduced proclivity to self-condemnation, and studies are predominantly correlational, it is perhaps not surprising to find, therefore, that dispositional self-forgiveness is negatively associated with other undesirable affective inclinations, including guilt-proneness (Strelan, 2007a, 2007b), trait anger (e.g., Thompson et al., 2005), and negative affect (e.g., Yao, Chen, & Yu, 2016).

Similarly, in terms of mental health outcomes, researchers report that dispositional self-forgiveness is negatively associated with trait anxiety (e.g., Macaskill, 2012), a ruminative style (Thompson et al., 2005), and depressive symptoms (e.g., Maltby, Macaskill, & Day, 2001). Davis et al.'s (2015) meta-analysis of up to 65 studies on relations between dispositional self-forgiveness measures and various affective and well-being outcomes is congruent with these findings, indicating that dispositional self-forgiveness is positively associated with measures of psychological well-being ($r = 0.46$). Davis et al.'s meta-analysis also reports a positive relation between dispositional self-forgiveness and physical health ($r = 0.32$; $k = 19$).

It may be further unsurprising to read that dispositional self-forgiveness is positively associated with the desirable traits of agreeableness (e.g., Leach & Lark, 2004), conscientiousness (e.g., Ross et al., 2004), extraversion (Ross et al., 2004), trait gratitude (Strelan, 2007a, 2007b), and trait-level forgiveness of others (see Macaskill, 2012). Moreover, dispositional self-forgiveness is negatively associated with neuroticism (e.g., Ross, Hertenstein, & Wrobel, 2007).

The literature reviewed thus far suggests it would be desirable to possess a self-forgiving disposition. Such a disposition would seem to buffer individuals from the deleterious effects associated with a dysregulated and dysfunctional emotional response style in relation to personal wrongdoing or mistakes, and would seem to be associated with approach-oriented interpersonal dispositions. Of course, as noted earlier, we do not know whether respondents have simply been engaging in pseudo self-forgiveness. To speak to that point, another set of studies demonstrates precisely why we should be conservative when interpreting the apparently beneficial effects of dispositional self-forgiveness. These particular studies suggest that,

actually, dispositional self-forgivers are self-absorbed individuals with little regard for others, and a lack of awareness—or a propensity to discount—that they are capable of hurting others or acting contrary to personal values.

First, there is evidence that dispositional self-forgiveness is positively associated with narcissism (Strelan, 2007a; Tangney, Boone, & Dearing, 2005). Narcissists possess inflated levels of self-regard. They believe they are special, unique, and superior to others (Raskin & Terry, 1988). Accordingly, their relationships are characterized by indifference, power concerns, and an inability to see others' perspectives and recognize others' needs (Campbell & Foster, 2002). In addition, they believe they are beyond reproach. Because they view themselves as special, they do not believe that they do much, if anything, wrong. When others point out their mistakes and transgressions, they tend to respond poorly.

Second, on the rare occasions that researchers have measured dispositional self-forgivers' reactions to specific transgressions, they have found that dispositional self-forgivers are less likely to feel distressed at causing another's misfortune, feel empathy, fear negative evaluation, engage in constructive anger management strategies (Tangney et al., 2005), and feel remorse and self-condemnation (Fisher & Exline, 2006).

In summary, a vexatious question lingers. Would the literature yield the same relations if researchers had measured dispositional self-forgiveness with additional items that captured the true breadth and depth of the self-forgiveness construct; that is, items that reflected the idea that an individual generally acts in ways that earn him or her the "right" to be generally forgiving of the self? Clearly, the dispositional self-forgiveness literature is not conclusive. There is great scope for researchers to improve upon existing measures and methods and subsequently build a more complete and coherent profile of the dispositional self-forgiver.

Ideas for Future Research

Future studies should consider addressing several inter-related issues. First, there is a need for a measure of dispositional self-forgiveness that taps more clearly into positive self-regard rather than a reduced tendency towards self-condemnation. For example, researchers could modify Wohl, DeShea, and Wahkinney (2008) state-level scale, which includes items such as, "As I consider what I did that was wrong, I … feel compassionate towards myself; show myself acceptance; I believe I am … decent; worthy of love".

However, in so doing, researchers would need to address a second, and more critical point. That is, they must account for the possibility that some people do not take responsibility for their actions (if indeed they are aware that their actions might be hurtful), or discount actions that contravene their personal values, and do not particularly care if they have behaved poorly. By extension, being responsible in the context of self-forgiveness also means engaging in self-reflection, doing reparative work, and making a genuine effort to change. In effect, researchers need to work out

how to disentangle genuine self-forgiveness from pseudo self-forgiveness at the trait level. One approach may be to modify Woodyatt and Wenzel's (2013) state-level "Differentiated Process Scale of Self-Forgiveness" (DPSSF). Woodyatt and Wenzel developed the DPSSF on the premise that state-level self-forgiveness is a process, one in which genuine self-forgiveness is characterized not by positive self-regard but, rather, by self-reflection and effort to change for the better (the *genuine self-forgiveness* subscale, e.g., "I don't take what I have done lightly"). Notably, positive self-regard is but *one outcome* of the self-forgiveness process. Just as importantly, the DPSSF distinguishes genuine self-forgiveness from two other possible responses when one transgresses, each of which could stifle efforts to change: self-condemnation (the *self-punitive* subscale, e.g., "What I have done is unforgiveable") and excusing (manifested in the *pseudo self-forgiveness* subscale, e.g., "I wasn't the only one to blame for what happened").

An attractive feature of the DPSSF is that Woodyatt and Wenzel (2013) avoid conceptualizing self-forgiveness purely as some desirable goal involving positive self-regard. Instead, genuine self-forgiveness is the culmination of a transformative learning process. There would seem to be several benefits to transposing this model to dispositional self-forgiveness. First, it provides a template for measuring and controlling for both pseudo self-forgiveness and self-condemnatory tendencies at the trait level. Second, it would advance theorizing on the nature of dispositional self-forgiveness, moving the focus away from positive self-regard as a defining (but perhaps problematic) characteristic, and instead re-positioning the dispositional self-forgiver as one who takes responsibility, is capable of self-reflection, is an approach-oriented problem-solver, and is willing to change for the better.

Third, researchers may consider alternative measurement approaches that do not rely on self-report. For example, Bast and colleagues have been developing and testing a self-forgiveness IAT (Implicit Association Test; e.g., Bast & Barnes-Holmes, 2014). An IAT is a reaction-time test that purportedly measures individuals' underlying attitudes towards a particular target. It is claimed to be advantageous because responding is effectively beyond participants' conscious control. As such, an IAT is meant to be able to provide a measure of particular attitudes that, theoretically, is untainted by self-presentation biases (for an overview, see Greenwald, Poehlman, Uhlmann, & Banaji, 2009). A self-forgiveness IAT would therefore be useful, particularly when employed alongside an explicit measure of self-forgiveness (for an example of an other-forgiveness IAT, see Goldring & Strelan, 2017). Thus far, Bast and colleagues have not yet investigated the relation between implicit and explicit measures of self-forgiveness, although they report negligible correlations with an explicit measure of self-compassion (e.g., Bast & Barnes-Holmes, 2014).

Fourth, and finally, there is now an imperative to move beyond correlational designs and examining associations with other trait-level variables. Once future researchers are confident they have developed an improved measure of dispositional self-forgiveness, they should concentrate on designs in which (a) dispositional self-forgiveness is a *predictor* of (b) *behavior* in (c) the context of *specific transgressions*. Shifting the focus, so that dispositional self-forgiveness is clearly a predictor and outcome variables are indicators of transgression-specific behavior, will help

get around the fundamental problem of pseudo self-forgiveness. Individuals can claim to possess certain characteristics but, as the well-worn cliché goes, actions speak louder than words.

Longitudinal studies would therefore be helpful in terms of providing evidence of causal relations between dispositional self-forgiveness and affective, mental health, and relationship-oriented outcomes in relation to specific transgressions. For example, presuming that genuine dispositional self-forgiveness requires individual qualities of self-awareness and ability to engage in effortful change, we should find that dispositional self-forgivers in fact take *longer* to arrive at a point where they believe they can give themselves "permission" to forgive themselves. The same presumption should also lead us to predict that, all things being equal, genuine dispositional self-forgiveness will motivate negative affective responses and reduced self-regard immediately following a transgression (e.g., Griffin et al., 2015; Woodyatt & Wenzel, 2013, 2014). However, after reparative effort, dispositional self-forgiveness will be negatively associated with such responses.

Similarly, mediation models will be useful for testing theoretically relevant process variables. For example, if dispositional self-forgiveness is fundamentally approach-oriented, then, following a transgression against another person, individuals scoring high on dispositional self-forgiveness should feel ashamed about their particular behavior, because shame functions to alert the self to when one's social bonds are threatened (i.e., as a consequence of one's poor behavior; see Cibich, Woodyatt, & Wenzel, 2016). Transgression-specific shame, in turn, should motivate reparative behavior. Conversely, if dispositional self-forgivers consider themselves beyond reproach, then they should be less likely to judge that an apparently negative action was wrong, more likely to deny their role in a hurtful event, and subsequently less likely to feel ashamed about a particular transgression. As a result, they should be less likely to act reparatively.

Finally, researchers should examine the interaction between dispositional self-forgiveness and manipulated features of a transgression. Doing so would help us to understand the conditions under which dispositional self-forgiveness is relevant, specifically, *when* having a self-forgiving disposition hinders or helps (see, for example, related research indicating when state-specific self-forgiveness can be negative or positive, e.g., Wohl & McLaughlin, 2014).

Conclusion

What sort of person is the dispositional self-forgiver? We cannot yet say for sure whether dispositional self-forgivers are emotionally stable and well adjusted, or they are self-concerned individuals who care little about others. There would seem to be a two-fold explanation for the present lack of clarity. First, current measures of dispositional self-forgiveness are limited, insofar as they cannot account for the possibility that high scorers also possess a generalized tendency to let themselves off the emotional hook when considering any wrongful actions in their lives. The

way forward demands a more nuanced operationalization of dispositional self-forgiveness. It is hard to argue with the idea that dispositional self-forgiveness must involve some level of positive self-regard despite being aware of one's moral failures. But, at the dispositional level—and taking a cue from state-level self-forgiveness theorizing and research (e.g., Cornish & Wade, 2015; Griffin et al., 2015; Woodyatt & Wenzel, 2013, 2014)—*responsible* self-forgiveness also requires measuring inclinations towards acting in ways that earn a person the "right" to be generally forgiving of the self. As such, improved measures of dispositional self-forgiveness are required, and they need to be multi-faceted, so that dispositional self-forgiveness is not restricted to simply reflecting self-regard.

Second, the literature is characterized by a preference for trait-level studies that are susceptible to mono-measure bias. We need to do more research on how dispositional self-forgivers *behave*, in response to specific transgressions. Clearly, there is much scope for future researchers to extend our understanding of this intriguing construct.

I use the word "intriguing" because, at the dispositional level at least, we have yet to persuasively demonstrate that dispositional self-forgiveness is the "good" that our research community started out (quite reasonably) presuming it to be. A large literature shows that, all things being equal, its older conceptual sibling interpersonal forgiveness is usually a good idea, both for the restoration of valued relationships (McCullough, 2008) and the self (e.g., Worthington, 2001) although there are critics (McNulty & Fincham, 2012). A generalized inclination to forgive the self *ought* also to be a good thing. It is adaptive to be able to move on from one's harmful actions and retain positive self-regard. Indeed, the literature suggests that this is exactly what dispositional self-forgivers do. However, until we are able to show beyond reasonable doubt that self-proclaimed dispositional self-forgivers are *responsible* self-forgivers, suspicions will remain about just how genuine a dispositional self-forgiver is.

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Self-Forgiveness and Health: A Stress-and-Coping Model

Loren L. Toussaint, Jon R. Webb, and Jameson K. Hirsch

In this chapter, we have several objectives. A definition of self-forgiveness will be offered followed by a stress-and-coping model linking self-forgiveness to health. Literature supporting this model will then be reviewed. Conclusions and a research agenda will next be provided. Finally, implications for health in schools, relationships, and the workplace will be considered. The overarching goal is to provide a conceptual guide to stimulate thinking on how self-forgiveness is connected to health in many walks of life.

Definition

Self-forgiveness, like forgiveness of others, can be defined as replacing negative thoughts, feelings, and behaviors toward an offender with positive ones (Hall & Fincham, 2005, 2008; Toussaint, Barry, Bornfriend, & Markman, 2014; Worthington, 2013; Worthington & Langberg, 2012). This definition is largely an extension of how forgiveness of others has often been defined with the key distinction being that in self-forgiveness the offender under consideration is oneself not another person. Although a seemingly slight adjustment, the implications of considering forgiveness of oneself as opposed to another are thorny to say the least.

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Chief among these issues is whether self-forgiveness is moral. Offering oneself disingenuous self-forgiveness, or cheap grace, may be little more than narcissism, self-indulgence, or egotism (Fisher & Exline, 2010; Murphy, 2003; Wohl & Thompson, 2011). Cheap grace is not a healthy solution to one's wrongdoing (Wohl & Thompson, 2011).

Self-forgiveness, to be genuine, entails an admitted wrong, ready accountability, and a meaningful "shift in one's relationship to, reconciliation with, and acceptance of the self through human connectedness and commitment to change" (Webb, Bumgarner, Conway-Williams, & Dangel, 2017). As such, it is highly unlikely that the process of forgiving oneself is the same as it is for forgiving others (Toussaint, Worthington, & Williams, 2015). The issues involved are simply different. Forgiving oneself means dealing effectively with issues of shame, guilt, self-loathing, and potentially self-esteem. These are different from the prominent issues of other-focused anger, hatred, and revenge involved in forgiving others. Likewise, the outcomes most affected by self-forgiveness may be different, or at least impacted in more or less important ways. As one example, consider rumination, a common culprit in mental health conditions. Frequency of interaction with an offending person may be positively related to rumination. Limited interaction with this person may minimize reminders and decrease rumination, making it easier to focus attention away from the offense. Compare this to the scenario present in self-forgiveness in which the offender is present with the victim 100% of the time because they are one in the same! The effects of self-forgiveness might be expected to be much more impactful on health and health-related variables, as compared to forgiveness of others. Some research supports this assertion (Toussaint, Marschall, & Williams, 2012; Webb & Jeter, 2015; Wilson, Milosevic, Carroll, Hart, & Hibbard, 2008).

A Conceptual Model of Self-Forgiveness and Health

A useful way of conceptualizing the connections between self-forgiveness and health is to consider self-forgiveness as an emotion-focused coping approach to dealing with stresses that result from personal failure, guilt/shame, or general incongruence between personal values and actual behavior (Davis et al., 2015). Thought of as an emotion-focused coping method, self-forgiveness can be cast in the transactional theory of stress and coping (Lazarus & Folkman, 1984) and the stress-and-coping theory of forgiveness of others (Strelan & Covic, 2006; Worthington, 2006). A number of important theoretical propositions can be garnered from these theories of stress and coping that are relevant to considering self-forgiveness as an important predictor and correlate of health. Although much of the research on self-forgiveness and health has been captured in a very recent meta-analysis (Davis et al., 2015), the aim in this section is to organize and guide the conceptualization of self-forgiveness and health associations and provide examples of empirical research that bear on the hypothesized connections (see Fig. 1).
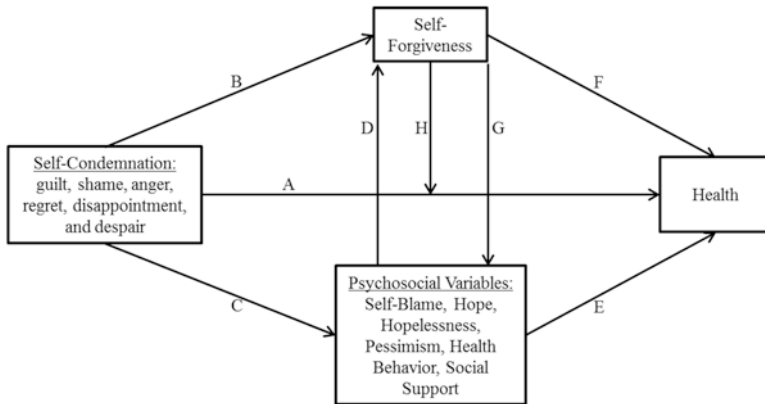
Fig. 1 Stress-and-coping model of self-forgiveness and health

Self-Condemnation is Stressful

The first proposition is that *self-condemnation is stressful*. Self-condemnation consists of such things as guilt, shame, anger, regret, disappointment, and despair (Griffin et al., 2015; McConnell, 2015). The stress of self-condemnation is hypothesized to lead to poor health (see Fig. 1, path A). The existing research supporting this proposition suggests that shame and guilt are reliably related to increased cortisol responding and proinflammatory cytokine activity (Dickerson, Gruenewald, & Kemeny, 2004; Dickerson, Kemeny, Aziz, Kim, & Fahey, 2004). Meta-analytic findings also confirm that shame and guilt are consistently related to depressive symptoms (Kim, Thibodeau, & Jorgensen, 2011). Shame and guilt might also contribute to low self-esteem, and this too is related to poorer health (Rieger, Göllner, Trautwein, & Roberts, 2016).

Self-Condemnation Can Elicit a Self-Forgiveness Coping Response

A second proposition derived from the transactional model of stress and coping is that *self-condemnation can elicit a self-forgiveness coping response*. This may be the most underdeveloped area of the model. Understanding the effects of self-condemnation on self-forgiveness coping responses requires several lines of evidence. First, self-condemnation and self-forgiveness must be determined to be independent and largely unrelated constructs. Construct independence of this type would be supported if four separate conceptual groups were each established: (1) low self-condemnation and low self-forgiveness, (2) low self-condemnation and high self-forgiveness, (3) high self-condemnation and low self-forgiveness, and (4)

high self-condemnation and high self-forgiveness. Examples can be hard to come by for groups one and four. However, consider that group one might represent a small mistake that an individual makes but it is not significant enough to elicit self-condemnation and consequently the need for self-forgiveness is also moot. Conversely, group four might involve a significant illegal activity for which an individual is entirely responsible (e.g., negligent homicide resulting from drinking and driving) and self-condemnation, especially shame and guilt, might be exceptionally high. The intensity of the self-condemnation might stimulate a search for a coping mechanism and self-forgiveness might suit the needs of the individual in this circumstance. Other methods of establishing construct validity such as strong factor structure and divergence of predictors would help establish the case for self-condemnation and self-forgiveness construct independence.

Second, as depicted in Fig. 1 (see Fig. 1, path B) the transactional model of stress and coping suggests that the stress of self-condemnation can elicit a coping response such as self-forgiveness. There are many types of coping responses (e.g., denial, rationalization, justification, amends-making, substance use, behavioral disengagement, etc.) and some are more adaptive than others (Folkman, 2011). Self-forgiveness offers an emotion-focused coping mechanism that provides an adaptive response to self-condemnation. If one chooses to cope with self-condemnation through self-forgiveness, as opposed to other coping responses, then the stress of self-condemnation is thought to be ameliorated. Establishing that self-condemnation may cause coping through self-forgiveness requires experimental evidence showing that individuals led to feel self-condemnation report using more self-forgiveness as a means of coping. Recently, three randomized, controlled trials (Cornish & Wade, 2015; Griffin et al., 2015; Toussaint et al., 2014) have shown that self-forgiveness can be effectively taught to individuals experiencing self-condemnation issues. Likewise, a recent experiment has shown that a reflective exercise consisting of eight self-forgiveness questions helped to increase self-forgiveness in college students who felt responsible for a prior wrongdoing (Peterson et al., 2016). As these were randomized trials and an experiment, it cannot be shown that self-condemnation actually caused the increases in self-forgiveness because participants were randomly assigned to groups. The intervention in all four studies increased self-forgiveness, but the extent to which self-condemnation actually elicited a coping response involving self-forgiveness is unknown from these studies.

So what prompts individuals to turn to self-forgiveness as a coping response? Correlational research shows that shame is negatively associated with self-forgiveness, while guilt is positively associated with it (Carpenter, Tignor, Tsang, & Willett, 2016; Griffin et al., 2016). Griffin et al. (2016) suggest that guilt is a reparative, approach-motivated response that supports self-forgiveness. Conversely, shame is depreciative and avoidance-motivated. Evidence confirms that guilt, but not shame, activates motivational tendencies (e.g., relational repair, conciliation, behavior change) that support self-forgiveness (Carpenter et al., 2016). Although this is intriguing research that points in important directions, it remains correlational and causality cannot be inferred. Perhaps prospective studies evaluating if

self-condemnation, and other variables (e.g., denial, justification, etc.), at time 1 are predictive of coping by self-forgiveness at time 2 might be a helpful next step until more definitive experimental methods can be devised. If it can be established that self-condemnation and self-forgiveness are independent constructs and that self-condemnation is one reliable way of eliciting a self-forgiving coping response, then path B of Fig. 1 can be established. Furthermore, as Fig. 1 depicts in paths C and D, the route to self-forgiveness as a coping outcome of self-condemnation might be mediated by psychosocial variables such as self-blame, hopelessness, or pessimism. Indeed, components of self-condemnation such as shame are related to pessimism (Harper & Hoopes, 1990), and linkages between shame, guilt, and self-blame have also been shown (Tracy & Robins, 2006). Shame, guilt, and hopelessness are also related to self-forgiveness (Friedman et al., 2010; Friedman et al., 2007; Griffin et al., 2016; Toussaint, Williams, Musick, & Everson-Rose, 2008) and, in this volume, Gilbert and Leach offer summaries of the connections of shame and guilt to self-forgiveness. It is also worth noting, as an aside, that self-condemnation may impact these same psychosocial variables and they might, as coping responses in and of themselves, directly impact health outcomes and much research has supported this link, especially regarding the effects of hopelessness and pessimism on health (Chang, Chang, Sanna, & Hatcher, 2008; Peterson, Seligman, & Vaillant, 1988; Snyder & Rand, 2004). But, this is not the main focus of the present model. Path E is included in the model for conceptual completeness only. Rather, it is the route through self-forgiveness as a coping mechanism that is of interest and will be further explored.

Self-Forgiveness Reduces the Stress of Self-Condemnation and Improves Health

An important proposition that can be derived from the transactional model of stress and coping is that *coping through self-forgiveness reduces the stress of self-condemnation and improves health.* If self-forgiveness is beneficially related to health (see Fig. 1, path F) and if self-condemnation predicts coping through self-forgiveness (see Fig. 1, path B), then self-forgiveness can reduce the stress of self-condemnation by mediating the link between self-condemnation and health (see Fig. 1, path A). The indirect effect of self-condemnation through self-forgiveness on health is a classic form of three-variable mediation and is also a classic conceptualization of stress, coping, and health.

There is a growing literature documenting the ways in which self-forgiveness is related to health. Much of this literature is summarized in a recent meta-analysis showing that self-forgiveness is directly related both to improved mental and physical health (Davis et al., 2015). Below, key findings from this meta-analysis are briefly reviewed, as are additional studies. In terms of mental health, this review is limited to correlations between self-forgiveness and depression/distress and anxiety

but excludes personal and relational well-being and traumatic stress as these topics are covered elsewhere in this volume.

Self-Forgiveness and Mental Health Davis et al. (2015) provide meta-analytic results showing a reliable connection between self-forgiveness and mental health and well-being broadly defined (average $r = -0.45$). Of the 65 studies included that correlated self-forgiveness to mental health and well-being, 16 examined state anxiety (average $r = -0.30$), 12 examined trait anxiety (average $r = -0.50$), and 36 examined depression (average $r = -0.48$). Other studies not included in this review have similarly documented correlations between self-forgiveness and mental health. For instance, in a recent study, self-forgiveness was inversely correlated with perceived stress ($r = -0.44$) and depressive symptoms ($r = -0.43$) in undergraduates from the Midwest (Liao & Wei, 2015). Likewise, in a much older study, perhaps one of the first studies to examine the self-forgiveness and distress association, self-forgiveness was inversely associated with psychological distress in young ($\beta = -0.25$), middle age ($\beta = -0.26$), and older ($\beta = -0.26$) adults from a representative sample of United States citizens (Toussaint, Williams, Musick, & Everson, 2001). In short, research continues to support a consistent, positive link between self-forgiveness and mental health.

Self-Forgiveness and Physical Health Linkages between self-forgiveness and physical health are also quite consistent. Davis et al.'s (2015) meta-analytic review again provides a very recent and succinct summary of these relationships and shows that overall self-forgiveness and physical health are correlated (average $r = 0.32$). The number of studies in the literature examining self-forgiveness and physical, as opposed to mental, health is far fewer ($n = 19$), and consequently Davis et al. do not categorize results by physical health outcome as they did for mental health outcomes. There is one striking consistency among the studies included in the review, however. All studies examine self-reported physical health symptoms. Studies do exist to suggest that self-forgiveness is also related to physiological processes. Recently, state self-forgiveness was connected to lower heart rate and higher parasympathetic activation of the cardiovascular system in healthy college students (da Silva, vanOyen Witvliet, & Riek, 2016). Much older studies also provide evidence that trait self-forgiveness is associated with biomarkers. Seybold, Hill, Neumann, and Chi (2001) examined healthy community adults and found that self-forgiveness was associated with lower white blood cell counts and higher T-helper/T-cytotoxic cell ratios, suggesting connections between self-forgiveness and immune system functioning. Toussaint and Williams (2003) examined a racially and socioeconomically diverse sample of White and Black community residents in the upper Midwest finding that self-forgiveness was inversely associated with resting diastolic blood pressure in high-income Whites and positively associated with resting cortisol in low-income Whites. No other associations between self-forgiveness and biomarkers were observed, and further, self-forgiveness was not associated with cardiovascular reactivity in a reactivity interview paradigm. Finally, Krause and Hayward (2013) examined a national sample of individuals 66 years of age and older to determine if self-forgiveness was related to mortality. Self-forgiveness was

not directly related to mortality for elders, but an interesting interaction effect was present where self-forgiveness was related to reduced risk of mortality but only for more, as compared to less, educated participants.

In short, the connections between self-forgiveness and physical health are important to note, but with a couple of caveats. First, the size of the relationship between self-forgiveness and physical health appears to be noticeably smaller than the size of the relationship between self-forgiveness and mental health. Second, the associations between self-forgiveness and physical health may be more dependent on some socio-demographic variables than are associations between self-forgiveness and mental health. Nevertheless, there does appear to be a small, though still meaningful, association between self-forgiveness and physical health indexed by physiological processes, biomarkers, and mortality outcomes.

Mediating and Moderating Effects There are at least two additional ways in which self-forgiveness, if stimulated by self-condemnation, could act as a coping mechanism to influence health. These are indirect routes of influence to be contrasted both conceptually and analytically from the direct connections between self-forgiveness and health reviewed above. The first indirect route of influence for self-forgiveness is through psychosocial mediators (see Fig. 1, paths G and E). Research supports this notion. Friedman et al. (2007) demonstrated that self-forgiveness was positively related to mental well-being in breast cancer patients and self-blame partially mediated this association. Toussaint et al. (2008) have shown that self-forgiveness was inversely related to a screening diagnosis of depression in a representative sample of United States adults and hopelessness partially mediated the association. Toussaint, Barry, Angus, Bornfriend, and Markman (2016) found that self-forgiveness was inversely associated with psychological distress in a diverse sample of cancer patients and caregivers and hope, but not self-blame, partially mediated this effect. Webb, Hirsch, Visser, and Brewer (2013) and Webb, Phillips, Bumgarner, and Conway-Williams (2013) reported associations between self-forgiveness and psychological distress, global mental and physical health, and somatic symptoms in healthy undergraduate students. Further, they showed that health behaviors, social support, interpersonal functioning, and mindfulness fully or partially mediated these associations. To sum up, research evidence supports the proposition that self-forgiveness may have beneficial associations with health that are transmitted through a number of psychosocial variables. Examples of these psychosocial mediators are provided in the present discussion and in Fig. 1, but certainly others exist (e.g., positive and negative affect).

The second way in which self-forgiveness might act indirectly as a coping mechanism to influence health is through moderation (see Fig. 1, path H). According to the goodness-of-fit hypothesis, coping efforts are most effective at reducing stress when the attempted coping response fits the demands of the stressful event (Forsythe & Compas, 1987). In the present model what this means is that self-forgiveness might help alleviate the stressful effects of self-condemnation on health because it is ideally suited and seemingly perfectly matched to the needs of the stressor. As noted above, other options for coping with self-condemnation may well exist. For

instance, denial, emotional disengagement, and excusing may offer immediate relief. Restitution may offer longer-term relief. But, these options offer little more than a means of reducing self-condemnation. Genuine self-forgiveness not only removes negative thoughts, feelings, and behaviors but also transforms them from negative to positive, and as such, might offer the best shot at long-term stress reduction, self-improvement, and healthy adjustment.

Research supports the moderation model. Self-forgiveness moderated the association of attachment avoidance and anxiety with depression in college students (Liao & Wei, 2015), and the association between perceived burdensomeness and suicidal ideation in elderly adults (Cheavens, Cukrowicz, Hansen, & Mitchell, 2016). Similarly, self-forgiveness moderated the association between shame, depression, and stress with suicidality in a national sample of police officers (Scharmer et al., 2013). To be fair, one study examining military personnel and veterans showed that associations between post-traumatic stress symptoms and suicidal ideation and attempts were not moderated by self-forgiveness (Bryan, Theriault, & Bryan, 2015). Nevertheless, the better weight of the evidence supports the proposition that self-forgiveness could moderate the connection between the stress of self-condemnation and health.

Research Agenda

The present stress-and-coping model of self-forgiveness delineates several lines of investigation. Empirical tests of the propositions put forward in the model will offer much insight and certainly contribute to model refinement. To maximize the utility of this work, we offer several suggestions.

First, self-condemnation and self-forgiveness need to be distinguished. Chapters in Part 1 of this volume will offer much support in this pursuit. Understanding the psychological, philosophical, and theological bases of self-condemnation and self-forgiveness is crucial to disentangling these potentially overlapping constructs and establishing empirical construct divergence. This is of utmost importance for any model of stress and coping because of the all-too-likely confounding of stress, coping, and health. Perhaps it will also become important to consider different types of self-condemnation the way much research addresses different types of stress such as major life events, perceived stress, or hassles.

Second, the evidence-base for the stress-and-coping model of self-forgiveness is inconsistent. The proposition that self-forgiveness is related to health is probably the most strongly established. But, what are the key aspects of self-condemnation, acting independently or jointly, that are most powerfully related to health? How does self-forgiveness ameliorate the stress of self-condemnation? Does self-forgiveness act as mediator, moderator, or both?

Third, self-forgiveness and health studies too often rely on convenience samples. Representative community and/or national samples with improved participant diversity are needed.

Fourth, additional, psychometrically sound measurement tools are needed. The empirical literature is dominated by the use of only a couple measures of state and trait self-forgiveness (Davis et al., 2015). Moreover, measures developed from a consistent, comprehensive, *consensus* definition of self-forgiveness are needed (see Webb et al., 2017). Measures of self-condemnation, per se, are almost unheard of and often assessments of shame, guilt, anger, or negative affect are used as broad proxy measures. Unfortunately, these assessments may not necessarily capture the specific experience of self-directed negativity that is the core of the self-condemnation construct.

Fifth, a common problem in stress-and-coping research is that cross-sectional methods preclude causal inferences regarding stress, coping, and health. As a starting point, cross-sectional research is useful, but experiments and longitudinal studies that examine prospective, cross-lagged effects, or parallel growth trajectories are also needed.

Finally, almost all self-forgiveness and physical health research has examined self-reported symptoms. There are exceptions, but they are too few and far between to establish a consistent trend in the literature (da Silva et al., 2016; Seybold et al., 2001; Toussaint & Williams, 2003). If self-forgiveness is beneficial for physical health, then it likely has biological connections. How is self-forgiveness related to cardiovascular parameters including blood pressure, heart-rate variability, and biomarkers of disease progression? Is self-forgiveness reliably linked to other psychophysiological indicators of stress responding such as electro-dermal activity, muscle tension, or skin temperature? What about neuro-endocrine activity? Does self-forgiveness help to blunt the effects of cortisol or adrenaline? What about immune markers and indicators of systemic inflammation? We know very little about the biological profile of self-forgiving and self-condemning individuals. In addition, no studies of central nervous system correlates of self-condemnation or self-forgiveness exist. Methods such as functional magnetic resonance imaging (fMRI) and electro-encephalography could profitably be applied toward gaining a more comprehensive understanding of self-condemnation and self-forgiveness.

Conclusions and Implications for Real World Contexts

This chapter offers a stress-and-coping model of self-forgiveness built from the seminal transactional theory of stress and coping offered by Lazarus and Folkman (1984) and somewhat parallels the stress-and-coping theory of forgiveness of others (Strelan & Covic, 2006; Worthington, 2006). As such, the stress-and-coping model of self-forgiveness consists of three core propositions that continued investigation can evaluate: (1) self-condemnation is stressful, (2) self-condemnation may stimulate the self-forgiveness coping response, and (3) coping through self-forgiveness reduces the stress of self-condemnation and improves health. As with all conceptual endeavors, the stress-and-coping model of self-forgiveness is a work in progress and the hope is that it will offer a useful heuristic for future investigation.

There are countless health-related applications of the stress-and-coping model of self-forgiveness. To stimulate thought in this respect, a few examples are worth considering. First, self-forgiveness is applicable to students of all ages. As the stakes of academic performance continue to rise and students become increasingly narcissistic (Twenge, 2014) and perfectionistic (Rice, Richardson, & Ray, 2016) about their academic and co-curricular transcripts, the need for an effective means to assuage the health consequences of the onslaught of self-condemnation following perceived personal failure is perhaps never more needed. Second, self-forgiveness is applicable to health in virtually all relationships. Ironically, it appears that the association between self-forgiveness and mental and physical health is mediated by none other than *interpersonal functioning and social support* (Webb, Hirsch, et al., 2013). As discussed above, self-forgiveness may be associated with improved health because it enhances psychosocial (i.e., interpersonal) resources (indirect effect through paths G and E in the present model). Self-forgiveness is associated with relationship quality, perceived social support, and forgiveness of and feeling forgiven by others (Davis et al., 2015). Good relationships and the support that grows out of them are likely enhanced by self-forgiveness, and this ultimately promotes better health outcomes. Finally, self-forgiveness has implications for health in the working world (see Woodyatt, Cornish & Cibich, 2017). Regardless of occupation or position, everyone makes workplace mistakes. For some these mistakes can be catastrophic (e.g., surgeons, first-responders), and for others these mistakes might cause great financial loss (e.g., financial consultants, bankers). No matter the cost or consequence, employees who struggle to forgive themselves may experience difficulties with mental and/or physical health that interfere with productivity or increase absenteeism and make it difficult to move forward in their career. Other health-related applications of self-forgiveness are plentiful as self-forgiveness is relevant to persons in many walks of life. The present examples offer highly salient applications and hopefully will stimulate other considerations of where self-forgiveness might apply toward the end of promoting health and wellness.

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Self-Forgiveness and Personal and Relational Well-Being

Michael Massengale, Elise Choe, and Don E. Davis

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, 2016a, 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 (see Gilbert 2017; Leach 2017; Woodyatt, Wenzel, & de Vel Palumbo, 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

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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, we attend closely to the measurement of self-forgiveness and how that may influence 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 and repair of self-image over time. In the present review, we 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

We conducted a qualitative literature review of empirical studies of self-forgiveness and well-being. Our 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, we 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, our hope is that this qualitative approach can provide the foundation for examining such moderators formally in future meta-analyses.

Literature Search and Inclusion Criteria

We used two methods to locate empirical studies. First, on June 15, 2016, we conducted a PsychINFO search using the term [self-forgiv*]. This search yielded over 190 articles. Second, we obtained the list of references from Davis et al. (2015). We 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. We 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 meta-analysis. The method and results of these studies are summarized in two tables that are available upon request from the first author.

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, which requires 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 we discuss results, we 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-Arad, 2016). In this study of 100 female survivors of sexual abuse, self-forgivingness correlated with higher resilience, 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. 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 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. The two studies that reported a negative relationship included measures of addictive behavior and the stages of change (Squires, Sztainert, Gillen, Caouette, & Wohl, 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 & Phillips, 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 a gambling addiction and who were attempting to reduce gambling behavior complete measures of self-forgiveness (Brown & Phillips, 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, if it occurs too quickly and without taking adequate responsibility, can interfere with motivation to change, but as time passes, 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 responsibility showed a link to outcomes commonly 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 well-being measures focused on 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 both 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 towards 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. They 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 limited 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, we 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, we conducted a qualitative review of studies that examined the relationship between self-forgiveness and mental health or relationship quality. Our 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 change of problematic behavior 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. We are 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 "appropriate" responsibility is 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 and 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). As this work develops, we 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 emotions 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 it 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 process. 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. We 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 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 couples counseling.

Despite these strengths, we want to bring attention to several limitations that must be addressed for research in this area to thrive. First and foremost, we 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, we suggest that it is crucial to develop more flexible way of understanding and measuring the responsibility aspect of self-forgiveness.

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).

Our 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 help 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. We 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, 2016b, 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 rela-

tively 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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Self-Forgiveness Within Couple Transgressions

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In this chapter, self-forgiveness is conceptualized as a proactive, meaning-focused coping strategy used to overcome stress initiated by an interpersonal transgression (Pelucchi, Paleari, Regalia, & Karremans, 2015b; Worthington, 2005). We focus on the relational nature of state self-forgiveness underlining its interpersonal and other-oriented dimensions (Woodyatt & Wenzel, 2013). In the context of couple transgression, we consider self-forgiveness as the offending partner's relationship-oriented coping strategy to maintain the bond (Griffin et al., 2016; Pelucchi, Paleari, Regalia, & Fincham, 2013).

Self-Forgiveness as a Proactive and Meaning-Focused Coping Strategy

Awareness of having committed an offense against another usually initiates self-conscious emotions of guilt and shame. This awareness is likely to evoke in the offender an element of intrapersonal self-denunciation that causes a fracture in his or her self-concept. Perpetrators of transgressions against others tend to feel morally obligated to have these negative feelings (Carpenter, Carlisle, & Tsang, 2014). Self-forgiveness is a proactive and meaning-focused coping strategy by which

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perpetrators cope with their self-denunciation by modifying or transforming their self-concept to a new, more complex self-concept that integrates the wrongdoer role (Pelucchi et al., 2015b; Strelan & Covic, 2006). Self-forgiveness can be considered a proactive coping strategy because it involves a positive change in the offender's attitude toward the self which produces both intrapersonal and interpersonal benefits. Prior research shows that self-forgiveness is characterized by the presence of interpersonal behaviors, including reparative strategies such as apology, asking for forgiveness, or restitution; the functional goal of these strategies is to enhance the victim's forgiveness which, in turn, facilitates the offender's self-forgiveness (Exline, DeShea, & Holeman, 2007; Exline, Root, Yadavalli, Fisher, & Martin, 2011; Hall & Fincham, 2008; Woodyatt & Wenzel, 2013). These reparative behaviors help perpetrators modify their own offense-related emotional state to become increasingly benevolent and decreasingly resentful or punitive toward the self (Fincham & Hall, 2005), while also showing the self-forgiver's ability to empathize with and be reconciled with the victim (Woodyatt & Wenzel, 2013).

The behaviors described above have an important functional value for the offender as they signal that forgiving the self is morally permissible (Carpenter et al., 2014) and thereby help the offender to repair the fracture of the self-concept caused by their self-denunciation process. Offenders who are thought to genuinely apologize by publicly admitting responsibility, showing concern for the victim's suffering and behaving in a manner consistent with their concern, reassure (more or less implicitly) the victim that they will not inflict a similar hurt in the future (Bornstein, Rung, & Miller, 2002; Hui, Lau, Tsang, & Pak, 2011; Schmitt, Gollwitzer, Förster, & Montada, 2004). This helps victims to evaluate the offender more favorably, to empathize with and, ultimately, to forgive him or her (Davis & Gold, 2011; Eaton & Struthers, 2006; Ohbuchi, Kameda, & Agarie, 1989).

The importance of self-forgiving when achieved by the above proactive behaviors should not be underestimated. Bauer et al. (1992) assert that "the experience of forgiving oneself is common, profound and vital to one's sense of health, human growth and psychological wholeness" (p.150). They suggest that self-forgiveness is allied to the offender's capacity to accept their own "humanity" that is signified by the experience of fallibility and weaknesses. Not surprisingly, self-forgiveness is related to mental and physical health, and it implies an individual maturation process that involves offenders' understanding the meaning and the motives behind their own behaviors (Wohl, DeShea, & Wahkinney, 2008). Even if the past cannot be changed, self-forgiveness allows offenders to approach it in such a way that they understand the mistakes they made, and positively integrate them into a new self-concept (Wenzel, Woodyatt, & Hedrick, 2012). Offenders who forgive themselves better comprehend the full range of personal and relational factors underlying the offense than those who do not forgive themselves (Wohl et al., 2008). In sum, self-forgiveness entails a reframing—a new understanding of oneself and of the offense that helps restore a positive self-image without condoning or excusing the offense (Thompson et al., 2005).

Woodyatt and Wenzel (2013) posit that there are three ways of coping with the awareness of being a wrongdoer: self-excusing, self-condemning, and self-forgiveness.

First, the self-excusing strategy involves abrogating responsibility for the wrongdoing and its negative consequences that obviates, or at least minimizes, feelings of guilt and shame. The offender may downplay the victim's suffering and, thus, does not engage in self-denunciation. In contrast, the second means of coping, self-condemnation, maximizes the self-denunciation process and results in ongoing activation of guilt and shame. With this strategy, the offender is so focused on the self-concept failure and the negative consequences to the victim that he/she does not allow for positive repair of the self-concept fracture. As noted, the third process, self-forgiveness, is characterized by self-denunciation followed by restoration of a positive self-image without condoning or excusing the offense.

It is important to note that self-forgiveness has been morally differentiated from strategies based on self-justification defined as pseudo self-forgiveness (Fincham & Hall, 2005). In contrast to pseudo self-forgiveness, awareness and acceptance of responsibility for the wrongdoing is a prerequisite for genuine self-forgiveness (Cornish & Wade, 2015; Fincham & Hall, 2005; Wenzel et al., 2012). Although self-forgiveness is characterized by restoration of a positive self-image, this restoration does not reflect a narcissistic tendency but the need to overcome emotional distress related to accepting responsibility for the wrongdoing. The admission of responsibility means that self-forgiveness does not simply reflect a self-serving bias designed to protect the self-image (Jones & Nisbett, 1972). Offenders who hope to achieve genuine self-forgiveness must recognize that their behavior was harmful and that they are fully accountable for it. If offenders do not recognize that their behavior constitutes a transgression or do not feel accountable for it, they are unlikely to consider themselves in need of forgiveness.

Responsibility works like the ignition key for the self-forgiveness process. Accepting responsibility opens the offender to self-condemnation and feeling negative emotions, like guilt and shame, as well as consideration and respect of the victim's suffering. It morally legitimizes the offender's motivation to overcome this state of negative dissonance by forgiving the self, without any disrespect for the suffering endured by the victim (Carpenter et al., 2014; Holmgren, 2012). Contrary to the self-condemning strategy, self-forgiveness is related to guilt and shame appraisal but, at the same time, restores the offender by reaffirming violated values and rebuilding positive self-regard (Wenzel et al., 2012), thereby helping offenders to perceive themselves as valuable again (Dillon, 2001). Thus, if responsibility can be considered the key to the ignition of the self-forgiveness process, the negative emotions that arise from the knowledge of having committed an offense might be considered the fuel to activate the process.

Guilt and shame are self-conscious emotions that are related to the person's ability to reflect on his/her own behavior and to evaluate it in relation to societal norms and standards; they activate both a punitive and a reparative function in coping with the stressful event (Baumeister, Stillwell, & Heatherton, 1994; Gausel, Vignoles, & Leach, 2015). Self-forgiveness seems to transform the punitive function of these emotions to a reparative one, especially across the activation of guilt-related behaviors. Self-forgiveness begins by admitting one's own culpability which allows the offender to experience guilt and shame and not to avoid his/her own and the victim's

suffering. Fisher and Exline (2006) show that the offender's guilt-related responses (e.g., sorrow; regret) are key factors in the activation of the offender's reparative strategies, like remedies to compensate the victim, seeking forgiveness, and showing willingness to change. Hall and Fincham (2008) showed that self-forgiveness is related to a decrease in guilt feeling, whereas Griffin et al. (2016) showed that both forgiving and punishing the self were positively related to guilt. But what helps offenders to activate both guilt and shame and their attendant reparative and punitive function in order to overcome the negative emotions activated by the transgression without being overwhelmed by them? We argue that two factors play a role in this regard. The first is related to offenders' dispositional traits, specifically their tendency toward self-compassion, whereas the second is an offense-related determinant, the closeness to the victims.

Strelan and Covic (2006) assert that a coping strategy is activated and adequately working if it conforms to a set of traits, values, beliefs, and goals relating to what people seek. Wohl et al. (2008) indicate that self-forgiveness is difficult to activate not only for those offenders with clear antisocial and narcissistic traits (i.e., those subjects that are unlikely to grasp the negativity of their actions and the suffering of others), but also for those people who have the inability to see at least their own actual error. Guilt and shame are self-conscious emotions connected to self-perception. This signifies that their intensity is connected not only to the guilty or blaming characteristics linked to the transgression but also to dispositional tendencies relating to the past experiences of activating guilt and shame. These emotions are connected to the self-concept that the offender has internalized from previous emotional experiences where he/she transgressed against another and to his or her capacity to be benevolent toward the most fragile and fallible aspects of themselves.

The Role of Self-Compassion Self-compassion has been identified as a key construct in the self-forgiveness process; it is linked positively to self-forgiveness and negatively to self-condemnation (Cornish & Wade, 2015; Enright et al., 1996; Pelucchi, Paleari, Regalia & Fincham, 2015a; Woodyatt & Wenzel, 2017). Fisher and Exline (2010) show that acceding to a positive sense of transcendence of self, increases tolerance of one's own weaknesses, and mitigates self-condemnation. They emphasize the centrality of self-compassion among the transcendent dimensions of the self. Neff (2003) defines self-compassion as the tendency to have an understanding rather than judgmental attitude toward oneself; to see and feel that one's own experiences of fallibility are similar to those of others; and to not identify excessively with negative thoughts and feelings. Not surprisingly, self-compassion is considered a fruitful target of clinical intervention when faced with the presence of negative self-conscious emotions (Gilbert & Irons, 2004). Raque-Bogdan, Ericson, Jackson, Martin, and Bryan (2011) describe self-compassion as positive construal of self and of others, which is a defining characteristic of attachment security. Neff and McGehee (2010) suggest that a secure attachment orientation contributes to the development of self-worth and connection with others that is embodied in self-compassion. Gilbert, Baldwin, Irons, Baccus, and Palmer (2006) show the

self-kindness attitude involves actively soothing and comforting oneself in response to a stressor. The greater the offenders' capacity to see and accept their own fallibility, the more they will be able to forgive themselves, by getting in touch with their negative moral emotions, but without running the risk of being paralyzed by them. Notwithstanding their wrongdoing, the more self-compassionate the offenders are the more they feel allowed to experience self-worth and to seek forgiveness from both their victim and themselves.

Self-compassion allows offenders to be less self-condemning and to separate their own self-concept from what they did. This, in turn, helps them to activate reparative behaviors to cope with their own and the victim's suffering. Thus, self-compassion could be considered the accelerator of the self-forgiveness process that works by balancing the punitive and reparative activation of guilt. Finally, the necessity for this accelerator and for self-forgiveness itself varies as a function of the relationship between the transgressor and his or her victim.

The Importance of Close Relationships Closeness to the victim plays a key role in the self-forgiveness process and is related to the presence of self-conscious emotion. Exline et al. (2011) show that offenders are more likely to attempt reparative acts over time when their relationship with the victim is close. Similarly, Fisher and Exline (2006) demonstrated that repentance is more likely in cases involving close relationships. They suggest that the increase of prosocial behavior in offenders is linked to the presence of greater commitment to the victim in order to address the transgression and the related suffering of the victim. In an experimental study, Pelucchi et al. (2015b) showed that self-forgiveness varied in relation to the degree of closeness between the offender and the victim. They found that self-forgiveness, and the victim's forgiveness, were positively affected by the offender's reparative strategy only when the victim was a close, rather than non-close, other. Given that self-forgiveness is a critical and laborious challenge for the offender, it seems reasonable that offenders may not always go to the trouble of activating self-forgiveness. Admitting the responsibility of having committed an interpersonal offense, the self-denunciation process, feeling guilt and shame, and trying to find the proper way to activate behaviors to overcome this inner suffering, take up a lot of time and energy.

Lack of closeness and interdependence with the victim could allow offenders to activate a more conservative coping strategy than self-forgiveness despite the intrapersonal and interpersonal benefits of self-forgiveness (Kelley & Thibaut, 1978; Woodyatt & Wenzel, 2013). The less interdependence with the victim, the less importance the offender may attach to the victim's pain, well-being and opinion of the offender, which may allow offenders to justify their wrongdoing behaviors without the need to make amends for the victim's suffering. Conversely, high interdependence with the victim likely leads offenders to feel more negative emotion about the wrongdoing and its consequences because victims are more likely to be a part of the offender's description and sense of self (Aron, Aron, Tudor, & Nelson, 1991). A close victim's reactions, emotions, and behaviors might therefore be more crucial for the offender to regain a positive view of the self in the aftermath of a transgression. On one hand, the offender could risk being overcome by self-condemnation;

on the other hand, victims could facilitate offender self-forgiveness (e.g., by offering forgiveness), while at the same time, the offender could enact more reparative strategies in order to maintain the relationship. We aim to develop in the next section a theoretical understanding regarding self-forgiveness in close relationships, underlining the pro-relationship dynamics of self-forgiveness.

Coping with Transgressions in a Close Relationship: Self-Forgiveness as Pro-Relationship Strategy

Romantic relationships play a crucial role in promoting well-being and sense of security; people experience their most intense emotions (positive and negative) in the context of their close relationships (Baumeister & Leary, 1995; Collins & Feeney, 2000; Shaver, Hazan, & Bradshaw, 1988). Close relationships not only arouse emotions, but are also affected by the way partners react emotionally to positive and negative relational events. Theory and research have clearly documented the motivational consequences of emotions (e.g., Lazarus & Lazarus, 1994; Shaver, Schwartz, Kirson, & O'Connor, 1987). In close relationships, a person's emotions can affect not only his or her own behaviors, but also the partner's responses and the resulting quality of the dyadic interaction (e.g., Mikulincer & Shaver, 2005).

In regard to transgressions in romantic relationships, a considerable body of research has documented the positive effects of the victim's interpersonal and intrapersonal outcomes related to forgiveness for the maintenance of such relationships (Fincham, 2010, 2015; Mikulincer, Shaver, & Slav, 2006). Indeed, Strelan and Covic (2006) describe forgiveness as a coping strategy by which victimized individuals overcome negative stress related to being victimized through changing their emotional state toward the offender and the transgression. Moreover, forgiving others is a proactive and meaning-making strategy because it provides an opportunity for growth, the acquisition of new skills, and development of more complex mental representations of offending partners that acknowledge both their positive and negative behaviors (Schwarzer & Knoll, 2003; Worthington, 2005; Flanigan, 1998). Furthermore, forgiveness is positively related to the victim's mental and physical heath, reduces psychological aggression, increases intimacy and commitment in the relationship, fosters constructive communication, and positively influences the quality of the relationship (Berry & Worthington, 2001; Karremans, Van Lange, Ouwerkerk, & Kluwer, 2003; Eaton & Struthers, 2006; Fincham, 2015; Paleari, Regalia, & Fincham, 2005; Tsang, McCullough, & Fincham, 2006).

In contrast to the large body of studies that examine the victim's thoughts, emotions, and behaviors, studies on the offending partner's thoughts, emotions, and behaviors activated to positively cope with the wrongdoing are less developed. In a study by Thompson et al. (2005) trait self-forgiveness was positively related to couple satisfaction. Subsequent research shows that people who have difficulties in forgiving themselves are more prone to negative thoughts and feelings, including

remorse, rumination, guilt, distrust, and depression, which negatively affect relationship satisfaction (Carr, Freedman, Cornman, & Schwarz, 2014; Davis et al., 2015; MacKenzie et al., 2014). As regards self-forgiveness in romantic relationships, Pelucchi et al. (2013) showed that self-forgiveness of a transgression positively affected the offender's relationship satisfaction. If the offending partner is able to increase benevolence toward the self by self-growing from the fault committed and by diminishing resentment and criticism toward the self, relationship satisfaction is likely to increase. Moreover, the study also showed that the less the offender felt able to accept him/herself because of the offense or forgive him/herself for the offense, the lower the relationship satisfaction experienced by the victimized partner.

Just as interpersonal forgiveness may be considered the victim's relationship-oriented coping with the potential fracture to the relationship represented by the transgression (Strelan & Covic, 2006), so also might self-forgiveness be considered the offender's relationship-oriented coping strategy to maintain the bond (Griffin et al., 2016; Pelucchi et al., 2013). Cigoli and Scabini (2006) describe couple bonding based on two different types of agreement between partners—a promise agreement and a secret agreement. The promise agreement involves aspects linked to the commitment toward the bond, and the reciprocal obligations for the maintenance of it. These are mutual attraction, harmony, and the commitment to loyally respect the pact itself. The secret agreement refers to the encounter between the unconscious dimensions of the two partners. It represents the needs, desires, and fears arising from the individual histories of the partners, and from their familial models. Couples are paired based on the implicit norm, which assumes that each partner fulfills the other's needs, ensuring protection, and safety (Feeney, 2004). The realization of their own needs, aspirations, and hopes is tied to the well-being of the relationship itself.

One strong source of strain in close relationships are emotions and behaviors on the part of one relationship partner that interfere with the other's emotion and behaviors, or that (actually or potentially) threaten the other's welfare or relationship quality (Shaver et al., 1987; 1988). Thus, when transgressions occur in a couple, they destabilize the bond security and the partners' well-being. The offense represents a violation of the promise and the secret agreement between the partners, activating negative emotions both in the victim and the offending partner (Fitness, 2001). Self-forgiveness processes represent the offending partner's pro-relationship coping strategy restoring the partner's self-concept, the trust and loyalty in the couple agreement and, in turn, both partners' well-being (Proulx, Helms, & Buehler, 2007). We suggest that the more offending partners are able to forgive themselves about a hurt committed against the partner, the more both the victimized and offending partners' couple well-being increases (Pelucchi et al., 2013). In line with Fincham and Hall's (2005), Hall & Fincham, 2008) model of self-forgiveness, research has shown that an offending partner's self-forgiveness process is facilitated over time to the extent that perceptions of transgression severity decline (Carpenter et al., 2014; Exline et al., 2011; Hall & Fincham, 2008), feelings of guilt decrease (Hall & Fincham, 2008; Griffin et al., 2016), reparative strategies toward the victim are enacted (Carpenter et al., 2014; Exline et al., 2007, 2011; Pelucchi et al., 2015b;

Woodyatt & Wenzel, 2013), and the perception of being forgiven by their partner increases (Hall & Fincham, 2008; Pelucchi et al., 2015b).

The awareness of having damaged the partner and the relationship are likely to evoke negative emotions, such as guilt and shame about the wrongdoing and fear about a weakening couple bond (Shaver et al., 1987). The offender's intrapersonal denunciation calls into question his or her self-concept as a good partner and the conception of being in a safe relationship. Admitting responsibility for the wrongdoing puts the offending partner in a waiting position, a state of uncertainty, with regard to the victimized partner's reaction toward the wrongdoing. On the one hand, self-forgiveness allows the offending partner to reduce his or her own distress and self-condemnation, helping him or her to overcome these and to focus on the wrongdoing and its consequence. Self-forgiveness allows the offender to re-establish a positive self-image as a partner, facilitating the chances of positively reinvesting in the relationship. The victim—once he/she can again approach the self-forgiving offending partner—may encounter a partner who demonstrates a greater personal level of satisfaction and self-trust (Wohl et al., 2008; Woodyatt & Wenzel, 2013). Hodgson and Wertheim (2007) show that offenders who are less self-forgiving, have less clarity about their emotional state, and are more prone to react with anxiety to the problems of others.

On the other hand, self-forgiveness helps the offender find a proper way to repair the relationship and their own self-concept as good partner, as well as reducing the fear of couple disruption. Pelucchi et al. (2015b) demonstrate both reparative behaviors by the offending partner and forgiveness by victimized partner are related to higher levels of offender self-forgiveness, and this underlines the pro-relational character of self-forgiveness. The more the offending partner displays remorse and tries to repair the fault, the more the offender is able to forgive the self. Reparative behaviors attest to the offending partner's dedication to the bond, revealing to the victim that the reduction of their suffering is a central part of the process that leads the offender to forgive the self. Similarly, in respect to forgiveness given by victim, the study shows that the more the victimized partner is able to forgive the offending partner, the more the offender is able to forgive him or herself. The victim's forgiveness symbolically represents his or her commitment to the relationship and could demonstrate also to the offender that forgiveness (of self) is a way forward. The fact that the partner can forgive despite the suffering occasioned by the offense, sends the offender a positive message about him/herself as a partner, which has an impact on the well-being of the couple. The more that offending partners perceive that victimized partners do not wish to seek avoidance or revenge, but rather feel empathy and benevolence toward the offending partner, the more offenders will feel that they can implement this same behavior toward themselves.

A further consideration that may facilitate understanding of self-forgiveness as a pro-relationship strategy concerns within-subject dynamics between self-forgiveness, interpersonal forgiveness, and couple well-being. Pelucchi, Paleari, Regalia, and Fincham (2015) show that partners who have forgiven themselves for a wrong committed against their partner, when finding themselves in the role of victim are more readily able to grant forgiveness to the partner. This within-subject

dynamic positively affects the offender's relationship satisfaction. Pelucchi et al. (2015a) speculated that self-forgiveness is related to the offender's tendency to recognize and accept human fallibility (e.g., Bauer et al., 1992), and more precisely, to the tendency to show compassion toward themselves (Breen, Kashdan, Lenser, & Fincham, 2010; Neff, 2003). Yarnell and Neff (2013) show self-compassionate people are more likely to compromise in times of relationship conflict, considering the needs of both self and other. In fact, there is a documented positive relationship between self-compassion and couple well-being (Neff & Beretvas, 2012). When confronting personal inadequacies or situational difficulties, self-compassionate partners can display more positive relationship behaviors than those who lack self-compassion. In fact, Neff and Beretvas (2012) show self-compassion is a stronger predictor of positive relationship behavior than attachment style.

Self-Forgiveness Mediates the Association Between Self-Compassion and Couple Well-Being: An Empirical Study

Considering that self-forgiveness functions like a pro-relationship strategy, we proposed an empirical study. Specifically, we hypothesized that self-forgiveness serves as a mechanism that links self-compassion and couple well-being when partners have to cope with a transgression that could undermine the maintenance of the bond between them. By analyzing self-forgiveness following a real transgression where one partner hurt the other, we hypothesized that the positive relationship between the offending partner's self-compassion attitude and couple well-being would be mediated by self-forgiveness that the offender enacted to cope with the wrongdoing.

The study sample comprised 133 couples (average length of their relationship was 9.8 years; $SD = 7.9$; average age was 35, $SD = 8.2$ for females and 38, $SD = 8.4$ for males). Couples were residents in Northern Italy who volunteered to participate in the study. Self-forgiveness was measured for a real transgression in which the offending partner acknowledged responsibility as assessed by the bi-dimensional Self-Forgiveness Scale (Pelucchi et al., 2013). Coefficient alphas were: 0.73 and 0.79 for males and females' Forgiveness of Self and 0.88 and 0.84 for males and females' Unforgiveness of Self. Self-compassion was measured by the 26-item Self-Compassion Scale (SCS; Neff, 2003). Coefficient alphas were 0.85 and 0.90, for males and females, respectively. Finally, couple well-being was assessed by the Quality of Marriage Index (QMI; Norton, 1983). Coefficient alpha were 0.92 and 0.93, for males and females, respectively.

We tested the hypothesized mediational model using EQS 6 (Bentler, 2006). The model provided a good fit to the data both in the male sample ($\chi^2(1) = 1.455.804$, $p = 0.227$, CFI = 0.991; RMSEA = 0.058) and in the female sample ($\chi^2(2) = 1.163$, $p = 0.280$, CFI = 0.994; RMSEA = 0.045). The parameter estimates for the hypothesized model are showed in Fig. 1 both for men and women. Self-compassion
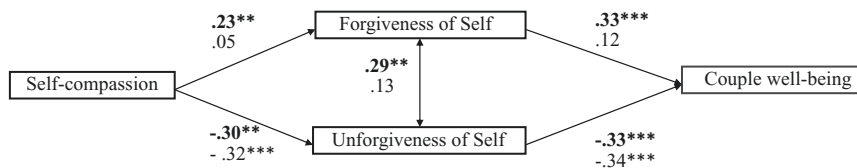
Note. **p < .01; ***p < .001

Fig. 1 Standardized parameter estimates for the tested mediational model of both male (*bolded*) and female offending partners

predicted Unforgiveness of Self in both the male and female sample ($\beta = -0.30$ and -0.32 respectively), while Self-compassion predicted Forgiveness of Self only in the male sample ($\beta = 0.23$). In turn, Unforgiveness of Self and Forgiveness of Self significantly predicted men's couple well-being ($\beta = -0.33$ and 0.33, respectively) while woman's couple well-being was predicted only by Unforgiveness of Self ($\beta = -0.34$). The data confirmed the mediational role of self-forgiveness in males and demonstrated partial mediation among females. Specifically, for the male sample, self-compassion significantly predicted couple well-being through the mediation of both Unforgiveness of Self ($\beta = 0.10$, $p = 0.006$) and Forgiveness of self ($\beta = 0.07$, $p = 0.028$), whereas statistically significant mediation of the self-compassion and couple well-being association occurred only by Unforgiveness of Self for the female sample ($\beta = 0.11$, $p = 0.005$).[1]

Self-compassionate men reported less negative feelings toward the self in relation to the offense committed. At the same time, they showed increased positive feelings toward the self once they were aware of the wrongdoing and learned from what occurred. Moreover, both dimensions of self-forgiveness predict men's couple well-being. Similar to the male sample, self-compassionate women reported less negative emotion toward the self, while the positive dimension of self-forgiveness appears not to be affected by the presence of self-compassion. Furthermore, women's couple well-being was negatively related only to the negative dimension of self-forgiveness, a finding contrary to what had emerged in previous studies (Pelucchi et al., 2013). We thus need to be cautious in interpreting the absence of this link in the present study. One may speculate it is connected to the more interdependent self-construal reported by women than men (Paleari, Regalia, & Fincham, 2011). The positive dimension of self-forgiveness could be more strongly linked to self-image evaluative features than the negative dimension, which may be more closely related to emotions reflecting the transgression. The positive dimension is represented by the presence of self-growth processes, whereas the negative dimension is connected to the reduction of negative emotions related to the wrongdoing. It could be that, compared to men, women have a more interdependent self-construal that implies a need for more external feed-back in order to regain positive self-image, rather than relying on individual trait characteristics. Further studies could pursue this hypothesis, testing, for example, whether

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[1] Standardized indirect effects and tests of significance for them were computed by EQS relying on Sobel's works (1987).

among women the positive dimension of self-forgiveness is more strongly affected by victim's forgiveness (a partner's determinant) than the negative dimension is. Although the present study is limited due to its cross-sectional correlational design, not permitting any causal inferences, it shows promising relationships between self-compassion, self-forgiveness, and couple well-being in the context of transgressions among couples (see Shaver et al., 2016).

Conclusion

In this chapter, we described and analyzed self-forgiveness as a proactive and meaning-focused coping strategy. Self-forgiveness represents the reconnection process with the self after the intrapersonal self-denunciation process activated by the awareness of and acceptance of responsibility for a wrongdoing. It is the coping strategy that permits the offender to reconnect and reintegrate the damaged self-concept while accepting that he/she was a wrongdoer. Unlike self-excusing and self-condemnation, self-forgiveness allows the offender to go move forward, learn from the wrongdoing and grow from their experience (Wohl et al., 2008; Woodyatt & Wenzel, 2013).

We identified and described the contribution of three key factors that are useful in understanding the proactive features of self-forgiveness. The three factors are taking responsibility, guilt and shame, and self-compassion. Taking responsibility is what permits the activation of the other-oriented motives. It serves as the ignition key for the activation of the reparations strategies that permit one to consider self-forgiveness as morally permissible (Fisher & Exline, 2006; Carpenter et al., 2014). Guilt and shame, through their dual punitive and reparative functions, make offenders feel both the negativity for what they did and fuels the desire to make up for what they have done (Baumeister et al., 1994; Gausel et al., 2015). Self-compassion (Neff, 2003) is described as offenders' trait-like tendency to accept their human fallibility and view themselves with sympathy and tolerance, which is likely to facilitate the activation of the self-forgiveness strategy instead of self-condemnation, promoting the chance to remedy the wrongdoing and providing the self-kindness to promote benevolence toward the self (Breen et al., 2010; Fisher & Exline, 2010).

Finally, the chapter identified the role of closeness to the victim in self-forgiveness processes (Exline et al., 2011; Pelucchi et al., 2015b) by developing understanding about state self-forgiveness within romantic relationships. When transgressions occur in a romantic relationship, they threaten to undermine the partners' well-being and the bond between them (Feeney, 2004; Karremans et al., 2003; Shaver et al., 1988). The theoretical analysis and the empirical study presented in this chapter constitute an attempt to illustrate how self-forgiveness works as a pro-relationship coping strategy: facilitated by the offending partner's self-compassion, self-forgiveness, in turn, gives rise to relationship well-being (Neff & Beretvas, 2012; Pelucchi et al., 2013). The offense violates the couple's pact, undermining mutual trust and loyalty (Cigoli & Scabini, 2006). The wrongdoing activates the offending

partner's self-concept fracture and the fear that she or he has weakened the relational bond. Self-forgiveness helps offending partners to regain respect toward themselves by increasing benevolence toward themselves, and by decreasing the effects of negative emotions (Carpenter et al., 2014; Fincham & Hall, 2005; Woodyatt & Wenzel, 2013). The negative emotions and ruminative tendencies related to the awareness of being a wrongdoer have negative effects not only on the offender's well-being, but also on their motivation to apologize and to seek forgiveness and conciliation with the victimized partner (Witvliet, Hinman, Exline, & Brandt, 2011). In contrast, self-forgiveness works against these self-centered tendencies activated by the stress of having failed morally and perpetrated a transgression against the partner. In the face of potentially feeling cutoff and isolated from the partner because of the self-denunciation that can arise from transgressing against him or her, self-forgiveness allows a feeling of connection through reparative strategies and the victim's forgiveness (Pelucchi et al., 2015b). Self-forgiveness entails a balanced response to suffering that neither suppresses guilt and shame nor ruminates on them (Woodyatt & Wenzel, 2013). Rather than running away from the problem instigated by the transgression or engaging in such processes as excuse making or excessive self-condemnation, self-forgiveness involves maintaining a balanced awareness of the wrongdoing, acknowledging it and working through it in order to understand the motives and the causes of the transgression. In doing so, it allows for growth in both the individual and the relationship.

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Self-Forgiveness and Religious/Spiritual Struggles

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After people commit actual or perceived moral offenses, they may struggle to accept the right level of responsibility, to make reparations, and/or to release unhelpful negative emotions—all components of the process of self-forgiveness. This chapter explores how these challenges around self-forgiveness could relate to challenges around religion and spirituality. We use the term *religious/spiritual (r/s) struggles* to refer to challenges and conflicts in the r/s domain of life, which have been the focus of many psychological studies in the past 20 years (for recent reviews, see, e.g., Exline, 2013; Exline & Rose, 2013; Pargament, 2007; Stauner, Exline, & Pargament, 2016). This chapter will focus on six types of r/s struggles (Exline, Pargament, Grubbs, & Yali, 2014): divine (negative thoughts or feelings about a deity), demonic (feeling attacked by the devil or evil spirits), interpersonal (conflicts or hurts involving religious people or institutions), moral (struggles to follow one's moral principles), doubt (concern about doubts or questions pertaining to religious beliefs), and ultimate meaning (questioning whether one's life has any ultimate meaning or purpose).

As highlighted in the reviews cited above, many studies have linked r/s struggles with indicators of distress, such as depression and anxiety (e.g., Abu-Raiya, Pargament, Krause, & Ironson, 2015; Stauner, Exline, Grubbs, et al., 2016), poor physical health (see Exline, 2013, for a review), and even higher mortality rates (Pargament, Koenig, Tarakeshwar, & Hahn, 2001). Yet despite their clear associations with distress and poor health, r/s struggles may be a natural part of r/s life (e.g., Beck, 2007; Pargament, 2007) and may even lead to personal growth (Desai & Pargament, 2015; Wilt, Grubbs, Exline, & Pargament, 2016). As such, we

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prefer to frame r/s struggles as challenges to work through rather than as symptoms to be cured or prevented.

Aim and Structure of This Chapter

Our aim in this chapter is to explore how r/s struggles could relate to challenges and opportunities around self-forgiveness. We will focus on three components of the self-forgiveness process (Fisher & Exline, 2010): (1) accepting the right amount of responsibility, (2) repentance and making apologies/amends, and (3) releasing unhelpful negative thoughts and emotions. For each component, we suggest possible connections with r/s struggles. We aim to make our discussion of these connections illustrative rather than exhaustive. Also, we recognize that causal influences between r/s struggles and difficulties with self-forgiveness are likely to be complex and multidirectional: r/s struggles could affect the self-forgiveness process, and self-forgiveness problems could create or exacerbate r/s struggles. Tertiary factors (e.g., personality factors; mood states) could affect both r/s struggles and self-forgiveness, and reciprocal effects are also plausible. Unless otherwise specified, we intend to present our ideas about self-forgiveness and r/s struggle as speculative, testable hypotheses for future research. Although empirical work will be cited where available, many of the ideas presented here await direct empirical testing.

Two Examples of Self-Forgiveness Challenges: The Cases of Daniela and Tom

To help anchor our discussion, we will begin with two fictional examples. We will refer to these examples at various points to illustrate challenges around the self-forgiveness process.

First, consider the case of Daniela. Daniela does not identify as religious. She holds no belief in the afterlife, gods, or other supernatural beings. However, she is interested in spiritual practices such as mindfulness meditation and the cultivation of compassion, and she has had mystical experiences that brought a profound sense of connection with all living things. Daniela has served on the police force in a small town for 20 years. She is haunted by a memory from her early years on the force, when she fatally shot a man who was robbing a convenience store. The man was about 15 feet away when she confronted him. He brandished a knife and lunged toward her. Daniela responded quickly, delivering a gunshot wound to his chest. She was never reprimanded for her actions, which were seen as reasonable in the line of duty; she was clearly acting in self-defense. But in her mind she still sees the eyes of the man as he lay dying. She keeps wondering whether she could have done something differently to avoid killing him.

As a second example, consider the case of Tom, a lifelong Catholic who attends mass almost weekly, although he sometimes has trouble seeing God as loving rather than as a harsh or disapproving judge. Tom and his wife, Cindy, have been married for 9 years. Cindy is very focused on the needs of their four children, and in Tom's opinion she has begun to neglect him as well as her own physical appearance. Their sex life has become virtually nonexistent. When they are together, Cindy often complains to him about how he is not earning enough money or doing his share of the child care and housework. Over time, Tom begins to have an increase in erotic dreams and sexual fantasies about other women, and he has been indulging in more pornography use than usual. One day at a cocktail party with work colleagues, Tom meets Sophia, a warm and attractive woman, one who also shares several of his interests not shared by his other friends, including wine-tasting. Tom and Sophia begin spending considerable time together, ostensibly as friends. However, Tom finds himself reluctant to mention these visits to his wife. One day, after drinking too much wine and enjoying a deep personal conversation with Sophia, he tells her that she is beautiful, then reaches over and kisses her.

Challenges Around Accepting Responsibility

When people have committed actual or perceived transgressions, they may experience significant moral struggles around determining whether an offense was actually committed and determining the right amount of responsibility to attribute to oneself vs. other agents. Making such determinations can be difficult even if people try to evaluate their actions objectively. Moreover, because it can be so disturbing to consider one's own moral failings, it can be tempting to try to evade responsibility for personal offenses. In a process sometimes called *pseudo-self-forgiveness* (Hall & Fincham, 2005; Wenzel, Woodyatt, & Hedrick, 2012; Wohl & McLaughlin, 2014), people avoid the pain of self-blame by doing something (whether consciously or not) to reduce their sense of responsibility for an offense, perhaps by excusing or condoning it (see Fisher & Exline, 2006; Tangney, Boone, & Dearing, 2005) or by blaming others. Other individuals, in marked contrast, may accept too much personal responsibility for their offenses, suffering more guilt, shame or regret than their actions would seem to warrant (Fisher & Exline, 2010; Worthington, 2013).

Struggles Around Personal Values and Religious Teachings Even though moral struggles may be unpleasant, they can form a critical part of a morally engaged response to personal transgressions. In the wake of a serious offense, a lack of moral struggle could suggest callousness or even antisocial tendencies, whereas the presence of struggle could be seen as a sign of an earnest attempt to engage one's deeper values. In the case of Daniela, even though others in authority did not challenge the morality of her actions, she still struggled because she felt the moral gravity of ending a man's life.

When trying to evaluate their own potential offenses, people may draw on values or guidelines communicated to them by other people such as parents, teachers, or friends, or by broader influences such as the media. In religious contexts, teachings about right and wrong could also come from sacred texts, traditions, religious leaders, or members of the religious community. When people are evaluating their own moral behavior, any of these social influences could provide helpful guidance; but they might also introduce additional conflicts. These conflicts could be with other individuals, or they may center on the belief systems themselves.

Tom's case suggests the potential for conflict around both personal values and religious teachings. On the one hand, Tom could tell himself that he has done nothing wrong in his relationship with Sophia. All that he did was spend some time with her and kiss her; he did not have sex with her, so technically he has not committed adultery. And even if he does see his actions as a betrayal of his wife's trust, he might see them as warranted based on her actions. On the other hand, if Tom is predisposed toward internalizing guilt, he might trace his wrongdoing back to his sexual fantasies. He might worry that he opened the door to temptation by simply having such thoughts, especially if he indulged them rather than simply letting them pass or immediately rejecting them (see Cohen & Rozin, 2001). Or he might see moral errors at other, intermediate steps of his situation. He might regret his pornography use (e.g., Grubbs, Exline, Pargament, Hook, & Carlisle, 2014), a behavior that he intentionally engaged in that focused his attention on other women. Or he might blame himself for allowing the relational tie with Sophia to deepen while choosing not to tell his wife about it.

The degree to which Tom takes responsibility for wrongdoing should depend, in part, on his personal values about sexual behavior, marriage, and monogamy—values that may, in turn, have been shaped by his lifelong membership in the Catholic Church. At an interpersonal level, Tom may worry about whether others in his faith community would judge him harshly if they found out about his behaviors with Sophia. But regardless of whether he has these interpersonal concerns, he may still struggle internally with the Church's teachings.

Holding oneself to extremely high moral standards could promote exemplary moral behavior; however, it could cross the border into unrealistic scrupulosity if people hold themselves to unattainable standards of purity and moral perfection (Abramowitz & Jacoby, 2014). For example, some might view Daniela's guilty response to the shooting as overly scrupulous. She takes heavy blame for a single harmful action, one in which she was trying to protect people (including herself) and enforce the law. She had to make rapid decisions in a fast-moving, frightening, ambiguous situation in which her own life and other lives were at stake.

Some potential offenses are difficult to evaluate because they are not rooted in widely held moral principles, but instead violate more idiosyncratic rules of a particular group or institution. In religious contexts, violations of dietary laws, dress codes, or guidelines about ritual practices are ready examples. Yet religious communities also vary in their views on more emotionally charged issues such as those from our examples: sexual behavior and the justifiability of killing. Even widely held moral principles may not provide a ready guide, because in some situations

clear moral guidelines may conflict with each other (e.g., killing one person to protect another). When a potential offense falls in a gray area, discerning whether one has done wrong might be especially challenging for people who are unclear about what their religious tradition teaches on the issue. Discernment of wrongdoing might also particularly challenge those who are questioning their religious foundations, such as those who are having serious doubts about their beliefs, exploring other religions, or exiting from religion altogether. Conflict with the views of one's religion about a personal wrongdoing could spark broader religious struggles, potentially undermining trust in one's religion as a moral compass.

Blaming Supernatural Forces For people who believe in supernatural entities, attributing negative events or struggles to these entities may help to resolve dissonance while maintaining pre-existing belief systems. Thus, in addition to blaming themselves, other people or groups, or religious institutions, people sometimes attribute harmful events to adverse circumstances or to impersonal forces such as fate, nature, karma, or luck. Other attributions could focus on supernatural agents such as God or the devil. We will briefly consider each of these in turn. As part of this discussion, it is important to note that people can blame supernatural agents alongside natural agents (Legare, Evans, Rosengren, & Harris, 2012); a supernatural attribution does not rule out a natural one. Even if people blame themselves or others for negative events, they may still see supernatural agents as being involved indirectly, perhaps by planting certain dispositions or thoughts within people or by influencing events in the situation.

Blaming God When reflecting on negative events, many people assign some blame to God (Exline, Park, Smyth, & Carey, 2011). In Tom's case, it might seem counterintuitive that he could blame God for his romantic entanglement with Sophia. Yet studies have shown that some do blame God for their own actions, particularly if they believe that God ultimately caused the personal disposition, vulnerability, or circumstances that set them up for later moral failure (Grubbs & Exline, 2014). As such, Tom might protest to God with questions like these: "Why did you let Cindy get pregnant so many times? Why didn't you increase her sexual desire or remind her to pay more attention to me? Why didn't you stop Sophia from tempting me? Can't you help me control my sexual urges or the amount of wine that I drink? Why did you create me with these weaknesses?" Blame and anger focused on God should be stronger among people with a strong sense of divine entitlement, who expect exceptional amounts of divine favor and protection (Grubbs, Exline, Campbell, Twenge, & Pargament, in press).

Psychologically, people could experience some benefits from attributing (at least partial) responsibility for negative events to God. Blaming God could reduce a person's shame and remorse, along with any perceived need to take corrective action. People might also see God's ultimate intent as benevolent (e.g., Hale-Smith, Park, & Edmondson, 2012; Wilt, Exline, Park, & Pargament, 2016), which could bring a sense of comfort. Yet attributing responsibility to God could also carry costs. Because many people see anger at God as morally wrong (Exline, Kaplan, & Grubbs, 2012), blaming God could create a new source of guilt and fear. Those who remain angry at God may feel burdened by their anger, and they may feel as though

they have cut off a powerful source of support. But even if people do not feel anger toward God, seeing God as the ultimate cause of a damaging event could lead to a sense of mistrust in God's motives or power (Hale-Smith et al., 2012; Wilt, Exline, Lindberg, Park, & Pargament, 2016). In addition, a heavy emphasis on God's perceived causal role could work against a sense of personal autonomy and control, instead breeding a sense of passivity or helplessness.

Blaming Evil Forces Daniela may wonder whether some dark, potentially evil force fed into her decision to shoot to kill; but because she does not believe in demons, she might be more likely to see this force as a part of herself. Tom, in contrast, might assign some blame to demons, the devil, or other supernatural evil forces (see Harriott & Exline, 2016, for a review), holding them responsible for creating temptations or orchestrating circumstances that set the stage for moral failure. Psychologically, demonic attributions could have some advantages: Not only could Tom minimize his sense of personal responsibility, but he could preserve a more uniformly positive view of God (Beck & Taylor, 2008). He is also likely to find anger toward the devil to be more morally acceptable than anger toward God. As with blaming God, however, a heavy focus on the role of the devil or demons would keep Tom's attention focused on powerful external agents, which could lead to a sense of personal passivity or helplessness. He might also find it frightening to see himself as being under the influence of powerful, malevolent forces. Depending on his personal theology or that of his community, he might also face blame or ostracism for opening the door to evil influences through his earlier thoughts or behaviors.

Summary and Next Steps Determining whether a moral offense occurred—and, if so, who or what was responsible—can be a challenge, a process that can entail serious reflection on both personal values and religious teachings. In some cases, evaluation might suggest that no offense was committed or that it was excusable. But if there was some moral violation, accepting responsibility for one's own role could provide a sense of empowerment and control, helping people to see themselves as autonomous agents rather than helpless victims of outside forces. By owning an appropriate level of responsibility, people can pave the way for relational repair (with themselves, others, and perhaps God) and foster an ability to integrate the transgression experience into their life narratives in a redemptive way (see, e.g., McAdams, 2006). One challenge here is that one's personal theology or belief system may not easily accommodate these processes of integration and change. As a result, some people may remain bound by extreme shame and guilt, while others may release themselves from responsibility too readily.

Challenges Around Repentance and Relational Repair Attempts

Although it can be painful to take personal responsibility for wrongdoing, the associated feelings of remorse and regret can serve a valuable function by motivating repentant behaviors such as apologies, amends, and positive behavior change

(Fisher & Exline, 2006, 2010; Hall & Fincham, 2005, 2008); in fact, even shame can serve some of these relational repair functions (Cibich, Woodyatt, & Wenzel, 2016). When people take these steps toward relational repair, they greatly increase the odds of being forgiven by those they have harmed (e.g., Woodyatt & Wenzel, 2013a). Repentant actions also facilitate self-forgiveness (Carpenter, Carlisle, & Tsang, 2014; Exline, Root, Yadavalli, Martin, & Fisher, 2011) and reduce the odds of later regret (Exline, DeShea, & Holeman, 2007). However, challenges can arise when there does not seem to be a low-cost, easy way to make things right.

Seeing Damage as Irreparable   Unfortunately, in some situations there is simply no way to undo or fully repair the damage caused by an offense (see, e.g., Cibich et al., 2016). Daniela cannot restore the life of the man she shot. Similarly, if Tom's wife finds out about his new relationship, he risks losing her trust and being unable to regain it. When people cannot see any way to undo harm that they have caused, some may feel helpless and give up the attempt to self-forgive, perhaps turning to substance use or distractions to numb their pain. Others may turn to self-punishment as an attempt at retributive justice, punishing themselves emotionally (e.g., abusive self-talk) or physically (e.g., deprivation of food or sleep; self-injury). Religious beliefs emphasizing the need for personal atonement could feed into self-punishing practices. When people are unable to satisfy their own internal demands for justice, they could also project this unforgiving attitude onto other people or God, making it difficult to seek or receive forgiveness.

Seeing Repair Attempts as Costly   Even if people can identify repair attempts that seem appropriate and effective, they may resist taking these actions because they appear dangerous or costly to the self. Admitting wrongdoing entails a certain degree of vulnerability, especially if care is taken to avoid excuses and justifications. And attempts at relational repair or self-improvement could come at great personal cost—costs that could in some cases be exacerbated by religious/spiritual beliefs or commitments.

Fears of Judgment and Rejection   People cannot control how others will respond to expressions of repentance. Although an apology might be met with warmth, reassurance, or an expression of forgiveness, it might also be rejected coldly (e.g., Woodyatt & Wenzel, 2013b) or interpreted as a sign of weakness. People may worry about these outcomes not only when interacting with those they have harmed, but also when debating about whether to confess their wrongdoing to others—including God, religious authority figures, or members of religious communities. Some might fear judgment, shaming responses, or outright rejection or aggression by religious people or institutions. Further, people might fear that withdrawal of God's love and approval could lead to devastating consequences, all the way up to the level of eternal damnation. Believing that one has committed an unforgivable sin could make redemptive action feel pointless, if the point of trying to repent is to seek God's forgiveness.

Weighing the Costs of Repentant Behavior   Even if people hold a generally positive self-view and/or do not feel rejected by God, and even if they believe that those they have harmed would respond well to an attempt at repentance, people may still

continue to wrestle—with their consciences or with God—if they think they are being asked to do something risky, costly, or unpleasant. For example, Tom may feel a sense of conviction, rooted in his conscience and Christian teachings about marriage, that he should pull back from his relationship with Sophia or tell Cindy about the relationship. However, these prospects might both seem costly to Tom. In deciding whether to take these actions, he might question whether he is hearing from God. If so, and even if he feels convinced that God is giving him a clear message, he might wonder whether God actually has his long-term best interests in mind: Does God want him to suffer by staying in a difficult and unrewarding marriage, one that might never again fulfill his desires for companionship and sexual intimacy? Tom might also chafe against the idea of submitting to divine authority, especially given the sacrifices and risks it would entail. Concerns such as these may make repentance difficult or unattractive regardless of one's readiness to take responsibility.

Struggles Around Identifying Long-Range Goals Successful self-regulation involves looking toward ultimate goals and purposes: What do you want your life to look like? What kind of person do you want to be? These questions may be difficult to answer if people are experiencing struggles of ultimate meaning (Wilt, Stauner, et al., 2017) such as feeling confused about their life's deeper purpose or whether such a purpose even exists. If one's sense of personal meaning is absent or vaguely defined, a person might be more inclined to pursue immediate pleasures and comforts rather than to risk potentially costly actions—such as repentance—that could entail suffering and delayed gratification (e.g., Schnell, 2010). Reflecting on primary values and long-term life goals may help people to find the confidence and motivation to right their wrongs, even if this comes at a more immediate emotional cost.

Spiritual Warfare as an Aspect of Repentance Repentance may involve a conscious decision to turn away from what is bad and return to the side of the good. As described earlier, some people might see a source of evil or sin residing solidly within themselves or human nature more broadly. In this case repentance could actually increase r/s struggle; but in this case a person would be entering this struggle intentionally, with the purpose of wrestling with their own propensity for wrongdoing and working toward redemption (see, e.g., the Muslim concept of spiritual jihad; Saritoprak & Exline, 2016). For example, Tom could carefully examine the motives and choices that led him to pursue his relationship with Sophia. Even if he sees his behavior as understandable and largely justifiable, a close examination could also unveil personal weaknesses such as self-centeredness or poor self-control. Tom could work to improve himself in these areas, perhaps in the context of trying to restore his relationship with his wife.

As mentioned earlier, some people will see a supernatural agent as a source of evil (see Harriott & Exline, 2016, for a review). In this case, part of the repentance process could take the form of spiritual warfare, as they attempt to battle against supernatural evil forces such as the devil or demons. For instance, if Tom took on the stance of a warrior engaged in an epic struggle of good and evil, he might find

this outlook to be morally engaging, exciting, and energizing—especially if he sees himself as a well-equipped fighter, clearly on the side of good, and holds an unshakeable confidence that good will ultimately triumph over evil. If any of these beliefs are in question, however, seeing himself as embroiled in a cosmic struggle could become terrifying. Also, even if Tom sees himself as a fighter who is clearly on the side of the good, interpersonal costs might arise if others begin to see him as a zealot. Another trade-off of a cosmic struggle framework may be its dualistic framing. A black-and-white, good-versus-evil worldview could promote a vigilant and aggressive emphasis on conflict, in contrast to worldviews that frame reality as harmonious, unified, and interconnected. If he holds a dualistic worldview, Tom may see the dark parts of himself simply as enemies to be fought as opposed to shadow aspects to be understood—and perhaps even welcomed and embraced at some level (Humphrey, 2015; Neff, 2011), albeit without evading responsibility for wrongdoing.

Summary and Next Steps Apologies and other repentant acts can be a crucial part of the repair process after an offense. However, decisions around repentance can raise challenges—including the potential for a variety of r/s struggles—as people weigh costs and benefits of different courses of action. On the bright side, repentant actions and successful navigation of r/s struggles might evolve as a dynamic process. For instance, people who are experiencing moral struggles might consult God (e.g., via prayer, meditation) for guidance about how to atone for wrongdoing. Granted, people may experience substantial difficulties in trying to discern what they believe God is saying, or they may be unsure whether they have successfully followed God's guidance. Nonetheless, if people try to follow what they believe God is recommending, and especially if they see benefits from these actions, they may begin to feel closer to God. They might also see themselves firmly taking the side of good in a larger struggle against evil. Even without any perception of supernatural involvement, reparative action should help to provide people with a sense of moral efficacy, hope, and purpose by helping to point them in a relationally and ethically positive direction. To the extent that people are able to learn from mistakes, restore relationships and a sense of community, integrate their self-views and deeply held beliefs, and make positive, future-oriented choices, they can set the stage to release lingering negative emotions that are no longer serving a useful function.

Difficulty Resolving Negative Emotions Such as Shame, Guilt, and Regret

Another aspect of the moral struggle surrounding self-forgiveness centers on deciding when to try to release oneself from negative emotions (Fisher & Exline, 2010; Wohl & McLaughlin, 2014). If people release negative feelings too soon, or if they avoid them altogether, they may not be motivated to take on the difficult tasks of repentance. Yet sometimes, even if people have done all they can to make things

right, they remain caught up in strong negative emotions of shame, guilt, and regret. They can find themselves stuck, unable to move past the offense. In the context of this greater moral struggle, other r/s struggles could arise as well.

Feeling Unforgiven by God Among those who believe in God, there is a close link between self-forgiveness and receiving God's forgiveness (Martin, 2008; McConnell & Dixon, 2012; Worthington, 2013). It thus seems plausible that feeling unforgiven by God could make self-forgiveness more difficult, and vice versa. Strong feelings of shame or guilt could accompany an image of an angry, punitive God who is vigilant to catch people in wrongdoing. This issue could be a problem in Tom's case, as he has often struggled to see God as loving. Some people, perhaps due to negative self-views or depressive thinking, might see themselves as unworthy of God's forgiveness or vulnerable to demonic attack, thus adding the weight of divine or demonic struggles to their existing burden of guilt and moral struggles. A threatening or harshly judgmental religious upbringing could also contribute to these difficulties.

Difficulty Receiving God's Forgiveness A different type of divine struggle could arise if people are unable or unwilling to receive God's forgiveness (e.g., Kim & Enright, 2014), even if they see it as freely offered. Even if they receive God's forgiveness, they may hold on to guilty feelings: "Even if God forgives me, I need to hold myself accountable." Such thinking could serve internal requirements of justice and could help to maintain a sense of personal control—and perhaps even some pride about holding oneself to a high moral standard. In such cases, people may actually reject offers of forgiveness, mercy, or grace because they would see it as a sign of weakness to accept these gifts. For those who do not hold a secure, positive self-view, the prospect of receiving forgiveness or releasing guilty feelings may be too threatening to seriously consider; it may seem more morally appropriate to continue punishing the self.

Adopting a self-compassionate stance (Neff, 2011) may be one means to help people resolve shame, excessive guilt, and feelings of insecurity, thereby potentially relieving divine or moral struggles. Self-compassion entails taking a kind, balanced, non-judgmental attitude toward oneself despite acknowledgment of personal flaws, based on acceptance of the premise that such flaws are a universal and understandable part of the human condition. Some people may resist the idea of self-compassion because it brings up threatening thoughts of weakness. One possible way to work around this problem might involve the use of another spiritual lens: a sense of connectedness with something larger than oneself, perhaps induced by a sense of awe, gratitude, or self-transcendence. In Daniela's case, drawing on views of an interconnected universe could help her feel more connected with humanity and humbled by the grandeur of existence beyond her own troubles. A resulting sense of self-compassion could, in turn, promote self-forgiveness.

Identity Threats and the Quest for Redemption In the wake of serious offenses, people could be shocked to see that they are capable of causing such harm. Being confronted with one's dark side could be frightening, confusing, and shaming, and it could represent a profound threat to one's moral identity: "What kind of person am I, really, deep down?" If an offense does not fit in readily with the rest of a person's identity or life narrative, it may be difficult to accept and integrate (e.g., McAdams, 2006; Woodyatt & Wenzel, 2013a). For example, imagine that after kissing Sophia, Tom is horrified. He realizes that he may have just taken a serious step down the road toward an extramarital affair, and he decides to end the relationship. But even years later, he continues to see the relationship with Sophia as a dark stain on the story of his life. He might experience ongoing r/s struggles as he wrestles with his desires and his inability to manage them in a way that fits with his belief system. Alternatively, imagine that as a reaction to his transgression, Tom loses faith in his own willpower. If Sophia reciprocates his affection, and if Tom cannot forgive himself enough to begin rebuilding confidence in his self-control, he might allow himself to transgress further against his wife, deepening his own cycle of self-condemnation and threatening a sense of family identity that he had begun to take for granted.

In cases of intense guilt and harsh self-judgment, it may be useful for people to re-examine their motives in the offense situation through a redemptive lens: Did their actions, even though wrong or misguided, reflect any healthy or life-giving motives? Even though they made poor choices, was there some sort of important—or at least understandable—personal need that they were trying to meet? For example, Daniela might reframe her offense by reflecting on how she was trying to protect her own life and the lives of others who might have been killed by the robber. Even if Tom continues to regret his relationship with Sophia, he might reflect on how he was trying to form a loving, meaningful, enjoyable relational bond with another human being. Granted, in some situations it may not be possible to see any redemptive value in one's actions. But when it is possible, seeing some merit in the motives underlying one's actions may help people to integrate experiences of personal offense into their lives more readily, neither absolving themselves of responsibility nor identifying themselves too strongly with the offense. In addition, an ability to uncover something good in one's underlying motives could help a person consider different ways that they could meet related goals and needs in the future.

Summary and Next Steps After committing serious offenses, people may never fully free themselves from all feelings of remorse or regret. But once there has been earnest self-examination and serious attempts to right wrongs, releasing negative emotion can free people to move past the offense and integrate it into their lives. A self-compassionate stance, along with a willingness to receive forgiveness from God or others, may help to provide relief from shame and feelings of self-condemnation. Granted, it could be difficult for people to find redemptive aspects of their motives if they have labeled their behavior as bad or sinful and tried to rid

themselves of it without closer examination. But if people are willing and able to identify redeemable aspects of their behavior, these insights should help them to integrate the stories of their offenses into their larger life stories without seeing themselves as incorrigible villains.

Conclusions and Final Thoughts

Our aim in this chapter was to explore areas in which challenges around self-forgiveness could interface with r/s struggles. People who believe in supernatural agents such as God and the devil may believe that God or the devil caused their misdeeds, albeit possibly in an indirect way. Their attempts to make things right may also involve these supernatural agents. For example, people may turn to God for guidance or forgiveness, and they may find great comfort in believing that God is providing these benefits for them. Some may also see themselves as taking part in a cosmic struggle against evil, which could provide a sense of strength, energy, purpose, and motivation focused on constructive action. We would propose that attributions to supernatural agents such as God and the devil should be most beneficial if they can be made while still preserving a sense of personal autonomy and responsibility.

Religious people and institutions could play a complex role in struggles around self-forgiveness. When people are trying to evaluate their moral behavior, religious texts, teachings, and traditions could provide guidance. However, some people may find that they doubt or disagree with these teachings. They may also be troubled by past, current, or imagined future encounters with those interpreting religious teachings in a rigid or severe way. Yet religious teachings and communities could also provide social support and guidance to help people to work through struggles with self-forgiveness. For example, teachings about forgiveness of sins or the beauty and interconnectedness of life could help people to hold themselves morally accountable for transgressions and also encourage repentance. Teachings on divine or natural grace and forgiveness, self-compassion, or redemption could provide hope for people who are having difficulty releasing themselves from intense feelings of shame or guilt. Institutions can also gain by owning their mistakes and practicing restorative justice rather than denial or scapegoating.

Regardless of whether r/s themes are explicitly involved, the self-forgiveness process can trigger a variety of moral struggles. When people face difficult decisions about how to assign responsibility for offenses, when they debate about whether and how to attempt repentance, and when they struggle to manage or release their negative emotions, the associated moral struggles often engage people's deepest values about what is most important in their lives. Seeing and acknowledging one's own potential for wrongdoing may indeed be one of the most painful aspects of the human experience. Yet, if people are able to honestly recognize, accept, and work through their moral failures, these difficult but courageous actions can lay the groundwork for both interpersonal reconciliation and personal growth.

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The Dark Side of Self-Forgiveness: Forgiving the Self Can Impede Change for Ongoing, Harmful Behavior

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For the most part, researchers have painted a rather rosy picture of self-forgiveness. Among other things, researchers and treatment providers alike have hailed self-forgiveness (i.e., the removal of self-condemnation in the face of acknowledged illegitimate, self-directed harm-doing) as an important coping strategy that improves the health and well-being of the harm-doer (see Hall & Fincham, 2005; Macaskill, 2012). The association between self-forgiveness and well-being has intuitive appeal, especially given the well-documented relationship between self-condemnation and ill-being (Davis et al., 2015; Worthington & Langberg, 2012). People who let go of the negative feelings they hold toward the self for self-directed harmful behavior are, by definition, down-regulating self-condemnation and associated negative emotions, which in turn alleviates a host of psychological stress. Perhaps this is why lay beliefs about self-forgiveness place it as one of the most significant contributors to health and well-being (Bassett et al., 2016).

In support of both academic and lay suppositions about the power of self-forgiveness, Scherer, Worthington, Hook, and Campana (2011) found that problem drinkers who were undergoing alcohol treatment displayed greater drinking refusal efficacy when exposed to a self-forgiveness intervention (compared to those who underwent treatment as usual). In other words, people who initiate change in their chronic, harmful behavior display greater ability to refrain from that behavior when self-forgiveness is granted. Self-forgiveness is also associated with reduced guilt and shame among people recovering from drug and alcohol problems (McGaffin, Lyons, & Deane, 2013), decreased suicidality among patients in treatment for self-harm (Nagra, Lin, & Upthegrove, 2016), and lower levels of disordered eating behavior (Peterson et al., 2016). Thus, on the surface, self-forgiveness appears to provide effective amelioration of the ills that befall a person who acknowledges they have engaged in harmful behavior and has initiated behavioral change.

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The layers of the self-forgiveness process, however, do not have to be peeled back to any great extent to find a potential dark side to people's willingness to abandon self-resentment, particularly when the harm-doer has not ceased engaging in the harmful behavior (e.g., abuse, addiction). Effortful attempts to change ongoing, self-directed harm-doing requires an understanding that current behavior is incongruent with their values and self-expectation—a situation that necessarily yields some self-condemnation (see Cibich, Woodyatt, & Wenzel, 2016; Davis et al., 2015; Woodyatt & Wenzel, 2014). Put another way, self-condemnation (e.g., guilt) needs to be harnessed in the service of *initiating* behavioral change (Frijda, Kuipers, & ter Shure, 1989; Lewis, 1993; Prochaska & Velicer, 1997). In the absence of some self-condemnation, there is no motivation to change.

We contend, like others (see Brehm, 1999), that people need to feel a moderate degree of motivational intensity (i.e., the strength of the tendency to either approach a positive situation or to move away from a negative situation) to bring about behavioral change. Unfortunately, motivation tends to be low among people engaged in ongoing, harmful behavior. Take, for instance, people who smoke. Past research has linked tobacco smoking to a host of health problems including cancer, heart disease, and premature death (Brownsen, Eriksen, Davis, & Warner, 1997). Despite having knowledge of these negative consequences, approximately 15% of Canadians are smokers with over a third of those smokers not contemplating behavioral change (Reid, Hammond, Rynard, & Burkhalter, 2015). Smokers are not alone. In general, people living with an addiction are aware their behavior yields an array of negative consequences (e.g., physical, psychological, and interpersonal problems; Hall & Solowij, 1998; Lesieur & Custer, 1984), yet most do not initiate change. Indeed, according to Miller and Rollnick (2002), only 15% of people in need of behavioral change take steps to accomplish this end. Why is there a lack of motivation to change among people who are currently engaged in harmful behaviors? In the spirit of Davis et al.' (2015) call for work on contextual moderators of the link between self-forgiveness and health benefits, we argue that self-forgiveness for ongoing harmful behaviors (committed against the self or others) maintains the behavioral status quo, thus hindering corrective action. In doing so, this chapter provides an exception to the well-documented link between self-forgiveness and well-being.

Self-Forgiveness: The Traditional Understanding

Ask the next person with whom you speak about the purpose of forgiveness. The odds are that person will say forgiveness helps heal social and personal wounds. People's lay understanding is not far from what research has revealed (see Bassett et al., 2016; Davis et al., 2015; Wohl & McLaughlin, 2014). Forgiveness, by-and-large, is central to prosocial change following conflicts between people (see Riek & Mania, 2012) and between groups (Hornsey & Wohl, 2013). Moreover, offering forgiveness is a pathway to psychological and physical health (Witvliet & McCullough, 2007). Although less attention has been paid to the consequences of

forgiving the self for harmful actions, forgiving the self typically yields similar positive effects as forgiving others (Hall & Fincham, 2005; Tangney, Boone, & Dearing, 2005).

The hypothesized positive effects of self-forgiveness make intuitive sense given that self-condemnation typically ensues when people take responsibility for having committed a harmful behavior (see Baumeister, 1997; Tangney & Dearing, 2002). Self-forgiveness allows the harm-doer to abandon self-condemnation in the face of acknowledged, self-directed wrongdoing (see Fisher & Exline, 2010; Hall & Fincham, 2005; Woodyatt & Wenzel, 2013a, 2013b). That is, self-forgiveness allows the harm-doer to let go of the negative feelings (e.g., guilt) directed at the self, whilst still accepting responsibility for the harm committed. In this light, self-forgiveness is often considered an emotion-focused coping strategy that helps foster more accepting feelings and attitudes toward the self (Hall & Fincham, 2005; Worthington & Scherer, 2004).

In the years since Hall and Fincham's (2005) seminal paper, empirical research has substantiated most of the suppositions about the benefits of self-forgiveness (e.g., Watson et al., 2012; Wohl, DeShea, & Wahkinney, 2008; Wohl, Pychyl, & Bennett, 2010). In fact, in a meta-analytic review, Davis et al. (2015) found a moderate-to-strong positive correlation ($r = 0.45$) between self-forgiveness and psychological well-being. Taken together, self-forgiveness appears to enable the transgressor to make a positive change in their life (Worthington, 2006). However, is this always the case? Herein, we contend that in at least one circumstance—*ongoing*, harmful behavior—self-forgiveness may undermine positive change.

Self-Forgiveness as a De-Motivator of Change

In recent years, researchers have expressed some concern about the overly optimistic tone that resonates throughout the self-forgiveness literature (see Wohl & McLaughlin, 2014). Although these researchers acknowledge the psychological and physiological benefits that stem from the self-forgiveness process, they caution that in certain contexts self-forgiveness may be a hindrance to behavioral change. Wohl and Thompson (2011), for example, found that self-forgiveness for current smoking behaviors undermined readiness to quit because it reduced the perceived costs (i.e., cons) associated with continued smoking. Likewise, Squires, Sztainert, Gillen, Caouette, and Wohl (2012) observed that gamblers who were more forgiving of their current disordered behavior reported less readiness to change. These results suggest the presence of a possible moderator of the link between self-forgiveness and well-being—specifically, self-forgiveness when the harmful behavior is chronic or ongoing.

In a review of the self-forgiveness literature, Wohl and McLaughlin (2014) suggested that a person who has not already taken action to stop their harmful behaviors and self-forgives will have little motivation to engage in behavioral change. This is because the negative affect associated with their behavior dissipates when

forgiveness is granted to the self, thus opening the door to re-engagement in the harmful behavior. In this way, self-forgiveness undermines mechanisms, such as guilt, that promote behavioral change (Frijda et al., 1989; Lewis, 1993; Prochaska & Velicer, 1997; Squires et al., 2012). Indeed, in a recent 30-day longitudinal study of active disordered gamblers, Salmon, Tabri, Hollingshead, Wenzel, and Wohl (2016) found that self-forgiveness at Time 1 was associated with decreases in readiness to change between Time 1 and Time 2. Importantly, they also found that a decrease in guilt between Time 1 and Time 2 accounted for the link between self-forgiveness and decreased readiness to engage in behavioral change. These results suggest that self-forgiveness allows a person currently engaged in harmful behavior to feel better about the self by reducing feelings of guilt, but the net effect is a behavioral status quo.

Might these results simply be attributed to a shirking of some (or all) personal responsibility for engaging in the harmful behavior? Indeed, some disordered gamblers hold the gambling industry responsible for their addiction ("they got me hooked"; see Prentice & Woodside, 2013). A shift in responsibility that should genuinely be attributed to the self is the hallmark of pseudo self-forgiveness (see also Hall & Fincham, 2005; Wenzel, Woodyatt, & Hedrick, 2012; Woodyatt & Wenzel, 2013a). Specifically, *pseudo self-forgiveness* is a process that yields positive self-regard in the face of self-directed harm-doing by way of defense mechanisms that rationalize, justify, and/or minimize the harm committed. Put a different way, pseudo self-forgiveness *stems from* responsibility-reducing processes. Thus, it is imperative to note that all participants in the aforementioned research with smokers or disordered gamblers responded in the affirmative (using a 'yes' or 'no' response format) to an item that asked whether their behavior (i.e., smoking or gambling) was problematic as well as an item that asked whether their behavior was self-directed (i.e., of the harm-doer's responsibility). They did so prior to completing a punitive-oriented measure of self-forgiveness (e.g., "I feel angry towards myself for my smoking/gambling behavior"). As such, there is little room for interpreting the results to be a product of pseudo self-forgiveness (i.e., forgiveness in the absence of taking responsibility for one's behavior).

To be clear, our discussion about a possible dark side to self-forgiveness focuses on the specific context in which a person accepts responsibility and understands the gravity of the harm being inflicted on the self, but nonetheless indulges themselves for the short-term benefits of an ongoing harmful behavior (e.g., arousal that can stem from gambling). That is, the scope of the current chapter focuses on the person who genuinely takes responsibility for ongoing harmful behavior. In doing so, we conform to almost all definitions of genuine self-forgiveness (see Fisher & Exline, 2010; Hall & Fincham, 2005; Woodyatt & Wenzel, 2013b). In this light, we put forth the supposition that genuine self-forgiveness for engaging in ongoing harmful behaviors may yield similar negative effects as pseudo self-forgiveness for a discrete harmful behavior.

Motivation to Change: Self-Forgiveness, Pseudo Self-Forgiveness, and the Transtheoretical Model

Motivation is, of course, one of the key elements in cessation from chronic, harmful behaviors (Prochaska, Redding, & Evers, 1997). The motivation to change constitutes an amalgam of both the strength or level of the person's desire to change and the "why" or type of motivation. The transtheoretical model (TTM) of behavioral change, which profiles readiness to change, has been widely used by researchers and academics to assess level of motivation (Herzog, Abrams, Emmons, Linnan, & Shadel, 1999). Within the framework of the TTM, it has been argued that the knowledge of the adverse health effects (i.e., the perceived costs) can lead to behavioral change (e.g., Hyland et al., 2004). Indeed, people weigh the pros and cons of continued engagement in unhealthy behaviors as they progress through the stages of change (see Prochaska et al., 1994). While the value of previous research is not to be dismissed, it has mainly targeted people who have *already* demonstrated motivation to change (e.g., people who are in treatment)—an issue also apparent in research that has assessed the power of self-forgiveness.

Indeed, the vast majority of research in the domain of self-forgiveness for ongoing, harmful behaviors has used clinical samples to determine its effects on self-perceptions, well-being, and behavior change (e.g., Gueta, 2013; McGaffin et al., 2013; Nagra et al., 2016; Scherer et al., 2011; Watson et al., 2012; Webb, Hirsch, Conway-Williams, & Brewer, 2013; Webb, Robinson, Brower, & Zucker, 2006). For example, Watson et al. (2012) found that women in treatment for eating disorders reported low levels of self-forgiveness. The authors argued that incorporating self-forgiveness interventions into their treatment would enhance their clinical outcomes. Moreover, they, like others (e.g., Jacinto & Edwards, 2011), suggested that self-forgiveness interventions would facilitate clinical practice for a wide array of domains because such an intervention could help the client reframe their cognitions and beliefs about their behavior. Scherer et al. (2011) provided support for this supposition by showing that people undergoing treatment for alcohol addiction who were exposed to a self-forgiveness intervention were better able to refuse alcohol than those who were exposed to a conventional treatment program. Unfortunately, this focus has resulted in a relative gap in knowledge about how self-forgiveness functions among people who have yet to take action to stop engaging in the harmful behavior and who vary in their motivation to do so.

Investigations of the process of motivation toward behavioral change have relied heavily on the TTM of behavioral change (Prochaska & DiClemente, 1983, 1986), which attempts to consolidate several components believed to be important to the process of behavioral change into one unified theory. Of central importance to the TTM is the notion that the modification of any long-standing behavior is marked by discrete stages of increasing motivation for change that are based on temporally placed intentions toward change (e.g., planning to quit smoking within 1 month) and previous attempts at changing (i.e., number of attempts at quitting in the last year).

According to DiClemente et al.' (1991) original conceptualization of the TTM, there are five stages of behavioral change: *precontemplation*, where behavioral change is not desired within the next 6 months; *contemplation*, where change is desired within the next 6 months but not within the next 30 days, *or* where change is desired within the next 30 days, but no previous attempt at changing has been made; *preparation*, where change is desired within the next 30 days and there has been a previous attempt made at changing in the last year; *action*, where change has been made, but not yet been maintained for six consecutive months; and *maintenance*, where change has been successfully achieved for six or more consecutive months. The utility of this classification system has been investigated in a plethora of studies across a wide array of behaviors, all demonstrating that the stage model is an effective predictor of previous change attempts (Pearlman, Wernicke, Thorndike, & Haaga, 2004; Stockings et al., 2013; Woodruff, Lee, & Conway, 2006). That is, people who identify as being in the preparation stage are more likely to be abstinent in the future than people in the precontemplation or contemplation stages. In sum, classifying people according to the TTM stages of change is an effective method of identifying those most likely to engage in behavioral change. As such, it may also be an effective model by which to understand how self-forgiveness functions both before and after action has been taken to remove a harmful behavior from one's behavioral repertoire.

To outline research in support of our theory, the TTM identifies several cognitions and self-judgments that are believed to be employed to varying degrees at each stage. Specifically, as a person works their way toward taking action, there is an increased valuation of the perceived costs (i.e., cons) associated with continued engagement in the harmful behavior, and a devaluation of the perceived benefits (i.e., pros) of engaging in the behavior (Prochaska, Velicer, DiClemente, & Fava, 1988). Moreover, as demonstrated by Kerns and Rosenberg (2000), people in the precontemplation stage accept little perceived personal responsibility for their behavior and thus have no interest in implementing behavioral changes. In contrast, people in the contemplation and preparation stages consider behavioral changes and accept personal responsibility for engaging in and controlling their behavior. Lastly, those in the action stage of change demonstrate active involvement in learning self-management strategies to control their behavior. Thus, the functions of self-forgiveness may differ depending on what stage of change a person is in.

Within this light, it is not hard to see that self-forgiveness granted whilst a person is in the precontemplation stage of change is likely to be of the *pseudo* variety. This is because, as previously outlined, genuine self-forgiveness hinges on the harm-doer's acceptance of responsibility for the offense. The absence of this recognition and acceptance of responsibility results in pseudo self-forgiveness, in which the harm-doer excuses, justifies, and/or rationalizes the harm, and sometimes shifts blame to others (Hall & Fincham, 2005; Woodyatt & Wenzel, 2013a, 2013b). Thus, behavioral change is hindered. Conversely, people in the action stage (i.e., they are no longer engaged in the harmful behavior) have not only accepted responsibility for their self-directed harm-doing, they are making efforts to understand and work through the guilt for the harms they have inflicted. Thus, any self-forgiveness

granted in the action stage is of the genuine variety (see Woodyatt & Wenzel, 2013a, 2013b). Moreover, genuine self-forgiveness granted following action tends to yield many positive effects including, among other things, reduced suicidality among people who engaged in self-harm (Nagra et al., 2016), improved mothering patterns among recovering drug-addicted mothers (Gueta, 2013), and fewer drinking consequences among people in treatment for substance abuse (Webb et al., 2006).

For those in the contemplation and preparation stages, however, any genuine self-forgiveness that stems from acceptance of responsibility for their harm-doing can have deleterious effects on cessation of the harm-doing. That is, self-forgiveness in these pre-action stages is likely to have counter-productive effects for behavioral change. By inducing a positive shift in one's feelings about and attitudes toward the self, self-forgiveness grants people permission to continue engaging in their ongoing, difficult-to-change behaviors. In such situations, genuine self-forgiveness reveals a dark side as it undermines the motivation to change (Salmon et al., 2016; Squires et al., 2012; Wohl & Thompson, 2011), which may cause people to remain at or back-pedal to the contemplation stage. It does so by altering the harm-doer's experiential processes needed to facilitate change (see Prochaska et al., 1988). Specifically, self-forgiveness during these stages reduces attention to information about the harms their behavior is inflicting (i.e., *consciousness lowering*), whilst promoting positive thoughts associated with their behavior (i.e., a lack of *self-reevaluation*; Wohl & Thompson, 2011)—experiential processes that need to be undermined in order to motivate the transition from pre-action to action (Prochaska et al., 1988).

We also note that it is possible for genuine self-forgivers to begin shirking responsibility for the harm experienced. For example, disordered gamblers may come to believe that the gambling industry is partially to blame for the harms they have experienced as a result of their gambling (Prentice & Woodside, 2013). In such a situation, behavioral change should be especially unlikely. Moreover, the odds of regression to the pre-contemplation stage is likely to increase in this scenario. To confirm these suppositions, however, longitudinal studies are necessary. In the next section, we turn our attention toward potentially fruitful next steps for the field of self-forgiveness studies.

A Conceptual Model of Self-Forgiveness for Ongoing Harm-Doing: An Avenue for Future Research

Thus far, we have proposed that *genuine* self-forgiveness for ongoing engagement in a harmful behavior may exacerbate mental and physical health for people who have not taken action to stop their harmful behavior. In this section, we describe a conceptual model on how self-forgiveness maintains harmful behavior and worsens health over time. We also outline directions for future research that test key aspects of this model.
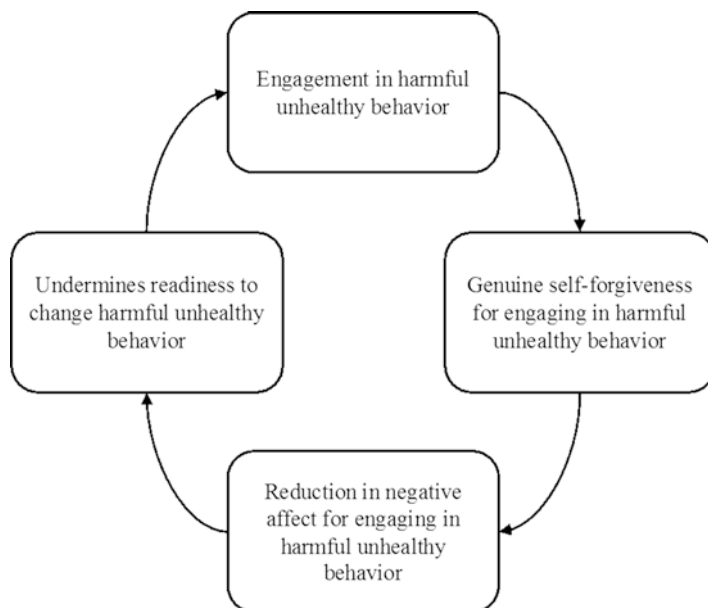
Fig. 1 A conceptual model of self-forgiveness for ongoing, harmful behavior

For people who have not taken action to stop engaging in a harmful behavior, self-forgiveness for engaging in such behaviors undermines their readiness to change (see Fig. 1). This is because self-forgiveness alleviates negative affect (e.g., guilt) stemming from having engaged in the harmful behavior. That is, self-forgiveness allows one to let go of the negative feelings generated from having engaged in the harmful behavior. This reduction in negative affect undermines readiness to change the harmful behavior, which in turn facilitates continued engagement in the harmful behavior.

To our knowledge, only one longitudinal study, by Salmon et al. (2016), has assessed the impact of self-forgiveness for ongoing harm-doing on behavior change. They found that disordered gamblers who forgave the self for their gambling behavior were less ready to change, reduce, or quit their gambling behavior 1 month later. This effect was mediated by their reduced feelings of guilt about their gambling. Interestingly, self-forgiveness was positively associated with meaning in their life; however, meaning in life was unrelated to readiness to change. Although these findings need to be replicated (and extended to other harmful behaviors), they suggest that self-forgiveness for ongoing, harmful behaviors promotes mental health, but also decreases motivation to change. They also provide an avenue for future research. We outline some directions for future research as well as potentially fruitful methodological approaches for the study of self-forgiveness below.

It is possible that the positive association between self-forgiveness and mental health will weaken over time, if not flip entirely, among those engaged in ongoing, harmful behaviors. It may become increasingly difficult for self-forgiveness to

buffer against the (mounting) negative consequences of continued engagement. Eventually, mental health may begin to deteriorate despite self-forgiveness (or perhaps as a result of self-forgiveness blocking behavioral change). It would behoove researchers to conduct longitudinal studies to assess the long-term impact of self-forgiveness on mental health, especially within the context of ongoing, harmful behaviors.

We suggest researchers use a cross-lagged design in which self-forgiveness, guilt, mental health, and readiness to change (as well as change attempts) are measured at several points over the course of time. In doing so, the causal influence these variables have on each other over time could be assessed. Based on our reasoning, self-forgiveness for ongoing, harmful behavior should predict initial reductions in guilt and readiness to change along with increases in mental health. Over time, however, self-forgiveness should predict decrements in mental health (and perhaps physical health as well). Ironically, these decrements may provide the needed motivation (despite their self-forgiveness) to seek professional care. Indeed, people often need to "hit rock bottom" to change their ongoing, harmful behaviors (e.g., disordered gambling; see Hodgins, Makarchuk, & el-Guebaly, & Peden, 2002). Additionally, ecological momentary assessment (EMA) designs could be employed to examine the causal relations between the variables of interest. Using this design, researchers can examine whether genuine self-forgiveness *immediately* following a harm-inflicted episode (e.g., smoking) predicts a reduction in momentary guilt for having engaged in that behavior. This design can also test whether reductions in guilt predict lower readiness to change and/or engagement in the next harm-doing episode.

Lastly, an important consequence of the model depicted in Fig. 1 is that genuine self-forgiveness for ongoing, harmful behaviors ultimately degrades health over time. The reason for this is that the effects of sustained engagement in the harmful behavior (maintained by self-forgiveness) would be cumulative. However, the time required to observe this negative effect is relative. That is, the time needed for sustained harmful behavior to cumulatively wreak havoc on health may be dependent on the type of harmful behavior in which a person engages. For example, in the context of smoking, people who self-forgive their smoking may likely continue to smoke for years before they ultimately develop serious health problems (e.g., lung cancer). In contrast, in the context of disordered gambling, gamblers who self-forgive their disordered gambling and continue to gamble may drive themselves into financial ruin and experience a host of mental health problems over a period of weeks. Thus, in addition to reducing motivation to cut down on a harmful behavior, genuine self-forgiveness may adversely affect health over time for people who have not yet taken action to stop their harmful behavior. To examine the downstream negative effects of genuine self-forgiveness on health, researchers may use a longitudinal design that covers long intervals of time. In this design, one would examine how people's trajectories of genuine self-forgiveness for ongoing, harmful behaviors correlates with the trajectory of their mental and physical health. The expectation would be that increases in self-forgiveness for ongoing, harmful behavior would be associated with decreases in health over time.

Conclusions

The dominant view in the self-forgiveness literature is that self-forgiveness is a positive coping strategy that enhances the health and well-being of the harm-doer. In this chapter, we reviewed research and theory that suggests the positive effects of self-forgiveness may not be observed in people who grant self-forgiveness for engagement in *ongoing*, harmful behaviors (e.g., smoking). In fact, forgiveness in such situations may have deleterious consequences. We then put forth a conceptual model that proposes self-forgiveness may negatively affect the health of people who have not taken action to stop their harmful behavior. For such people, self-forgiveness is likely to undermine the motivation to change because it alleviates negative affect stemming from engagement in the ongoing, harmful behavior. The lowered readiness to change in turn facilitates continued engagement in that behavior. Ultimately, sustained engagement in the harmful behavior that results from self-forgiveness may undermine well-being in the long run. It is our hope that this conceptual framework will stimulate more interest and research on the dark side of self-forgiveness.

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**Part III
Applications of Self-Forgiveness in
Psychopathology and Psychotherapy:
Models and Modalities of Intervention**

Self-Forgiveness in Individual Psychotherapy: Therapeutic Models and Counseling Outcomes

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People sometimes act in a manner that goes against their own values and hurts others. In the case of minor interpersonal offenses, the individual who caused the hurt often has coping mechanisms in place to resolve the issue with others and move on. However, in more serious cases, and depending on other factors like personality, individuals may find themselves unable to move through past offenses. How can individual therapists help those patients move on from their regrets? Self-forgiveness, briefly defined as fostering self-compassion and self-acceptance in place of self-resentment for an acknowledged offense (Enright & The Human Development Study Group, 1996), may be one method of doing so.

This chapter provides guidance to individual therapists working with patients who could benefit from self-forgiveness. We first briefly review the well-being outcomes associated with self-forgiveness, followed by indications that self-forgiveness may be an appropriate goal for individual psychotherapy. We then compare and contrast theoretical models on the therapeutic promotion of self-forgiveness and end with a review of the existing research on self-forgiveness outcomes in individual counseling.

Self-Forgiveness and Well-Being Outcomes

A myriad of well-being outcomes correlate with greater dispositional self-forgiveness. Greater self-forgiveness is related to mental health outcomes, such as lower levels of psychological distress (Fisher & Exline, 2006), anxiety, and depression (Thompson et al., 2005) and greater emotional stability (Walker & Gorsuch,

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2002). Self-forgiveness also has a positive impact on global well-being outcomes, such as greater satisfaction with life (Thompson et al., 2005), self-esteem (Fisher & Exline, 2006), and self-trust (Woodyatt & Wenzel, 2013). In addition, interpersonal well-being outcomes have been identified, including more positive relationships and interactions with others (Hill & Allemand, 2010), greater empathy, increased desire for reconciliation with others (Woodyatt & Wenzel, 2013), and lower hostility (Snyder & Heinze, 2005). There are also impacts on physiological well-being. For example, envisioning self-forgiveness for a previously committed transgression has been shown to reduce heart rate (da Silva, vanOyen Witvliet, & Riek, 2016).

These results from individual studies are bolstered through a meta-analysis conducted by Davis et al. (2015; see also chapter "Self-Forgiveness and Personal and Relational Well-Being"), which found a positive relationship between self-forgiveness and physical health and psychological well-being. Thus, self-forgiveness has relevance as a goal for individual therapy given its connection to psychological, relational, and physical well-being variables. In what circumstances, however, might it be warranted for therapists to consider self-forgiveness as a goal for psychotherapy?

Signs that Self-Forgiveness is a Warranted Goal for Psychotherapy

Holmgren (2002) argues "that genuine forgiveness and self-forgiveness are *always* morally appropriate and desirable goals of psychotherapy for those patients who are willing and able to achieve them" (p. 116, emphasis in original). Furthermore, self-forgiveness can only be achieved through challenging work—prematurely forgiving oneself for a transgression negates the benefits of the process (Holmgren, 2002). Some authors (e.g., Enright & The Human Development Study Group, 1996; Worthington, 2006) suggest that self-forgiveness is a relevant goal for both interpersonal offenses (i.e., actions that hurt another person) and intrapersonal offenses (i.e., actions that only hurt the patient). Others (e.g., Cornish & Wade, 2015a) argue that self-forgiveness is only relevant if a person has committed an interpersonal offense, suggesting that other processes like general self-compassion and self-acceptance may be more appropriate goals for patients who violate their own self-expectations as opposed to perpetrating an interpersonal offense. These differing perspectives have resulted in diverging therapeutic models, as described later in the chapter. For full coverage of the self-forgiveness literature on individual therapy, we focus on both intrapersonal and interpersonal offenses.

The manner in which patients who could benefit from self-forgiveness present themselves in therapy varies. One patient may present with persistent sorrow, self-blame, and globalized shame. The patient's negative feelings may continue to resurface and manifest as acts of self-punishment or avoidance, thus generating a cycle of clinically significant self-criticism (Friedman et al., 2007). Another patient may alternate between those shame-based responses and outward expressions of

anger or rage (Tangney, Wagner, Fletcher, & Gramzow, 1992). Others may dismiss responsibility for offenses by making excuses, down-playing the offense, or blaming external factors for their behavior as a way to avoid negative feelings about the event (Cornish & Wade, 2015a). Given the potentially varied presentations, we outline three types of signals—emotional, cognitive, and behavioral cues—that a therapist can look for in session to determine if self-forgiveness is an appropriate goal for treatment.

Emotional Cues

Emotional cues that suggest self-forgiveness may be an appropriate goal in therapy include expressions of shame, guilt, remorse, regret, sadness, worry, dread, and anger. Further exploration of these feelings in session may reveal a connection between the negative emotional state(s) and past actions that harmed others and/or themselves. Remorse, guilt, regret, and localized shame are emotions that tend to be focused on particular events (Lewis, 1971; Cornish & Wade, 2015a), so it may be easier for counselors to link those emotions to particular transgressions. Global shame, on the other hand, might involve a self-condemning component that focuses on one's whole self (Tangney & Dearing, 2002) rather than particular events. Thus, it may not at first be obvious that a patient's feelings of shame are exacerbated by or even driven by regret about particular transgressions. Additionally, shame may be cloaked in expressions of anger toward others or situational factors (Tracy & Robins, 2006). Finally, sadness and worry may be expressed in questioning one's intrinsic worth as a person (i.e., low self-esteem), which may be a sign of self-punishment and an opportunity for self-forgiveness (Dillon, 2001).

Cognitive Cues

Cognitive cues are perseverative thoughts about an offense itself. Patients who ruminate on past events and actions taken or not taken may benefit from discussing self-forgiveness in therapy (Gilovich & Medvec, 1995; Fisher & Exline, 2010). Cognitive cues may also include not having a sense of closure, demonstrating an inaccurate view of the self or one's role in the offense, and a self-judgmental stance (Fisher & Exline, 2010). On the other hand, therapists may encounter patients who blame others, have difficulty recognizing their own flaws, or who downplay apparent hurt they have caused others in their lives (Cornish & Wade, 2015a). In these cases, therapists may need to first help patients explore the context of the situations in question in order to develop a more accurate appraisal of patients' likely contribution to the hurtful events. In situations for which patients appear to hold some degree of blame, therapists may suggest self-forgiveness as a potential avenue for therapeutic work (see The Therapeutic Models section later in this chapter).

Behavioral Signs

Behavioral cues include avoidance of stimuli related to the offense, substance abuse, self-harm, engagement in high risk activities, impaired functioning (Fisher & Exline, 2010), devaluation of the victim (Lemay, Overall, & Clark, 2012), and behavioral outbursts of anger (Tangney et al., 1992). When self-punishing behaviors intended to atone for an offense become excessive and serve no apparent restorative purpose, the individual may be fixed in a particular stage of the self-forgiveness process or hindered from engaging in it altogether (Holmgren, 2002; Fisher & Exline, 2010). There are various reasons the process of self-forgiveness can go awry, including when individuals shift the focus from the offense itself to themselves personally. This may evoke unhelpful feelings such as globalized shame, defensiveness, self-condemnation, and aggression, which inhibits the reparative process of self-forgiveness from occurring (Fisher & Exline, 2010). Finally, some patients may directly disclose a desire to work through regrets they have about past or current relationships. Counselors should be aware that self-forgiveness can be a useful therapy goal to help these patients work through their past regrets.

Therapeutic Models of Self-Forgiveness

Even if therapists identify that self-forgiveness would be a fruitful goal for individual therapy, they may feel uncertain about how to assist their patients with that goal. We therefore turn to a summary and comparison of four therapeutic models of self-forgiveness. It is important to note that although none of these models explicitly indicate they are designed for individual therapy, the publications that outline these models appear to place an emphasis on the application of the models in an individual therapy context. We therefore see these four models as the most relevant for individual therapists to consider when working with patients on self-forgiveness.

Enright and the Human Development Study Group's (1996) Model

The earliest model found for working with patients on self-forgiveness was developed by Enright and The Human Development Study Group (1996). In their publication, they report on models of forgiving others, receiving forgiveness from others, and self-forgiveness. Each model includes the same four phases, but with differing processes within each phase. The four phases of self-forgiveness in the model are: Uncovering, Decision, Work, and Outcome. The model includes a total of 20 Units, or processes, which are part of the various phases. The Unit numbers are included in parentheses as they are described below; please refer to the 1996 publication for

the exact names of the Units, as many of the Units are only described here rather than explicitly named. The authors indicate this model is applicable for both interpersonal and intrapersonal offenses.

In the first phase, Uncovering, the therapist helps the patient explore a variety of potential emotions and cognitions. These include (1) denial (for example, believing that one's actions did not cause much harm), (2) guilt, (3) shame, (4) cathexis (mental energy spent dwelling on the guilt and shame), (5) cognitive rehearsal (playing the event over and over in the mind), (6) comparison to others, (7) realization of the adverse outcomes of the hurtful actions, and (8) a belief that one's sense of self is altered by the offense. This Uncovering Phase is a time in which patients move away from denying the reality of the offense and toward a realization of the impact one's offense had on others and/or themselves. This awareness ushers in the Decision Phase, which involves (9) a realization that one must change course in order to move forward. At this time, (10) patients consider self-forgiveness as an option and then (11) make a commitment to work toward self-forgiveness.

The third phase, Work, again involves both cognitive and affective processes. Therapists help their patients (12) examine themselves—and their offenses—in context. They also help patients (13) increase their affective self-awareness of the suffering caused to the self due to the offense. At this time, patients are also encouraged to (14) engage in compassion toward the self and (15) accept the pain of one's actions and the suffering that resulted from those actions. Finally, the Outcome Phase is a time for patients to (16) find meaning in their offense, (17) emotionally recognize that they can forgive themselves just as they have offered forgiveness to others, (18) realize they are not alone, (19) allow new purpose to emerge, and (20) release excessive guilt or remorse regarding their offense.

Worthington's (2006) Model

Worthington (2001) developed one of the most empirically tested intervention models to help patients forgive others, the Model to REACH Forgiveness. This model includes five steps that help patients (R)ecall the difficult emotions associated with the interpersonal hurt, (E)mpathize with the transgressor, work toward viewing forgiveness as an (A)ltruistic gift, (C)ommit to forgiveness, and (H)old on to forgiveness over time. Worthington (2006) then applied this intervention model to self-forgiveness work with patients. The description of the self-forgiveness model not only seems to emphasize interpersonal offenses, but also indicates that self-forgiveness may be relevant for regrets about failing to live up to one's personal standards. Thus, this model may also be applicable for intrapersonal offenses.

According to the REACH model as applied to self-forgiveness (Worthington, 2006), the clinicians who have identified a transgression that patients are struggling to overcome should first help the patient to (R)ecall the offense. This should be done in a manner that helps the patient look objectively at what she or he did that was hurtful without lapsing into self-blame. Worthington proposed that the second step,

(E)mpathize with oneself, may be the key step in self-forgiveness. During this step, the counselor can help the patient cultivate a sense of self-compassion to counteract any self-condemnation associated with the transgression.

Step three involves helping the patient make the decision to offer an (A)ltruistic gift of self-forgiveness, involving the experience of a more positive sense of self. (C)ommit to self-forgiveness is step four, in which the counselor helps the patient acknowledge gains in his or her ability to self-forgive. Finally, (H)old on to self-forgiveness is a step that acknowledges it will be difficult to continually maintain a positive sense of self in the face of knowing one has harmed another. No additional writings were found on this model of self-forgiveness from an individual counseling perspective. However, this model has now been expanded to fit with self-help and group therapy programs (e.g., Worthington, 2013).

Jacinto and Edwards' (2011) Model

Another therapeutic model of self-forgiveness was developed by Jacinto and Edwards (2011). This model was developed specifically to assist clinicians working with caregivers of loved ones with a chronic illness who need to forgive others or themselves. They propose that other-forgiveness and self-forgiveness both involve the same four stages—Recognition, Responsibility, Expression, and Re-creating—albeit with somewhat different foci depending on which type of forgiveness is needed. Although this model was developed specifically for self- and other-forgiveness issues that arise as a result of caregiving, the model may be more widely applicable and the intervention strategies may be modified for work with transgressions unrelated to caregiving. For purposes of this review, we focus only on the model as it applies to self-forgiveness, which is relevant for both interpersonal and intrapersonal offenses.

The first stage, Recognition, involves helping the patient recognize rumination about an event and then increasing awareness that self-forgiveness may be a way to move forward. The second stage, Responsibility, involves helping the patient assess the extent to which she or he is responsible for the incident in question. In this stage it is also important to help patients cultivate self-empathy as they become aware of their faults. However, some patients may need to consider whether there were aspects of the incident that were outside of their control (Jacinto & Edwards, 2011).

Stage three—Expression—involves a therapeutic exploration of the feelings that were associated with the original rumination about the offense. In this re-encountering of the negative feelings, the goal is to work with those feelings in order to move on with one's life. Jacinto and Edwards (2011) suggest that use of the empty-chair technique could be a powerful intervention for helping patients express unfinished emotional business regarding the person they hurt. The empty-chair technique involves having the patient imagine the other person (in this case, the person harmed by the transgression) in an empty chair and then talk to that imagined other. Finally, the Re-creating stage involves the development of a renewed

self-image that incorporates one's past regrets as a way to give direction to the future. In this stage, the counselor can help patients explore past life experiences and determine a vision for the future.

Cornish and Wade's (2015a) Model

The final therapeutic model found in the literature was developed by Cornish and Wade (2015a). This model, the Four Rs of Self-Forgiveness, was developed by examining theoretical and therapeutic models of self-forgiveness, as well as by reviewing the empirical literature on self-forgiveness. This is the only model reviewed that was developed exclusively for interpersonal offenses. The model includes four components: Responsibility, Remorse, Restoration, and Renewal. In the first component, Responsibility, counselors help patients explore their responsibility for the offense. Some patients may initially engage in blame-shifting or defensiveness, which the counselor can gently help reduce. On the other hand, many patients may seek self-forgiveness counseling having already accepted a high degree of responsibility. In these cases, the counselor should still help the patient explore responsibility while also paying attention to contextual factors that may have influenced decisions (Cornish & Wade, 2015a). For example, a patient may regret cutting off contact with her father because of his emotionally abusive treatment of her (the patient's) teenage son who is gay. This client may benefit from exploring the fact that she was responsible for a particular decision (i.e., cutting off all contact) that was hurtful to her father, while also acknowledging that her father's behavior necessitated some action and that her decision was the best she could think of at the time to protect her son.

The second component, Remorse, involves helping patients express their feelings of guilt, regret, or remorse for their offense. These negative feelings focus specifically on the regretted behaviors, rather than more globally on the self. Patients with emotions like global shame and self-condemnation may need assistance with reducing their self-critical feelings so they can focus on regretful feelings about the offense (Cornish & Wade, 2015a). Although feelings of regret can still be painful, those feelings may be more likely than global shame to stimulate a pro-social orientation (Tignor & Colvin, 2016), as is encouraged in the third component.

During the third component, Restoration, counselors help patients restore their sense of self through reparative behaviors and recommitment to personal values. Through reparative behaviors, patients can make amends in ways that are appropriate and feasible to their situation. Recommitment to values includes an identification of the values they violated through their offense in an attempt to meet their needs or desires. Patients can then identify values-congruent ways of meeting those needs in the future and they can practice behaviors contrary to those involved in their offense. The hypothetical patient from above may identify that her method of cutting off contact with her father (i.e., saying he was evil and she wished he would die) violated her value of civility and that her decision to end *all* contact was in

conflict with the value she places on family; she may then decide to write a letter to apologize for her hurtful words that also offers an opportunity for reconnection if he can agree to withhold judgment from her son.

Finally, the Renewal component is the replacement of negative, self-critical feelings with accepting, self-compassionate feelings. Some patients may achieve this self-forgiving emotional state naturally by engaging in the other three components, whereas other patients may need assistance from their counselors to cultivate a more compassionate approach to themselves. See Cornish and Wade (2015a) for strategies to encourage the Renewal component.

Comparison of the Models

As can be seen in Table 1, there is some degree of overlap among the four models, as well as differences. Each model includes early exploration of the offense emotionally and cognitively. Each model does include at least some attention to the responsibility patients hold for the offense, although responsibility is only explicitly built into Jacinto and Edwards' (2011) and Cornish and Wade's (2015a) models as a stage. On the other hand, both Enright and The Human Development Study Group (1996) and Worthington (2006) include a stage in which patients make an explicit decision to work toward self-forgiveness; the other two models do not.

Cornish and Wade's (2015a) model is the only one with a clear interpersonal restoration stage—theirs is the only model that directly encourages some type of amends-making or interpersonal repair as a central part of self-forgiveness. Although Worthington's (2006) model itself does not explicitly address interpersonal restoration, he does write elsewhere in the chapter about the importance of resolving to live virtuously. Enright and The Human Development Study Group (1996) do include the possibility of new purpose emerging in their Outcome Phase, which they indicate could include a change in how one will live life in the future. Also, Jacinto and Edwards (2011) indicate that the Re-creating stage could include a re-envisioning one's future. Still, the emphasis in those two models appears to be more about creating a life that will be personally fulfilling, in contrast to Cornish and Wade's model that emphasizes both interpersonal restoration and personal resolution. This difference in emphasis is perhaps because Cornish and Wade's model was developed to attend to the unique aspects of interpersonal offenses, whereas the other three models were developed to apply to both interpersonal and intrapersonal offenses.

Despite some differences, it is clear that each model emphasizes a process of moving away from negative emotions and cognitions and toward peace, self-acceptance, and/or self-compassion. This shift from negative to positive may make self-forgiveness a particularly useful process when patients enter individual counseling with regrets about their past. With that in mind, we turn next to the small body of research on self-forgiveness in individual counseling.

Table 1 Therapeutic models of self-forgiveness

Model	Stages, phases, or components							
Enright et al. (1996)	1. Uncovering phase				2. Decision phase	3. Work phase		4. Outcome phase
Worthington (2006)	1. Recall the hurt		2. Empathize with oneself	3. Altruistic gift of self-forgiveness	4. Commit to self-forgiveness			5. Hold on to self-forgiveness
Jacinto and Edwards (2011)	1. Recognition	2. Responsibility	3. Expression			Expression, cont.		4. Recreating
Cornish and Wade (2015a)	1. Responsibility	2. Remorse				Remorse, cont.	3. Restoration	4. Renewal

Research on Self-Forgiveness in Individual Psychotherapy

At this point, the research literature on individual counseling interventions to promote self-forgiveness is very limited. However, some initial projects can inform our understanding of what might work to promote self-forgiveness. Perhaps the earliest clinical research study to examine self-forgiveness was Coyle and Enright's (1997) project, which focused primarily on helping men forgive their partners following their partner's decision to have an abortion. Despite their focus on helping patients forgive another person, the researchers also included an item about self-forgiveness. Eight of the ten participants stated that, in addition to other-forgiveness, self-forgiveness was an issue for them. For those participants, self-forgiveness improved over the course of the treatment, even though that treatment was designed to help them forgive their partners. The authors did not describe any specific interventions to help the participants forgive themselves; instead the effects found may be a by-product of working on forgiving another. Future research is needed to corroborate these findings and test the mechanisms, but perhaps the intervention's focus on common humanity allowed participants to become more forgiving of their own faults as well.

In an effort to describe treatment specifically focused on helping patients forgive themselves, Lander (2012) detailed a case study with a patient whose anorexia led to many self-defeating behaviors, including physical, emotional, and relationship problems. The author described an individual treatment based on Enright's Forgiveness Process Model (Enright & The Human Development Study Group, 1996). The patient began working on self-forgiveness in outpatient individual therapy after completing inpatient therapy for her eating disorder. This point agrees with the other-forgiveness literature that suggests forgiveness may be best approached after initial serious symptoms or presenting concerns are addressed (e.g., trauma, suicidality, significant depression; Wade, Bailey, & Shaffer, 2005).

Lander (2012) described his treatment using Enright & The Human Development Study Group's (1996) four treatment stages described above. Throughout this process the patient was able to make substantial gains in forgiving herself and achieving her treatment goals (e.g., renewing her relationship with her mother and enrolling in graduate school). According to Lander, some of the important aspects of treatment included helping the patient to appreciate and accept emotions (such as anger and disappointment) she had previously disowned and developing self-love and a belief that she herself was loveable. This occurred through various interventions, including the therapist modeling this to her, sandtray exercises, interviewing fellow eating disorder treatment patients, and—later in therapy—conducting a conjoint session with her mother. The self-love and acceptance the patient developed appeared to pave the way for self-forgiveness.

This case study provides some interesting insights into the way that individual therapy might be used to help a patient develop self-forgiveness for an intrapersonal hurt. One of the key features is that the therapist was willing to specifically broach the subject with the patient and frame his interventions (many of which were typical therapy interventions) as a means to help her forgive herself. This resonates with a focus group study on self-forgiveness among women in recovery from substance

abuse (Baker, 2008). The women had all completed typical substance abuse treatment, which not only included individual therapy but also included psychoeducation about drug and alcohol addiction, experience with Alcoholics Anonymous, and group treatment.

Baker (2008) identified several themes from the focus groups. First, most of the women had experienced some form of abuse or neglect as children. These formative experiences created significant difficulties for self-forgiveness, again related to the participants' inability to love themselves. Guilt, loss, and bereavement were other themes for the participants. Many described difficulties forgiving themselves for times when their substance abuse kept them from connecting with others, especially parents who were now deceased. Other behaviors associated with the substance abuse, such as lying and stealing, were also hard to self-forgive. Related to those experiences, the women reported that self-forgiveness was very relevant to their recovery and was something they wanted to know about. Unfortunately, most of the women received no instruction or assistance specifically with self-forgiveness. In the rare cases where they did, it was often an individual therapist who helped the patients through this process. For example, one participant praised her therapist for encouraging her to write letters about the ways she had been hurt. This included letters describing the ways she had hurt herself and others. This helped her to identify and then forgive herself for the regretted things she had done while abusing substances.

Despite the insights these studies can provide, they are limited. One of the primary questions they cannot answer is whether interventions designed to promote self-forgiveness are actually effective. Do such interventions help patients to forgive themselves? Are increases in self-forgiveness related to other clinical changes, such as decreased psychological distress? One study has addressed these questions directly. In an assessment of an explicit self-forgiveness treatment, Cornish and Wade (2015b) evaluated the efficacy of an eight session individual therapy intervention with 21 participants (12 in an immediate treatment condition and nine in a delayed treatment [waitlist] condition). The treatment (as available in Cornish, 2014) was based on their model of genuine self-forgiveness as including responsibility for the harm done, remorse for the behaviors and subsequent negative effects, restoration through making amends where possible and recommitting to values, and renewal of self-respect and self-acceptance (Cornish & Wade, 2015a). The treatment also integrated elements of Emotion-Focused Therapy (Greenberg, 2002), such as a critical two-chair exercise to reduce self-condemnation for the offense. Participants selected one interpersonal offense to focus on during the 8 week intervention.

Compared to the participants on the waiting list, immediate treatment participants showed significantly greater increases in self-forgiveness and self-compassion and greater decreases in self-condemnation and general psychological distress. In addition, change in self-forgiveness from pre- to post-treatment significantly predicted lower psychological distress at the 2-month follow-up. Thus, greater improvement in self-forgiveness during the treatment was related to less psychological distress 2 months later, suggesting that the intervention may have improved patients' psychological distress by helping them forgive themselves (Cornish & Wade, 2015b).

Future Directions for Self-Forgiveness Research

With the field of self-forgiveness so new, especially in individual therapy, there is much research still needed to fully understand the potential benefits and drawbacks. One foundational question that should be addressed is whether explicit interventions are truly more useful for promoting self-forgiveness than established, traditional treatments. According to the study by Cornish and Wade (2015b), explicit treatments to promote self-forgiveness are more effective than no treatment. However, this does not address the question of how effective that intervention is compared to treatment as usual. The case study by Lander (2012) suggests that self-forgiveness may be achieved through typical individual therapy interventions. Future research could be conducted to determine the ways in which explicit treatments compare to standard treatment. Such studies could inform training of therapists to provide effective treatments and to understand ways specific interventions might be integrated into established treatments.

Another important direction for this field is to understand how to beneficially time self-forgiveness interventions in the context of a broader course of therapy not initially focused on self-forgiveness related issues. For example, some authors (e.g., Wade et al., 2005) have suggested that other-forgiveness interventions in general are better suited to later in therapy. Reasons given for this include: giving time for trust in the therapist's non-judgment to solidify, providing time to explore all the emotional reactions and implications of the hurt prior to discussions of forgiveness, and allowing time to assess for any contraindications to forgiveness (e.g., forgiveness misunderstood as necessitating a return to a hurtful relationship). This recommendation may or may not be necessary with self-forgiveness interventions, although Lander (2012) only broached self-forgiveness with his client after a course of more traditional eating disorder treatment. Future research could be conducted to determine the most ethical and effective ways to provide self-forgiveness interventions, focused on the timing of those interventions. Similarly, research could examine how patients respond when therapists broach self-forgiveness as a potential goal for therapy. Both the timing of such suggestions and the manner in which the suggestions are made may impact the response from patients.

A third suggestion for future research is to examine the process of self-forgiveness counseling for interpersonal versus intrapersonal offenses. Only one of the therapeutic models reviewed in this chapter (Cornish & Wade, 2015a) explicitly suggested restoration as an important component of self-forgiveness. That model is also the only one focused exclusively on interpersonal offenses. Might patients working on self-forgiveness for intrapersonal offenses also benefit from a type of restoration, for example, by committing to making healthier choices for oneself? This is only one of the similarities or differences that could be examined regarding self-forgiveness for events that hurt others versus events that only hurt the self.

Although many other research questions remain about self-forgiveness in individual therapy, our final suggestion is with regard to the types of presenting concerns and mental health diagnoses that are best suited to self-forgiveness interventions. It may be that certain concerns are contraindicated for self-forgiveness,

whereas other concerns respond very well to such intervention. For example, in the Baker (2008) focus group study many of the women reported abuse in their childhood, which may indicate continued trauma. The women themselves reported their interest in self-forgiveness. Research could be conducted to see if this is an appropriate direction to take therapeutically and if so, when and how this should be done. Other presenting concerns or diagnoses might also create risks or opportunities for self-forgiveness. Possible risky diagnoses might be anti-social or narcissistic personality disorders, in which patients might use self-forgiveness as a means of justifying hurtful behaviors. In contrast, concerns related to guilt and shame might be ripe for self-forgiveness interventions.

Conclusion

The limited available research suggests that self-forgiveness can be an appropriate and effective goal for individual therapy. There are several therapeutic models (Cornish & Wade, 2015a; Enright & the Human Development Study Group, 1996; Jacinto & Edwards, 2011; Worthington, 2006) from which individual therapists can choose based on fit with patients' needs and therapists' preferences. Therapists looking for some degree of guidance but much room for personalization should consider those models. On the other hand, therapists looking for more explicit structure to guide their work may want to use the manualized self-forgiveness intervention (as available in Cornish, 2014) found effective by Cornish and Wade (2015b). Regardless of the specific path chosen, individual counselors are encouraged to be ready to consider self-forgiveness as a potential goal for their patients.

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Group Intervention to Promote Self-Forgiveness

Everett L. Worthington Jr., Brandon J. Griffin, and Nathaniel G. Wade

In this chapter, we develop a framework for psychotherapeutic group intervention to promote self-forgiveness. We first address the issue of why group intervention might be a useful treatment for a problem of the self. Then we review existing psychotherapeutic and psychoeducational intervention research to foster self-forgiveness. In our review, we cover both the theoretical and empirical work on such interventions. Next, we build on that review and make recommendations for group treatment to promote self-forgiveness in psychoeducational and psychotherapeutic ways. Through this work, we show that group interventions are a promising modality for clinical application of self-forgiveness.

Why Consider Group Intervention for a Problem of the Self?

Self-Condemnation Is Not Merely a Problem of Self

On the face of it, self-forgiveness seems to be confined within the boundaries of an individual's own skin. This is an oversimplification. Self-forgiveness resolves self-condemnation (Hall & Fincham, 2005, 2008), and self-condemnation often occurs when we violate our personal moral standards and fail to live according to our

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self-expectations. Because personal moral standards and self-expectations exist in interpersonal and societal contexts (e.g., represented in media, politics, organizations, and culture and religion), others are directly or indirectly involved in any attempt to alleviate self-condemnation. In addition, offenses for which people might condemn themselves occur usually against other people, and self-condemnation is often learned and formed into a habit within family, school, friendship, organization, and societal contexts. Thus, even though the actual process of forgiving oneself is relegated to an internal experience, other people are involved in all aspects of one's propensity and ability to condemn or forgive oneself.

Personal moral values and self-expectations derive from and affect interpersonal relationships. First, moral values and expectations are taught by and internalized from close others. Over the lifespan the social influences on moral development occur. Parents, extended family, teachers, friends, role models, and culture leaders all influence the development of a sense of what is right and good. People learn from others as they develop their moral codes. Second, much of what people condemn themselves for is behavior (done or left undone) toward others. Although people also struggle with self-blame for the things that they have done to themselves, much self-condemnation is directly related to interactions with others. Third, people's self-condemnation affects other people (Pelucchi, Paleari, Regalia, & Fincham, 2013). Rarely do individuals experience psychological struggle without affecting those around them. We affiliate with others—romantic partners, friends, religious, and social organizations—who share similar values and reflect those values back to us. When those values are violated, we condemn ourselves and fear being rejected. Group treatment for people struggling with self-blame is not only viable, it is a highly recommended modality to promote self-forgiveness.

Therapeutic Factors of Group Treatment Provide Specific Benefits for Self-Forgiveness

In this chapter, we take self-forgiveness to be best described by a *dual-process theory of self-forgiveness* (Griffin et al., 2015). Self-forgiveness requires (1) deciding to affirm violated values (Wenzel, Woodyatt, & Hedrick, 2012) and (2) replacing self-condemning emotions with self-affirming emotions. Group treatment captures special elements of psychological change not present in individually oriented treatment; however, because self-condemnation and self-forgiveness occur within such a strong interpersonal context, group treatment can provide a synergy between advantages of group treatment and the two aspects of the dual-process theory of self-forgiveness. Irving Yalom identified "therapeutic factors" (Yalom & Leszcz, 2005, p. 1) active specifically in group psychotherapy. As a result, group intervention might provide additional opportunities for healing to people struggling with self-forgiveness. The following therapeutic factors could be leveraged through groups to help people forgive themselves.

- *Universality* is the realization that people are not alone in their misery and suffering. The realization that others share our pain, and perhaps this pain is a wide-

spread or universal human concern, reduces a group members' isolation and provides hope and strength. Specifically, group members can find that they share with other members ways they disappoint themselves, hurt others, and refuse or take too much responsibility for their wrongdoing. Also, group members can find that they tend to react by wallowing in their self-condemning emotional pain instead of engaging positive emotions.

- *Altruism*, present when group members help each other, promotes greater self-efficacy and personal mastery, redirects one's attention toward others and away from one's own pain, and develops self-esteem. In self-condemnation, as a self-condemning group member begins to take responsibility for wrongdoing, he or she can accept the help of group members, which can help reaffirm violated values.

- *Instillation of hope* is the re-moralization process—i.e., a process that undoes demoralization and provides motivation to pursue growth and healing—that is foundational for psychological healing and can be derived from seeing group members who have encountered and overcome problems that are similar to one's own. Thus, seeing other group members take responsibility for wrongdoing and replace self-condemning emotions with self-affirming emotions can infuse hope.

- *Corrective recapitulation of the primary family experience* provides group members with opportunities to re-experience negative relational patterns, often based on early family experiences, and respond in new and healing ways. Often patterns of self-condemnation have been learned in early family experience. As group members interact with fellow members, there are opportunities to redo important interactions and thus experience a sort of re-parenting by emotionally important group members.

- *Development of socializing techniques* occurs when group members feel safe in a group environment that allows for positive risk-taking to improve social skills. According to self-perception theory (Bem, 1967), ways that people express themselves can affect their internal experiences. As group members discuss their self-condemnation, circumstances leading to it and stemming from it, and attempts to ameliorate it, fellow group members can be re-socialized.

- *Imitative behavior* gives group members opportunities to observe and copy models of positive behavior, such as disclosing personal information and responding empathically. As group members progressively forgive themselves at different rates, the more rapid self-forgivers provide coping models for fellow members. Occasionally, a group member who experiences extraordinary self-forgiveness can do more than provide a behavioral model; the person can become an exemplar.

- *Group cohesiveness* satisfies the need to belong to groups, and thus provides a sense of acceptance, belonging, and validation, providing a secure psychological base. Given the universality of all group members dealing with the same psychological issue, creating a safe space can provide an essential healing crucible (Worthington & Sandage, 2015). The notion of a crucible (see Schnarch, 1991) is a holding environment that can contain the heat of chemical reactions without cracking and without participating in the reaction.

- *Existential factors* encourage group members to take responsibility for decisions and one's impact on others. One of the key aspects of self-forgiveness is owning one's wrongdoing and the consequences arising from it.
- *Catharsis* is expressing emotion. The emotion of self-condemnation is crucial and contributes to the experience of universality. The processing of guilt and shame are also important (Griffin et al., 2016). However, the more positive emotions associated with healing also provide positive catharsis.
- *Interpersonal learning* is development of self-awareness and insight, particularly about interpersonal patterns, by interacting with others and receiving their feedback. In groups, people learn by observing the positive behaviors of others, but also they learn to avoid doing things that fellow group members do that are not helpful.
- *Imparting information* is group members receiving input from each other (through direct advice or suggestions) or from the therapist (through education or mini-lectures). This can provide suggestions that are more weighted toward information from the treatment in psychoeducational groups and weighted toward information from interaction with fellow group members for process therapy groups.

These therapeutic factors can all be activated to help people forgive themselves. Thus, group intervention to help people deal with self-blame is not a non-sequitur. It is a treatment modality that offers advantages that might help ease self-blame and promote self-forgiveness.

Previous Research on Interventions to Promote Self-Forgiveness

Three general treatment models have been suggested in published literature. Worthington (2013) argued that simply granting oneself forgiveness without upholding moral obligations to others and to whatever one holds to be sacred is inadequate for dealing with self-condemnation. Thus, he suggested six steps to REACH responsible self-forgiveness (see www.EvWorthington-forgiveness.com and www.forgive-self.com) that have been further refined by Griffin et al. (2015). These steps are Step 1, *Receive Divine Forgiveness*; Step 2, *Repair Relationships*; Step 3, *Rethink Ruminations*; Step 4, *REACH Emotional Self-Forgiveness*; Step 5, *Rebuild Self-Acceptance*; and Step 6, *Resolve to Live Virtuously*. Griffin et al. (2015) articulated a *dual-process theory of self-forgiveness*, suggesting that self-forgiveness involves (1) making a decision to affirm violated values and (2) replacing self-condemning emotions with self-affirming emotions. To facilitate restoration of interpersonal bonds after wrongdoing, Griffin et al. state that accepting responsibility, making amends, and resolving to live according to one's values are necessary. Also, replacing negative emotions (e.g., condemnation) toward the self with positive emotions (e.g., compassion) is necessary to repair personal self-regard. People who try to alleviate self-condemnation by affirming violated values without restoring positive

self-regard will punish themselves. People who try to alleviate self-condemnation by restoring positive self-regard without affirming their violated values will exonerate themselves. Neither of these in isolation is self-forgiveness; self-forgiveness requires both affirmation of violated values and restoration of positive self-regard. Cornish and Wade (2015) saw self-forgiveness both as process and outcome. The process involves four Rs making up genuine self-forgiveness: responsibility, remorse, restoration (or repair), and renewal (Cornish & Wade, 2015a, 2015b).

In general, Worthington's (2013) and Cornish and Wade's (2015a, 2015b) models both map congruently on Griffin et al.'s dual-process model. For Worthington and later Griffin et al., affirmation of values is achieved by *receiving divine forgiveness*, *repairing social relationships*, and *resolving to live virtuously* (Steps 1, 2, and 6). Restoration of positive self-regard comes from *rethinking rumination*, *REACHing emotional self-forgiveness*, and *rebuilding self-acceptance*. For Cornish and Wade, affirmation of values comes from accepting *responsibility*, expressing *remorse*, and seeking *restoration* with others, while repairing personal esteem comes from achieving *renewal*. Thus, in combining these therapeutic approaches, we seek group intervention that balances reparation of interpersonal bonds with restoration of personal esteem to promote self-forgiveness in the aftermath of violating personal moral standards or failing to meet one's self-expectations.

Empirical Studies of Self-Forgiveness Interventions

Empirical tests exist for six self-forgiveness interventions: one group intervention (Scherer, Worthington, Hook, & Campana, 2011), four self-directed interventions (Campana, 2010; Exline, Root, Yakavalli, Martin, & Fisher, 2011; Griffin et al., 2015; Toussaint, Barry, Bornfriend, & Markman, 2014), and one individual psychotherapy (Cornish & Wade, 2015b). We summarize the six interventions within a supplementary table that is available from the first author, and we briefly review each herein to construct a foundation upon which to build effective group interventions designed to promote self-forgiveness.

First, Scherer et al. (2011) investigated the efficacy of a 3 h psychoeducational group intervention intended to promote self-forgiveness among individuals receiving treatment for alcohol use disorder ($N = 79$). The intervention was adapted from Worthington's (2013) conceptualization of self-forgiveness and was found to more efficaciously promote self-forgiveness and drinking refusal self-efficacy as well as to alleviate feelings of guilt and shame, in comparison to treatment as usual. Scherer and colleagues' study was ground-breaking: It (1) is the only published evaluation of a group intervention to promote self-forgiveness, (2) evaluated the intervention with a clinical sample of individuals vulnerable to feelings of emotional distress, and (3) was found to not only promote self-forgiveness but also drinking refusal self-efficacy. Two limitations of Scherer et al.'s study were important. First, the participants did not report the sources of self-condemnation. While all participants were in inpatient treatment for alcohol use disorder, no explicit restriction was

placed on what participants discussed. Some might have discussed self-condemnation about drinking behaviors; others might have discussed self-condemnation about behaviors not involved with alcohol use. Second, the treatment was almost exclusively focused on intrapersonal aspects of self-forgiveness. It is not clear from the article whether participants resolved the social consequences of their wrongdoing or simply excused themselves for wrongdoing.

Four other studies took individual approaches, not group approaches, and they are discussed elsewhere in this volume. Thus only a brief summary of each will be provided. Griffin et al. (2015) provided further empirical support to Worthington's (2013) six-step approach by creating a 6 h self-directed workbook, which promoted self-forgiveness in 204 university students. This study was a rigorous randomized controlled trial of a self-forgiveness workbook self-administered 7 h intervention. Toussaint et al. (2014) evaluated the effect of a very brief workbook-based psycho-spiritual intervention intended to promote self-forgiveness, which was administered to cancer patients and caregivers ($N = 83$). Participants reported increased self-forgiveness and acceptance as well as decreased pessimism. One valuable contribution from this work was the diversity of exercises—e.g., contemplative prayer practices, expressive writing, accurate blame-appraisal, and strategies to enhance positive self-talk. Cornish and Wade (2015b) tested an individual psychotherapeutic intervention comprised of eight weekly hour-long sessions designed to facilitate the process of self-forgiveness among community dwelling adults ($N = 21$). The intervention is grounded in Emotionally Focused Therapy (Greenberg, 2002). Compared to those on the waiting list, participants in the treatment condition had (and maintained for two months) more self-forgiveness for the offense, more self-compassion in general, less self-condemnation for the offense, and fewer psychological symptoms. This provided some empirical evidence that psychological distress may be ameliorated by increasing self-forgiveness. Two additional applied studies of self-forgiveness were found. These studies precede the development of models to intervene to promote self-forgiveness and both are flawed. First, Campana (2010) examined the efficacy of an intervention designed to increase self-forgiveness for women who recently experienced termination of a romantic relationship ($N = 74$). Although the intervention appeared to show improvements for those who completed the intervention, only 33% of those who began the study completed all assessments. High attrition makes the study uninterpretable. Second, Exline et al. (2011) tested the efficacy of a 1 h audio-taped instruction for individuals who reported perpetrating an interpersonal transgression. Participants ($N = 167$) were divided into a responsibility-repair, self-forgiveness, combined, and neutral conditions. Effect sizes were small, perhaps due to the brevity of the intervention, casting doubt on the validity of lasting change.

From these studies, we can identify several conclusions about explicit self-forgiveness interventions. First, the benefits of promoting self-forgiveness extend to mental health outcomes. Second, offenses for which we condemn ourselves often happen in the context of interpersonal relationships, and relational repair—even in individual psychotherapy or do-it-yourself workbooks—can catalyze processes of self-forgiveness. Third, across these studies, there is evidence of a dose–response relationship; more time spent engaging in the intervention is associated with stron-

ger improvements. Fourth, diverse psychological interventions (e.g., empty chair exercises, apology, expressive writing, contemplative practice, positive self-talk) all facilitate processes of self-forgiveness, although the research is not developed sufficiently to determine whether strength of effects differs among these interventions. Finally, interventions to date seem to be oriented toward not only forgiving oneself emotionally, but toward strengthening interpersonal bonds and fortifying personal esteem for individuals by encouraging them to responsibly forgive themselves.

Group treatments can strengthen many of these tendencies currently derived from six studies of limited power and pertinence. As we noted earlier, group therapeutic factors enhance the needed aspects of a dual-process model of self-forgiveness—taking responsibility for one's wrongdoing and thus affirming violated values and replacing self-condemning emotions with self-affirming emotions. In groups, with a variety of group members, participants can observe a larger variety of ways that people can take, or avoid, responsibility and thus affirm, or avoid, responsibility. In addition, in groups people can see multiple ways that emotional replacement of self-condemning emotions can occur and note when people engage in trying to simply let themselves off of the hook without accepting responsibility.

Recommendations for Group Intervention to Promote Self-Forgiveness

Given our review of the previous literature, we can provide recommendations that would be useful for group interventions to promote self-forgiveness. These can be summarized into recommendations in general (i.e., appropriate for most group settings), for psychoeducational interventions and for psychotherapeutic interventions. Although there is much overlap between psychoeducational and psychotherapeutic interventions, a meaningful distinction can be made. For the purposes of this chapter, psychoeducational group interventions are more structured, briefer, and targeted than psychotherapeutic interventions. In addition, psychoeducational interventions are often indicated for individuals who are not impaired in general life functioning and have a greater degree of psychological resources. Because psychoeducational interventions tend to be more targeted, they are briefer and more structured, but are less flexible and adaptable than with a psychotherapeutic group. However, they do allow for briefer, more cost-effective, and, for many audiences, more attractive options for treatment.

General Recommendations

From the theoretical and growing applied work on self-forgiveness, it seems one of the core aspects to intervention would have to be balancing both personal responsibility with self-care. Most models of self-forgiveness include aspects of

self-reflection on one's true culpability for the offense and efforts to reduce self-condemnation, rumination, and self-punishment (e.g., Cornish & Wade, 2015a; Griffin et al., 2015). Group interventions that are offered to help people to forgive themselves should include both of these aspects. Simply focusing on personal responsibility may be fine for some people, but runs the risk of further shaming people who already take too much responsibility for the offense. On the other hand, only encouraging self-care may ignore the important and healing steps that can be taken to owe responsibility for the offense and make amends.

The second recommendation is to focus on the development and expression of the therapeutic factors of group. Because these factors are often considered the foundational elements of what makes group beneficial, those intervening should seek to maximize them whenever possible. Although these are true generally, there are some specific therapeutic factors that might be particularly relevant for groups seeking to promote self-forgiveness. For example, group cohesion might be especially important because group members may be hesitant to share their offenses with others due to shame, embarrassment, and a fear of being judged. Group cohesion provides the necessary safety to divulge even deeply shameful events, such as times when the members hurt other people. Therefore, anything that detracts from group cohesion (e.g., missing group sessions, responding judgmentally to others, negative subgrouping) should be quickly and directly addressed. Group leaders might look to other therapeutic factors that could be enhanced to benefit self-forgiveness specifically.

Recommendations for Psychoeducational Interventions

Use Structured Exercises With a foundation of balancing responsibility with self-care and activating therapeutic factors, we have specific suggestions for psychoeducational groups. First, our current knowledge of self-forgiveness interventions indicates that structured exercises can be helpful. Structured exercises are planned activities or discussions that focus group members on a particular idea and goal. For example, one structured activity to promote self-forgiveness in groups is to engage members in a discussion of the barriers to self-forgiveness that they experience, with each member expected to share at least one barrier. This type of reflection and sharing can be helpful for building cohesion and activating universality. It also provides leaders with opportunities to assess the group members' readiness for self-forgiveness, which might be indicated by insightful identification of barriers and indication of progress in overcoming them. Also, this reflection and sharing can help members identify some of the potential treatment goals they might work on in the group, especially as they hear some fellow members articulate such goals that might differ from the ones the member might have identified.

Focus on Specific Offenses (Avoid Moving Targets) Another recommendation for psychoeducational interventions is to keep the members focused on one specific offense that they are trying to forgive. Because relationships are dynamic, reciprocal

processes, hurting another person seldom happens in a vacuum. Instead, there is likely a history of interactions and events that led to and resulted from the offense. However, allowing members to change the focus of the hurt will undermine their ability to achieve progress, especially in a shorter-term group. Therefore, in a psychoeducational setting we recommend focusing the members back to their original offense and helping them work through that. Otherwise, it can be too easy for members to start talking about one offense only to remember a string of related events that only compounds their self-condemnation and makes self-forgiveness more elusive.

Manage Time and Stay on Task   Another related recommendation for psychoeducational groups is for the group leaders to manage time and stay on task. Structured exercises help. However, even without specific structure, group leaders are encouraged to inform members about the existing time left in the group and help them to address their concerns. Again, because discussing shortcomings and failures in front of others can be so difficult, the tendency to avoid the work of self-forgiveness may be strong at times. The savvy group leader will compassionately point this out and continually bring the members back to the work at hand. Although the members may be hesitant, our experience is that they will be thankful for it.

Make Use of Homework or Take-Home Assignments   Encouraging work at home between group sessions is an invaluable tool in the psychoeducational group setting. With self-forgiveness this may be especially important. For example, prior to discussions in the group setting, members might effectively address questions of responsibility at home on their own. By first reflecting on their role in the offense and the responsibility they should take for the offense, members can be more prepared for and less fearful about sharing in group. Doing work at home also maximizes the time spent in the group by creating more material for the members to discuss and encourages members to make progress between sessions.

Recommendations for Psychotherapeutic Interventions

There are also several recommendations for psychotherapy settings, in which clients may be dealing with more troubling concerns, may have mental health diagnoses in addition to the self-forgiveness concern, and are likely to have more time to address their concerns. Of course, many of the recommendations for the psychoeducational groups would fit in this setting as well, such as using structured exercises, focusing on one offense, and making use of homework.

Make Use of Structured and Unstructured Group Time   Both structured and unstructured activities and discussions work well in psychotherapeutic groups. Often group members are given more flexibility in therapy groups and the discussions and interactions that emerge are used by the leaders to encourage change. Such processes can be used in groups that focus on promoting self-forgiveness. However, in discussions, leaders may introduce structured exercises that allow for specific topics to be addressed. If used effectively, this structure can add focus and energy to the group.

On the other hand, too much reliance on structured activities can sap a psychotherapy group of its real potential for change by making the members too reliant on the leader and allowing them to avoid taking ownership in their treatment.

Activate a Wider Range of Therapeutic Factors Although cohesion and universality are likely to be crucial for all groups, psychotherapeutic groups may have the privilege of activating more therapeutic factors. For example, leaders in therapy groups may help members through corrective recapitulation of primary family experience and interpersonal learning as they relate directly to self-forgiveness. With corrective recapitulation, leaders may be able to help clients understand some of the past experiences underlying the offenses and work with the group to give the member new, healing experiences. For instance, perhaps a member is trying to forgive himself for lying to his partner. Through the group work, he begins to see a family pattern of abuse that he had successfully mitigated by lying to his family. Corrective recapitulation could be used to help the member respond to others in the group with honesty, and to disclose times when he had not been honest with the group, in an effort to have a new experience relating to others. This might then be used to help him not only forgive himself but also make necessary changes in his relationship with his partner.

Allow for the Incorporation of Broader Treatment Goals Finally, as the above recommendation suggests, psychotherapeutic groups might allow for the incorporation of broader treatment goals. While working toward self-forgiveness for a specific offense, members might also see how this relates to their relationships with other people or to their experience of psychological distress, such as symptoms of depression or anxiety. Whereas in the psychoeducational group setting, leaders may only have the ability to acknowledge such connections, leaders in therapy groups should look to incorporate these broader experiences into the treatment goals. As some research has shown, the process of self-forgiveness works well in conjunction with other psychotherapeutic goals, such as the amelioration of depression (Cornish & Wade, 2015b). In addition, for many group members, helping them understand and move toward greater self-compassion in general may be a valuable goal. For some members, the self-condemnation will be localized and once self-forgiveness is achieved for the specific concern, the goal will be achieved. However, most members are likely to carry a significant degree of generalized self-condemnation that is resistant to change after just one offense is resolved. In therapy groups, leaders are encouraged to also address self-compassion in general and help members to move toward being more compassionate and caring toward themselves.

Agenda for Research

Thus far, only Cornish and Wade (2015b) have put forth an individual psychotherapy treatment for self-forgiveness. Whereas Scherer et al. (2011) applied their treatment in a group within an inpatient facility, the group was strictly a psychoeducational treatment, and it was arguably too weak to have much lasting effect, even though it

produced statistically significant increases in self-forgiveness and drinking refusal measures. While using psychoeducational groups as adjuncts for individual treatment is a time-honored tradition, and has been shown to have positive effects, it does not address the issues that must be thought through for a group therapy treatment. For example, interventionists need to consider the therapeutic factors (Yalom & Leszcz, 2005) and the ways we suggested they might be directed toward promoting more self-forgiveness. Psychoeducational group leaders must cleverly design individual interventions that capitalize on each of the therapeutic factors. Group therapists in process group therapy must also give intentional thought to how to promote each of these factors while letting the group unfold in an organic way. Researchers need to not only investigate efficacy of the group treatments, but also investigate specific interventions using dismantling designs in which intervention components are investigated separately and in combinations. Development of a content-focused group therapy intervention is high on the list of research (and clinical) needs.

Future work might investigate other factors (e.g., personality traits) that may influence person-activity fit and thereby potency of the intervention. Also, researchers might adapt to special applications (i.e., military, healthcare, education, grief, and bereavement), the theories (notably those of Cornish & Wade, 2015a, 2015b; Exline et al., 2011; Griffin et al., 2015; Worthington, 2013), and the interventions we reviewed and suggested modifications for.

People condemn themselves for wrongdoing that hurts or offends others. All interventions to date have been aimed at this type of problem. However, people also condemn themselves when no wrongdoing has occurred but simply because they failed to meet their internal standards for morals, actions, learning, academic achievement, or personality traits. Group treatments for such problems might differ in emphasis from extant programs. Campana's (2010) treatment was for people with self-condemnation for romantic breakups. Some of those might have done wrong, but others might have been wronged. Others might have been because personalities simply did not mesh well. Campana's intervention suffered from a 75% drop-out rate. Some of this might have been due to mundane factors (i.e., end of semester pressures; failure to motivate continued participation; poor monitoring; inadequate follow-up; etc.). However, some might have been because the treatment, which was focused on absolving people from guilt without assuming any wrongdoing, simply did not "click" with research participants. It might have assumed lack of wrongdoing when participants might have assumed wrongdoing. The emphasis on cognitive and behavioral methods might not have been accepted by people who felt that their problems might have been emotional. Specific interventions or tailoring existing interventions more specifically to the problem and population might be needed for problems in self-condemnation that are not perceived to be due to wrongdoing.

Because process research has not been done on self-forgiveness groups, research is needed on how to maximize the effects of the "therapeutic factors" (Yalom & Leszcz, 2005, p. 272) in groups designed to promote self-forgiveness. For example, as we mentioned earlier, leaders need to consider such things as, Are there ways to

heighten the perception of universality among group members? In addition, all of the other therapeutic factors should be considered.

Can health be considered as outcome measures of interventions? Self-forgiveness has been characterized within a stress-and-coping model (Griffin et al., 2015; Worthington, 2006). In that model, stress often leads to negative health sequelae, such as cardiovascular risks, immune system under-functioning, and elevated cortisol. Health effects are frequent in stress-and-coping models, and forgiving oneself may be connected to emotion-focused health outcomes given that individuals often report perpetrating offenses within the context of highly committed relationships and that remain distressing over a year after it occurred (Green, Decourville, & Sadava, 2012). These problems that include health impairments have been repeatedly demonstrated with lack of forgiveness of others (for numerous reviews, see Toussaint, Worthington, & Williams, 2015), but they have not been assessed with self-forgiveness.

Even if a connection can be experimentally established between lack of self-forgiveness and poor health, this is not the same as establishing that self-forgiveness interventions can produce changes in health. They might have short-term effects such as changes in feelings or emotions and yet not touch health-related behaviors or attitudes. Rigorous long-term intervention research is needed to establish this. Among those intervention studies, it is necessary to show that group interventions affect health outcomes.

Agenda for Clinical Practice

Scholars often call for interventions designed to help clients manage the chronic self-blame and negative emotions (i.e., shame) that sometimes prompt individuals to seek psychological treatment (Griffin et al., 2016). The results of our review suggest that self-forgiveness intervention might be a valuable tool that may be used by counseling, clinical, and health psychologists in working with individuals who are wracked by feelings of self-condemnation in response to perpetration of an interpersonal offense (i.e., combat-related killing, romantic infidelity, workplace conflicts, etc.). The dual-process model of self-forgiveness provides a framework by which psychologists may guide perpetrators of interpersonal offenses through the process of deciding to reaffirm violated personal values and experiencing the emotional restoration of positive self-regard. They may guide people who are self-condemning because of unrealistic or inappropriate standards or expectations to change their standards or their perception of whether the standards or expectations are met well enough. By teaching clients to implement Worthington's (2013) six-step method of self-forgiveness bolstered by the conceptualization of the four Rs (Cornish & Wade, 2015a) and other specific methods within the other intervention studies, clients may experience a power to self-forgive that will generalize to many of the failures they encounter throughout life. That might subsequently produce a generative effect by which clients experience a more coherent sense of self, improved health outcomes,

and higher quality interpersonal relationships (Davis et al., 2015). Furthermore, the group modality might also bolster other social skills and attitudes, and provide needed feedback about how others are perceiving group members.

The agenda for clinical development is in its early phase. Practitioners and clinical scientists need to adapt the model (perhaps the one we recommended) widely across problem areas. Then such models should be compared to treatment as usual in both randomized controlled trials and field trials. Eventually, if the treatments work well, dissemination trials are needed.

Conclusion

In conclusion, we have analyzed existing interventions to promote self-forgiveness and outlined some reasons why self-forgiveness might be treated effectively in groups, especially considering the dual-process model of self-forgiveness (Griffin et al., 2015). The most complete intervention models to date are Griffin et al.'s (2015) workbook and Cornish and Wade's (2015b) protocol for individual psychotherapy. As we close, we suggest that future interventionists and clinical scientists consider using the content from both and integrating it with the suggestions we have advanced regarding using the Yalom and Leszcz (2005) therapeutic factors in designing group interventions.

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Self-Forgiveness in Couple and Family Therapy

Elizabeth G. Ruffing, Sarah H. Moon, Jennifer Krier, David R. Paine, Eliyohu Wolff, and Steven J. Sandage

Self-forgiveness, and lack of self-forgiveness, has profound implications for relationships. Stolorow (2013) proposes that experience is inextricably embedded in an intersubjective context, that is, in relationship to other subjects. From this perspective, self-forgiveness is not simply an isolated individual exercise. Rather, the patient's experience and sense of self influences others and is influenced by others.

This chapter is oriented toward therapists who work with couples and families, but it is relevant to anyone, since every individual's experience of self-forgiveness also has consequences for relationships. We briefly review the existing literature on self-forgiveness as it relates to romantic partners and family relationships. We then outline three theoretical concepts that can help to frame and inform both relational interventions and future research. Next, we turn our attention to cultural and religious considerations. Finally, we provide brief case studies to further examine the relevance of self-forgiveness to couple and family contexts.

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Definition and Literature Review

We draw from the dual-process model of self-forgiveness proposed by Griffin et al. (2015), in which self-forgiveness includes affirming violated socio-moral values and replacing self-condemning emotions with self-affirming emotions. Self-forgiveness is relevant to situations in which socio-moral values have been violated, unlike the more general posture of self-compassion, which refers to sympathy toward the self when faced with a mistake or failure (Neff, 2011). Self-forgiveness also requires that the individual acknowledge wrongdoing and take responsibility, an issue that becomes quite important to psychometric validity (Fisher & Exline, 2006; Pelucchi, Paleari, Regalia, & Fincham, 2013). False self-forgiveness (minimizing, self-excusing, or avoidant coping) involves a dissociative distancing from the anxiety-producing unforgiven self, whereas genuine self-forgiveness is an integrative process in which the self that committed the wrongdoing is acknowledged, accepted, and provided the opportunity to move forward.

To our knowledge, no clinical studies have proposed or tested particular self-forgiveness interventions in couple and family therapy. There is, however, a growing empirical literature on the relationship between self-forgiveness (or concepts that could be considered its opposite) and relational outcomes. Many studies would suggest the negative effect of self-condemnation on relationships. Self-punitiveness is associated with increased focus on the self rather than the victim, avoidance, and a lower likelihood to make amends or apologize to the victim (Witvliet, Hinman, Exline, & Brandt, 2011; Woodyatt & Wenzel, 2013). These studies suggest that self-forgiveness may release one from focusing on oneself and one's own failing, allowing one to understand and respond to the other.

Self-forgiveness also may have an indirect effect on relationship satisfaction, since it has a demonstrated positive effect on well-being (Davis et al., 2015), which is strongly associated with relational quality (Pelucchi et al., 2013). Lack of self-forgiveness in one partner is associated with lower relationship satisfaction in both partners (Pelucchi et al., 2013). And, while a direct correspondence with self-forgiveness would need to be explored, self-critical individuals have been shown to have more negative relational schemas and display more overt hostility toward partners than those who are not self-critical (Zuroff & Duncan, 1999).

Self-forgiveness may also be helpful for parent–child relationships. While most research focuses on adult dyadic relationships, one qualitative study of Israeli mothers in a drug rehabilitation program found that mothers reported that withholding self-forgiveness led to permissive parenting styles, as they tried to compensate their children (Gueta, 2013). Further research is needed to understand the effects of self-forgiveness in caregiver–child relationships, sibling relationships, and entire family systems in diverse contexts. For example, a hypothesis might be that lack of self-forgiveness might affect emotional valence within the home, mental health of parents, or level of engagement with children in the home or in another's custody.

The literature on self-forgiveness does not always suggest a positive influence on couples and families, however. As explored by Wohl (this volume), some studies have found that self-forgiveness is linked with decreased motivation to change in cases of addiction (Davis et al., 2015). This may be particularly true in the early

stages of addiction treatment, since it can weaken resolve to change; therefore, self-forgiveness may be only appropriate in the "action" stage, after formal treatment (Gueta, 2013). There is some risk that premature self-forgiveness can also undermine motivation to make amends or take responsibility (Wenzel, Woodyatt, & Hendrick, 2012), suggesting that healthy guilt may need to be experienced for a time in order to promote prosocial behavior in a couple or family relationship. Indeed, as Tangney and Dearing (2002) define them, healthy guilt (a situation-specific negative emotion), when contrasted with shame (a global self-evaluation), is associated with making amends and with self-forgiveness, so guilt may be an important component in the process toward self-forgiveness. Conversely, shame can serve as an impediment to self-forgiveness, leading instead to avoidance-oriented coping (Griffin et al., 2016). While the research on personality variables and self-forgiveness is limited to date, the available findings suggest that clinicians may be wise to assess the personality structure, moral emotions, and relational development of a particular patient when deciding how to approach explicit discussion of self-forgiveness.

Self-Forgiveness as Informed by Relational Theories

Our understanding of the dynamics involved in self-forgiveness within families and couples is informed by three core theoretical concepts: attachment, differentiation, and intersubjectivity. These relational concepts help the clinician understand what capacities enable a patient to move toward relationally constructive self-forgiveness, and they guide interventions that focus on these capacities. Our overall approach to forgiveness in couple and family therapy is grounded in relational development and systems theories (see Chapter 10 in Worthington & Sandage, 2015) with an emphasis on: (a) culturally sensitive assessment of differing relational configurations of self and other and (b) using the therapeutic alliance with couples and families to facilitate corrective relational experiences. This requires therapists to be active and flexible in relating with each member of a couple or family system around issues of interpersonal and intrapsychic conflict while balancing emotion processing and emotion regulation. When emotion processing outpaces interventions aimed at emotion regulation in session, there is a risk of intensified shame and hostile reactivity which perpetuate problems of self-condemnation and the scapegoating of certain members of the system. When therapists focus on promoting emotion regulation skills but neglect processing difficult emotions, couples and families may appear stable in session but continue patterns of dysregulation and conflict outside of session.

Attachment

The principles of attachment theory can explain how a particular style of relationship with the self develops and makes self-forgiveness or self-condemnation more likely. Early childhood experiences with caregivers inform a child's psychological

development, creating internalized relational templates that guide behavior in other relationships (Bowlby, 1969) and extend into adulthood, becoming "encoded" in the limbic brain and influencing future relationships with both self and others. The primary distinction between these different attachment styles is security versus insecurity (Wallin, 2007). Securely attached individuals have an internal sense that they are cared about, recognized, safe, and accepted, even when they fail to reach their own or others' expectations. Secure attachment has been linked to psychological health and productive interpersonal dynamics such as emotion regulation, self-control, persistence, effective conflict management, functional expression of anger, and forgiveness (Lawler-Row, Younger, Piferi, & Jones, 2006; Mikulincer & Shaver, 2010), as well as intrapersonal benefits such as self-worth, self-compassion, and self-forgiveness (Liao & Wei, 2015; Wei et al., 2011). On the other hand, insecure attachment, arising from a lack of empathic attunement by a caregiver, has been linked to a greater propensity for relational problems such as difficulties with conflict management, depressive symptoms, posttraumatic symptomatology, and negative models of the self (Liao & Wei, 2015; Lim, Adams, & Lilly, 2012). These attachment styles have a great influence on an individual's relationship with the self and with others.

We suggest that self-forgiveness requires a person to acknowledge and accept the existence of a self who has done wrong. Individuals with a secure attachment style have developed some capacity to feel, bear, and survive the distressing affect of having done wrong, rather than drowning in, dissociating from, or avoiding those feelings altogether. Couple and family therapists can serve as a secure base of nonjudgmental attachment from which patients can have corrective relational experiences of engaging in the process of self-reflection on wrongdoing without the fear of losing the relationship. The therapist does this through empathically attending to each patient's feelings of shame or guilt and continuing to accept both the patient and the patient's wrongdoing without excusing it or explaining it away out of the therapist's own discomfort with the patients' distress. In doing so, the therapist not only cultivates a safe haven for moral and relational self-reflexivity but also models his or her posture to the patients so that they can become more secure attachment figures for one another.

Differentiation of Self

Differentiation of self (DoS) has some conceptual overlap with secure attachment but also provides systemically nuanced ways of understanding connection and disconnection in relationships (Worthington & Sandage, 2015). DoS is marked by the capacity to balance both "emotional and cognitive functioning" and "intimacy and autonomy in relationships" (Worthington & Sandage, 2015, p. 48). DoS allows for individuality and connection to exist together when forming close and intimate connections with others. Schnarch (2009) illustrates this concept as the ability to hold onto one's sense of self and uniqueness while also drawing closer to another, both

physically and emotionally. This suggests that individuals can connect without emotionally fusing with the other, allowing for autonomy and intimacy to coexist in a healthy and mature manner. Well-differentiated individuals are able to remain boundaried in their emotional functioning such that they are able to approach the other's emotions freely, without the anxiety or fear that would motivate emotional fusion or cutoff.

DoS is consistent with self-forgiveness in that it allows the offender to attend to negative stimuli associated with the offense while remaining emotionally connected with the victim. Such awareness prevents a person from attending exclusively to either self or other, avoiding both emotional cutoff and emotional fusion. Holmgren (2012) similarly describes self-forgiveness as the act of extending respect toward oneself and the other. The more differentiated offenders are, the better they can refrain from cutting off the other to avoid guilt and/or emotionally fusing with the victim out of fear of abandonment, fear of engulfment, or inability to tolerate others' pain. In cutoff relationships, the offender's focus on self-protection in the face of accusation may lead to turning away from the emotional state of the other, the reality of the offense, and, therefore, the possibility of genuine self-forgiveness. In fused relationships, the offender's preoccupation with the victim may lead to self-punishment and extended self-condemnation, or it may lead to a premature self-forgiveness for the sake of restoring immediate equilibrium, short-circuiting the offender's full process of reflecting on the actions that caused the rupture. Therapists can encourage DoS by giving each individual the opportunity to openly express their thoughts and feelings to provide space for couples and families to learn to listen and empathize with one another without becoming anxious for fear of engulfment, abandonment, or being overwhelmed by the other. This often requires that therapists intervene rather actively with reactive couples or families to tease apart awareness of differing perspectives and experiences in the room.

DoS also allows the offender to understand that their own process of self-forgiveness may move at a different pace than the victim's process of forgiving the offender, and in some cases, they may never receive forgiveness. If both parties in a couple or family conflict can be differentiated, remaining self-regulating while being connected through the period of healing and repair, this will lead to a more genuine self-forgiveness process and the ability to understand the other, rather than moving toward internal avoidance or self-punishment. Therapists can also model DoS by valuing differences with patients, remaining grounded amidst ruptures or conflicts in session, and taking responsibility for their contributions to enactments.

Intersubjectivity

Those who value the ability to "see" or recognize both self and other are affirming the importance of *intersubjective experience* in relationships. Benjamin (2004) defines intersubjectivity as the developed capacity to recognize the other as subject rather than object, and she also describes the movement toward "surrender," that is,

"a certain letting go of the self" in order to take the other person's view of reality (p. 8). In this cocreated intersubjective space, neither individual loses a sense of self; rather, a shared third space is opened through which to view both self and other as subject. This is in contrast to what Benjamin calls a "complementary structure," that does not allow for the perspective of thirdness. In a complementary structure, dependency leads to coercion, in which each subject's goal is to coerce and control the object, or other. Benjamin (2004) writes, "In a world without shared thirds, without a space of collaboration and sharing, everything is mine or yours, including the perception of reality. Only one person can eat; only one person can be right" (p. 22).

The complementary structure can pose some challenges to self-forgiveness, as it seems to necessitate a competitive struggle for power. In a couple, for example, the offended party may seek to control the offender through overt or covert reminders of the offense. The offender in this case is not seen as another subject; rather, she is a wounding object—one that must be controlled for the sake of self-protection. In this case, self-forgiveness by the offender could be viewed by the victim as threatening to the "one-up" or "one-down" power dynamic in the victim's perception of complementary relations. In another couple, an offender may use self-condemnation and withhold self-forgiveness as a means of exerting control over the offended partner and usurping the victim's status. Rather than face the other's subjectivity in their woundedness and pain, they focus on self and their own "moral self-hatred" (Murphy, 1998, cited in Dillon, 2001, p. 63) and may in fact push the offended party to feel compelled to minimize their own expressed pain in order to reduce the suffering of the offender. In both cases, the inability or unwillingness to benevolently enter into the experience of the other is also indicative of insecure attachment and a lack of differentiation. From an intersubjective posture, the "other" is not seen as threatening to the subject's sense of self but rather as a subject to be understood experientially. From the shared space of thirdness, the offense can be understood by both parties in differentiated ways, woundedness may be acknowledged, the self may be forgiven, and healthier patterns of interaction can be co-constructed. The couple or family therapist reinforces intersubjectivity over time by empathically attending to each partner's perspective with both partners in the room and by opening the space in which each perspective can be told.

The therapy session provides a context in which the three capacities of secure attachment, DoS, and intersubjectivity can be developed. The therapist helps identify what dynamics are involved in lack of self-forgiveness and what function lack of self-forgiveness serves both within the individual and in the relational system. The three concepts above do not describe discrete phenomena, but rather, they articulate various emphases in what are interrelated and often interdependent processes. Secure attachment and DoS allow the patient to see and understand both self and other from an intersubjective space, from the perspective of thirdness, but each of these capacities is challenged and has the opportunity to deepen throughout the process of couple and family therapy. A therapist who is cultivating these capacities in herself and in her relationship with her patients has the potential to nurture and hold the space for this growth and development to happen.

Diversity Considerations

Cultural and religious traditions can hold differing assumptions about the dynamics of forgiveness (Worthington & Sandage, 2015). Before illustrating how self-forgiveness unfolds in couple and family therapy, it is important to consider some ways that the process of self-forgiveness may be understood differently in various social contexts. While religion and culture are often intertwined and intersecting, for the purposes of illustration, we focus here on collectivistic cultures and on various religious groups. Each context has a depth beyond the scope of this chapter, but even the glimpse here provides important implications for work with clients.

Collectivist Cultures

In non-Western cultures that value the well-being of others and communal or family harmony over and above individual satisfaction or well-being, the concept of self-forgiveness may need to be redefined. Motivations underlying behavior for individuals in collectivistic cultures such as in East Asia tend to be guided by others' expectations rather than expectations of the self (Hoshino-Browne et al., 2005). Prioritization of communal values as well as loyalty and commitment to maintain relationships with an "in-group" leads individuals to behave in ways that primarily benefit families and groups over the individual (Oyserman, Coon, & Kemmelmeier, 2002). In light of these values, self-forgiveness may be proscribed for an individual who does not first work to receive forgiveness from family members. In some cases, self-forgiveness may not be an explicit or normative part of a relational repair process because receiving forgiveness from others may be the primary process. For some, the aim of the process is not to alleviate an internal state of shame; rather, it is to fix one's shortcoming or weakness in order to decrease the possibility for future failures and maintain "social face" or reputation within social and family contexts.

Judaism

For Jewish patients, forgiveness, that is, receiving atonement, takes place within a relational commitment to the process of *teshuva*. *Teshuva* is widely known as repentance, but it is more accurately translated as the process of return or realignment to one's principles, wherein, in addition to behavioral change, one cultivates awareness, understanding, and insight beneath one's tendencies and actions. Psychotherapists might find it helpful to describe self-forgiveness as the capacity for self-acceptance, exploration, and willingness to grow. In the context of intra-/interpsychic rupture, *sliecha* (loosely translated as forgiveness) expresses the notion of acceptance and understanding as a means to reopen the collapsed intersubjective

space (ben Nachmanides, 1268, Numbers 14:20). In psychological terms, this could be referred to as a well-differentiated stance in which one both feels and thinks about the hurt, relational consequences, shame, and general dissonance experienced and also formulates a cognitive and emotional perspective that helps one shift from avoidance or preoccupation to an inner sense of responsibility, appreciation, and connection. In Jewish traditions, forgiveness typically involves both an intrapsychic and interpersonal process that often takes a considerable amount of time (Rabinowitz, 2010). Thus, therapists might help patients explore the relational tensions within the process of seeking forgiveness and self-forgiveness rather than using cognitive techniques to reframe offenses quickly.

Christianity

For patients from conservative Christian backgrounds, language about forgiveness may be particularly important. While forgiveness of others is a familiar topic, self-forgiveness may be met with suspicion and seen as an unwelcome intrusion of secular humanism. If God is judge and humans are sinful, the locus of forgiveness rests in God, and it is not the place of humans to release themselves from shame or guilt. In fact, Christian teaching repeatedly makes distinctions between the one who "trusted in [himself] as righteous" and the one who "would not even lift up his eyes to heaven, but beat his breast, saying, 'God, be merciful to me, a sinner!'" (Luke 18:9; 18:13, ESV). For some Christians, a shame-prone version of pseudo-humility that becomes self-loathing may form the bedrock of the divine–human relationship, particularly for those with an insecure God attachment or a harsh God image (Davis, Moriarty, & Mauch, 2013). For such patients, the concept of "accepting or receiving God's forgiveness" fits more naturally within their worldview than a forgiveness that appears generated from the self. Rather than excluding God from the process, it emphasizes focusing on the forgiving nature of God, and rejecting God's forgiveness then can be understood as hubris or as usurping God's role as judge. In Christian philosopher Kierkegaard's struggle to receive divine forgiveness, it became clear to him that "what may appear to be a humble appropriation of one's sinfulness is actually self-oriented subterfuge and a final narcissistic grasp at oneself in the face of divine forgiveness" (Podmore, 2009, p. 182). Because Christian doctrine presents God as forgiving, subjectively receiving and experiencing that forgiveness and releasing self-condemnation can be understood as a way to honor God's character and to avoid the paradoxically grandiose snares of self-loathing. When working with Christian clients, it can be important to explore with them what they believe about God's character and God's response to sin on both an intellectual and an emotional level, so that they can begin to discover the disconnect between the theological doctrine of God's forgiveness and their own inability to internalize it and integrate it into their own self-understanding.

Buddhism

In Buddhism, self-forgiveness is considered a virtue as well as a practice. The practice of forgiving others benefits oneself because it allows for the release of painful memories, negative thoughts, and fear and also cultivates greater compassion and a kinder, wiser heart. However, forgiveness and compassion for others is only possible once one has extended these attitudes to oneself. In the well-known practice of *metta* meditation, the act of sending loving kindness to others is always accompanied by sending it to oneself, as well (Brach, 2013). In recent years, Buddhist authors writing for a popular audience have explored the concept of self-forgiveness. In the view of Buddhist psychologists such as Tara Brach and Kristin Neff, the Buddhist relational ontological concept of interconnectedness helps individuals understand that neither the self nor the other can be blamed for negative emotions, compulsive behaviors, or traumatic histories, because such things arise "from causes beyond our individual existence" (Brach, 2013, p. 167). Like many Buddhist teachers, Brach and Neff emphasize that while one cannot control the course of one's life and the painful experiences, one can control one's reactions to these experiences. Buddhist teachings emphasize letting go of blaming self or others because of the additional suffering such a negative state of mind incurs (Brach, 2013; Neff, 2011). This does not mean excusing oneself from hurtful behavior or giving oneself permission to act out; instead, "the aim is to release the self-hatred that closes our heart and contracts our mind" (Brach, 2013, p. 169). In the words of Neff (2011), "the only way to stop the vicious cycle of reacting to pain by causing more pain is to step out of the system. We need to let our hearts fill with compassion, and forgive ourselves and others" (p. 198).

Brief Case Descriptions

To see how these dynamics emerge in a clinical setting, we offer three brief case descriptions. One is of a couple affected by a past affair, one is of a family struggling with ongoing substance use, and one is of a couple enacting the dynamics of self-condemnation.

Case 1: An Affair

Rob (age 31; Buddhist) and Alexis (age 32; Jewish) entered therapy following the discovery that Alexis had been having an affair with a coworker on business trips over the previous year. During the first session, Alexis said, "I wish I could just slap myself in the face and get rid of the part of me that did this! I can't stand how I've

hurt Rob. And I don't know what I can do to pay for it." She was so preoccupied with how she had disappointed Rob that she was avoiding awareness of how much she had disappointed herself by violating her own values. Rob had his own struggle with self-forgiveness, which was tied to a rupture in his self-trust due to having been oblivious to the affair. He worried aloud, "Maybe I am just too *stupid* to be married to anyone. How did I miss it? And how will I ever be sure it's not happening again?" This particular self-forgiveness struggle in the form of anxiety about self-trust is an underrated struggle for those who have been victims of infidelity.

The therapist asked Alexis to reflect on why she had the affair, her motivations, and what she needed to learn about herself and her marriage. This painful process of self-confrontation fits her Jewish spirituality of searching her own heart as part of repentance and forgiveness. It also helped move her toward a more differentiated stance of taking responsibility and forgiving herself rather than groping for magical solutions or pulling for Rob to exonerate her. In turn, the therapist also took Rob's struggle seriously to explore with him how exactly he "missed it." Rob discovered a denial-based pattern when knowledge would produce significant anxiety, which in this case started years before the affair when he became aware that Alexis was deeply unhappy in their marriage but failed to live in line with his values by not practicing compassion for her suffering. He and the therapist engaged in mindfulness practice in session to enhance his DoS and regulation of the anxiety of disappointing others, and this way of relating while facing wrongs against self and other facilitated self-forgiveness.

Case 2: Ongoing Substance Use

David (age 38) and Christine (age 38), a Japanese American couple, sought treatment after several years of struggling to productively address Christine's alcohol addiction. She reported drinking 6–7 glasses of wine each night, which became a significant concern in their family system 2 years ago. David and Christine's parents had been helping David with various responsibilities when Christine was too intoxicated to function. When the news of Christine's substance issues spread to their community, members began criticizing the entire family for their lack of responsibility and criticizing Christine's parents for raising such a disgraceful child. After 2 years of couple therapy and attending AA meetings, Christine reached sobriety, but the immense shame she experienced kept her in a deep depression.

A Western cultural perspective would focus on Christine's inability to rid herself of her shame and guilt, would help her process her failures, and would assist her in providing forgiveness for herself in order to find resolution and peace. While this was helpful to a certain extent, the clinician went further to intersubjectively explore how Christine's substance abuse had impacted her husband, children, in-laws, and her own parents, and the impact that it had on her family's reputation. The clinician explored the meaning and value of family obedience and saving face for Christine. As a Japanese woman, Christine not only needed her husband and children's

forgiveness; she needed to seek forgiveness from extended family. David and the clinician were able to encourage his parents to join a few sessions to repair the pain that Christine's behavior had caused the family. Only when Christine felt and received the forgiveness of David's parents was she able to move forward in her life and seek forgiveness from other family members. The clinician's understanding of and appreciation for cultural values such as saving face, social hierarchy, and in-group mentality when working with families from collectivistic cultures enhanced the therapeutic work. In this case, Christine eventually experienced growth in DoS, but the process needed to start with an intersubjective emphasis on her connections with family.

Case 3: Self-condemnation

Dan (age 68) and Lois (age 63) were conservative Christians who married later in life due to significant relational ruptures they experienced separately: Lois divorced her physically abusive husband after 10 years of marriage, and Dan experienced physical abuse from his mother as a child. Dan and Lois were in therapy to "work on communication problems." After starting treatment, they were arguing one night. Lois said something Dan disliked, and he responded by screaming "What the f---, b----?" Lois was silent and left the room. Dan followed her, immediately apologized, and repeatedly chastised himself. Lois "forgave" him. The next day in session, Dan told the story in tears, stating he was "ashamed." Lois turned to Dan and told him that she was "better with it now," stating, "I'm not angry. Dan made a mistake." When Dan and Lois returned the next week, he reported that Lois seemed to be distancing herself from him. He then chastised himself, stating "I'm terrible person and a bad husband." Lois reassured Dan that he is a "good man," that she loved him, and that it "wasn't a big deal."

The therapist took note of a pattern of behavior in which Lois would reassure Dan after he criticized himself. She revealed this observation to the couple, curious as to how they would respond. The therapist sat with about 30 seconds of silence as the couple appeared to be taking the observation in. Lois stated "Well, I feel like I should [reassure Dan]. I know he's not happy about what happened. But he's making too big a deal about it." The therapist noted that Lois sounded slightly annoyed and stated, "It almost sounds like you feel *obligated* to comfort Dan." Lois let out a sigh and stated she wants to "be there" for Dan but is also frustrated because, "It's almost like I *can't* be mad about anything he does, because it would make him feel worse." The therapist noted how this pattern seemed to maintain certain kinds of connection (or we might say fusion) and stability in their relationship, but then also asked Lois to reflect on the personal costs of sacrificing her own emotional experience to caretake Dan (i.e., inauthenticity, resentment). She encouraged Dan to reflect on the secondary gains of withholding self-forgiveness (i.e., soothing attachment anxiety) and the downside of remaining dependent on Lois for reassurance and emotion regulation. While Dan had not mentioned it, the therapist asked Dan if

there were any ways God was involved when he was feeling this way. Dan said, "I don't know, I just keep thinking how disappointed in me he is, so I pray about how sorry I am, but I don't feel close to him at all. It's like he's up there just silently judging me; when I mess up, it just confirms what he already thinks, and I can't make it better. Or maybe he's given up and he's not even looking anymore." Over time, the therapist was able to explore Dan's feelings of disconnection with God and how those might both mirror and feed into his attachment anxiety with Lois. As she allowed space for Dan to process further his emotional experience of God in a way that he had not been able to do in his intellectually based faith community, she was able say, "I notice that you keep saying that God is totally forgiving, and that you also are describing feeling like he's sitting up there, holding everything against you. I wonder what it's like for you to hold both of those images." Dan came to a place of wanting to actually experience God as secure and forgiving, and the therapist introduced both Dan and Lois to guided meditative exercises and contemplative practices that could gradually re-form their images of God (see Thompson, 2010). She also offered referrals to spiritual directors in the area for further work.

In this case, Dan's self-condemnation can be interpreted as a defense against attachment anxiety. By avoiding self-forgiveness, Dan elicited caretaking behavior from Lois, which ironically helped him maintain a positive self-image and soothe his fear of God's disapproval through her minimizing response. This represents a lack of DoS in that Dan is emotionally fused to Lois' reaction to his transgression. The reactive stance of self-condemnation may also exhibit an inability to regulate emotions concerned with a de-idealized self-image. Lois's impulse to immediately forgive Dan may be rooted in her own unprocessed emotional fusion, which makes it difficult for her to respond honestly to Dan's self-condemnation for fear of being perceived as "piling on." The therapist helped foster greater intersubjective understanding between Dan and Lois and also guided them toward a more secure attachment to God.

Conclusion and Future Directions

Self-forgiveness has an important role to play in relationships. Previous literature has suggested that genuine and helpful self-forgiveness requires true acknowledgment of wrongdoing and continued efforts to work to resolve the issue at hand. Further research is needed to understand some of the personality traits and situational and contextual factors that contribute to this, and research especially is needed when considering these dynamics in families.

We suggest that particular developmental capacities make genuine self-forgiveness possible, and the therapeutic relationship can be a place for such developmental growth to take place. A secure attachment to the self, aided by secure attachments to a therapist and ideally, to close others, can provide an individual with the courage to face and bear the weight of her wrongdoing enough to acknowledge fault and then have the creative capacity to move toward genuine self-forgiveness.

Likewise, DoS enables an offender to acknowledge the pain of the other rather than either exercising emotional cutoff or entering into emotionally fused preoccupation with the offense. Finally, creating an intersubjective space allows the offender to see the wounded party as another subject, rather than an object that must be controlled or dismissed for the sake of self-protection. Without these developmental capacities in place, an individual and a relational system can become entrenched in preoccupied or defensive self-focus through self-condemnation.

While these developmental capacities can help to create the environment for genuine self-forgiveness, the path to self-forgiveness may look different depending on the patient's religious or cultural background. As we have explored, the framework, setting, and path of self-forgiveness can vary, and both clinical work and further research needs to attend to these dynamics.

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Self-Directed Intervention to Promote Self-Forgiveness

Brandon J. Griffin, Everett L. Worthington Jr., Christopher M. Bell, and Don E. Davis

Dispositional tendency to forgive oneself has robustly predicted the indicators of well-being (lower depression, anxiety, hostility, guilt, shame, anger; for a review, see Davis et al., 2015; improved cardiovascular functioning, da Silva, Witvliet, & Riek, 2017; and higher quality interpersonal relationships, Pelucchi, Paleari, Regalia, & Fincham, 2013). In addition to a personality disposition, self-forgiveness can also be thought of as a learnable skill—a practice that can be applied in the aftermath of perpetrating a specific transgression (Cornish & Wade, 2015a). Scholars have begun to translate research into interventions designed to promote the qualities that characterize a self-forgiving disposition. Within this volume, Cornish Wade and Cikara, 2017 describe the work on individual therapy, and Worthington, Griffin and Wade, 2017 describe group psychoeducation or therapy. The purpose of this chapter is to review initial work on self-directed approaches to promote self-forgiveness (Bell, Davis, Griffin, Ashby, & Rice, 2016; Griffin et al., 2015). This modality has a number of advantages as an adjunctive or alternative to traditional psychotherapy, but it is also important to consider limitations of self-directed interventions designed to promote self-forgiveness.

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Definition

Self-forgiveness restores personal esteem and social belonging in the aftermath of violating a socio-moral value (Griffin et al., 2016). Self-condemnation and social rejection occur because people violate a personal or social norm. Often as a result of such a violation, one experiences offense-related negative emotions such as guilt and shame (for reviews this volume, Gilbert & Woodyatt, 2017; Leach, 2017). While these emotions serve an evolutionary purpose to realign one's behavior with a violated norm to increase group cohesion and decrease emotional distress, barriers may impede the meaningful interpretation and successful resolution of offense-related emotion, activating avoidance-oriented behaviors (Carpenter, Tignor, Tsang, & Willett, 2016; Cibich, Woodyatt, & Wenzel, 2016). That reluctance can lead to help-seeking stigma that inhibits people from seeking traditional forms of psychotherapy (Clement et al., 2015).

Review of Outcome Studies of Traditional Psychotherapeutic Delivery of Self-Forgiveness Interventions

Traditional approaches to promoting self-forgiveness were developed only within the past decade but have already demonstrated promise. Three randomized controlled trials have tested the efficacy of a self-forgiveness intervention administered using a traditional modality. For sake of comparison to self-directed intervention, we review studies testing the efficacy of self-forgiveness intervention administered via traditional modalities of delivery.

First, Scherer, Worthington, Hook, and Campana (2011) administered a self-forgiveness group module (three sessions, 4 h) focused on alcohol-related transgressions. Participants were hospitalized for alcohol use, and all received routine treatment. Participants were randomly assigned to receive a self-forgiveness module or another elective module as a control. Effect sizes were moderate to large for between-group comparisons on outcomes including self-forgiveness ($d = 3.94$), guilt ($d = -1.68$) and shame ($d = -0.51$), and drinking refusal self-efficacy ($d = 0.65$) at posttest when comparing those in the experimental intervention condition to those in the treatment-as-usual condition.

Also using a group modality, Toussaint, Barry, Bornfriend, and Markman (2014) administered a 60 min psychoeducational self-forgiveness intervention to cancer patients and caregivers. Participants were randomly assigned to treatment versus wait-list control group. Effect sizes were small to moderate for self-forgiving feelings and actions ($d = 0.74$), self-acceptance ($d = 0.27$), commitment to self-improvement ($d = 0.33$), and pessimism ($d = -0.26$) between those in the experimental and control conditions at immediate posttest. Self-forgiving beliefs were statistically equivalent across conditions ($d = 0.12$).

Cornish and Wade (2015b) evaluated a self-forgiveness intervention over eight sessions of individual therapy (i.e., 50 min each). Participants were community-dwelling adults who presented with unresolved distress associated with a perceived transgression. They were randomly assigned to treatment versus a wait-list control

(measurement only). Between-group effect sizes at immediate posttest were moderate to large for self-condemnation ($d = -1.32$), self-forgiveness ($d = 0.78$), psychological distress ($d = -1.14$), and self-compassion ($d = 0.81$) when comparing those who completed the self-forgiveness intervention to those assigned to a control condition.

These three studies provide an initial point of comparison for evaluating self-directed interventions to promote self-forgiveness. First, preliminary evidence suggests that the interventions efficaciously promote change in offense-related outcomes (e.g., self-forgiveness) as well as mental health outcomes (e.g., psychological distress). In fact, meta-analytic findings on studies evaluating interventions designed to promote forgiveness of others indicated that in ten studies measuring both forgiveness and depression, the effect size for forgiveness was $\Delta_+ = 0.60$ and for depression was $\Delta_+ = 0.34$ (Wade, Hoyt, Kidwell, & Worthington, 2014). While Wade et al. (2014) found a 2:1 ratio between changes in other-forgiveness and changes in mental health, the aforementioned three randomized controlled trials on self-forgiveness show about a 1:1 relationship. This empirical evidence supports the theorized notion that forgiving oneself is more proximally related to mental health than forgiving others (Worthington, Witvliet, Pietrini, & Miller, 2007). It is not yet known if the 1:1 ratio of change in self-forgiveness to change in mental health observed when self-forgiveness intervention is administered via traditional modalities of treatment will hold for self-directed intervention.

Second, findings from self-forgiveness studies—albeit conflated with other factors—align with patterns for forgiveness of other interventions. For example, consistent with an observed dose effect for interventions designed to promote forgiveness of others (Wade et al., 2014), self-forgiveness interventions with longer duration appear to have stronger effect sizes than those completed in a shorter amount of time. Stronger treatment effects for self-forgiveness interventions coupled with longer duration of treatment were observed in the Scherer et al. (i.e., 4 h) and Cornish et al. (i.e., 6.7 h) studies relative to the Toussaint et al. study (i.e., 1 h). Notably, we make these observations with caution. Our aim is to situate these three interventions, and the latter two self-directed interventions, within the larger forgiveness intervention literature as well as the larger literature on the relative effectiveness of different modalities of delivering psychological services.

Reasons Why Self-Directed Interventions Might Be Preferred to Traditional Methods of Delivering Psychological Services

Prior theory and research reveals a number of factors that may increase people's reluctance to seek traditional psychotherapy. When one's presenting problem involves a high level of shame, one is likely to avoid disclosing one's distress (e.g., addiction; Dearing, Stuewig, & Tangney, 2005). Avoidance is a primary action-tendency of shame (Carpenter et al., 2016). Thus, the more people need a self-forgiveness intervention (i.e., highly shame-prone), the more reticent they may be to disclose their distress to another person, which will interfere with their motivation

to enter psychotherapy if it is delivered via traditional modalities requiring contact with a mental health professional.

Also, all the usual culprits that reduce help-seeking behaviors apply. These might include economic insecurity, geographic isolation, scheduling issues, or unwillingness to experience a sense of loss of control by seeking help in general (Teachman, 2014; Kazdin & Rabbitt, 2013). There might also be ethnic, racial, or sociodemographic norms that prevent some groups of people from accessing traditional modalities of delivering psychological services. People who are poor, from rural areas, or identified as male are less likely to engage in traditional modalities of psychotherapy (Clement et al., 2015).

Given these barriers to accessibility, mental health providers have explored self-directed interventions in order to get resources to individuals who fall outside of the typical psychotherapy market. Such approaches have proliferated in other areas (e.g., self-help for depression; for a meta-analysis, see Gellatly et al., 2007). This array of self-directed treatments might include bibliotherapy (i.e., self-help books or readings of collections of psychotherapeutic self-directed exercises), computer-administered treatments, psychotherapy workbooks, and packages of multimedia resources (e.g., resource packages that might include online support groups, MP3 audio recordings, phone applications, etc.). In general, self-directed interventions are effective, for those who stay engaged in the treatment (Barak, Hen, Boniel-Nissim, & Shapira, 2008; Ybarra & Eaton, 2005).

Review of Outcome Studies of Self-Directed Self-Forgiveness Interventions

Although outcome studies of self-directed approaches abound for more developed treatments and presenting problems (e.g., cognitive therapy for depression; Spek et al., 2007), researchers have just begun to explore this strategy for self-forgiveness intervention. Two initial trials employ workbooks. The first was evaluated by Griffin et al. (2015). University students were randomly assigned to a self-forgiveness workbook condition, which involved 6 h of self-directed activities, or to a wait-list control condition. The theory of intervention was based on Worthington's model to REACH Self-forgiveness (Worthington, 2013; available by contacting the first author). Activities focused on a specific offense, and most participants chose an offense that occurred within a close and continuing relationship (e.g., family members, romantic partners, and friends). Nearly half of the sample reported that the offense occurred over a year ago. Effect sizes were small to moderate (for self-forgiveness, ds = 0.37–0.81; guilt, $d = -0.65$; and shame, $d = -0.53$). In terms of response to treatment, writing more, lower baseline reports of self-forgivingness, and higher perceived severity of the offense at baseline were associated with greater change over the course of treatment.

The second workbook intervention designed to promote self-forgiveness was evaluated by Bell et al. (2016), who randomly assigned college students to a self-forgiveness workbook condition or an active control (i.e., completing homework). Drawing on cognitive-behavioral theory and previous self-forgiveness interventions, their intervention focused on three components: (a) promoting socially responsible attitudes (i.e., responsibility acceptance and motivation to make amends), (b) reducing barriers to self-forgiveness (i.e., shame and rumination), and (c) developing healthy patterns of thinking and behavior. Comparing conditions at posttest, the effect size was moderate for state-forgiveness ($d = 0.57$) but not statistically significant for self-forgivingness ($d = 0.15$), willingness to make reparations ($d = -0.02$) or acceptance of responsibility for the offense ($d = -0.13$).

Practical Implications Comparing Self-Directed to Traditional Approaches

In the following section, we address several key issues regarding the theory and practice of self-directed approaches to promoting self-forgiveness. We can draw several implications regarding initial performance of self-directed interventions compared with traditional interventions. These include essential targets for intervention, the need to ensure accountability, evaluation of dose effects, understanding factors that influence selection, engagement, and attrition, and clarifying when self-directed approaches are preferred or contraindicated.

Essential Targets of Intervention

First, when considering the essential targets of interventions for self-directed treatments designed to promote self-forgiveness, primary aims include promoting acceptance of: (1) responsibility for wrongdoing and (2) oneself as a person of value. Typically, selection of a single concrete offense is encouraged as it promotes developing a practice of self-forgiveness that can be generalized to other offenses if desired. One might choose an offense that is perceived as less severe to facilitate mastery of the method of self-forgiveness before applying the method to a more severe offense.

Next, accurate assessment of responsibility promotes amend-making behavior. Participants are encouraged to assess their degree of responsibility for the offense and its consequences for others who may have been affected. Oftentimes receiving forgiveness from the victims of one's offense is a foundation upon which to build self-forgiveness. If contact with the person who was harmed is impossible (e.g., a deceased combatant) or imprudent (e.g., victim of sexual crime), then amends might be made on behalf of the victim. "Paying it forward" could involve contributing

one's time, money, or effort to charity, seeking forgiveness from a person who symbolically represents the victim of the offense (e.g., a family member of the victim), or perhaps working on behalf of an organization that will help ameliorate harm by others or reduce the likelihood of a similar offense.

Third, restoring personal esteem follows from accepting responsibility for a specific offense. This might involve considering barriers that perpetuate self-punishment, such as thinking repetitively about memories of one's past mistakes, difficulty upholding unrealistic expectations, and ruptures in one's close relationships (see Graham, Morse, O'Donnell, & Steger, 2017). Increasing awareness of problematic thought processes and perfectionistic self-expectations may also be addressed. Shame should be focused on specific and modifiable aspects of the self, rather than one's global self, to promote personal growth. And guilt should be meaningfully interpreted and successfully resolved through engaging in amend-making and value-congruent behavior. Bell et al. (2016) addressed this through exercises to help participants focus their judgment on their behaviors instead of their whole character (i.e., "I did a bad thing" instead of "I am a bad person"), as well as writing a compassionate letter to one's self.

Can Self-Directed Interventions Provide Requisite Accountability?

Second, both traditional and self-directed modalities of delivering self-forgiveness intervention consistently lead to changes in restoration of esteem following a perceived offense. Not surprisingly, scholars' conceptualizations of self-forgiveness typically include the notion that self-forgiveness entails a cognitive and affective shift by which an offender becomes less motivated to punish oneself and more motivated to restore self-esteem (Hall & Fincham, 2008; McConnell, 2015; Wohl, DeShea, & Wahkinney, 2008). However, individuals might engage in a pseudo self-forgiveness or self-exoneration if they recover personal esteem by simply denying responsibility for wrongdoing and its social consequences (Woodyatt & Wenzel, 2013). Self-forgiveness intervention must include a focus on accepting responsibility and making amends for wrongdoing.

One possible concern with self-directed approaches to self-forgiveness is that there is (at least currently) no avenue to ensure that those who engage in self-directed interventions designed to promote self-forgiveness do not simply morally disengage. For example, Exline, Root, Yadavalli, Martin, and Fisher (2011) conducted a 2 (responsibility/repair v. not) by 2 (self-forgiveness v. not) self-directed laboratory-based exercise in which university students were randomly assigned to one of the four conditions and were asked to describe a real-life transgression that they had perpetrated. At a two-week follow up assessment, researchers evaluated whether or not each participant engaged in reparative behaviors (e.g., apology)

since enrollment. Thirty-eight percent of those assigned to the responsibility/repair-only condition reported engaging in reparative behavior, while only 19% of those in the full intervention condition reported some attempt to make amends. While this difference was only marginally significant, mature forms of self-forgiveness involve an accurate appraisal of the offense and one's responsibility for that offense, which in many cases can increase a sense of guilt (and possibly shame) in the short-term (Griffin et al., 2016). However, the self-forgiveness that occurs does not do so at the expense of (i.e., with minimal accountability to) the relationship to the victim or others affected by the offense.

It is possible that group and individual (perhaps to a lesser extent) therapy decelerate the use of moral disengagement. Reactions from other people may give people feedback that can help them realize that their perspective of the offense is too lenient (or in some cases too harsh; for a discussion, see Massengale et al., 2017). Unfortunately, the two-part definition described at the beginning of this chapter was not prominent when the early self-forgiveness interventions were being developed, and none of these studies used measures that could be used to directly or indirectly evaluate these important questions. Self-directed intervention is all the more concerning, as the role of another person in treatment is the primary point of distinction between self-directed and traditional treatment modalities (McKendree-Smith, Floyd, & Scogin, 2003). Only one intervention study included measures of responsibility and amend-making, and the findings corroborate the concern that at least some participants may morally disengage while repairing their self-image. Namely, the null effects of Bell et al. (2016) for responsibility and amend-making raise the concern that various moderators may affect the degree to which participants are able to repair their self-image while also maintaining accountability of the offense.

Evaluation of Dose Effects

A third implication is that preliminary work on self-directed interventions shows a dose effect (Wade et al., 2014). Self-directed interventions do require careful consideration of dose. For example, when dividing participants into quartiles according to their number of words they wrote in a self-directed workbook, Griffin et al. (2015) observed the strongest gains in self-forgiveness among those who wrote the most. Future trials might also consider other factors that influence person-activity fit (e.g., literacy level) to identify the conditions under which self-forgiveness interventions yield the optimum effect. In addition, the introduction of computer-based intervention could provide several novel measures of dose such as a time log or completion evaluations.

Comparison of effect sizes between traditional and self-directed treatment modalities might also relate to dosage. In Wade et al.'s study, individual psychotherapy to promote forgiving others had a higher effect size than did group treatment.

One might debate, though, the degree that a workbook might produce a therapeutic effect relative to an individual treatment, though traditional modalities are typically regarded to be more intensive forms of treatment and would be expected to yield stronger treatment effects than would self-directed modalities when controlling for time spent in treatment. For this reason, effect sizes reported by Cornish and Wade (2015b) for individual treatment for self-forgiveness might appear reliably larger across outcomes than is the case for self-directed interventions designed to promote self-forgiveness (Bell et al., 2016; Griffin et al., 2016). Yet, comparisons of traditional treatment modalities to self-directed treatment are difficult to make due to difficulty in finding a shared dosage metric across modalities. Time spent in face-to-face intervention is often used to assess dose effects for traditional methods of delivery. However, dose appears to be more reliably operationalized by alternative metrics of dose for bibliotherapies (Griffin et al., 2015). Future research might produce more precise comparisons of dose across modalities, especially using computer-administered self-directed interventions as opposed to bibliographic forms and self-directed interventions as opposed to traditional modalities of delivering treatment.

Clarifying Factors That Impact on Attrition and Engagement

Consistent with other self-directed interventions, the initial two studies point to challenges related to attrition and engagement. Attrition is also a problem for psychotherapy in general and is of particular concern for self-directed intervention (Kelders, Kok, Ossebaard, & Van Gemert-Pijnen, 2012). Clinicians and researchers should consider both dropout and nonusage adherence, especially in relation to self-directed treatments (Eysenbach, 2005). First, dropout attrition refers to the proportion of participants who completed a pretest assessment but not a posttest assessment. While dropout rates were high in the Griffin and colleagues (~30%) study of self-directed interventions designed to promote self-forgiveness, the rate is comparable to other internet-based mental health treatments (for a review, see Geraghty, Wood, & Hyland, 2010, Mitchell, Vella-Brodrick, & Klein, 2010) and to rates of dropout attrition in trials of group-based forgiveness interventions (Wade & Meyer, 2009). Promoting matriculation through treatment could enhance clinical outcomes by increasing dose. Second, nonusage attrition or nonadherence describes the proportion of participants who matriculate or complete treatment without devoting time and effort to the intervention. It can be especially difficult to ensure adherence to a self-directed treatment protocol, though we have proposed alternatives such as a count of words for bibliographic therapies and time active on the site or progress evaluations for computer administrated therapies. Research calls for establishing models of adherence in web-based intervention (Christensen, Griffiths, & Farrer, 2009), and methods of increasing engagement through system design (e.g., contact with a therapist or online support group; Kelders et al., 2012).

When Are Self-Directed Approaches Contraindicated or Preferred?

A fifth implication involves the need to clarify when self-directed approaches are preferred or contraindicated. Currently, until more evidence is available, our recommendations are qualified and sensitive to potential dangers. First, the self-directed intervention designed to promote self-forgiveness might interfere with treatment if it is administered prematurely in the therapeutic process. For example, a line of research suggests that self-forgiveness might inhibit behavioral change (see Wohl et al., 2017), especially among individuals with chronic substance or behavioral addiction. While Scherer et al. found that including self-forgiveness treatment in traditional in-patient treatment for substance abuse promoted self-reported efficacy of drinking refusals, it might be the case that inappropriately timed self-forgiveness intervention might buffer the link between acknowledging the negative consequences of addiction from behavioral change (Wohl & Thompson, 2011; see Wohl et al. 2017). Effective treatment of addictive patterns likely requires careful attention to the individuals' need for structure, encouragement, and accountability, and they may not benefit from a self-directed approach.

Next, people with self-punitive personality tendency may be more prone to engage in non-suicidal self-injury and suicidal behaviors to improve mood (Fox, Toole, Franklin, & Hooley, 2017). Self-forgiveness may be beneficial for these individuals, though receiving self-directed care without providing a crisis service for those at high risk of self-harm is inappropriate. Accordingly, in cases where readiness to change and safety risk issues are at play, traditional modalities of treatment may be preferred over self-directed modalities.

Third, we can speculate regarding situations when self-directed approaches might show superiority to traditional approaches. The defining characteristic of self-directed intervention is minimizing or eliminating the role of a mental health professional in delivering treatment (McKendree-Smith et al., 2003). Self-directed approaches would seem especially useful for individuals with high levels of mental health stigma. Some basic strategies might decrease mental health stigma as the person completes the workbook. For example, some of the psychoeducational content could encourage and normalize the seeking of professional help. Likewise, activities could focus on behaviors that might reduce mental health stigma or encourage interactions (e.g., speaking with a religious leader) that would increase the likelihood of an effective referral. Bell et al. (2016) utilized this by putting resources for therapy, such as counseling centers, in their self-directed intervention.

Likewise, self-directed approaches might work well for individuals with a high degree of mistrust for authority figures or institutions. Approaches such as bibliotherapy and computer-administered therapies increase perceived choice, and thus might promote self-efficacy for change. Self-administered interventions enable individuals seeking treatment to engage in therapeutic exercises in a location of their choice, on their own time, and at their own pace. Future research could explore

this hypothesis by examining individual differences (e.g., low agreeableness) that might influence selection effects, engagement, and attrition during self-directed interventions.

Taken together, what self-directed interventions lack in intensity, they make up for in ease of accessibility to individuals whose needs go unmet by traditional modalities of administration due to difficulty in accessing or affording treatment. They may also function as a form of outreach for more intensive treatment, if they include information that helps individuals to connect with traditional treatment modalities or reduce stigma. As the need for psychological services overwhelms available resources, self-directed approaches will likely play an important role as an entry point to receiving more intensive services in a triage care model (Kazdin & Rabbitt, 2013). Likewise, they can play an important role in increasing accessibility and affordability for groups who underutilize mental health services.

Conclusion

Self-directed interventions designed to promote self-forgiveness continue to proliferate and may be used either as an adjunct to traditional psychotherapy or independent treatment. Usually, their reach extends past barriers of traditional treatment modalities such as geographic restriction, financial insecurity, and help-seeking stigma, though they are less intensive than individual, couples, and group therapies. Overall, evidence suggests that these interventions fit well in a tiered model of care, though future research is needed to explore whether administration of self-forgiveness intervention via a self-directed modality influences patient's willingness to accept responsibility and make amends for wrongdoing.

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Part IV
Applications of Self-Forgiveness in Psychopathology and Psychotherapy: Clinical Applications to Specific Domains

Self-Forgiveness and Military Service: Equipping Warriors to Combat Moral Injury

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Millions of Americans honorably devote years of service to the US military. Accordingly, the community of military health providers has traditionally sought to promote the welfare of these individuals by evolving to meet the ever-changing needs of active duty personnel and veterans (Danish & Antonides, 2009). One recent innovation to occur at the nexus of military health and psychological science is investigation of the negative effects associated with exposure to morally salient traumatic stressors. Specifically, distress caused by perpetrating or witnessing an event that is perceived by an individual to violate his or her personal values is referred to as a moral injury. A need exists for novel methods to assess and treat service members who present following morally injurious experiences (Currier, McCormick, & Drescher, 2015; Litz et al., 2009).

In the current chapter, we explore the clinical application of self-forgiveness for the treatment of active duty personnel and veterans who condemn themselves for things they have done (e.g., killing an enemy combatant) or failed to do (e.g., combat medics who are unable to prevent the death of a comrade). We employ Social Cognitive Theory to illustrate how self-forgiveness might improve social and per-

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sonal functioning in the aftermath of violating a socio-moral value (Bandura, 1991), and we explore application of self-forgiveness in strength-based suicide prevention. We conclude that self-forgiveness equips individuals to thrive despite encountering ethical challenges within the military environment.

Self-Forgiveness

In this chapter, we adopt the *dual-process model of self-forgiveness*, which conceptualizes two related but distinct decisional and emotional components of forgiving oneself (Griffin et al., 2015; Griffin et al., 2016). First, self-forgiveness requires making a decision to affirm values that were violated as a result of a perceived offense. Individuals who responsibly forgive themselves seek to affirm violated values by making a decision to accept personal responsibility for transgressions without blaming themselves for things outside of their control (see also Wenzel, Woodyatt, & Hedrick, 2012; Woodyatt & Wenzel, 2014). Also, they experience a cognitive shift toward aligning their behavior and values in the future. Second, self-forgiveness requires experiencing the emotional restoration of personal esteem. Self-condemning emotions (e.g., guilt, shame, and anger) are replaced with self-affirming emotions (e.g., compassion and acceptance) as individuals see themselves as valuable despite being imperfect.

Although the empirical literature on self-forgiveness is only beginning to accrue, initial findings are promising. For example, in a meta-analytic review, Davis et al. (2015) found that self-forgiveness was associated with outcomes including improved physical health, psychological well-being, and relationship quality. Moreover, interventions designed to promote self-forgiveness have been found efficacious across various settings (Cornish & Wade, 2015; Griffin et al., 2015; Scherer, Worthington, Hook, & Campana, 2011). Yet, investigations of self-forgiveness in military personnel are limited and lack a unifying framework (Bryan, Bryan, Morrow, Etienne, & Ray-Sannerud, 2014; Bryan, Graham, & Roberge, 2015; Witvliet, Phipps, Feldman, & Beckham, 2004; Worthington & Langberg, 2012). We aim to remedy the theoretical deficit by offering a socio-cognitive model to support investigations and applications of self-forgiveness, especially related to moral injury.

A Socio-Cognitive Model of Moral Injury

Concern continues to grow within the military health community about the causes and consequences of exposure to morally salient traumatic stressors. For instance, veterans' subjective experiences of killing in war consistently include moral conflict (Purcell, Koenig, Bosch, & Maguen, 2016), and killing is associated with higher risk for suicidal thoughts and behavior in comparison to general combat exposure (Bryan, Griffith, et al., 2015). Litz et al. (2009) identify a potentially morally injurious event as "perpetrating, failing to prevent, or bearing witness to acts that transgress deeply

held moral beliefs and expectations" (p. 697), and a growing body of literature associates moral injury with persisting feelings of guilt, shame, and anger, impaired interpersonal functioning, and religious/spiritual struggle (Currier, Holland, & Malott, 2015). We employ Social Cognitive Theory to conceptualize moral injury within a broader framework of moral cognition and behavior, highlighting how violation of a socio-moral value interferes with social and personal functioning.

Socio-cognitive models of morality assert that individuals monitor their planned behavior for morally relevant information, judge their planned behavior in relation to internalized socio-moral values and perceived situational constraints, and decide to act in order to maximize their sense of social connection and self-worth (Bandura, 1991). Yet, the chaos of combat often inhibits the process of *moral regulation*. Violations of socio-moral values, especially under the stress of strong situational pressures (e.g., obedience to authority, traumatic loss; Zimbardo, 2007) or in response to context-dependent social norms (Haslam & Reicher, 2006), occur when personal and shared codes of ethics are intentionally disregarded (e.g., purposefully using excessive violence against an enemy combatant) or constraints such as limited time to make decisions or diffused responsibility across a group yield unintended violations of one's values (e.g., accidently harming a noncombatant in urban warfare). Experiences like these impede satisfaction of one's essential needs for social belonging and personal esteem (Bandura, 1999). In fact, according to the Sociometer theory of esteem (Leary & Baumeister, 2000), negative self-appraisals following violation of a socio-moral value operates as an evolutionary mechanism intended to preserve a perpetrator's group membership by motivating behavior that signals adherence to group norms and resolves the threat to esteem. Yet, for many veterans, exposure to morally salient traumatic stressors breaks down this adaptive process leading to social isolation and self-hatred (Purcell et al., 2016). We contend that practicing self-forgiveness is one strategy through which essential needs for belonging and esteem can be satisfied in the aftermath of a perceived violation of a socio-moral value. In other words, self-forgiveness facilitates *moral reparation*.

Condemnation as a Mechanism of the Exposure-Impairment Association

Currier, McCormick, and Drescher (2015) enumerate potentially morally injurious events encountered by service members such as violating rules of engagement to accomplish a mission, being involved in an operation in which civilians were accidentally harmed, and making a mistake that resulted in the injury or death of a comrade. While exposure to events such as these does not necessitate distress among service members, some experience traumatic stress in response to exposure (Litz et al., 2009). We categorize distress experienced by individuals who sustain moral injuries into two types: (1) psychological and behavioral problems among individuals and (2) relational problems between the individual and others.

Intrapersonal Problems First, intrapersonal problems occur "within one's own skin" and manifest in conjunction with persistent negative cognition (e.g., self-blame appraisals) and emotions (e.g., guilt, shame, and anger). Offense-related cognition and emotion, however, are not necessarily maladaptive, sometimes motivating people to seek moral repair. For example, among university students ($N = 338$), Howell, Turowski, and Buro (2012) found that guilt prompted willingness to apologize by catalyzing empathy for victims of interpersonal transgressions. Likewise, in two studies of university students ($N = 85$; $N = 112$), Gausel, Vignoles, and Leach (2016) found evidence to suggest that offense-related appraisals focused on a specific and modifiable self-defect contributed to shame and ultimately personal growth. Yet, for many service members, guilt becomes chronic because they perceive that they cannot make amends (e.g., the victim of one's offense is dead or impossible to contact), and shame focuses not on a specific and modifiable aspect of self but is rather a general devaluation of oneself. Such chronic and global emotional distress increases the risk of physiological, psychological, and behavioral problems (for a review, see Kim, Thibodeau, & Jorgensen, 2011).

Interpersonal Problems Second, interpersonal problems occur between service members and others following morally injurious experiences. Within a socio-cognitive model, individuals are theorized to acquire personal values by internalizing the beliefs and expectations of significant others (e.g., family of origin; Bandura, 1986). Moreover, veterans often affiliate with others who share similar values to form interpersonal relationships (e.g., romantic partners, other military-affiliated people, religious/spiritual organizations, etc.). When one fails to uphold values shared between oneself and others, one may fear being rejected by others. Self-condemnation often occurs in conjunction with real or imagined condemnation from others, potentially resulting in deficits in intimacy between service members and others, lack of trust needed to support self-disclosure, and feelings that one does not belong. Estrangement might even generalize to whatever one holds to be sacred and cause religious/spiritual struggles (e.g., feeling punished or abandoned by God; Exline, Pargament, Grubbs, & Yali, 2014).

Mechanisms Linking Exposure to Stressors to Interpersonal Problems Having established that exposure to morally salient traumatic stressors may lead to intrapersonal and interpersonal problems, we consider what mechanisms might link exposure to distress. Scholars are beginning to investigate the mechanisms through which exposure contributes to distress (Currier, Holland, & Malott, 2015). Our analysis focuses on one specific mechanism: self-condemnation. Chronic or recurring intermittent self-condemnation associated with violation of a socio-moral value has been implicated as a major pathway through which exposure to morally salient traumatic events leads to impairments in functioning (Fisher & Exline, 2010; Worthington & Langberg, 2012). For example, among male veterans diagnosed with PTSD ($N = 213$), Witvliet et al. (2004) found that failure to forgive oneself was associated with symptoms of posttraumatic stress, depression, and anxiety after controlling for the effects of age, socioeconomic status, minority racial status, and general combat exposure. Insofar as service members condemn themselves or fear

being rejected by others, morally injurious experiences will likely result in unmet needs for social connection and personal esteem. Thus, a need exists for clinical interventions that alleviate self-condemnation and promote well-being following perceived perpetration of a moral transgression.

Clinical Application of Self-Forgiveness to Moral Injury

Perceived self-condemnation threatens interpersonal relationships and perpetuates self-criticism, thereby decreasing present quality of life. One therapeutic goal intended to alleviate distress among service members who sustain moral injuries is *moral reparation*—that is, the removal of offense-related barriers that impede satisfaction of essential needs for social belonging and personal esteem. We assert that self-forgiveness facilitates moral reparation and ultimately enhances well-being by: (1) promoting relational repair through accepting responsibility for violating socio-moral values and (2) improving health through the replacement of negative condemning emotions with positive affirming emotions. We organize these salutary effects into two hypotheses.

Social Reconnection Hypothesis First, the *social reconnection hypothesis* suggests that positive relational outcomes in the aftermath of perceived moral failure will be most closely related to the decisional component of self-forgiveness. According to the dual-process model (Griffin et al., 2016), self-forgiveness requires making a decision to accept personal responsibility without blaming oneself for things outside of one's control and attempting to live according to one's values in the future through learning from one's transgressions. We contend that this process facilitates reconnection to important relationships from which service members become estranged when violated values are shared by others (Woodyatt & Wenzel, 2014). For example, individuals whose values are internalized from their family of origin may anticipate being rejected by family if they disclose failure to uphold those shared values (e.g., a veteran who experiences moral conflict for having killed an enemy combatant while having been raised to believe that killing is morally wrong.). Also, many veterans with moral injurious experiences have difficulty connecting to religious or spiritual communities after returning from combat, which precludes them from receiving benefits typically associated with religious/spiritual affiliation such as bolstered social support and enhanced meaning in life (Bryan, Graham & Roberge, 2015). Deciding to affirm violated values can reinforce bonds to individuals and communities via disclosure of one's perceived offense to a benevolent other, writing an apology letter to the victim of one's offense (e.g., a deceased enemy combatant), or giving altruistically to a representative party (e.g., volunteering for a charitable organization).

Personal Restoration Hypothesis Second, the *personal restoration hypothesis* suggests that health and well-being in the aftermath of perceived moral failure will be most closely related to the emotional component of self-forgiveness. According

to the dual-process model (Griffin et al., 2016), self-forgiveness entails the replacement of negative condemning emotions with positive affirming emotions. Given the association between chronic negative emotions and stress-related health problems, we assert that the emotional component of self-forgiveness will be most closely associated with better physical health and psychological well-being. Indeed, a growing body of evidence associates self-forgiveness with improved psychological and physiological functioning (Davis et al., 2015). For example, da Sliva, Witvliet, and Riek (2017) conducted a repeated-measures study engaging university students ($N = 80$) in rumination and self-forgiveness imagery associated with a specific interpersonal offense. In comparison to the rumination condition, engagement in the self-forgiveness condition was associated with reduced parasympathetic withdrawal (e.g., lower heart rate), decreased levels of sadness, guilt, and anger, and increased sense of control.

In summary, perceived violation of a socio-moral value may evoke intrapersonal and interpersonal problems, especially to the extent that service members condemn themselves or perceive that others condemn them. Self-forgiveness is theorized to empower recovery and growth by facilitating resolution of offense-related negative emotions and enhancement of interpersonal relationships. Thus, self-forgiveness is one process through which service members' satiate their needs for social connection and personal esteem following perceived perpetration of a socio-moral violation.

Self-Forgiveness and the Problem of Suicide

While future research will likely show connections between the clinical application of self-forgiveness and numerous military health problems (e.g., relational issues, hypertension, substance abuse, etc.), we focus on the application of self-forgiveness to the problem of suicide. Scholars now link moral injury to suicide among combat exposed service members (Bryan et al., 2014; Maguen et al., 2011; Maguen et al., 2012). In fact, evidence suggests that exposure to killing and atrocities, both common events that might elicit a moral injury, accounts for the largest increases in risk (43%) for suicide-related outcomes (Bryan, Griffith, et al., 2015; Maguen et al., 2010). Yet, theoretical models, prevention efforts, and treatment protocols for suicidal behavior seldom focus on protective factors. For this reason, we review two models of suicidal behavior and integrate self-forgiveness as a strength-based approach to suicide prevention.

Fluid Vulnerability Theory

Fluid Vulnerability Theory (FVT) suggests that the distinct contributions of chronic and acute risk factors can be assessed to identify when a person is at the greatest risk of experiencing a suicidal episode (Rudd, 2006). According to FVT, the interaction

between stable and dynamic risk explains when someone might transition from reporting passive thoughts about self-harm to engaging in suicidal action. First, chronic vulnerabilities (e.g., poor emotion regulation, feelings of loneliness, history of trauma, etc.) elevate baseline levels of risk, increasing the likelihood that a person will experience a suicidal crisis. Second, acute risk fluctuates in response to stressful life events (e.g., rupture of a romantic relationship, loss of a job, diagnosis with a significant disease or disability, etc.) evoking time-limited active suicidal modes—that is, cognitive, affective, behavioral, and physiological states that precipitate lethal or near-lethal suicide attempts. Preliminary evidence supports the unique contributions of chronic and acute risk to suicidal behavior (Alexander, Reger, Smolenski, & Fullerton, 2014), though further investigation is warranted to support this burgeoning theory.

An active duty or veteran service member might experience persistent feelings of negative emotion directed at his or her global self as a consequence of violating a socio-moral value. According to FVT, chronic and global feelings of shame elevate baseline risk and may also result in fluctuations in acute risk. For example, Pelucchi, Paleari, Regalia, and Fincham (2013) found that one's own self-condemnation negatively impacts the relationship satisfaction of one's romantic partner, independent of its impact on one's own relationship satisfaction. Thus, for a service member already at a high level of baseline risk due to chronic feelings of shame, conflict within a romantic partnership that is indirectly associated with self-condemnation may be sufficient to trigger a suicidal mode. Given the influence of offense-related distress on chronic and acute suicidal risk, we supplement Rudd's (2006) focus on vulnerabilities by considering the possible direct and indirect protective functions of self-forgiveness.

First, regarding the direct protective effect, emotional distress is associated with morally injurious experience (Singer, 2004), and offense-related negative emotions (e.g., guilt and shame) have been shown to be mechanisms through which traumatic exposure elicits suicidal behavior (Bryan et al., 2013a, 2013b). In fact, Bryan et al. (2013c) observed that situation-specific guilt predicts suicidal outcomes over and above the effect of identity-based shame, suggesting that acute factors more proximally predict active suicidal modes. Situation-specific guilt might escalate acute risk by evoking intense negative emotion focused on the initial event (e.g., the anniversary of a morally injurious event) or perceived consequences of the event (e.g., a romantic rupture), ultimately increasing the likelihood that one would experience an acute suicidal mode. Insofar as self-forgiveness alleviates offense-related negative emotion, especially situation-specific offense-related distress, we theorize that self-forgiveness will be associated with reduced suicidal risk. Accordingly, Bryan, Theriault, and Bryan (2015) found that dispositional self-forgiveness differentiated suicide attempters from those who reported experiencing chronic ideation, such that those who were more self-forgiving were less likely to have attempted suicide, but no less likely to have experienced thought about harming themselves (Bryan et al., 2015).

There may also be indirect mechanisms through which self-forgiveness alleviates suicidal risk. For example, Hirsch, Webb, and Jeglic (2012) found evidence that self-forgiveness moderated the association between outward anger and suicidal behavior.

Results revealed that outward directed anger was more strongly negatively associated with suicidal behavior among participants who reported lower levels of self-forgiveness. That is, among individuals experiencing offense-related emotional distress, outward anger might be adaptive, if outward expression of anger provides catharsis as an alternative to self-harm. Yet, there are negative consequences of outward anger, which might trigger elevations in acute risk if episodes of anger result in secondary conflicts within a service member's home, workplace, etc. As an alternative strategy to cope with offense-related negative emotion, self-forgiveness might reduce reliance on maladaptive coping strategies, enhance positive self-perceptions, and reconnect ruptured interpersonal bonds (Davis et al., 2015). In summary, self-forgiveness may impact both dynamic and stable vulnerabilities that elevate *when* a person is at the greatest risk of suicide. Yet, FVT does not illuminate specific vulnerabilities that contribute to risk. For that, we turn to another theory to observe *who* is at the greatest risk according to cognitive, affective, and behavioral factors that are most closely associated with suicidal risk (Wolfe-Clark & Bryan, 2016).

Interpersonal-Psychological Theory of Suicide

The Interpersonal-Psychological Theory of Suicide (IPTS) asserts that suicide attempts occur among individuals who: (a) feel an absence of meaningful interpersonal connections, (b) perceive that they are a burden to others, and (c) acquire the capability to lethally harm themselves (Van Orden et al., 2010). *Thwarted belongingness*, the feeling of loneliness and absence of reciprocal care, and *perceived burdensomeness*, the assessment of liability, perceived judgment or rejection by others, and self-hatred, combine to elicit passive suicidal ideation. Ideation escalates to intent when individuals lose hope that their feelings of loneliness and worthlessness will subside. In a psychological state characterized by negative alterations in cognition and mood, *acquired capability* derived from decreased fear of death and increased pain tolerance may lead to lethal or near-lethal suicide attempts (Van Orden et al., 2010).

Evidence suggests that service members experience both perceived burdensomeness and thwarted belongingness that combine to form a psychological vulnerability that can lead to suicidal behavior when coupled with acquired capability (Bryan, Morrow, Anestis, & Joiner, 2010). Personnel may perceive themselves as a burden if they sustain an illness or injury that requires increased dependence on others. They may blame themselves for limited ability to provide emotional support to family during deployments or for having difficulty providing financially if they are unemployed for extended periods of time after separating from the military. These and other experiences contribute to perceptions of perceived burdensomeness that increase suicidality among military personnel (Bryan, Clemans, & Hernandez, 2012). In addition, like-minded people often surround individuals during service, and unit cohesion facilitates a strong sense of belonging. Problems may arise when individuals separate from service and belonging felt from one's unit is disrupted. If veterans perceive that they cause conflict in the home, feel

unfulfilled in their civilian employment, or become isolated from familiar relationships with fellow veterans, a sense of thwarted belonging may pervade their life. Third, service members' familiarity with lethal instruments of combat and proximal experiences with death heightens acquired capability. When these factors combine, risk elevates (Van Orden et al., 2010). For this reason, investigation of protective factors that buffer the negative effects of one or more elements of risk (i.e., acquired capability, perceived burdensomeness, and thwarted belonging) is essential to the development and implementation of successful suicide prevention efforts in military settings.

One groundbreaking study conducted by Cheavens, Cukrowicz, Hansen, and Mitchell (2016) found that self-forgiveness was negatively associated with perceptions of perceived burdensomeness and thwarted belonging among a cross-sectional sample of adults aged 60 years or older ($N = 91$) who were primarily Caucasian, female, and married. Findings further indicated that self-forgiveness moderated the association between perceived burdensomeness and suicidal ideation, buffering the association. While research is needed to determine if Cheavens et al.'s findings generalize to military populations, preliminary findings suggest that those who practice self-forgiveness following a moral injury may be less likely to feel rejected by valued others or perceive themselves as a liability in their relationships, reducing their risk of suicidal behavior.

Future Directions for Clinical Science

Empirical studies of self-forgiveness in military settings are only beginning to proliferate, and many opportunities exist for future scientific inquiry. In the current chapter, we elaborated on the dual-process model of self-forgiveness to provide theoretical rationale for two hypotheses: the social reconnection and personal restoration hypotheses. First, we suggested that better relational outcomes would be most strongly associated with the decisional component of self-forgiveness. That is, individuals who report making a decision to accept personal responsibility and resolve to live according to their values in the future will perceive less condemnation from others and report higher quality relationships. Second, we hypothesized that better physical health and psychological well-being will be most strongly associated with the emotional component of self-forgiveness. Chronic negative emotion increases the risk for stress-related health problems, and self-forgiveness may be associated with improved health to the extent that individuals experience less offense-related emotional distress. Further empirical investigation of these hypotheses is needed, especially in military-affiliated samples.

In support of these hypotheses, a piloted randomized controlled trial for the Impact of Killing (IOK) intervention, which incorporates self-forgiveness as an essential component of treatment for combat-related killing, was found to reduce symptoms of PTSD, major depression, and anxiety as well as increase intimacy with a partner and participation in community events among veterans reporting morally injurious experiences (Maguen et al., 2015). These results warrant additional

applied investigations of self-forgiveness, especially as individuals reporting potentially morally injurious experiences transition from military to civilian life. Indeed, the transitional period is inundated with challenges that intersect with moral injury, such as reduced displacement of responsibility for combat operations to one's unit or the command hierarchy that may dissolve following separation from service and increase personal distress.

Future Directions for Clinical Practice

First, individual treatments that focus directly on moral injury are becoming available and have yielded promising results (Litz, Lebowitz, Gray, & Nash, 2015; Maguen et al., 2015). Findings from the current review indicate that incorporation of self-forgiveness as a component of these treatments may facilitate meaningful interpretation and successful resolution of offense-related distress experienced by veterans who have sustained moral injuries. In fact, in an effort to design optimally elegant and effective interventions, self-forgiveness associated with specific morally injurious experiences may be a critical upstream target of therapeutic intervention resulting in generative changes in distal outcomes including health and well-being.

Second, the treatment of moral injury will require the combined efforts of interprofessional teams. Psychological expertise is needed to reduce the impact of distorted perceptions of oneself and others that threaten an individual's quality of life. In addition, personal values may be imbued with sacred significance for service members who identify as religious or spiritual, and those who sustain moral injuries may feel angry toward or abandoned by whatever they hold to be sacred. Chaplains or other spiritual leaders may complement a mental health perspective by focusing on negative forms of religious coping or reconnecting individuals with religious/spiritual communities (Witvliet et al., 2004). Psychiatry can also provide beneficial pharmacological intervention intended to stabilize mood or minimize harm associated with maladaptive attempts to cope with offense-related emotional distress (e.g., substance abuse) during a course of treatment. Finally, given the negative effects of moral injury on one's relationships, it may be helpful to incorporate others with whom services members are close such as family members, peers, or fellow service members and veterans to promote understanding and increase empathy for military-related experiences.

Third, the clinical application of self-forgiveness may answer calls to incorporate a strength-based approach into suicide prevention. Self-forgiveness intervention promotes resolution of offense-related negative emotion. That is, recovery is fostered when situation-specific guilt motivates amend-making behavior and shame is focused on specific aspects of the self that are within one's power to change. Chronic feelings of guilt that perpetuate in the absence of amend-making behavior and shame directed at one's global self contribute to increased risk of suicide. Additionally, self-forgiveness may focus service members on the present consequences of past

morally injurious experiences (e.g., how feelings of self-condemnation impact one's romantic relationship) to alleviate feelings of helplessness typically associated with elevated risk of suicide. Thus, when used as a primary or adjunctive treatment, self-forgiveness intervention may be part of a solution to reduce the alarming rates of suicide among military personnel, especially those exposed to morally salient traumatic stressors.

Conclusion

In the current chapter, we argued that the military setting is wrought with opportunities for personnel to condemn themselves and fear rejection from others as a result of moral injury. Using Social Cognitive Theory, we demonstrated that moral injury threatens personal well-being and elicits conflict in one's relationships. Rationale was provided for the protective functions of self-forgiveness to facilitate recovery from moral injury by helping veterans reclaim their sense of personal esteem and social belonging. We conclude that the clinical application of self-forgiveness aligns with the goals of the military health community to meet the ever-changing needs of those who have served, though applications of self-forgiveness in military settings warrant further investigation to be optimally beneficial.

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Self-Forgiveness and Treating Personality Disorders

Frederick A. DiBlasio

Clinicians often work with people who struggle with forgiving themselves and "letting go" of their past offenses. At times, the resultant guilt and shame act to prevent someone from fully embracing self-forgiveness. Sometimes achieving self-forgiveness is more difficult because of a major disorder in personality. All too often people with personality disorders (PD) have perception distortions, lack rational insight and accountability into their emotions and close relationships, and often repeatedly make the same mistakes and offenses. This has led even psychiatric experts to declare that people with PD are "impervious to recovery" (Sadock & Sadock, 2007, p. 791).

About 9–20% of people have personality disorders (Lenzenweger, Lane, Loranger, & Kessler, 2007; Sadock & Sadock, 2007). Fifty percent of people entering psychotherapy involve direct work with PD patients (Zimmerman, Rothschild, & Chelminski, 2005). However, the relative number of PD-involved cases is much greater when considering the non-PD family members who need psychotherapy as a result of living with a PD person.

While the more severe cases are usually correctly diagnosed, there are many mild to moderate cases that are often misdiagnosed because symptoms of PD can include anxiety, depression, low self-esteem, manic-like symptoms, and so forth, such that those symptoms are mistaken as the primary diagnosis and the PD is missed. Treatment can focus on the symptoms thereby not addressing the true problem deeply ingrained within the personality. Psychosocial stress, crisis, life issues, and problems can exacerbate symptomology. Sometimes a "mellowing" effect is seen as someone with PD ages, but seldom do PD symptoms completely dissipate.

Family members often comment that the PD person "just does not get it!" Frequently family members feel weary and emotionally exhausted from what some call "a spin cycle," which would often occur during moody or rough patches, or

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when PD people do not get their way. Sometimes the PD person pathologically perseverates. Their comments and actions "loop" taking similar destructive paths as previously. This is much like a groove in a record (remember those?) where the same old tune plays over and over again. Regardless of the amount of pain inflicted, a common feature of PD patients is that they often view themselves as victims.

At the same time that mental health professionals might focus on the pain inflicted by PD patients onto others, and on forgiveness issues faced by those who have been offended, they should not let these foci overshadow efforts at truly understanding the internal struggles of people with PD. This may help clinicians and researchers when considering how people with PD experience self-forgiveness, and how to best help them in the process. Given that no studies or conceptual literature were found that directly related to self-forgiveness and PD, we are at a loss for how frequent people with PD have self-forgiveness issues, how integral it is within different personality disorders, and how to treat self-forgiveness issues. Hopefully efforts, such as this chapter, will stimulate future research to answer these and other research questions.

In this chapter, I will begin to conceptualize thoughts toward the topic by drawing from neurobiological research using PD subjects, general information about the human brain and the limbic system, and my clinical practice experience. I present an ongoing current case with a treatment overview as a way to bring to life the journey of one PD patient who eventually reached self-forgiveness by overcoming his disregard and lack of empathy about his oppressive behaviors. I close the chapter with exploratory questions and thoughts for future research.

Focus on Borderline and Narcissistic PD

Addressing the ten PD diagnoses or attempting to address the many variations possible within any single PD related to self-forgiveness is not possible given the limitations of this chapter. Instead the chapter focus will be on two of the more pervasive PD disorders that I and other clinicians treat quite often—Narcissistic PD (NPD) and Borderline PD (BPD). As a graduate school professor for the majority of my 40 years of practice experience, I have had the opportunity to conduct a practice of approximately 8–10 patient sessions weekly. Although it is not now possible to track the exact number of PD patients because records by law have been discarded, it is safe to say that I treated over 400 PD patients. The vast majority of these PD patients were diagnosed with NPD and BPD.

The common theme between these two disorders is that they are personality disturbances that are erratic, emotional, impulsive, and dramatic and bring much harm to family life. NPD is a "pervasive pattern of grandiosity (in fantasy or behavior), need for admiration, and lack of empathy (American Psychological Association, 2013, p. 669)" and BPD is a "pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity (American Psychological Association, 2013, p. 663)." In each disorder, a patient only needs five of the nine

symptoms listed. This produces significant variation in symptomology for each disorder. Related to self-forgiveness, it is not uncommon for people with NPD or BPD to experience associated attributes such as ruminating in shame, fear, insecurity, self-sabotaging behaviors, false guilt, demonstrating entitlement, perceiving self to be a virtuous victim, and disregard and lack of empathy for the people they offend.

Brief Introduction to Emotional and Interpersonal Dyslexia

Because I observed that PD patients rarely seem to learn from negative consequences, early in my practice I hypothesized that they could have a learning disability resulting in an emotional and interpersonal dyslexia (EID). Whereas academic learning disabilities are widely accepted as problems in brain processing, it may be time for clinicians and researchers to consider the possibility that PD patients have brain dysfunction related to learning in emotions and relationships.

> [PD clients] seem to lack true insight into their own dysfunctional patterns, and repeat problematic behavior even though it is often destructive to the ones they love and to self. At the heart of problem behaviors are often feelings of being misunderstood, rejected, and victimized. Similar to academic learning dyslexia … perhaps personality disorders are caused by learning problems related to emotions and interpersonal relationships. Viewing personality disorders as a form of emotional and interpersonal dyslexia with possible neurological etiology opens a number of treatment implications (DiBlasio, Hester, & Belcher, 2014, p. 377).

Although the EID approach has been effective in my clinical practice with over 80% of my PD cases achieving various levels of improvement, the reader is cautioned that as of yet there is no quantitative evidence supporting that it was the EID approach that brought about the improvements. From a clinical perspective, I found that PD patients had to develop improved insight, self-accountability, and appropriate guilt for their offenses in the treatment in order to reach a state of self-forgiveness. I estimate that about half of the improved cases struggled with self-forgiveness once they gained insight and self-accountability.

Normal Neurobiology

This section is necessary to set the groundwork for further understanding the EID conceptualization and its hypothesized relationship to PD neurobiological research. That in turn will lead to tentative conceptualizations between normal and PD self-forgiveness.

Limbic System Overview Four of the limbic system structures most relevant to this discussion are: (1) the amygdala: two-almond shape structures that are the primal responders to initial threat and pleasure; (2) the basal ganglia: two rams-horn

shaped structures attached to the amygdala that serve an important function of carrying out inhibitory control over thought processes and motor reactions; (3) the hypothalamus: a structure that functionally links the amygdala to the endocrine system; and (4) the hippocampus: the storage and resource structure that processes some implicit emotional memories. The limbic system plays a role in a wide range of functions including emotions related to pain, pleasure, calmness, affection, aggression, establishment and consolidation of memory, reproductive desires, circadian rhythms, autonomic nervous system regulators, and fight-or-flight responses, to name a few. When the amygdala fires, it develops two-way communication between itself and the structures mentioned above, along with communicating with higher-ordered structures such as the frontal cortex.

Neuroplasticity When the brain fires repeatedly to produce certain thoughts and behaviors over time a neural pathway develops. The process in which brain areas begin to act differently than previously is called neuroplasticity. The created pathways produce increased efficiency of movement of action potentials (brain signals). Repetitive firing within brain structures causes brain neurons to piggyback on one another to form pathways, which then becomes more enduring resulting in relatively permanent plastic changes. These plastic changes make the brain efficient in its ability to repeat thinking and behavioral patterns, regardless if the patterns are healthy or unhealthy.

Frontal Cortex The frontal cortex interprets emotions and provides oversight and inhibition via direct communication with the amygdala and the basal ganglia. For example, when a person with a normal brain experiences external stimuli that produce the emotion of anger, the amygdala is activated and a complex back-and-forth flow of communication develops between the higher and lower structures. The parts of the frontal cortex range from the prefrontal cortices to the frontal poles and include interrelated sections. In general, the frontal cortex is the executive center of the brain that allows humans to plan, focus, concentrate, make decisions, make goals, carry out goals, understand the consequences of behavior, and provide control and influence on personality. Combined with other structures, the frontal cortex is where self-regulation and self-perception is derived. Thus, it helps humans in understanding how others think of them and how they perceive themselves and helps to respond to and mitigate limbic responses. In essence, the human frontal cortex produces control of feelings and impulses so that people can coexist peacefully with others and find peace within self. The frontal cortex's structure and function also regulate perception of the reality of the world and sense of self-security. As self-identity builds, realistic lessons are learned from successes and mistakes that further enhance a solid core identity. The prefrontal cortex is the front part of the frontal lobe which is instrumental in cognitive and emotional executive functioning. It is hypothesized that the human frontal cortex plays a major role in self-forgiveness.

PD Brain Differences

Neurobiological Research

The progression of neurobiological research over the past two decades has been steady but has not sufficiently crossed over into the mental health research and practice fields for useful application for understanding thought, emotions, behavior, and interpersonal distortions of PD. Much promise exists for theory, practice, and mental health research if neurobiological findings are translated in ways that become accessible to researchers and clinical practitioners.

Brain structures can be evaluated for anatomical differences of size, thickness, and shape in the frontal cortex (higher-ordered) and subcortical regions like the limbic structures (lower-ordered). Functional examination takes the brain as a whole and looks at areas of active stimulation during engaged tasks, as well as looking at how the areas have connections to each other for controlled communication. Often these experiments compare PD subjects with normal control groups utilizing sophisticated brain imaging technology (e.g., Functional Magnetic Resonance Imaging and Diffusion Tensor Imaging). Three prominent findings surface relative to people without PDs: (1) PD subjects have connectivity dysfunction of signaling between and within brain structures (e.g., Rüsch et al., 2010); (2) communication dysfunction occurs between the frontal cortex and the limbic system—especially with emotional executive functioning (orbitofrontal cortex) and cognitive executive functioning (dorsolateral prefrontal cortex) (e.g., Salavert et al., 2011); and (3) brain structures are smaller, with gray and white brain matter being less in volume (O'Neill et al., 2013).

Possible Implications Supporting Emotional and Interpersonal Dyslexia

Given that research is indicating PD brain abnormalities and communication dysfunction between the frontal cortex and the limbic system, I hypothesize that dysregulation of impulses and insight exists that may, in part, explain EID. For example, a PD brain may not connect sufficiently to automatic inhibitions signals that are normally sent from the frontal cortex, especially the prefrontal cortex. Without sufficient connection, the amygdala may have an over-response to emotional and interpersonal issues because of lack of healthy implicit control. If the basal ganglia are not performing their emotional stop-and-go functions sufficiently, a person may stay in a prolonged state of agitation, hurt, and emotional arousal. This rumination could possibly lead to self-condemnation. The prolonged rumination may interfere with self-accountability and learning important for self-forgiveness.

The Brain and Self-forgiveness

Self-forgiveness and the Normal Brain

Before discussing tentative hypotheses about the functions of the brain related to how a person with PD might respond to self-forgiveness, it is important to establish some hypothetical thoughts about self-forgiveness and the normal brain. The reader is cautioned that leaps of generalizations are made within this section and elsewhere that should be treated carefully given the lack of scientific evidence. Whereas, a few studies exist attempting to understand forgiveness from a brain point-of-view (e.g., Ricciardi et al., 2013) and a few psychological studies exist that investigate forgiveness related to PD (e.g., Sandage et al., 2015; Sansone, Kelley, & Forbis, 2013); the body of research on PD and forgiveness remains underdeveloped. In particular, no research examines PD and self-forgiveness.

It is common sense that forgiveness, and possibly self-forgiveness, tap emotions and cognitions that are largely a function of the brain. Therefore, theoreticians are on solid footing to make conceptualizations related to brain structures and the science of neurobiology that can provide a starting point for hypotheses development. It is tentatively conceptualized here that, in the normal human brain, the frontal cortex may play a central role in achieving self-forgiveness. It might be that when a person offends another and later feels guilt, the feelings of guilt activate firing in the amygdala of a negative feeling. This heightened state of amygdala arousal may be automatically communicated to the frontal cortex, which in turn deciphers and puts into perspective the negative signals from the amygdala and sends back regulatory signals. When forgiveness has not been sought by the offender, the frontal cortex may communicate a healthy guilt that may motivate the offender to seek forgiveness. When forgiveness has been sought and hopefully granted, the frontal cortex may calm the amygdala when it communicates feelings of guilt or shame because the matter has been resolved therefore leading to self-forgiveness. In situations where forgiveness has not been sought by offenders or where the offended persons remain unforgiving, a measure of self-forgiveness may still be possible for offenders as the amygdala receives the same type of calming input from the frontal cortex. Among the many possible reasons for this calming are such things as offenders accepting that they made a mistake, a cognitive decision to let the matter go, and/or a resolve that there was sufficient heart-felt repentance and effort to bring peace to the situation.

Self-forgiveness and the PD Brain

As indicated previously in the research evidence presented above (see "PD Brain Differences"), there exist structural and functional brain differences in people with PD when compared to control groups. Whereas the abnormalities were found

repeatedly when comparing PD subjects with normal controls, we do not have evidence as to exactly how, or if, these abnormalities play a role in self-forgiveness. Therefore, one hypothesis for testing is the supposition that persons with PD will not be able to process self-forgiveness in the same manner as others because of dysfunctions related to the frontal cortex and the limbic system regarding their self-accountability among other things. Depending on the severity of the PD, it is hypothesized that partial to very little inhibition from the frontal cortex occurs to quell negative emotions.

It is not possible to cover the complexities of human neurobiology in a chapter such as this, and as a result the following are some elementary hypothetical conceptualizations to help researchers and clinicians begin to theorize about the brain and PD self-forgiveness (one leading reference of neurological science is Kandel, Schwartz, Jessell, Siegelbaum, & Hudspeth, 2012). One of the ways the amygdala fires is through an external stimulus that alarms the amygdala of threat. An external stimulus may be almost anything that triggers the amygdala, such as seeing the one who was offended, hearing someone talk about a similar offense, or walking by a building that was similar to the location of the offense. These external stimuli produce uncomfortable and negative feelings. If connectivity problems cause interference in adequate inhibition regulation of the frontal cortex, the amygdala can overly excite the hippocampus where the raw implicit negative memories and reactions are stored that in turn feed the heightened sense of threat to the amygdala. The amygdala signals the hypothalamus to have the adrenal gland release adrenaline and cortisol. One of the natural purposes of cortisol is to somewhat block communication with higher-ordered functions when someone is under threat in order to keep the person in a self-protective survival mode that is based on instinct more than careful and thoughtful deliberation, which can otherwise interfere with immediate survival instincts. However, because threats may not be properly discerned in the communication between the amygdala and the frontal cortex, the release of cortisol dulls what communication that does occur rendering the amygdala in an over-reactive state. If the basal ganglia do not stop the cycle, a PD person may end up in a basal ganglia windup. Brain neuroplasticity is such that, over time and repetition of this pattern, the brain may become more efficient at this missing of the mark. This process may not always be initiated by external stimuli, but instead perhaps initiated as one thinks about the offense. One of the places the offense is stored in memory is the frontal cortex. From this perspective, a person with PD dwells upon the memory by design or by chance, and the thought can negatively feed the amygdala in much the same way as an external stimulus resulting in the same amygdala overdrive.

In summary, given the neurobiological research and the clinical practice observations, many PD symptoms seem related to emotions, interpersonal relationships, impulsivity, insecurity of identity, and feelings of being threatened. Full connectivity between the limbic system and the higher-ordered structures meant to regulate, control, and provide lasting learning may be deficient. This deficiency may interfere with learning and perceiving the correct reality of the situation, which instead may promote a feeling of victimhood instead of repentance, self-accountability, and empathy.

Possible Role of Guilt and Shame Guilt and shame may strongly predict proneness for self-forgiveness (Carpenter, Tignor, Tsang, & Willett, 2016). Their findings indicate that guilt-prone people are more likely to forgive themselves than those who are shame-prone. Some people with PD may be shame-prone, thus leading to greater difficulties in self-forgiveness. Shame often leads to negative rehearsal and further exacerbation of PD traits such as distortion in a person's view of self and difficulties recovering emotionally. In relation to shame, two studies found correlations where the PD groups were higher on shame and lower on guilt when compared to control groups (Peters & Geiger, 2016; Schoenleber & Berenbaum, 2012). Guilt may be more adaptive in leading people to seek forgiveness of others as they take responsibility for the offense committed, and ultimately achieving self-forgiveness. Conversely, it is hypothesized that shame is more maladaptive and hinders self-forgiveness.

Self-sabotaging Avoidance of Self-forgiveness One common feature of PD is a propensity for self-sabotage. For the non-disordered person, self-sabotage is difficult to understand. It is especially difficult when it appears obvious to the non-disordered person that what the PD person is doing is harmful to self. Sometimes self-sabotaging is calculated and deliberate while at other times it is impulsive, subliminal, or poorly thought out. Do people with PD implicitly and explicitly avoid self-forgiveness as a form of self-sabotage? By avoiding self-forgiveness, the person may get stuck in a quagmire of self-condemnation and shame and miss the opportunity for growth and renewal. Whether this occurs from low self-regard or for some other reason in people with PD, it is hypothesized that the brain does not fully process the events in ways where healthy learning occurs. Therefore, some people with PD ruminate over their mistakes yet struggle to learn from them and fail to move on due in part to a lack of self-forgiveness.

The following are actual case examples of self-sabotage: (1) A man gets a new boss who wants the man to drop off a list on her desk indicating tasks completed during the day. The boss was friendly and supportive. She required the list so that she could manage her staff more effectively. The list took only 5 min to write, and it was not expected to be comprehensive. Despite the tight job market in his field and therapeutic warning not to decide so quickly, the man quit his well-paying job that he loved because he did not want to comply. In the subsequent months, the man could not find another job in his field; (2) A student, just weeks away from earning a graduate degree, decided he did not like the professor's viewpoints and quit a course that he was easily passing. As a result of this impulsive decision, the student did not receive his graduate degree that he invested much time, effort, and resources to receive; and (3) A mother with BPD enthusiastically agreed with her NPD husband that their children should not have drinks by the new computers. The following day, a child took a supersized drink into the computer room in front of the mother who knowingly did not enforce the rule. The drink spilled, ruining the expensive computer, and she was left dealing with her husband's frustration. The most common self-sabotaging occurs when partners marry, knowing beforehand, that the

other has demonstrated serious abusive behaviors. As this example shows, these two personality disorders clash to create frustration in both partners.

Case Study

Description of the Case

A couple came for couple's therapy because the wife, Judy, was having an affair. While the couple was able to seek and grant forgiveness to each other during a lengthy therapeutic forgiveness session (see DiBlasio, 2013), it became apparent later in treatment that the husband, Joe, found it particularly hard to forgive himself for years of oppressive behaviors toward Judy.

Joe struggled with the recent realization that for years he "walked" over Judy's feelings and was domineering of how she should think and act. Previously, he did not value Judy's contributions as a devoted wife and mother, raising their three children. He believed that she was "lazy" because she did not earn money, and therefore he made sure her daily schedule included a list of errands that she was to accomplish. Judy could never really please Joe and as a result faced his demands and criticisms every day. When he was particularly upset, Joe would explode by yelling and breaking things to the point where the entire family was frightened and conformed as best they could to his moods.

Judy dutifully fulfilled her obligations to Joe and her family, despite the overwhelming oppressive treatment. Judy thought that keeping the peace was the best she could do to manage the situation. One day after Joe destroyed some property in anger in front of the children, Judy reported that something "clicked off" in her feelings toward Joe. A few months later, she began an affair with an empathetic and caring neighbor. This sparked in Judy a feeling of being cared for, loved, and desired. However, having an affair was totally out of character for Judy.

Joe's Journey Toward Self-forgiveness

Like Joe, many PD patients who undergo the EID treatment eventually arrive at a healthy place of self-forgiveness. Note that the following sections include edited excerpts from an interview of the clinician with Joe, who volunteered to describe his journey.

Acceptance of the PD Diagnosis Although explained to Joe that the EID conceptualization was still theoretical, Joe accepted the diagnosis of NPD. When asked about his early reaction to the diagnosis, he stated:

> At the time, my wife would always call me narcissistic because her sister told her that. Even though I never had been to any professional for any professional help, I was labeled that by

them. It was very hurtful because at that time I felt it was not true. It was always in my mindset that neither one of us were ill-willed people. We're all just trying to better ourselves. And, so when you pointed out that narcissism doesn't mean you're [operating from ill-will], but instead that my brain had a way of handling my emotions and relationship with my wife that probably is very unhealthy for my relationship. So, once it all kind of came full round about, that this is what narcissism is, because I never knew what it was until you explained it to me … the biggest lightbulb went on in my head.

Commitment to the Emotional and Interpersonal Dyslexia Treatment Like other patients, the EID conceptualization allowed the clinician to build a relationship with Joe that showed him respect and admired his strengths while targeting a possible learning disability. He explains:

> What I had to work on was in myself … and managing my brain connections and how my brain typically handles life. It was helpful finding out that it was a trainable thing, instead of some disease, and finding ways to control it through my own self-control and my own desire to want to change. All of my focus was on how I could better myself and not treat people or my wife like this ever again … I wanted to know more about what do I do, and how do I fix it. You gave me many different things of how to handle it, and control it, and manage it and create new pathways for my brain to respond differently.

Understanding the Reality of Oppressive Behaviors After initial treatment, Joe began to understand and have empathy for Judy as he came to terms with the reality of his oppression. When asked to describe himself before the treatment, he stated:

> My best word that I have for myself is that I was a monster. Honestly, I was just a jerk. She did nothing but show me love at the time. I knew that I loved her, but I didn't treat her that way. I definitely treated her with disrespect. I honestly didn't care what her thought or opinion was on anything. It was just more or less that if it wasn't the way I was thinking, the way it should be done, then I would deal with it in the way that I could and turned it into the way I wanted the end result to be. She just never had a say in things. I never allowed her to have a say in things and decisions. I had the final say in life with everything. And I just never really paid attention to her feelings or emotions. I never showed her empathy.

Achieving Self-forgiveness After some time coming to an awareness of his oppressive behaviors, Joe experienced self-forgiveness. The following is Joe's response when he was asked to comment on self-forgiveness:

> Self-forgiveness to me is sort of like any forgiveness where you recognize the problem and you turn away from it. You don't necessarily forget that you have it there because you know forgiving doesn't mean you forget, it just means you try to figure out how to move forward and control that, those desires, or at least that type of personality that was controlling that, and not allowing it to get back into my life. Because if it gets back into my life, little snippets here and there, then it may come back into my life [full force]. I recognize [the old negative desires] right away and it's scary. It's almost like uncontrollable behaviors that are not healthy at all for my kids or my wife. I truly believe that I've asked God for forgiveness and I have forgiven myself for what I have done … there's still a lot of tears because of it, but I'm not holding the guilt because I had a lot of guilt for the first three months which is when I was in a dark, dark hole of just guilt of this being all my fault as far as knowing my part that I played for the past 15 years. I mean I feel cleansed of it and feel washed away from it, and it feels great to be moving forward.

Treatment Overview

The analysis below is based on the hypothetical information presented in earlier sections. Therefore, the following should be read as tentative theoretical thinking as to how EID and possible PD brain abnormalities may apply to Joe's case.

Initial Therapeutic Engagement One of the first goals of treatment was to use a strength-based approach to identify Joe's strengths (his IQ seemed very high, likely well within genius level), and to find ways to authentically adore/admire his strengths. Not only do the strengths serve as a foothold for him to use to correct deficiencies, but the recognition of them by the clinician creates a therapeutic engagement of security for Joe that allowed the building of a trusting relationship. Interestingly, we might speculate that, in such cases, the amygdala experiences pleasure from the concern of the clinician, automatically stores the interaction with pleasant affect in the hippocampus. Joe was eager to learn as much as he could about the EID conceptualization and other information from neuroscience. Joe was not being attacked as a bad person, but instead treated as mostly a good person who now needs to use his intelligence and work hard to retrain his brain so that it will rewire itself. This provided Joe with hope that not only could he improve but his improvement would also lead to a better relationship with Judy. Judy found new hope and empathy for Joe and their relationship. She empathized with him, not only because he recognized his need for change but that his past offenses can be partially explained by a possible brain-related EID. Although this is the case for many undergoing this treatment, it is emphasized that the EID explanation may only increase accountability for past wrongdoing and does not excuse it. Each patient is encouraged to fully comprehend the offenses and be responsible for them especially through doing the work needed to prevent future offenses. This becomes a bedrock in helping clients to experience guilt in healthy ways to motivate change. In so doing, shame can be minimized and self-forgiveness can be enhanced.

Like many people with NPD, self-forgiveness was not even an issue because Joe was oblivious to his oppressive offenses. It is important to note that while some people with PD react similarly as Joe, such as in BPD, others retreat into the opposite of extreme self-condemnation, shame, low self-regard, and self-sabotaging behaviors.

The clinician suggested to Joe that he should no longer trust his natural negative feelings about Judy, but instead for a period of time use the clinician and one mature trusted friend to gain a perspective of objective reality. The treatment also called for numerous time-outs, every time Joe would feel negative, to allow his amygdala some calming time (the amygdala slows in firing after a few minutes of distraction). Joe was also encouraged to not allow exceptions to act from his negative feelings, but instead to develop zero-based tolerance. We might see this as follows: while new pathways are forming, it is important not to exercise the dysfunctional ones so that as the new ones are developing, the old ones are breaking down a bit from lack of use. Unfortunately, dysfunctional brain pathways can last a lifetime because once formed the plastic changes are thought to be enduring and rigid. If the EID

conceptualization and hypothesized role of the brain holds in this instance, people may be better able to avoid previous dysfunctional pathways when they consistently choose to calm the amygdala and gain regulatory control via the frontal cortex. According to neuroscience principle of neuroplasticity, new pathways develop via the repetition that can make this process of self-control more efficient.

Although Joe's success is relatively typical of the use of this treatment, it is important to point out that Joe had a significant spiritual experience. In addition, he had high motivation to save his marriage and keep his family intact. Because the brain maintains the old neuropathways and because the new neuropathways do not necessarily repair all the previous hypothetical connectivity problems to the frontal cortex, Joe will likely need to be on alert all of his life not to trust his negative emotions related to his relationship with Judy. By the end of the treatment, Joe should come to terms with a few key life restrictions: (1) to not trust negative emotions and instead resort to input from a mature friend for advice; (2) to resort to methods of calming himself (presumably, calming his amygdala) via self-imposed time-outs and distraction; (3) to understand and to take counteraction when his brain is being flooded with cortisol and adrenaline, which most people can feel emotionally and physically (e.g., by noticing an increased heart rate, defensiveness, a "rush" feeling of alertness, and being on edge); (5) to accept the disability and counter by controlling circumstances and adjusting stress (e.g., perhaps agreeing with Judy to discuss stressful issues at more upbeat times of the day); (6) to have zero-based tolerance to allow self-exceptions creating a sobriety of sorts from hurting others; and (7) once initial treatment is completed, to set up two "check-up" psychotherapy sessions each year to prevent regression.

Joe seemed to have been in a narcissistic fog for his entire adult life. From the hypothetical perspective of EID and PD brain abnormalities presented in this chapter, Joe may have suffered from brain connectivity problems and failure to learn effectively. It is hypothesized that his frontal cortex and limbic system did not communicate efficiently and as a result his behavior was impulsive and self-centered without adequate empathy and regulatory self-control. Potentially due to brain dysfunction, he did not learn from the consequences of his behaviors over the years leading to consistent repetition of oppressive behaviors toward Judy. The presumed repetitive emotional intensity likely caused routine release of adrenaline and cortisol that dulled communication and learning between the frontal cortex and the limbic system. In fact, it is likely that after 15 years he formed very efficient plastic changes via neuroplasticity to lock into his narcissistic thoughts and behaviors and possibly has led to some structural brain changes, such as gray matter reduction and shrinkage.

Implications for Future Research

Questions for Future Research This chapter formulated theoretical conceptualizations that can now influence questions for further research. The following questions related to PD and self-forgiveness emerged throughout this chapter that are worthy of further exploration and hypotheses development: (1) Do people with PD differ from normal controls related to self-forgiveness?; (2) Is self-accountability necessary to achieve self-forgiveness for both normal and PD subjects?; (3) Are PD subjects deficient in attributes such as self-accountability, empathy, and correct perceptual interpretation of interpersonal interactions?; (4) Does therapeutically assisting PD patients require a journey to self-forgiveness starting with an approach to improve such attributes as self-accountability and healthy self-guilt?; (5) Is the EID conceptualization a correct understanding of PD mental processing?; (6) Are the therapeutic strategies used in the EID approach effective to improve PD symptomology?; (7) Are the neurobiological findings of PD brain abnormalities related to EID; (8) What brain structures are involved in self-forgiveness, and how do they function?; (9) Are connectivity between brain structures—especially between the frontal cortex and the amygdala—and neuroplasticity linked to influence PD problems with self-forgiveness?; and (10) In PD subjects, is avoiding self-forgiveness associated with self-sabotage and over-reactive shame?

Merging of Psychological and Neurobiological Research Although the research on self-forgiveness, especially related to PD, is just beginning, the research on the neurobiological abnormalities of PD is well underway. Neurobiological researchers and psychological researchers should begin to design more studies where both disciplines participate and find ways to surmount the obstacles involved in complex fields understanding the other. It has always been accepted in psychological research and clinical practice that humans need to be understood from a biopsychosocial perspective (that now includes cultural and spiritual). Future psychological research into self-forgiveness, especially related to PD subjects, should fully integrate a neurobiological component.

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Self-Forgiveness, Self-Harm, and Suicidal Behavior: Understanding the Role of Forgiving the Self in the Act of Hurting One's Self

Jameson K. Hirsch, Jon R. Webb, and Loren L. Toussaint

Introduction

Harm to the self, whether in the form of non-suicidal self-injury (NSSI) or in the form of suicidal behavior, including ideation and attempts, is oft-posited to be the result of internalized negative feelings about the self, or about the actions of the self. As such, the literature on self-harm and suicidality is replete with empirical and theoretical references to concepts such as self-loathing, guilt and shame, worthlessness, and self-hate and self-disgust, all of which reflect a general level of unforgiveness toward the self (Smith, Steele, Weitzman, Trueba, & Meuret, 2015; Maltby, Macaskill, & Day, 2001). These insults to the self-concept are thought to contribute to intense psychological pain, including psychache and existential angst, toward which self-harming behaviors are often employed as a soothing mechanism, and from which suicide is often viewed as a means of escape (Baumeister, 1990). Yet, not all individuals with a poor self-concept, or who experience distress, engage in self-harming or suicidal behaviors. This may be due, in part, to the presence of intrapersonal protective characteristics, such as self-forgiveness, that might act as a buffer against the development and maintenance of suicide and its correlates (Nsamenang, Webb, Cukrowicz, & Hirsch, 2013). In this chapter, we introduce a theoretical framework and empirical evidence for understanding suicide and NSSI as potential outcomes resulting from a lack of self-forgiveness. Further, we identify

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current gaps in the literature linking self-forgiveness to self-harm and suicidality and offer recommendations to researchers and clinicians regarding the study and implementation of self-forgiveness as a means of preventing suicide.

Suicidal Behavior and Non-Suicidal Self Injury

Suicide is a significant public health concern worldwide, and a leading cause of death, with over 1 million individuals dying by suicide annually (Varnik, 2012), making it the 15th leading cause of death across age groups. Risk is often higher for some groups, such as younger adults, for whom suicide is the second leading cause of death (World Health Organization, 2012). Suicidal behavior, operationalized as ideation (i.e., thoughts about death and killing one's self) and attempts (i.e., action taken to kill one's self, with intent to die), is more prevalent than death by suicide but is a strong predictor of eventual death by suicide (Gvion & Apter, 2012). Of note, the WHO estimates that the prevalence of suicide attempts worldwide is 0.4%, or approximately 20 attempts for every death by suicide (World Health Organization, 2012). For researchers and clinicians, it is often suicidal behavior, rather than death by suicide, which is studied with regard to prevention and intervention, as the primary goal is to keep the person expressing suicidality alive.

NSSI, or deliberate self-harm (Kerr, Muehlenkamp, & Turner, 2010), is a set of behaviors (e.g., emotional distress, cutting, and burning) that occurs because the individual believes that their actions will relieve negative affect, ameliorate interpersonal distress, and/or foster positive feelings. Thus, in many ways, NSSI is a maladaptive coping mechanism occurring in response to feelings of personal distress, much like suicide. However, although NSSI involves self-directed injury to the corporeal self, like suicide, NSSI differs from suicide in that there is a lack of lethal intent to die; yet, NSSI is associated with increased likelihood of engaging in suicidal behavior over time (Andover, Morris, Wren, & Bruzzese, 2012; Hamza, Stewart, & Willoughby, 2012) and is often referred to as a "gateway" to suicide (Whitlock et al., 2013). NSSI is also more prevalent than suicide, making it an important target for research and intervention. For example, among adult populations, the prevalence of NSSI is approximately 1–4% (Jacobson & Gould, 2007) but is much higher (15–17%) among adolescents and young adults (Hargus, Hawton, & Rodham, 2009). Although predictive of future suicidal behavior, not all individuals who engage in NSSI go on to engage in suicide-related behaviors (Muehlenkamp & Gutierrez, 2004; Whitlock & Knox, 2007), perhaps due to adaptive coping strategies, such as self-forgiveness.

As differentiated constructs, NSSI and suicide must, in general, be considered separately, as they may have different etiologies, correlates, and outcomes, yet their similarities are undeniable, in particular the desire to resolve or escape from psychological pain. Both NSSI and suicidal behavior, in previous research, are suggested to emerge from a wide array of biopsychosocial factors, including genetic vulnerability and psychopathology, such as mood or anxiety disorders, as well as

the experience of life and interpersonal stressors, and maladaptive cognitive-emotional functioning, such as poor emotion regulation or feelings of worthlessness, hopelessness, and despair. With regard to therapeutic intervention, and the focus of this volume on self-forgiveness, the latter factors—which are strongly related to feelings of unforgiveness toward the self—may be more malleable clinical targets and, thus, amenable to forgiveness-based treatments.

Forgiveness, Self-forgiveness, and Harm to the Self

In some of the earliest theoretical work on suicide, and persisting in modern theories, a critical idea regarding the etiology of self-harm has been that the urge to hurt or kill one's self is the result of negative emotions, such as anger and hatred, turned inward toward the self, with a consequent need to escape the distress that is caused by such self-disdain (Daniel, Goldston, Erkanli, Franklin, & Mayfield, 2009). Often, the emotional turmoil that precipitates self-harm or suicidality is "caused" by external stressors, such as negative life events or interpersonal loss, yet, ultimately, the decision to harm or kill the self is a highly personalized and internalized process and is typically predicated on the belief that there is no pathway to improvement for the self. That is, the despondent and suicidal person often feels as if they have done something for which there is no resolution, that they are a burden to others, or that they are incapable of evolving from their perceived flawed state (Webb, Hirsch, & Toussaint, 2015).

Such thoughts and feelings are hallmark characteristics of the person who is unforgiving of the self. When a person behaves in a manner that harms others or goes against their values and principles, or upon accepting responsibility for wrongful behavior, there is a strong likelihood that they will experience corresponding negative emotions, including self-directed feelings of shame and guilt, and contempt and loathing toward the self. As well, those who are low in self-forgiveness, according to Maltby et al. (2001), tend to manifest an intropunitive disposition, marked by neuroticism, negative temperament, and suicide potential which, along with an internal and stable self-blaming attributional style, make those with less self-forgiving abilities more prone to guilt and rumination (Barber, Maltby, & Macaskill, 2005; Ross, Hertenstein, & Wrobel, 2007). Persons who are unable to engage in self-forgiveness in the face of such internalized distress may also resort to self-punishment in the form of self-denied pleasure and self-enforced penalties (Wohl & McLaughlin, 2014; Nelissen & Zeelenberg, 2009), including NSSI and suicidal behavior.

At first glance, such perceptions by the suicidal person appear to be well-suited for integration with theories of forgiveness, particularly self-forgiveness, as the ability to change punitive and self-incriminating feelings about the self (e.g., worthlessness, burdensomeness) to more-positive self-perceptions is related to better mental health outcomes, including reduced levels of NSSI and suicidal behavior. Indeed, such an assertion is evident in one of the earliest definitions of self-forgiveness,

proposed by Enright (1996), which conceptualizes self-forgiveness as a "willingness to abandon self-resentment," to accept one's vulnerabilities and imperfections, and to foster "love toward oneself," all of which appear to be antithetical to the development of suicide (Enright, 1996; Jacinto & Edwards, 2011). Further, Enright indicates several steps involved in the process of self-forgiveness that are relevant to a suicidal crisis, including making a commitment to avoid revenge, abuse, and condemnation toward the self, and becoming aware of and accepting, to some degree, one's experience of pain and suffering as part of the human condition. Self-forgiveness has also been described as a process of becoming "decreasingly motivated to retaliate against the self … and increasingly motivated to act benevolently toward the self" (Hall & Fincham, 2005).

In other words, by its very conceptualization, self-forgiveness is theorized to be incompatible with harboring grudges against the self, ruminating about one's perceived inadequacies or failures, and retaliating against or abusing the self; we argue that this benefit extends to actual physical self-injury and suicidality and is not limited to psychosocial functioning. Although the extant empirical literature linking self-forgiveness to NSSI and suicide is sparse, preliminary evidence suggests that a beneficial relation exists between self-forgiveness and these outcomes, whereas a lack of self-forgiveness is associated with greater likelihood of risk.

In recent empirical and theoretical articles, our research teams have worked together to begin to investigate the relation of forgiveness, particularly self-forgiveness, to suicidal behavior. For instance, in a literature review exploring the linkage between forgiveness and suicide, Webb, Hirsch, and Toussaint (2015) found that, out of 14 empirical studies, 13 yielded a beneficial relation between some form of forgiveness (e.g., of others, of self, and by God, among others) and suicidal behavior (Webb et al., 2015). Across several studies of college students, we also found that forgiveness, and self-forgiveness, served as negative predictors of suicidal behavior, and, as a moderator, weakened the associations between risk factors (e.g., emotional disruption) and suicidal behavior. Finally, in mediation analyses, using a primary care sample, we found that self-forgiveness had an indirect association with suicidal behavior, via its effect on depression and interpersonal functioning; that is, self-forgiveness was related to better mood and, in turn, to better social relationships and less consequent suicide risk. In a separate study, we found that self-forgiveness mediated the relation between experience of domestic violence and suicidal behavior, such that the experience of interpersonal violence was related to a reduction in self-forgiveness and, in turn, to greater suicidal behavior (Chang, Kahle, Yu, & Hirsch, 2014). Overall, our results indicate that self-forgiveness is directly related to less suicide risk, and that self-forgiveness can interact with risk factors to lessen their deleterious impact. As well, self-forgiveness appears to have a beneficial, yet indirect effect on suicide risk, via its salubrious impact on mood and social functioning, yet self-forgiveness can also be "damaged," perhaps by negative life events and traumas, contributing to a cascade effect that increases suicide risk.

The work of others also reflects this pattern of effects. For instance, in a sample of 323 participants recruited from a self-harm support forum, greater levels of

self-forgiveness were related to less suicidal behavior and, in a sample of older adults ($n = 91$), self-forgiveness was a significant moderator of the association between perceived burdensomeness and suicidal behavior (Nagra, Lin, & Upthegrove, 2016). Among veterans ($n = 476$), self-forgiveness was lowest among those who had made a suicide attempt, and distinguished suicide attempters from those veterans who had only considered, but not attempted, suicide (Bryan, Theriault, & Bryan, 2015). In a sample of 304 older adults primary care patients, Sansone and colleagues found that those who were less self-forgiving were more likely to have attempted suicide in the past (Sansone, Kelley, & Forbis, 2013). With regard to self-harm, in a sample of college students ($n = 549$), self-disgust was related to greater engagement in NSSI (Smith et al., 2015), and in a sample of self-injuring adolescents ($n = 30$), lack of self-forgiveness was related to greater lifetime incidence of NSSI, and also to greater likelihood of engagement in NSSI in an attempt to reduce unwanted negative emotions (Westers, Rehfuss, Olson, & Biron, 2012).

Preliminary Evidence Linking Self-forgiveness to Multiple Aspects of Suicidality   To further expand the existing empirical evidence for the linkage between self-forgiveness and suicidal behavior, we conducted a brief community-based study specifically for this chapter. Using the crowd-sourced, US national-level data collected from Amazon's Mechanical Turk online system, we examined the relation between a single item assessing self-forgiveness and single items assessing different aspects of suicidality, including suicidal behavior in the past year, lifetime history of suicidal behavior, and likelihood of making a future suicide attempt. Participants for this study ($n = 169$) were mostly female ($n = 92$; 54%), white ($n = 141$; 83%; African-American: 5%, $n = 9$; Hispanic: 4%, $n = 7$; and Asian: 4%, $n = 6$), and ranged in age from 18 to 56 years old ($M_{Age} = 29.21$, $SD = 8.88$). Although part of a larger battery, each of the items we utilize in the current analyses are single-item, self-report assessments. Our self-forgiveness item (i.e., "I have forgiven myself for things that I have done wrong") originates from the Brief Multidimensional Measure of Religiousness/Spirituality (BMMRS) (Fetzer Institute, 2003) and is rated on a four-point Likert scale ranging from "Never" to "Always or Almost Always." The Suicidal Behaviors Questionnaire—Revised (SBQ-R) assesses, among other factors, suicidal behavior in the past year, lifetime history of suicidal behavior, and likelihood of a future suicide attempt and is scored on a Likert-type scale (ranging from 0–4 to 0–6, dependent on item) (Osman et al., 2001).

Whereas past studies linking forgiveness to suicide have only examined an overall measure of suicidality (e.g., SBQ-R total score) (Hirsch, Webb, & Jeglic, 2012), we hypothesized that self-forgiveness would be beneficially related to the individual outcomes of past, current, and future suicidal behavior, and our assertions were supported. In our community sample, self-forgiveness was significantly and negatively associated with suicide lifetime history of suicide ideation and attempts ($r = -0.35$, $p < 0.01$), suicide ideation in the past year ($r = -0.38$, $p < 0.01$), and the likelihood that someone would attempt suicide at some point in the future ($r = -0.34$, $p < 0.01$). Our brief, yet novel, findings suggest that the tendency to be

self-forgiving may exert a lifelong salutary effect on suicidal behavior, lending some credence to the idea that self-forgiveness, at least in some forms, is dispositional in nature (i.e., related to lifetime history of suicide risk) (Worthington, Witvliet, Pietrini, & Miller, 2007). As well, we found that self-forgiveness is inversely related to more-acute and more-recent forms of suicidality (i.e., in the past year), suggesting the possibility of a more-dynamic type of self-forgiveness that can buffer against suicide risk "in the moment." Finally, given the chronicity of factors related to self-unforgiveness (e.g., shame, guilt) (Tangney, Wagner, & Gramzow, 1992), as well as the chronic nature of suicide (Rudd, 2006), it is important to be able to predict suicidal outcomes, yet this remains a difficult task. Although somewhat speculative, members of our community sample who were higher in self-forgiveness reported that they would be less likely to attempt suicide in the future; thus, longitudinal research is needed to determine whether promotion of self-forgiveness can provide some modicum of temporal safety, offering self-comfort that extends into the future to prevent suicide.

Given the complexities of our findings, and those of others, we recently developed a model of the relation between forgiveness and suicide (Webb et al., 2015), which is based on previous theoretical and empirical conceptualizations of both the linkage between forgiveness and health outcomes (e.g., that intervening variables exist in the forgiveness–health relation), and the etiology of suicidal behavior (e.g., as a result of internalized psychological distress).

Modeling the Relation Between Self-forgiveness, Self-injury, and Suicide

Several historical and modern theories, as well as modern empirical investigations, are directly applicable to our conceptualization of the link between self-forgiveness and harm committed to the self, including Shneidman's theory on psychache (e.g., psychological pain comprising self-loathing, shame, and guilt) as a causal factor of suicide and Joiner's Interpersonal Theory of Suicide (IPTS), which posits that thwarted interpersonal needs (e.g., including sense of being a burden to others) contribute to suicide risk (Shneidman, 1993; Joiner et al., 2009). Self-forgiveness, as a potential protective factor, appears to be readily applicable to both of these theories, with its focus on absolving the self in times of self-focused blame. As well, although these theories are focused on suicide, many of the principles also apply to engagement in NSSI, which often has the same precipitants and correlates as suicidality; that is, the same burden of, often self-focused, negative emotionality and psychological pain.

A founding father of the field of suicidology, Edwin Shneidman, proposed the existence of psychache (Shneidman, 1993), which manifests as intense, unrelenting, and unremitting psychological pain, and which arises from loneliness, angst, fear, shame, guilt, and humiliation, among other negative cognitive-emotional thoughts and feelings (Holden, Mehta, Cunningham, & McLeod, 2001). Shneidman

suggested that all other risk factors, including psychopathology and hopelessness, were related to suicide to the extent that they exacerbated psychache (Shneidman, 1993; Troister & Holden, 2013). Suicidal behavior is posited to emerge when this psychological pain reaches such an unbearable level that the person no longer has the capacity to endure the pain and, therefore, believes that suicide is the only viable resolution to end the suffering. Whatever the source, be it trauma, loss, or a self-committed offense, the theory of psychache implies that the pain is internalized to such an extent that it creates anguish within and toward the self with, often, a sense of worthlessness and self-loathing that can only be, seemingly, resolved by cessation of one's existence.

However, the ability to forgive the self might help to ameliorate some of this self-directed anger and hatred. For instance, we have previously defined forgiveness—which can be targeted at the self—as a motivational coping process that involves the reframing and neutralizing of negative responses to offenses (including perceived self-offenses), and an absence of ill will (including toward the self) (Webb et al., 2015). Given that NSSI and suicidal thoughts and attempts are all, quite often, linked to ruminative and self-punitive thoughts and emotions (Chapman, Gratz, & Brown, 2006; Surrence, Miranda, Marroquin, & Chan, 2009), we conjecture that engaging in a process of self-forgiveness would allow for a gradual subsiding in the intensity of psychological pain, thereby reducing suicide risk. Although forgiveness theory and psychache theory appear to be compatible, it will be a critical task for future researchers and interventionists to determine whether promotion of self-forgiveness targeted toward psychache results in less engagement in both nonlethal and lethal self-harm.

Another theory from which we drew inspiration for our forgiveness–suicide model was Thomas Joiner's IPTS. Along with colleagues, Joiner posits that unmet interpersonal needs, including thwarted belongingness, or feelings of social alienation and isolation, and perceived burdensomeness, or a person's sense that others would be better off without them, are the primary catalysts for both non-suicidal self-injury and suicidal behavior (Joiner, Ribeiro, & Silva, 2012; Joiner et al., 2009). Although social in nature, thwarted interpersonal needs are also considered to be "cognitive affectively laden" constructs (Van Orden et al., 2010), and the IPTS proposes that negative thoughts and feelings, about one's relation and worth to others, are important latent components of thwarted interpersonal needs; for instance, perceived burdensomeness is comprised of attributions of self-liability and self-hate. As well, in the experience of social alienation, self-blaming attributions often emerge, for instance, that one is not worthy of reciprocal care and love from others, or that one is to blame for social rejections (Van Orden et al., 2010).

Thus, at the core, thwarted interpersonal needs appear to be highly intrapersonal in nature, with a plethora of self-impugning attributions possible and, as such, are potential targets for suicide prevention efforts that emphasize self-forgiveness. In the only empirical test of this model to date, in a sample of older adults, self-forgiveness was a significant moderator which weakened the association between perceived burdensomeness and suicidal behavior (Cheavens, Cukrowicz, Hansen, &

Mitchell, 2016). This model is supported, however, by our previous finding that the relation between internalized anger and suicidal behavior is also moderated by self-forgiveness (Hirsch et al., 2012). These patterns suggest that self-forgiveness may be especially relevant for persons who are experiencing the self-focused anger and shame often present when someone feels like a burden to others.

In our proposed model to explain the relation between forgiveness, including self-forgiveness, and suicidal behavior, we suggest the existence of an indirect relationship, whereby forgiveness is related to suicidality via its association with a variety of forms of intrapersonal distress, which we have termed *ExisTAngst*. In the context of despair, when a person is struggling to affirm whether their life is one of meaningful existence, negative and tumultuous thoughts and feelings will emerge, including hopelessness, anxiety, depression, and psychache, which are driven by deeper-rooted *Existential* (e.g., the "weight" of human freedom and choice) and *Teleological* (e.g., self-actualization of purpose) concerns, and a sense of *Angst* (e.g., inner turmoil) (Webb et al., 2015). In other words, *ExisTAngst* comprises a sense of dread about one's choices, concerns about the value and meaning of one's life, and the potential accompanying self-focused negative emotions. In many ways, the construct of *ExisTAngst* mimics the state of unforgiveness, which is characterized by rumination, resentment, and the desire for revenge—all of which can be focused toward the self. Whether we refer to this emotional turmoil as psychopathology, *ExisTAngst*, or unforgiveness, a commonality is that all of these maladaptive cognitive-emotional factors have some component of self-penalty. For instance, depression is fraught with feelings of self-worthlessness, anxiety with doubts about self-efficacy, *ExisTAngst* with concerns about one's own meaning in life, and self-unforgiveness with self-condemnation.

Self-forgiveness, therefore, may help to ameliorate *ExisTAngst*, by assuaging feelings of worthlessness due to a transgression, by allowing transcendence of mistakes made, and by soothing negative emotions toward the self. As such, self-forgiveness seems ideally suited to serve as a beneficial predictor; that is, we propose, in our model, that self-forgiveness is related to reduced risk for nonlethal and lethal suicide, at least in part, via its association with fewer maladaptive and self-focused thoughts and emotional dysfunction.

We have previously suggested that the process of forgiveness, including self-forgiveness, can be viewed as a redirection of energy, from unforgiveness, rumination, and negative emotions, toward health promoting behaviors instead. Termed the unforgiveness-energy hypothesis, this model posits that, in a state of unforgiveness, cognitive-emotional and volitional energy is directed toward maladaptive pursuits and goals, including ruminative thoughts, plans of revenge or self-harm, and feelings of hopelessness and helplessness. However, when forgiveness is introduced, it promotes the allocation of psychological and volitional resources toward more-adaptive and pro-social behaviors (Webb, Hirsch, Visser, & Brewer, 2013), such as enhancement to self-image and self-esteem, and transcendence and meaningfulness in life.

Directions for Future Research on Self-forgiveness, Non-suicidal Self-injury, and Suicide

Although preliminary evidence and theoretical modeling suggest that self-forgiveness is related to better health outcomes, including less self-harm and suicidal behavior, and—according to our model—may occur indirectly via beneficial impact on mediating variables (e.g., less depression, more meaning in life), further empirical testing is needed to confirm our theoretical modeling. As noted throughout this chapter, the extant literature, including our initial work in this area, points strongly to both direct and indirect effects of self-forgiveness on suicidal behavior, but more-rigorous assessment of constructs and more-sophisticated analytic modeling is required to gain an accurate portrayal of the interrelations between our variables of interest.

It is also important to note that some extant findings are contradictory or counterintuitive to many of the positions we have put forth in this chapter. For instance, some research has failed to find an association between forgiveness and health outcomes (e.g., Webb, Toussaint, Kalpakjian, & Tate, 2010), and some has found a deleterious relation between forgiveness and health behaviors (e.g., Wohl & Thompson, 2011). Forgiveness theory, however, can accommodate these exceptions, as it is well-established that some forms of forgiveness (e.g., in excess, or misplaced) may be detrimental to one's health and well-being. As an example, forgiving one's self for engagement in harmful health behaviors (e.g., smoking, poor eating habits) may promote continued engagement in the maladaptive behaviors, perhaps because self-forgiveness provides emotional relief and decreases motivation to change problematic behaviors (Wohl & Thompson, 2011). It is unknown whether forgiveness is ever contraindicated in its application to suicidality. Future research on the basic correlates and outcomes of differing types of forgiveness, across specific offense-related contexts and experiences, is necessary to better understand situation-specific and dose–response effects of forgiveness in the context of suicide. As well, research is needed on other types of self-forgiveness, such as pseudo self-forgiveness, wherein a person grants themselves premature or defensive forgiveness, without truly having worked through the transgression (Hall & Fincham, 2005), and how such derivations of self-forgiveness might be differentially related to suicide risk.

Given the chronic, perhaps dispositional, nature of forgiveness and unforgiveness, the existence of chronic self-harm and suicidality as phenomena, and the long-lasting effects of deep self-wounding arising from factors such as bereaved loss, existangst, and hopelessness, it is important to be able to maintain existing, and promote evolving, forgiveness over time, to maintain equilibrium. We have recently started an inquiry into the concept of "future forgiveness," or the present-moment yet future-focused intent to forgive. As noted by Worthington, per the REACH model of forgiveness (Worthington & Wade, 1999), it is important to both commit to and hold on to forgiveness, and we propose that this may entail mental imagery and motivational effort, in both the current moment and moving forward temporally, to maintain a stable level of forgiveness—whatever the target.

Preliminary Evidence Linking Future Forgiveness to Suicidal Behavior Using data from our community sample, which we collected specifically for the purpose of this chapter, we tested the hypothesis that *future-oriented other-forgiveness* would be related to past, current, and future suicidal behavior, as we did with present-focused self-forgiveness. We utilized the same suicide-related items mentioned previously, which assess lifetime ideation and attempts, ideation in the past year, and likelihood of a future suicide attempt. In addition, we assessed future forgiveness with a single item, "In general, I am someone who is able to recognize that others will mistreat me, yet I am confident that I will not hold it against them," which was scored on a Likert-type scale ranging from 1 (not at all) to 10 (very much). Although we did not assess future-oriented self-forgiveness, our future-oriented other-forgiveness item was significantly positively related to current self-forgiveness ($r = 0.40$, $p < 0.01$), thus it is likely that we would see similar effects with a measure of future-oriented self-forgiveness; data collection to test this hypothesis is currently underway. Despite this limitation, we investigated the further hypothesis that current self-forgiveness would be indirectly related to suicidal behavior, via its relation to future-oriented willingness to forgive others, assessed via a mediation analysis (i.e., per Hayes and using the PROCESS macro for SPSS 22, with 10,000 bootstrapped samples) (Hayes, 2013).

In our community sample, future oriented other-forgiveness was negatively related to lifetime history of suicidal behavior ($r = -0.18$, $p < 0.05$), suicide ideation in the past year ($r = -0.23$, $p < 0.01$), and likelihood of a future suicide attempt ($r = -0.18$, $p < 0.01$). Thus, the anticipation of being forgiving in the future appears to have beneficial effects on the manifestation of suicidal behavior, and we assert that this same relationship will exist for inwardly directed forgiveness of the self. We also examined the relation between self-forgiveness and suicidal behavior, and the potential mediating role of future-oriented other-forgiveness, and our hypotheses were supported. Current ability to forgive the self was related to a willingness to forgive others in the future and, in turn, to less risk for suicidal behavior ($F_{(1347)} = 49.82$, $p < 0.001$, $r^2 = 0.13$; $c' = 1.14$, $p < 0.001$, 95% CI = 0.08–0.38). In other words, if we are able to envision ourselves as a forgiving person, and extend this image of our "desired forgiving self" into the future, including an anticipated forgiveness of others as well as the self, then we may be better able to weather life's inevitable transgressions and offenses, including those we commit, with consequent reduction in the potential for self-harm and suicide. Our temporally based assertions require further testing, however, to confirm our hypothesized associations, and should be conducted prospectively, with a larger and more diverse sample, and with more-refined assessments of future-focused forgiveness.

Clinical Implications

Although the tendency to engage in forgiveness, including self-forgiveness, may be categorized as either state or trait in nature, it is—importantly—amenable to change and appears to be trainable in both laboratory and clinical settings. As an example,

in a study of undergraduates, experimental exercises to promote reparative behaviors and self-forgiveness were successful, resulting in increases in self-forgiveness that were maintained over time (Exline, Root, Yadavalli, Martin, & Fisher, 2011). It is critical, for interventions to be effective, that they focus on both risk and protective factors. As we have noted, self-forgiveness appears to be beneficially related to numerous risk factors for suicide (e.g., less guilt and shame) but may also exert an effect via its salutary impact on protective mediating variables such as adaptive coping and health behaviors, interpersonal functioning, spiritual well-being, and positive emotions (Lavelock et al., 2015).

There are numerous approaches to the promotion of self-forgiveness, most of which focus on the same common elements. One model, proposed by Cornish and Wade (2015), suggests that development of self-forgiveness is comprised of the steps of responsibility, remorse, restoration, and renewal (Cornish & Wade, 2015). In another perspective, from Exline, self-forgiveness is thought to be dependent on a humble sense of repentance and reparation but must also occur in the context of seeking forgiveness from others and from God (Exline, Worthington, Hill, & McCullough, 2003). Finally, Worthington's REACH model has been adapted for use in the promotion of self-forgiveness and focuses on considerations of wrongdoing and failure to meet one's expectations and standards, paired with empathy, altruistic self-forgiveness, and commitment and holding on to the forgiveness granted to the self (Worthington, Mazzeo, & Canter, 2005). Several of these models have been empirically supported; for instance, using Worthington's approach, a self-forgiveness intervention resulted in improvements in self-forgiveness, as well as reductions in guilt and shame, in a sample of alcohol abusers (Scherer, Worthington Jr, Hook, & Campana, 2011). Other efforts, such as Rye and Pargament's religious-focused intervention, included an element of promoting self-forgiveness and were successful in promoting this characteristic in couples experiencing the loss of divorce (Rye & Pargament, 2002).

Self-forgiveness and Survivors of Suicide There are also other applications of self-forgiveness to the phenomena of suicide which we have not previously discussed. For instance, there is the utility of forgiveness, particularly self-forgiveness, when one is a survivor of suicide; that is, when one is "left behind" to experience the grief and bereavement of losing a loved one, a friend or family member, a child, or even a patient or client to suicide (Valente & Saunders, 2002). Current estimates are that there are between 6 and 75 persons who are "touched by suicide" when it occurs, as the shock, loss, and grief ripples through communities of friends, coworkers, classmates, relatives, and any number of other cohorts (McMenamy, Jordan, & Mitchell, 2008). We assert that our model of self-forgiveness within the context of suicide can be extrapolated to this occurrence. When we experience the loss of someone meaningful as a result of suicide, there is an innate tendency to question one's own role in the death of the person we cared for. Should we have noticed any warning signs? Could we have intervened? What if we had done something, anything, differently, would it have made a difference? Guilt, shame, and self-doubt are common sequelae of being a survivor of suicide and, in some cases (Sakinofsky, 2007), such as the loss of a child, parent, sibling, or spouse to suicide, deep feelings of despair

and anguish may arise – the sense of *existangst* that we have indicated, with its accompanying disruption to mood, cognitions, and behaviors. It is also not uncommon for persons bereaved by suicide to engage in suicidal behaviors themselves, and rates of suicide are higher in survivors of suicide than for the general population (Runeson & Asberg, 2003).

The self-blame that can emerge as a result of the death of someone close to us by suicide seems to be an appropriate target for interventions designed to assuage some of those self-punitive thoughts and emotions. In fact, there have been numerous efforts to study and therapeutically address forgiveness in persons who are bereaved, including a case study of a mother bereaved by her son's suicide who, when treated therapeutically with forgiveness-based therapy, which included elements of self-forgiveness, experienced increased post-traumatic growth and reductions in her own level of suicidality (Lee, Enright, & Kim, 2015). In an empirical study of non-bereaved persons and persons bereaved by violent death, including suicide, and nonviolent deaths, those that had experienced loss exhibited greater levels of forgiveness, suggesting that the suicide-grieving process may inherently involve a component of self-forgiveness. As well, engaging in forgiveness was related to fewer symptoms of psychopathology, greater personal strength, and more post-traumatic growth and satisfaction with life (Currier, Mallot, Martinez, Sandy, & Neimeyer, 2013). Taken together, the few studies to date suggest that forgiveness, including self-forgiveness, may play a key role in the ability to resolve the grief and self-blame that often accompanies losing someone to a death by suicide.

Conclusions

In this chapter, we have offered a conceptualization of the relation between self-forgiveness and NSSI, as well as between self-forgiveness and suicidal behavior, noting that self-forgiveness appears to have a direct effect on suicidality, but also an indirect effect via its salutary association with adaptive coping and emotion regulation abilities that helps to reduce risk. We provide theoretical support for the application of self-forgiveness to the study of self-harm and suicide, including the development of an explanatory model, wherein self-forgiveness is considered a precipitant to the successful resolution of existential, teleological, and angst-based distress and, in turn, to reduced risk for suicidal behavior. Finally, using pilot data from a community sample, we provided initial empirical support for some of our assertions, including establishing the relation of self-forgiveness to past, current, and future suicidal behavior, and linking current self-forgiveness to an intent to be forgiving in the future and, in turn, to less suicidality. Although the examination of a forgiveness–suicide linkage is still in its scientific infancy, preliminary findings from treatment studies suggest that self-forgiveness has utility as a therapeutic strategy to prevent suicide, as well as to aid survivors of suicide in resolving their grief. Moving forward, more rigorous studies of the forgiveness–suicide linkage are necessary, which more thoroughly assess correlates of self-forgiveness within the

context of suicidality, including in clinical and medical samples, where suicidal risk may be more severe. As well, future forgiveness–suicide research should be conducted prospectively, to overcome limitations of cross-sectional data, and to determine the long-term effects of engaging in self-forgiveness as an adaptive coping mechanism capable of preventing engagement in suicidal behavior. In the meantime, however, we have come to the conclusion that self-forgiveness may be a critical, perhaps essential, component of the suicidal crisis and that attempts to prevent suicide or intervene with the suicidal person may, by necessity, require efforts to address and promote forgiveness of the self.

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Self-Forgiveness, Addiction, and Recovery

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Scholars (e.g., Webb, Hirsch, & Toussaint, 2015; see also, Lyons, Deane, & Kelly, 2010), public policy makers (Calhoun, 2007), and the lay mutual-help community (i.e., the Twelve-Step Model; Alcoholics Anonymous (AA), 1981, 1998, 2001) agree that forgiveness is likely an important psychological and spiritual construct to address in the context of addiction and recovery. Nevertheless, a relative few empirical studies have examined the role of forgiveness in the process and outcome of addictive behavior. Of that which has been done, self-forgiveness appears to be vital, such that, in relation to other dimensions of forgiveness, full recovery from addiction may be difficult without it (Webb & Jeter, 2015; Webb, Robinson, Brower, & Zucker, 2006). In this chapter, we provide an overview of the psychology of self-forgiveness as it pertains to addiction and recovery, including a very brief synopsis of addiction itself (for context), updated modeling, an updated review of empirical evidence, and a discussion of the clinical application of self-forgiveness in the treatment of addictive behavior.

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Defining Self-Forgiveness

Over 20 years of scholarly work reveals forgiveness as a multidimensional construct with various targets (e.g., self, others, deity) and methods (e.g., offering, seeking, receiving) occurring among both victims and perpetrators of offense (for meta-analytic reviews and respective syntheses of basic and applied studies, see Fehr, Gelfand, & Nag, 2010; Wade, Hoyt, Kidwell, & Worthington, 2014). Self-forgiveness, a distinct dimension of forgiveness, has been referred to as the *stepchild* of forgiveness research (Hall & Fincham, 2005), as it has received much less attention in the scientific literature (see Davis et al., 2015). One explanation for this delay is that problems with definitional clarity confound the empirical literature on self-forgiveness (see Webb, Bumgarner, Conway-Williams, Dangel, & Hall, in press). To address this, Webb et al. (in press) proposed a consensus-of-the-literature-based definition of self-forgiveness (see also Woodyatt, Griffin, Worthington, & Wenzel, 2017), such that it occurs "in the context of a personally acknowledged self-instigated wrong, that results in ready accountability for said wrong and a fundamental, constructive shift in one's relationship to, reconciliation with, and acceptance of the self through human-connectedness and commitment to change" (p. 10).

Addiction: Diagnosis, Etiology, and Recovery

Categorical Diagnostic Considerations In the current edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5; American Psychiatric Association, 2013), essentially all of the addictive disorders described are substance-related (e.g., alcohol, cannabis, opiates, tobacco). Other sets of repetitive and compulsive behaviors related to sexual activity, shopping, overeating, etc., are not currently included, due to "insufficient peer-reviewed evidence to establish the diagnostic criteria and course descriptions needed to identify these behaviors as mental disorders" (American Psychiatric Association, 2013, p. 481). The only non-substance-related Addictive Disorder included in the DSM-5 is *Gambling Disorder*.

Prior to the DSM-5, diagnostic criteria required distinct categories for Substance *Abuse* and Substance *Dependence*; that is, maladaptive use and negative consequences (abuse) versus continued abuse, often with tolerance, withdrawal, and/or compulsive behavior (dependence) (American Psychiatric Association, 2000). The DSM-5 reflects a key shift in the scholarly conceptualization of addiction. Now, the number of criteria met, whether related to abuse or dependence, is tabulated to determine the *severity* of a Substance *Use* or Addictive Disorder.

Etiology and Barriers to Recovery Many models regarding the development and persistence of addiction exist. In reviewing this vast literature, Albanese and Shaffer (2012) identify several *categories* of models and provide moral, biological, psychological, social, and multidimensional exemplars. Moreover, the American Psychological Association's *Addiction Syndrome Handbook* (Shaffer, LaPlante, & Nelson, 2012a,

2012b) includes specific chapters deliberately addressing more particular etiological factors contributing to addiction and barriers to recovery. For example, effects related to neurobiology, self-control, and personality. Likewise, social, sociological, developmental, and externalizing spectrum related factors.

Alternative models (i.e., garnering less popularity in academia, but not necessarily exhibiting less empirical support) also exist. For example, the Twelve-Step Model, including its overarching conceptualization of addiction as a disease and particular foci on resentments and self-centeredness (AA, 1981, 1998, 2001; Nowinski, 2012). Also, Carnes' conceptualization of addiction as a cyclical process driven by self-condemnation (Carnes, 2001; see also; Hook, Hook, & Hines, 2008; Hook et al., 2015).

General Facilitators of Recovery In addition to the potential for translating and implementing such etiological insights outlined above into more effective and efficient approaches to prevention, assessment, and treatment, more general facilitators of recovery have been identified. Indeed, the reality is that most people struggling with addictive behavior do not seek treatment (Bischof, Rumpf, & John, 2012; see also Cohen, Feinn, Arias, & Kranzler, 2007). As such, understanding natural recovery and resiliency-related factors becomes critical, particularly for broad-based public health oriented education and intervention.

Although the data are clear regarding the occurrence of natural recovery, such that "most [expressions of] addictive behavior, …, resolve in the general population without [the] use of formal treatment" (Bischof et al., 2012, p. 150), the empirical evidence regarding why and how this happens is less clear. Data does support a variety of predictors of remission without treatment. For example, and of particular relevance to self-forgiveness, committed relationships, less avoidance coping, better self-esteem, cognitive appraisal analyses, and development of social skills, social networking, and a healthy self-image (see Bischof et al., 2012; LaPlante, 2012). However, mixed results and many limitations related to inconsistent use of definitions, less-sophisticated research designs (e.g., lack of prospective, longitudinal data, use of non-representative samples), and sampling concerns (e.g., selection-bias related to snowball sampling and media solicitation) currently preclude drawing definitive conclusions (Bischof et al., 2012).

Addiction and Recovery in the Context of Self-Forgiveness

Dimensional Diagnostic Considerations Perhaps more important than categorical considerations to a comprehensive understanding of the complete effect of addiction on health and well-being are the inevitable and unavoidable *dimensional* aspects of addictive behavior. Indeed, the many complex dimensional qualities of addictive behaviors cannot be overlooked. Classic dimensional qualities include the proximal implications for abuse and dependence associated with quantity, frequency, and/or intensity of addictive behavior. Additional considerations, and of particular relevance to self-forgiveness, are the inter- and intra-personal dimensional qualities

related to the more distal problems associated with addictive behavior (e.g., health, financial strain, legal consequences), the difficulties associated with prevention and recovery, and the impact of addictive behavior on others (e.g., family, friends, children). Moreover, for the individual struggling with addiction, all of the above are likely compounded when relapse enters the equation—and likely exponentially so with each subsequent relapse.

Self-Forgiveness, Health, and Addiction-Related Outcomes Worthington and colleagues' general model of the forgiveness–health association (e.g., Lavelock et al., 2015; Worthington, Berry, & Parrott, 2001; Worthington, Witvliet, Pietrini, & Miller, 2007) is built upon an adapted stress-and-coping theory of forgiveness (Worthington, 2006). That is, the process of forgiveness is thought to be one of many potential coping mechanisms (others include justice, avoidance, revenge) to address the stress of unforgiveness—a confluence of negative emotions in response to a transgression (e.g., anger, hostility, resentment). In this comprehensive model, forgiveness is thought to have both a direct effect (stress-related; see also Toussaint & Webb, 2005) and indirect effect on health (i.e., distinct mediators related to interpersonal functioning, social support, and health behavior).

Webb and colleagues (Webb, Hirsch, & Toussaint, 2011; Webb et al., 2015; Webb & Jeter, 2015; Webb & Trautman, 2010) have extended Worthington and colleagues' general model to include addiction-related outcomes as a particular manifestation of health and well-being. In this expanded model, the direct effect of forgiveness on addiction/recovery is tied to the elemental resentment–addiction interface inherent to the Twelve-Step Model (see AA, 1981, 1998, 2001); that is, forgiveness is likely critical in addressing the deleterious association between resentments and addictive behavior. Although other scholars have also theorized regarding the resentment–addiction association (Lyons et al., 2010), little, if any, empirical examinations verifying this link have occurred. Nevertheless, associations between forgiveness and resentments (Lyons, Deane, Caputi, & Kelly, 2011) and resentment-related constructs such as anger and hostility (Webb, Dula, & Brewer, 2012) have been observed.

Regarding indirect effects, core to Webb and colleagues' expanded model is the development of an additional set of distinct mediators, categorically known as *existangst*. Webb et al. (2015) coined this term to capture the notion of "emotionally and philosophically driven psychological distress … That is, emotionally struggling with affirming one's meaningful existence" (p. 52). Existangst can include a variety of negative affective experiences including symptoms of depression and anxiety, both of which are associated with forgiveness and addiction (see Webb et al., 2011), and psychache, which as of yet, has not been empirically examined in the context of addiction, but has been associated with forgiveness (Dangel, Webb, & Hirsch, 2017). Importantly, such experiences also are driven by emotionally charged existential and teleological angst. Regarding *psychache*, Shneidman (1993) coined the term to describe "the hurt, anguish, soreness, aching, psychological pain in the psyche, the mind. … the pain of excessively felt shame, guilt, humiliation, loneliness, fear, angst, [and] dread" (p. 51). This intense, unrelenting, and unremitting

psychological pain also has been conceptualized as an aching soul (Holden, Mehta, Cunningham, & McLeod, 2001).

Resentments and/or psychache developed in relation to the self as the result of one's many and continued struggles with the categorical and dimensional qualities of addictive behavior (see above) likely will lead to self-condemnation (see below). As such, resolution of resentments and relief from psychache are both thought to play a critical role in the relationship between self-forgiveness and addiction/recovery in Webb et al.'s (2015) model.

Empirical Evidence Linking Self-Forgiveness to Addiction/Recovery Webb and colleagues (Webb et al., 2011; Webb & Jeter, 2015) have provided periodic summaries of the scientific literature explicitly focused on the *empirical* relationship between forgiveness and addiction. On February 28, 2017, including an additional term to capture addictive behaviors more generally, we otherwise used the same search tools and phrase (PsycINFO and PUBMED; "(alcohol OR substance OR drug OR addict*) AND forgiv*"). Altogether, of the now 30 published studies deliberately designed to empirically examine dimensions of forgiveness in association with addictive behaviors, 23 include self-forgiveness as a focal variable. Due to space constraints, the reader is encouraged to review the previous, detailed summaries of the scientific literature regarding the forgiveness–addiction association (Webb et al., 2011; Webb & Jeter, 2015). Suffice to say, when evaluating said previous literature, Webb and Jeter (2015) concluded that "multiple dimensions of forgiveness are meaningful and perhaps essential in addressing [addictive behaviors]. Moreover, of the dimensions measured, [self-forgiveness] may be the most important" (p. 149). Following is a detailed summary of the empirical studies that included the construct of self-forgiveness from our most recent search of the scientific literature. Of these seven otherwise new studies, four were in the context of alcohol and/or drug treatment, two were in the context of sexual behavior, and one in the context of gambling.

In the context of alcohol and/or drug treatment, Krentzman (2016) examined longitudinal differences based on gender, regarding a variety of dimensions of spirituality and religiousness, including trait self-forgiveness, among individuals diagnosed with alcohol dependence. Study variables were collected at treatment entry (outpatient) and every 6 months for 30 months. Overall, from baseline to 6 months and from 6 months to 30 months self-forgiveness increased. Also, from 6 months to 30 months, women's self-forgiveness scores rose more quickly than did men's. Krentzman, Webb, Jester, and Harris (in press), in another analysis of a larger version of said dataset, examined the relationship between trait self-forgiveness and trait other-forgiveness over the 30 month span. Levels of self-forgiveness were observed to be consistently lower than levels of other-forgiveness, but to increase more quickly over time, and the predictive effect of other- on self- was twice as strong as was the predictive effect of self- on other-, suggesting that other-forgiveness may facilitate self-forgiveness.

McGaffin, Lyons, and Deane (2013) examined cross-sectional associations among guilt and shame, trait self-forgiveness, and a variety of positive psychologi-

cal constructs among individuals in residential treatment for alcohol and drug misuse. Self-acceptance played a role (as a statistical mediator) in the association of both guilt and shame with self-forgiveness. Higher levels of guilt were associated with higher levels of self-acceptance, which in turn were associated with higher levels of self-forgiveness. Alternatively, higher levels of shame were associated with lower levels of self-acceptance, which in turn were associated with lower levels of self-forgiveness. Charzyńska (2015) examined differences in and among a variety of positive psychological qualities, including trait forgiveness (i.e., of self, of others, and from God), before and after an alcohol addiction treatment program (i.e., a 5–7 week follow-up interval). Overall, levels of self-forgiveness were lowest as compared to other-forgiveness, and forgiveness from God, suggesting particular difficulties with developing self-forgiveness during treatment.

Hook et al. (2015) examined cross-sectional associations among state self-forgiveness, shame/guilt, and hypersexual behavior in undergraduate students. Higher levels of state self-forgiveness were associated with lower levels of shame/guilt, which in turn were associated with lower levels of hypersexual behavior, reflecting statistical mediation. Turner (2008) discussed case studies of women struggling with compulsive sexual behavior and identified several catalysts of successful treatment including accountability and self-forgiveness.

Lastly, Squires, Sztainert, Gillen, Caouette, and Wohl (2012) examined cross-sectional associations of gambling pathology, readiness to change such behavior, and state self-forgiveness among undergraduate students with at least one symptom of gambling problems. Consistent with their hypothesis, higher levels of gambling pathology were associated with lower levels of self-forgiveness, which in turn were associated with higher levels of readiness to change, reflecting statistical mediation.

Of note, of these seven new studies regarding the association of self-forgiveness with addictive behaviors, only one reflected an unfavorable association (Squires et al., 2012). Considering all 23 studies that include self-forgiveness as a focal variable, two additional studies (i.e., three total) have observed statistically significant otherwise deleterious associations. One in the context of treatment dropout (Deane, Wootton, Hsu, & Kelly, 2012) and the other in the context of smoking behavior change (Wohl & Thompson, 2011). Nevertheless, 20 of 23 studies (87%) regarding the association of self-forgiveness with addictive behavior (see also Webb et al., 2011; Webb & Jeter, 2015) reflect a constructive association, suggesting a critical role for self-forgiveness in facilitating recovery from addiction. That is, self-forgiveness has been shown to be consistently and salubriously associated with addictive behaviors "whether it is in the context of use, problems, or recovery" (Webb et al., 2011, p. 261).

Self-Forgiveness, Health, and Coping Elsewhere, we have expanded upon Worthington's stress-and-coping theory of forgiveness (Worthington, 2006) to include self-forgiveness as one of a variety of possible coping mechanisms for addressing the deleterious impact of self-condemnation on health and well-being (see Toussaint, Webb, & Hirsch, 2017). In sum, our stress-and-coping model of self-forgiveness includes three propositions. First, self-condemnation is stressful
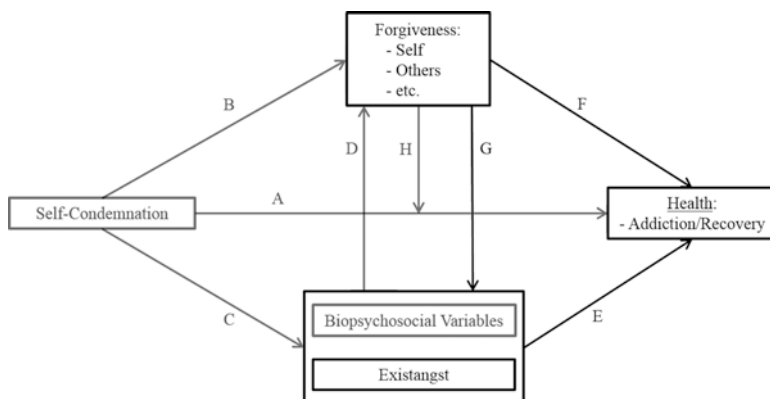
Fig. 1 Stress-and-coping model of self-forgiveness and health in the context of addiction-related outcomes (see Toussaint et al. 2017)

and arises from a variety of negative emotions, including guilt, shame, anger, regret, disappointment, and despair. Second, self-forgiveness is a viable option for coping with the negative emotions and stressful effects of self-condemnation, broadly applied. Third, self-forgiveness is related to myriad aspects of health and well-being.

Here, we further extend this self-condemnation–self-forgiveness–health and well-being model to incorporate our model of the forgiveness–addiction association as outlined above (see also Webb et al., 2015), with a particular focus on self-forgiveness (see Fig. 1). As such, our self-condemnation–self-forgiveness–addiction/recovery model likewise includes three propositions. While the latter two propositions are essentially the same, yet semantically adjusted to allow for addiction/recovery as the particular outcome related to health and well-being, the first proposition warrants more deliberate elaboration. Self-condemnation in the context of addiction and recovery likely includes additional negative emotions, some of which may be more intensive, such as resentment and psychache. When struggling with the dimensional aspects of addictive behavior (see above), it is not uncommon for an individual to engage in many activities that are not only counterproductive, but also destructive. Many such activities can be expected to lead to a variety of negative responses directed toward the self, such as guilt, shame, regret, and despair; various forms of self-condemnation (Griffin et al., 2015; McConnell, 2015). When individuals struggling with addictive behavior seek to change, the process of change can be very difficult, such that relapse is commonly considered part of recovery. We propose that unsuccessful attempts to change likely will lead to the development of resentment (Fig. 1, path F; direct effect, see Webb et al., 2015), and that repeated failures to change likely will lead to increasing self-loathing, resulting in psychache (Fig. 1, path G → E; indirect effect through Existangst, see Webb et al., 2015). All of which are more intensive negative emotions, thereby exacerbating the already stressful effects of self-condemnation.

For the purposes of modifying the visual model (see Fig. 1) to include existangst as a separate category of intervening variables, we have included existangst in a box with the intervening variables previously categorized as psychosocial variables. However, *psychosocial* is now termed *biopsychosocial* to improve consistency with: (1) this component of our previous model (i.e., Health-Related Functioning; Webb et al., 2015) and (2) Worthington and colleagues' most recent modeling of the general forgiveness–health association (e.g., Lavelock et al., 2015).

Applications, Caveats, and Future Directions

Theoretical modeling, supported by empirical evidence (mostly basic studies, but a small few intervention-based studies; e.g., Scherer, Worthington, Hook, & Campana, 2011), suggests that self-forgiveness is likely to facilitate recovery from addiction. Consider the case of Olaf, a middle-aged, married Caucasian male, with four children. He is a successful corporate lawyer, values family life, and is very serious about his responsibilities as a husband and father; in particular, the quality of his spousal relationship and his duty as a role-model for his children. He enjoys drinking—to relax, alone and with colleagues, and unwind from the pressure and stress of work. Nevertheless, his drinking has become problematic. He reports the following symptoms: (1) a strong desire, but several failed attempts to reduce his drinking, (2) daily drinking—starting alone at work in the late afternoon, and typically continuing after work with colleagues at local restaurants, and (3) repeated failure to fulfill his commitments to his family.

With these three symptoms, Olaf meets the DSM-5-based *categorical* criteria for a diagnosis of Alcohol Use Disorder, Mild (American Psychiatric Association, 2013). However, a clearer picture of his struggle with addiction appears when considering the dimensional aspects of his addictive behavior in terms of the effect it has on his self-concept in the context of his family life. Indeed, he spends a considerable amount of time away from his family, missing date-nights with his wife, missing his children's evening school, and sporting events, and not being present, physically and emotionally, to help with homework and otherwise co-parent and raise his children. Not only has he made several attempts to reduce his drinking and time spent with colleagues after work, only to repeatedly return to both of the behaviors, he has repeatedly failed in his attempts to live consistently with his family values. Over time, he has become resentful of his demanding career, but more so has developed increasing self-resentment for his perceived failures in life, to the point of self-loathing. Indeed, he reports a lingering, unrelenting emotional pain that is always on his mind and that he cannot escape; now, even when drinking.

Two of the core components of the Twelve-Step Model (TSM) of addiction/recovery, regarding the etiology of addiction and barriers to recovery, are resentment and self-centeredness (AA, 1981, 1998, 2001). Indeed, a fundamental assumption of the TSM is that "resentment is the 'number one' offender. It destroys more [addicts] than anything else" (AA, 2001, p. 64). Moreover, self-centeredness is thought to be "the

root of our troubles. Driven by a hundred forms of fear, self-delusion, self-seeking, and self-pity … . … Above everything, we [addicts] must be rid of this selfishness. We must, or it kills us!" (AA, 2001, p. 62). Also, consider Carnes' conceptualization of the addictive system and addiction cycle as involving the temporary relief of self-condemning emotional distress by pleasure induced through engaging in addictive behaviors, only to return later (Carnes, 2001; see also; Hook et al., 2008, 2015). Each of these conceptualizations regarding the fundamental nature of addiction is consistent with our self-condemnation–self-forgiveness–addiction/recovery model (see above; see also Webb et al., 2015). As such, addressing the self-condemning nature of the personal struggle with addictive behavior and the intensive negative emotional consequences thereof (e.g., psychache) through self-forgiveness appears likely to be an effective course of treatment for Olaf.

Stand-alone forgiveness interventions have been developed and empirical evidence, through meta-analysis, shows that changes in forgiveness tend to be accompanied by changes in a variety of aspects of psychological well-being over the course of treatment (Wade et al., 2014). For example, Worthington's (2006) REACH Model involves (r)ecalling an offense, developing (e)mpathy, choosing forgiveness as an (a)ltruistic gift, making a public, formal (c)ommitment to forgive, and (h)olding on to progress, and has been applied in the context of self-forgiveness and alcohol abuse (Scherer et al., 2011). The process of forgiveness also is likely conducive to acceptance-based approaches to therapy (Orcutt, 2006), such as Acceptance and Commitment Therapy (Hayes & Lillis, 2012) and Dialectical Behavior Therapy (Neacsiu, Ward-Ciesielski, & Linehan, 2012). Likewise, given the consistency of our self-condemnation–self-forgiveness–addiction/recovery model with the centrality of resentments to the TSM, Twelve Step Facilitation Therapy (Nowinski, 2012), focused on the TSM principles of acceptance and surrender, may also play a role in promoting forgiveness. It may be that acceptance cultivates forgiveness by enabling individuals to "transcend the narrow focus on self and symptoms that prevent connection to others" (Sesan, 2009, p. 236).

Caveats As mentioned previously, not all empirical evidence supports a beneficial association between self-forgiveness and addictive behavior. Self-forgiveness has been associated with less readiness to change in the context of smoking (Wohl & Thompson, 2011) and gambling (Squires et al., 2012), and treatment dropout at 3 months among individuals in alcohol and drug treatment (Deane et al., 2012). Indeed, a potential downside to self-forgiveness has been identified and may be a function of true- versus pseudo self-forgiveness, or narcissistic escape (see Webb et al., in press). Consistent with the TSM focus on self-centeredness (AA, 1981, 1998, 2001), when seeking to promote self-forgiveness among individuals struggling with self-condemnation and addictive behavior, therapists must remember to work to prevent their clients from letting themselves "off the hook," "brushing off" the incident, and "shortcutting–bypassing" the process of true self-forgiveness (Tangney, Boone, & Dearing, 2005, pp. 144, 145).

Future Directions We have proposed an expanded stress-and-coping related model regarding the associations among self-condemnation, self-forgiveness, and

addiction/recovery as a means of addressing intensive negative emotions such as resentment and psychache when struggling with the dimensional aspects of addictive behaviors. Although some of our proposed associations enjoy empirical support (see Webb et al., 2011; Webb & Jeter, 2015), many of the hypotheses in our model are in need of empirical examination (see Fig. 1; see also Webb et al., 2015). Key hypotheses in need of prioritized attention are: (1) the fundamental assumption that resentment underlies the otherwise direct effect of self-forgiveness on both proximal and distal addictive behavioral outcomes (path F), (2) the role of psychache (Existangst) as a distinct mediator of the association between self-forgiveness and addictive behavior (path G → E), and (3) the speculation that repeated failure to change addictive behaviors (i.e., relapse) would intensify resentment, thereby transitioning self-resentment into self-loathing, resulting in psychache; that is, self-loathing as a mediator of the association between self-resentment and psychache.

Conclusion

Accumulating empirical evidence continues to support the notion that self-forgiveness likely plays an important role in facilitating recovery from addiction; indeed, 87% of the extant literature. As such, we have proposed an extension of Worthington and colleagues' general model of the forgiveness–health association (e.g., Lavelock et al., 2015; Worthington et al., 2001) to include a stress-and-coping-based model (see Toussaint et al. 2017) of the self-condemnation–self-forgiveness–addiction/recovery association (see Fig. 1), including resentment and psychache as particularly intensive manifestations of self-condemnation. In sum, the power of self-forgiveness to facilitate recovery from addiction may stem from its role as a uniquely effective coping mechanism to address the stressful effects of self-condemnation.

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Self-Forgiveness and Hypersexual Behavior

David K. Mosher, Joshua N. Hook, and Joshua B. Grubbs

Hypersexual behavior, also known as sexual addiction (Goodman, 1998), sexual compulsivity (Coleman, 1987), or sexual impulsivity (Barth & Kinder, 1987), involves sexual thoughts, fantasies, and behaviors that are excessive, difficult to control, and cause distress and problems in one's life (Kafka, 2010). Hypersexual behavior has been linked with a variety of negative consequences, including emotional, behavioral, relational, physical, and occupational problems (McBride, Reece, & Sanders, 2007; Reid, Garos, & Fong, 2012), with research in this area accelerating greatly in recent years (e.g., Kaplan & Krueger, 2010).

Several research studies have linked hypersexual behavior to dysphoric mood states such as depression, anxiety, shame, and guilt (Grubbs, Exline, Pargament, Volk, & Lindberg, 2016; Grubbs, Sessoms, Wheeler, & Volk, 2010; Grubbs, Stauner, Exline, Pargament, & Lindberg, 2015; Hook, Farrell, Davis, et al., 2015; Schultz, Hook, Davis, Penberthy, & Reid, 2014). Some work has posited that individuals may engage in hypersexual behavior as a means of self-soothing to alleviate or escape these dysphoric mood states (Adams & Robinson, 2001; Reid, Harper, & Anderson, 2009). However, this relief may be short-lived, as engaging in hypersexual behavior could lead to increased levels of depression, anxiety, shame, and guilt, as well as possible negative consequences associated with hypersexual behavior (e.g., physical, relational, and occupational problems; McBride et al., 2007; Reid, Carpenter, et al., 2012; Reid, Garos, & Fong, 2012). Faced with these renewed feelings of dysphoria, individuals may then re-engage in hypersexual behavior.

In the current chapter, we explore the role that self-forgiveness might play in helping individuals recover from hypersexual behavior (Hook, Farrell, Davis, et al., 2015; Hook, Farrell, Ramos, et al., 2015). Self-forgiveness could help individuals

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struggling with hypersexual behavior in two ways: (a) it may decrease dysphoric mood states and reduce the need to self-soothe by engaging in hypersexual behavior, and (b) it may help individuals effectively cope with the negative consequences of their hypersexual behavior, particularly those related to maladaptive moral emotions such as shame and self-condemnation. Given the prominent role of shame and guilt in individuals who struggle with hypersexual behavior, self-forgiveness may provide a way for individuals to decrease maladaptive moral emotions, and increase more positive, self-compassionate, and functional moral emotions. In turn, this could reduce dysphoric mood states and reduce self-destructive behaviors, such as reengaging in hypersexual behavior. Although still a novel area of inquiry, self-forgiveness holds hope as a relatively new and promising avenue of recovery for individuals struggling with hypersexual behavior.

Hypersexual Behavior

Although interest in and research on hypersexual behavior has increased in recent years, there has been some difficulty in identifying the core characteristics that define this disorder. This difficulty is due, in no small part, to the controversies surrounding the very existence of hypersexual disorder (Giles, 2006; Giugliano, 2009; Halpern, 2011; Moser, 2011). Many authors have contended that hypersexual disorder is the pathologizing of normal sexuality (Clarkson & Kopaczewski, 2013), an attempt to codify moralistic or puritanical values (Halpern, 2011; Moser, 2011), or simply a scheme by which psychotherapists have created a profitable niche to treat a truly non-existent disorder (Ley et al., 2014). Even so, a number of studies confirm that many individuals do report a great deal of distress over their sexual behaviors (e.g., Grubbs et al., 2010), that clinicians are likely to encounter such problems in their clinical practices (Kalman, 2008; Mitchell, Becker-Blease, & Finkelhor, 2005; Mitchell & Wells, 2007) and that there is a body of evidence indicating that some individuals are truly dysregulated in the sexual behaviors (Reid, Carpenter, et al., 2012; Reid, Garos, et al., 2012). As such, there was a clear need for a diagnostic consensus regarding hypersexual behaviors.

In an effort to help work toward diagnostic consensus, a set of diagnostic criteria was proposed for Hypersexual Disorder (HD) for inclusion in the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (Kafka, 2010), and evidence was accrued for the reliability and validity of these diagnostic criteria (Reid, Carpenter, et al., 2012; Reid, Garos, et al., 2012). Although these criteria were not ultimately adopted for inclusion in the DSM-5 (Kafka, 2010, 2014; Reid & Kafka, 2014), this process helped to increase consensus for how researchers classify and conceptualize hypersexual behavior.

According to the proposed diagnostic criteria, hypersexual behavior is defined by three essential components: (a) repeated and prolonged efforts (i.e., minimum of 6 months) to control or decrease the amount of time spent engaging in sexual acts that cause (b) an impairment in social or occupational functioning, which leads to

(c) subjective distress (Kafka, 2010). The first essential component is the sexual behaviors themselves, which can include both solitary and partnered sexual behaviors, such as casual or non-intimate sex, pornography use, compulsive masturbation, and sexual fantasies or urges (Reid, Carpenter, et al., 2012; Reid, Garos, et al., 2012). The sexual behaviors as part of hypersexual behavior are not caused by some other disorder (e.g., bipolar disorder), substance abuse, or neurological pathology, and they can be comorbid with paraphilia (Kafka, 1997).

The second essential component of hypersexual behavior is its connection to impairment in social and occupational functioning (Kafka, 2010; McBride et al., 2007; Reid, Carpenter, et al., 2012; Reid, Garos, et al., 2012). The sexual behaviors found in hypersexual behavior often infringe on daily living and lead to marked impairments in the individual's social and occupational life. The nature of hypersexual behavior leads the individual to devote large amounts of time pursuing their sexual fantasies, urges, and behaviors, which can cause impairment in the relational, social, and occupational realms. Some commonly reported consequences associated with hypersexual behavior include divorce, loss of a job, loss of credibility, loss of intimacy, loss of children's respect, and religious/spiritual struggles (Grubbs et al., 2016; Reid, Garos, et al., 2012). Social and occupational impairments may vary, but these impairments often lead to high levels of subjective distress.

The third essential component of hypersexual behavior is the subjective distress experienced due to the hypersexual behavior and its negative consequences. Several studies have linked hypersexual behavior with various kinds of subjective distress, such as shame, guilt, depression, and negative affect (Grubbs et al., 2010; Grubbs, Exline, Pargament, Hook, & Carlisle, 2015; Grubbs, Hook, Griffin, & Davis, 2015; Grubbs, Stauner, et al., 2015; Grubbs et al., 2016; Hook, Farrell, Davis, et al., 2015; Hook, Farrell, Ramos, et al., 2015; Schultz et al., 2014). This is a key feature of the diagnosis, as the experience of distress is a hallmark of psychiatric illnesses across several domains. Even so, it is quite possible that some individuals may display objectively excessive sexual behaviors with very little distress associated with such behaviors. In such cases, a clinical diagnosis may or may not be warranted, depending on the level of impairment or interference the person is experiencing as a result of their behaviors. In the event that an individual is displaying objectively excessive sexual behaviors, but is doing so without distress or impairment, a diagnosis would not be warranted. However, when the sexual behaviors cause marked distress and/or impairment, it is likely that a diagnosis is warranted. Additionally, it is important to note that many conceptualizations of hypersexual behavior point to the use of such behavior as a means of coping with subjective distress such as maladaptive shame, depression, or despair (Adams & Robinson, 2001; Reid, Carpenter, & Lloyd, 2009; Reid, Harper, et al., 2009), suggesting a cyclical pattern in which hypersexual behavior is both the genesis of and response to negative emotion.

In sum, hypersexual behavior involves problematic and excessive sexual behaviors that (a) absorb an excessive and disproportionate amount of the individual's time, (b) are used to cope with unpleasant affect states or subjective stress, (c) have failed to cease or decrease despite the individual's effort to control sexual thoughts, fantasies, and behaviors, (d) preoccupy the individual's mind with the pursuit of

sex despite negative consequences, and (e) cause impairment in interpersonal, social, or occupational realms due to the sexual behaviors (Kafka, 2010; Reid, Carpenter, et al., 2009).

When defining hypersexual behavior, it is important to note that different societies or cultures may view sex differently and have different "normative" sexual practices. For example, one's gender, sexual orientation, or religious affiliation might affect the types of sexual behaviors that are considered excessive, promiscuous, or viewed as taboo, as well as what sexual practices are considered normal, accepted, or even encouraged (Grubbs & Hook, 2016). A number of studies have shown that attitudes toward sexual behaviors in general (Ahrold & Meston, 2010), attitudes toward sexual addiction (e.g., Grubbs, Exline, et al., 2015; MacInnis & Hodson, 2016), and attitudes toward sexual transgressions (e.g., Van Tongeren, Newbound, & Johnson, 2016) are all impacted by cultural, religious, and social factors. For example, many religious groups encourage their adherents to adopt strict standards regarding sexual behavior (e.g., prohibitions on all sexual activity outside of heterosexual marriage, including viewing pornography and masturbation), which may lead individuals to label any problems achieving these standards as hypersexual behavior or sexual addiction (Grubbs, Exline, et al., 2015; Grubbs, Hook, et al., 2015; Grubbs, Stauner, et al., 2015). As research continues on hypersexual behavior, there is a need for future research to consider multiple cultural considerations (e.g., gender, sexual orientation, religion/spirituality) in how individuals and groups define and conceptualize hypersexual (vs. normative) behaviors.

Self-Forgiveness

Self-forgiveness can be defined as a reduction in (a) self-destructive motives and (b) avoidance of the victim or stimuli associated with the offense while simultaneously having an (c) increase in self-accepting and self-compassionate motives that includes (d) the ownership by the offender for the wrongdoing as well as a reaffirmation of values violated by the offense (Dillon, 2001; Fisher & Exline, 2010; Hall & Fincham, 2005; Holmgren, 1998; Wenzel, Woodyatt, & Hedrick, 2012). In terms of dealing with feelings of shame and guilt from the offense, self-forgiveness can be viewed as a process of rectifying feelings of shame and guilt by adopting a positive viewpoint of the self (Wenzel et al., 2012). Moreover, navigating acceptance of responsibility for the offense while maintaining a positive self-regard could be a process that is facilitated by the reaffirmation of values violated during the offense (Wenzel et al., 2012). For example, an offender who engaged in hypersexual behavior and infidelity might violate their values of commitment and trust in their relationship to their partner. By acknowledging the wrongdoing and the hurt done to their partner and engaging in conciliatory behaviors, the offender would reaffirm their core values pertinent to the relationship and indicate that the offense is not truly representative of the offender (Wenzel et al., 2012). In this way, a person struggling with hypersexual behavior could genuinely self-forgive, which would include

(a) acceptance of wrongdoing, (b) reaffirmation of violated values, and (c) mainte-
nance of a positive self-regard.

   Since hypersexual behavior has been linked to feelings of shame and guilt, it is
important to consider how self-forgiveness might affect the experience of these
emotions. Shame and guilt research has recently moved toward a more nuanced
perception that includes differentiating between maladaptive and functional shame
(Cibich, Woodyatt, & Wenzel, 2016; Griffin et al., 2016). While shame has been
linked to dysphoric mood states and hypersexual behavior (Hook, Farrell, Davis,
et al., 2015; Hook, Farrell, Ramos, et al., 2015; Schultz et al., 2014), other research
has shed light on the usefulness of shame in certain contexts (Cibich et al., 2016).
For instance, shame could serve to identify when individuals' social bonds and
sense of belonging are threatened by their actions, thus providing individuals with a
useful emotional motivation to repair wrongdoing and seek restoration (Cibich
et al., 2016). Furthermore, not acknowledging shame for wrongdoing could lead to
avoidance behaviors (Ahmed & Braithwaite, 2006). In light of this, self-forgiveness
could serve to allow individuals to acknowledge and experience functional shame
that motivates them to accept responsibility for wrongdoing and reaffirm violated
values, while still maintaining a positive self-regard that keeps the emotion of shame
from becoming maladaptive, destructive, or harmful.

Self-Forgiveness and Hypersexual Behavior

Self-forgiveness may be one strategy that could be useful in addressing the factors
that contribute to hypersexual behavior (Hook, Farrell, Davis, et al., 2015; Hook,
Farrell, Ramos, et al., 2015). Although relatively few researchers have explored the
role of self-forgiveness and hypersexual behavior specifically (Hook, Farrell, Davis,
et al., 2015), other related intervention strategies such as mindfulness-based meth-
ods, group therapy, self-acceptance, and self-compassion have been explored with
hypersexual behavior (Goodman, 1998; Kaplan & Krueger, 2010; Parker & Guest,
2002; Reid, Bramen, Anderson, & Cohen, 2014). Self-forgiveness is not strictly
emphasized by these intervention strategies. They do share some commonalities in
regard to increasing a client's motivations and behaviors that are benevolent toward
the self. Additionally, the use of self-forgiveness to strengthen adaptive forms of
shame and guilt is well-established (Davis et al., 2015; Lyons, Deane, Caputi, &
Kelly, 2011; Webb, Robinson, & Brower, 2009), which may provide another in-road
by which self-forgiveness may help to address aspects of hypersexual behavior.

   In the context of hypersexual behavior, self-forgiveness could help individuals
struggling with hypersexual behavior in two possible ways. First, self-forgiveness,
which includes an increased motivation to be benevolent to the self, could help
individuals by decreasing feelings of shame, guilt, depression, anxiety, or other dys-
phoric mood states (Davis et al., 2015; Lyons et al., 2011; Webb et al., 2009).
Indeed, research from multiple samples has shown self-forgiveness is negatively
correlated with feelings of maladaptive shame, guilt, depressive symptoms, and

addiction (Davis et al., 2015; Lyons et al., 2011; Webb et al., 2009). Hypersexual behavior often inspires self-punishing tendencies, which can lead to negative consequences such as poorer mental and physical health (e.g., depression, hopelessness, suicidal behavior; Hirsch, Webb, & Jeglic, 2012). Self-forgiveness may be a way to negotiate the maladaptive shame and guilt that individuals who struggle with hypersexual behavior feel toward themselves as a result of their sexual acting out, as well as the shame that society may place on individuals who struggle with hypersexual behavior. Also, self-forgiveness could help reduce tension and subjective distress in individuals and thus reduce the tendency to self-soothe by engaging in hypersexual behavior (Hook, Farrell, Davis, et al., 2015; Reid, Carpenter, et al., 2009; Reid, Garos, et al., 2009). Thus, self-forgiveness may be an important antidote to the tendency for individuals struggling with hypersexual behavior to engage in retaliatory and avoidant behaviors toward the self, and instead lead to more positive, benevolent motivations toward the self.

Also, not only is self-forgiveness negatively correlated with maladaptive shame and guilt, but self-forgiveness offers numerous other physical and mental health benefits (e.g., lower depressive symptoms, better general physical health) that could help individuals better cope with the stressors in their life (Davis et al., 2015). Self-forgiveness has been shown to positively correlate to many health-promoting physical and psychological behaviors (e.g., life satisfaction, forgiveness of others, overall health), as well as negatively correlate to physical and psychological behaviors that might impede healthy living (alcohol abuse and dependence, state and trait anxiety, state anger; Davis et al., 2015). If individuals are better able to cope with the stressors in their life by practicing self-forgiveness, they may be less likely to turn to hypersexual behavior in order to cope with stress.

A second pathway by which self-forgiveness could help individuals struggling with hypersexual behavior is by mitigating potential dysphoric mood states in the wake of negative consequence of hypersexual behavior. Negative consequences, such as a loss of intimacy in a marriage, job loss, or divorce, are quite common in hypersexual behavior and can cause a spike in distress (McBride et al., 2007; Reid, Carpenter, et al., 2012; Reid, Garos, et al., 2012). Hypersexual behavior has been theorized to be an avoidant behavior in which the individual tries to escape their distress, shame, or tension (Rosenberg et al., 2014). Self-forgiveness could help an individual take ownership of their mistakes while simultaneously mitigating any potential increase in dysphoric mood states. In this sense, self-forgiveness might help individuals to stop turning away from their problems, but successfully meet their distress head-on and release tension and distress by forgiving themselves of their past.

Another way self-forgiveness could lead to decreased dysphoric mood states is through the reaffirmation of violated values and aligning one's life according to their true values, which could lead to decreased avoidance behaviors, an acceptance of wrongdoing, and using the emotions of guilt and shame productively (Ahmed, Harris, Braithwaite, & Braithwaite, 2001). For example, hypersexual behavior often violates individual's religious/spiritual morals and values, which could lead to feelings of worthlessness or being out of control sexually (Grubbs, Exline, et al., 2015;

Grubbs et al., 2016). Additionally, a stronger perception of addiction to sexual behaviors could cause distress in mental health as well as spiritual health (Grubbs, Exline, et al., 2015). Self-forgiveness could help reduce feelings of maladaptive shame and worthlessness by adjusting individuals' perception of their wrongdoing so as to perceive themselves as valuable but imperfect, move past prior mistake, and move forward by reaffirming their true values. By affirming violated values, self-forgiveness could help individuals to (a) decrease dysphoric mood states by living according to their values and (b) reduce the likelihood of an increase in dysphoric mood states after accepting the negative consequences associated with hypersexual behavior.

In sum, we theorize that self-forgiveness could help individuals with hypersexual behavior in two ways. First, self-forgiveness could decrease dysphoric mood states (e.g., shame, guilt, depression) that would otherwise cause distress and tempt individuals to self-soothe by engaging in hypersexual behavior. By reducing the distress and despair through self-forgiveness, the need to engage in hypersexual behavior should decrease. Second, self-forgiveness could help individuals cope with the negative consequences associated with hypersexual behavior, thus mitigating further distress, shame, or other dysphoric mood states. By accepting responsibility for their actions and reaffirming their violated values, individuals can maintain a healthy positive self-regard that allows them to move past their mistakes.

Barriers to the Clinical Application of Self-Forgiveness to Hypersexual Behavior

It is important to note that some theory and research has proposed that self-forgiveness may actually be problematic for individuals who struggle with addiction or impulse-control issues (Squires, Sztainert, Gillen, Caouette, & Wohl, 2012; Wohl & Thompson, 2011), although no research has been found as of yet to support this link in individuals struggling specifically with hypersexual behavior. The idea is that guilt and shame may function as important motivators to engage in behavioral change (i.e., reduce or stop sexual acting out), in order to reduce the negative experience of guilt and shame. Following this logic, reducing guilt and shame via self-forgiveness may actually reduce motivation to engage in behavior change because the individual's situation (with less guilt and shame) is less painful. Also, the threat of not belonging following a transgression may lead to pseudo self-forgiveness and defensive processing (e.g., minimize harm, denial of wrongdoing, or exempting oneself), which serves the purpose of releasing oneself from the unpleasant feelings of guilt and shame (Woodyatt & Wenzel, 2013a, 2013b). In this sense, true self-forgiveness attempts to lower defensive processing by acknowledging feelings of shame and guilt after a transgression, which may be prerequisites for true self-forgiveness and restoration (Woodyatt & Wenzel, 2013a). To shed light on this topic, future research should examine the possible effects and interplay among self-forgiveness, acceptance of wrongdoing, and the acknowledgement of shame in the context of hypersexual behavior.

Research on Self-Forgiveness and Hypersexual Behavior

A review of the literature revealed only one published study that specifically examined the relationship between self-forgiveness and hypersexual behavior, but there are several other studies that have explored the role of self-forgiveness in the treatment of problems similar to hypersexual behavior (e.g., addiction, self-destructive motives). Self-forgiveness research has had mixed results in treating addictive/self-destructive behaviors. For example, one study used a four-hour self-forgiveness intervention with individuals (N = 79) who abused alcohol and found the self-forgiveness treatment resulted in higher levels of self-forgiveness and drinking refusal self-efficacy than the treatment-as-usual condition that did not focus on self-forgiveness (Scherer, Worthington, Hook, & Campana, 2011).

While the previous study lends support to self-forgiveness's effectiveness in treating addictive/self-destructive behaviors, other studies show evidence of a potential dark-side to self-forgiveness. For instance, in a sample of smokers (N = 181), acknowledging the negative consequences of smoking and its effect on the motivation to quit smoking had less of an impact among individuals practicing self-forgiveness (Wohl & Thompson, 2011). Furthermore, pathological gamblers (N = 110) were found to be more ready for lasting change only if they condemned themselves for their gambling behaviors (Squires et al., 2012). These two articles illustrate how self-forgiveness may work to reduce negative emotions associated with the addictive behavior, which could reduce motivation to change.

One research study specifically explored the relationship between self-forgiveness and hypersexual behavior (Hook, Farrell, Davis, et al., 2015). According to this study, individuals who reported higher levels of self-forgiveness for the violation of their sexual values reported lower levels of shame and guilt, and lower levels of shame and guilt were in turn related to lower levels of hypersexual behavior. Specifically, self-forgiveness was a significant negative predictor of hypersexual behavior ($\beta = -0.25$, $p = 0.001$), self-forgiveness was a significant negative predictor of shame/guilt ($\beta = -0.48$, $p < 0.001$), and shame/guilt was a significant positive predictor of hypersexual behavior, even when controlling for self-forgiveness ($\beta = 0.25$, $p = 0.002$). The authors reported a significant mediation effect, with 4.9% of the variance in hypersexual behavior explained by the mediated effect of self-forgiveness via shame/guilt.

The findings from this study supported prior theory and research suggesting self-forgiveness is negatively related to addiction problems (e.g., alcohol abuse), and lends initial support to the idea that self-forgiveness may play an important role in reducing hypersexual behavior. Furthermore, the findings from this study suggest that self-forgiveness may help reduce the guilt and shame that are prevalent in individuals struggling with hypersexual behavior. In other words, self-forgiveness may work to interrupt the addiction cycle in individuals struggling with hypersexual behavior by reducing the guilt and shame experienced.

Although the results of the main article of interest that focused on self-forgiveness and hypersexual behavior are promising, the article does have several important

limitations. For example, the sample consisted of college students (i.e., a non-clinical, largely non-pathological sample) who were mostly female, so results may not generalize to clinical samples (which generally have a high percentage of males and pathological behavior patterns). Additionally, the study used a cross-sectional design, obscuring any causal links. As such, it is possible that individuals who reported high levels of self-forgiveness simply had low levels of hypersexual behavior, making it easier to forgive themselves.

Directions for Future Research

There has been little empirical research examining the relationship between self-forgiveness and hypersexual behavior, so there are many exciting areas to be explored (Reid, 2013). One of the important next steps would be to conduct empirical studies on self-forgiveness and hypersexual behavior in samples of individuals who are experiencing high levels of hypersexual behavior (e.g., clinical or inpatient samples). It is important to test whether the relationships among self-forgiveness, shame/guilt, and hypersexual behavior are similar or different in these samples.

Also, future research could use more sophisticated research designs, including longitudinal studies to investigate the sequence of events as people engage in self-forgiveness interventions and modify naturally occurring processes. Additionally, experimental designs that randomly assign individuals struggling with hypersexual behavior to engage in self-forgiveness interventions should be used. Experimental studies would be important for testing the efficacy and effectiveness of self-forgiveness interventions in treating hypersexual behavior, and longitudinal designs could examine if self-forgiveness has a lasting impact on hypersexual behavior over time.

A third direction for future research could be to investigate the underlying mechanisms for why self-forgiveness might lead to reduced hypersexual behavior, such as further exploring the connection between self-forgiveness and shame/guilt, depressive symptoms, avoidance motivations, and self-destructive behaviors. Related to this point, it would be interesting to further explore the relationship between self-forgiveness and motivation to change, in order to investigate whether there might be aspects of self-forgiveness that could be problematic for individuals struggling with hypersexual behavior. Additionally, it is necessary to explore the hypothesized sequence of experiences from impulses to failure of self-control involving experiences of shame and guilt before and after such failures and then hypothesized relief of pressures to act on sexual impulses.

Finally, we continue to live in a rapidly growing and diverse society that has a variety of cultural values, views, and attitudes toward sex and the types of behaviors that are considered normal vs. abnormal. Research examining differences in hypersexual behavior among various cultural groups (e.g., gender, sexual orientation, religion/spirituality), as well as how culture impacts attitudes about hypersexual behavior would benefit future research and clinical applications for using self-forgiveness as treatment for hypersexual behavior for individuals from various cultural groups.

Conclusion

Hypersexual behavior involves sexual behaviors that consume an individual's time, mind, and freedom, are difficult to control, and often result in distress, shame, and impairment in social, occupational, and relational functioning. Individuals struggling with hypersexual behavior may feel shame, isolation, and despair. Repeated engagement in hypersexual behavior can result in pattern of behavior in which an individual tries to cope with their despair, subjective distress, and negative emotional state by engaging in hypersexual behavior, which serves to increase their sense of despair. Self-forgiveness could be essential in helping the person struggling with hypersexual behavior to face their struggle yet engage the self with compassion and benevolence. Although initial research supports this theory, more research is needed to better understand the role of self-forgiveness in hypersexual behavior.

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Self-Forgiveness at Work: Finding Pathways to Renewal When Coping with Failure or Perceived Transgressions

Lydia Woodyatt, Marilyn A. Cornish, and Mikaela Cibich

When we fail to live up to our standards and expectations, violate our own values, or commit various transgressions, we can feel shame, guilt, regret, frustration, self-directed anger, and self-contempt. As demonstrated throughout this book, how we process these experiences can impact our personal and interpersonal well-being. This is true as much at work as in any other domain of our lives. In fact, to the degree that work is a central component of our self-concept, failures and transgressions at work may have massive fallout for us personally and for others around us, both at work and at home. Furthermore, because work is often an environment that we cannot escape, effectively coping with stressors and aversive emotions that arise at work is essential to well-being. In this chapter we will outline the contexts at work where self-forgiveness may become relevant. We discuss psychological issues associated with self-condemnation or defensiveness in response to failure and transgressions at work. Finally, we explore self-forgiveness processes as a means of helping people manage their experiences of failure and transgressions in the workplace.

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The Need for Self-Forgiveness to Foster Well-Being at Work

Self-forgiveness processes can apply across a range of contexts at work. Self-forgiveness could be applicable after specific transgressions involving violations of rules or ethics in the work environment that led to undesirable outcomes. However, self-forgiveness may also be relevant in the context of people experiencing a broader sense of failure at work, in which responsibility for undesired outcomes is more ambiguous.

Specific Transgressions

The first context in which self-forgiveness processes can apply is following specific transgressions. These can be intentional or unintentional. Lack of due diligence, violations of trust or ethics, failures to report or act in appropriate or timely ways, and instances of bullying or harassment are all examples of work-related transgressions (Fida et al., 2015). These types of transgressions are relatively common and can be costly for organizations. For example, in terms of interpersonal transgressions alone, it is estimated that between 75 and 95% of employees have experienced bullying or harassment at work (Djurkovic, McCormack, & Casimir, 2006). Workplace conflict costs US companies an estimated $359 billion annually in paid time spent to deal with conflict, with conflict also impacting working productivity, satisfaction of employees, turnover, stress, and burnout (CPP Global, 2008). How we respond to our own transgressions is important because failure to acknowledge our actions can inhibit reconciliation, ruin relationships, inhibit reciprocity and, consequently, reduce work productivity and increase conflict (Okimoto & Wenzel, 2014). For these reasons, even if self-forgiveness prevents only 1% or less of the conflict, self-forgiveness processes that increase responsibility and reconciliation (with self and others), and consequently lead to renewal, may be useful and cost-effective in the workplace (see Goodstein, Butterfield, Pfarrer, & Wicks, 2014).

Broader Contexts Where Self-Forgiveness May Apply at Work

In fact, we can experience shame and guilt for a wide range of reasons at work, not only specific transgressions. We can feel shame and guilt about situations in which our responsibility is more ambiguous; where we fail to use our abilities, fail to live up to our own ideals or standards, or simply perform more poorly than we perhaps could. We can feel guilt and anxiety when we struggle to manage competing roles either at work or between work and home (Hochwarter, Perrewe, Meurs, & Kacmar, 2007; Jackson & Schuler, 1985). These experiences of competing roles can decrease well-being. For example, when analyzing the National Comorbidity Survey within

the United States, Frone (2000) found positive correlations between work-family conflict and mood, anxiety, and substance dependence disorders. We can experience guilt, shame, and remorse when our job duties at work are misaligned with our personal values (Hirsh & Kang, 2016). There are also professions in which even our best efforts can result in bad outcomes for others. Military personnel (see Griffin et al., 2017), police officers, lawyers, physicians, and psychologists can all encounter situations in which they feel responsible for undesirable outcomes, despite their best efforts. For example, a qualitative study investigating regret among hospital-based nurses and physicians found that three-quarters of reported regrets were not related to an obvious mistake, but rather a range of perceived failures such as being unable to attend to multiple demands simultaneously and being unable to save a patient's life (Courvoisier, Agoritsas, Perneger, Schmidt, & Cullati, 2011). It is in these contexts, when responsibility is more ambiguous and the pathway to renewal less clear, that understanding the processes of self-forgiveness might be most relevant.

Imagine you are a support worker for homeless youth. As an intake officer your job is to receive new clients and connect them to support services. However, there is no available space in shelters, social workers are available only for extreme cases, and most support services require a fixed address for clients to proceed. You fill in forms. You offer empathy and engage with your clients individually. You hear stories of abuse and neglect. You may have originally engaged with this work to make a difference, but more often than not you now feel you are failing to help your clients. You find that you are increasingly exhausted. Over time you find it hard to engage with your clients and you start avoiding time with clients when possible, yet you also find it hard not to think about work when you are not there. You feel the guilt of not being able to fix people's problems. Then you feel shame and guilt over your increasing withdrawal. This is an extreme example, but one not far from the reality faced by many who work in caring and support roles in which problems are often intractable and bureaucracy is overwhelming.

Where does self-forgiveness fit in this scenario? As the hypothetical employee described above, you would not be objectively responsible for your clients' homelessness or the bureaucratic limitations of your agency, but self-directed feelings of resentment, guilt, shame, anger, and frustration can still arise. In these contexts, self-forgiveness offers a way of working through the ambiguity of responsibility and of guilty feelings. For example, Gerber (1990) found that concepts of self-forgiveness were important for surgeons dealing with the aftermath of unsuccessful surgeries, and Carter (1971) suggests self-forgiveness may be important for therapists coping with the suicide of a patient. Simply escaping or avoiding the psychological implications of these perceived failures can lead to declines in inter- and intra-personal well-being at work (Fida et al., 2015). Self-forgiveness, however, is a process of working through what has occurred, owning one's portion of responsibility within a situation, and acknowledging one's feelings of guilt or shame, while at the same time responding with respect toward the self (Holmgren, 2012).

Understanding Our Psychological and Physiological Response to Failure and Wrongdoing

Experiences like shame and guilt are linked to our need to maintain our place within social groups for survival (Baumeister & Leary, 1995). To the extent that our failure at work violates important group values (which may be imposed on us or we may have internalized over our life so that they have become our own values), violating those values can represent a threat to our self because groups sometimes respond to violations of group norms through exclusion and rejection (Baumeister, Stillwell, & Heatherton, 1994; Gruter & Masters, 1986). This need has been termed *moral-social identity threat* (SimanTov-Nachlieli, Shnabel, & Mori-Hoffman, 2017) due to the dual dimensions of being perceived (and perceiving one's self) as (a) a "good" person (where goodness is developed in a social context) and (b) an acceptable group member (Woodyatt, Wenzel, & Ferber, 2017). The psychological threat of rejection—created by our awareness of the violation of group values—can trigger a physiological stress response, including over-activation of the pituitary and adrenal glands and suppression of the immune system (see Toussaint, Webb & Hirsch, 2017). These physiological responses are associated with certain emotional experiences such as shame, guilt, remorse, or even self-directed anger.

Self-directed negative emotions like shame and guilt have a role to play in well-being, helping humans to negotiate the reality of survival within socially complex hierarchies (see Gilbert & Woodyatt, 2017; Leach, 2017). Shame has been suggested to arise due to loss of social status or social bonds, because we have acted in discord with group norms (Goetz & Keltner, 2007). Guilt is rooted in caring and cooperative behavior and is often driven by empathy-based caring (Gilbert & Woodyatt, 2017). It can alert us to the hurt of others (Gilbert, 2007). In essence, both shame and guilt help us to negotiate group life. They help us to maintain our status and value within groups. They encourage the maintenance of behavior that is consistent with shared values. They help us to maintain reciprocity, and motivate us to behave in ways that repair any relational damage caused by our transgression. Shame and guilt also help motivate us to avoid transgressive behavior in the future. However, as described by Leach, 2017), these emotions can also lead to patterns of avoidance, maladaptive behaviors, and poor psychological well-being (Cibich, Woodyatt, & Wenzel, 2016; Leach & Cidam, 2015), especially when repair seems difficult or even impossible.

To summarize, when we violate our values, our psychological response is to treat this violation as a threat to our sense of being a good and acceptable group member. With the psychological response comes an attendant physiological response and associated emotions designed to mobilize us for action to address the threat.

Difficult-to-Repair Situations at Work

This process of addressing the threat can become blocked if the cause of the threat is difficult to understand or hard to repair. Again imagine that you are the support worker for the homeless youth. Working out who is responsible for your clients' difficulties and what can be done to fix the difficulties is quite nuanced. Here we start to see where the problem arises. Ongoing exposure to the physiological stress and the associated emotions can lead to physical exhaustion. These outcomes are precursors to workplace burnout (Maslach & Jackson, 1981; Maslach, Schaufeli, & Leiter, 2001).

In the context of the workplace, there may be many instances in which the underlying causes of shame and guilt are difficult to repair. These circumstances may include resource or structural limitations or when responsibility for a key activity falls outside of one's purview (e.g., a surgeon seeing a patient that requires mental health care but is not receiving it). The cause of shame and guilt can also be difficult to repair when workplace values conflict with personal values, when there are conflicts between the requirements within a work role (e.g., to be both a nurturing manager and to terminate people's employment), or when there is simply an overload of expectations between work life and home life. Aspects of the informal organization (e.g., workplace bullying, discrimination, sexual harassment) or violations of the psychological contract (i.e., the informal agreements between worker and organization, such as loyalty and flexibility) may lead to exacerbated shame and guilt being experienced by workers.

Furthermore, work is an interpersonally complex situation. Issues such as negotiating hierarchical relationships, or the power imbalances within managerial practices (e.g., performance reviews) may make causes of shame or guilt difficult to express or repair. Additionally, work is often an inescapable situation both practically, due to financial pressure or desire for career progression, or relationally, such as when coworkers whom one may have conflict with continue in their roles (or occupy managerial roles over a person). Finally, there may be organizational norms or conditions that limit responsibility-taking or repair. For example, some companies might mandate neutral responses and forbid responsibility-taking when there may be issues of liability (Gallagher, Waterman, Ebers, Fraser, & Levinson, 2003). These processes can make it difficult for an employee to see pathways to repair. The perceived irreparability of these issues may lead to maladaptive self-protective responses.

Maladaptive Self-Protective Strategies in Response to Perceived Difficult-to-Repair Situations

When a transgression or failure seems irreparable, this can trigger self-protective strategies. Self-protective strategies can be understood as ways to (a) address the underlying threat through various strategies to restore the self and/or (b) reduce the intensity or duration of physiological/emotional experience. These strategies can

include defensiveness, avoidance, and self-punishment. However, these strategies are associated with a range of interpersonal and intrapersonal costs in the context of work.

Defensiveness Defensiveness can be described as attempts to deny responsibility, deflect attention away from the wrongdoing, or blame the situation or others. Defensiveness in response to various types of failure, inconsistencies, and wrongdoing has been explored in the social-psychological literature under a range of terms. Examples include moral disengagement (Bandura, 1999) and pseudo self-forgiveness (Fisher & Exline, 2006; Hall & Fincham, 2005; Woodyatt & Wenzel, 2013a). In the context of transgressions and failure at work, defensive responses may involve cognitively restructuring an event, which in turn can manifest as justifying or excusing one's actions, playing down the harm inflicted, blaming the victim or others, or even questioning the rules or norms that one has allegedly violated (Bandura, 1999). The psychological defense system can be adaptive for processing negative feedback about the self, helping the self to maintain optimism, brush off failure, and persevere (DeWall et al., 2011).

However, denial of responsibility can lead to a range of negative interpersonal consequences at work. These can include a reduced desire to change or learn from one's failures (Haidt, 2001; Hosser, Windzio, & Greve, 2008), reduced willingness to reconcile, and reduced empathy for others (Woodyatt & Wenzel, 2013b). Defensiveness can also result in intrapersonal problems including a reduced sense of personal esteem, personal agency, or self-trust (Fisher & Exline, 2006; Wenzel, Woodyatt, & Hedrick, 2012; Woodyatt & Wenzel, 2013a, 2013b). Agency is the degree to which we feel we are empowered actors, able to influence our lives and the outcomes we receive (Abele & Wojciszke, 2014). When we deny our wrongs, we undermine our own sense of personal agency (Woodyatt, Wenzel, & de Vel Palumbo, 2017). Loss of agency is often associated with increased stress, disengagement, and ultimately burnout.

Avoidance Avoidance may be another form of self-protection. Particularly in difficult to repair contexts, avoidant coping can be a short-term strategy for regulating negative experiences. However, avoidance following failure or wrongdoing at work can result in negative interpersonal outcomes. Avoidance can mean that a harm goes unaddressed or even continues to be perpetuated. In terms of intrapersonal well-being, research suggests that it is the avoidant responses following shame and guilt, rather than feelings of shame or guilt per se, that are associated with poorer psychological well-being (Cibich et al., 2016; Leach & Cidam, 2015). Similarly, avoidance in response to shame is likely to contribute to the key components of workplace burnout (Maslach & Jackson, 1981; Maslach et al., 2001). Over time, avoiding aspects of work is likely to exacerbate feelings of failure rather than reduce it. To again put yourself in the support worker's situation, you may find that although engaging in avoidance of clients helps to reduce your acute stress, it may also lead to a lingering feeling of guilt. Then, due to a heightened stress state, you in turn find even simple activities (e.g., filling in reports) quite "stressful" to accomplish. Your pattern of avoidance may then spread, leading to procrastination and avoidance on other tasks.

Self-Punishment Some people do not deny or avoid responsibility at all, but instead adopt a response of psychological or behavioral self-punishment in an attempt to ease the guilt or shame associated with transgressions or failures that seem irreparable. Consistent with this, Nelissen and Zeelenberg (2009) found that when opportunity for repair following failure was denied, guilt was associated with self-punishment. Self-punishment represents an attempt to re-establish one's threatened sense of being a good group or relationship partner. That is, by being unforgiving to the self—or literally punishing the self—the offender might communicate to the victim, "I know I did something wrong, I'm not really a bad person/relationship partner" or express one's restoration of commitment to the values violated. However, self-punishment is also associated with interpersonal costs over time. Self-punishment has been related over time with reduced empathy for the victim and reduced desire to reconcile (Woodyatt & Wenzel, 2013b), and with lower relationship satisfaction of romantic partners (Pelucchi, Paleari, Regalia, & Fincham, 2013). Thus, while self-punishment may communicate attempts at relational repair in the short-term, continued self-punishment is likely to result in poorer interpersonal and intrapersonal well-being over time.

Intrapersonally, qualitative analysis of the accounts of people who self-punish in response to failures suggests that people often feel worse after engaging in self-punishment despite attempting to feel better (de Vel-Palumbo, Woodyatt, & Wenzel, 2017). One particularly problematic component of self-punishment seems to be excessive negative self-evaluation. Self-punishment is strongly associated with a lack of self-compassion (Woodyatt, Wenzel, & Ferber, 2017) and lack of global self-esteem (Woodyatt & Wenzel, 2013b). Global negative self-evaluations are now specifically being explored as a problematic component of some people's shame experience (see Leach, 2017). In the workplace there is initial evidence to suggest that the cognitive component of negative self-evaluation (rather than shame per se) in response to failure was associated with higher levels of emotional exhaustion and lower levels of satisfaction with work (Crosskey, Curry, & Leary, 2015).

Costs Associated with Maladaptive Self-Protective Strategies

While these protective strategies may be adaptive in some instances, avoidance, defensiveness, and self-punishment in the workplace may lead to interpersonal problems, such as growing conflict, and intrapersonal problems such as workplace burnout. *Workplace burnout* has been described as a response to chronic stressors that lead to three symptoms: (1) overwhelming exhaustion (being depleted emotionally and physically); (2) feelings of cynicism and detachment from one's job (interpersonally negative, callous, or excessively detached response to various aspects of the job); and (3) sense of low self-efficacy either personally or professionally (low sense of accomplishment, feelings of ineffectiveness; Maslach & Jackson, 1981; Maslach et al., 2001). Collectively, these self-protective strategies are associated with a range of interpersonal and intrapersonal costs that over time are likely to

increase risk of burnout for three reasons. First, to the degree that self-protective strategies lead to unresolved ongoing psychological threat, these responses could be expected to lead to physical exhaustion and "sickness" behavior in a similar way to other chronic experiences of threat associated with aversive emotions (such as anger and fear). In essence, by not working through the cause of the physiological response, the response will remain. Second, these strategies are associated with a range of interpersonal costs, such as reduced employee reciprocity and pro-sociality and feelings of cynicism and detachment. Finally, these strategies are associated with a range of intrapersonal costs, reduced self-efficacy.

To summarize, in response to our own failures we can experience a range of negative emotions that motivate us to address the problem. But when the situation is difficult to repair, those same negative emotions can lead to self-protective strategies (defensiveness, self-punishment, avoidance) that can be maladaptive in the workplace. We propose that self-forgiveness offers an alternative response that helps individuals to engage with the source of their shame/guilt and to work through what has occurred.

Processes of Self-Forgiveness at Work

Considering the negative personal and productivity-related consequences of work-related regrets or transgressions, it is useful for employees to have a framework from which to engage in the self-forgiveness process. To assist with this, we draw from Cornish and Wade's (2015a) therapeutic model of self-forgiveness, the *Four Rs of Genuine Self-Forgiveness*. Although developed in the context of psychotherapy, this model also has applicability to other individuals trying to forgive themselves. The *Four Rs* process model includes the components of (1) responsibility, (2) remorse, (3) restoration, and (4) renewal. These four components can be worked through for a specific transgression, yet there is also a benefit to increasing one's overall tendency to be self-forgiving. Developing a self-forgiving approach to work–life would provide individuals with the tools necessary to respond to various work-related regrets. Rather than defaulting to self-defensive, self-punishing, or avoidant responses, workers can develop skill in maintaining an open posture toward their workplace regrets. In some instances, individuals will identify that they hold little responsibility for particular work-related regrets, leaving them with little to self-forgive. On the other hand, workers will identify times in which they do hold some culpability and can thus engage with the self-forgiveness process as a way to repair the situation and emerge in a resilient fashion. In order to assist with this, we outline each of the *Four Rs* components in the context of work-related regrets, focusing on the various outcomes of each component depending on the degree of responsibility held for the incident. Due to the interpersonal nature of work and the focus of previous research, we largely explore the process of self-forgiveness in the context of interpersonal hurts in this chapter. However, it is worth noting that people can hold on to self-condemnation for a range of shortcomings, including victimless

offenses or relatively abstract or impersonal wrongs (such as toward a company). These are also avenues to which the *Four Rs* model may be applied.

Responsibility

Employees may find that they harbor some form of regret, self-resentment, or guilt about work-related incidents. Other individuals may have been told by co-workers, superiors, or consumers that they are responsible for negative outcomes at work. In both of these situations, a first step is to explore responsibility (Cornish & Wade, 2015a) for that incident. If this is done with a sense of curiosity, individuals can step back to examine the causes and consequences of the situation. There will undoubtedly be contextual factors that contributed to the incident under question, but there may also be personal actions or decisions that contributed to the situation, leading to some degree of responsibility for the incident and/or the consequences that stemmed from the incident.

At times, independent exploration of responsibility may be sufficient, particularly when responsibility is clear-cut and when the individual has adequate self-esteem resources to avoid over- or under-acceptance of responsibility. For example, a professor forgets to tell her students that class is cancelled because of a conference she needs to attend, leading all her students to show up to an empty classroom that day. This faculty member is readily able to accept her error, find a way to make it up to the students, and commit to being more organized in the future.

When personal responsibility is ambiguous, however, this may be difficult. In these contexts it may be helpful to seek out trusted peers or mentors to help examine responsibility. Indeed, workplaces may benefit from providing staff with mentors (peer or other) during times of transgression or conflict. Mentors can act as social support by reassuring individuals that they are part of the work community and that there are pathways to repair by showing respect, thereby increasing the likelihood of responsibility and repair-oriented behaviors. These mentors can also help to reduce the frequent tendency to attribute external causality to negative self-initiated events (Shepperd, Malone, & Sweeny, 2008. However, a challenge could arise when the manager is both the evaluator (leading to an increase in threat) and mentor. In that way, a peer model of mentoring may be more beneficial. For contexts in which transgressions are severe or confidentiality needs to be maintained, professionals (psychologists, counselors, pastoral care workers) may be important resources to provide this.

Mediators or mentors who can provide an outsider's assessment may also be necessary when individuals hold a high opinion of themselves and their accomplishments, and use those opinions to avoid responsibility for unflattering or distressing aspects of one's past, to brush aside feelings of shame or guilt, or to move on prematurely without change or displays of remorse (Blustein, 2000). This type of individual may first need to be told by others that his or her behavior was harmful. Indeed, respectful confrontation by those who we feel love or respect us can

be a powerful motivator of working through transgressions and moving toward change (Ahmed, Harris, Braithwaite, & Braithwaite, 2001). Therefore, those attempting to take a more self-forgiving stance at work can use constructive feedback from others as an opportunity to further explore their responsibility for negative outcomes at work.

Whether done independently or in consultation with others, exploration of responsibility should involve consideration of what was within one's control (Blustein, 2000). Re-imagining yourself as the support worker for homeless youth, you had no control over the circumstances leading to your clients' homelessness and you were not responsible for the long-standing funding limitations of the center. You may identify, however, specific actions or decisions that you did have agency over. For example, you might identify that your discouragement about the systemic barriers in your job has led you to be gruff with the youth, to put in less effort into their cases, and to avoid unnecessary contact with your clients. Although you have little power to change the factors that led to your discouragement, you do have agency in how you cope with that discouragement. Your responsibility therefore, would lie in your hurtful behavioral responses at work. It is for those aspects of your regret that you could continue the self-forgiveness process.

Remorse

The next component of the self-forgiveness process is remorse (Cornish & Wade, 2015a). When people explore and accept responsibility for harm caused to others, it is typically accompanied by remorseful or guilty feelings. As described above, these emotions serve an important function, which is to spur a desire to make things right in some way (Fisher & Exline, 2006). Learning to understand one's emotions and accept them not as enemies, but as guides, can be an important part of the self-forgiveness experience. As discussed above, personality factors or the experience of stigmatizing or highly evaluative practices at work (e.g., constant criticism, extreme competitiveness) can make it difficult to see pathways to repair following failure and transgressions. In working through one's emotions, Blustein's (2000) statement that "self-reproach is only appropriate when it is for something over which one had some control" (p. 16) applies. Individuals must work toward separating one's emotional reactions to the situation (e.g., *I feel terrible that my job does not allow me to help these homeless youth in the ways that matter most*) from the blameworthy actions under one's control (e.g., *I regret snapping at my client the other day*; Berlinger, 2011). Emotional reactions to aspects of the situation beyond one's control can be handled via practices like self-compassion (Neff, 2011) and distress-tolerance skills (Van Dijk, 2012). Remorse about the actions for which one holds responsibility can then be used as motivation to engage in the third component of self-forgiveness, which is restoration (Cornish & Wade, 2015a). Self-help (Griffin et al., 2015) and psychotherapeutic (Cornish & Wade, 2015b) options are available to those who may need additional guidance with cultivating a more self-forgiving approach to life.

Restoration

The third component of the self-forgiveness process, restoration, involves attempts to repair the damage caused by the hurtful event and a recommitment to one's values that may have been violated by the offense (Cornish & Wade, 2015a; see also, Wenzel et al., 2012; Woodyatt & Wenzel, 2013b, 2014). Again imagining yourself as the support worker, you may decide to apologize to the clients with whom you had a gruff demeanor and you may make efforts to engage with clients you had been avoiding. It would also be important for you to explore any personal and professional values violated through your behavior (for a description of key questions that may arise in this process, see Woodyatt, Wenzel, & de Vel-Palumbo, 2017). For example, you might identify that you violated a principle of client-centered care and your value of respect for others. This may also cause you to reflect on the reason you took this job—perhaps to make a meaningful difference in the lives of youth who are homeless—and how your recent actions have had the opposite effect. After the identification of values violated through one's actions, the self-forgiveness process involves a recommitment to those values in future actions (Cornish & Wade, 2015a). That is, the individual makes a conscious effort to align future behaviors with one's values. This may lead to substantive changes like exploring options of reimagining one's role at work, finding new work, or even finding contexts outside of work in which one can continue to express core values. As the support worker, you may find that engaging in advocacy efforts to change legislation and funding priorities in ways that would benefit your clients is a way to reconnect to your values and rejuvenate your work.

It is also important to consider there may be times when this restoration process is hindered by organizational dynamics. Some may not have an opportunity for future contact with those hurt by their mistakes. In this event, only indirect amends efforts are possible. Other times there may be liability-related factors that stifle an employee's desire to publicly acknowledge responsibility and make amends. Take a surgeon who made a mistake that caused permanent disability in a patient. Lawyers for this physician's hospital may not allow the doctor to make an apology for fear that it could open up additional liability (Bismark, 2009). However, denying opportunities for repair may lead to greater self-punishment (Nelissen & Zeelenberg, 2009) and reduced ability to forgive oneself (Gerber, 1990). In these contexts, processes of self-forgiveness may involve acknowledging repair attempts made as sufficient (Holmgren, 2012). In addition, value reaffirmation processes that repair the underlying threat to moral-social identity, particularly when reinforced within a social context (via a mentor or support person), will allow the person to restore a sense of self despite contextual limits to reparation.

Renewal

Having successfully worked through the other three components of self-forgiveness, individuals may experience a sense of renewal. This fourth component involves a renewed sense of self-acceptance, self-compassion, and self-trust (Cornish & Wade, 2015a). For those with a greater tendency toward self-forgiveness, this renewal process may be seen as a return to baseline emotional functioning. But, for those who have previously struggled to self-forgive, they may find themselves needing to build skills in self-compassion or self-acceptance to further reduce the negative feelings that had been associated with their regretted incidents (see, for example, Neff, 2011). Individuals may find that through their increased ability to positively address their work-related regrets via self-forgiveness, they are better able to be productive, effective workers at less risk of burnout.

Future Directions

Much of what we have presented in this chapter is an elaboration from the literature on self-forgiveness developed within general or non-work contexts because empirical work in relation to self-forgiveness at work is quite sparse. We are only starting to explore the dynamics of self-forgiveness following failure and transgressions at work and we hope this chapter will be a useful resource for clinicians but also a stimulus for researchers. In this chapter, we present a number of theoretical ideas that are testable in future research. First, to what extent do the responses to transgressions and failures at work impact well-being? This might include examining both positive outcomes like workplace engagement and satisfaction. It can also include negative outcomes such as burnout, compassion fatigue, vicarious traumatization, and depression/anxiety. Second, what physiological, cognitive, emotional, motivational, and relational responses are associated with self-forgiveness in work contexts? We have suggested some possible psychological constructs that may be related to these responses at work; for example, attributions of responsibility, perceived causality, psychological needs such as moral-social identity and personal agency, and the role of perceived reparability. These can be explored in the context of work. Third, what contextual factors influence self-forgiving versus self-protective responses? We have suggested a variety of contextual factors that may play a role including procedures, culture, role of mentors, etc. However, there are a range of other questions that can be considered in future research. For example, it may be that the capacity for self-forgiveness is essential in certain roles, especially those in which one has responsibility for, or specifically cares for, others. It is possible that self-forgiveness may enable ongoing creativity and positive risk-taking. Finally, self-forgiveness could be linked to the examination of other virtues in the workplace, for example, alongside ethicality, humility, and compassion. Given the proportion of our life spent at work, these are important issues to which psychologists can apply themselves.

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Self-Forgiveness and Pursuit of the Sacred: The Role of Pastoral-Related Care

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"Be ye therefore perfect, even as your Father which is in heaven is perfect."—*Matthew* 5:48

Each of the major spiritual/religious traditions of the world have canonized the notion that adherents are to model their lives after deity and/or divine law; that is, to pursue the sacred and/or the sacred way. From a Judeo-Christian perspective, both the Old and New Testaments include passages encouraging believers to "let your heart therefore be perfect with the Lord our God, to walk in his statutes, and to keep his commandments" (*I Kings* 8:61) and to "let us cleanse ourselves from all filthiness of the flesh and spirit, perfecting holiness in the fear of God" (*II Corinthians* 7:1) (KJV, 1983). From an Islamic perspective, believers are encouraged to exclaim, "… we hear and obey, our Lord! Thy forgiveness (do we crave), and to Thee is the eventual course" (*Surah* II:285) (Shakir, 2003). From a Hindu perspective, believers are reminded that "those who meditate upon this immortal dharma as I have declared it, full of faith and seeking me as life's supreme goal, are truly my devotees, and my love for them is very great" (*Bhagavad Gita* 12:20) (Easwaran, 2007a), and from a Buddhist perspective, believers are reminded that "dharma is not upheld by talking about it. Dharma is upheld by living in harmony with it, …" (*Dhammapada* 19:259) (Easwaran, 2007b). Importantly, this pursuit of the sacred is not restricted to the so-called *believers*. Scholars have argued and empirical evidence supports the notion that spirituality is part of what it means to be human and does not require a belief in deity (e.g., Pargament, 2013; Piedmont & Wilkins, 2013; Webb, Toussaint, & Dula, 2014).

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Given the common struggles of life and the associated inherent imperfection of the human condition (Kurtz & Ketcham, 1992), when pursuing the sacred it is likely that an individual will engage in self-evaluative reflection. Such reflection may lead individuals to experience self-condemnation, due to having offended the sacred, and perceive a need for self-forgiveness. However, self-forgiveness may be contingent upon one's successful pursuit of the sacred (i.e., perceiving a personally meaningful connection therewith), including seeking and feeling forgiveness from the sacred (Lavelock, Griffin, & Worthington, 2013). That is, one may be less likely to self-forgive without first experiencing forgiveness from one's conception of the sacred. For example, if God will not forgive me, how can I forgive myself? The relationship between pursuit of the sacred and self-forgiveness may have beneficial effects on health, including spiritual well-being, and such associations may be facilitated through assistance from spiritual/religious leaders, or pastoral-related care (see Sperry, 2013). Very little work has empirically examined the associations among self-forgiveness and pursuit of the sacred, whether as facilitated by pastoral-related care or in the larger context of the forgiveness–health association. As such, we provide an expanded model of the forgiveness–health association, to include self-forgiveness and pursuit of the sacred, present an initial study in support of our model, and discuss implications of and future directions for this program of study.

Deity-Focused Pastoral-Related Care

Pastoral-related care can be given by a variety of providers and can occur in a variety of contextual settings. Providers can include clergy, chaplains, and pastoral counselors. Context can include military, law enforcement, correctional settings, educational settings, healthcare settings, the workplace, and also among community members, in general. Likewise, it can be actively and intentionally offered and sought, or it can be received by chance (e.g., the recipient may be unaware that the provider has a pastoral background).

Sperry (2013) provides a comprehensive overview of pastoral-related care and stresses that it is often "rooted in a particular religious or institutional framework" (p. 223) and is typically sought by or provided to "believers interested in religious or spiritual change and also … those facing personal problems and crises" (pp. 223, 224). As such, our conceptualization of pastoral-related care, throughout the rest of this chapter, is in the context of active and intentional *deity-focused* pastoral-related care. Though, for purposes of simplicity and brevity, we will continue to use the term "pastoral-related care."

How might self-forgiveness be relevant to pastoral-related care? How might pastoral-related care facilitate self-forgiveness? It may be that individuals in the aforementioned settings are experiencing unresolved shame, guilt, regret, and self-blame for mistakes made, or existential threat. Shame and self-blame are often related to appeasement behavior (see Gilbert, 2009), from a feeling of being rejected by others or God. Pastoral-related care can challenge these beliefs and misconcep-

tions and convey self-forgiveness, as appropriate. Also, when mistakes are made or transgressions occur against self and others, pastoral-related care can help an individual work through issues related to responsibility and moral identity and help identify pathways to repair. In sum, pastoral-related care may be an effective spiritual coping mechanism to facilitate self-forgiveness and more effective pursuit of the sacred through individual acceptance of responsibility for perceived or actual offenses, and acceptance of the self as flawed, but valuable.

Self-Forgiveness

The multidimensional, positive psychological construct of forgiveness (see Snyder & Lopez, 2009) is a core spiritual principle long held and revered by each of the world's major spiritual/religious traditions (Webb, Toussaint, & Conway-Williams, 2012). Similarly, forgiveness is central to psychology and philosophy (McCullough & Worthington, 1994), such that it is "woven into the fabric of human existence but rarely recognized as such" (Fincham, 2000, p. 5). Only recently, over the past 30 years or so (e.g., Hope, 1987), has forgiveness begun to receive consistent and growing *scientific* attention (e.g., Toussaint, Worthington, & Williams, 2015;Worthington, 2005). Although a distinct dimension of forgiveness (e.g., Davis et al., 2015), self-forgiveness has received much less attention in the empirical literature, largely stemming from definitional concerns (Webb, Bumgarner, Conway-Williams, Dangel, & Hall, in press) regarding the self as both the offender and the offended and resultant difficulties with distinguishing between true and pseudo-self-forgiveness (Tangney, Boone, & Dearing, 2005). As such, Webb et al. (in press) examined the peer-reviewed psychological literature focused on self-forgiveness and constructed a comprehensive, yet concise and accessible consensus-based definition (see also Woodyatt, Griffin, Worthington, & Wenzel, 2017). That is, self-forgiveness occurs "in the context of a personally acknowledged self-instigated wrong, that results in ready accountability for said wrong and a fundamental, constructive shift in one's relationship to, reconciliation with, and acceptance of the self through human-connectedness and commitment to change"(Webb et al., in press, p. 10).

Self-Forgiveness and Spiritual Well-Being

Worthington and colleagues have developed a comprehensive model of the forgiveness–health association (see Lavelock et al., 2013; Lavelock et al., 2015; Worthington, Berry, & Parrott, 2001; Worthington, Witvliet, Pietrini, & Miller, 2007; Worthington & Scherer, 2004). In brief, as a component of the larger relationship between spirituality/religion and health, the association of forgiveness with health is thought to operate through various mediators, including decreased

negative experiences (e.g., rumination, tension), risky health behaviors, unhealthy coping, and increased positive experiences (e.g., empathy, compassion), relational well-being (e.g., social support, social skills), and spiritual well-being (e.g., self-transcendence, inner peace) (Lavelock et al., 2015). This modeling of associations is derived from Worthington's stress-and-coping theory of forgiveness, such that forgiveness is one option (other options include justice, avoidance, revenge) for addressing the stressful and unhealthy impact of unforgiveness (i.e., a confluence of negative emotions such as anger, hostility, and resentment) (Worthington, 2006).

Elsewhere, we have expanded upon Worthington's stress-and-coping theory of forgiveness to include modeling regarding the association of self-forgiveness with health (see Toussaint, Webb, & Hirsch, 2017). That is, self-forgiveness, directly and indirectly through a variety of psychosocial variables (e.g., blame, hope), is thought to play a role in addressing the stressful impact of self-condemnation (e.g., guilt, shame) on health (see Fig. 1). Here, we focus on the role of pastoral-related care in this association; that is, self-condemnation and the need for self-forgiveness, as facilitated by pastoral-related care. Moreover, we make a distinction between two types of pastoral-related care. First, religious/spiritual individuals may seek religious/spirituality-based counsel to address problems and crises in life (e.g., relationship concerns, emotional problems, stress management). Second, individuals may perceive an added layer of spiritual concern or deficit, such that they may perceive formal alienation from the sacred, derived from perceived or actual mistakes, failures, and transgressions (e.g., dishonesty, addictive behavior, marital infidelity), and thus seek assistance with obtaining redemption from the sacred. In sum, pastoral-related care may enhance the process of self-forgiveness.

Self-Forgiveness and Pursuit of the Sacred

Spirituality, at its most basic level, can be defined as a search for, or pursuit of, the sacred (Pargament, Mahoney, Exline, Jones, & Shafranske, 2013; see also Pargament, 1999). This process involves discovering the sacred, sustaining said discovery, and transforming understanding of the sacred following spiritual struggle (Pargament, 2013); here, broadly construed. Although a spiritual "yearning for the sacred" is thought to be "a distinctive, in some ways irreducible, human motivation" (Pargament, 2013, p. 257; see also Piedmont, 1999; Piedmont & Wilkins, 2013), spirituality does not necessarily involve theistic belief (Pargament, 1999; Pargament et al., 2013; Webb et al., 2014). Nevertheless, in the context of *deity-focused* pastoral care, pursuit of the sacred can involve a variety of activities such as ritual, prayer, meditation, study, attendance at worship services, spiritual/religious coping (Pargament, 2013), emulation of divine(like) attributes/ideals, overcoming temptation (Webb, 2014), and when falling short, self-forgiveness, and feeling forgiven by God (Exline & Rose, 2013; see also Exline and colleagues, 2017). Although discussion of the interplay between self-forgiveness and forgiveness from God emerged in
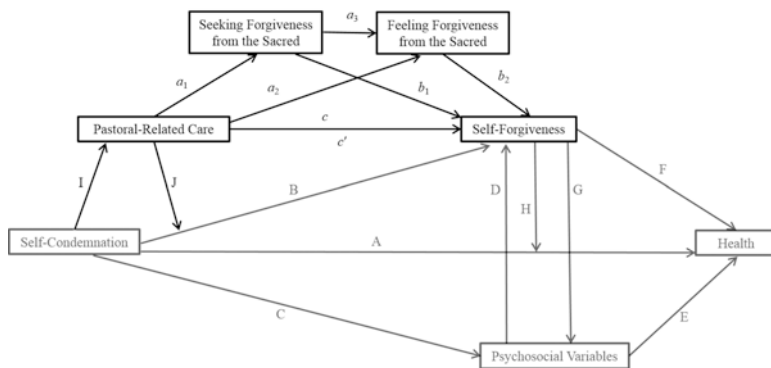
Fig. 1 Stress-and-coping model of self-forgiveness and health in the context of pastoral-related care (see Toussaint et al., 2017)

the peer-reviewed psychological literature more than 65 years ago (Rutledge, 1951), since then it has received limited attention. However, scholars have recently proposed and found empirical support for the notion that seeking and feeling forgiveness from God are predictive of self-forgiveness (Davis, Worthington, Hook, & Hill, 2013; Escher, 2013; Hall & Fincham, 2005, 2008; McConnell & Dixon, 2012).

In the context of health and well-being, Lavelock et al. (2013) underscore the need to better understand both self-forgiveness and feeling forgiven by God and emphasize that "self-condemnation (and its impact on health) is dependent on feeling a need for forgiveness from God and forgiveness of oneself" (p. 87). Indeed, self-forgiveness is one of many potential means of coping in response to self-condemnation (Toussaint et al., 2017). Another is seeking assistance from spiritual/religious leaders, or pastoral-related care, which in turn may facilitate self-forgiveness—en route to health-related benefits (see Fig. 1, path I; mediation). Such assistance could include advice, guidance, or counsel, or even facilitation of forgiveness from or redemption in relation to the sacred (see above).

Pastoral-related care may play a role in many associations outlined in Fig. 1; however, it is likely to be particularly relevant among individuals actively in pursuit of the sacred; that is, struggling with self-condemnation and considering self-forgiveness (Fig. 1, path B). For overtly spiritual individuals, the basic association between self-condemnation and self-forgiveness is likely to be more salient among those seeking spiritual assistance, or pastoral-related care (see Fig. 1, path J; moderation). However, it may also be that pastoral-related care facilitates self-forgiveness directly (Fig. 1, path c') and/or indirectly through seeking forgiveness from the sacred (pathway a_1b_1), feeling forgiveness from the sacred (pathway a_2b_2), or sequentially seeking *and* feeling forgiveness from the sacred (pathway $a_1a_3b_2$). To our knowledge, ours is the first study to empirically examine these hypothesized associations.

An Initial Study

Cross-sectional data regarding spirituality, positive psychology, and health were collected from a United States national sample recruited through Amazon's Mechanical Turk online system (https://www.mturk.com/mturk/welcome). Participants for this study ($n = 140$) were mostly female (53.57%), white (72.14%; African–American: 13.57%, $n = 19$; Hispanic: 7.14%, $n = 10$; Asian: 6.43%, $n = 9$), and, on average, were about 38 years of age with at least some college education (see Table 1). Also, most participants were single (43.57%; $n = 61$) or married (32.86%; $n = 46$; other: 23.57% = %; $n = 33$) and reported moderately high levels of spirituality ($M = 111.45$; SD = 24.56; range: 30–150; $\alpha = 0.96$) and lifetime religiousness ($M = 13.94$; SD = 3.22; range: 6–18; $\alpha = 0.82$), as measured by the RiTE Measure of Spirituality (Webb et al., 2014) and the Religious Background and Behaviors Questionnaire (Connors, Tonigan, & Miller, 1996), respectively. Respondents were paid $2 for their participation.

Measures All of the measures described below were single-item and self-report in design. Also, each measure was scored such that higher values correspond to higher levels of the variable. The self-forgiveness item (i.e., "I have forgiven myself for things that I have done wrong") and the feeling forgiveness from God item (i.e., "I know that God forgives me") were taken from the Brief Multidimensional Measure of Religiousness/Spirituality (BMMRS), collaboratively developed by the Fetzer Institute and the National Institute on Aging (Fetzer Institute, 1999). The seeking forgiveness from God item (i.e., "When I offend or do something against God, I seek God's forgiveness") was developed by the first author and patterned after the BMMRS forgiveness items. Participants responded to each of the forgiveness items on a 4-point Likert scale ranging from "Never" to "Always or Almost Always." Two types of pastoral-related care were assessed: "In your lifetime, how many times have you sought advice, guidance, or counsel from religious and/or spiritual leaders (i.e., clergy or clergy-like individuals)" and "In your lifetime, how many times have you sought forgiveness or redemption from or through religious and/or spiritual leaders (i.e., clergy or clergy-like individuals)." Participants responded to each of these items on a 7-point scale ranging from "0" to "40 or more." Each of the pastoral-related care items was developed for this study. Of note, single-item measures, although not ideal, are often used in large, broad-based studies, and in the context of "forgiveness research [due to] the difficulty of capturing participants' idiosyncratic understanding of forgiveness using a priori, investigator-defined items" (Hall & Fincham, 2008, p. 183).

Statistical Analysis Bivariate (Table 1) and multivariable analyses (Table 2 and Fig. 1) were conducted to evaluate the hypothesized associations among pastoral-related care, pursuit of the sacred, and self-forgiveness. Pearson's correlation coefficients (r) were computed to examine zero-order associations among all variables of interest, and statistical mediation analysis, consistent with Hayes' (2013) techniques, was used to evaluate the effect of pursuit of the sacred on the relationship

Table 1 Descriptive information and bivariate associations (n = 140)

	1.	2.	3.	4.	5.	6.	7.	8.	9.	N; M (SD)	Possible range
1. Gender[a]	—									♂ = 65 ♀ = 75	
2. Age	0.07	—								38.11 (12.39)	19–73
3. Education level[b]	0.04	0.14†	—							3.18 (1.00)	1–6
4. Ethnicity/race[c]	0.04	−0.29***	−0.03	—						White = 101 Other = 39	
5. Pastoral care—counsel[d]	0.05	0.01	−0.06	0.13	—					2.11 (1.32)	1–7
6. Pastoral care—redemption[e]	0.06	0.10	0.17*	−0.09	0.29***	—				1.69 (1.19)	1–7
7. Seeking forgiveness from God	0.13	0.08	0.00	−0.04	0.19*	0.09	—			2.84 (1.03)	1–4
8. Feeling forgiveness from God	0.14†	0.09	0.10	−0.05	0.18*	0.18*	0.74***	—		3.01 (1.09)	1–4
9. Self-forgiveness	0.17*	0.15†	0.13	0.12	0.18*	−0.07	0.26**	0.37***	—	2.85 (0.78)	1–4
Skewness	−0.15	0.71	0.25	1.00	1.08	2.18	−0.47	−0.80	−0.11		

Note:
[a] 1 = male; 2 = female
[b] 1 = <HS Graduate; 2 = HS Graduate/GED; 3 = Vocational School/Degree; 4 = Bachelor's Degree; 5 = Master's Degree; 6 = Doctoral Degree
[c] Dichotomized for analysis: 1 = white; 2 = other
[d] Lifetime Pastoral-Related Care (i.e., advice, guidance, or counsel from)
[e] Lifetime Pastoral-Related Care (i.e., forgiveness or redemption from or through)
♂ = male; ♀ = female
$*p \leq 0.05; **p \leq 0.01; ***p \leq 0.001; \dagger p \leq 0.10$

Table 2 The association of pastoral-related care with with self-forgiveness: seeking forgiveness from God and feeling forgiveness from God as mediators ($n = 140$)

	Lifetime pastoral-related care (i.e., advice, guidance, or counsel from)					Lifetime pastoral-related care (i.e., forgiveness or redemption from or through)				
	Coefficient	SE	p	95% C.I.		Coefficient	SE	p	95% C.I.	
a_1	**0.1454**	**0.0667**	**0.0310**	**0.0135**	**0.2773**	0.0208	0.0786	0.7922	−0.1347	0.1763
a_2	0.0193	0.0554	0.7273	−0.0901	0.1288	0.0798	0.0472	0.0930	−0.0135	0.1732
a_3	**0.7702**	**0.0592**	**0.0000**	**0.6531**	**0.8874**	**0.7702**	**0.0592**	**0.0000**	**0.6531**	**0.8874**
b_1	−0.0498	0.0904	0.5829	−0.2287	0.1291	−0.0498	0.0904	0.5829	−0.2287	0.1291
b_2	**0.2789**	**0.0871**	**0.0017**	**0.1065**	**0.4513**	**0.2789**	**0.0871**	**0.0017**	**0.1065**	**0.4513**
c	**0.1231**	**0.0531**	**0.0218**	**0.0182**	**0.2281**	−0.1119	0.0615	0.0712	−0.2336	0.0098
c'	**0.0937**	**0.0462**	**0.0444**	**0.0024**	**0.1851**	**−0.1376**	**0.0553**	**0.0141**	**−0.2470**	**−0.0282**
	Effect	SE		95% C.I.		Effect	SE		95% C.I.	
ab	0.0294	0.0195		−0.0051	0.0726	0.0257	0.0174		−0.0029	0.0670
a_1b_1	−0.0072	0.0151		−0.0469	0.0156	−0.0010	0.0084		−0.0297	0.0093
a_2b_2	0.0054	0.0159		−0.0247	0.0393	**0.0223**	**0.0147**		**0.0012**	**0.0618**
$a_1a_3b_2$	**0.0312**	**0.0178**		**0.0049**	**0.0764**	0.0045	0.0175		−0.0274	0.0447

Analyses controlled for: Gender, Age, Education, Ethnicity/Race, and the other type of Pastoral-Related Care
a_1 = basic association of Pastoral-Related Care with Seeking Forgiveness from God
a_2 = basic association of Pastoral-Related Care with Feeling Forgiveness from God,
a_3 = basic association of Seeking Forgiveness from God with Feeling Forgiveness from God
b_1 = basic association of Seeking Forgiveness from God with Self-Forgiveness
b_2 = basic association of Feeling Forgiveness from God with Self-Forgiveness
c = total effect of Pastoral-Related Care on Self-Forgiveness, without accounting for any Mediator Variables
c' = direct effect of Pastoral-Related Care on Self-Forgiveness, after accounting for all Mediator Variables
ab = total indirect effect
a_1b_1 = specific indirect effect of Pastoral-Related Care on Self-Forgiveness through Seeking Forgiveness from God, only
a_2b_2 = specific indirect effect of Pastoral-Related Care on Self-Forgiveness through Feeling Forgiveness from God, only
$a_1a_3b_2$ = specific indirect effect of Pastoral-Related Care on Self-Forgiveness through Seeking Forgiveness from God and Feeling Forgiveness from God, in serial

Note:
Initial R^2 = 0.1324; p = 0.0024
Full Model R^2 = 0.2427; p = 0.0000
Full Model f^2 = 0.32
SE = Standard Error
95% C.I. = Bias-corrected 95% Confidence Interval
Bootstrap Samples (for indirect effects): 10,000
f^2 = effect size (0.02 = small, 0.15 = medium, 0.35 = large; Cohen, 1992)

between pastoral-related care and self-forgiveness. Statistical mediation analysis can produce four types of outcome-based results (see Fig. 1): a total effect, a direct effect, a total indirect effect, and specific indirect effects. Moreover, as statistically significant association between the independent variable and the dependent variable is not required in statistical mediation analysis (Hayes, 2013), it can result in mediation or *indirect only* effects.

Results Table 2 includes data relevant to the statistical mediation model illustrated in Fig. 1; for example, unstandardized regression coefficients for each pathway segment (a_1, a_2, a_3, b_1, b_2, c, c') and the effects for each indirect pathway as a whole (ab, a_1b_1, a_2b_2, $a_1a_3b_2$). Only statistically significant results (i.e., $p \leq 0.05$; 95% Confidence Interval did not contain zero) will be described (for statistically non-significant results, see Tables 1 and 2).

For lifetime pastoral-related care in the context of seeking advice, guidance, or counsel from spiritual/religious leaders, the total effect ($c = 0.12$) and the direct effect ($c' = 0.09$) were each statistically significant, such that, with or without the mediator variables included in the analysis, higher levels of seeking counsel were associated with higher levels of self-forgiveness. Also, a specific indirect effect ($a_1a_3b_2 = 0.03$) was significant, such that higher levels of seeking counsel were associated with higher levels of seeking forgiveness from God, which were associated with higher levels of feeling forgiveness from God, which were associated with higher levels of self-forgiveness, in serial. In the context of the statistical significance of both c and c', the statistical significance of $a_1a_3b_2$ indicates the presence of a mediation effect, such that seeking counsel can directly influence self-forgiveness and can also operate indirectly on self-forgiveness through pursuit of the sacred, or seeking *and* feeling forgiveness from God, in sequence.

For lifetime pastoral-related care in the context of seeking forgiveness or redemption from or through spiritual/religious leaders, the direct effect was significant ($c' = -0.14$), such that when the mediator variables were included in the analysis, higher levels of redemption seeking were associated with lower levels of self-forgiveness. Also, a specific indirect effect was significant ($a_2b_2 = 0.02$), such that higher levels of redemption seeking were associated with higher levels of feeling forgiveness from God, which, in turn, were associated with higher levels of self-forgiveness. In the context of the significance of c', the significance of a_2b_2 indicates the presence of a mediation effect, such that redemption seeking can directly influence self-forgiveness and can also operate indirectly on self-forgiveness through pursuit of the sacred, or, in this case, feeling forgiveness from God, only.

Implications and Future Directions

In sum, it appears that spiritual assistance, or pastoral-related care, may have an impact on self-forgiveness. Each type of pastoral-related care assessed in our study exhibited both a direct association with self-forgiveness *and* an indirect association

with self-forgiveness—operating through seeking and/or feeling forgiveness from God. However, there may be different effects based on the type of lifetime pastoral-related care engaged in (i.e., seeking counsel versus seeking redemption), including the notion that spiritual assistance may not always have a facilitative effect on self-forgiveness.

Spiritual Counsel Seeking In the context of spiritual assistance related to seeking advice, guidance, or counsel from spiritual/religious leaders, both the direct and indirect associations appear constructive. When pursuing the sacred and feeling a need for self-forgiveness when experiencing self-condemnation in response to imperfection and/or spiritual struggle, it is intuitive that a perception of needing forgiveness from the sacred is relevant (i.e., pathway $a_1a_3b_2$; see Table 2-left panel and Fig. 1). However, there may be many related scenarios wherein forgiveness from the sacred is not necessary (e.g., confusion, perfectionism). As such, the direct facilitative influence of such spiritual assistance on self-forgiveness may be sufficient (i.e., path c'; see Table 2-left panel and Fig. 1). In such cases, when providing spiritual assistance (i.e., pastoral-related care) to facilitate self-forgiveness—short of the need for redemption (see below)—while carefully addressing all definitional components of self-forgiveness (Webb et al., in press), focusing on particular aspects of self-forgiveness such as self-compassion (Enright and The Human Development Study Group, 1996) and self-acceptance (Bauer et al., 1992) may be warranted.

Exline and colleagues (Exline, Pargament, Grubbs, & Yali, 2014; see also Exline et al., 2017) discuss six particular types of spiritual struggle to include *divine*, *demonic*, *interpersonal*, *moral*, *doubt*, and *ultimate meaning*. Conceivably, given the need for spiritual transformation following the inevitable occurrence of spiritual struggles when pursuing the sacred (Pargament, 2013), not all spiritual struggles are grave in nature and/or consequence and thus do not necessarily require forgiveness from the sacred for resolution. Indeed, forgiveness is viewed as but one of many "transformational methods of spiritual coping" (Pargament, 2013, p. 265). Moreover, whether grave or not, spiritual struggle may very well be a gift, an opportunity for growth, and may ultimately improve one's life (Exline & Rose, 2005, 2013).

Spiritual Redemption Seeking In the context of spiritual assistance related to seeking forgiveness from or redemption through spiritual/religious leaders, it appears that the beneficial outcome of self-forgiveness may be contingent upon feeling forgiveness from the sacred. Again, it is intuitive that when the interplay between self-condemnation and self-forgiveness rises to the level of perceiving the need for *redemption* from the sacred (e.g., marital infidelity, or violation of marital *vows*), feeling forgiveness from the sacred may not only be relevant but critically necessary (i.e., pathway a_2b_2; see Table 2-right panel and Fig. 1). Indeed, without feeling forgiveness from the sacred during the process, seeking redemption through spiritual assistance could be counterproductive (i.e., path c'; see Table 2-right panel and Fig. 1), such that without feeling forgiven by the sacred, one may be unable to forgive the self.

When pursuing the sacred in the context of emulating divine(like) attributes/ideals, Webb (2014) described the psychology and spirituality of temptation to include not only conflicts with undesirable implications, but also conflicts with potentially illicit and transcendent implications. In a similar fashion, it may be that when engaging in pastoral-related care to facilitate self-forgiveness, whether directly or indirectly, the intensity of self-condemnation in response to the inherent imperfection of the human condition (see Kurtz & Ketcham, 1992), may likewise vary. As examples, selfishness in romantic relationships, persistent sadness, or work-related stress may warrant counsel, whereas shoplifting, violence, or marital infidelity may warrant redemption. Our results suggest that the type of spiritual assistance engaged in when pursuing the sacred through self-forgiveness may be more or less appropriate based on such level of intensity.

Spiritual Assistance: Seeking Counsel Versus Redemption Conceptually comparing the nature of the pathways facilitative of self-forgiveness, between the types of pastoral-related care under consideration (counsel versus redemption), also may have implications for future research and clinical application. Counsel-related spiritual assistance (i.e., pathway $a_1a_3b_2$; Table 2-left panel) includes seeking forgiveness from the sacred *and* feeling forgiveness from the sacred and redemption-related spiritual assistance (i.e., pathway a_2b_2; see Table 2-right panel) includes *only* feeling forgiveness from the sacred. That is, the former includes *seeking* forgiveness from the sacred, whereas the latter does not. Again, the nature of the spiritual struggle and the intensity of the self-condemnation may drive the selection of an appropriate level of spiritual assistance.

Short of the need for redemption, there may be instances where self-forgiveness is appropriate and actively *seeking* forgiveness from the sacred may be an important component of the process (pathway $a_1a_3b_2$; Table 2-left panel). However, in the context of perceiving the need for redemption and the likely increased intensity of self-condemnation, it may be that, particularly for those high in religiousness, the issue of self-forgiveness is not appropriate to consider (Walker & Gorsuch, 2002) and thus, actively *seeking* forgiveness from the sacred may not seem appropriate to consider (pathway a_2b_2; Table 2-right panel). Indeed, self-forgiveness may be immoral (see Woodyatt, Wenzel, & Wenzel & de Vel Palumbo, 2017).

When seeking spiritual assistance in the struggle for redemption, it may be that otherwise actively seeking forgiveness from the sacred is not part of the process, whereas, paradoxically, the process of seeking spiritual assistance itself may be what facilitates feeling forgiveness from the sacred (pathway a_2b_2; Table 2-right panel), thereby allowing the further facilitation of self-forgiveness (pathway a_2b_2, in the context of path c'; Table 2-right panel). As an example, cheap grace, or offering oneself disingenuous self-forgiveness (see Bonhoeffer, 1995), is considered a barrier to true self-forgiveness (as opposed to pseudo-self-forgiveness, or narcissistic escape; Tangney et al., 2005; Webb et al., in press). In this regard, Carpenter, Carlisle, and Tsang (2014) found that perceived morality mediated the effect of conciliatory behavior on self-forgiveness. In the context of marital infidelity, for instance, it may be that seeking pastoral-related care aids in the perception of

self-forgiveness as a moral, and thus appropriate endeavor. Moreover, when offering pastoral-related care to facilitate self-forgiveness, providers should be mindful of the risk for clients to engage in pseudo self-forgiveness (Tangney et al., 2005) by: (1) letting themselves "off the hook," (2) "brushing off" the incident, and (3) "short-cutting–bypassing" the process of genuine self-forgiveness (pp. 144, 145). Similarly, the spiritual/religious leader providing pastoral-related care may play a go-between role in facilitating self-forgiveness when the intensity of self-condemnation rises to the level of perceiving the need for redemption. The notion of a spiritual leader acting as a go-between when redemption is at stake is consistent with the Judeo-Christian principle of intercession found in both the Old and New Testaments. For example, "… and he bare the sin of many, and made intercession for the transgressors" (*Isaiah* 53:12) and "Jesus saith unto him, I am the way, the truth, and the life: no man cometh unto the Father, but by me" (*John* 14:6; KJV, 1983).

Additional Considerations Mentioned at the outset, our several assumptions regarding the relevance and applicability of deity-focused pastoral-related care to acceptance of responsibility for personal shortcomings and recognition of self-worth despite imperfection need to be empirically verified. Also, although forgiveness and pursuit of the sacred are shared values among all mainstream spiritual traditions throughout the world, the particular interface between self-forgiveness and pastoral-related care within each faith tradition may vary. For example, adherents to a particular faith tradition share beliefs and when one violates said beliefs not only is self-condemnation likely to follow, but also condemnation and/or rejection from one's fellow believers. How might pastoral-related care that challenges such condemnation/rejection from others facilitate self-forgiveness? And, how might this vary based on particular faith traditions? Lastly, examination of the interface between non-theistic pastoral-related care and self-forgiveness is warranted and must not be overlooked.

Limitations Our general hypotheses regarding the nature of the association of pastoral-related care with self-forgiveness, as mediated by both seeking *and* feeling forgiveness from the sacred received good support; however, there are important limitations to consider. Beyond the fact that this is but one study, our findings are based on single-item, self-report, cross-sectional data. More sophisticated assessments of forgiveness are available, including multi-item measures and laboratory-based methods (see Webb et al., in press). Measures of seeking and feeling forgiveness in the deliberate and explicit context of "the sacred" (rather than asking in the generic context of God) need to be developed. Although commonly used and not without advantages, measures using variants of the word "forgive" may not be ideal, particularly in the context of social desirability (which we did not measure). Related to this, we assessed pursuit of the sacred based on a constricted conception thereof; that is, applicable items asked about God. While this may be acceptable for our particular sample, given the moderately high level of lifetime religiousness reported, it may not be generalizable to other samples. Most importantly, cross-sectional data precludes discussions of causality of effects and directionality of association. It may be that the ability to self-forgive facilitates seeking and feeling

forgiveness from the sacred. We tested associations based on our model derived from the scientific psychological literature. Nevertheless, longitudinal, (quasi) experimental, and intervention-based research will be critical in developing an accurate understanding of the associations among pastoral-related care, pursuit of the sacred, and self-forgiveness.

Conclusions

In sum, our findings suggest that when considering the inherent imperfection of the human condition, pastoral-related care, or spiritual assistance, may be facilitative of self-forgiveness when one is experiencing self-condemnation. Such associations may be particularly relevant for those overtly spiritual individuals actively in pursuit of the sacred through seeking and feeling forgiveness from the sacred. Moreover, the nature of the spiritual struggle, broadly construed, and the resultant intensity of the self-condemnation experienced may play a role in determining the appropriate level of pastoral-related care to engage in.

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Self-Forgiveness in Older Adulthood

Tim Windsor

Human development is characterized by ongoing processes of interaction between individuals, and the various social and contextual influences that shape their lives (Baltes, 1980). People exercise agency within these unfolding transactions, selecting goals that are appropriate to their stage of life, investing in the resources that they need to attain those goals, and adjusting their approaches and priorities when goals are blocked (Heckhausen, Wrosch, & Schulz, 2010). One aspect of psychosocial functioning that could influence such developmental processes is self-forgiveness. Self-forgiveness has been described as "an adaptive or developmental process by which people replace guilt, shame, and self-punishment with self-benevolent beliefs, feelings, and action" (McConnell, 2015, p. 143). Despite the recognition of self-forgiveness as being fundamentally about development, to date the concept has received relatively scant attention from lifespan developmental psychologists.

In this chapter, I consider how processes of self-forgiveness could shape aspects of socio-emotional development across the lifespan, as well as how aging-related changes could impact on engagement with processes of self-forgiveness. The concept of self-forgiveness is complex, encompassing emotional, cognitive, and behavioral determinants (Hall & Fincham, 2005; see also Chapter "Orientation to the Psychology of Self-Forgiveness"). In considering self-forgiveness within a lifespan framework, I follow the key distinction made in the recent conceptual model outlined by McConnell (2015), who identified separate processes of genuine- and pseudo-self-forgiveness (see also Wenzel, Woodyatt, & Hedrick, 2012, for a related perspective). *Genuine self-forgiveness* is an effortful process that involves acceptance of one's responsibility for a transgression, efforts to make amends, and cognitive reframing of issues related to one's guilt and self-understanding that ultimately allow for a positive reconfiguration of self-concept, and prosocial changes in

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behavior. In contrast, *pseudo self-forgiveness* describes processes such as diffusion of responsibility to others, self-justification, and denial that allow transgressors to avoid negative emotions without engaging in sincere attempts at reconciliation and self-reflection.

This chapter begins with an outline of theoretical perspectives on aging and development that are relevant to considering how self-forgiveness could shape well-being over the lifespan, with a particular emphasis on older adulthood. Next, an overview of the empirical literature that has examined self-forgiveness in samples of older adults, or compared younger and older adults is provided. This section is followed by an integration of key conceptual issues arising from the self-forgiveness research with theoretical perspectives and empirical findings from research on socio-emotional aging. Specifically, I focus on how aging-related changes in inter-personal experience, motivation, and resources could result in lifespan differences in the use of, and need for processes of self-forgiveness.

Theoretical Perspectives on Self-Forgiveness in the Context of Aging and Development

Previously, scholars have frequently referred to Erikson's (1959) seminal work in order to highlight how self-forgiveness could take on particular significance for well-being nearing the end of life (e.g., Krause & Hayward, 2013). Erikson identified eight sequential developmental stages, with each characterized by unique developmental challenges. Erikson's final stage encompasses the challenge of establishing ego integrity and avoiding despair in the context of aging-related losses and the increasing salience of mortality. Central to the notion of ego integrity is self-acceptance: The acceptance of one's role in shaping past events, decisions, and actions that have contributed to identity and experiences over a lifetime. Failure to realize self-acceptance prolongs unresolved feelings of guilt and regret, denying the opportunity to establish a deeper sense of meaning, and instead leading to feelings of depression and despair.

Processes of self-forgiveness appear to play a central role in ultimately contributing to self-acceptance (Ingersoll-Dayton & Krause, 2005; Worthington, 2013). According to Erikson, Erikson, and Kivnick (1986), the development of self-acceptance in older adulthood is facilitated by self-reflective thought processes around how aspects of one's life history can be reconciled with current values, beliefs, and characteristics in ways that promotes a coherent existential identity. The relevance of such self-reflective processes to late life mental health has been expanded upon by Butler (1970, 2007) who recognized an important role of increasing self-reflection and reminiscence as a normal part of preparation for death. Evaluation of one's life in older age—referred to as "life review"—is often focused on unresolved conflicts, and it can have beneficial or adverse consequences. For example, dwelling on regrets and missed opportunities can lead to feelings of emptiness and despair. Alternatively, life review also offers a potential pathway to

psychological growth, providing an impetus for resolving conflicts, reconciling with estranged others, and atoning for past wrongs.

Parallels can be drawn between the capacity for life review to lead to psychological growth, and the role of genuine self-forgiveness in enhancing existential well-being. According to Butler (2007), "atonement, expiation, redemption, reconciliation, and meaning in life are powerful potential positive outcomes of life review. It is necessary to explore guilt, confess, and not deny it, as well as experience atonement and reconciliation, especially at the end of life" (p. 72). These ideas align closely with the framework for self-forgiveness outlined by McConnell (2015) who identifies genuine self-forgiveness as a coping mechanism that protects against negative emotions, but at the same time requires effortful processes of self-evaluation and intrapsychic reorganization, to have authentic and lasting benefits. Researchers have suggested that if life review becomes increasingly common with advancing age, processes of self-forgiveness are likely to be of particular relevance to self-acceptance and mental health near the end of life (Ingersoll-Dayton & Krause, 2005).

The perspectives described above suggest a key role for self-forgiveness where older adults strive to reconcile significant unresolved issues of the past with their current life circumstances, and a growing awareness of life's finitude. However, recent perspectives on socio-emotional aging (Carstensen, 2006; Carstensen & Lockenhoff, 2003) point to self-forgiveness—or at least effortful processes of *genuine* self-forgiveness—potentially having a lessor role in contemporary everyday social functioning with advancing age. I further explore these issues in later sections of the chapter where the likely significance of past experience and aging-related changes in motivation and resources for self-forgiveness are discussed in greater detail. Next, the current empirical literature concerned with self-forgiveness processes in older adulthood is considered.

Empirical Research on Self-Forgiveness in Older Adulthood

Research on self-forgiveness as it applies to late life well-being has a comparatively recent history, with the first widely cited contribution made by Ingersoll-Dayton and Krause (2005). This study included qualitative interviews with 129 adults aged 65 and older (for whom religion was at least somewhat important), focusing on the reactions of older adults to their own transgressions. Analysis of interview transcripts led to the classification of themes into categories of cognitive, behavioral, and emotional forgiveness reactions. Cognitive reactions included discriminating among transgressions in terms of their seriousness (with self-forgiveness perhaps only required for major transgressions), changing standards for self-evaluation with a focus on self-acceptance and acknowledging limitations, recognizing good intentions that may have contributed to transgressions, and learning from mistakes. Behavioral reactions included efforts at making reparation for wrongdoings, taking solace from reading relevant passages of the Bible, and praying for God's

forgiveness. Participants who reported reacting with adaptive cognitive and behavioral strategies reported diminishing negative emotional reactions such as reduced guilt, whereas those who struggled to forgive themselves were more likely to report confusion, uncertainty, and/or chronic guilt. The generalizability of the findings is limited due to the importance of religion to all those included in the study. Moreover, the developmental significance of the findings is difficult to assess without the benefit of a younger comparison group. Despite these limitations, the study provides rich information on older adults' experiences of self-forgiveness, with participants spontaneously identifying processes that map closely onto the effortful aspects of seeking atonement and cognitive engagement identified by McConnell (2015) as defining features of genuine self-forgiveness.

Since Ingersoll-Dayton and Krause's (2005) early qualitative work, a number of researchers have used quantitative approaches to studying self-forgiveness among older adults. Several studies conducted by Krause and colleagues have made use of data from the longitudinal Religion, Aging, and Health (RAH) Survey, a large nationwide survey of older adults from the United States, to examine correlates of self-forgiveness among older adults. Findings from the RAH have revealed positive associations of self-forgiveness with satisfaction with church-based social support (Krause, 2010), humility, and church attendance (Krause, 2015), and delayed mortality among those with higher education (Krause & Hayward, 2013). Studies based on the RAH have also revealed race differences in the use, and correlates of self-forgiveness, with Black, and Mexican Americans more likely to forgive themselves, and to regard themselves as having been forgiven by God relative to White Americans (Ingersoll-Dayton, Torges, & Krause, 2010; Krause, 2012, 2015).

Several recent studies have begun to examine self-forgiveness as a factor that could contribute to resilience and mental health in older adulthood. Ermer and Proulx (2016) found that RAH participants who perceived themselves as being unforgiven by others were less likely to also report higher levels of depressive symptoms if they were relatively more adept at forgiving themselves. In a sample of 91 cognitively intact older adults, Cheavens, Cukrowicz, Hansen, and Mitchell (2016) found that self-forgiveness buffered the positive association of perceived burdensomeness (but not thwarted belongingness) with suicide ideation.

A few additional studies have examined correlates of self-forgiveness in special populations of older adults. Jacinto (2009) investigated methods of coping and self-forgiveness in a sample of 133 caregivers who had recently lost someone for whom they were providing care. Their findings showed that adaptive methods of coping (self-help, approach, and accommodation) were reliably associated with higher levels of self-forgiveness, whereas maladaptive coping strategies (avoidance, self-punishment) were associated with lower self-forgiveness. Another study examined links between self- and other- forgiveness, social resources, religiosity, and sense of meaning among male prison inmates aged 45–82 (Randall & Bishop, 2013). The findings supported a mediation model whereby religiosity predicted meaning in life indirectly via forgiveness of others and social resources. Self-forgiveness was positively correlated with the other key variables, but did not emerge as a significant mediator.

Finally, a small number of studies have examined correlates of self-forgiveness using samples spanning the adult lifespan. Toussaint, Williams, Musick, and Everson (2001) considered age group differences in associations of multiple forgiveness measures with health outcomes in a representative sample of 1087 adults aged 18–44, 45–64, and 65 and older. Younger, middle-aged, and older adults did not differ in levels of self-reported self-forgiveness. Self-forgiveness emerged as a reliable predictor of lower psychological distress across each age group; however, self-forgiveness was only associated with better self-rated health among younger and middle-aged adults, and higher life satisfaction among younger adults. Another study examined associations of domains of forgiveness with health outcomes in a sample of 140 adults with spinal cord injury aged 19–82 (Webb, Toussaint, Kalpakjian, & Tate, 2010). Self-forgiveness was associated with higher life satisfaction and adaptive health behaviors, although it was unrelated to self-rated health. Age differences in associations of forgiveness with health were not a focus of the investigation; however, bivariate correlations indicated no association of age with self-forgiveness.

To summarize, studies that have focused on self-forgiveness among older adults generally support its role as a resource for positive outcomes. Older adults report using an array of different cognitive and behavioral strategies in the service of self-forgiveness (Ingersoll-Dayton & Krause, 2005), while religious participation, as well as background characteristics including aspects of race and culture account for some of the individual differences in self-forgiveness (Krause, 2012, 2015). Although the evidence is not yet conclusive, emerging findings suggest that self-forgiveness could promote physical and mental health, and act as a buffer against stress (Ermer & Proulx, 2016; Krause & Hayward, 2013; Randall & Bishop, 2013).

It is, however, also important to point out several issues that limit the extent to which we can draw definitive conclusions about self-forgiveness over the lifespan based on the current research evidence. First, there appears to be a paucity of studies that have explicitly examined self-forgiveness and its correlates in age-heterogeneous samples (although for exceptions see work by Toussaint and colleagues described above). Second, much of the available evidence is drawn from the RAH. This study has numerous strengths, including a large sample and multiple longitudinal assessments over several years. However, the sample lacks heterogeneity of religious faith, as only current or formerly practicing Christians, and those who had never had a religious affiliation (with only 3.2% of the sample reporting no current religious preference at baseline) were surveyed. Third, the RAH and the population-based research conducted by Toussaint et al. (2001) used single item and two-item measures of self-forgiveness, respectively. Brief measures of this type do not permit genuine self-forgiveness to be clearly distinguished from pseudo self-forgiveness (McConnell, 2015).

Taken together, both the findings and the limitations of the existing literature point to considerable opportunities for developing a deeper understanding of self-forgiveness over the lifespan through theoretical refinements and future empirical inquiry. In the subsequent section, I aim to provide insights into developmental issues surrounding self-forgiveness by considering relevant research in socio-

emotional aging. In the sections that follow, I argue that the nature of self-forgiveness in late life is likely to be influenced by (a) accrued experience in the use of genuine self-forgiveness processes in response to transgressions over the lifespan, (b) the availability of social and cognitive resources that could impact on genuine self-forgiveness, and (c) developmental changes in motivation that could affect the use of genuine self-forgiveness processes.

Aging and Experience: Lifetime Self-Forgiveness as an Antecedent to Late Life Well-Being

As outlined above, processes of self-reflection involved in the life review are regarded as facilitators of growth and adaptation in older adulthood (Butler, 1970; Erikson, 1959). With this in mind, researchers have proposed a central role for self-forgiveness of past transgressions as part of a successful life-review (e.g., Ingersoll-Dayton & Krause, 2005). This seems a reasonable assumption, however, taking a broader lifespan perspective suggests that it is engagement with processes of genuine self-forgiveness throughout phases of adulthood that *precede* old age that could be most critical in laying the groundwork for establishing meaning and self-acceptance near the end of life.

There are several reasons as to why engagement with genuine self-forgiveness sooner rather than later in the lifespan could be central to late-life well-being. First, genuine self-forgiveness is an effortful undertaking that engages a complex and potentially challenging array of behaviors (e.g., seeking conciliation) and emotion-focused coping processes (e.g., positive reappraisal; McConnell, 2015). If an older adult has not previously developed skills in using coping processes of this type to negotiate the fallout from transgressions earlier in adulthood, it may be unrealistic to expect genuine self-forgiveness to be a prominent part of life review. Second, with the passage of time, practical obstacles could stand in the way of efforts toward conciliation. The most obvious of these in relation to late life is the death of significant network members with whom conflicts remain unresolved.

Consistent with notions of psychosocial accentuation (Dannefer, 2003), accrued experience in using processes of self-forgiveness could lead to increasingly high levels of expertise with aging. Such expertise could be reflected in well-developed schemas around actions and cognitions that operate in the service of self-forgiveness, facilitating adaptive responses to wrongdoing. Indeed, a perspective that implies a cumulative advantage with aging resulting from adaptive social processes also fits with McConnell's (2015) process model of genuine self-forgiveness. The final stage of the model that follows acceptance of responsibility, conciliation, intrapsychic restoration, and self-forgiveness is behavior change—a commitment to avoiding future wrongdoing. Thus, as an individual engages and re-engages with processes of genuine self-forgiveness over time and across different life contexts, it follows that age and accumulated experience should result in better anticipation and avoidance of actions that are in conflict with one's self-concept. Therefore, a self-examined

life characterized by genuine efforts to redress wrongdoing should, in theory, result in the commission of fewer transgressions over time. Thus, advancing age could bring with it both high level skills in self-forgiveness and at the same time a reduced need to use those skills.

Evidence for a growing expertise in aspects of social-cognitive functioning with aging can be found in research concerned with developmental differences in interpersonal problem solving. Research by Blanchard-Fields and colleagues (for a review see Blanchard-Fields, 2007) has highlighted the extent to which aging, despite being characterized by some losses in physical and cognitive capacity, also tends to be accompanied by specific gains. For example, older adults have been shown to be more flexible in their approaches to solving interpersonal problems, and more reliant on using passive, emotion-regulation-based strategies (thereby avoiding potential conflict) relative to younger adults (e.g., Blanchard-Fields, Chen, & Norris, 1997). Such aging-related differences are thought to be a product of accrued social experience, and to reflect older adults' capacities to flexibly engage with or disengage from different problem solving strategies in ways that best fit with both their own resources (e.g., more limited cognitive ability and energy levels) and the unique demands of the situation. Older adults appear to prefer avoidance of conflict (Blanchard-Fields, 2007) and report fewer interpersonal tensions (Birditt, Fingerman, & Almeida, 2005) relative to younger adults. Thus, we might speculate that less frequent exposure to conflict with aging, on average, results in decreasing probability of interpersonal transgressions, in turn resulting in a less frequent need for self-forgiveness.

Aging and Changing Motivation: Self-Forgiveness in the Service of Future-Oriented Goals

In addition to developmental changes in preferences for managing interpersonal problems, aging-related changes in social motivation could also result in relatively less frequent engagement with processes of genuine self-forgiveness in later life. According to socio-emotional selectivity theory (Carstensen, 2006; Carstensen & Lockenhoff, 2003), advancing age is accompanied by a growing realization of limits to time remaining. This leads to a change in motivational priorities, as goals concerned with enhancing opportunities for the future that predominate in younger adulthood become superseded by goals focused on maximizing the quality of emotional experience in the present. These goals to promote a positive emotional climate in older adulthood are often fulfilled through fostering high quality close personal relationships. Thus, older adults prioritize spending time with social partners who provide their lives with meaning, typically letting go of more peripheral network members. This phenomenon of selective social "winnowing" has been used to explain the consistent finding in the literature that older adults report smaller social networks, but at the same time are more satisfied with their networks relative to younger adults (Lang & Carstensen, 1994).

It is also possible that shifting priorities toward maximizing the quality of emotional well-being in the present, as opposed to realizing more distal future goals, would lead older adults to invest less time and energy into the effortful processes of self-forgiveness outlined by McConnell (2015). Some support for this notion is evident in research by Rice and Pasupathi (2010) who examined older and younger adults' narratives concerning recent self-discrepant and self-confirming events. Results indicated that older adults' narratives were less self- and present-focused, used less emotional language, and were less likely to identify and attempt to resolve challenges to their self-concept relative to those of their younger counterparts. These findings are consistent with those of various studies indicating that self-concept becomes more stable and positive with ageing, a possible by-product of selective investment of effort into maximizing the quality of emotional experience in the present, as opposed to a focus on future goals (Rice & Pasupathi, 2010). Thus, it is possible that genuine self-forgiveness retains an important role for older adults when dealing with major transgressions and significant unresolved issues of the past; however, less significant contemporary transgressions may be less likely to elicit effortful processes of genuine self-forgiveness with advancing age.

When considering how the experience of social transgressions and associated processes of self-forgiveness could change over the lifespan, it is also important to recognize how the experiences of individuals are inevitably shaped by the social worlds that they inhabit. More specifically, an individual's social experiences are not solely determined by their own characteristics and motivations; they are also a product of the nature of ongoing interactions with their social partners. This point is emphasized by Fingerman and Charles (2010) who recognize how social partners of all ages contribute to the relatively high quality of social relationships typically reported by older adults. According to their "Social Input" Model, older adults' relatively more supportive relationships in part result from them usually being treated more kindly relative to younger adults by their social partners. For example, Fingerman, Miller, and Charles (2008) assigned older and younger participants to two conditions where they were asked to imagine being treated badly by a close social partner. In one condition, the social partner was a younger adult and in the other an older adult. Participants of all ages were relatively more likely to endorse strategies of confrontation when responding to the younger transgressor, and avoidance when responding to the older transgressor.

The preferential treatment given to older, relevant to younger adults may stem from social partners' recognition of limited time remaining (consistent with socioemotional selectivity). Negative stereotypes of older adults that regard them as being less capable of dealing with conflict and confrontation might also paradoxically contribute to their social partners treating them favorably (Fingerman & Charles, 2010). The theory and emerging empirical findings related to the Social Input model in general support the notion that processes of self-forgiveness may be a less common feature of socio-emotional functioning with aging. In addition to experiencing less conflict, when older adults do transgress, preferential treatment from their social partners may result in their being less aware that they were the

cause of any enduring hurt, and in turn less likely to perceive a need for self-forgiveness. It is important to note, however, that these apparent ageing-related advantages may not apply in relation to transgressions committed in the more distant past-a point I return to in subsequent sections.

Aging-Related Changes in Resource Profiles and Implications for Self-Forgiveness

As outlined above, an increasing preference for avoiding social conflict, and a shift in motivation away from future-oriented and towards present-oriented goals may, on average, bring about a less frequent need for using self-forgiveness in later life. It is also important to recognize that some aspects of self-forgiveness may become more difficult with advancing age. As noted above, processes of genuine self-forgiveness are intrinsically effortful, requiring a significant investment of time, energy, and cognitive effort (McConnell, 2015). As people move into oldest-old adulthood (e.g., around ages 80 and older) physical and cognitive resources often (though not inevitably) become less efficient, resulting in a reduced capacity for effective self-regulation and adaptation (Baltes & Smith, 2003). Thus, the already resource intensive processes of problem- and emotion-focused coping outlined by McConnell as being central to effectively undoing the negative effects of self-conscious emotions may become especially challenging, or at times unachievable in late life-particularly for those who have tended to rely on pseudo self-forgiveness processes in the past, and as a result may be less well able to draw on well-rehearsed coping strategies.

The theoretical perspective offered by the Strength and Vulnerability Integration (SAVI) model (Charles, 2010) provides a useful lens through which to consider how developmental changes in self-forgiveness might fit within broader aging related gains and losses in socio-emotional functioning. SAVI acknowledges how aging-related strengths emerge from changes in motivation and accrued social experience leading to an increasingly high quality of social relationships and emotional well-being into older adulthood. At the same time, when aging-related stressors such as widowhood or the onset of chronic health conditions become unavoidable, older adults may be more vulnerable to their negative effects on emotional health, as decreased physiological flexibility in response to stress results in less effective emotion regulation. Indirect empirical support for the SAVI model is evident in research on age differences in well-being. For example, several studies have shown higher levels of well-being among the young-old relative to young and midlife adults (suggesting age-related advantages; e.g., Windsor, Burns, & Byles, 2013). At the same time an emerging literature using longitudinal studies suggests precipitous declines in emotional well-being during the few years preceding death, highlighting late-life vulnerability (Gerstorf et al., 2008; Windsor, Gerstrof, & Luszcz, 2015). To summarize, considering lifespan self-forgiveness in the context of the SAVI model points to resource intensive processes contributing to intrapsychic restoration such

as regulating negative emotions and reconfiguring conceptions of self (McConnell, 2015) becoming more difficult to engage with in old age.

Conclusions and Future Directions

In the preceding sections, I outline how lifespan developmental theory and research on socio-emotional functioning can provide insights into possible developmental changes in the use of self-forgiveness processes throughout adulthood. To summarize the key points, lifespan developmental research on interpersonal problem solving (e.g., Blanchard-Fields, 2007), social motivation (Carstensen, 2006), and preferential treatment of older social partners (Fingerman & Charles, 2010) points to older adults, on average, being less likely to commit offenses, and/or being less likely to be challenged over social transgressions relative to younger adults. At the same time, applying the SAVI model (Charles, 2010) to notions of self-forgiveness suggests that when feelings of guilt and shame cannot be avoided, they may be more difficult to regulate through effortful processes of genuine self-forgiveness due to age-based resource restrictions. Older adults with a lifetime history of effectively using processes of genuine self-forgiveness might be relatively well-equipped to reflect on their past in ways that allow for establishing a sense of self-acceptance and meaning in keeping with to Erikson's (1959) notion of ego-integrity, as they will have forgiven themselves for transgressions of the past, and are well placed to avoid contemporary transgressions. In contrast, those who have more routinely avoided responsibility for wrongdoing by employing pseudo self-forgiveness may be at greater risk of the pathological outcomes (e.g., depression) that Butler (2007) notes can be associated with life review when conflicts remain unresolved.

Considering the possibility of lifespan differences in the use of self-forgiveness gives rise to some intriguing possible directions for future research. As a first step, it will be important to continue the refinement and validation of measures that distinguish between genuine and pseudo self-forgiveness processes (e.g., Woodyatt & Wenzel, 2013) and to use these measures to examine age differences in self-reported self-forgiveness with longitudinal designs rather than cross-sectional designs (e.g., Toussaint et al., 2001). A related goal will be to determine whether the significance of self-forgiveness as a resource for coping, growth, and mental health varies as a function of age. It would also be informative to consider how stressors that become more prevalent with advancing age interact with self-forgiveness to predict well-being outcomes. For example, caring for a loved one with chronic illness or dementia can be a significant source of stress in older adulthood, often giving rise to feelings of guilt (Losadaa, Márquez-Gonzáleza, Peñacobaa, & Romero-Morenoa, 2010). Processes of self-forgiveness could be an important resource for coping in this context, but might also come at a time when the necessary resources for self-forgiveness are already significantly taxed (e.g., Charles, 2010).

Unique challenges to self-forgiveness in later life are also likely to result from the significant passage of time needed to reach old age. Transgressions committed

in early life might produce lingering feelings of guilt; however, long departed friends and family could render it impossible to directly make amends through reconciliation. It is under these circumstances that forgiveness from God is likely to represent an important means of coping for many older adults (Ingersoll-Dayton & Krause, 2005); although examining alternative pathways to self-forgiveness under such circumstances will also be important in increasingly secular societies. Developing an understanding of how self-regulatory processes allow adults of all ages to overcome guilt when the most direct methods to attaining genuine self-forgiveness are not available represents a potentially fruitful avenue for future enquiry.

Supportive social relationships are well-established as a resource for resilience (e.g., Windsor, Fiori, & Crisp, 2012), and they may also play an important role in facilitating self-forgiveness through processes such as empathic understanding and validation of feelings (Thoits, 2011). Above, I described how the social input model (Fingerman & Charles, 2010) allows for a more complete understanding of how developmental changes in social relationships are shaped not just by individuals, but also by the behavior of their social partners. It seems that social input concerns are likely to also exert a significant impact on processes of genuine self-forgiveness, many of which are fundamentally interpersonal. For example, in McConnell's (2015) process model, feelings of guilt in response to a transgression are followed by efforts at conciliation; the success of which is likely to be strongly influenced by the reaction of the wronged party. If forgiveness is not forthcoming, more effortful processes of intrapsychic restoration may be needed to facilitate growth, self-acceptance, and positive behavior change. Thus, a network comprised primarily of supportive, empathetic, and forgiving social partners is likely to reinforce efforts at conciliation, whereas significant others more likely to bear a grudge could push the would-be self-forgiver down the self-exoneration highway ("well if they're going to be like THAT about it…"). Social context could also be important in the early development of self-forgiveness, as attitudes and behaviors toward genuine self-forgiveness via accepting responsibility vs. pseudo self-forgiveness via denial or justification are likely to be shaped by processes of social influence and comparison that operate within a reference group (e.g., Thoits, 2011). Explicitly recognizing the importance of social context in shaping processes of self-forgiveness could help with endeavors to place self-forgiveness within a lifespan developmental perspective, as well as contributing more generally to an understanding of factors that influence self-forgiveness processes across different life contexts.

Finally, I argued here that older adults who have typically favored denial or self-exoneration over genuine self-forgiveness throughout adulthood may be at risk of poor mental health outcomes when they are faced with a growing salience of lingering regrets and unresolved conflicts within the context of life review. It is also possible, however, that a proportion of individuals continue using processes of pseudo self-forgiveness into late life in ways that are effective in preserving hedonic well-being, even if they may simultaneously limit opportunities for psychological growth. Profile-based investigations (e.g., Smith & Baltes, 1997) that identify sub-groups of individuals who report using different constellations of genuine- and pseudo-self-

forgiveness processes, and examining the associations of profile membership with both subjective and psychological well-being (Ryff, 1989) could shed light on how different methods of coping contribute to different aspects of well-being.

Ultimately, a better understanding of self-forgiveness within a lifespan context might inform approaches to intervention with older adults. For example, facilitating life review represents one means through which older adults are encouraged to cope with negative emotions and consolidate a sense of meaning. However, Haber (2006) also notes that life review is potentially harmful when initiated with those maintaining emotional equilibrium through the use of denial as a defense mechanism. A more nuanced understanding of the conditions under which older adults' use of pseudo self-forgiveness processes serve a valid protective role (e.g., if physiological flexibility and cognitive resources are low, and/or interpersonal pathways to genuine self-forgiveness are not available) could help to inform practitioners' clinical judgements about when life review does, or does not represent an appropriate therapeutic approach.

To conclude, perspectives on self-forgiveness hold much promise for enhancing our understanding of how socio-emotional functioning develops across the lifespan, and contributes to mental health in older adulthood. Similarly, lifespan theory and research concerned with self- and emotion-regulation provides a valuable context for understanding how developmental changes in emotion, motivation, and cognition could shape self-forgiveness. It is my hope that this chapter will act as a springboard for future research efforts concerned with developing a better understanding of when and how we forgive ourselves through different phases of life, and how these processes might ultimately promote growth, mental health, and resilience.

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Conclusion: The Road So Far and the Road Ahead

Lydia Woodyatt, Everett L. Worthington Jr., Michael Wenzel, and Brandon J. Griffin

This book has brought together many authors working on and around the topic of self-forgiveness. In a handbook like this our intentions are twofold. First, we wanted authors to put the current state of the field accessibly on the table for examination and implementation. Authors have done this superbly within their specialized fields. The contributors have reviewed pertinent concepts, theories, methods, findings, and applications, and then prompted us toward many unexplored aspects of the phenomenon. We hope this is the start of a conversation that will drive us from what is known to what remains unknown, to explore the fuzzy edges of our own understandings. Here we summarize key ideas that have been presented throughout this book. We also look beyond, and suggest avenues where future work might go beyond the topics covered here. Finally, we outline key opportunities and tools we have available to us to move the field of research forward.

Part 1: Understanding Self-Forgiveness

What Is Self-Forgiveness?

Self-forgiveness is needed in a wide range of contexts in which humans develop self-condemnation. Self-forgiveness involves(at a minimum) working through what has occurred, acknowledging responsibility without letting oneself off the hook or

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blaming oneself for things outside one's control, seeking to make amends and promote relationship repair where possible, and releasing oneself from ongoing self-condemnation and its associated feelings. Self-forgiveness entails the capacity to acknowledge one's failings and, in doing so, restore one's self-regard.

Models that propose two dimensions to self-forgiveness—acknowledging responsibility and renewing self-regard—best sum up this understanding. However, many questions lurk within that seemingly simple model. What processes are involved in each dimension? What happens if one acknowledges responsibility for wrongdoing but does not seek to make amends or offer restitution? How does receiving forgiveness from others influence the process of self-forgiveness? What processes are needed to restore a sense of self-regard? How can alternative responses to wrongdoing such as excusing or punishing oneself be conceptualized with regard to these two dimensions? Does timing matter? Should processes of working through responsibility always precede renewing self-regard? Is there such a thing as optimal timing of processes, or is it simply necessary to arrive at an end-state having negotiated the two main processes (and all their components) in whatever order? The answers to questions such as these might help us move toward one or more working (operational) models of self-forgiveness processes and set the stage to discovering which models might be better in which conditions for which people.

Methods and Measurement

Even though much of the early work in self-forgiveness has been on measurement and definitions, there is still a relative paucity of methodologies and data applied to understanding the phenomenon. Self-forgiveness can and has been measured as a disposition, a state, or a process. It has been defined in many ways, and each of those ways has been operationalized with unique measures. Often, for example, self-forgiveness is treated as solely enhancing esteem, without consideration of whether the person also takes appropriate responsibility for their actions. Findings using such measures might be at odds with findings from researchers who used either a responsibility-focused definition and measure, or a dual-process definition and measure. It may be that measures with exclusive focus on enhancing esteem confound self-forgiveness and self-exoneration (a.k.a. pseudo self-forgiveness), which raises scepticism about the validity of findings obtained using early measures of self-forgiveness. Importantly, although different measures have been applied to discover the causes, sequelae, and applications of self-forgiveness, investigators have treated their findings as revealing truths about self-forgiveness—not about the component of self-forgiveness that was assessed.

Even approaches that examine self-forgiving dispositions, states, or processes have their own limitations of which we need to remain mindful. At a minimum, we should aim to use multiple measures of self-forgiveness (and, of course, develop new measures as conceptualizations are refined) when testing our hypotheses. At the level of aggregating researching findings, it is imperative to use measuring

instrument as a moderator variable in meta-analytic summaries to untangle the conceptual connections due to using different understandings and measures of self-forgiveness. At the level of consumer of research, when we use and read research, we should always be mindful of the content of what was actually assessed. We currently have limited measures available; in particular as state and process measures are concerned, and this is a much needed area of development. This is not just for the sake of clarifying a concept, but rather, it is possible that there are many pathways to self-forgiveness, so there are many potential process models by which people move from self-condemnation to self-forgiveness.

There are relatively few studies examining how the lived experience, and the everyday minutiae of life may impact upon self-forgiveness. Self-forgiveness is a complex process. Rather than looking at averages and correlations across populations, sometimes we need to look more closely at the nuances of experience-in-context. In what ways do contexts and dynamics of social interaction, and the meanings attributed to them, shape individuals' experiences as they work through a wrongdoing, the order and timing of their experiences, and the outcomes? This need to delve more closely into the experiences of individuals (in contrast to the group means of quantitative research) suggests the use of qualitative research, case studies, daily diary studies, repeated N-1 design research, and mobile-phone-enhanced approaches to daily monitoring. Individualized methods allow us to examine people's lived experiences from a wide range of perspectives.

What Psychological Processes May Underpin the Need for Self-Forgiveness?

In this book our authors have explored some of the psychological processes that may undergird the need for self-forgiveness. These include understanding shame and guilt, the psychology of self-criticism, psychological needs, and processes of rumination. Analyses of these processes can help us better understand the issues that may give rise to the need for self-forgiveness. However, understanding these processes can help clinicians to explore the range of important issues that need to be addressed with patients struggling to self-forgive.

However, we have only scratched the surface in terms of examining psychological processes that relate to self-forgiveness. Consider the following examples. First, there is no genetic examination of self-condemnation or self-forgiveness. Might some genetic predispositions exist that predispose people toward self-condemnation? Even with those who are prone to self-condemnation, might there be genetic differences in those who lean toward self-forgiveness as opposed to behavioural repair attempts, self-punitive behaviour intended to atone for an offense, or disengagement through drugs, alcohol, sex, or other pleasurable distractions?

Second, there are virtually no physiological studies of self-forgiveness. The work that has been done has treated self-condemnation as a stressor, and thus self-

forgiveness as a coping mechanism. However, other theories might exist—such as evolutionary theories, exposure theories, or cognitive-processing theories. Each might hypothesize different physiological reactions that might be revealed through different types of physiological measurements or markers.

Third, we have hardly examined situational variables that social psychology tells us might be even more powerful in determining intrapersonal processes than internal experiences (Leary, Raimi, Jongman-Sereno, & Diebels, 2015). What is the role of others in guilt- and shame-making? What role does stress overload play in the propensity to be self-condemning? What roles do social norms and socially proscribed processes play? For example, membership in 12-step groups, which emphasize guilt, making amends, and the damage done to others might stimulate self-condemnation, and perhaps in some members lead to seeking self-forgiveness while in others lead to defensiveness. Membership in religious communities with specific belief systems might affect how people process self-condemnation. Some advocate the sufficiency of taking one's wrongdoing to God, who deals with it completely. Some might even claim that seeking self-forgiveness is illegitimate given a God who forgives. However, other religious communities might be socially oriented and encourage other-oriented service as a redemptive method. In short, there are many differences in how people might respond to their own failures and wrongdoing depending on their membership in different types of groups. Environmental influences on self-forgiveness decisions, experiences, and sequelae are virtually unknown.

Need for Cross-Disciplinary Research

To help us understand self-forgiveness more thoroughly, one tool available to us is cross-disciplinary research, which involves collaboration and conversation. The incredible advantage of cross-disciplinary research is that it pushes us to the edges of knowledge. These conversations are not always easy—and at times researchers will disagree as a result of different disciplinary assumptions, methods, and interpretations. However, the field of research is richer as we move from our knowns to the unknowns—and few approaches can do this so well as cross-disciplinary collaboration, particularly between sub-fields of psychology.

This book reflects the literature where there is a clear focus on social and clinical perspectives to the relative neglect of other sub-disciplines of psychology. There is a need for more exploration drawing on other areas within psychology. For example, consider some major sub-disciplines of psychology.

Neuropsychology What is the neuropsychology of self-condemnation? Given the notion of experience-dependent neuroplasticity, what neural circuits does engaging in persistent self-condemnation enhance, and how does enhancement of these circuits contribute to the onset and maintenance of psychopathology? In addition, what structural and functional characteristics of the brain underlie processes of self-

forgiveness, especially as it differs from alternative attempts to respond to wrongdoing such as excusing or punishing oneself? In what ways do attention, memory, implicit cognition, and metacognition feed into either the need for, processes of, and sequelae of self-forgiveness?

Health Psychology How do experiences of self-condemnation and self-forgiveness affect physical and mental health? Do different processes of self-forgiveness, such as accepting responsibility and enhancing esteem, uniquely affect health outcomes? What mechanisms underlie the association between self-forgiveness and health outcomes (e.g., rumination)? What role does self-forgiveness play in help-seeking behaviour, especially in relation to treatment for socially stigmatized health problems? The forgiveness-health association was a major catalyst of the forgiving others literature, and some have hypothesized that the association between health and self-forgiveness may be even more proximal.

Developmental Psychology Developmental experiences of self-forgiveness remain relatively unexplored. At what times in life do the need for and experience of self-forgiveness arise? How does socio-emotional development and identity formation influence dispositional tendency to self-forgiveness. What normal developmental processes and challenges might make one vulnerable for self-condemnation? How might self-forgiveness processes be developed within children? What is the role of self-forgiveness in adjustment to aging and end of life concerns?

Cultural Psychology Cross-cultural perspectives are still relatively missing from the field. How do shame-based but collectivistic cultures deal with self-condemnation differently than individualistic cultures? Is self-forgiveness important in cultures that treat shame not as an individual experience but as bringing shame to one's group or community? Is there an application for self-forgiveness among groups that are responsible for historical oppression of others? How does increasing awareness of implicit prejudice coupled with self-forgiveness affect future discriminative actions such as micro-aggressions?

Social Psychology Even within social psychology there are theoretical perspectives that can be applied in much richer ways to understanding self-forgiveness. For example, theories like construal theory, entity beliefs, social identity theory, emotion regulation, and emotional complexity could all be explored. Dyadic methodologies might also be applied to more closely examine actor and partner effects of self-condemnation and self-forgiveness on relational outcomes.

Personality Psychology Similarly, personality perspectives remain relatively unexplored despite the predominate use of dispositional measures of self-forgiveness and the use of the Big Five within the self-forgiveness literature. How might self-forgiveness, especially its component parts of accepting responsibility and enhancing esteem, be related to aspects of personality such as perfectionistic self-presentation and narcissism? What individual differences such as gender, race, age, educational attainment, sexual orientation, and religious affiliation affect process of self-forgiveness and its associations with other constructs?

Psychopathology Self-condemnation is clearly implicated in many psychological disorders like the many depressive disorders, many anxiety disorders, some personality disorders, and perhaps some disorders characterized by poor attachments during childhood or adulthood. Frequently, self-condemnation is involved when people commit suicide. Understanding the degree of involvement endemic to the disorder and the degree to which self-condemnation is a parallel disorder could assist clinical psychologists in treating psychological disorders.

Industrial/Organizational Psychology What role does self-forgiveness play in leadership? What risks do leaders take when accepting responsibility for a violation of employee or public trust? Are there organizational factors that either impair or empower the process of self-forgiveness? If a leader practices self-forgiveness, what is the affect of followers in the aftermath of some violation?

Summary Drawing from these subdomains of psychology will allow us to advance theory to further understand self-forgiveness. Perhaps more importantly these different empirical approaches provide us with different types of data to help us better understand self-forgiveness—and test some of the hypotheses that have been proposed within this book.

Part 2: The Causes and Consequences of Self-Forgiveness

Is Self-Forgiveness Good for Well-Being?

Self-forgiveness, at least as a disposition, is associated with well-being. There are data to suggest state self-forgiveness can be associated with personal well-being. Forgiveness of others has been connected to health outcomes (for reviews, see Toussaint, Worthington, & Williams, 2015). Generally, forgiveness has been treated as a coping mechanism for the stressful reactions of experiencing injustices and developing unforgiveness. To date, parallels have been made, and self-forgiveness has been often characterized within a stress-and-coping framework. That has led to seeing many of the health consequences of self-condemnation and, occasionally, seeing health benefits of self-forgiveness. In the study of forgiveness of others the evidence is much stronger, supporting a connection between unforgiveness and ill-health or mechanisms that eventually can lead to ill-health (e.g., high blood pressure, elevated cortisol, decreased health behaviour). It takes a long time for forgiveness of others actually to produce positive effects on health. Yet, some evidence indicates that the connection between stress-related health problems and self-forgiveness shows up earlier in life. These approaches largely assume that self-condemnation is a stress-related problem. But, as research sophistication increases, investigators must get down to more specifics.

However, the caveat on most findings we have to date is that state self-forgiveness needs to include both dimensions of self-forgiveness. Self-forgiveness that only

renews self-regard and reduces negative affect can be problematic—both for individuals and for the relationships they are in—if it reduces motivation to change. This is particularly worrisome when transgressive behaviours are chronic or repeated (although the impact of self-forgiveness on repeat transgressions has not been explored using two-dimensional measures of self-forgiveness). Longitudinal studies that examine these relationships are needed.

In terms of relational well-being, there are preliminary data to suggest self-forgiveness is good for relationships. However, these studies often examine only trait self-forgiveness. Here self-forgiveness research would benefit from the methodologies of relationship researchers where dyadic and interactive dynamics between partners are examined over time (i.e., actor–partner interaction methods). This would allow us to examine questions like: Does self-forgiveness help couples following perceived transgressions? What are the relationships among apologies, amend-making, forgiveness, self-forgiveness, and reconciliation within couples? How might psychological processes within one partner lead to self-forgiveness in the other (or vice versa)? Many of our authors have suggested there are communal dimensions to self-forgiveness, but what are these dimensions and how might social processes impact on the self-forgiveness?

Part 3: Applications of Self-Forgiveness in Psychopathology and Psychotherapy: Models and Modalities of Intervention

What Approaches Can Help Patients Develop Self-Forgiveness in Psychotherapy?

Four chapters addressed different modalities of delivering interventions to promote self-forgiveness to patients who seek relief for self-condemnation from psychotherapists. As we emphasized in the Prologue to the book, interventions are prescriptive. That is, clinicians or clinical scientists tend to adopt a method—usually based on clinical experience, clinical intuition, or basic research—that they think can elicit cooperation of patients in dealing with self-condemnation.

There is much that is helpful in the clinician-originated processes that lead to self-forgiveness. Actually, some aspects of a clinical process might have some generalizability to naturally occurring self-forgiveness processes. However, it is not usually a good assumption to generalize from the intervention to actual naturally occurring processes. The psychotherapeutic processes tend to reflect the psychotherapeutic orientation of the clinicians who developed the intervention. If the clinician-originator leans toward cognitive-behaviour therapy, the intervention is usually focused on changing cognition, behaviour, and environments. If the clinician-originator leans toward emotion-focused therapy, then the intervention usually will adopt theorizing and methods commensurate with attachment rationales and interventions like empty-chair dialogues that help people access emo-

tional processes. With only a few interventions to date, the theoretical field of clinical interventions to promote self-forgiveness is seriously under-sampled. There is room for many additional interventions.

In addition, today's values aim us toward evidence-based practices in psychology. At present, there are precious few (if any that meet strict criteria to be evidence-based) that seek to promote self-forgiveness. More research is needed from clinical laboratories that do not embrace the originators' theoretical and empirical commitments so that we can separate the effects of interventions from originator loyalty effects.

Translational research, which incorporates basic research findings into interventions and seeks to assess the contributions of those findings to overall efficacy is at present non-existent. The field of clinical interventions is in its absolute infancy. As such the field is wide open—clinical scientists can pick almost any reasonable clinical question and be assured it is a contribution to the clinical literature.

Part 4: Applications of Self-Forgiveness in Psychopathology and Psychotherapy: Clinical Applications to Specific Domains

What Do We Need to Know About Wider Applications of Self-Forgiveness?

Considering the areas of application touched upon within the present book—military health and moral injury, personality disorders, suicide, substance abuse, hypersexual disorders, workplace applications, applications within spiritual and religious communities, and applications to later life—as broad as this seems, it only grazes the surface. Broadly speaking, the need for self-forgiveness arises in contexts where there is a perceived failure to live up to norms, values, and expectations. In practice this can mean transgressive behaviour, but also may apply in contexts where we are coping with ongoing health or mental health concerns, coping with workplace stressors, working through relationship conflict, or struggling with addiction.

For example, in the field of health, self-forgiveness may apply in several areas beyond what we have explored. For medical staff, self-forgiveness processes may be applicable from simply coping with a sense of failure when we have patients we can't help, to instances of mistakes that qualify as medical errors or even to malpractice. For patients suffering from chronic conditions, our illnesses often impact on those around us in negative and costly ways. Self-forgiveness may be key to coping with chronic illness. This may be particularly the case with illnesses perceived as 'lifestyle' illnesses, such as diabetes, lung cancer, obesity—where attributions of personal responsibility are common.

In the field of justice, various questions also arise. How might legal or quasi-legal processes impact on self-forgiveness, when many systems of adversarial justice reinforce defensiveness? While adversarial systems have clear benefits, the process

may limit people's capacities to work through their own actions and move toward restoration—to their own and others' benefit. What of group-based transgressions, where one person is a part of something wrong, but as a member of a group? How might self-forgiveness apply in these contexts—what uniqueness might arise?

The possibilities for wrongdoing extend to every personal relationship we have. We have not investigated self-condemnation in parenting, elder care, friendship, professional obligations, civic engagement, the justice system, the health-care industry, and the political arena—just to name a few. Yet, people are forever doing illegal, immoral, and personally offensive acts and can experience self-condemnation in each of those. Almost always there are things that are specific to a particular setting that makes self-condemnation in that arena different from self-condemnation in other arenas. Likewise, situational pressures make self-forgiveness more or less likely, and influence how it does or does not occur within people and manifest among people.

The possibilities for failing to meet standards, norms, and expectations are omnipresent as well. Think of different areas of performance, in which people can fail to live up to their own or others' expectations, and as a result experience self-condemnation. This might occur in sport from the youngest ages of youth sport to world-class Olympic or professional athletes. Performance in front of others (whether one's parents and friends or television audiences of millions) ups the ante of self-condemnation for poor performance. All kinds of performance settings could be settings that foster self-condemnation when performance is disappointing. People who wish to study self-condemnation in new and important areas have a wide open field in front of them.

Tools for Future Expansion of the Field

We suggest some final thoughts for future clinicians and researchers as they continue to help restore people burdened with self-condemnation. If we look at our understanding of self-forgiveness compared to forgiveness, we can see that there is still much to be done with regard to self-forgiveness. To sum up, we suggest several important tools and strategies available to the field moving forward and to the new generation of researchers and practitioners who will move into this field, namely:

1. Consolidate and develop varied measurement and observational approaches. The danger of established measures is that we stick with them. Over time certain measures can become so ubiquitous within a field that we have to start to question whether we really are exploring the phenomenon, or simple re-exploring that particular measure of it. Observe creatively and rigorously. All measurement is limited—our reliability and validity of observations improves with multiple measurement.
2. Branch out. Think broadly about a phenomenon. Don't only read and consider research that is within your own sub-discipline. Instead, read widely on the phe-

nomenon and seek to develop collaborations with researchers and practitioners from other disciplines, from within psychology and beyond.

3. Be reflective science-practitioners. Understandings of self- forgiveness are richer when we reflect well on science and on the lived experience. Sometimes our focus can be on one or the other. But as psychologists we are committed to being both, and we believe people who keep both in mind build the field. Case studies, qualitative data, and practice reports offer opportunities not just for clinicians to share practice, but for researchers to ask meaningful questions and develop new hypotheses.

4. Seek parsimony but not simplicity. Self-forgiveness is an incredibly complex human process. While we aim to compile useable knowledge, this is still achieved by thinking deeply and understanding the complexity of the phenomenon. Look beyond simple correlations—think theoretically and experiment bravely.

5. Look at the whole human experience. Although self-forgiveness involves the word 'self' that is not to say that it is a solitary intra-personal event only. Understanding the interplay between inter- and intrapersonal dimensions will be important for understanding what it is to restore humans.

Concluding Thoughts

Are there overarching themes for you to carry away regarding the psychology of self-forgiveness? We believe a few are most salient. First, no consensus exists on the best definition. Second, measures have not been agreed upon, and definitional uncertainty, with measures tied to various definitions, have clouded what we know about self-forgiveness. Third, this field is brand new. What it lacks in certainty it has in opportunity. Violating one's values or failing to live according to one's expectations is a ubiquitous human experience, and we are only beginning to understand that process scientifically. In short, the psychology of self-forgiveness is complex, reflective of the depth of what it means to be human, and a meaningful area to apply oneself.

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Author Index

Subject Index