

# Practice

## A Therapeutic Model of Self-Forgiveness With Intervention Strategies for Counselors

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Self-forgiveness is associated with psychological and relational well-being and may be a worthwhile treatment goal for clients who have hurt others. The authors utilized theoretical and empirical literature to describe a 4-component therapeutic model of self-forgiveness—responsibility, remorse, restoration, and renewal—and offer suggestions for promoting each component with clients. Finally, the authors explore potential contraindications and the applicability of self-forgiveness for military veterans, clients in substance abuse treatment, and clients convicted of a crime.

*Keywords:* self-forgiveness, counseling, shame, self-compassion, therapeutic process

Offending or harming others is an inevitable part of life, ranging from comparatively minor offenses like speaking harshly to a loved one during a disagreement to more severe acts of harm, such as causing a car accident that seriously injures someone or committing adultery. Causing significant harm to another person can later cause deep sorrow, self-blame, or shame on the part of the offender. Although such responses are often warranted following hurtful actions, the perpetuation of those feelings and the development of harsh, self-critical feelings may be unnecessarily damaging to both the offender and the victim (e.g., Friedman et al., 2007).

In these cases, the self-forgiveness process might lead to significant personal growth and renewed mental health. Research supports this assertion. Self-forgiveness is related to psychological well-being, such as perceived quality of life (Romero et al., 2006), satisfaction with life (Thompson et al., 2005), self-esteem (Fisher & Exline, 2006; Woodyatt & Wenzel, 2013), self-trust (Woodyatt & Wenzel, 2013), and emotional stability (Walker & Gorsuch, 2002). In addition, those who are more self-forgiving (i.e., have greater dispositional self-forgiveness) are also more likely to have positive relationships and positive interactions with others (Hill & Allemand, 2010), and genuine self-forgiveness for a specific offense is associated with more empathy for one's victim and a greater desire for reconciliation (Woodyatt & Wenzel, 2013).

Self-forgiveness is also related to less psychological distress, including lower levels of shame (e.g., Fisher & Exline, 2006; Strelan, 2007), anxiety (e.g., Sternthal, Williams, Musick, & Buck, 2010; Thompson et al., 2005), mood dis-

turbance (Friedman et al., 2007; Romero et al., 2006), negative affect (Thompson et al., 2005), self-blame (Friedman et al., 2007; Wohl, DeShea, & Wakinney, 2008), rumination (Thompson et al., 2005), hostility (Snyder & Heinze, 2005), and depression (e.g., Sternthal et al., 2010; Thompson et al., 2005; Wohl et al., 2008).

Most of these aforementioned relationships were correlational; the causal direction between self-forgiveness and well-being is still not fully known. Still, the development of self-compassion or self-acceptance is a staple of several forms of counseling, including acceptance and commitment therapy (Hayes, Strosahl, & Wilson, 2003), client-centered therapy (Rogers, 1951), and emotion-focused therapy (Greenberg, 2002). Applying these concepts to specific situations in which clients have hurt others is likely to lead to positive psychological outcomes. However, the way that self-compassion and self-acceptance are developed after a specific offense matters, and a clear understanding of what is meant by self-forgiveness is important. The purpose of this article is to describe a therapeutic model of self-forgiveness and to provide counselors with direction on how to promote self-forgiveness in clients who have harmed others.

### Defining Self-Forgiveness

Scholars have put forth various definitions of self-forgiveness. Hall and Fincham (2005), for example, conceptualized self-forgiveness as “a set of motivational changes whereby one becomes decreasingly motivated to avoid stimuli associated

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with the offense, decreasingly motivated to retaliate against the self (e.g., punish the self, engage in self-destructive behaviors, etc.), and increasingly motivated to act benevolently toward the self” (p. 622). Enright and the Human Development Study Group (1996) defined self-forgiveness as “a willingness to abandon self-resentment in the face of one’s own acknowledged objective wrong, while fostering compassion, generosity, and love toward oneself” (p. 115).

These definitions highlight some of the self-focused emotional, motivational, and behavioral components of self-forgiveness. We argue, however, that a fuller definition of self-forgiveness must include an other-focused component in which the offender attempts to repair damage caused by the offense and reduces the likelihood of committing similar offenses through a recommitment to values. We, therefore, define self-forgiveness as a process in which a person (a) accepts *responsibility* for having harmed another; (b) expresses *remorse* while reducing shame; (c) engages in *restoration* through reparative behaviors and a recommitment to values; and (d) thus achieves a *renewal* of self-respect, self-compassion, and self-acceptance.

## Four Rs of Genuine Self-Forgiveness

The process of self-forgiveness can thus be seen as involving four components, which we term the four Rs of genuine self-forgiveness: (a) responsibility, (b) remorse, (c) restoration, and (d) renewal (see Table 1). Based on the theoretical and empirical literature on self-forgiveness, this model provides what we understand to be a full account of the self-forgiveness process. The components can be thought of sequentially, but they are also interrelated. Each of these components has been

addressed to at least some extent in the psychology or philosophy literatures. We integrate those writings here to describe the four Rs as a therapeutic process model of self-forgiveness.

### Responsibility

A natural human tendency for people is to excuse, downplay, or focus on external causes for their negative actions (Baumeister, Stillwell, & Votman, 1990; Zechmeister & Romero, 2002). Accepting responsibility for reprehensible actions runs the risk of threatening one’s self-regard, as well as one’s status or social standing (Wenzel, Woodyatt, & Hedrick, 2012). Yet, avoiding responsibility is not a stance conducive to self-forgiveness. In examining the literature, the conceptualizations of genuine self-forgiveness hinge on the transgressor’s acceptance of responsibility for the offense. Without this recognition and acceptance of responsibility, a “pseudo self-forgiveness” results instead, in which offenders excuse, justify, and/or rationalize the offense, sometimes shifting blame to other people (Hall & Fincham, 2005, p. 626; Woodyatt & Wenzel, 2013). Rather, the transgressor should accept responsibility for his or her role in the offense (Jacinto & Edwards, 2011).

Acceptance of responsibility certainly involves a cognitive component that includes recognition of wrongdoing, acknowledgment that one could and should have done things differently, and a realization of one’s imperfection (Holmgren, 2012). This acceptance of responsibility, however, also brings a more affective reaction that can include remorse, shame, and guilt (Hall & Fincham, 2008; Fisher & Exline, 2006) that must be worked through.

### Remorse

The negative feelings connected to having harmed another can be overwhelming. However, acknowledgment and expression of the negative feelings associated with the offense has been proposed as an important part of self-forgiveness (Enright & the Human Development Study Group, 1996; Holmgren, 1998). Expression of emotional reactions to the offense may encourage the offender to connect to the reality of the harm caused. In addition, attempts to forgive oneself without acknowledging one’s emotional reactions would likely make true internal resolution of the offense difficult (Holmgren, 2002).

Emotional reactions following an offense fall into two overarching categories: guilt (or remorse) and shame. The feeling of guilt involves tension, remorse, and regret about one’s actions. In contrast, in shame, the negative feelings are focused on the self, not on the regretted actions (Tangney & Dearing, 2002). Lewis (1971) described this distinction between guilt and shame: “The experience of shame is directly about the self, which is the focus of evaluation. In guilt, the self is not the central object of negative evaluation, but rather the *thing* done or undone is the focus” (p. 30, italics in original).

TABLE 1

The Four Rs of Genuine Self-Forgiveness

Component	Description
Responsibility	To move toward genuine self-forgiveness, the offending person takes responsibility for one’s actions and the effects of those actions. Blame shifting is minimized.
Remorse	As a result of responsibility, the offending person may experience a wide range of emotions. Shame-based (i.e., global) responses should be worked through and reduced, leaving behind more appropriate remorse-based (i.e., offense-specific) responses such as guilt and regret.
Restoration	Restoration is an action-oriented step that follows from responsibility and remorse. In genuine self-forgiveness, the offending person seeks to make amends and repair that which was damaged to the extent possible. Behavior patterns that led to the offense are also addressed and the values violated by the offense are reaffirmed.
Renewal	Finally, in renewal, the offending person obtains the emotional state of self-forgiveness, involving renewed compassion, acceptance, and respect for oneself. Moral growth has occurred from the process of working toward self-forgiveness.

Shame can lead to self-destructive intentions (Hall & Fincham, 2005) and does not predict conciliatory behaviors (Fisher & Exline, 2006). In self-forgiveness, then, working through the self-focused emotion of shame is necessary. This allows the other-focused feeling of remorse to become the primary emotion to be expressed. Remorse may serve a more positive, prosocial function in that remorse is connected to an increased likelihood of engaging in conciliatory behaviors toward the injured party (Fisher & Exline, 2006; Ranganathan & Todorov, 2010). As remorse is expressed, the desire for restoration should emerge.

### Restoration

The self-forgiveness component of restoration involves engagement in reparative behaviors and a recommitment to the values damaged by the offense. This is the component of self-forgiveness that receives the least amount of theoretical attention in counseling and psychology, yet is stressed by a prominent philosopher in this area (Holmgren, 1998). Also, participants in a qualitative study on self-forgiveness highlighted restorative efforts (Ingersoll-Dayton & Krause, 2005). They discussed the importance of making reparations to those they hurt and identifying ways to change their behaviors to better match their ideal selves. Likewise, in a narrative study of past transgressions, apologies to the victim and attempts to make amends were more common in accounts of times participants had forgiven themselves compared with accounts of times they had not (Zechmeister & Romero, 2002). Finally, transgressors who engaged in more reparative behaviors over a 2-week period following a laboratory-based exercise to increase perceived responsibility and self-forgiveness reported more self-forgiveness at follow-up (Exline, Root, Yadavalli, Martin, & Fisher, 2011). Engaging in reparative behaviors can thus be considered as one facet of restoration.

In addition, some authors described the importance of addressing the attitudes and behavioral patterns that contributed to the offense (Baker, 2008; Holmgren, 1998). As individuals address the factors that contributed to their offense, they will likely identify personal values they violated through that offense. Part of self-forgiveness, then, involves a recommitment to those values to learn from and move beyond their hurtful actions. This recommitment to values may be a key ingredient in genuine—as opposed to pseudo—self-forgiveness (Wenzel et al., 2012).

Those who do not engage in these steps may be at risk of committing similar offenses in the future. The offense will also not be resolved for the transgressor until these patterns are addressed (Holmgren, 1998). Take, for example, a father who abuses alcohol and verbally abuses his children while drunk. This man would need to address his alcohol use and abusive behaviors. As long as he continues to drink, and until he gains better control over his emotional responses, he is at risk of abusing his children again and any apparent self-forgiveness he achieves is inconsequential at best and harmful

to others at worst. Once restorative efforts are made, internal resolution of the offense can be better achieved, paving the way for feelings of self-forgiveness.

### Renewal

As argued by Holmgren (1998), negative emotions and self-judgment following a transgression encourage moral growth. To hold onto these feelings and judgments after addressing the wrong, then, would serve no functional purpose. At this stage, it is now appropriate to release lingering negative emotions about the offense. This does not mean to forget that one acted wrongly or to no longer wish one had acted differently, because those can serve as important reminders to avoid similar offenses in the future (Dillon, 2001). Instead, it means recognizing one's intrinsic worth as a person; setting aside lingering self-punishment; and approaching oneself with compassion, acceptance, respect, and kindness (Dillon, 2001; Enright & the Human Development Study Group, 1996; Fisher & Exline, 2010). This final component encompasses the end-state typically focused on in definitions of self-forgiveness (e.g., Enright & the Human Development Study Group, 1996; Hall & Fincham, 2005).

## Working With Clients on Self-Forgiveness

Based on this model of self-forgiveness, there are specific steps counselors can take when working with clients trying to forgive themselves. The first task, however, is to identify when self-forgiveness work is warranted. Self-forgiveness would be a worthwhile goal for clients who harmed another person and have been unable to move forward. Typically, clients will express some form of shame, self-loathing, or self-recrimination as they describe their offense. Counselors in some settings, however, might work with clients who minimize or reject their responsibility. In either case, the general therapeutic stance of the counselor is the same: a nonjudgmental, caring advocate who embraces both compassion for the client and honesty toward the situation. The counselor will be best served by an empathic posture that encourages clients to honestly explore their offenses. In the following sections, we outline specific suggestions for helping clients at each step of the self-forgiveness process.

### Exploring Responsibility

An assessment of perceived responsibility should accompany a review of the client's offense. After hearing an overview of the actions (and/or inactions) involved, counselors may ask the client to step back and place the offense in a broader context. For example, the counselor may encourage exploration of factors occurring in the client's life around the time of the offense. Clients should also examine their wants, needs, or motivations that led them to commit their offense. In addi-



tion, counselors can help clients identify the consequences of their offenses as a way to acknowledge the harm caused. Throughout these conversations, counselors can listen for indications of how much responsibility clients are accepting for the harm they caused.

As stated by Holmgren (2002), some clients may be “generally decent” and yet rationalize their behavior to avoid responsibility for their offense (p. 122). In these instances, counselors are encouraged to sensitively draw clients’ attention to the fact that they are rationalizing. Similarly, Fisher and Exline (2006) insisted that clients who struggle to acknowledge the harm they caused should be encouraged to move toward acceptance of responsibility. They argue that counselors who can provide a secure and accepting environment for such clients will enable many to feel safe enough to face their offenses without slipping into defensiveness. Some basic counseling techniques can help with this. For example, defensiveness can be reduced by talking about parts of a person (e.g., “What part of you might be somewhat responsible for this event?”) or helping clients to explore in the hypothetical (e.g., “If you were to accept some responsibility for this, what would it be?”).

Other clients may readily acknowledge the responsibility they hold. Even in these cases, it would still be helpful to spend time in early sessions reviewing the offense and factors that contributed to the offense to help clients increase their understanding of what led them to act the way they did. Finally, counselors may identify some clients who seem to accept more responsibility for their offenses than seems objectively warranted. These may be the same clients who are prone to global feelings of shame. Rather than immediately trying to reduce clients’ perceived responsibility in these instances, counselors may instead want to allow clients to voice their perspective. Following that, counselors may consider helping these clients explore the consequences of staying stuck in self-unforgiveness. This may help clients see that their self-blame and self-punishment ultimately serve no functional purpose and also prevents them from turning their attention positively to others, including the ones they hurt.

### Expressing Remorse

As stated previously, acceptance of responsibility can bring a host of negative emotions. Within a counseling context, psychoeducation about the differences between shame and guilt may help clients reduce their internal, global attributions about the offense, hence reducing shame (Webb, Colburn, Heisler, Call, & Chickering, 2008). Helping clients make a distinction between themselves and their actions may similarly send the message that bad actions do not necessitate an identity as a bad person (Braithwaite, 2000). In addition, shame might be reduced through the development of skills to approach oneself with self-compassion, which would allow individuals to examine their faults without descending into

shame (Fisher & Exline, 2010). The expression of unconditional positive regard by counselors may help to improve clients’ sense of self-worth (Rogers, 1961). Clients can also be helped to realize that all people are imperfect (Jacinto & Edwards, 2011) and that self-punishment is not a necessary response to wrongdoing (Potter-Efron, 2005).

Baker (2008) suggested having clients write letters to themselves that acknowledge internal pain and the reasons they are so angry at themselves. Emotion-focused two-chair work (Greenberg, 2002), in which the client expresses and works through self-condemning feelings, may also help reduce shame. This two-chair work could involve a dialogue between the client’s self-condemning side and the side that believes he or she is worth forgiving. This work may help clients realize that their intent behind self-punishment (e.g., to prevent future offenses from occurring, to demonstrate their sorrow) is not actually helping. By gaining a better understanding of the reasons behind their shame and self-punishment, clients may realize their expectations for themselves need to be reevaluated (Worthington, 2006) and they may accept their inherent value despite the wrong they committed (Fisher & Exline, 2006).

When shame is appropriately reduced, clients are primarily left with feelings of guilt or remorse about the harm caused. Counselors can spend time exploring these feelings with clients as well. This exploration of remorse often results in the desire to somehow make things right. By exploring their remorse, clients can gain a better understanding of how they violated their personal values through their offense and they can begin to identify how they want to make things right again. This will bring them to the third component of self-forgiveness: restoration.

### Engaging in Restoration

Counselors can help clients restore their sense of self through reparative behaviors and a recommitment to values. Some clients will want to make direct reparations to the person they hurt, perhaps most commonly when they have a close relationship with that person. Exline et al. (2011) proposed three common elements of reparative behaviors: acknowledgment of actual or perceived wrong, a submissive posture that entails vulnerability, and positive intentions toward the offended party that show a desire for repair. Reparations may include behaviors like an apology (Exline et al., 2011) or asking the victim what he or she needs or wants in order to make up for the offense (Holmgren, 2012).

These steps would be feasible and possibly desirable in many cases. There are instances, however, in which direct reparative actions are not the best option (e.g., the victim is no longer alive, bringing up the offense may do more harm than good, or contact with the victim would not be beneficial). In these situations, a different kind of amends might instead be made for the offense. Clients might modify their behavior

and take steps to improve the victim's life without causing further damage (Holmgren, 2012). They may also engage in indirect amends by doing positive things for people not directly impacted by the offense. For example, someone who killed another driver while driving drunk cannot restore that person's life, and family members of the person killed may not be receptive to reparative attempts. The driver could, however, seek to reduce the incidence of drinking and driving in their community or share their story publicly for educational purposes (Flanigan, 1996).

As a method of both expressing remorse and working toward reparations, counselors may consider the use of an empty-chair exercise (Greenberg, 2002), in which clients verbalize an apology while imagining the person they hurt is sitting in the empty chair. This is a powerful method for addressing clients' unfinished business (Greenberg, 2002). The technique may help clients achieve better emotional resolution when direct reparations are not possible or beneficial. In cases in which clients plan to make an actual apology, the empty-chair work can also serve as preparation for doing so. In addition to or instead of empty-chair work, counselors can also assist clients in identifying appropriate methods of making amends. Counselors can help their clients discern whether direct amends would be beneficial for both parties involved or whether other types of reparative steps would be more appropriate. Homework related to clients' reparative goals can encourage them to follow through with their plans.

In addition to reparative attempts, restoration should involve a recommitment to the values violated by the offense. Clients may need to acknowledge that they chose to meet their needs in a selfish manner that violated their values. In these instances, clients could identify alternative methods for meeting their needs that are more in line with their values and that do not cause harm. Worthington (2006) suggested giving clients a homework assignment to try behaving more consistently with their ideals because acting "as if" can help clients reach those ideals. For example, a client who had an affair may identify that her need to feel important and loved contributed to her infidelity. That client may determine that she can begin to get those needs met by sensitively informing her partner when she feels neglected or by calling supportive family members or friends when she feels down. She could also commit to honesty in her relationship with her partner as a way of restoring the violation of trust due to her infidelity. From a more experiential approach, counselors might engage clients in a two-chair exercise (Greenberg, 2002), wherein the client holds a conversation between the part that holds the values and the part that violated the values. Counselors could help clients to recommit to their values by strengthening the voice that holds the values and setting boundaries against the part that violated the values.

For some clients, these restorative efforts may be enough to allow feelings of self-forgiveness to emerge. This is likely

because apologies and other conciliatory behaviors serve to decrease one's guilt about the offense (Hall & Fincham, 2008). Other clients, however, may have some negative feelings that remain even after reasonable and appropriate reparations have been made. This may be especially likely when individuals cannot repair the relational damage caused by the offense or when attempts at amends do not feel satisfactory (Fisher & Exline, 2010). For these individuals, the final component of reaching self-forgiveness is to actively replace the remaining negative emotions with feelings of self-forgiveness.

### Encouraging Renewal

Clients who have difficulty releasing negative feelings about the offense may benefit from an acceptance of human limitations and weakness, for example, by acknowledging that one could not have known the extent of the negative consequences that would occur from their offense (Fisher & Exline, 2010). Clients can also be encouraged to acknowledge their recommitment to major values even while recognizing the difficulty of always living up to those values (Potter-Efron, 2005). This final component of self-forgiveness could be viewed as a "re-creating" of oneself, which involves a renewed self-image that incorporates the past and gives direction to the future (Jacinto & Edwards, 2011, p. 429). As such, counselors could help clients to re-narrate their offense by focusing on the lessons learned and the positive changes the client has implemented throughout the self-forgiveness process. In addition, counselors might have their clients write a letter of self-forgiveness as homework. Letters could involve anything the client needs to move forward positively from the offense, including a direct offer or expression of self-forgiveness. Through responsibility, remorse, restoration, and renewal, clients can move on from self-condemnation and shame toward a sense of self-forgiveness.

### When Self-Forgiveness Might Be Contraindicated

This process of self-forgiveness is applicable for a wide variety of individuals struggling with guilt, shame, and self-condemnation for many different types of offenses. However, there are some cases and some individuals for which this type of work might be inappropriate. We highlight two possible contraindications, although there are likely others.

First, self-forgiveness as we defined it does not apply in situations in which the client did not cause any harm. Still, many clients seek help to overcome self-hatred and self-condemnation for things they perceive they did wrong. In some cases, further discussion might reveal that the so-called offense they are trying to forgive themselves for is, in fact, no offense at all. For example, self-forgiveness would be contraindicated in situations in which clients want to forgive themselves for being sexually assaulted, which tends to be a

counterproductive response following a traumatic experience (Frazier, 2003). In these cases, there is an important distinction between responsibility for the cause of a problem (i.e., the assault) and responsibility for its treatment (i.e., seeking counseling or support; Brickman et al., 1982). Our self-forgiveness model addresses both responsibility for the cause and responsibility for making things right. Thus, to engage the self-forgiveness process with assault victims could do significant harm by inaccurately validating the client's feelings of guilt and self-blame over the assault, for which they do not actually have responsibility. Instead, standard clinical options focused specifically on the trauma would be more appropriate with these clients.

Second, self-forgiveness is likely contraindicated with clients who are engaging in ongoing harm against another person because their continued harmful behaviors may demonstrate an unwillingness to fully accept responsibility or engage in restorative behaviors. For example, a client might want to forgive herself for past neglect of her daughter due to frequent partying and her unstable relationships. Self-forgiveness work would seem warranted with this initial information, but further exploration may then reveal that the client is still engaging in those hurtful behaviors and has no intention to stop because of magical thinking that those behaviors will no longer be hurtful to her daughter. Prior to self-forgiveness, greater explorations with the client about her motives, needs, and desires and the affect those are having on her family are recommended. If the client commits to ending those hurtful behaviors, then self-forgiveness work would likely become appropriate.

This probable contraindication has not been researched for hurtful behaviors committed against another person, but research has shown that self-forgiveness for ongoing behaviors that harm the self, specifically smoking (Wohl & Thompson, 2011) and problematic gambling (Squires, Sztainert, Gillen, Caouette, & Wohl, 2012), decrease motivation to stop those behaviors. A potential explanation for this is that self-forgiveness for ongoing behaviors reduces the negative affect that would otherwise stimulate change. We thus recommend that counselors proceed with caution with clients who want to work on self-forgiveness but are still engaging in the harmful behaviors for which they want to forgive themselves.

## Self-Forgiveness in Special Populations

In contrast to the contraindications, there may be particular client populations for whom the self-forgiveness process is especially relevant. We examine military veterans, clients in substance abuse treatment, and individuals convicted of a crime.

### Military Veterans

In military combat, morally compromising situations are likely. The stress, pressure, and anxiety of the life-and-death

nature of combat put people at potentially high risk for making decisions and acting in ways contrary to their own moral standards (Worthington & Langberg, 2012). Combat also creates a context in which the typical moral laws are suspended (e.g., killing or maiming others). Combat conducted in urban areas with ambiguous enemies surrounded by innocent civilians creates additional ambiguity and makes moral and ethical decisions more difficult (Litz et al., 2009). Given these complexities, moral injury ("the lasting psychological, biological, spiritual, behavioral, and social impact of perpetrating, failing to prevent, or bearing witness to acts that transgress deeply held moral beliefs and expectations") is a very real possibility for combat veterans (Litz et al., 2009, p. 697). The morally ambiguous and life-threatening situations many combat veterans experience create considerable values conflicts with no easy resolution. Efforts to evaluate and resolve such conflicts in the heat of life-and-death moments are often unsuccessful, leading to considerable potential for violating one's moral code and experiencing moral injury (Litz et al., 2009). As a result, veterans returning from war may experience significant self-condemnation, self-hatred, shame, and guilt for the ways they acted or failed to act while in the combat theater.

Among veterans, a lack of self-forgiveness is predictive of poor mental health (i.e., greater depression, anxiety, and posttraumatic stress disorder [PTSD] symptom severity; Witvliet, Phipps, Feldman, & Beckham, 2004). Self-forgiveness may, therefore, be relevant to many veterans. Indeed, Litz et al. (2009) suggested that helping veterans forgive themselves might be a crucial part of comprehensive PTSD treatment because it can provide a way to heal moral injuries.

### Clients in Substance Abuse Treatment

Clients who have struggled with substance abuse and dependency are another group that might especially benefit from self-forgiveness interventions. The nature of substance abuse and dependency often places people in morally compromising situations, and the physiological effects of the substances greatly increase the chances that people will harm others through negligence or accidents (e.g., vehicular manslaughter). Relationships are difficult to maintain while under the influence of substance addiction, and much harm is done to others through abuse and neglect. As a result, the potential for self-forgiveness in this population is considerable. In fact, the largest self-help movement for addictions, Alcoholics Anonymous, is centered on concepts associated with self-forgiveness (*Twelve Steps and Twelve Traditions*, 1953). The Twelve-Step Model includes multiple steps that encourage taking a moral inventory, making amends for wrongs committed, and moving toward a new understanding and acceptance of oneself.

Researchers have also demonstrated that self-forgiveness may be important for individuals struggling with substance

abuse. Greater shame is associated with more problematic drinking behaviors among college students. Among high-shame individuals, however, those who also had greater trait self-forgiveness were buffered from problematic drinking (Ianni, Hart, Hibbard, & Carroll, 2010). Self-forgiveness may serve as positive emotional coping that provides relief from negative affect associated with transgressions that might otherwise be escaped by drinking. In addition, among clients receiving substance abuse treatment, an adjunct psychoeducational group intervention designed to promote self-forgiveness was more effective at increasing self-forgiveness and drink refusal self-efficacy and decreasing guilt and shame compared with treatment as usual without the adjunct program (Scherer, Worthington, Hook, & Campana, 2011).

There may be a real benefit to promoting self-forgiveness among people struggling with alcohol and drug abuse and dependency. However, more research is needed to know the strengths and limitations of interventions to promote self-forgiveness with this particular population. In addition, the cautionary note about promoting self-forgiveness for ongoing offenses described previously applies here as well. Counselors should ensure that clients have stopped the specific hurtful behaviors before helping them work on self-forgiveness for those offenses connected to substance abuse.

#### Clients Convicted of a Crime

Finally, clients convicted of a crime could benefit from self-forgiveness work. As with other groups, in a population of criminal offenders there are those who take responsibility for their actions; carry shame, guilt, and self-condemnation; and would like to move beyond their past actions and make a new life for themselves. These would be the criminal offenders who would most benefit from interventions to promote self-forgiveness. Individuals convicted of a crime but who maintain their innocence, or have no sense of wrongdoing, remorse, or responsibility, are likely poor candidates for such treatment. This includes those with antisocial personality tendencies, for whom self-forgiveness treatment might give them ideas for manipulating others through outward expressions of remorse or restoration without actual internal change.

Initial research with offenders supports connections among self-forgiveness, shame, and re-offending. In a study of juvenile criminals in Germany, those with greater shame (i.e., feeling bad about themselves) at the beginning of their rehabilitation were more likely to re-offend than those with greater guilt (i.e., feeling bad about what they had done; Hosser, Windzio, & Greve, 2008). These findings were corroborated in a study conducted with U.S. adults convicted of a crime and serving prison sentences (Tangney, Stuewig, Mashek, & Hastings, 2011). Thus, reducing shame and increasing self-forgiveness may provide additional benefits for those convicted of a crime beyond typical mental health benefits. Specifically, self-forgiveness and the enhancement

of a guilt orientation that accepts responsibility, encourages remorse, and helps people engage in restorative attempts might also help reduce recidivism and re-offense.

## Suggestions for Further Research

Because the four Rs of genuine self-forgiveness model has not been empirically tested, future research is needed. Most researchers have examined self-forgiveness as an outcome, so more research is needed on self-forgiveness as a process. Researchers can examine to what extent and how the four components outlined here are involved in the typical self-forgiveness process. Particular benefits of each component can be tested, as well as potential outcomes of neglecting a specific component. From an applied perspective, interventions can be developed to assist clients with the four components of self-forgiveness and then be tested for effectiveness with specific populations, as well as clients in general. Future self-forgiveness research can also identify the best methods of helping clients to accept responsibility for the harm caused, work through shame while focusing on remorse, and engage in restorative efforts to encourage personal growth and a renewed sense of self-compassion and self-respect.

## Conclusion

Given the intrapersonal and interpersonal benefits associated with self-forgiveness, we encourage counselors to consider self-forgiveness as a treatment goal for clients struggling with the negative consequences of harming others. The four Rs of genuine self-forgiveness can provide a useful starting place for counselors who want to engage in this work with clients. By engaging in the first three self-forgiveness components (i.e., responsibility, remorse, and restoration), clients may be able to release themselves from self-condemnation and self-punishment and achieve the final component of self-forgiveness: renewal of self-respect, self-compassion, and self-acceptance.

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