

A Principles-based Approach to
ACT with Self-Forgiveness: New Approaches to Flexible Living

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A Dissertation submitted in partial fulfilment of the requirements for the degree of

Doctor of Philosophy and Master of Psychology (Clinical)

University of Adelaide, December 2017

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A Principles-based Approach to
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New Approaches to Flexible Living

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A Principles-based Approach to ACT with Self-Forgiveness: New Approaches to Flexible Living

Abstract

This dissertation explores the potential additive benefits of self-forgiveness within Acceptance and Commitment Therapy (ACT). It examines the importance of self-forgiveness and new wave treatment approaches for addressing psychological distress, which most commonly manifests as anxiety and depression. This research sought to establish explicit and practical links between current evidence-based approaches within Relational Frame Theory (RFT) and ACT, together with research into self-forgiveness, and tested the potential value of a set of principles that could be used with both individuals and groups affected by shame and guilt associated with personal transgressions.

Key Words: ACT, RFT, Language, Self-Forgiveness, Principles-Based, Victimless, Intrapersonal Offence.

Introduction and Thesis Context

To date, self-forgiveness research has largely focused on examining how individuals develop motivations or states that are compassionate and restorative towards themselves following an offence against another person or entity. However, currently, there is a lack of evidence-based approaches for treating individuals where no other person is involved, and the offence is against the self. In this dissertation, inquiry into self-forgiveness is re-positioned through a shift in focus to an area not yet fully realised: that is, the conditions and context where a person has in effect hurt themselves by any action that contravenes their values-system, irrespective of whether or not another was involved. Accordingly, this dissertation was designed to highlight the beneficial use of current research in contextual behavioural science and explored how this could be applied to self-forgiveness for offence toward oneself using ACT and RFT. This exploration includes implications for our understanding of the following constructs in the context of self-forgiveness processes: the problem of forgiving yourself when no one else has been harmed; development of tendencies to forgive; acceptance of forgiveness; the genuine nature of self-forgiveness; the need for an expanded use of self-compassion; and the development of secular responses to self-transcendence.

The research program for the thesis was structured as follows. First, a literature review and an examination of current treatment approaches in the fields of self-forgiveness, RFT, ACT and Cognitive Behavioural Therapy (CBT) were undertaken. Based on this research, three in-depth case studies were conducted to develop a proof of concept with pre-treatment, post-treatment and follow-up measures, which were taken initially at 26-weeks and then throughout the study for up to two years.

Following this work, a principles-based model of treatment was developed and refined. A principles-based approach was adopted rather than a treatment manual as a strict stepwise approach did not fit the needs of individuals experiencing self-blame in the context of multiple comorbidities. Initially, multiple presentations were made to allied health professionals that utilised both CBT and ACT; however, based on preliminary feedback, a decision was made to concentrate solely on ACT and RFT. Subsequent presentations and workshops that focussed specifically on ACT with self-forgiveness were made to university students, allied health professionals and audiences at international conference seminars.

Based on these presentations and refinements, a study was conducted that evaluated ACT with a focus on self-forgiveness, compared to ACT alone, in a sample of individuals referred to treatment for anxiety and depression. Subsequently, the comparative approach (ACT alone vs ACT with self-forgiveness) was presented to groups of allied health professionals, and structured feedback was sought on their experience of, and their application of, this material and these principles to their lives and professional practice.

To codify this conceptual exploration, the use of the following principles is examined in this dissertation:

- (1) the way in which individuals can identify and compassionately respond to an intrapersonal offence is discussed;
- (2) the use of a values-based perspective is outlined;
- (3) a response to how an individual holds themselves to account for a failing that has only affected them is developed;

- (4) the use of ACT and RFT to unravel an individual's private language in the context of distress is explored;
- (5) the capacity to grant self-forgiveness for intrapersonal offence is highlighted;
- (6) the development of behavioural pathways to affirm self-forgiveness is explained; and
- (7) the use of ongoing commitment to self-forgiveness is mapped out for therapeutic application.

Aims

In summary, this dissertation aims to bring together two separate, but seemingly parallel, avenues of research based on the scientist-practitioner model, namely self-forgiveness, and contextual behavioural science. The dissertation presents, firstly, findings from an investigation examining the application of ACT and RFT in a clinical setting to the needs of those seeking assistance with low mood and anxiety. Secondly, the results of the training of treating allied health professionals provided information on the application of a principles-based approach to self-forgiveness. And thirdly, a case study provided detailed information regarding individual treatment utilising self-forgiveness. Thus, through a combination of three sources of information, namely an evaluation of a clinical trial, practitioner perspectives, and case study information, this thesis provides both qualitative and quantitative evidence to investigate several principal propositions: (a) that ACT and RFT would provide an evidence-based means to facilitate genuine self-forgiveness; and (b) ACT with self-forgiveness for intrapersonal transgression is associated with improved health outcomes in comparison to treatment as usual.

Presentation of Findings – an Outline

Following this introductory chapter, the findings from this research are presented in a series of chapters. The first, entitled *the double-edged sword: how language creates a need for self-forgiveness*, provides a synthesis of the self-forgiveness and Contextual Behavioural Science literature and an analysis of the potential affinities between the fields. This chapter focuses on the role of language in the perception of transgression the double-edged sword of both function and dysfunction. The ways in which Relational Frame Theory (RFT) and ACT (Acceptance and Commitment Therapy) may assist to address the conundrum of self-blame are explained. The development of a generalizable principles-based pathway that can encourage the development of genuine self-forgiveness is outlined.

The second chapter, entitled, *The ACT of Self Forgiveness - a principles-based response to intrapersonal offence*, presents an outline of a principles-based approach to treatment response to self-forgiveness. This approach is designed for and directed toward helping people deal with intrapersonal offences. It brings together current self-forgiveness research, Relational Frame Theory (RFT) and developments in ACT (Acceptance and Commitment Therapy). Seven principles are described that were designed for application to both individual and group therapy.

A third chapter entitled *Acceptance and Commitment Therapy and self-forgiveness in the treatment of anxiety and depression: A comparative study* outlines a study of application to a population with anxiety and depression presenting for individual therapy. The potential additive benefit of self-forgiveness in the context of Acceptance and Commitment Therapy (ACT) is examined. The study obtained information from clients ($N = 126$) with either clinical anxiety and

depression and participants were allocated to either a standard ACT intervention or ACT with a focus on self -forgiveness.

A fourth chapter entitled *A thematic analysis of practitioner perspectives on the application of a self-forgiveness intervention using ACT*, presents a study of responses by allied health professionals to the comparative application of ACT alone and ACT with Self-forgiveness. The research highlights qualitative findings from group delivery of psychological education regarding the incorporation of self-forgiveness into evidence-based therapeutic methods. It describes the findings of a thematic analysis.

A fifth chapter entitled *Self-forgiveness and the ACT Matrix: responses to chronic pain and substance abuse within families*, presents an individual case study that outlines the use of self-forgiveness within ACT and utilises the ACT Matrix for an individual with chronic disease and associated chronic pain who is coping with a family member with an addiction. Implications of this treatment method are outlined for therapists and clients affected by multiple comorbidities and life pressures with anxiety that has been resistant to other forms of treatment. These chapters are followed by the Discussion, an outline of Limitations and possible Future Directions.

Chapter 1

The Double-Edged Sword: How Language Creates a Need for Self-Forgiveness

Synopsis

This chapter analyses the affinities between the relatively new field of self-forgiveness and recent enquiry into contextual behavioural science. More specifically, this chapter examines the double-edged sword of language and its critical role in contributing to both function and dysfunction in how people perceive transgressions. For example, it will be argued that the way in which people frame transgressions can lead to maladaptive outcomes including excessive shame, guilt, self-blame, regret, and remorse, irrespective of objective wrongdoing. Conversely, if language can be the means by which people frame events, it is argued that such constructions can be altered by appealing to individual's underlying values. How this might be achieved using RFT and ACT is explained along with suggestions on how to establish a generalizable principles-based pathway that can encourage the development of genuine self-forgiveness. It is intended that this chapter will be submitted to Journal of Contextual Behavioral Science the official journal of the Association for Contextual Behavioural Science.

Statement of Authorship

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The Double-Edged Sword: How Language Creates a Need for Self-forgiveness

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Abstract

In self-forgiveness research, relatively little attention has been directed towards situations involving transgressions against the self. Such situations can evoke significant physical, emotional and cognitive reactions because of people's inherent ability to use language to interpret events in ways that are often maladaptive. This paper explores how language functions to create a double-edged sword of connection and meaning-making. Such connection is automatic and powerful, however, unforeseeably and consequently, people may engage in excessive shame, guilt, self-blame, regret, and remorse for such reactions, irrespective of the objective severity of the wrongdoing. Accordingly, Relational Frame Theory (RFT) provides a set of principles to explore therapeutic self-forgiving responses. The means for developing a disposition towards self-forgiveness through values-informed actions and behavioural responses to the experience of intrapersonal offence are explored. The means to encourage a state of self-forgiveness through greater acceptance of oneself as perfect in one's imperfection are examined. We propose that RFT its clinical application, and ACT (Acceptance and Commitment Therapy) a therapy focussed on responding to behaviour in context, provide a generalizable principles-based pathway to genuine self-forgiveness.

Key Words: ACT, RFT, Language, Self-Forgiveness, Principles-Based, Victimless, Intrapersonal Offence.

The Double-Edged Sword: How Language Creates a Need for Self-forgiveness

Everyone will at some point in their life experience distress that, at its extreme, will manifest as anxiety and depression (Barnes-Holmes, Hayes, & Gregg, 2001c; Hayes, Barnes-Holmes, & Roche, 2001b; Wilson, Hayes, Greg, & Zettle, 2001). In Australia, Cognitive Behavioural Therapy (CBT) has traditionally been the answer to this distress (Bennett- Levy et al., 2004; Jorm, Christensen, & Griffiths, 2005). Recent research regarding treatment-resistant distress and relapsing conditions is producing a new wave of approaches arising from contextual behavioural science, most notably Acceptance and Commitment Therapy (ACT) and clinically focused Relational Frame Theory (RFT) (Gordon, Borushok, & Polk, 2017; Wilson et al., 2001). This research may inform approaches that may seem more useful for self-forgiveness as a response to persistent mental distress (Barnes Holmes, Barnes Holmes, McHugh, & Hayes, 2004; Wilson et al., 2001; Zettle, Barner, & Gird, 2009).

A parallel development occurred in the field of self-forgiveness research, which has similarly focused on better approaches to address distressful experiences that appear resistant to traditional therapeutic methods (Cornish & Wade, 2015; Griffin et al., 2015; Martyn, 2016; Zettle et al., 2009). Accordingly, there is now increased interest amongst therapists seeking better evidence-based interventions to promote self-forgiveness (Martyn, 2016). Alternative approaches to complex self-blame are needed to assist those in distress (Martyn, 2016). In the present review, we aim to elucidate and make explicit the links between current evidence-based approaches within ACT/RFT and research into self-forgiveness.

Self-forgiveness, when raised as a topic of conversation, is intuitively acknowledged as a necessary and health-promoting response to life setbacks and our part in them (Dillon, 2001; Holmgren, 1998; Tutu & Tutu, 2014). In this common-sense usage, self-forgiveness intuitively appears to be a simple process, but this has not proved to be true (Bassett et al., 2011; Martyn, 2016; Tutu & Tutu, 2014). Indeed, self-forgiveness has emerged as a complex area of inquiry over the last 20 years and has maintained a focus on how individuals deal with offences committed against another (Hall & Fincham, 2005; Martyn, 2016; Woodyatt & Wenzel, 2014; Worthington, 2013). The topic has also recently arisen in Contextual Behavioural Science and its offshoots Relational Frame Theory (RFT) and Acceptance and Commitment Therapy (ACT), both of which are growing fields of research (A-Tjak et al., 2015).

The proponents of RFT and ACT, and those developing new approaches to self-forgiveness highlight how we may extend our current knowledge of why individuals blame themselves, in sometimes victimless transgressions, where the person becomes the victim of their own offence (Luoma & Platt, 2015; Woodyatt & Wenzel, 2014; Zettle et al., 2009). It has been argued that RFT and ACT may assist by enabling individuals to define their own needs for workable self-forgiveness within their unique life context (Bassett et al., 2011; Hayes, Strosahl, & Wilson, 1999; Martyn, 2016; Woodyatt & Wenzel, 2014; Zettle et al., 2009).

In this review, we provide an overview of the concept of self-forgiveness and its potential role in clinical interventions. It will be argued that much of the existing research has not sufficiently addressed situations where people need to experience self-forgiveness because there

is no external victim; or in other words, where *there is no victim other than ourselves* (Bassett et al., 2011; Wenzel, Woodyatt, & Hedrick, 2012; Woodyatt & Wenzel, 2014).

Definitions and Responses to Self-Forgiveness

According to Hall and Fincham (2005), self-forgiveness research remains relatively under-developed, and the definition of self-forgiveness remains a subject of ongoing debate. Much of this debate revolves around three main topics. The first refers to the extent to which self-forgiveness is a state-based or dispositional construct (Thompson et al., 2005; Wenzel et al., 2012; Wohl, DeShea, & Wahkinney, 2008; Woodyatt & Wenzel, 2013b, 2014). For example, within therapeutic research, there is growing interest in further developing evidence-based interventions that promote the disposition of self-forgiveness that facilitates work toward self-forgiveness and to produce self-forgiveness as a state (Thompson et al., 2005; Wohl et al., 2008).

A second issue is the status of self-forgiveness and whether it is genuine. Enright (1996) and Dillon (2001) highlight that *pseudo self-forgiveness* can result in people failing to engage genuinely with the problems associated with transgression and distress. Pseudo self-forgiveness fails to adequately describe the functions of behaviours and their effect in the context in which they occur (Gordon et al., 2017; McHugh & Stewart, 2012; Woodyatt & Wenzel, 2014). This failure of description then leads to failure to predict and influence further distressing and transgressive behaviours and may lead to unworkable avoidance (Gordon et al., 2017; McHugh & Stewart, 2012; Woodyatt & Wenzel, 2014).

A third issue, emphasised by Cornish and Wade (2015), relates to whether self-forgiveness is better understood as a decrease in self-punitive behaviours associated with motivations to engage in restorative behaviours and acceptance of responsibility (Hall & Fincham, 2005; Hulnick & Hulnick, 2011; Luskin, 2002; Martyn, 2016). This view is further underscored by other researchers who have emphasised the importance of a reduction in self-undermining behaviours, which includes decreases in critical self-judgement of failures, errors, and omissions (Hall & Fincham, 2005; Hulnick & Hulnick, 2011; Luskin, 2002; Martyn, 2016).

This dissertation focusses on identifying who has been hurt and how the offence has been made toward the person offended against, including circumstances where a person is responsible for their hurt (Wenzel et al., 2012; Woodyatt & Wenzel, 2014). Further, the dissertation outlines how restitution may be constructed (Martyn, 2016). There is a body of research that implicitly assumes forgiveness is not required when no other is hurt or no wrong inflicted upon another (Cornish & Wade, 2015; Flanigan, 1996; Szablowinski, 2012).

It is increasingly recognising that a person's own frames of reference in their internal context may create shame, guilt, self-blame, remorse, and regret for circumstances involving no transgression toward others (Bassett et al., 2011; Lander, 2012; Martyn, 2016; Woodyatt & Wenzel, 2014; Zettle et al., 2009). As highlighted by McHugh and others, internal thoughts have a behavioural dimension and this provides an opportunity for the analysis of behaviour in context to predict, respond to and change reactions to distress (Foody, Barnes Holmes, & Barnes Holmes, 2012; Luciano, Valdiva-Salas, & Ruiz, 2012; McHugh & Stewart, 2012; Stewart ,

Villatte, & McHugh, 2012). Both Self-blame and safe forgiveness may be used in ways that may be flexible or inflexible, workable or unworkable, the clinical application of RFT and the use of ACT may provide useful guidance with these concepts (McHugh, Stewart, & Hooper, 2012; Zettle et al., 2009).

This review proposes a principles-based approach, intended to provide responses to these points of enquiry regarding dispositional and state self-forgiveness, genuine self-forgiveness, and the locus of forgiveness. This dissertation builds on current findings regarding the therapeutic responses to self-forgiveness and new evidence-based therapies that closely align with these findings.

Clarifying Self-Forgiveness - Dispositions and States

A current debate is the usefulness, in therapy, of measuring the disposition or tendency to forgive, in contrast to measuring the state achieved when forgiveness has been granted (Thompson et al., 2005; Wohl & Thompson, 2011). However, work associated with these inquiries are not yet fully informing how either the disposition to forgive or the state of forgiveness is formed in the context of life challenges or through behavioural changes. Current research shows that both the preparedness to forgive and the realisation of forgiveness are important factors in mental health (Enright, Freedman, & Rique, 1998; Luskin, 2002; Woodyatt & Wenzel, 2014; Zettle et al., 2009).

Dillon (2001) suggests that self-forgiveness requires restoration of self-respect. Holmgren (1998) contends that the work of self-forgiveness requires the identification of a transgression or

wrongdoing which was offensive to the person (Dillon, 2001; Holmgren, 1998). Aversive emotional states and associated thoughts arising from the transgression are the focus of self-forgiveness intervention (Dillon, 2001; Holmgren, 1998). It is further argued that a stronger disposition toward self-forgiveness may be encouraged through restorative values-based work (Hall & Fincham, 2005; Wenzel et al., 2012). Such work then facilitates a state of self-acceptance and self-respect leading to the realisation of self-forgiveness (Dillon, 2001; Holmgren, 1998; Strelan & Covic, 2006; Wenzel et al., 2012; Woodyatt & Wenzel, 2014).

Hall and Fincham (2005) developed a model of self-forgiveness that highlights the importance of identifying transgressions. They argue that attributions made to a transgression, and its associated severity, influence the subsequent shame and guilt experienced (Hall & Fincham, 2005). Subsequently, self-forgiveness arises from experiences of empathy and perceived forgiveness from either a victim or a higher power. (Hall & Fincham, 2005). Self-forgiveness is further facilitated in the context of conciliatory behaviour towards the transgression (Hall & Fincham, 2005).

Other researchers, including Woodyatt and Wenzel (2014), argue for a behavioural approach to facilitating genuine self-forgiveness. This method seeks to repair a person's moral identity within themselves, through the initial acknowledgement of shame (Woodyatt & Wenzel, 2014). Shame, in this context, is the recognition of the marring of their identity by a moral failing (Woodyatt & Wenzel, 2014). A second process then involves the acknowledgement of shame and the values that were violated either through action or inaction (Woodyatt & Wenzel, 2014). Such work towards genuine self-forgiveness requires the rebuilding of self-trust and taking active

steps towards reconciliation with oneself (Woodyatt & Wenzel, 2014). Reconciliation works to repair harms done to self-identity (Woodyatt & Wenzel, 2014). Further, by confronting wrongs and putting in place values-based changes, a person can facilitate the restoration of moral failure and engage in genuine self-forgiveness (Woodyatt & Wenzel, 2014).

Genuine Self-Forgiveness

Genuine self-forgiveness is an important adjunct to mental health and relies on a whole-hearted approach to addressing offence, shame and guilt (Bassett et al., 2011; Brown, 2012). From a perspective of the self as the observer, of the self as the actor, genuine self-forgiveness provides a transcendent approach to describe thoughts, behaviours and consequences in their context (Luciano et al., 2012; Stewart et al., 2012; Villatte, Villatte, & Hayes, 2012). This Observer self also may describe the outcomes achieved versus those preferred (Luciano et al., 2012; Stewart et al., 2012; Villatte et al., 2012). Genuine self-forgiveness contrasts with pseudo self-forgiveness, which involves excusing oneself from any blame in the absence of analysis of values and context (Enright, 1996; Hall & Fincham, 2005; Woodyatt & Wenzel, 2014). Therefore, if the transgressor avoids, or fails to take perspective and formulate appropriate reparative action to restore the transgression, lasting self-forgiveness is not achievable (Enright, 1996; Hall & Fincham, 2005; Woodyatt & Wenzel, 2014).

Hall and Fincham (2005) characterise pseudo self-forgiveness as a stance that lets one ‘off the hook’ and then fail to take genuine responsibility to address either external or internal transgressions (Bassett et al., 2011; Hall & Fincham, 2005; Wilson et al., 2001; Woodyatt & Wenzel, 2013a, 2013b). Woodyatt and Wenzel (2013a) outline the work required to accept

responsibility for one's wrongdoing and identify the function self-protection plays in the context of social exclusion as a result of transgression.

Pseudo self-forgiveness is a way to engage in avoidance of both social exclusion and acceptance of responsibility (Woodyatt & Wenzel, 2013a). Engaging in pseudo self-forgiveness may minimise harm, deny responsibility for an offence, blame or belittle the victim of wrongdoing so has to avoid guilt and shame (Woodyatt & Wenzel, 2013a). Pseudo self-forgiveness may be a causal factor for ongoing destructive behaviours such as repeated relationship failures, substance use and undermining procrastination (Webb & Brewer, 2010; Wenzel et al., 2012; Wohl, Pychyl, & Bennett, 2010; Wohl & Thompson, 2011). The alternate response to the pseudo self-forgiveness is that of well-described self-blame that identifies the behaviours that have transgressed against values held by the person (Luciano et al., 2012; Stewart et al., 2012). In contrast to pseudo self-forgiveness, the dispassionate description of blame in context provides the means by which to develop responses that work in response in that context to undertake a values-based restorative action (Luciano et al., 2012; Stewart et al., 2012).

By contrast, genuine self-forgiveness promotes an effective response to offence and restorative work in the context of life setbacks. Values-based self-forgiveness provides a flexible response to experiences of self-blame, guilt, shame, regret, and remorse that promote inflexible responses to life setbacks (Wenzel et al., 2012; Woodyatt & Wenzel, 2013a, 2014; Zettle et al., 2009). Genuine self-forgiveness is underpinned by the ability, as explained by McHugh and

others, to freely respond to one's own experience of responding to life events and one's consequent reactions (Luciano et al., 2012; McHugh et al., 2012; Stewart et al., 2012).

Initial Indicators of the Usefulness of Self-Forgiveness

Research of self-forgiveness interventions in general populations indicates that self-forgiveness is associated with lower rates of depression and anxiety (Thompson et al., 2005). Although Griffin et al. (2015) observe that no current prevalence studies exist on how many people engage in self-condemnation and why they might benefit from self-forgiveness, there is some understanding of situations where self-forgiveness related interventions might be useful therapeutically. Worthington (2013) argues that offences become stressors when a person transgresses their values or the values shared by their community, or when one considers the severity of the offence or their level of responsibility for it. Worthington (2013) also points out that, if the offence is sufficiently threatening, negative responses may occur, which can include self-blame, guilt, shame, remorse, and regret. Another way stress can occur, is if the transgressor adopts an approach that lets them off the hook, such as through pseudo self-forgiveness (Hall & Fincham, 2005; Strelan, 2007; Woodyatt & Wenzel, 2014; Worthington, 2013).

Self-forgiveness is useful as a prompt to examine if one is unworkably stuck in reference to events and responses that require action by the person (Luciano et al., 2012; Stewart et al., 2012; Villatte et al., 2012). However, self-forgiveness is only useful if it is a flexible and useful reaction to life events and internal responses (Cornish & Wade, 2015). If an event does not require self-forgiveness, then being captured by this concept is as constraining as any other concept (Luciano et al., 2012).

Several approaches to applying self-forgiveness principles have been developed. For example, Enright and colleagues propose a process of forgiveness based on spiritual teachings that include taking 20 steps over four phases (Enright, 1991, 2001; Enright & Fitzgibbons, 2000). The phases include uncovering the offence and gaining insight; free choice about forgiveness of a transgression; the process of granting forgiveness; deepening understanding and reflection on suffering; and the purpose of forgiveness (Enright, 1991, 2001; Enright & Fitzgibbons, 2000). Jacinto and Edwards (2011) propose a four-stage forgiveness process to respond to toxic experiences of self-blame that includes a focus on recognising the offence, taking responsibility, expressing remorse, and recreating preferred alternatives (Jacinto & Edwards, 2011).

Cornish and Wade (2015) developed a model that addresses self-forgiveness in the context of an offence against another. The four-step model includes an active responsibility-taking intervention that becomes the essential precursor to self-forgiveness. Remorse informs moves from shame responses towards reparative action informed by guilt and regret (Cornish & Wade, 2015). Making amends resolve self-blame, guilt and regret through repairing damage and affirming values (Cornish & Wade, 2015). Self-forgiveness facilitates renewal through compassionate self-acceptance and self-respect, and ongoing moral growth is encouraged by self-forgiveness (Cornish & Wade, 2015).

Griffin et al. (2015) offers a six-step treatment protocol for self-forgiveness, based on current Christian teachings, for self-blame for adverse events, which includes: receiving God's

forgiveness; repairing relationships; rethinking ruminations; reaching emotional self-forgiveness; rebuilding self-acceptance; and resolving to live virtuously (Griffin et al., 2015).

It should be noted that the above approaches do not fully address the self-blame that occurs, whether or not a transgression against another has occurred. Woodyatt & Wenzel (2013) question how self-forgiveness might relate to victimless offences or transgressions against the self. The question remains: ‘What do we do, and how do we respond if the offence is against ourselves? (Bassett et al., 2016; Woodyatt & Wenzel, 2014).

In response, we propose that current evidence-based therapies, namely RFT and ACT, can assist in the therapeutic exploration of inflexible self-blame, shame, guilt, regret, and remorse, and may provide a new platform for the examination of self-forgiveness through the lens of language and its functions (Luoma & Platt, 2015; Wilson et al., 2001; Woodyatt & Wenzel, 2013b). The approach, as explained by RFT, provides the means to explore how language can drive the suffering and struggle associated with self-blame for offences committed against another or the self (Luoma & Platt, 2015; Woodyatt & Wenzel, 2014). Zettle et al. (2009) illuminate how individuals who believe they do not deserve forgiveness may be resistant to treatment for distress, and briefly describe how ACT and clinically focussed RFT may be used to address regret and self-stigmatisation.

Responding to the Challenges of Self-Forgiveness

Martyn (2016) asserts that although robust evidence for self-forgiveness as a response to distress exists, there is little evidence-based material available for individual therapeutic

approaches. A key challenge in self-forgiveness work is the problem of finding a basis for offence and restoration within the self (Woodyatt & Wenzel, 2013a, 2014). The theoretical research within RFT, which underpins ACT, provides ample evidential pathways for therapeutic responses to the causes of shame, self-blame, guilt, regret and remorse (Wilson et al., 2001; Zettle et al., 2009). In answer to the challenges of self-forgiveness, the tools provided in ACT/RFT assist individuals to make useful observations of their inner life in the context of their behavioural responses and life circumstances (Wilson et al., 2001; Zettle et al., 2009).

Language, dispositions, and states: guiding Self-forgiveness

Relational Frame Theory (RFT) posits that as self-aware beings, we are filled with contradictions that arise from our consciousness (Wilson et al., 2001). These contradictions often cause suffering, and as humans, we struggle, often ineffectively, to avoid suffering (Wilson et al., 2001). However, learning from our life context can guide us to find the way in which our world works through experience and observation (Barnes-Holmes, Roche, Hayes, Bissett, & Lyddy, 2001d; Barnes-Holmes et al., 2001e).

The conscious human being develops one's sense of self through three remarkable capacities constructed in language to learn and make inferences about the environment, and these are: the automatic ability to derive a relationship between two stimuli both forwards and backwards (mutual entailment); secondly, the ability to combine two classes for relationship to form a third (combinatorial entailment); and the consequent experience of transformation of the function of a stimulus by the above two phenomena (transformation of stimulus function)

(Hayes, Barnes-Holmes, & Roche, 2001a; Luciano et al., 2012; McHugh & Stewart, 2012; Stewart et al., 2012).

These three skills are the basis for our adaptability, that is through learning, our key asset as a species (Barnes-Holmes et al., 2001d; Barnes-Holmes et al., 2001e; Hayes, Gifford, Townsend, & Barnes-Holmes, 2001d). And this adaptability arises from our ability to remember the past, to shape models of the future, and to look beyond our current circumstances to what might be happening now, which may affect us in ways that we don't yet fully comprehend (Barnes-Holmes et al., 2001d; Barnes-Holmes et al., 2001e; Hayes et al., 2001d). We respond by making maps, models, and images that represent these phenomena (Hayes, Blackledge, & Barnes-Holmes, 2001c). Our mind expresses these responses in language (Hayes et al., 2001c). Our learning and behaviour immediately, and automatically, create links between these internal and external experiences (Hayes et al., 2001c).

RFT proposes that the mind responds to automatic links and makes frames of reference between these events (Hayes et al., 2001d). These frames create new meanings that are sometimes helpful, but may also be distressing (Wilson et al., 2001). We respond to both danger and reward in these meanings (Wilson et al., 2001). Responses to danger may be aversive, whereas, rewards may be appetitive (Schoendorff, Webster, & Polk, 2014). However, the boundless power of connection can automatically transform the meaning of all frames of reference both appetitive and aversive (Wilson et al., 2001). Both appetitive and aversive responses can automatically create both rewarding new possibilities and/or create destructive consequences; for example, we can automatically connect bad with good, and good with bad,

and we may not forgive ourselves for the automatic distress that arises from this connection (Wilson et al., 2001).

RFT proposes that language helps us to observe the automatic experience of thinking and when we reflect on multiple life experiences, we begin to learn what we truly value (Barnes-Holmes, Hayes, & Dymond, 2001a; Barnes-Holmes et al., 2001e). RFT suggests how to free ourselves to observe rather than react and be caught by rumination on the offence (Wilson et al., 2001). Observation with curiosity and openness frees up choices for response (Wilson et al., 2001). RFT outlines how to flexibly contact various networks and frames of reference to recreate meaning, and to use these multiple perspectives to confirm what works, and then direct our actions within our life context (Hayes et al., 2001d). By using the power of observation and value building, the disposition towards self-forgiveness can be encouraged and developed. However, building the preference to forgive requires an understanding of the arbitrary nature of meaning-making.

Understanding meaning-making to move toward self-forgiveness

RFT explains how we are able to apply meaning to our experience arbitrarily, meaning we may encounter quite random and painful associations with our life circumstances (Wilson et al., 2001). We may associate good times (going to the movies) with bad events (a terrorist attack elsewhere) which then limits our ability to engage in any social event in a public space. Although seemingly a choice, such a bind is made automatically by language and relational frames (Wilson et al., 2001). This phenomenon is called arbitrarily applied and derived, relational responding (Hayes, Wilson, & Barnes-Holmes, 2001e). This phenomenon is important in the examination of

self-forgiveness as it provides insight as to how the individual may be caught automatically through frames of relationship in experiences of distress to which only they can observe and respond (Luoma, Hayes, & Walser, 2007; Luoma & Platt, 2015; Wilson et al., 2001; Woodyatt & Wenzel, 2014; Zettle et al., 2009).

Experiences of suffering and struggle arise when we create unworkable responses to our circumstances, for example, we may engage in problem-solving that frames events that have not, and will not occur (Hayes et al., 2001d). Further, we may hold ourselves responsible in some way for events that won't happen and engage in processes that will cause pain in the absence of ability to take effective action (Hayes et al., 2001d). This may then cause us to engage in redundant and draining efforts to control automatic thinking, and such ineffective responses divert our mental resources from more appropriate responses to life (Wilson et al., 2001). RFT explains how and why people blame themselves for events for which they are not responsible, the fundamental cause of victimless offence (Wilson et al., 2001; Woodyatt & Wenzel, 2013b). These unworkable life experiences of self-blame can inform the responses required to work towards self-forgiveness (Wilson et al., 2001; Woodyatt & Wenzel, 2013b). When guided by struggle in avoidance of suffering, RFT explains that ineffective action such as avoidance causes even more suffering (Wilson et al., 2001).

Language and the power of relational framing creates an unfathomable reservoir of cognitive flexibility in response to events (Barnes-Holmes, Hayes, Dymond, & O'Hora, 2001b). This double-edged sword of relational framing has immense power, insofar as it allows humans to relate anything to anything else, for both good or ill (Wilson et al., 2001). In this capacity lies

the essence of struggle, which is the core of suffering and psychopathology (Wilson et al., 2001). However, RFT provides pathways towards genuine self-forgiveness in the presence of this suffering.

Genuine Self-Forgiveness: Taking Actions That Work

Self-forgiveness is a corollary of the work of Hayes, Gifford, Townsend, and Barnes Holmes (2001), who argue that we can respond freely and flexibly to the way our thinking causes distress. They outline how to respond to the phenomena of language and the automatic transformation and manipulation that happens to our perceived environment: both our external and internal experience of life (Hayes et al., 2001d). These automatic processes inform novel ways of thinking, within one's internal experience, however, ACT and RFT provides tools to develop workable options and feasible solutions aligned with a person's values (Hayes et al., 2001d).

Actions aligned with our values can enhance our lives (Hayes et al., 2001a) and our values can become a guidepost for how to engage in effective action (Hayes et al., 2001a). We can change responses to internal distress and respond more flexibly within our life context (Hayes et al., 2001a). We can take valued action in the presence of whatever we experience (Hayes et al., 2001a). In response, RFT provides tools to observe and respond to internal distress through Acceptance and Commitment Therapy (ACT) and to work toward genuine progress toward self-forgiveness and overcome pseudo self-forgiveness (Batten, 2011; Harris, 2006).

ACT proposes that we may respond to stress in a manner which is either workable or unworkable (Batten, 2011; Harris, 2006). The truth criterion for ACT is to develop responses that work in the context of the person (Hayes et al., 2001b). As a corollary, ACT addresses pseudo self-forgiveness by asking “*is the action you are taking actually working?*” (Batten, 2011; Harris, 2012). Clinically focussed RFT and ACT may produce helpful evidence-based responses to the challenges of taking genuine efforts that may affirm self-forgiveness as a flexible response to life setbacks (Gordon et al., 2017; Zettle et al., 2009).

This power in language illustrates the possibility of creating effective, generalizable therapeutic responses to the human need for self-forgiveness (Bauer et al., 1992; Bennett, 2015; Wenzel et al., 2012; Zettle et al., 2009). Self-forgiveness, facilitated through ACT, may instead provide a useful mechanism to create more flexible responses to language and the problems that arise through offences against the self (Wilson et al., 2001; Woodyatt & Wenzel, 2013b).

RFT and Self-Forgiveness: Creating Insight and Responsibility

Greater insight into the distressing experiences of self-blame, shame, guilt, regret, and remorse may be given through the language mechanisms explained in RFT (Hayes et al., 2001b; McHugh & Stewart, 2012). This insight into language may explain how to undertake psychologically restorative self-forgiveness (Bassett et al., 2016; Bassett et al., 2011; Martyn, 2016; Wilson et al., 2001). RFT demonstrates that disputation of internal experiences may contrarily draw us in even deeper into those thoughts, emotions and sensations (Luciano et al., 2012). For example, the thought: *I hate X, I must not think about or feel X*, paradoxically causes us to think or emote more about *X* (Stewart et al., 2012). Thus disputation of thoughts, emotions

and sensations and attempts of distraction from the problematic events does not work (Hayes et al., 2001b). The flexible responses promoted by RFT are designed to engage us in openness to, and acceptance of, thoughts, feelings and sensations so as to be able to take perspective regarding those experiences (Harris, 2009; Villatte & Villatte, 2013).

These evidence-based responses address the concerns raised by Flanagan, Szablowinski and Cornish, who posit that objective wrongdoing is the most useful focal point for consideration of self-forgiveness (*e.g. I took unnecessary risks to my health*) (Cornish & Wade, 2015; Flanigan, 1996; Szablowinski, 2012). Further, it is argued that self-forgiveness as a therapeutic response may not be appropriate when an individual is not responsible for an event, such as when a loved one is lost, or one is a victim of a traumatic disease, rape or assault (Cornish & Wade, 2015; Flanigan, 1996; Szablowinski, 2012). However, RFT explains how the power of language creates a personal hell without making reference to a single objective wrongdoing (*e.g. The thought 'I must stop focussing on my poor health', then contrarily focusses my thinking on my poor health*) (Luciano et al., 2012; Wilson et al., 2001). The experience of a major setback for which one was not objectively to blame, still often leaves the victim with thoughts of '*what if I had not... I should have known... If only I had gone*'...etc. (Miller, Markman, & Handley, 2007).

Self-blaming responses also commonly occur in relation to survivor guilt; trauma-related incidents for first responders; parental guilt regarding the loss, sickness, injury of a child etc., and thus arises the need to respond with self-forgiveness (Wenzel et al., 2012; Woodyatt & Wenzel, 2014). It is within this context of unworkable responses to transgressions perpetrated by life's circumstances that through no fault of their own a person may still be stuck, or cognitively

fused to the event (Hayes et al., 2001b). Further, self-forgiving responses are needed to undo the harms of other forms of excessive behaviours that transgress a person's own values even when they have not harmed others, e.g. excessive substance use (drinking, smoking and illicit substances), disordered eating, sexual activity etc. (Orford, 2001; Wenzel et al., 2012; Woodyatt & Wenzel, 2014). RFT and ACT provide novel pathways to workable therapeutic responses to these challenging life experiences and the complexities caused by the function of language.

The Construction of the Self – Who are we to Forgive Ourselves?

In the presence of inevitable and uncontrollable bidirectional contact with pain, we consequently, have no one to blame but ourselves, a self we construct in language (Wilson et al., 2001). Various theorists and researchers have defined the self as being divided into multiple forms. Kahneman and Tversky argued that two experiences of the self exist for functioning humans: the fast thinking self, and the slower, more effortful monitoring self (Kahneman, 2011; Kahneman & Tversky, 2000; Tversky & Kahneman, 1986). Alternatively, McGilchrist (2009) posits that our sense of self is divided between a self that believes but does not know, and the self which knows but does not believe.

How then is the self-constructed in RFT? Researchers argue that all frames, self-directed rules, and problem-solving arise from the perspective of I-Here-Now (Barnes-Holmes et al., 2001a). This forms a self that responds to a context of deictic relations that emanate from responses to the experience of I-You, Here-There, Now-Then (Hayes et al., 2001a; McHugh & Stewart, 2012)

Based on this perspective, RFT conceptualises three broad experiences of the self: one is a self, represented by its ‘content’ (our stories and life experiences); the second is a self, represented by what is termed ‘process’ (the ongoing living of our life); and the third is a transcendent self (the contextual self, which encompasses all experience of our self) (Barnes-Holmes et al., 2001a; Luciano et al., 2012; McHugh et al., 2012; Villatte et al., 2012). In these different experiences of the self, there may be differing needs, experiences and motivations that may sometimes align but will also often conflict (Barnes-Holmes et al., 2001a; Luciano et al., 2012; McHugh et al., 2012; Villatte et al., 2012). These phenomena provide an important context for the development of therapeutically sustainable approaches to self-forgiveness (Bauer et al., 1992; Bennett, 2015; Wenzel et al., 2012; Zettle et al., 2009).

RFT allow us to take perspective on the self (Hayes et al., 2001a; McHugh et al., 2012; Stewart et al., 2012). This perspective-taking transcendent self may observe within the self that holds the content of our experience we may hold uncomfortable and irritating experiences which may include memories of events, and memories of a variety of long-practiced responses to those memories (unworkable avoidance and distractions) (Hayes et al., 2001a; McHugh et al., 2012; Stewart et al., 2012). These memories and responses then affect the self that is engaged in the process of responding to life (i.e. I want to study but I cannot get past these memories, and I just want to eat junk food...) (Hayes et al., 2001a; McHugh et al., 2012; Stewart et al., 2012). These concepts of self then allow a therapeutic freedom to conceptualise approaches that may work to respond to the individual’s context and distress with flexible self-forgiveness (Gordon et al., 2017; Zettle et al., 2009).

RFT Provides Pathways to Transcendence to Support Self-Forgiveness

Self-forgiveness may be facilitated by the experience of transcendence, where we can put into perspective those things that we have used to define us – such as stories, thoughts, emotions, sensations, experience and circumstance (Barnes-Holmes et al., 2001c; Luciano et al., 2012). In doing so, we can take the focus of our attention away from the effects of literal meaning, analysis, and judgement of our story and process (Barnes-Holmes et al., 2001c; Luciano et al., 2012). By engaging in a transcendent overview, we open up to experiences of unlimited perspective taking, openness, interest, and curiosity about life challenges (Barnes-Holmes et al., 2001c; Luciano et al., 2012).

RFT and ACT could extend current approaches that utilise religious and spiritual approaches to transcendent perspective-taking through a secular approach to these benefits. Many self-forgiveness processes rely on approaches founded in Christian teaching (Enright & Fitzgibbons, 2000; Griffin & Worthington, 2013; Griffin et al., 2015; Hulnick & Hulnick, 2011; Martyn, 2016). Such spiritual approaches may be useful therapeutically when references can be derived from stories and myths that provide enlightenment and insight (Bassett et al., 2016; Bassett et al., 2011; Worthington, 2013). These stories illustrate that an inherent loss of innocence occurred when individuals acquired knowledge of good and evil, which is the originating experience of suffering and struggle (Barnes-Holmes et al., 2001c). Suffering is the pain experienced in response to distressing life events, which we interpret through language (Barnes-Holmes et al., 2001c). Struggle arises when we make futile efforts to address how language works, which causes painful and distressing thoughts and emotions (Wilson et al., 2001).

A traditional Western belief is that suffering arises from the concept of sin. Suffering is caused by the distress of *missing the mark*, taking mistaken action or not living according to one's moral standards (Biddle, 2005; Hayes, 2002; Woodyatt & Wenzel, 2014). Eastern traditions contend that struggle arises when we grasp for what cannot be caught (Biddle, 2005; Hayes, 2002). Thus, spiritual approaches to self-forgiveness often involve individual's taking the perspective of a higher power, in order to transform our perspective and to access grace and positive regard from such experiences (Enright & Fitzgibbons, 2000; Griffin & Worthington, 2013; Griffin et al., 2015; Hulnick & Hulnick, 2011; Martyn, 2016). Further, spiritual approaches enable reconnection with moral guidance and actions of repair and restoration in this context (Biddle, 2005; Hayes, 2002).

Keltner and Haidt (2003) suggest that there is an experience of transcendence that can be experienced by all, irrespective of religious experience, and this is associated with the experience of awe and epiphany in the context of something greater than the self (nature, the universe, human endeavour for a greater good). The capacity to experience the numinous can allow for new perspectives on the way we think about our self, how the self is structured, and also how the self is divided (Barnes-Holmes et al., 2001c; Keltner & Haidt, 2003). Importantly, our ability to consider a transcendent perspective, irrespective of our beliefs, offers us a possible set of therapeutic responses to explore how we may be able to metaphorically step outside ourselves and find a pathway to self-forgiveness (Luoma & Platt, 2015; Wilson et al., 2001; Woodyatt & Wenzel, 2014; Zettle et al., 2009).

RFT provides a methodology for people to develop workable secular responses to these propositions (Hayes et al., 2001b). RFT provides an evidence-based and generally applicable process to identify and respond to the suffering and attendant struggle that arises from our experience of perceived moral failure or mistaken action (Barnes-Holmes et al., 2001c; Hayes, 2002; Wilson et al., 2001). This ability to respond to suffering in a way that provides workable response arises from non-judgemental understanding developed through flexible perspective taking on oneself in the context of life circumstances (Hayes et al., 2001b).

A sense of total acceptance allows the person to encompass and reconcile with their experience of imperfection in the greater perfection of being I-Here-Now (Barnes-Holmes et al., 2001c). RFT then opens up a more accessible and universal response to the challenges of forgiveness and self-forgiveness than that offered by individual faith-based therapies. Further, RFT enables researchers and practitioners to build on and explain the usefulness of those therapies (Cornish & Wade, 2015; Griffin et al., 2015; Villatte & Villatte, 2013; Wilson et al., 2001; Woodyatt & Wenzel, 2014; Zettle et al., 2009).

RFT, Understanding Struggle and Suffering to Create Self-Forgiveness

RFT provides a useful values-based pathway to understanding and flexibly responding to experiences that involve self-blame, shame, guilt, regret and remorse (Wilson et al., 2001). RFT further provides mechanisms by which we may flexibly relate to ourselves when we are in contact with pain and suffering whether or not a victim is involved (Luciano et al., 2012; Wilson et al., 2001). RFT may usefully extend the work of Dillon (2001), Holmgren (1998), Hall and

Fincham (2005) and Woodyatt and Wenzel (2014) to provide new pathways to workable and flexible self-forgiveness (McHugh & Stewart, 2012).

The experience of automatic and unbidden discomfort that arises from relational frames can create the basis for intrapersonal transgression against our held values (i.e. I am not safe within myself) (Bauer et al., 1992; Hall & Fincham, 2005; Woodyatt & Wenzel, 2013a; Zettle et al., 2009). RFT contends that a person's values about being safe or needing self-protection may be constantly and automatically undermined by relational framing (Wilson et al., 2001). Ineffective responses that either try to control automatic processes of suffering and struggle or try to avoid its consequences are at the heart of what is deemed to be psychological pathology and its associated unworkable life responses (Hayes et al., 1999).

A functioning human will automatically derive, without explicit instruction, how two or more events are related (Barnes-Holmes et al., 2001b; Barnes-Holmes et al., 2001d; Hayes et al., 2001e). Further, the meaning of such events will flow both ways, and this flow creates a powerful and double-edged phenomenon (Barnes-Holmes et al., 2001b; Hayes et al., 2001c; Hayes et al., 2001e). For example, if we are taught that A is bigger than B, and find out later that B is bigger than C, we will automatically derive, without further instruction, that A is bigger than C (Hayes et al., 1999)

The transformation of the stimulus function of one event is caused by combining the meaning with another event and then adding to the second event the stimulus associated with the first (e.g. a dog bites, then, pictures of dogs scare me) (Barnes-Holmes et al., 2001b; Hayes et al.,

2001c; Hayes et al., 2001e). Relational Frames, such as, this is the same as that; this causes that; this belongs to that; and this is better-worse; bigger-smaller; older-younger; nearer-further; before-after etc., become the springboard for an explosion of variability in the way in which we can be stimulated by events and then produce arbitrarily applied derived meaning (Barnes-Holmes et al., 2001b; Hayes et al., 2001c; Hayes et al., 2001e).

An example of how this becomes quickly problematic is when Anita sees herself as being the equal of her friend Benita. Now Benita sees herself as being the equal of her new friend Consuela. However, Anita does not perceive that in any way, shape, or form, that Consuela is her equal. For Benita to make Consuela her friendship equal, becomes for Anita, a critical judgement of Anita's friendship status with Benita in comparison to Consuela and causes problems for the relationships (Törneke, 2009). This comparison, which exists through the function of language, then becomes a matter that automatically creates distressing thoughts, emotions, bodily sensations and behaviours (Törneke, 2009).

These simple relationship frames can have complex, powerful effects with implications for how we may transgress against ourselves, create a victimless offence and need a self-forgiving response (Harris, 2012; Wilson et al., 2001; Woodyatt & Wenzel, 2013b). Thus, when we see the phenomena that relationships are automatically derived, we may then observe a previously unforeseeable and uncontrollable relational outcome (Barnes-Holmes et al., 2001b; Hayes et al., 2001a; Hayes et al., 2001e). The development of skills in the use of RFT can better inform flexible responses to the self-blame that arises from the way in which language functions.

It is within this self-knowledge that the work to forgive oneself becomes an important and central act for functional and workable responses to the struggle inherent in life (Wilson et al., 2001; Woodyatt & Wenzel, 2013b; Zettle et al., 2009). RFT can provide a way through this struggle by helping us to take a perspective on the inherent strengths and weaknesses of relationally responding to events (Hayes, 2004). The foundation for responses to events arises from the meaning derived automatically and arbitrarily from boundless frames of reference (Hayes et al., 2001c).

RFT provides tools to use language and frames of reference to develop principles-based approaches to self-forgiveness (Wilson et al., 2001; Zettle et al., 2009). RFT-based therapy provides a capacity to transform language and the associated internal and external responses to life events, thus providing flexible pathways to explore self-forgiveness (Luoma et al., 2007; Luoma & Platt, 2015; Wilson et al., 2001; Woodyatt & Wenzel, 2014; Zettle et al., 2009).

Therapeutic methods developed from RFT, including ACT, allow those experiencing debilitating shame, guilt, self-blame, regret, and remorse, to operate more freely in a variety of contexts (Hayes, Levin, Plumb-Villardaga, Villatte, & Pistorello, 2013; Polk & Schoendorff, 2014; Schoendorff et al., 2014; Villatte & Villatte, 2013). Workable responses to discomfort encourage loving, compassionate and protective self-forgiving responses towards oneself (Barnard & Curry, 2011; Hayes, 2002; Luoma & Platt, 2015; Neff, 2003; Villatte & Villatte, 2013; Wilson et al., 2001).

Enduring self-forgiveness builds on self-compassion and facilitate values-based behaviours that reject avoidant pseudo self-forgiveness and form a foundation for values-based genuine self-forgiveness (Luoma & Platt, 2015; Villatte & Villatte, 2013; Wenzel et al., 2012; Wilson et al., 2001; Woodyatt & Wenzel, 2014). Genuine self-forgiveness intertwines with self-acceptance and forms the foundation for a lasting outcome and relapse prevention (Bauer et al., 1992; Bennett, 2015; Wenzel et al., 2012; Zettle et al., 2009).

Such self-acceptance helps us to realise that we are perfect in our imperfection and allows us more freedom to take a perspective on our context and then engage in values-based responses to life challenges (Bennett, 2015; Trudgeon, 2016). RFT and ACT may provide an evidence-based response to the need for individual therapeutic responses to life challenges and the need for self-forgiveness. (Harris, 2009; Villatte & Villatte, 2013).

The Therapeutic Application of RFT and ACT for Self-Forgiveness

RFT describes how learning and language create and develop rules that inform our behaviour (Hayes et al., 2001e). Our learning is conditioned through complex interactions between our thoughts and behaviours and in the context of antecedents and consequences of events (Hayes et al., 2001e; Ramnerö & Törneke, 2008). For this reason, relational framing helps us to exercise judgement and discernment, make scientific enquiries and learn from the behaviours of others through both gains and losses, trial and error, and mistakes and successes (Hayes et al., 2001e; Ramnerö & Törneke, 2008).

Consequently, relational framing can produce appropriate risk-taking, and laws and rules, but equally, it can also create prejudice, false conclusions, and the continuation of ignorance (Hayes et al., 2001e; Ramnerö & Törneke, 2008). The automaticity of human rule-making about events and objects means that efforts to control such processes are ineffective, and in effect – impossible (Wilson et al., 2001).

Wilson et al. (2001) argue that contrary to other popular approaches to treating psychopathology, RFT does not view abnormal behaviour as an exception or statistical oddity. Suffering instead is part of the function of language. However, RFT also provides a means to take reparative action, opening the way to the work of self-forgiveness (Bauer et al., 1992; Bennett, 2015; Wenzel et al., 2012; Zettle et al., 2009).

We argue that a principles-based approach to self-forgiveness can build on the founding concepts of RFT (Törneke, 2009). RFT explains the verbal skill of learning, referring to and describing a particular event (Törneke, 2009). The ability to describe an event allows us to either reinforce our experience or transform it, through the power of language (Törneke, 2009).

We can transform events through thinking by analogy, where one thing is like another, and metaphorically, where one thing can give a broader illustration of many like events (Törneke, 2009). Analogies, and more so metaphors can create new and rich meaning joining previously unconnected events to create novel properties or expanded relations that transform understanding of a target experience (McCurry & Hayes, 1992; Stewart, Barnes-Holmes, Hayes, & Lipkens, 2001).

ACT therapeutically exploits the flexibility that is inherent in both language and the human mind to provide workable therapeutic responses to suffering and struggle. ACT defines six areas in which people commonly struggle: lack of acceptance; being fused with unworkable responses to life; failing to take workable perspectives; failing to bring attention to, and take action in, the present moment; living without reference to values; and failing to take appropriate action based on values (Harris, 2006; Hayes et al., 1999; Wilson et al., 2001). Each of these areas may be a cause for the experience of victimless transgression (Wohl et al., 2010; Woodyatt & Wenzel, 2014).

A lack of self-acceptance and a lack of willingness to address the causes is a common area of distress and inflexible self-blame (Brown, 2006; Luoma & Platt, 2015). Increased distress then arises from a failure to deal with painful life experiences by using ineffective and unworkable attempts at experiential avoidance of the original distress (Harris, 2009; Villatte & Villatte, 2013).

Avoidance often leads to states of thinking in which we become fused to or stuck to, patterns of distress (Luciano et al., 2012; Wilson et al., 2001). Such states of cognitive fusion are associated with the suppression of thoughts, emotions, and physical sensations. Cognitive fusion becomes pathological when we become fixed upon or stuck to unworkable responses (Harris, 2009; Villatte & Villatte, 2013). This cognitive fusion leads to ineffective coping strategies, poor sense-making, or redundant problem-solving (Barnes-Holmes et al., 2001c; Wilson et al., 2001).

ACT proposes that there is hopelessness in trying to avoid or escape from the problematic relationship we have with our internal experiences (Wilson et al., 2001). This hopelessness is related to ineffective solution-focused behaviours, which Wilson et al., (2001) describe as a redundant process of control. ACT uses metaphors to demonstrate how attempts to control our thinking typically backfire (Wilson et al., 2001).

Alternatively, ACT poses a strategy of willingness to experience internal distress, to make room for discomfort while taking workable action towards valued outcomes (Barnes Holmes et al., 2004; Gordon et al., 2017). Failing to take workable perspectives may lead one to follow stories and narratives that do not work (Barnes Holmes et al., 2004; Gordon et al., 2017) We can then be caught by a myriad of possibilities (Barnes Holmes et al., 2004; Gordon et al., 2017). Our attention may be drawn elsewhere than the here and now (Barnes Holmes et al., 2004; Gordon et al., 2017). Divided attention narrows our capacity to engage with a full and flexible life (Barnes-Holmes et al., 2001c; Wilson et al., 2001). Instead, ACT promotes engagement with workable present-focused action in response to our current circumstances (Barnes-Holmes et al., 2001c; Barnes Holmes et al., 2004; Wilson et al., 2001).

In each of the areas outlined above we fall into distress and blame ourselves or we can connect with, and implement, our values (Harris, 2009; Villatte & Villatte, 2013). ACT provides the space for values-based behavioural responses to enter into self-forgiveness. (Harris, 2009; Villatte & Villatte, 2013). ACT uses values as adaptive rules that are inherently motivational (Barnes-Holmes et al., 2001d; Wilson et al., 2001). Values provide overarching principles that guide the pursuit of desired and self-reinforcing life directions (Barnes-Holmes et al., 2001d;

Wilson et al., 2001). Values inform effective decision-making regarding self-forgiveness (Ciarrochi, Harris, & Bailey, 2014; Woodyatt & Wenzel, 2014). Importantly, the affirmation of current values creates pathways for workable responses to intrapersonal transgressions (Fincham, 2000; Hall & Fincham, 2005; McCullough, Fincham, & Tsang, 2003; Wenzel et al., 2012)

Utilising ACT and building on current approaches in self-forgiveness and the RFT framework, we propose seven principles are considered to promote self-forgiveness through flexible behavioural responses (Dewar, Strelan, & Delfabbro, 2017b). These principles are Identifying Burdens; Taking Perspective; Values and Pathways; Getting Unstuck; Granting Self-Forgiveness; Developing an Action Plan, and Engaging in an Ongoing Commitment to Self-Forgiveness (Cornish & Wade, 2015; Dewar et al., 2017b; Dillon, 2001; Hall & Fincham, 2005; Wenzel et al., 2012). These steps are not a strict stepwise manual (Dewar et al., 2017b). We propose a flexible principles-based approach that can be applied to the person and their need for self-forgiveness (Dewar et al., 2017b; Harris, 2009; Hayes et al., 2001b).

Identifying a Burden

As postulated in the self-forgiveness literature, ACT may assist in facilitating self-forgiveness by identifying how and why an individual makes contact with their burden of distress. (Barnes-Holmes et al., 2001c; Hall & Fincham, 2005; Wilson et al., 2001; Woodyatt & Wenzel, 2014). The ACT response describes, without critical self-judgement, unworkable and transgressive behaviours to identify the individual's experience and then to create distance and perspective (Dillon, 2001; Hall & Fincham, 2005; Harris, 2006; Holmgren, 1998). Through non-

judgemental description, a person can flexibly and compassionately consider other responses, behaviours, and action (Barnes-Holmes et al., 2001c; Wilson et al., 2001).

Taking Perspective

Taking perspective helps develop flexibility in response to distressing burdens and associated unworkable behaviours (Harris, 2009; Hayes, 2002; Hayes et al., 1999; Hayes, Wilson, Gifford, Follette, & Strosahl, 1996). Self-forgiveness can involve framing perspectives from different aspects of time, space, and places; different value sets; and alternative behavioural responses. Using a variety of techniques of framing perspective, including contact with a transcendent self, allows for freedom and space for alternate responses (Harris, 2009; Villatte & Villatte, 2013). In the presence of distress, perspective-taking provides for an alternative point of view, which then allows for contact with values as a means to take workable action (Harris, 2009; Luoma & Platt, 2015; Villatte & Villatte, 2013).

Identifying Values and Pathways

Revisiting a person's values, as defined in ACT treatment guides, is the foundation of genuine self-forgiveness (Batten, 2011; Dewar, Strelan, & Delfabbro, 2017g; Harris, 2012; Hayes et al., 1999; Wenzel et al., 2012). To develop therapeutic responses to burdens, one needs to ask the questions, “How did I act in a way that was not consistent with my values?” and subsequently, “How do I now respond and take responsibility for a transgression against my values?” (Cornish & Wade, 2015; Harris, 2012; Wilson et al., 2001; Woodyatt & Wenzel, 2014).

Values help to identify and inform internal events of shame, guilt, regret, and remorse (Cornish & Wade, 2015; Wilson et al., 2001; Woodyatt & Wenzel, 2014). As outlined by Harris (2009), ACT proposes effective therapeutic responses be based on values, which form the basis for workable action in the person's life context (Harris, 2009; Hayes et al., 1999; Törneke, 2009). ACT facilitated self-forgiveness that is genuine will develop a values-based focus on restoration, repair, and renewal in response to an identified transgression (Fisher & Exline, 2006a; Hayes et al., 2001b; Lundgren, Luoma, Dahl, Strosahl, & Melin, 2012).

Getting Unstuck

The ACT of self-forgiveness provides principles-based treatment pathways for a person to get unstuck from distressing events and involves taking appropriate values-based action to take responsibility (Hall & Fincham, 2008; Harris, 2009; Wenzel et al., 2012). ACT exercises focus on facilitating acceptance of historical events and a willingness to take responsible action to address remorse about those circumstances (Harris, 2009; Luoma et al., 2007; Luoma & Platt, 2015). Such exercises can include mindfulness exercises, noticing experiences, exercises in transforming experiences of language and events, and can also focus on a willingness to experience the pain of taking corrective action in service of a valued outcome (Harris, 2009; Luoma et al., 2007; Luoma & Platt, 2015; Schoendorff et al., 2014; Zettle et al., 2009). Through these and other exercises, the person may develop more effective and compassionate responses to achieve restoration from their transgression (Dewar et al., 2017g; Harris, 2009; Villatte & Villatte, 2013).

Granting Self-Forgiveness

The granting of self-forgiveness when we are both the offender and the forgiver requires a variety of mindful approaches (Harris, 2006; Wilson et al., 2001; Wohl et al., 2008; Wohl et al., 2010; Woodyatt & Wenzel, 2014; Zettle et al., 2009). An essential skill is the mindful application of suspending critical judgement and self-condemnation (Harris, 2009; Hayes et al., 1999; Luoma et al., 2007). To grant self-forgiveness, transcendent and compassionate perspective-taking is required (Harris, 2009; Hayes et al., 1999; Luoma et al., 2007).

The granting and acceptance of self-forgiveness is facilitated by radical acceptance of the self as an offender while embracing of self-respect, self-acceptance and self-worth (Bennett, 2015; Luoma et al., 2007; Luoma & Platt, 2015). In the context of granting and receiving self-forgiveness and dropping the burden of self-blame, we can then identify further targets for restoration, repair and renewal (Hall & Fincham, 2008; Harris, 2009; Wenzel et al., 2012).

Values in Action

The principles of ACT can inform therapeutically relevant goals and real-world behaviours (Luoma et al., 2007). Self-forgiveness requires the development of workable values and informed goals for each step of restoration, renewal or repair in a preferred future (Harris, 2009; Hayes et al., 1999; Luoma et al., 2007). Steps towards workable self-forgiveness utilise specific, measurable, achievable, realistic, and time-bound activities (Harris, 2009; Hayes et al., 1999; Luoma et al., 2007). The problem of pseudo self-forgiveness is avoided by making oneself accountable for real responses to transgressions through genuine transformative work (Wenzel et al., 2012; Woodyatt & Wenzel, 2013b, 2014).

Genuine self-forgiveness requires ongoing work to prevent relapse and the development of values-based on choice points for future action (Ciarrochi et al., 2014; Wenzel et al., 2012; Woodyatt & Wenzel, 2014).

Commitment to Ongoing Self-Forgiveness

A commitment to genuine self-forgiveness brings to together a continued process of renewal and relapse prevention based on the values-based life action (Hall & Fincham, 2008; Harris, 2009; Wenzel et al., 2012). This ongoing work of review and response addresses problems with pseudo self-forgiveness (Hall & Fincham, 2008; Harris, 2009; Wenzel et al., 2012). Flexible revisiting and application of the above principles will allow the person to respond genuinely to life challenges for relapse prevention (Ciarrochi et al., 2014; Dewar et al., 2017g).

Conclusion

Self-forgiveness is a necessary response to experiences of distress that frequently arises from the function of language. Through language, the mind associates an infinite variety of phenomena. These experiences are contacted through language without directly experiencing the point of distress in a physical or actual context. However, once distress is encountered in the framework of the mind, this distress can never be unexperienced. Through the application of harsh and self-critical judgement, a person can experience a loss of innocence and consequent suffering and struggle.

We have sought to explain how RFT, and associated ACT, explains the practical implications of, and responses to, suffering and struggle. RFT provides insights into behaviour that is rule-governed and how this provides, in equal measure, both benefits and pitfalls. Self-forgiveness then becomes a required response to self-knowledge and its inevitable painful consequences as outlined within RFT.

We propose a more accessible approach towards self-forgiveness based on RFT and ACT. We have briefly discussed faith-based perspectives, which inform the need for self-forgiveness. We outlined the use of RFT to provide a principles-based approach to self-forgiveness, which builds on principles used in faith-based psychological therapy but allows for a generalised application to all populations through ACT.

Cornish and Wade (2015) argue for the importance of exploring one's responsibility for the distress caused to others. RFT however, identifies that, in fact, there may be no-one objectively responsible for the distress a person is experiencing. RFT identifies that the freedom

of our thinking and emotions causes burdens for which there is no objective responsibility. The use of ACT with self-forgiveness provides a flexible response to whatever the transgression the person is experiencing, and response needed.

The principles outlined in ACT enables self-forgiveness and real work that does not let a person off the hook. The process of dealing with self-blame, shame, guilt, regret, and remorse with ineffective responses will inevitably produce a host of difficult thoughts, emotions, images, and physical sensations. Both ACT and RFT provide a wealth of approaches to the normalisation of such experiences. The ACT-informed principles of self-forgiveness provide a comprehensive response to various scenarios allowing for responsibility taking, the use of self-compassion and the suspension of judgement, to provide a safe means for a person to effectively engage in the work of self-forgiveness.

We have provided an analysis of RFT that identifies the universal human need for flexible and workable self-forgiveness. The model we have provided is not a zero-sum process, it allows for the building of effective future responses for a values-based life. This principle-based model uses RFT to create flexible behavioural pathways for the clinical application of self-forgiveness utilising ACT. RFT can provide a set of principles to explore therapeutic self-forgiving responses that includes developing a disposition towards self-forgiveness through values-informed actions and behavioural responses to the experience of intrapersonal offence. Further, a state of self-acceptance promotes ongoing self-forgiveness; that is, the acceptance of being perfect in our imperfection. We propose that RFT in its clinical application and ACT as a contextually focussed behavioural therapy provide a generalizable principles-based pathway to genuine self-forgiveness.

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Chapter 2

The ACT of Self-Forgiveness: A Principles-Based Response to Intrapersonal Offence**Synopsis:**

This paper outlines a principles-based response to self-forgiveness designed to provide a treatment approach that is beneficial for both psychological and social well-being. Through the application of findings from current self-forgiveness research, RFT and, ACT, the approach recommended is, in particular, directed towards helping people deal with intrapersonal offences. Consistent with the previous chapter, the principles applied are designed to provide insight into the role of language in the maintenance of shame, guilt, remorse, and regret that contribute to self-blame. Seven principles which were designed to be applied in both individual and group therapy are described and include: (1) the identification of the burden; (2) taking a transcendent perspective; (3) the identification of personal values and transgressions against those values; (4) ACT therapeutic responses; (5) granting self-forgiveness; (6) putting values into action; and (7) making an ongoing commitment to self-forgiveness. It is intended that this chapter will be submitted to *Journal of Contextual Behavioral Science*, the official journal of the Association for Contextual Behavioral Science.

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By signing the Statement of Authorship, each author certifies that:

- i. the candidate's stated contribution to the publication is accurate (as detailed above);
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The ACT of Self-Forgiveness: A Principles-Based Response to Intrapersonal Offence

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Abstract

Increasingly, research is demonstrating the beneficial effects of self-forgiveness on both psychological and social well-being. Recent studies of behaviour in context reveal there are evidence-based approaches to therapy that assists a person to respond more effectively to intrapersonal offences and associated psychological distress. Relational Frame Theory (RFT) explains and underpins the contextual behavioural approach adopted in Acceptance and Commitment Therapy (ACT). ACT and clinically focussed RFT explore the role of language in the maintenance of shame, guilt, remorse, and regret that contribute to inflexible and debilitating self-blame. In this paper, we describe a principles-based response to intrapersonal self-forgiveness that promotes flexible life responses using ACT. The therapeutic approach outlined describes seven principles: identification of the burden; taking a transcendent perspective; identification of personal values and transgressions against those values; ACT therapeutic responses; granting self-forgiveness; putting values into action; making an ongoing commitment to self-forgiveness. This approach extends current research and may be useful for both individual and group therapy.

Keywords: ACT, RFT, Self-Forgiveness, Principles-based, framework

The ACT of Self-Forgiveness: A Principles-Based Response to Intrapersonal Offence

Self-forgiveness is being developed as a therapeutic response to assist people to deal with psychological distress and is demonstrating beneficial results for both psychological and social well-being (Allemand & Steiner, 2010; Ferrari & Nuzzarello, 2016; Griffin et al., 2015; Martyn, 2016; Peterson et al., 2017). Although it is recognised that self-forgiveness can benefit the wellbeing of individuals and those around them, and is a feature of everyday life, self-forgiveness is a complex construct that has been differentially approached, defined and interpreted by various researchers (Dillon, 2001; Martyn, 2016; Thompson et al., 2005; Wohl et al., 2008; Woodyatt & Wenzel, 2014).

Relational Frame Theory (RFT) provides further insight into the need for self-forgiveness and is in the early stages of developing innovative therapeutic responses (Luoma & Platt, 2015; Wilson et al., 2001). Zettle et al. (2009) briefly outline how Acceptance and Commitment Therapy (ACT), (which is both informed by and informs the ongoing exploration of RFT), can be used to promote self-forgiveness in individual and group therapy. We propose that a synthesis of current research on self-forgiveness and the theories of language, as outlined in contextual behavioural science and RFT, may inform evidence-based ACT therapy to meaningfully assist those in need of self-forgiveness responses (Luoma & Platt, 2015; Wilson et al., 2001; Woodyatt & Wenzel, 2014; Zettle et al., 2009).

Universality of Distress and Current Treatment Approaches

In Australia, it is estimated that one in five people may, at any one time, experience intrusive distress associated with anxiety and depression and that over a lifetime most will

experience this type of distress (Jorm et al., 2005). Over the last 40 years, cognitive behavioural therapy (CBT) has been the principal method used to treat psychological distress in Australia (Bennett- Levy et al., 2004). Cognitive behavioural therapy based approaches address the distorted thinking that is often central to psychological distress Bennett- Levy et al. (2004) by encouraging cognitive reappraisals of thoughts and disputation of underlying beliefs. It also includes a behavioural component that promotes more adaptive management and response to triggers of distress and related symptoms (Hides, Samet, & Lubman, 2010).

Although there is strong evidence for the use of CBT, and its short-term benefits, both anxiety and depression are frequently relapsing conditions that may not respond to these current approaches (Bhar & Brown, 2012; Connors, Maisto, & Zywiak, 1998; Corbière, Sullivan, Stanish, & Adams, 2007; Wilson et al., 2001). It is possible that some of these reoccurring problems arise due to other underlying psychological processes (e.g., schemas, value systems or interpretative styles), which are not usually a primary focus of CBT-based interventions (Lappalainen et al., 2007; Twohig, 2009; Vowles, Wetherell, & Sorrell, 2009).

This view is shared by researchers in self-forgiveness who argue that distressing experiences of deep grief, loss, and the realisation of permanent and irreversible change may not be amenable to cognitive restructuring approaches (Allemand & Steiner, 2010; Bassett et al., 2016; Bauer et al., 1992; Cooney, Allan, Allan, McKillop, & Drake, 2011; Cornish & Wade, 2015; Dillon, 2001; Holmgren, 1998). Instead, other therapeutic approaches that engage concepts such as values, morals, responsiveness, and accountability need to be explored (Griffin & Worthington, 2013; Hall & Fincham, 2005; Wenzel et al., 2012; Woodyatt & Wenzel, 2014).

Self-Forgiveness and its Therapeutic Applications to Treatment

Self-forgiveness is increasingly a topic of research that to date has encompassed the development of processes to identify and respond to the experiences of an individual in the context of harm they may have done to others (Cornish & Wade, 2015; Martyn, 2016; Woodyatt & Wenzel, 2014). The state of self-forgiveness and supporting processes of self-forgiveness appear to be conceptualised in a number of ways.

A first issue, as indicated by research, is how to examine, measure and apply self-forgiveness as either a disposition or state-based construct (Thompson et al., 2005; Wenzel et al., 2012; Woodyatt & Wenzel, 2013b, 2014). For example, within the therapeutic research literature, there is some debate as to whether self-forgiveness is a state, achieved as an outcome of some action, or whether the disposition toward self-forgiveness facilitates the realisation of self-forgiveness (Thompson et al., 2005; Wohl et al., 2008).

A second issue, refers to the validity or genuineness of the self-forgiveness. Enright (1996) and Dillon (2001) uncovered the concept of *pseudo self-forgiveness*; a term coined by Hall and Fincham (2005). Pseudo self-forgiveness is characterised as a stance that lets one ‘off the hook’ that is it is avoidant and without taking genuine responsibility to address either external or internal transgressions (Bassett et al., 2011; Hall & Fincham, 2005; Wilson et al., 2001; Woodyatt & Wenzel, 2013a, 2013b). Such pseudo self-forgiveness may facilitate a continued engagement in destructive behaviours, such as substance use and undermining procrastination (Webb & Brewer, 2010; Wenzel et al., 2012; Wohl et al., 2010; Wohl & Thompson, 2011). Such

destructive behaviours may be usefully engaged with from a perspective of self-blame, guilt, shame and remorse (Bassett et al., 2011; Hall & Fincham, 2005; Wilson et al., 2001; Woodyatt & Wenzel, 2013a, 2013b). The flexible application of self-forgiveness may then assist a person to get unstuck from ineffective life responses (Gordon et al., 2017; McHugh & Stewart, 2012; Woodyatt & Wenzel, 2014).

A third point of enquiry relates to the locus of the offence and of any restitution for a wrong done to a victim, including oneself. In Cornish and Wade's (2015) view, self-forgiveness equates with a decrease in self-punitive behaviours promoted by motivational changes (Hall & Fincham, 2005; Hulnick & Hulnick, 2011; Luskin, 2002; Martyn, 2016), whereas others refer to it as a reduction in self-undermining behaviours, such as the critical self-judgement of failures, mistakes, and inaction (Hall & Fincham, 2005; Hulnick & Hulnick, 2011; Luskin, 2002; Martyn, 2016). Implicit within these perspectives is the assumption that forgiveness is not required when no hurt or wrong has been inflicted upon others (Cornish & Wade, 2015; Flanigan, 1996; Szablowinski, 2012). However, it is now recognised that a person's own internal experience and frames of reference may create shame, guilt, self-blame, remorse, and regret in situations involving no transgression against others (Bassett et al., 2011; Lander, 2012; Martyn, 2016; Woodyatt & Wenzel, 2014). The principles-based approach proposed by this paper provides responses to these issues and points of enquiry, and builds on current findings regarding the therapeutic responses to self-forgiveness for harms done to oneself.

Therapeutic Benefits of Self-forgiveness

Research into self-forgiveness, although still in relatively early stages, has found that it is associated with beneficial therapeutic outcomes (Exline, Root, Yadavalli, Martin, & Fisher, 2011; Fisher & Exline, 2006a; Woodyatt & Wenzel, 2014). For example, Fisher and Exline (2006a) found that self-forgiveness is associated with decreased anxiety and depression, and more adaptive responses to mood disorders.

Griffin et al. (2015) in their study observed that that self-forgiveness is associated with increased life satisfaction and Worthington (2013) reported that self-forgiveness can enhance responses to traumatic events. Woodyatt and Wenzel (2013a, 2013b, 2014) discuss the beneficial effect of self-forgiveness on effective life responses, increased self-trust, and assurance of self-identity. Decreased psychological distress and improved capacity to effectively respond to shame are also benefits that can be derived from self-forgiveness (Fisher & Exline, 2006a; Strelan & Covic, 2006).

Notably, however, these research outcomes focus on personal distress in the context of offence against others but do not thoroughly examine how people respond to transgressions against themselves. Relatively little research has been conducted that focusses on the harms done to the self in the absence of an external victim (Cornish & Wade, 2015; Martyn, 2016; Woodyatt & Wenzel, 2014). Martyn (2016) suggests that one reason for this, is that research into self-forgiveness in the absence of a victim is difficult because it is often easier to identify responses that relate to offences inflicted on others than it is to perceive and respond to the way in which

we harm ourselves (Bassett et al., 2016; Bassett et al., 2011; Martyn, 2016; Woodyatt & Wenzel, 2014).

Third Wave Psychological Behavioural Therapies and Novel Approaches to Self-Forgiveness

There has been growing interest in new research that may facilitate effective responses to intrapersonal offences (Gordon et al., 2017; Zettle et al., 2009). The facilitation of self-forgiveness may be implicit within contextual behavioural science that forms the basis of *third wave behavioural therapy* (Wilson et al., 2001). Contextual behavioural science has sown the seeds for two influential treatment approaches, namely, clinically-focused RFT and ACT, which may be fruitfully applied to self-forgiveness (Hayes et al., 2001b). These approaches may facilitate forgiveness-based strategies, which focus on people's interpretation and framing of distressing events (Polk & Schoendorff, 2014). The truth criterion for context focussed behavioural therapy is a focus on doing what works in the context of the person – both their external and internal environments (McHugh & Stewart, 2012). In this context the person is facilitated to take a perspective on what works – and therefore to explore the usefulness of self-blame and self-forgiveness in the context they find themselves (McHugh & Stewart, 2012).

RFT may provide a useful answer to the problem of identifying whether self-forgiveness is best facilitated therapeutically, through a process to create a disposition towards self-forgiveness versus a process to create a state of self-forgiveness. RFT proposes that learning creates constructs based in language that encompass values (Barnes-Holmes et al., 2001a; Zettle et al., 2009). The clarification and reflection of values may underpin dispositions toward self-

forgiveness through developing perspective, insight and possible actions that promote useful behaviours (Thompson et al., 2005; Wenzel et al., 2012; Wohl et al., 2008; Zettle et al., 2009). Values-based behaviours may create outcomes that contribute to the creation of a state of self-acceptance that underpins ongoing self-forgiveness (Thompson et al., 2005; Wenzel et al., 2012; Wohl et al., 2008; Zettle et al., 2009).

Relational Frame Theory identifies how ineffective and unworkable psychological states arise in the natural function of language and its capacity to make automatic and powerful connections between disparate phenomena and events in the context of personal experience (Harris, 2009; Hayes et al., 2001a). Relational Frame Theory, as developed by Hayes et al. (2001b), and ACT, a therapeutic approach that flows from it, both highlight that language plays a large part in people's psychological distress. Language plays a central role in how a person interprets their *suffering* and *struggle* and how language then provides a means to frame and relate their internal experiences within their circumstances and context (Wilson et al., 2001).

It is argued, by Wilson (2001), that the problem of *suffering* arises as a result of human's ability to be automatically self-aware and our tendency to then critically reflect upon our experiences. According to Wilson (2001) *struggle* is described as an ineffective response to suffering and often involves maladaptive responses, such as withdrawal, avoidance, distraction, disputation and pretence in response to a range of external and internal experiences of distress (Batten, 2011; Wilson et al., 2001). It is contended that while we may, or may not, commit an objective offence, due to the way our mind works, one may experience personal offence in a way that cannot be controlled (Hayes et al., 1999). Relational Frame Theory is then, useful in

considering the question of how to address responses to an offence against oneself and one's values whether or not someone else is affected (Woodyatt & Wenzel, 2014; Zettle et al., 2009).

The Double-Edged Sword of Language its Contribution to Intrapersonal Offence.

Human language can become a two-edged sword in our internal experience. On the positive side, language enables us to save energy through efficient communication, maps, models, and images (Hayes et al., 2001c; Hayes et al., 2001d; Hayes et al., 2001e). Language facilitates planning and prediction, and creativity (Hayes et al., 2001c; Hayes et al., 2001d; Hayes et al., 2001e). Language helps us to develop rules and values, which monitor, guide and inform our efforts, to live life effectively (Hayes et al., 2001c; Hayes et al., 2001d; Hayes et al., 2001e).

However, language can also cause distress in our lives by keeping us in contact with painful events. Language makes both pain and its relief immediately available and can cause us to be lifted-up or downcast - experiences that can generalise to our whole life (Hayes et al., 2001c; Hayes et al., 2001d; Hayes et al., 2001e).

Further, RFT explains the links formed in language that assist learning and the development of rules that govern behaviour (Harris, 2009; Hayes et al., 2001a). Therapy using RFT may assist a person to discover how rules form values, which in turn inform life actions. Observation of this rule-making can assist in developing an understanding of a person's history of learning has been derived from the automatic links and relationships. A person can discover

how their use of language and rule-making may be both creative and destructive (Luoma et al., 2007; Luoma & Platt, 2015; Villatte & Villatte, 2013).

Interestingly, ACT as a therapy, does not primarily address symptom reduction (Hayes et al., 1999). Relational Frame Theory posits that the attempt to suppress or get rid of symptoms is what causes psychopathology in the first place (Wilson et al., 2001). Acceptance and Commitment Therapy proposes that flexible responses to thoughts, images, emotions, and physical sensations, frees up psychological resources for responding to life in a more workable way (Wilson et al., 2001). This response is termed *psychological flexibility* (Harris, 2009; Hayes et al., 2001b; Hayes et al., 1999; Twohig, Hayes, & Masuda, 2006).

Psychological flexibility allows for the free allocation of effort to that which we value. As humans, we are capable of learning and creating rules to guide our behaviour and this learning arises from our experience of, and response to, appetitive and aversive stimuli (Barnes-Holmes et al., 2001a; Barnes-Holmes et al., 2001b). Through multiple circumstances, we develop values that guide both what we move towards and away from (Barnes-Holmes et al., 2001a; Barnes-Holmes et al., 2001b).

To promote psychological flexibility, ACT provides six key workable behavioural responses to life events: *The development of skills in acceptance and willingness; becoming open to the examination of events and circumstances; developing a variety of perspectives on events; developing skills in present moment awareness; becoming clear about values-based responses to life; and taking action consistently that aligns with those values* (Harris, 2006; Hayes, Luoma,

Bond, Masuda, & Lillis, 2006; Hayes et al., 1999). Acceptance and Commitment Therapy and RFT assist people to recognise how they interpret their personal experience and symptoms in the context of life circumstances (Harris, 2009; Hayes et al., 2001a). Instead, life distress is reframed and accepted as a state of lived experience, and can be the subject of flexible response (Batten, 2011; Wilson et al., 2001). The utilisation of values then allows for freedom in perspective taking to create useful pathways to respond to circumstances and their context (Batten, 2011; Wilson et al., 2001). The application of psychological flexibility provides the basis for genuine self-forgiveness.

The Novel use of RFT and ACT for Genuine Self-Forgiveness

Relational Frame Theory provides a means to understand and prevent pseudo self-forgiveness. The problem caused by pseudo self-forgiveness is the consequent failure of individuals to engage in behaviour that does either, does not acknowledge, or suppresses their values with behavioural consequences (Dillon, 2001; Enright et al., 1998; Hall & Fincham, 2005; Holmgren, 1998; Wilson et al., 2001). Both ACT and RFT can highlight how a failure to utilise values can cause a person to struggle with accountability for, and responding to, transgressions and harms in ways that do not work (Wilson et al., 2001; Woodyatt & Wenzel, 2014). Thus, ACT and RFT provide a means to therapeutically address pseudo self-forgiveness for transgressions against a person's own values and better judgement (Wilson et al., 2001; Woodyatt & Wenzel, 2014).

Unworkable approaches to accountability can lead to constraints of thinking, emotions, and behaviours, with consequent distress associated with disproportionate regret, remorse, self-

blame, guilt, and associated anxiety and depression (Brown, 2006; Wilson et al., 2001; Zettle et al., 2009). Instead, the approach adopted in ACT and RFT allows for an open, interested, and curious response in response to life setbacks and to the problem of avoidance that drives pseudo self-forgiveness (Wenzel et al., 2012; Wilson et al., 2001; Woodyatt & Wenzel, 2014; Zettle et al., 2009). Further, ACT/RFT facilitates engagement with value-based behaviours that may beneficially respond to pseudo self-forgiveness (Wenzel et al., 2012; Woodyatt & Wenzel, 2014; Zettle et al., 2009). This facilitation may help refine and focus the process of self-forgiveness based on taking responsibility for restoration following an offence (Bassett et al., 2011; Day & Maltby, 2005; Dillon, 2001; Jacinto & Edwards, 2011; Luskin, 2002; Wenzel et al., 2012; Woodyatt & Wenzel, 2014; Zettle et al., 2009).

Zettle et al. (2009) suggests that self-forgiveness creates lasting benefits in a therapeutic context by facilitating behaviours that are focused on genuine reconciliation with oneself, which thereby creates the condition for the healthy acceptance of oneself (Hall & Fincham, 2008; Jacinto, 2010; Jacinto & Edwards, 2011; Luoma & Platt, 2015; Vilardaga et al., 2011; Wenzel et al., 2012; Woodyatt & Wenzel, 2014). It has been argued by Zettle et al. (2009) that ACT, based on RFT principles, can potentially assist in the development of a therapeutic response that reinforces gains made through self-forgiveness and to help individuals engage in lasting behavioural changes that bring about more beneficial life outcomes (Hayes et al., 1999).

Origins of Victimless Offence

Hayes and colleagues posit that psychological suffering is associated with the function of language, as part of the human condition (Hayes et al., 2001c; Hayes et al., 2001d; Hayes et al.,

2001e). For example, X is a symbol of suffering, and we try not to think about X, and so instruct ourselves, “*don’t think about X*”, yet immediately, X appears at the front of our consciousness with its attendant distress (Hayes, 2004; Hayes et al., 2006; Hayes et al., 2004).

According to Relational Frame Theory, if we seek to avoid discomfort by instructing ourselves to not *this* about X, we can be caught in an inflexible struggle, and thus the unworkable avoidance of X is a microcosm of our struggle in language (Hayes, 2004; Hayes et al., 2006; Hayes et al., 2004). That is, the struggle to avoid suffering in the form of X, and associated thoughts, emotions, and consequent physical sensations will eventually produce psychologically inflexible and ineffective processes of experiential avoidance (Hayes, 2004; Hayes et al., 2006; Hayes et al., 2004).

Barnes-Holmes and others, contend that we may skew perspectives through reconstructing our past (*If only I had not done that...*), imagining a foreshortened future (*what if I get cancer...*), and imagining social deficits (*people might hate me...*) (Barnes-Holmes et al., 2001c; Wilson et al., 2001). This reconstruction can happen instantly within ourselves, causing a person to stand in judgement of their life (Wilson et al., 2001). This judgement which may be based on not meeting standards that a person imposes upon, or takes on themselves when they have lost contact with their own values (Wilson et al., 2001).

The importance of relational framing for self-forgiveness lies in the paradox described by Wilson et al. (2001), where, we interact with pain that is not in our present experience by imagining past events, alternate current events, and possible future problems. However, if we try

to avoid aversive experience, the avoidance may itself link us to aversion (Polk & Schoendorff, 2014; Wilson et al., 2001). Further, that which is appetitive will also eventually be satiated and lose its attractiveness (Polk & Schoendorff, 2014; Wilson et al., 2001). Fixed responses to these experiences can then become the basis of inflexibility in our thinking (Harris, 2009; Hayes et al., 2001a).

The function of thinking outlined in RFT indicates how victimless offence originates (Woodyatt & Wenzel, 2014; Zettle et al., 2009). Our capacity for unrestrained thinking and connection creates the need for self-forgiveness for a victimless offence. (Wenzel et al., 2012; Woodyatt & Wenzel, 2013a, 2013b, 2014). In one example, we may see friends whom we care for deeply, fighting with each other, and fail to intervene. Upon this failure, we may blame ourselves for their distress, and further, we may ruminate on that distress. Through that rumination, we may allow that distress to generalise (through frames of reference) to other areas of our lives, including other friendships (Harris, 2009; Hayes et al., 2001a).

We may have committed some transgression at a point in our lives, and even though that event may have passed, and no one else cares or knows, we continually replay that event (Harris, 2009; Hayes et al., 2001a). We may do very well on an exam or receive a job promotion; however, others may criticise us for not doing better, and as a result, we go over and over those remarks (Harris, 2009; Hayes et al., 2001a). Serious, even catastrophic events, may involve ourselves or others (Harris, 2009; Hayes et al., 2001a). Although it is important to consider catastrophic events carefully, ongoing engagement in damaging self-criticism, distressing thoughts, and subsequent experiences of strong emotions and bodily sensations may eventually

cause even deeper distress (Harris, 2009; Hayes et al., 2001a). Excessive focus on these catastrophic events may cause failure in other key areas in our current lives (Harris, 2009; Hayes et al., 2001a).

Developing Practical Approaches to Self-Forgiveness Interventions

The principles contained in ACT and RFT infer a means to utilise psychological flexibility to promote self-forgiveness (Wilson et al., 2001; Zettle et al., 2009). To date, research in this area remains under-developed; however, a useful way to map this pathway is contained in the ACT Matrix (Schoendorff et al., 2014). The ACT Matrix can be employed to highlight the use of openness for self-blame, distress and intrapersonal transgression in service of exploring self-forgiveness (Schoendorff et al., 2014; Woodyatt & Wenzel, 2014; Zettle et al., 2009). The ACT Matrix goes beyond other therapeutic approaches, which focus on suppression, disruption and distraction from symptoms and experiences associated with anxiety or depression, by assisting participants to relinquish attempts to judge their experience, and instead, encourages them to openly examine valued alternatives (Hayes et al., 2001b; Schoendorff et al., 2014).

Expanding ACT/RFT to Provide a Principles-Based Approach to Self-Forgiveness

Existing process models for self-forgiveness tend to focus on the forgiveness of self in relation to offences committed against others (Bassett et al., 2011; Cornish & Wade, 2015; Enright, 1996; Griffin et al., 2015; Lundahl, Taylor, Stevenson, & Roberts, 2008; Scherer, Worthington, Hook, & Campana, 2011). In contrast, this paper proposes a principles-based approach that extends existing self-forgiveness approaches to situations with victimless offences (where others have not been apparently hurt) or transgressions against the self, such as

unrealistic expectations of perfection, the imposter effect, self-blame for experiences that were damaging but not the person's fault (e.g., assault, fraud) (Milner, Maheen, Bismark, & Spittal, 2016; Smith, 2016; Weir, 2013).

A principles-based approach incorporates and expands on elements of the *Four Step Model of Self-forgiveness* outlined by Cornish and Wade (2015). Cornish and Wade (2015) identify responsibility, remorse, restoration, and renewal as being essential for genuine self-forgiveness. However, the Cornish and Wade (2015) model does not provide a full account of the self-forgiveness process for a victimless offence (Woodyatt & Wenzel, 2014). Self-forgiveness not only needs to address the resolution of transgressions against external subjects, but also needs to take into account offences against the self in all its forms (Bassett et al., 2011; Harris, 2006; Wilson et al., 2001; Woodyatt & Wenzel, 2014; Zettle et al., 2009).

The principles form a guide to beneficially explore the transgression as a way of taking perspective and revealing values and pathways to self-forgiveness (Dillon, 2001; Griffin et al., 2015; Luoma & Platt, 2015; Wenzel et al., 2012; Woodyatt & Wenzel, 2014). Evidence-based approaches outlined in ACT and RFT provide guidance for flexible life responses that facilitate the processes expounded by Cornish and Wade (2015), including taking responsibility, responding to remorse, actively restoring deficits caused by offence, and engaging in a renewed life (Bennett, 2015; Harris, 2006; Polk & Schoendorff, 2014; Woodyatt & Wenzel, 2014).

The act of granting self-forgiveness requires individuals to work to address identified offences and transgressions actively, and this work is based on and reinforced by the person's

values (Bennett, 2015; Harris, 2006; Polk & Schoendorff, 2014; Woodyatt & Wenzel, 2014).

ACT and RFT provide an evidence-based means for undertaking an ongoing commitment to self-forgiveness (Luoma & Platt, 2015; Polk & Schoendorff, 2014; Wilson et al., 2001; Zettle et al., 2009).

Self-forgiveness may provide a values-based pathway for freeing up psychological resources and increasing flexibility in response to life events. An understanding of the self as described in RFT provides a map to discover a pathway to psychological flexibility through self-forgiveness.

Using Psychological Flexibility to Genuinely Forgive Oneself - The ACT of Self-Forgiveness and Its Seven Principles

We propose a principles-based approach to forgiveness of the self for victimless offences or other transgressions against the self. A principles-based approach incorporates and expands on elements of the *Four Step Model of Self-Forgiveness* outlined by Cornish and Wade (2015). Cornish and Wade (2015) identified the following four components as being essential for genuine self-forgiveness: responsibility, remorse, restoration, and renewal. However, their model still cannot, and does not, provide a full account of the process of self-forgiveness for a victimless offence (Woodyatt & Wenzel, 2014). Self-forgiveness needs to focus, not only on transgression against external subjects, but also take into account offence against an individual's underlying values that guide the self in all its forms (Harris, 2006; Luoma & Platt, 2015; Wilson et al., 2001; Woodyatt & Wenzel, 2014; Zettle et al., 2009).

We have trialled the application of these principles in a series of therapeutic settings, which have been reviewed using a case study approach and further individual and group therapeutic experiences. We have explored how RFT principles support and expand upon the four components of responsibility, remorse, restoration, and renewal presented by Cornish and Wade (2015). Additional principles presented in this paper support values-based ACT interventions by facilitating acceptance of and providing helpful responses to, private experiences of transgression (Harris, 2009; Hayes et al., 2001b). Relational Frame Theory guides exploration across a suite of workable actions, including *Identifying our Burdens; Taking Perspective; Values and Pathways; Getting Unstuck; Granting Self-Forgiveness; A Values-based Action Plan; and, An Ongoing Commitment to Self-Forgiveness* (see Table 1) (Cornish & Wade, 2015; Harris, 2009; Martyn, 2016).

The principles derived from ACT and self-forgiveness outlined in Table 1, assist with the exploration of burdens caused by problematic life experiences. Below, we discuss ways one can engage in perspective taking on behaviours, thoughts, emotions, and physical sensations that underpin self-blame, shame, guilt, and remorse. Further, we propose a principles-based development of pathways for responsible action, a values-informed approach to getting unstuck from subjective states, and taking a compassionate stance from which to explore self-forgiveness (Dewar, Strelan, & Delfabbro, 2017c, 2017d, 2017e, 2017f; Dewar et al., 2017g).

This article examines the way RFT principles and ACT therapy assist in the development of useful responses to transgression against the self, which may either be victimless or involving others (Wenzel et al., 2012; Woodyatt & Wenzel, 2013a, 2013b, 2014). We do not propose the

principles are a strict stepwise manual, but rather, they can be used flexibly in therapy to respond to client's subjective experiences and the context of their transgression, to enable their free exploration and engagement in self-forgiveness (Dewar et al., 2017c).

Insert Table 1 here

Table 1

The ACT of Self-Forgiveness - Seven Principles

Step	Content
1. Identification of Transgression	Developing a clear identification of the transgression and its context and subsequent burdens – how did we act in a way that was not consistent with our values, how do we now respond and take responsibility. To what extent do we experience shame, guilt, self-blame, remorse? Identify common actions in response to getting in contact with this offence – avoidance, withdrawal, unworkable action.
2. Taking Perspective	Perspective taking exercises Mindfulness, Awareness, Development of Compassionate presence. Developing Openness, Presence, Acceptance, and Lightness in response to our experience
3. Values and Pathways	Values Inventory Identifying to what extent the transgression contravened our values Understanding the process of contact with painful experiences and the need for a values-based perspective and response Understanding the context of the transgression
4. Getting Unstuck	Utilising ACT to get unstuck, Using the ACT Matrix Understanding and addressing Shame, Guilt, Regret, Remorse Revisit Perspective taking Get in touch with here and now Identify how painful experiences can be used to highlight and clarify values Identify pathways of Acceptance and Willingness in taking responsibility Determine how to become more open to experiences Identify pathways for values-based action
5. Granting Self-Forgiveness	Mindful approaches to acceptance of self-forgiveness How would you take a perspective that helps normalise the transgression and its effects? Development of Compassionate presence, Self-acceptance and Self-respect – how would you treat your best friend and wounded stranger.... How would you respond to the child within how would the child respond to you? Identify how you would coach yourself to respond differently if the situation reoccurred Identify alternate pathways Identify targets for restoration, repair, and renewal
6. Action Plan	Identifying Values based pathways for Self-forgiveness Development of Choice points for future situations which involve: Same contexts or repeated private events Establish alternate pathways - taking workable action Develop SMART goals for values-based action toward restoration, reparation and renewal
7 Commitment to Self-Forgiveness	Make a commitment to bring it all together for continued process of renewal and relapse prevention.

Identifying a transgression

Most theories of self-forgiveness focus on the consequences of offence against another (Cornish & Wade, 2015; Fisher & Exline, 2006a; Griffin et al., 2015; Hall & Fincham, 2005). In this principles-based approach, we argue that we may offend ourselves without harming others. However, when harm we another, we also harm ourselves by compromising our values (Wilson et al., 2001; Woodyatt & Wenzel, 2013b; Zettle et al., 2009). Offence against our values create burdens that may not be clear or objectively defined (Wilson et al., 2001; Woodyatt & Wenzel, 2013b; Zettle et al., 2009). ACT treatments work by assisting the client to discriminate their internal experiences and to engage in values-informed behaviours that are more adaptable (Harris, 2009; Hayes et al., 2006; Hayes et al., 1999). For self-forgiveness to occur, clients need to define their values and identify how they have transgressed these values in their experience and context (Harris, 2009; Hayes et al., 2006; Hayes et al., 1999; Wenzel et al., 2012). Values inform our behaviours, actions, and responses to set the foundation for self-forgiveness (Wilson et al., 2001; Woodyatt & Wenzel, 2013b; Zettle et al., 2009).

Taking perspective

Practitioners of mindfulness and ACT assist clients to develop skills in perspective-taking (Harris, 2009; Hayes, 2002; Hayes et al., 1999; Hayes et al., 1996). The ability to take perspective is a key process in developing psychological flexibility, which in turn enables the distressed client to respond to what is not working in their life (Harris, 2009; Hayes, 2002; Hayes et al., 1999; Hayes et al., 1996). The client's ability for perspective taking can be enhanced by developing their capacity across a variety of other skills, including controlled breathing and imaging techniques, which often allows individuals to engage with their distress rather than them

trying to avoid or reduce it (Harris, 2006; Villatte & Villatte, 2013). Perspective taking may also involve looking at events from different priorities, times, spaces, locations, different value sets, and behavioural responses so that they can be examined in context (Villatte & Villatte, 2013). Using these techniques, clients may develop greater openness and acceptance in working with a transgression and their historical responses to it (Luoma & Platt, 2015; Villatte & Villatte, 2013). Perspective taking allows the person to develop their capacity to take action in the presence of both existential and physical pain and may also lighten the burden of the experience (Luoma et al., 2007; Luoma & Platt, 2015).

Values and pathways

Acceptance and Commitment Therapy emphasises the importance of values as systems that help us to stay in contact with what matters most to us, to do those things that are meaningful to us, and to focus on the ongoing development of personal strengths or qualities (Harris, 2006, 2009, 2012). The identification and confirmation of a person's framework of values will assist them to clarify the contexts and the current meaning surrounding their intrapersonal transgressions (Fincham, 2000; Hall & Fincham, 2005; McCullough et al., 2003; Wenzel et al., 2012). For example, the process of self-forgiveness can help individuals identify when they hold the value of acceptance and yet are not accepting of themselves after a transgression (Woodyatt & Wenzel, 2014). In such situations, the affirmation of current values may provide a way to identify pathways for workable responses to those transgressions for which people do not forgive themselves for (Fincham, 2000; Hall & Fincham, 2005; Luoma & Platt, 2015; McCullough et al., 2003; Wenzel et al., 2012; Wilson et al., 2001).

Acceptance and Commitment Therapy provides values-based approaches to self-forgiveness that also inherently address the problem of pseudo self-forgiveness. Pseudo self-forgiving responses are characterised in ACT being engaged in processes of avoidance, being stuck, and hopelessly engaged with an unworkable response to offence, regardless of whether the target event is internal or external to the person (Harris, 2009). The truth criterion inherent in ACT allows for effective therapeutic responses to be based on the individual's system of values, which then forms the foundation for workable action in their life context (Harris, 2009; Hayes et al., 1999; Törneke, 2009). According to the ACT framework, pseudo self-forgiveness would be seen as reproducing experiential avoidance whereas values-based perspective taking produces a basis for adaptive approaches to problematic events (Harris, 2009; Hayes et al., 1999; Törneke, 2009).

Getting unstuck

Acceptance and Commitment Therapy provides multiple treatment pathways for a person to get unstuck from events associated with shame, guilt, regret, remorse and attendant self-blame, through values-based reactions (Dillon, 2001; Holmgren, 1998; Luoma & Platt, 2015; Polk & Schoendorff, 2014; Wilson et al., 2001). To get unstuck from unworkable life responses, a person needs to identify how they are restrained by the painful virtual re-enactment of a transgression (Harris, 2006, 2009, 2012). When remembering a hurtful event, the values a person holds, are at the heart of the pain the person feels, e.g., *I experience painful remorse over failing my course due to a lack of study* (Harris, 2006, 2009, 2012). The successful debriefing of such a painful memory may reveal neglected values regarding being diligent, focussing on outcomes and being responsible to others (Harris, 2006, 2009, 2012). Once the person identifies the values

they have transgressed, then treatment can provide possible choices for future values-based action (Ciarrochi et al., 2014; Harris, 2012). The use of the ACT Matrix can assist a person to discriminate between avoidant and appetitive behaviours that move people away from or toward experiences and life outcomes (Polk & Schoendorff, 2014; Schoendorff et al., 2014). For example, when X comes to mind I can beat myself up or, alternatively, I can be self-compassionate, take another perspective and do Y (Hall & Fincham, 2008; Harris, 2009; Wenzel et al., 2012). Treatment can then identify the pathways for future action towards restoration, reparation, and renewal, based on those values-based choice points (Ciarrochi et al., 2014; Harris, 2012). Values-based approaches enable reparative work in response to transgression in all its forms (Wenzel et al., 2012; Woodyatt & Wenzel, 2013a, 2013b, 2014). This work lays the pathway for entry into self-forgiveness (Wenzel et al., 2012; Woodyatt & Wenzel, 2013a, 2013b, 2014).

Granting self-forgiveness

Relational Frame Theory argues that we can form many views of the self (Barnes-Holmes et al., 2001d; Roche, Barnes-Holmes, & Barnes-Holmes, 2001). To forgive ourselves, we will need to formulate an experience in which we identify an offending self and a forgiving self (Barnes-Holmes et al., 2001d; Roche et al., 2001). The acceptance of self-forgiveness will involve a variety of mindful approaches towards ourselves as both the offender and the forgiver (Barnes-Holmes et al., 2001d; Bassett et al., 2011; Lander, 2012; Martyn, 2016; Roche et al., 2001). There may be a historical self that offended through failure in a key life area or a present self that gets caught by ineffective responses to life challenges (Barnes-Holmes et al., 2001a; Villatte & Villatte, 2013). There may also be the self that is engaging in the expansion of values

and behaviours based on those values (Barnes-Holmes et al., 2001a; Villatte & Villatte, 2013). Thus, in the presence of this intrapersonal offence, a person needs to foster self-acceptance towards themselves as offenders and develop self-respect and self-worth as someone offended against (Bennett, 2015; Luoma et al., 2007; Luoma & Platt, 2015).

When a person harshly criticises themselves for letting themselves down, they may lose touch with the help they need (Villatte & Villatte, 2013). An example of a compassionate exercise for creating perspectives is as follows: if your best friend did this to themselves – how would you speak to them? How would you treat your best friend in these circumstances? The most common response is that the person would communicate with their friend in much more compassionate terms than they currently talk to themselves (Bennett, 2015; Luoma et al., 2007; Luoma & Platt, 2015). From a self-forgiving perspective, a person frees themselves from excessive criticism and liberates themselves to redirect energy currently devoted to harsh criticism towards values-based outcomes (Bennett, 2015; Luoma et al., 2007; Luoma & Platt, 2015).

A Values-based Action Plan

The work undertaken in ACT can help individuals identify how they want to put in place therapeutically relevant goals to instantiate their values through real-world behaviours (Luoma et al., 2007). Acceptance and Commitment Therapy can facilitate the identification of internal states defined as either moving toward values-oriented experiences or moving away from struggle and suffering (Polk & Schoendorff, 2014; Schoendorff et al., 2014). Individuals can subsequently identify external actions and behaviours under the control of their internal processes, which either continue the process of external struggle or move toward values-based outcomes (Polk &

Schoendorff, 2014; Schoendorff et al., 2014). A person may identify actions that would reflect valued behaviours in real-world outcomes (Polk & Schoendorff, 2014; Schoendorff et al., 2014).

To either prevent relapse, or to respond to relapse, behavioural actions need to focus on developing choice points for recurring circumstances (Ciarrochi et al., 2014; Polk & Schoendorff, 2014; Schoendorff et al., 2014). A values-based action plan can take many forms. However, it would in principle, provide the person with ongoing reference and guidance on how to make effective values-based choices that establish alternate pathways in the face of future adverse events (Ciarrochi et al., 2014). Values-based goals need to be set for restorative, reparative or reconciliatory action that addresses the individual's offences (Harris, 2009). Workable goals need to be specific, measurable, achievable, realistic, and time-bound (SMART) activities (Harris, 2009).

Values-based goal-oriented action confirms the restorative response required for genuine self-forgiveness. Action that moves beyond offence and self-blame requires present-focussed, values-based, action (Harris, 2009). A values-based action plan will build on and incorporate the four principles identified by Cornish and Wade (2015), namely, responsibility, remorse, restoration, and renewal. When clients put their values into action through such a plan, they are more likely to achieve genuine self-forgiveness (Hall & Fincham, 2008; Harris, 2009; Wenzel et al., 2012).

Commitment to self-forgiveness

A commitment to self-forgiveness brings together a continued process of renewal and relapse prevention, based on the principles of self-forgiveness (Harris, 2009, 2012). Flexible application of these principles allow for circumstances that may arise, both favourable and unfavourable, and for appropriate and workable responses to be put in place in a variety of contexts (Harris, 2009, 2012). Life will continue to throw up difficulties that will provide challenges regarding self-forgiveness (Harris, 2009, 2012). A person who has applied the lessons and principles of ACT to respond to transgressions and their burdens will generally have a greater capacity to implement these responses in a variety of ways to the ongoing context of their life (Harris, 2009, 2012).

Doing the work of self-forgiveness

The principles-based response to self-forgiveness proposed in this paper is based on ACT and allows those trained in both ACT and RFT to assist any client with a burden of self-blame to work towards achieving greater psychological flexibility in the presence of their distress (Harris, 2009, 2012). As workability is the criteria for therapeutic outcomes, both the therapist and the client are free to explore the benefits of this application within their context (Harris, 2009, 2012). These principles of self-forgiveness are suitable for clients who present with apparent symptoms, including depression or anxiety, and in further sessions report deeper historical burdens. These burdens may have been held for many years, and may include profound and distressing judgements about the self and other issues they haven't forgiven themselves for.

Cornish and Wade (2014) emphasise the importance of exploring the responsibility of offence caused to another when considering self-forgiveness. However, the theoretical arguments within RFT outlines that there may be offences towards ourselves that do not involve another and which we need to be responsible for (Miller et al., 2007; Wilson et al., 2001; Zettle et al., 2009). Such offences can arise from the distress caused by the uncontrollable nature of our thinking and emotions, and the paradoxical burden this consequently imposes (Wilson et al., 2001; Zettle et al., 2009). Relational Frame Theory provides values-based responses to such offences towards oneself (Woodyatt & Wenzel, 2014).

The process of self-forgiveness requires significant effort. The process of dealing with self-blame, shame, guilt, regret, and remorse, inevitably produces a host of difficult thoughts, emotions, images, and physical sensation (Harris, 2012; Hayes et al., 1999; Luoma et al., 2007). Both ACT and RFT provide a wealth of approaches to the normalisation of such experiences and excellent support for the responses to distress (Harris, 2009; Hayes et al., 1999; Luoma et al., 2007). The principles that we have outlined provide a comprehensive response to such a scenario and allow for responsibility taking. The principles build on the use of compassion and the suspension of judgement, to provide a safe means for a person to effectively engage in the work of self-forgiveness in a variety of contexts (Cornish & Wade, 2015; Wilson et al., 2001; Zettle et al., 2009). The principles we have provided are not a zero-sum process - they allow for purposeful growth in the context of living a meaningful and values-based life (Harris, 2009; Hayes et al., 1999; Luoma et al., 2007).

Self-forgiveness in client populations

Populations with substance use disorder

Treatment for substance abuse is particularly problematic as it is a relapsing condition (Hodgins, Ungar, El-Guebaly, & Armstrong, 1997; Ianni, Hart, Hibbard, & Carroll, 2010; Lin, Enright, Krahn, Mack, & Baskin, 2004; Miller, 1996; Vuchinich & Tucker, 1996). Substance use is an example of a disorder that can involve situations people fail to act in line with their values (Glenn & Parsons, 1991; Greenfield et al., 1998; Leigh, Bowen, & Marlatt, 2005). Self-forgiveness may be needed in response to both the excessive substance use itself and also the adverse life outcomes that arise from dysregulation as a result of substance abuse (Glenn & Parsons, 1991; Greenfield et al., 1998; Leigh et al., 2005).

Self-forgiveness may be of particular benefit to clients who have achieved sobriety or harm minimization in their substance use and are now facing the consequences of long-term problematic behaviours (Hodgins et al., 1997; Ianni et al., 2010; Lin et al., 2004; Miller, 1996; Vuchinich & Tucker, 1996). The consequences of long-term substance abuse may include physical, social, and psychological events (Miller, 1996). Frequently, those in recovery suffer from a physical disease or disability that has arisen from their substance use (Miller, 1996). Further, an individual's social connections and employment, as well as their relationships with friends, family and intimate partners, commonly suffer as a consequence of their long-term substance use (Miller, 1996). Psychological problems associated with substance abuse may be reflected in both anxiety and mood disorders and possible psychotic behaviour (Curran, Flynn, Kirchner, & Booth, 2000).

In the context of taking responsibility, self-forgiveness creates a safe place wherein individuals can deal with the overwhelming consequences of their substance use (Greenfield et al., 1998; Grigolia, 2005; Ianni et al., 2010; Leigh et al., 2005). When individuals consider the damage associated with their historical substance abuse, they may experience overwhelming shame and guilt as key triggers for relapse (Curran et al., 2000; Glenn & Parsons, 1991; Greenfield et al., 1998; Leigh et al., 2005). In addiction studies, ACT has been shown to decrease psychological distress and opiate use more effectively than methadone programs on their own (DuFrene & Wilson, 2012; Wilson & Byrd, 2004). Recent case studies and treatment protocols for addiction indicate possible treatment pathways that include the flexible use of ACT with a focus on self-forgiveness (DuFrene & Wilson, 2012; Wilson & Byrd, 2004).

Populations exposed to suicide and trauma

The experience of the death of known people in traumatic circumstances creates a multitude of immediate and long-term psychological challenges for those who survive (Bhar & Brown, 2012; Hirsch, Webb, & Jeglic, 2011). Often those who witness, or who are directly participating in the aftermath, of trauma and suicide are affected by multiple biological, psychological, and social challenges (Bhar & Brown, 2012; Hirsch et al., 2011). Commonly described problems include survivor guilt and the overwhelming sense that the individual has failed those who were harmed or who perished (Bhar & Brown, 2012; Hirsch et al., 2011). Recent research demonstrates that those wrestling with trauma can benefit from understanding and eliciting values-based responses to life setbacks (Bahraini et al., 2013; Zettle et al., 2009). A values-based understanding also provides a better way to managing suicidal ideation in trauma survivors (Bahraini et al., 2013; Zettle et al., 2009). In turn, self-forgiveness may aid in the

development of a better understanding of, and more efficient responses to, the risk of self-harm (Bahraini et al., 2013; Zettle et al., 2009).

The population in general

Relational Frame Theory argues that struggle and suffering are part of the human condition. Therefore, all people from time-to-time engage in unworkable avoidance of their experience in a way that causes behavioural disorder. Consequently, it is important that we apply this principles-based approach to the functions performed by a person rather than trying to fit the therapy of self-forgiveness to a classification disorder. When a person engages in maladaptive behaviour and contradicts their values and preferred life context, they are acting in an inherently transgressive way, which makes them a possible candidate for the work of self-forgiveness (Wilson et al., 2001; Woodyatt & Wenzel, 2014).

Self-forgiveness based on ACT utilises a transdiagnostic approach to respond to presenting behaviour and its function in the context of an individual's circumstances and their values. Self-forgiveness allows the treating provider and the client to develop flexible and workable solutions that fit the context of the client's life. ACT provides a contextually based focus on developing relevant strategies rather than being constrained by a treatment manual (Wilson et al., 2001). The ACT of self-forgiveness and the principles outlined in this paper, can be used by an individual to focus on behaviours that affirm them in response to the suffering and struggle caused by victimless offences. This importantly self-forgiveness may be affirmed where forgiveness for an offence cannot be sought or received from an external other.

Further research

The results of several different studies are yet to be published and these highlight a new field of research joining self-forgiveness with contextual behavioural science. These include a series of case studies, a comparative study of 126 participants comparing ACT therapy to ACT with self-forgiveness, and a study of allied health professionals trained in both ACT and ACT with Self-forgiveness. Further testing and development of the model will be required. The model proposes self-forgiveness as an ongoing behavioural response to life challenges. Further research is also required across many areas of life experience to provide validation for this approach. Research and clinical application development need to be undertaken to develop further self-forgiveness interventions based on current developments in RFT, including the ACT Matrix, and the work being undertaken in ACT using self-compassion.

Conclusion

The model presented in this paper is novel in that it focuses on the application of self-forgiveness in the context of intrapersonal transgression. In contrast to self-forgiveness research conducted to date, this model includes the negative consequences that arise from harming another, as well as transgressions within ourselves. The model requires a working understanding of both RFT and ACT. Those who seek to use this model can familiarise themselves with the materials and the membership benefits offered through the Association for Contextual Behavioural Science, <https://contextualscience.org/> This model of self-forgiveness was designed to assist people in their context, so they may unburden themselves and engage with their life in a way that is flexible and fulfilling.

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Chapter 3

Acceptance and Commitment Therapy and Self-Forgiveness in the Treatment of Anxiety and Depression: A Comparative Study**Synopsis:**

This chapter describes and presents the findings of a therapeutic intervention designed to examine the potential additive benefits of a principles-based approach to self-forgiveness within an ACT framework and an individual therapy context. Participants ($N = 126$) with either clinical anxiety and/or depression were allocated to either a standard ACT intervention or ACT with a focus on self-forgiveness. Measures were taken pre- and post-therapy, and at six-weeks follow-up, for mental health, cognitive defusion, acceptance, action, trust, values-oriented living, and genuine self-forgiveness. The chapter summarises the theoretical background to the study, the methodology, the results and provides a summary of the findings. It is intended that this chapter will be submitted to *Journal of Contextual Behavioral Science*, the official journal of the Association for Contextual Behavioral Science.

Statement of Authorship

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By signing the Statement of Authorship, each author certifies that:

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Acceptance and Commitment Therapy with Self-Forgiveness in the Treatment of Anxiety and
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Abstract

Self-forgiveness has been identified as a potentially therapeutic strategy for accommodating distressing life events. However, relatively little research evaluating its therapeutic effectiveness has been conducted to date. This lack is particularly notable in cases where debilitating shame and self-blame have arisen from situations where no apparent transgression against another has transpired but where an individual perceives they have transgressed against themselves. This study, evaluated the potential additive benefits of self-forgiveness as an adjunct to Acceptance and Commitment Therapy (ACT) compared to ACT alone. Clients (N = 126) with clinical anxiety and/or depression were assigned to either standard ACT alone or ACT with self-forgiveness. At six-weeks follow-up, very large effect sizes highlighted that both groups improved from the baseline at pre-treatment, however, by comparison, ACT with self-forgiveness assisted with increased helpful responses in mental health over ACT alone. Comparatively larger effects were achieved by the treatment condition of ACT with Self-forgiveness at six weeks follow up in the areas of cognitive defusion, acceptance, action, trust, values-oriented living, and genuine self-forgiveness than ACT alone. Further research into ACT with self-forgiveness as a response to life challenges is needed.

Keywords: self-forgiveness, anxiety, depression, ACT, trust, values

Acceptance and Commitment Therapy with Self-Forgiveness in the Treatment of Anxiety and Depression: A Comparative Study

Anxiety and depression are commonly experienced over the course of a lifetime but debilitating clinically significant distress is estimated to affect up to one in five individuals in the population at any given time (Bennett- Levy et al. (2004); (Kessler et al., 2003; Kessler, Chiu, Demler, & Walters, 2005). Anxiety and depression account for the majority of clinical presentations in psychological practice in Australia and impose a significant public health burden on the community, with consequences at the individual, family and economic level (Jorm et al., 2005). Over the last 40 years, Cognitive Behavioural Therapy (CBT) has been the predominant psychological approach to treating such disorders (Bennett- Levy et al., 2004).

CBT encourages cognitive reappraisal of distorted thinking and disputation of underlying beliefs, and encompasses behavioural components that promote the development of adaptive responses to the management of triggers and related symptomology (Hides et al., 2010). Despite strong empirical support for CBT, particularly in relation to its short-term benefits, anxiety and depression are frequently relapsing conditions not always treatable using mainstream approaches (Bhar & Brown, 2012; Connors et al., 1998; Corbière et al., 2007; Wilson et al., 2001). Such relapse is largely thought to be due to the other underlying psychological behavioural processes (e.g., schemas, value systems or interpretative styles), which are not commonly a primary focus of CBT-based interventions (Lappalainen et al., 2007; Twohig, 2009; Vowles et al., 2009).

Accordingly, there has been growing interest in a new wave of treatment approaches, such as Acceptance and Commitment Therapy (ACT) and forgiveness-based strategies, which focus more on people's interpretation and framing of distressing events (Luoma & Platt, 2015; Polk & Schoendorff, 2014; Woodyatt & Wenzel, 2014). Acceptance and Commitment Therapy is a behavioural treatment which encourages perspective-taking on the function of behaviour in context (Gordon et al., 2017). ACT is further informed by Relational Frame Theory (RFT), which examines and explains the relational properties and outcomes of language in humans (Hayes et al., 2001b). As Hayes (2008) argued, ACT provides an approach that moves away from seeing thoughts as causal of behaviour, but rather, as a context in which behaviour occurs (Polk & Schoendorff, 2014). This approach also differs from CBT, in that it provides strategies to accommodate and observe distressing thoughts, emotions, and sensations, rather than finding ways to dispute and suppress them (Luoma et al., 2007). ACT also places a greater focus on self-reflection, consequent perspective taking and then understanding a person's response to their life context, possible responses and outcomes (Gordon et al., 2017).

Additionally, individuals are often encouraged in ACT to adopt a more compassionate perspective to reduce the strong feelings of shame and self-criticism that commonly arise in therapeutic contexts (Griffin et al., 2015; Hall & Fincham, 2005; Harris, 2006; Snider, 2015; Woodyatt & Wenzel, 2014). Research in self-compassionate approaches are linked to current research in self-forgiveness (Peterson et al., 2017; Scherer et al., 2011; Smith, 2016; Snider, 2015). Genuine self-forgiveness may position individual to develop more workable behaviours to respond to their distress, enabling them to place their problems within the context of their broader value systems (Peterson et al., 2017; Scherer et al., 2011; Smith, 2016; Snider, 2015).

Self-forgiveness and its Therapeutic Applications

The term self-forgiveness can refer to both a state of being as well as a behavioural response to a transgression against oneself (Hall & Fincham, 2005; Thompson et al., 2005; Wenzel et al., 2012). Building on ACT and self-compassion, self-forgiveness as a state, is the acceptance of oneself as inherently worthy and perfect in the presence of one's imperfections (Hayes et al., 1999; Luoma & Platt, 2015; Trudgeon, 2016; Woodyatt & Wenzel, 2014). On the other hand, genuine self-forgiveness as a behavioural response to intrapersonal transgression and offence is based on the active values-based responses to repair, restore and reconcile both within and between persons (Dillon, 2001; Hall & Fincham, 2005, 2008; Holmgren, 1998; Lander, 2012; Woodyatt & Wenzel, 2014).

Much of the focus of recent research has been upon self-forgiveness in the context of putting right the harms done to another person and the consequential internal conflicts (Cornish & Wade, 2015). Such strategies for self-forgiveness include motivational change, decreasing self-punitive behaviours, and reducing harshly critical self-judgement for failures, mistakes, and inaction where harm has been caused to others (Hall & Fincham, 2005; Hulnick & Hulnick, 2011; Luskin, 2002; Martyn, 2016).

Many approaches to self-forgiveness have been founded on explicitly religious or spiritual responses, similar to Alcoholics Anonymous (AA) (Barnes-Holmes et al., 2001c; Enright, 2001; Griffin et al., 2015; Wilson, 2015; Wilson & DuFrene, 2009). For example, in AA and other approaches, acceptance of a higher power equivalent to God facilitates self-forgiveness

through contact with moral approaches, engagement with repentance and other spiritually restorative experiences (Barnes-Holmes et al., 2001c; Griffin et al., 2015; Martyn, 2016).

However, with RFT a person can utilise a secular perspective and response to transcendent concepts (Luciano et al., 2012; Villatte et al., 2012). A secular approach may facilitate self-forgiveness with a more generalizable approach for diverse populations (Wilson et al., 2001; Woodyatt & Wenzel, 2014). When we have offended ourselves by not acting in alignment with our values, ACT/RFT proposes that we can make reparations informed by our values including, self-compassion and self-acceptance (Harris, 2006; Hayes et al., 1999; Trudgeon, 2016). This self-acceptance frees us to take action that leads to and reinforces, values-oriented self-forgiveness.

The conundrum of victimless offence and self-forgiveness is a problem raised by Flanigan (1996). People may experience crippling shame, guilt, self-blame, remorse, and regret in the absence of offences towards another (Woodyatt & Wenzel, 2014). Such responses are crippling when they produce a state of being psychologically transfixed or fused and unable to take an alternate perspective (McHugh & Stewart, 2012; Wilson et al., 2001; Zettle et al., 2009). However, when a flexible response is formulated and applied, the experiences of shame, guilt, self-blame, remorse, and regret may inform values-based responses that produce useful life outcomes (McHugh & Stewart, 2012; Wilson et al., 2001; Zettle et al., 2009).

Research indicates that the experience of intrapersonal offence is, by its nature, unique to each person (Hayes et al., 2001c). Therefore, intrapersonal processes are harder to identify and

decipher by anyone other than the person themselves (Hayes et al., 2001c). Relational Frame Theory may assist the individual to therapeutically observe their internal experience and respond to it effectively and flexibly (Hayes et al., 2013; McCracken, Carson, Eccleston, & Keefe, 2004; Törneke, 2009). The application of ACT further assists to develop the capacity to observe oneself (Stewart et al., 2012). This observation assists the person respond to the difficult task of developing individual therapeutic responses to self-blame, shame and guilt that has caused them to get stuck (Gordon et al., 2017; Stewart et al., 2012). Further, perspective taking on the self may assist with the development of more readily applicable measures for response to intrapersonal offence (Bassett et al., 2011; Flanigan, 1996; McHugh et al., 2012; Snider, 2015; Wilson et al., 2001; Woodyatt & Wenzel, 2014).

Self-forgiveness can be conceptualised in different ways. While some theorists, including Wohl, Pychyl and Bennett (2010), focus on self-forgiveness as a state of positive self-regard, Wenzel et al., (2012) and others measure self-forgiveness as the effort to make changes (Wenzel et al., 2012; Wohl et al., 2010). Nevertheless, both approaches may have therapeutic implications (Wenzel et al., 2012; Wohl et al., 2010). When a person engages in self-condemnation, such that it undermines their ability to cope, self-forgiveness, may instead, provide therapeutic guidance for taking action to address self-blame, shame, guilt, regret and remorse. Self-forgiveness for a subjective transgressive experience requires reflection and perspective-taking when people blame themselves for circumstances and events over which they had no control, such as physical or sexual assault, cancer, survival of trauma, and suicide of others (Friedman et al., 2010; Griffin et al., 2015; Woodyatt & Wenzel, 2014).

For these reasons, it has been argued that the distress that arises from difficult personal challenges leads to problems such as anxiety and depression, and may benefit from a self-forgiving perspective (e.g., *I blame myself for getting sick, and I hate having these thoughts*) (Bassett et al., 2016; Bassett et al., 2011; McHugh & Stewart, 2012; Wilson et al., 2001). Those who blame themselves or develop ‘false accountabilities’ may become enmeshed in a pattern of constrained thoughts, emotions, and behaviours, which can compound the feeling of distress (Brown, 2006; Luciano et al., 2012; Wilson et al., 2001; Zettle et al., 2009). In effect, focusing on the source of the distress can lead to greater suffering (Hayes et al., 1999; Stewart et al., 2012). ACT with Self-forgiveness is instead predicated on the assumption that when we adopt more flexible responses and interpretations to misfortunes, such as by adopting a more value-guided approach (refer Table 1), people are much more likely to cope effectively (Luoma & Platt, 2015; Wilson et al., 2001; Woodyatt & Wenzel, 2013b; Zettle et al., 2009).

Therapies based on perspective-taking on behaviour in context, place a greater focus on how the mind responds to the automatic linking of thoughts, emotions and physical sensations (McHugh & Stewart, 2012). ACT provides a means to examine the frames of reference that form between combinations of external circumstance and internal experience (Barnes-Holmes et al., 2001d; McHugh & Stewart, 2012). In addition, perspective taking on behaviour in context has a focus on language, which helps people to observe the automatic experience of thinking and other internal events (Hayes et al., 2001c).

For example, providing an instruction to a person with an unpleasant experience, such as “*just don’t think about it! Get over it!*”, leads to a paradox (Hayes et al., 2001c). The effort to suppress the thought (about ‘it’) causes us to direct our thinking towards that event (about ‘it’)

(Hayes et al., 2001c). More simply, the instruction, “*don't think about X!*”, causes us to think immediately about X! (Polk & Schoendorff, 2014). When an experience (X) is traumatising, shaming or stigmatising, the ineffective suppression of the event will cause greater distress by oneself to oneself (Brown, Evans, Miller, Burgess, & Mueller, 1997; Foody et al., 2012; Luciano et al., 2012; Luoma & Platt, 2015; Stewart et al., 2012).

Acceptance and Commitment Therapy based approaches are therapeutically beneficial in that they are designed to allow people to accept difficult events by positioning them within a broader flow of life experience (e.g., a phase in life) (Gordon et al., 2017; McHugh & Stewart, 2012; McHugh et al., 2012). Workable perspective taking then allows them to direct more attentional resources to outcomes that enable flexible life responses (Barnes-Holmes et al., 2001a; Stewart et al., 2012). People are encouraged to be more curious and open in their interpretation of events and, in particular, to reflect upon how the events should be interpreted within the context of what the person most values. For example, ACT therapy suggests that when a person blames themselves and is ashamed for being assaulted, rather than disputing this blame and shame, a values-based response may create a perspective that assists them to reflect on their values and a language of self-protection, safety, and respect (Gordon et al., 2017; McHugh & Stewart, 2012; McHugh et al., 2012).

Perspectives that reference values systems may foster self-compassionate responses towards the self as a victim, and build responses that ensure safety in the future (e.g., contact with friends, use of campus security, self-defence lessons) (Luoma et al., 2007; Luoma & Platt, 2015; Villatte & Villatte, 2013). Such experiential and behavioural learning helps develop rules,

which inform behaviour that works, and further develops value-systems (Luciano et al., 2012; Luoma et al., 2007; Luoma & Platt, 2015; Stewart et al., 2012; Villatte & Villatte, 2013).

On the whole, research into the potential benefits of self-forgiveness approaches for intrapersonal offence remains under-developed. However, initial exploratory studies of self-forgiveness, including individual case studies and evaluations of practitioner use of clinical RFT and ACT, indicate self-forgiveness is associated with increased health benefits in individuals with distress (Dewar et al., 2017d, 2017e, 2017f, 2017g).

Further exploratory studies focussing on delivering group therapy interventions highlight that there are decreases in distress and anxiety to those who have sought forgiveness and forgiven themselves for transgression against others (Griffin et al., 2015). Griffin and colleagues tested the efficacy of an intervention where individuals who committed an interpersonal offence were required to undertake a six-hour program through a self-directed workbook (Griffin et al., 2015). Treatment effects were highest for those who engaged the most, those who commenced with lower levels of dispositional self-forgiveness, and those with high transgression severity (Griffin et al., 2015). Although studies are focusing on self-compassion and ACT exist, little research has examined therapeutic interventions that utilise both a secular, principles-based approach and ACT, to facilitate self-forgiveness (Martyn, 2016; Snider, 2015).

The Present Study

In this study we explore how ACT with self-forgiveness provides individuals with a therapeutic behavioural framework for using values and self-compassion to undertake

reconciliatory, reparative, and restorative action towards themselves to redress past behaviours that have not accorded with their values (Harris, 2009; Luoma et al., 2007; Luoma & Platt, 2015; Törneke, 2009; Villatte & Villatte, 2013). Values-based work provides a virtuous reinforcement of movement towards a person's preferred life outcomes (Cornish & Wade, 2015; Wenzel et al., 2012; Woodyatt & Wenzel, 2013a, 2014).

This study was designed to assess the novel therapeutic application of a principles-based approach to self-forgiveness using ACT/RFT to treat anxiety and depression. A sample of convenience was drawn from individuals from the general population referred to a private psychological practice from independent general medical practitioners. The study examined the process of self-forgiveness in individuals where there was no apparent transgression against another but rather, a perception that they had transgressed against themselves (Friedman et al., 2010; Woodyatt & Wenzel, 2014). The study compares the use of ACT with self-forgiveness, versus ACT alone, for clients suffering from anxiety and depression.

Seven principles facilitate were developed to encourage behavioural strategies that underpin ACT with self-forgiveness (Table 1). These principles draw on the work of Hayes and others, Griffin, Worthington, Cornish, Wade, Wenzel and Worthington (Cornish & Wade, 2015; Griffin et al., 2015; Hayes et al., 2001b; Wenzel et al., 2012; Woodyatt & Wenzel, 2014; Worthington, 2001). Each of these principles was designed to address intrapersonal transgression at appropriate junctures in therapy: identification of transgressions, taking perspective, establishing values and pathways, getting unstuck, granting self-forgiveness, action plan,

commitment to ongoing self-forgiveness (Cornish & Wade, 2015; Dewar et al., 2017b; Griffin et al., 2015; Woodyatt & Wenzel, 2014; Worthington, 2013).

Based on pre-treatment, post-treatment and 6-week follow-up measures, it was hypothesised that (1) at post-treatment the application of principles promoting ACT with self-forgiveness would demonstrate increased improvements on measures of mental distress, anxiety and depression and self-forgiveness above that achieved by the use of ACT alone. Further, we hypothesised (2) that the promotion of principles of ACT with self-forgiveness would increase participants' confirmation of, reference to, and implementation of their values in comparison to ACT alone.

Method

This study used a between-subjects experimental design with measurement at pre-treatment, post-treatment and 6-week follow-up. The protocol for this design was approved by the University of Adelaide Human Research Ethics Committee (Project Number H-2013-020). Participants were recruited by a convenience sample from an intake of clients at a psychological practice that was drawing referrals from medical practices in the southern suburbs of Adelaide, South Australia.

Sample

The sample consisted of 126 participants (74 women; age range = 18-80 years, mean age = 46.25, $SD = 16.86$) who presented with a principal clinical diagnosis of anxiety and/or depression provided by their general practitioner (anxiety $n = 73$, depression $n = 53$). Many had multiple comorbidities, including both anxiety and depression, chronic pain and chronic disease; however, analysis of the effect of the treatment for individual diagnoses was not undertaken as the respective numbers were not enough to produce a statistically significant analysis with appropriate levels of significance or power.

Procedure

Participants completed a series of measures before treatment, at the completion of treatment, and at six-weeks follow-up. Clients were randomly allocated alternately to one of either of the treatment conditions: (1) ACT alone, or (2) ACT with self-forgiveness. The self-forgiveness principles were introduced to clients during their initial history taking and during the appraisal of their therapeutic needs. A registered health psychologist, with current national

accreditation, conducted the treatment and measures. The psychologist had extensive experience in the practice of ACT and the application of self-forgiveness. Participants attended between three and 14 sessions of therapy with 85% attending seven or more sessions (attendance $M = 9.39$, $SD = 2.73$). The sessions were supplemented with references to YouTube explanations of ACT and written information. Data was collected in session prior to treatment commencement, at the last session of treatment and at a follow-up interview, at each of which data were checked for completeness.

Insert Table 1 Here

The ACT of Self-Forgiveness - Seven Principles

A summary of the self-forgiveness intervention principles is outlined in Table 1.

Table 1

The ACT of Self Forgiveness - Seven Principles

Step	Content
1. Identification of transgression	Developing a clear identification of the transgression and its context and subsequent burdens – how did we act in a way that was not consistent with our values, how do we now respond and take responsibility. To what extent do we experience shame, guilt, self-blame, remorse? Identify common actions in response to getting in contact with this offence – avoidance, withdrawal, unworkable action.
2. Taking perspective	Perspective taking exercises Mindfulness, Awareness, Development of Compassionate presence. Developing Openness, Presence, Acceptance and Lightness in response to our experience
3. Values and pathways	Values Inventory Identifying to what extent the transgression contravened our values Understanding the process of contact with painful experiences and the need for a values-based perspective and response Understanding the context of the transgression
4. Getting unstuck	Utilising ACT to get unstuck Understanding and addressing Shame, Guilt, Regret, Remorse Revisit Perspective taking Get in touch with here and now Identify how painful experiences can be used to highlight and clarify values Identify pathways of Acceptance and Willingness in taking responsibility Determine how to become more open to experiences Identify pathways for values-based action
5. Granting self-forgiveness	Mindful approaches to acceptance of self-forgiveness How would you take a perspective that helps normalise the transgression and its effects? Development of Compassionate presence, Self-acceptance and Self-respect – how would you treat your best friend and wounded stranger? How would you respond to the child within how would the child respond to you? Identify how you would coach yourself to respond differently if the situation reoccurred Identify alternate pathways Identify targets for restoration, repair, and renewal
6. Action plan	Identifying Values based pathways for Self-forgiveness Development of Choice points for future situations which involve: Same contexts or repeated private events Establish alternate pathways - taking workable action Develop SMART goals for values-based action toward restoration, reparation and renewal
7 Commitment to self-forgiveness	Make a commitment to bring it all together for continued process of renewal and relapse prevention.

The ACT of Self Forgiveness intervention aimed to facilitate engagement with the principles of self-forgiveness and to encourage behavioural change in the presence of experiences of intrapersonal transgression and resulting self-condemnation involving shame, guilt, self-blame, regret and remorse. These skills were to be practised daily with a focus on the person's values; in particular, the adoption of open, interested and curious stances towards a person's transgression towards themselves (Snider, 2015; Wenzel et al., 2012; Woodyatt & Wenzel, 2014). This intervention practised suspension of harsh and critical judgement. People could then take perspectives that provided space for mindful awareness and development of compassionate presence toward their transgression (Harris, 2006; Luoma et al., 2007; Luoma & Platt, 2015; Strelan, Acton, & Patrick, 2009).

Values were then identified as a means by which to define the contravention in its context and to develop pathways in life in response to that contravention (Hall & Fincham, 2005, 2008; Harris, 2006; Snider, 2015). The preparedness for and acceptance of self-forgiveness was developed through exercises that built self-compassion, self-acceptance and self-respect. Activities included perspective taking between friends, assisting someone who was hurt, or being supportive toward a child (Harris, 2006; Luoma et al., 2007; Luoma & Platt, 2015). In this context of self-forgiveness, clients undertook work to develop targets for restoration, repair and renewal (Dillon, 2001; Holmgren, 1998; Wenzel et al., 2012).

As well as self-forgiveness techniques and ACT practised within therapy, psychological education was provided with regards to the aetiology of anxiety and depression. Education included biological, sociological and psychological factors of depression. The clients were

assisted in educating themselves with regards to trigger points for these experiences of arising from their history and current life experience. Clients were encouraged to identify their priority areas for treatment stemming from important life setbacks associated with their experience of anxiety or depression. Clients were invited to engage in regular practice of meditation and processes of journaling their experiences.

Participants were then asked to develop action plans based on their pathways for self-forgiveness (Ciarrochi, Harris, & Bailey, 2014; Villatte & Villatte, 2013). They then developed choice points about future situations and behavioural goals based on their values (Ciarrochi et al., 2014; Villatte & Villatte, 2013). Clients were asked then to make a commitment to continue these self-forgiving behaviours to assist with relapse prevention (Batten, 2011; Bennett, 2015; Harris, 2009).

All sessions were subject to practice supervision as part of a peer supervision arrangement with an independent clinical psychologist. Further, participant progress was reported to their referring medical practitioner as part of informed consent a requirement of their initial referral for service.

ACT Treatment

The ACT intervention was used as a way for clients to detach themselves from experiences of shame, guilt, self-blame, regret and remorse (Harris, 2006; Luoma et al., 2007; Luoma & Platt, 2015; Strelan et al., 2009). The clients involved in the routine application of

ACT received care in line with ACT protocols illustrated by Russ Harris in ACT Made Simple (Harris, 2009).

ACT treatment is a flexible therapeutic approach which enables those seeking psychological support may be provided with an understanding how the context of our life affects our behaviour (Harris, 2009). Elements include: ACT basics and the Hexaflex; Values Based Living; Cognitive Defusion; Acceptance/Willingness; the Present Moment; Reflection on Values; The Self as Observer/Context; Committed Action; Smart Goals; Relational Frame Theory; and, Automatic Frames of Reference (Harris, 2009).

Using the person's own life history an understanding in developed on how we struggle with life (Harris, 2009). This history is used to learn simple ways to defuse the power of this struggle (Harris, 2009). The person is encouraged to focus on what matters right now by learning to take useful perspectives (Harris, 2009). These perspectives are informed by the person identifying their values (Harris, 2009). The person is encouraged both in and between session to take action which is informed by their values. This action includes nurturing the self through self-acceptance and self-compassion. Simple tools are discussed that include noticing current experience, unhooking from struggle with and creating the space to consider flexible approaches to life. (The ACT Matrix) (Harris, 2009; Schoendorff, 2014).

Daily exercises included meditative practice to develop present moment awareness, exercises and acceptance and willingness in the context of taking responsibility in the area identified transgression and exercises in becoming open to an experience of change in that context (Batten, 2011; Bennett, 2015; Harris, 2009). Practical engagement with techniques of

reflection, meditations and exercises using the ACT Matrix were encouraged (Harris, 2009; Schoendorff, 2014).

All sessions were subject to practice supervision as part of a peer supervision arrangement with an independent clinical psychologist. Further, participant progress was reported to their referring medical practitioner as part of informed consent a requirement of their initial referral for service.

Insert Table 2 here

Table 2

ACT Presentation, Summary, Agenda and Exercises

ACT Presentation Summary	
Agenda	
Understanding how the context of our life affects our behaviour	
Understanding how we struggle with life and learning simple ways to defuse the explosive power of this struggle	
Learning how to focus on what matters right now	
Learning to take useful perspectives	
Identifying your values and taking action, which is informed by your values	
Nurturing yourself- through self-acceptance and self-compassion	
Using simple tools for noticing where you are at	
Unhooking yourself from things that your struggle with and creating the space for flexible approaches to life	
ACT Exercises	
ACT basics	The Hexaflex
Relational Frame Theory	Automatic Frames of Reference
Values Based Living	Reflection on Values
Cognitive Defusion	Practicing Key Techniques
Acceptance/Willingness	Reflection, discussion, exercises
The Present Moment	Meditations and Exercises
The Self as Observer/Context	What is the real you
Committed Action	Smart Goals
ACT Matrix	Explanation, Exercise
Takeaways for Practice	
Resources	
www.actmindfully.com.au	
http://contextualpsychology.org	
http://www.newharbinger.com/bookstore	

Measures

The following measures were completed at all three measurement points in the study, Pre-Treatment, Post-Treatment and at Six Week Follow up.

The Kessler Psychological Distress Scale (K10 or Kessler 10). The K10 is used as a comparison of pre and post-treatment scores as well as a measure of treatment progress across the Australian population in both clinical and non-clinical contexts (Andrews & Slade, 2001). The K10 provides a dimensional scale, over the previous 30 days, of non-specific psychological distress (Kessler et al., 2003). This study confirmed an alpha reliability obtained by Kessler and others of $\alpha = .88$ (Kessler et al., 2003). It uses a dimensional Likert scale of 1-5 with 1 (*none of the time*) to 5 (*all of the time*) (Kessler et al., 2003).

The 10 items indicate the likelihood of a mental disorder. A cut-off score of 19 results in a sensitivity of 71% and a specificity of 90% (Andrews & Slade, 2001). K10 scores indicate the likelihood of having a mental disorder with Scores of 10 – 19, indicating a person is likely to be well. Scores of 20 – 24 indicate a person is likely to have a mild disorder. Scores from 25 - 29 indicate a moderate mental disorder. Scores from 30 - 50 indicate the likelihood of a severe mental disorder (Andrews & Slade, 2001).

Depression Anxiety and Stress Scale 21 (DASS-21). The DASS-21 measures depression, anxiety, and stress. It provides insight into stress, independently of negative affect through a dimensional scale that reflects experiences over that last week (Antony, Bieling, Cox, Enns, & Swinson, 1998). These are commonly used by psychologists and a means of both

history taking, progress measurement and feedback to both clients and a referring professional.

This study confirmed an alpha reliability of $\alpha = .84$. The Likert Scale Measures consisted of 4 items 0 - 3. (0 = *did not apply to me at all.*, 3 = *applied to me very much or most of the time*).

Cut off scores are as follows. A normal score for Depression is less than 9; Anxiety is less than 7; and Stress is less than 14. Mild scores for Depression are 10-13; Anxiety 8-9; Stress 15-18.

Moderate scores for Depression are 14-20; Anxiety: 10-14; Stress 19-25. Severe scores for Depression are 21-27; Anxiety 15-19; Stress 26-33. Extremely Severe scores for Depression are 28 +; Anxiety: 20+; Stress: 34+.

The Self-Forgiveness Self Report (SFSR) is a scale that refers to a self-identified intrapersonal transgression and subsequent self-reported levels of distress, focus and trust in the respondent (Woodyatt & Wenzel, 2014). The questions reference an incident in which the participants engaged in behaviour (including self-directed thoughts) that transgressed their values.

The items are: (1) My thoughts (including words and images) often focus on this incident; (2) When my thoughts focus on this incident I become distressed; (3) When my thoughts focus on this incident I trust myself to not repeat what I did. This 3-item questionnaire is based on Subjective Units of Distress scales using a Likert scale of 1-10 (1 = least distress and 10 = maximum distress) (Bennett-Levy et al., 2004). Progress is measured by comparison of reported distress at different points throughout treatment.

The Genuine Self-Forgiveness Scale (GSFS). The GSFS is an 8-item questionnaire with a 7-point Likert scale developed by Wenzel, Woodyatt, and Hedrick (2012). (1 = *I do not agree at all*; 7 = *I totally agree*). An example of a question included, “I feel like a bad person... I have forgiven myself...” The scale focuses on action-oriented aspects of self-forgiveness. This study confirmed the reported findings by Wenzel and colleagues that the scale had good internal consistency ($\alpha = .87$). Negative items are reverse scored, and a total is derived from the sum of the scores. Higher scores in the Genuine Self-Forgiveness scale indicate higher levels on self-forgiveness.

The Self Forgiveness Scale for a Specific Offence (SFSOS). The SFSOS is self-report regarding a specific offence and records how the respondent thinks or feels about themselves in response to a specific offence. The measure is used to self-monitor progress in the area of self-forgiveness (Worthington, Griffin, & Lavelock, 2014). It provides for 12 items reported on a scale of 1-6 in 6 dichotomous dyadic questions (e.g., I give myself permission to make mistakes v I do not accept myself when I know I’ve done wrong). (*1- very unlike me and 6 = very like me, clients could report N/A*).

The SFSOS has been revised. This study revealed an unacceptable consistency for this version of the scale $\alpha = .44$. The state of self-forgiveness by the individual is indicated by the following scores. Scores of 12-24 pts: You have not forgiven yourself for the offence. 25-50 pts: You have somewhat forgiven yourself for the offence 50-60 pts: You have mostly forgiven yourself for the offence. Negative items were reverse scored. Higher scores indicated higher levels of self-forgiveness.

The Acceptance and Action Questionnaire (AAQ-II). The AAQII is a 7-item questionnaire which measures responses with a 1-7 Likert Scale. (*1 = Never True and 7 = always true*). Questions include *I'm afraid of my feelings and Emotions cause problems in my life*. The AAQ II is used to measure the experience of acceptance, experiential avoidance, and psychological inflexibility (Bond et al., 2011). The structure and validity of the instrument have been tested yielding a mean alpha coefficient of $\alpha = .84$ and test-retest reliability $\alpha = .79$ at six months (Bond et al., 2011). This study yielded an alpha $\alpha = .81$. The AAQ-II also demonstrates appropriate discriminant validity. (Bond et al., 2011). Scores are summed to assess progress. High scores indicate a lower capacity for both acceptance and ability to take flexible action in the context of increases in distress (Bond et al., 2011).

Cognitive Fusion Questionnaire (CFQ). The CFQ is a 7-item measure that utilises a 7-point Likert scale to assess a person's capacity to create psychological distance between themselves and their thoughts, beliefs, and memories, ranging from 1 (*never true*) to 7 (*always true*) (Gillanders et al., 2014). An example question is, "I struggle with my thoughts." The instrument has been found to have a stable factor structure with reliability, discriminant validity, and sensitivity to treatment effects (Gillanders et al., 2014). The CFQ has good internal consistency with this study confirming an $\alpha = .89$. Scores are totalled, and higher scores indicate greater levels of cognitive fusion and associated distress (Gillanders et al., 2014).

Valuing Questionnaire (VQ). The VQ seeks to provide an indicator of the way in which people are engaging in living that reflects their values (*Smout, Davies, Burns, & Christie, 2014*).

The VQ has been tested for face validity and concurrent validity. The Confirmatory Factor analysis revealed a two-factor scale for progress toward values and obstruction of values (*Smout et al., 2014*). Tests of internal consistency, in this study, revealed $\alpha = .87$ for Progress $r = .57$ and $\alpha = .87$ for Obstruction $r = .58$ (*Smout et al., 2014*). The VQ has ten items with five items for each factor. Each is measured on a seven-point scale 0-6. (*Zero = not at all true and six = completely true*). Higher scores for obstruction indicate a problematic experience of values whereas higher scores for progress indicate workable contact with values.

Results

Statistical Approach

A two-way repeated measures ANOVA (RMANOVA) was conducted to assess the impact of two different interventions (ACT alone; ACT with self-forgiveness) on participants' scores across a range of measures, at three different time points: pre-treatment, post-treatment, and at 6-weeks follow-up. Any significant interactions were further investigated using simple effects analyses. An analysis of effect sizes for each group undertaken.

Further, a univariate ANOVA was conducted to further analyse the comparative scores between groups for ACT and ACT with self-forgiveness at six-week follow up. Then an analysis using paired sample T Tests provided a comparison of scores over time between pre- and post-treatment, post-treatment and the 6-week follow-up, and pre-treatment to six-week follow up.

Outcome Measures

A summary of the descriptive statistics are presented in Table 3, and inferential statistics are presented in Tables 4, 5 and 6. The results indicated that clients in both the ACT with self-forgiveness intervention and ACT alone treatment experienced significant benefits from treatment in each of the areas measured: Depression Anxiety and Stress Scale 21 (DASS 21); Kessler Psychological Distress Scale (K10 or Kessler 10); Self-Report of Focus Distress and Trust; Genuine Self-Forgiveness Scale (GSFS); Self-Forgiveness Scale for a Specific Offense (SFSOS); Acceptance and Action Questionnaire (AAQ-II); Cognitive Fusion Questionnaire (CFQ 7); Valuing Questionnaire Progress and Obstruction (VQProg, VQ Obst).

Insert table 3 here

Table 3

Means and Standard Deviation of ACT and ACT with Self-Forgiveness at pre and post treatment and six-week follow-up

	ACT <i>n</i> = 60			ACT with Self Forgiveness <i>n</i> = 66		
	Pre-Treatment	Post Treatment	Six-Weeks Follow-up	Pre-Treatment	Post Treatment	Six-Weeks Follow-up
	M (SD)	M (SD)	M (SD)	M (SD)	M (SD)	M (SD)
K10	31.72 (10.82)	16.08 (1.93)	15.15 (2.59)	31.83 (9.87)	13.36 (2.86)	12.42 (1.87)
DASS 21	40.72 (10.57)	12.42 (2.99)	8.05 (2.73)	43.18 (9.56)	7.11 (2.57)	6.52 (2.43)
Focus	8.03 (1.61)	4.22 (0.42)	2.03 (0.66)	8.33 (1.53)	2.53 (1.27)	1.58 (0.79)
Distress	7.83 (1.55)	2.93 (0.73)	2.20 (0.78)	8.58 (1.61)	2.14 (0.96)	1.77 (0.89)
Trust	2.07 (1.55)	7.05 (0.75)	7.68 (0.77)	1.74 (0.79)	7.73 (0.78)	8.65 (0.92)
GSFS	17.85 (9.48)	48.31 (1.44)	45.88 (1.31)	19.35 (10.10)	50.12 (1.42)	52.23 (1.73)
SFSSO	33.93 (2.86)	38.40 (1.22)	38.60 (1.48)	33.70 (2.76)	39.18 (1.75)	40.02 (2.11)
AAQ	39.47 (5.48)	22.22 (5.08)	23.67 (5.45)	39.21 (5.63)	20.58 (4.79)	17.41 (3.49)
CFQ	40.68 (6.08)	24.62 (2.02)	20.72 (6.06)	40.00 (6.70)	22.15 (5.65)	15.73 (3.58)
VQ Prog	6.32 (3.05)	21.70 (2.43)	23.83 (2.26)	7.24 (3.22)	23.48 (2.50)	24.55 (2.11)
VQ Obstr	25.20 (3.86)	9.30 (2.96)	12.25 (2.90)	24.41 (3.86)	9.56 (3.74)	7.09 (2.90)

Depression Anxiety and Stress Scale 21 (DASS 21), Kessler Psychological Distress Scale (K10 or Kessler 10). Self-Report of Focus Distress and Trust, Genuine Self-Forgiveness Scale (GSFS), Self-Forgiveness Scale for a Specific Offense (SFSSO), Acceptance and Action Questionnaire (AAQ-II), Cognitive Fusion Questionnaire (CFQ 7), Valuing Questionnaire (VQ). Acceptance and Action Questionnaire (AAQ-II). Cognitive Fusion Questionnaire (CFQ 7), Valuing questionnaire (VQ).

The RMANOVA tested main effects of treatment and interactions. The two groups ACT alone and ACT with Self Forgiveness revealed no significant statistical differences at pre-treatment. The RMANOVA showed significant main effects of time, with post-hoc comparisons confirming that both groups had experienced significant statistical and clinical improvements across measures from pre- to post-test, and from pre-treatment to six-weeks follow-up. Apart from the measures Genuine Self Forgiveness and Values obstruction for ACT alone participants, improvement occurred for both groups at both Post Treatment and at Six weeks follow-up.

However, overall, outcomes for participants in the ACT with Self Forgiveness treatment were associated with increased benefits over the ACT alone condition.

Insert Table 4 Here

Table 4

Repeated Measures ANOVA Main Effects for treatment between Pre-treatment and Six-week follow-up. Interactions for ACT and ACT with Self Forgiveness, comparing post-treatment and six-week follow-up

	<i>Main Effects for Time of Treatment Post treatment and Six weeks follow-up</i>			<i>Interaction - Time of Treatment Post treatment and Six weeks follow-up ACT and ACTSF</i>		
	<i>F (1,124)</i>	<i>p</i>	<i>η²</i>	<i>F (1,124)</i>	<i>p</i>	<i>η²</i>
K10	12.85	.000	.09			
DASS 21	91.06	.000	.42	52.82	.000	.30
Focus	384.12	.000	.76	58.93	.000	.32
Distress	43.83	.000	.26	4.98	.03	.04
Trust	82.53	.000	.40			
GSFS	.92	.34	.01	187.79	.000	.60
SFSSO	8.27	.005	.06			
AAQ	2.95	.09	.02	21.31	.000	.15
CFQ	134.11	.000	.52	8.02	.005	.06
VQ Prog	56.74	.000	.31	6.40	.01	.05
VQ Obst	.54	.46	.00	68.09	.000	.35

ACT n = 60, Act with Self Forgiveness ACT n = 66

Depression Anxiety and Stress Scale 21 (DASS 21), Kessler Psychological Distress Scale (K10 or Kessler 10). Self-Report of Focus Distress and Trust, Genuine Self-Forgiveness Scale (GSFS), Self-Forgiveness Scale for a Specific Offense (SFSOS), Acceptance and Action Questionnaire (AAQ-II), Cognitive Fusion Questionnaire (CFQ 7), Valuing Questionnaire (VQ).

Main Effects

Main effects for treatment indicated that at six-week follow-up the measures of treatment benefit continued to increase significantly, in comparison to post-treatment for the following areas: K10 (Psychological Distress), DASS21, Distress, focus on an incident, Self-forgiveness when focussed on a specific incident, decreased Cognitive Fusion, and Valuing Progress.

Interaction Effects

Significant interaction effects were found for ACT with Self-Forgiveness at six-week follow-up when comparing scores with post-treatment for measures of DASS21, Focus on an incident, Genuine Self-Forgiveness, AAQII, CFQ and decreases in Values Obstruction. Contrasts indicated that there was reversal in scores for Genuine Self-forgiveness (a slight decrease) and Values Obstruction (a slight increase) for ACT alone at six-weeks follow-up. Overall analysis showed that differences between the two treatment groups grew became less at six-weeks follow-up in comparison to post-treatment. However, the treatment participants for ACT with Self-forgiveness still reported overall increases in benefits from treatment in comparison the ACT alone at six-week follow up.

The comparative increased benefits at six weeks of ACT with Self Forgiveness over ACT treatment in comparison to post-treatment were further analysed through a univariate ANOVA. For the measures of K10 (Mental Distress), Trust, Genuine Self Forgiveness, Acceptance and Action, Cognitive Fusion and Valuing (obstruction) large effect sizes were found for the treatment ACT with Self-forgiveness in comparison to ACT alone. Medium Effect sizes were also found for Focus on Distressing incidents, reported Distress, Depression Anxiety and Stress, and Self Forgiveness for a Specific offence for the treatment ACT with Self Forgiveness in comparison to ACT alone. No Significant difference was found between the two treatments for values progress at six-week follow up.

Insert Table 5 here

Table 5

ANOVA for ACT and ACT with Self Forgiveness Subjects at six-week follow-up
Difference of Means and Comparison of Effects ACT alone and ACT with Self Forgiveness

	ACT in comparison to ACT with Self Forgiveness					
	Difference between Means at Six-Weeks Follow-up			<i>Effects of Treatment Type Six Week Follow-up</i>		
	M Diff	SE	CI 95%	<i>F</i> (1,124)	<i>p</i>	η^2
K10	-2.73	.40	[-3.52, -1.94]	46.58	.000	.27
DASS 21	-1.54	.46	[-2.45, -0.63]	11.51	.001	.08
Focus	-0.45	.15	[-0.72, -0.20]	12.53	.001	.09
Distress	-0.43	.15	[-0.72, -0.13]	8.16	.005	.06
Trust	0.97	.15	[0.67, 1.27]	40.60	.000	.25
GSFS	6.35	.28	[5.80, 6.89]	525.28	.000	.81
SFSSO	1.42	.33	[.077, 2.06]	18.70	.000	.13
AAQ	-6.26	.80	[-7.84, -4.68]	61.65	.000	.33
CFQ	-4.99	.88	[-6.73, -3.25]	32.33	.000	.21
VQ Prog	0.71	.39	[-.058, 1.48]	3.35	.07	.44
VQ Obst	-5.16	.49	[6.12, 4. 20,]	112.91	.000	.47

Alpha= .05

Depression Anxiety and Stress Scale 21 (DASS 21), Kessler Psychological Distress Scale (K10 or Kessler 10). Self-Report of Focus Distress and Trust, Genuine Self-Forgiveness Scale (GSFS), Self-Forgiveness Scale for a Specific Offense (SFSOS), Acceptance and Action Questionnaire (AAQ-II), Cognitive Fusion Questionnaire (CFQ 7), Valuing Questionnaire (VQ).

To obtain further clarity *t*-tests were conducted. Table 6, provides effect sizes, that indicate a magnitude of the effects that was generally larger for the ACT and self-forgiveness group. In other words, outcomes for participants both at post-treatment and six-week follow up the ACT with self-forgiveness condition were associated with increased benefits over the ACT alone condition. Further inspection of the pre-treatment and six-weeks follow-up comparisons in Table 6, show that there was a tendency for more consistent improvements from pre-treatment to six-week follow-up in the ACT with self-forgiveness group than the ACT alone group. However,

a larger effect was found for ACT by itself for improvement in the measure of Focus on the incident at the six-week follow-up

Insert Table 6 Here

Table 6

T-tests and effect sizes comparing scores ACT and ACT with Self Forgiveness at pre and post-treatment; post-treatment and six-weeks follow up; and pre-treatment and six-weeks follow up

	T-Tests (Cohen's d Effect size)					
	ACT	ACT SF	ACT	ACT SF	ACT	ACT SF
	df = 59	df = 65	df = 59	df = 65	df = 59	df = 65
	<i>Pre - Post</i>		<i>Post - 6 wks.</i>		<i>Pre - 6wks.</i>	
K10	10.92** (-2.45)	22.16** (-3.45)	1.90 (-0.41)	4.25** (-0.40)	11.65** (-2.47) ++	21.97** (-3.98) ++
DASS 21	19.35** (-4.17)	36.29** (-5.96)	8.21** (-1.52)	5.48** (-0.24)	22.69** (-4.91) ++	36.81** (-6.11) ++
Focus	17.79** (-3.77)	64.77** (-4.14)	25.01** (-4.06)	7.32** (-0.93)	25.50** (-5.29) ++	39.41** (-3.98) ++
Distress	21.41** (-4.29)	40.54** (-5.02)	5.55** (-0.97)	3.54** (-0.40)	31.40** (-4.83) ++	34.33** (-5.45) ++
Trust	-29.80** (5.86)	-175.57** (7.65)	-4.64** (0.83)	-8.68** (1.09)	-29.52** (6.51) ++	-60.77** (8.08) ++
GSFS	-16.26** (3.77)	-25.25** (5.34)	9.59** (-1.76)	-9.75** (1.34)	-14.56** (3.38) ++	-27.78** (5.56) ++
SFSSO	-12.11** (2.22)	-14.20** (2.43)	-1.65 (0.13)	-2.62 (0.44)	-12.56** (2.17) ++	-15.77** (2.60) ++
AAQ	13.08** (-2.65)	32.99** (-3.58)	-1.50 (0.28)	8.45** (-0.77)	12.16** (-2.34) ++	34.75** (-4.79) ++
CFQ	4.63** (-1.03)	21.96** (-2.89)	5.17** (-0.96)	12.79** (-1.39)	6.34** (-1.23) ++	28.20** (-4.72) ++
VQ Prog	-31.17** (5.61)	-75.20** (5.68)	-5.21** (0.91)	-6.70** (0.47)	-32.71** (6.59) ++	-60.58** (6.50) ++
VQ Obstr	22.62** (-4.28)	63.51** (-3.11)	-5.22** (1.01)	6.88** (-0.79)	21.15** (-3.51) ++	41.80** (-5.41) ++

**Sig two tailed, $p = .0001$, ++ show improvements in mental health

Depression Anxiety and Stress Scale 21 (DASS 21), Kessler Psychological Distress Scale (K10 or Kessler 10). Self-Report of Focus Distress and Trust, Genuine Self-Forgiveness Scale (GSFS), Self-Forgiveness Scale for a Specific Offense (SFSOS), Acceptance and Action Questionnaire (AAQ-II), Cognitive Fusion Questionnaire (CFQ 7), Valuing Questionnaire (VQ).

As hypothesised the results indicate overall ACT which focusses on Self Forgiveness provides useful increases in measures of mental health and self-forgiveness by comparison to ACT alone and further Self-forgiveness is associated with less obstruction in the application of values than ACT alone.

Discussion

This study examined the comparative effects of two treatment conditions, ACT with self-forgiveness and ACT alone, in assisting clients with either anxiety or depression as a primary diagnosis. The results confirmed our hypothesis that self-forgiveness delivered in conjunction with ACT would be associated with greater improvements on measures of mental distress, anxiety, depression, and genuine self-forgiveness, than through the use of ACT alone (Peterson et al., 2017; Scherer et al., 2011; Smith, 2016; Snider, 2015). Notably, our second hypothesis was confirmed as the treatment ACT with self-forgiveness was associated with a larger effect size in participants' being less obstructed in the implementation of their values in comparison to ACT alone (Wenzel et al., 2012; Woodyatt & Wenzel, 2013b, 2014). However, both the intervention (ACT with self-forgiveness) and the comparator (ACT alone) significantly improved participants' responses to distress and increased self-forgiveness. (Luoma & Platt, 2015; Wilson et al., 2001; Woodyatt & Wenzel, 2014).

This is the first study to focus solely on a principles-based approach to self-forgiveness in the context of intrapersonal transgression as opposed to transgression against others (Woodyatt & Wenzel, 2014). In contextual behavioural psychology, the criterion for effectiveness of a therapy is how well it allows a person to respond their life challenges with reference to their own values (Luciano et al., 2012; McHugh et al., 2012; Stewart et al., 2012). The approach adopted in this study allowed the participants to freely examine the effectiveness and outcomes of self-blame and self-forgiveness in their experience and to take appropriate values-based action in response (Luciano et al., 2012; McHugh et al., 2012; Stewart et al., 2012).

The seven principles offered to participants in the treatment condition ACT with Self-forgiveness underpinned a process of genuine self-forgiveness in accordance with arguments presented by Dillon (2001), Holmgren (1998), Wenzel et al. (2012); Woodyatt and Wenzel (2014). They argue that genuine self-forgiveness relies on people identifying the offences for which they were responsible and hold themselves to blame (Dillon, 2001; Holmgren, 1998; Wenzel et al., 2012; Woodyatt & Wenzel, 2014). Genuine self-forgiveness requires a flexible and compassion approach to self-blame that involves focussing on the behaviours that cause them distress (Dillon, 2001; Holmgren, 1998; Wenzel et al., 2012; Woodyatt & Wenzel, 2014). Workable self-forgiveness requires the rebuilding self-trust through effortful engagement with one's system of preferred values and undertaking restorative behaviours (Dillon, 2001; Holmgren, 1998; Wenzel et al., 2012; Woodyatt & Wenzel, 2014).

Self-forgiveness, when combined with ACT, may provide a means by which individuals can deal with an offence when there is no objective victim other than the person themselves and there is a need to process their own response to transgression against the self (Luoma & Platt, 2015; Woodyatt & Wenzel, 2014). The study findings indicate that self-forgiveness may work together with ACT to increase perspective taking on one's inner life and broader life context, and to create greater flexibility to free oneself from the distress associated with self-directed offence (Hall & Fincham, 2005; Wilson et al., 2001; Woodyatt & Wenzel, 2014). This capacity in the treatment ACT with self-forgiveness, to facilitate both perspective-taking and structured self-reflective work with evidence-based approaches, provides the means with which to respond to the distress associated with transgressions that involve the self (Wilson et al., 2001; Woodyatt & Wenzel, 2013a, 2013b).

Consistent with recent self-forgiveness research, the reported increases in self-trust, as argued for by Woodyatt and Wenzel (2014), are thought to lead to structured inner work to identify and work through a values based response to self-blame outlined in the principles-based approach in this study (Barnes-Holmes et al., 2001a; Harris, 2006). Rather than offering a set formula, a principle-based approach allows participants to examine the context of their experience of cognitive fusion and to open themselves to increased freedom and flexibility in their behaviours (Polk & Schoendorff, 2014; Woodyatt & Wenzel, 2014; Zettle et al., 2009). For example, genuine self-forgiveness can lead to the acceptance of distress and a willingness to take flexible action in response (Polk & Schoendorff, 2014; Woodyatt & Wenzel, 2014; Zettle et al., 2009).

As argued by Woodyatt and Wenzel (2014), genuine self-forgiveness requires both clarity regarding a transgression and active responses that reflect the person's values system (Polk & Schoendorff, 2014; Woodyatt & Wenzel, 2014; Zettle et al., 2009). The principles-based approach used with those that participated in ACT with self-forgiveness, may have facilitated a more focused strengthening of the association between responses with transgression and values-based restoration as compared with ACT alone (Polk & Schoendorff, 2014; Woodyatt & Wenzel, 2013a, 2013b, 2014; Zettle et al., 2009).

These preliminary results indicate a principles-based approach to self-forgiveness may be helpful in a novel way to facilitate flexible responses to a variety of life setbacks for which people may have automatic and rigid responses of self-blame, self-shame, and self-stigmatisation

(Luoma & Platt, 2015; Luskin, 2002; Martyn, 2016; Snider, 2015; Wenzel et al., 2012; Woodyatt & Wenzel, 2014).

ACT/RFT principles assist in the development behaviours that promote genuine self-forgiveness reflective of a values oriented response. For example, where a transgression has caused a permanent and distressing loss, self-forgiveness can facilitate a deep examination of that loss, which provides a greater revelation of the values that inform and underpin that experience of loss (Luoma & Platt, 2015; Luskin, 2002; Martyn, 2016; Snider, 2015; Wenzel et al., 2012; Woodyatt & Wenzel, 2014). Self-forgiveness may then assist the person to withstand overwhelming responses to such an examination and help them develop values-based pathways to restoration (Polk & Schoendorff, 2014; Woodyatt & Wenzel, 2013a, 2013b, 2014; Zettle et al., 2009).

This values-based behavioural approach to restoration of self-directed offence addresses concerns about pseudo or avoidant self-forgiveness (Hall & Fincham, 2005; Woodyatt & Wenzel, 2013a, 2014). By focussing on preferred values and taking genuine restorative work based on those values, the participant can focus both on their actions that led to the transgression and on the open, flexible and intentional means by which to accept themselves as being perfect within their imperfection (Harris, 2006; Luoma & Platt, 2015; Trudgeon, 2016; Wilson et al., 2001).

This acceptance allows the participant to alleviate the psychological burden associated with their transgression and become more able to respond to the current challenges in their life (Harris, 2006; Luoma & Platt, 2015; Trudgeon, 2016; Wilson et al., 2001). Some of these areas

included responding to the distress caused by self-blame and condemnation arising from recovery from disease; rehabilitation from being assaulted; being honest with themselves about relationships; organising finances; gaining, finding or changing employment; and dealing with perfectionism, procrastination and a loss of focus on their preferred future (Harris, 2006; Luoma & Platt, 2015; Wilson et al., 2001).

The intervention allowed participants to access a transcendent approach without necessarily utilising the concept of a higher power: a connection with God and spirituality (Barnes-Holmes et al., 2001c; Enright, 1996; Griffin & Worthington, 2013; Griffin et al., 2015). This approach allowed for increased flexibility in therapy, particularly for participants who had experienced confusion and for those with poor experiences of 12-step programs or organised religion. RFT/ACT instead provides a secular approach to the power of transcendent perspective-taking through the relational frames provided by language (Barnes-Holmes et al., 2001c). For example, this therapy used illustrations of loving families and great friendships, and such functional relationships have a transcending experience of the 'we' or 'us', a phenomenon that is more than the people involved, or a particular snapshot in time (Barnes-Holmes et al., 2001c).

Thus, a principles-based approach answers the problem clients may have with concepts of transcendence when viewed from a religious perspective (Barnes-Holmes et al., 2001c). Those who do not identify with either organised religion or specific spiritual concepts can still therapeutically apply the principles provided by ACT/RFT to engage in transcendent perspective-taking (Barnes-Holmes et al., 2001c).

From a therapeutic perspective, a principles-based approach allowed the exploration of the power of language and a realisation of its effects, and provided participants with the means to respond restoratively to their internal use of language (Wilson et al., 2001; Woodyatt & Wenzel, 2013b, 2014). Participants were free to examine those things which were most pressing and important to them, making room for a variety of responses to events including self-blame and self-forgiveness and then taking action that works (Harris, 2006; Polk & Schoendorff, 2014). This therapy responded to their life requirements rather than moulding them to a manualised approach (Harris, 2006; Polk & Schoendorff, 2014). This contextual approach gave clients the freedom to apply the principles immediately to their life experience with some benefiting from a short three hour therapy session and others from utilising all 14 sessions (Harris, 2006; Polk & Schoendorff, 2014).

Limitations

Although this study compared the additive effects of ACT with self-forgiveness in comparison to ACT alone, and included groups with similar baseline scores and a follow-up period, some conceptual and methodological issues should be noted. First, this study involved an Australian convenience sample who had sought help from a government subsidised psychological treatment plan. It is unclear to what extent these results can be generalised to other populations and whether the inclusion of other therapeutic or multi-disciplinary approaches might further influence the results.

Second, it is not possible to rule out the possibility that some of the changes reported are influenced by cognitive dissonance or demand effects. That is, people asked to devote time and effort to undertaking a therapeutic treatment may be motivated to seek or report improvement so as to justify all the time spent in the programme. It may also be some participants were in a state of recovery so that some would have shown some signs of improvement in the absence of formal interventions.

Thus, a research project which is undertaken by a single researcher may contribute to a reporting bias that is the selective or skewed reporting of information by participant. Further, as a research trial of a psychological intervention the “blinding” of the participants to the nature of the intervention was only limited by allocation of the participants to one of two conditions. Otherwise the participants were aware of and active participants in the nature of their own treatment.

A further limitation, is the possibility of measurement and evaluation bias arising from the treatment and measurement being undertaken by the same person. Finally, in studies of this nature, one must also consider whether the results can be influenced by the particular style and manner of the therapist and whether others working with the same intervention approach would apply the principles the same way and with the same degree of success.

In defence of the study, however, it should be pointed out that some of these factors were constants across the two conditions, so that the findings still provide reasonable evidence of improvements across a range of measures and generally strongly results with the inclusion of the self-forgiveness component.

Conclusions and Future Directions

Self-forgiveness for transgressions against oneself, in the absence of transgression against another, warrants further investigation. Although the present study found encouraging results on the potential benefits of self-forgiveness for intrapersonal offence in therapeutic contexts, it would be important for the results to be replicated in other studies involving new populations of clients. Future studies should also direct greater attention towards individual differences. For example, it may be that self-forgiveness-based approaches are beneficial for the treatment of conditions other than anxiety and depression, and it may also assist people experiencing other personal difficulties including interpersonal and family conflict.

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Chapter 4

A Thematic Analysis of Practitioner Perspectives on the Application of a Self-Forgiveness Intervention Using ACT**Synopsis**

This research was designed to assess the acceptability and utility of a principles-based approach to self-forgiveness therapy for allied health professionals. Psychological education was delivered to groups of allied health professionals to examine whether self-forgiveness can be incorporated into evidence-based therapeutic methods. It describes the findings of a qualitative study, and provides an analysis of the comparative use of ACT alone and the use of self-forgiveness within an ACT framework by allied health professionals. Twenty-four allied health professionals were asked to describe (1) their experience of ACT, (2) their experience of ACT with self-forgiveness, and (3) their consequent therapeutic experience, behaviours, and life outcomes. The chapter summarises the theoretical background to the study, the methodology used, and discusses and summarises the principal themes that emerged. It is intended that this chapter will be submitted to *Journal of Contextual Behavioral Science*, the official journal of the Association for Contextual Behavioral Science.

Statement of Authorship

Title of Paper	A Thematic Analysis of Practitioner Perspectives on the Application of a Self-Forgiveness Intervention Using ACT
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Overall percentage (%)	75%				
Certification:	This paper reports on original research I conducted during the period of my Higher Degree by Research candidature and is not subject to any obligations or contractual agreements with a third party that would constrain its inclusion in this thesis. I am the primary author of this paper.				
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By signing the Statement of Authorship, each author certifies that:

- i. the candidate's stated contribution to the publication is accurate (as detailed above);
- ii. permission is granted for the candidate to include the publication in the thesis; and
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A Thematic Analysis of Practitioner Perspectives on the Application of an intervention: ACT
with Self-Forgiveness

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Abstract

Self-forgiveness is part of a suite of new psychological strategies that promote mental health and can be incorporated into therapeutic methods designed to address the distress that arises from situations involving negative events imputed to others or the self. This paper describes the findings of a qualitative study, an analysis of the comparative use of ACT (Acceptance and Commitment Therapy) alone and the use of self-forgiveness within an ACT framework. Twenty-four allied health professionals were asked to describe (1) their experience of ACT, (2) their experience of ACT with self-forgiveness, and (3) their consequent therapeutic experience, behaviours and life outcomes. The follow-up was performed for 24 respondents, 6-10 weeks after completion of the two programs. Thematic analysis indicated support for the role of self-forgiveness in therapy. The identified strengths of this approach included a more focused use of values to deal with self-blame through constructive behaviours and genuine self-forgiveness of personal and internal offences by adopting more self-compassionate and self-accepting perspectives.

Keywords: Self-Forgiveness, ACT, Values, Victimless Offence, Intrapersonal Transgression

**A Thematic Analysis of Practitioner Perspectives on the Application of an intervention:
ACT with Self-Forgiveness**

The notion that self-forgiveness can be beneficial for an individual's wellbeing and the wellbeing of those around them, is generally recognised in everyday life (Orford, 2001; Smedes, 1984; Svalina & Webb, 2012). However, research has shown that self-forgiveness is a complex construct that has attracted differential definitions and interpretations (Dillon, 2001; Martyn, 2016). As Cornish and Wade (2015) point out, some researchers equate self-forgiveness with motivational changes that are associated with a decrease in self-punitive behaviours (Hall & Fincham, 2005; Hulnick & Hulnick, 2011; Luskin, 2002; Martyn, 2016). Other self-forgiveness research has focused on the reduction of harsh critical self-judgement of failures, mistakes, and inaction (Hall & Fincham, 2005; Hulnick & Hulnick, 2011; Luskin, 2002; Martyn, 2016). Implicit in many of these perspectives is the belief that forgiveness is not required if no hurt or wrong was inflicted upon others (Cornish & Wade, 2015; Flanigan, 1996; Szablowinski, 2012). However, some researchers have questioned this perspective, contending that a person's own internal experience and frame of reference may create shame, guilt, self-blame, remorse, and regret in situations not involving a transgression against others (Bassett et al., 2011; Lander, 2012; Martyn, 2016).

Questions have also been raised as to whether self-forgiveness is a dispositional or state-based construct that can be elicited by appropriate therapeutic interventions (Thompson et al., 2005; Wenzel et al., 2012; Woodyatt & Wenzel, 2013b, 2014). Consequently, there is some division in therapeutic contexts on whether self-forgiveness is a state achieved as an outcome of some action, or whether the disposition of self-forgiveness can facilitate the realisation of self-

forgiveness (Thompson et al., 2005; Wohl et al., 2008). Other researchers such as Enright (1996) and Dillon (2001) have additionally grappled with *pseudo self-forgiveness* a term coined by Hall and Fincham (2005). Individuals engaged in pseudo self-forgiveness may let themselves ‘off the hook’ and may fail to take genuine responsibility to address either an external or internal transgression (Bassett et al., 2011; Hall & Fincham, 2005; Wilson et al., 2001; Woodyatt & Wenzel, 2013a, 2013b). Consequently, pseudo self-forgiveness allows a person to continue engaging in deleterious behaviours such as substance use and destructive procrastination (Webb & Brewer, 2010; Wenzel et al., 2012; Wohl et al., 2010; Wohl & Thompson, 2011).

The following review examines the benefits of self-forgiveness and its potential application in therapeutic settings. The review sets the context for a qualitative study that examined practitioners’ views of utilising ACT with self-forgiveness techniques in their own clinical practice in comparison to using ACT alone.

Therapeutic Benefits of Self-forgiveness

Research has found self-forgiveness is associated with beneficial therapeutic outcomes, including a decrease in anxiety and depression, and an increase in more favourable responses to mood disorders with decreases in depression (Exline et al., 2011; Fisher & Exline, 2006a; Woodyatt & Wenzel, 2014). Self-forgiveness is also associated with increased life satisfaction (Griffin et al., 2015), self-trust and assurance of self-identity (Woodyatt & Wenzel, 2013a, 2013b, 2014) and a greater capacity to respond effectively to traumatic events (Worthington, 2013) and effectively cope with feelings of shame (Fisher & Exline, 2006a; Strelan & Covic, 2006).

Research has also found an association between self-forgiveness and effective support for prevention of suicide in a variety of populations including trauma victims and veterans (Hirsch et al., 2011; Smith, 2016; Snider, 2015). Moreover, Snider (2015) contends that work to highlight and affirm values in the context of accepting responsibility for a transgression is a key to long-term recovery for those experiencing post-traumatic stress disorder, although this particular intervention did not assist with addressing the debilitating aspects of shame. Self-forgiveness and self-compassion have also been found to be beneficial in populations at high risk of self-harm, such as health professionals who often blame themselves for negative patient outcomes (Berlinger & Wu, 2005; Milner et al., 2016; Vilardaga et al., 2011). Wilson and Byrd (2004) observe that self-forgiveness in the area of treatment for addiction, builds upon the principles established by Alcoholics Anonymous, particularly in relation to relapse prevention (Ianni et al., 2010; Leigh et al., 2005; Stark, 2013; Worthington, Scherer, & Cooke, 2006).

The key feature of self-forgiveness, particularly in a therapeutic context, is the facilitation of client behaviours that lead towards genuine reconciliation with themselves, thereby creating the conditions for a healthy acceptance of them self (Hall & Fincham, 2008; Jacinto, 2010; Jacinto & Edwards, 2011; Luoma & Platt, 2015; Vilardaga et al., 2011). Such principles are reflected, for example, in RFT, as proposed by Hayes et al. (2001a) and ACT, which elucidate how language functions and brings with it experiences of suffering and struggle (Hayes et al., 1999).

A novel use of ACT and RFT in self-forgiveness

It has been argued that ACT, based on RFT principles, can produce therapeutic responses that relieve the psychological phenomena that prevent people from engaging in more beneficial behaviours and life outcomes (Hayes et al., 1999). Such therapies assist people to recognize how they interpret the context of their personal experience and symptoms (Harris, 2009; Hayes et al., 2001a). RFT describes the phenomena of human *suffering* and *struggle* as universal because of the way language — a fundamental human capacity — influences our thoughts and experiences (Hayes et al., 1999). Suffering arises from our ability, as self-aware beings, to contact distressing experiences automatically causing further distress to be consistently triggered in a way that impairs our thinking, emotions, and bodily sensations often without conscious bidding (Brown, 2010a, 2010b; Hayes et al., 2001b). Struggle can involve various ineffective responses to intrusive thoughts and emotions, leading to the development of maladaptive responses, including avoidance, withdrawal, contention and pretence, to a range of external and internal experiences (Batten, 2011; Wilson et al., 2001).

Approaches such as ACT differ from traditional cognitive-behavioural approaches, in that attention is not directed towards the reduction or suppression of symptoms that constitute a form of psychopathology (Hayes et al., 1999; Wilson et al., 2001). Instead, the experienced distress is reframed and accepted as a state of current lived experience that may be responded to flexibly (Batten, 2011; Wilson et al., 2001) The process of reframing may include a greater reflection on values and how to place the distressing situation into context (Batten, 2011; Wilson et al., 2001).

RFT can be useful when considering how to address responses to an offence against ourselves and our values (Bennett, 2015; Villatte & Villatte, 2013; Woodyatt & Wenzel, 2014; Zettle et al., 2009). ACT teaches us to spend less effort judging our thoughts, images, emotions, and physical sensations as either good or bad, and instead, to accept our emotions and thoughts as they are, which frees our psychological resources to respond to life in a more workable and values-based way (Wilson et al., 2001). This phenomenon is termed *psychological flexibility* (Harris, 2009; Hayes et al., 2001b; Hayes et al., 1999; Twohig et al., 2006).

One way in which this flexibility is achieved is through examining the role of language, which is recognised as having both an enabling and disabling function in our lives by keeping us in contact with events that may be either, or both, painful and useful (Hayes et al., 2001c; Hayes et al., 2001d; Hayes et al., 2001e). Language, when used to frame thoughts about events, can serve to augment the distress associated with a negative event, but also has the potential to confer relief and respite (Hayes et al., 2001c; Hayes et al., 2001d; Hayes et al., 2001e). ACT provides six key workable behavioural responses to life events consistent with this view: developing skills in acceptance and willingness; becoming open to the examination of events and circumstances; developing a variety of perspectives on events; developing skills in present moment awareness; becoming clear about values-based responses to life; and taking action that consistently aligns with those values (Harris, 2006; Hayes et al., 2006; Hayes et al., 1999).

Similarly, RFT helps to explain how the links that form in language assist in learning and the development of rules that govern behaviour (Harris, 2009; Hayes et al., 2001a). In therapy, we can identify the history of how such rules formed values that informed life actions (Luoma et

al., 2007; Luoma & Platt, 2015; Villatte & Villatte, 2013), which can then help us to understand how learning often derives from the automatic links and relationships we create when we use language (Luoma et al., 2007; Luoma & Platt, 2015; Villatte & Villatte, 2013). History taking can assist a person to highlight how such language relationships may be both creative and destructive (Luoma et al., 2007; Luoma & Platt, 2015; Villatte & Villatte, 2013).

Additionally, RFT explains the factors that facilitate pseudo self-forgiveness, that is pseudo self-forgiveness is associated with: the failure to engage in behaviour that acknowledges; or alternatively behaviour that suppresses one's values (Dillon, 2001; Enright et al., 1998; Hall & Fincham, 2005; Holmgren, 1998; Wilson et al., 2001). The therapeutic application of ACT/RFT can assist people to understand how they struggle with accountability in, in ways that do not work, for transgressions against their own values and better judgement (Wilson et al., 2001; Woodyatt & Wenzel, 2014). Therapy may then reveal how to use flexibility and workability to respond to a person's distress rather to be caught by condemnation of unworkable pseudo self-forgiveness (Harris, 2009; Hayes et al., 2001a).

Developing Practical Approaches to Self-Forgiveness Interventions

ACT and RFT provides a growing field of research that is informing pathways to psychological flexibility through self-forgiveness. Accordingly, new developments described as the ACT Matrix provides new insights into self-forgiveness (Schoendorff et al., 2014). The ACT Matrix can encourage openness to the experience of self-blame and distress in the context of intrapersonal transgression (Schoendorff et al., 2014). As indicated above, the ACT Matrix contrasts with other therapeutic approaches that focus on suppression, disruption and distraction

from symptoms and experiences associated with anxiety or depression (Hayes et al., 2001b; Schoendorff et al., 2014). It provides a simple approach that assists participants to relinquish attempts to judge their experience, and instead, openly examine valued alternatives (Hayes et al., 2001b; Schoendorff et al., 2014).

Existing process models for self-forgiveness tend to focus on forgiving oneself in relation to offences committed against others (Bassett et al., 2011; Cornish & Wade, 2015; Enright, 1996; Griffin et al., 2015; Lundahl et al., 2008; Scherer et al., 2011). In this paper, we propose a principles-based approach that extends self-forgiveness approaches to victimless offences (insofar as others are not explicitly hurt) or transgressions against the self, such as unrealistic expectations of perfectionism, the imposter effect, self-blame for experiences that were damaging but not the person's fault (e.g. assault, fraud) (Milner et al., 2016; Smith, 2016; Weir, 2013).

A principles-based approach incorporates and expands on elements of the *Four Step Model of Self-Forgiveness* outlined by Cornish and Wade (2015). Cornish and Wade (2015) identify responsibility, remorse, restoration, and renewal as being essential for genuine self-forgiveness. However, the Cornish and Wade (2015) model does not provide a full account of the process of self-forgiveness for a victimless offence (Woodyatt & Wenzel, 2014). Although self-forgiveness focuses on transgressions against external subjects it also needs to take into account offences against the self in all its forms (Bassett et al., 2011; Harris, 2006; Wilson et al., 2001; Woodyatt & Wenzel, 2014; Zettle et al., 2009). The model offered by Cornish and Wade focusses on an external offence, and its principles are sound, however, for a victimless offence it is essential that

a person be provided with additional principles to support interventions to facilitate acceptance of, and helpful responses to, private experiences of transgression (Harris, 2009; Hayes et al., 2001b).

The principles we propose are to be used as a guide to beneficially explore the transgression itself as a way of taking perspective and revealing values and pathways to self-forgiveness (Dillon, 2001; Griffin et al., 2015; Luoma & Platt, 2015; Wenzel et al., 2012; Woodyatt & Wenzel, 2014). Evidence-based approaches outlined in ACT and RFT provide guidance for flexible life responses that facilitate the processes expounded by Cornish and Wade (2015) of taking responsibility, responding to remorse, actively restoring deficits caused by offence and engaging in a renewed life (Bennett, 2015; Harris, 2006; Polk & Schoendorff, 2014; Woodyatt & Wenzel, 2014). The act of granting self-forgiveness is undertaken in the context of active work to address identified offences and transgression and this work is based on and reinforced by the person's values system (Bennett, 2015; Harris, 2006; Polk & Schoendorff, 2014; Woodyatt & Wenzel, 2014). ACT and RFT provide an evidence-based means for undertaking an ongoing commitment to self-forgiveness (Luoma & Platt, 2015; Polk & Schoendorff, 2014; Wilson et al., 2001; Zettle et al., 2009).

This study builds on three individual case studies that examined self-forgiveness in response to alcohol addiction and living with an addict (Dewar et al., 2017d, 2017e, 2017f). Further we have applied these principles in a comparative study involving 126 clients that sought treatment for anxiety and depression, which revealed that a focus on self-forgiveness in ACT therapy was associated with increased mental health, self-trust and a focus on values in response

to intrapersonal transgression (Dewar, Strelan, & Delfabbro, 2017a). Given the preliminary results revealed by these studies it is now useful to examine allied health professional's experiences in applying the proposed principles of self-forgiveness to their lives and professional practice.

The Present Study

This exploratory study describes themes arising from participant responses on the experience of delivering ACT with self-forgiveness principles, in contrast to ACT alone. Participants engaged in a two-day, 16-hour program that included practical application.

This study examined the responses by allied health and mental health professionals to the application in their practice of the principles of ACT with Self-forgiveness in comparison to ACT alone delivered in a group training format. The program provided tools for participants to use both with themselves and their clients during a structured exploration of burdens caused by problematic life experiences. ACT was delivered as a standalone treatment in a seven-hour training session (Refer to Table 1). A week later, participants were trained in ACT with self-forgiveness in a separate seven-hour training session, (refer to Table 2). Participants undertook up to two-hours of additional work outside of the training. A post program follow-up was conducted 6 weeks after completion of the program

ACT Training

The ACT training was designed to provide a way for attendees to detach themselves from experiences of shame, guilt, self-blame, regret and remorse (Harris, 2006; Luoma et al., 2007; Luoma & Platt, 2015; Strelan et al., 2009). The clients involved in the routine application of

ACT received care in line with ACT protocols illustrated by Russ Harris in ACT Made Simple (Harris, 2009).

ACT treatment is a flexible therapeutic approach which enables those seeking psychological support may be provided with an understanding how the context of our life affects our behaviour (Harris, 2009). Elements include: ACT basics and the Hexaflex; Values Based Living; Cognitive Defusion; Acceptance/Willingness; the Present Moment; Reflection on Values; The Self as Observer/Context; Committed Action; Smart Goals; Relational Frame Theory; and, Automatic Frames of Reference (Harris, 2009).

Using the person's reflection on their own life events (disclosure was not required) an understanding in developed on how we struggle with life (Harris, 2009). This history was used to learn simple ways to defuse the power of this struggle (Harris, 2009). The person was encouraged to focus on what matters right now by learning to take useful perspectives (Harris, 2009). These perspectives were informed by the person identifying their values (Harris, 2009). The person was encouraged both in and between session to take action which was informed by their values. This action includes nurturing the self through self-acceptance and self-compassion. Simple tools are discussed that include noticing current experience, unhooking from struggle with and creating the space to consider flexible approaches to life (The ACT Matrix) (Harris, 2009; Schoendorff, 2014).

Daily exercises after training included meditative practice to develop present moment awareness, exercises and acceptance and willingness in the context of taking responsibility in the area of identified transgression and exercises in becoming open to an experience of change in

that context (Batten, 2011; Bennett, 2015; Harris, 2009). Practical engagement with techniques of reflection, meditations and exercises using the ACT Matrix were encouraged (Harris, 2009; Schoendorff, 2014).

The study reports on participants' experiences concerning the impact of self-forgiveness on their clients. It seeks to provide a more clear understanding of the nature of therapists' experiences as both individuals and in the context of treatment provision (Joffe, 2012) and to provide a basis for further research, which may validate the use of self-forgiveness within the ACT framework.

Table 1

ACT Presentation, Summary, Agenda and Exercises

ACT Presentation Summary	
Agenda	
Understanding how the context of our life affects our behaviour	
Understanding how we struggle with life and learning simple ways to defuse the explosive power of this struggle	
Learning how to focus on what matters right now	
Learning to take useful perspectives	
Identifying your values and taking action, which is informed by your values	
Nurturing yourself- through self-acceptance and self-compassion	
Using simple tools for noticing where you are at	
Unhooking yourself from things that your struggle with and creating the space for flexible approaches to life	
ACT Exercises	
ACT basics	The Hexaflex
Relational Frame Theory	Automatic Frames of Reference
Values Based Living	Reflection on Values
Cognitive Defusion	Practicing Key Techniques
Acceptance/Willingness	Reflection, discussion, exercises
The Present Moment	Meditations and Exercises
The Self as Observer/Context	What is the real you
Committed Action	Smart Goals
ACT Matrix	Explanation, Exercise
Takeaways for Practice	

Resources

www.actmindfully.com.au, <http://contextualpsychology.org>, <http://www.newharbinger.com/bookstore>

Insert Figure 1 here

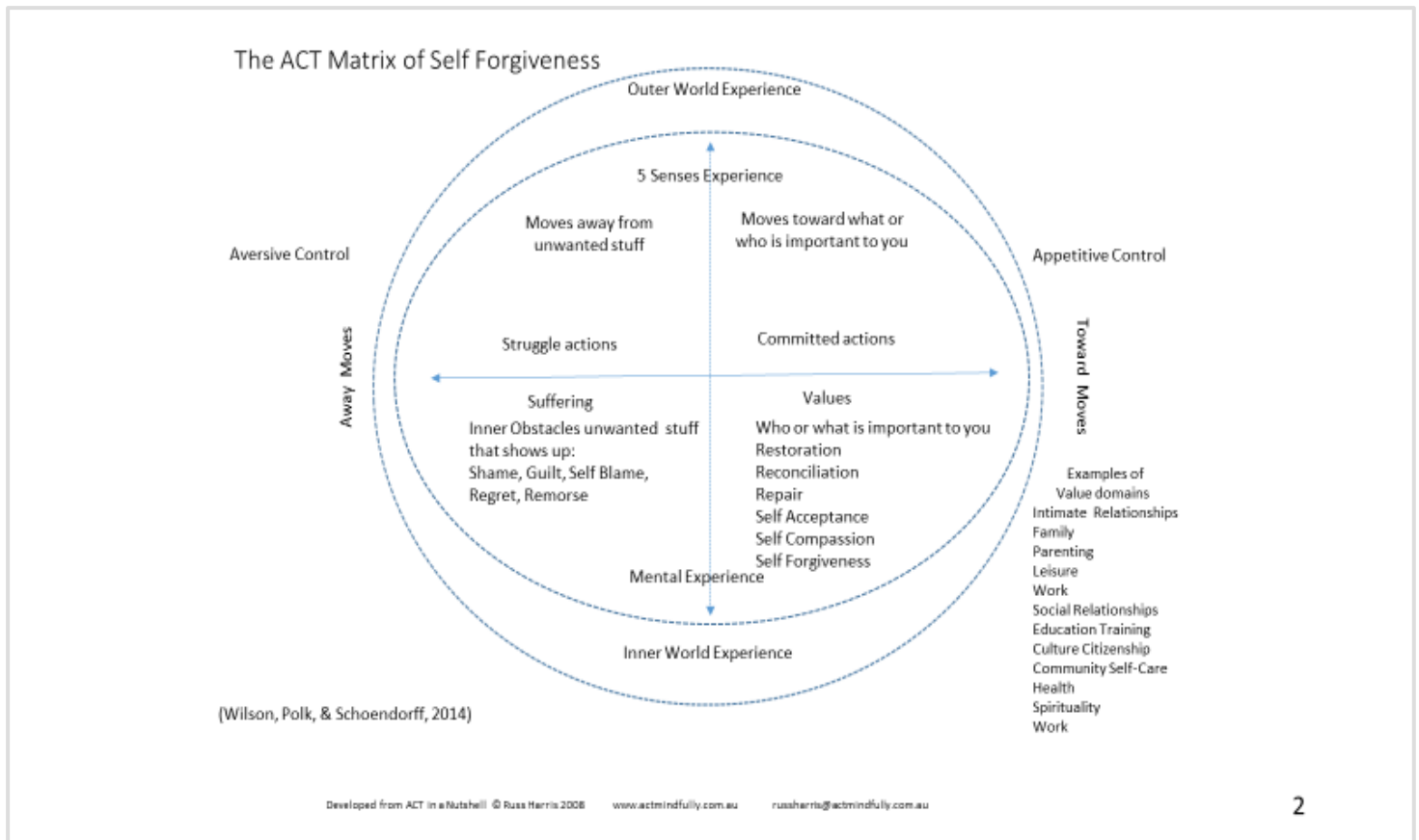


Figure 1: ACT Matrix for Self-Forgiveness adapted from Polk and Schoendorff (2014)

Insert Table 2 here

The ACT of Self-Forgiveness - Seven Principles

A summary of the self-forgiveness intervention principles is outlined in Table 2

Table 2

The ACT of Self Forgiveness - Seven Principles

Step	Content
1. Identification of transgression	Developing a clear identification of the transgression and its context and subsequent burdens – how did we act in a way that was not consistent with our values, how do we now respond and take responsibility. To what extent do we experience shame, guilt, self-blame, remorse? Identify common actions in response to getting in contact with this offence – avoidance, withdrawal, unworkable action.
2. Taking perspective	Perspective taking exercises Mindfulness, Awareness, Development of Compassionate presence. Developing Openness, Presence, Acceptance and Lightness in response to our experience
3. Values and pathways	Values Inventory Identifying to what extent the transgression contravened our values Understanding the process of contact with painful experiences and the need for a values-based perspective and response Understanding the context of the transgression
4. Getting unstuck	Utilising ACT to get unstuck Understanding and addressing Shame, Guilt, Regret, Remorse Revisit Perspective taking Get in touch with here and now Identify how painful experiences can be used to highlight and clarify values Identify pathways of Acceptance and Willingness in taking responsibility Determine how to become more open to experiences Identify pathways for values-based action
5. Granting self-forgiveness	Mindful approaches to acceptance of self-forgiveness How would you take a perspective that helps normalise the transgression and its effects? Development of Compassionate presence, Self-acceptance and Self-respect – how would you treat your best friend and wounded stranger? How would you respond to the child within how would the child respond to you? Identify how you would coach yourself to respond differently if the situation reoccurred Identify alternate pathways Identify targets for restoration, repair, and renewal
6. Action plan	Identifying Values based pathways for Self-forgiveness Development of Choice points for future situations which involve: Same contexts or repeated private events Establish alternate pathways - taking workable action Develop SMART goals for values-based action toward restoration, reparation and renewal
7 Commitment to self-forgiveness	Make a commitment to bring it all together for continued process of renewal and relapse prevention.

The ACT with Self Forgiveness intervention aimed to facilitate engagement with the principles of self-forgiveness and to encourage behavioural change in the presence of experiences of intrapersonal transgression and resulting self-condemnation involving shame, guilt, self-blame, regret and remorse. These skills were to be practised daily with a focus on the person's values; in particular, the adoption of open, interested and curious stances towards a person's transgression towards themselves (Snider, 2015; Wenzel et al., 2012; Woodyatt & Wenzel, 2014). This intervention practised suspension of harsh and critical judgement. People could then take perspectives that provided space for mindful awareness and development of compassionate presence toward their transgression (Harris, 2006; Luoma et al., 2007; Luoma & Platt, 2015; Strelan et al., 2009).

Values were then identified as a means by which to define the contravention in its context and to develop pathways in life in response to that contravention (Hall & Fincham, 2005, 2008; Harris, 2006; Snider, 2015). The preparedness for and acceptance of self-forgiveness was developed through exercises that built self-compassion, self-acceptance and self-respect. Activities included perspective taking between friends, assisting someone who was hurt, or being supportive toward a child (Harris, 2006; Luoma et al., 2007; Luoma & Platt, 2015). In this context of self-forgiveness, clients undertook work to develop targets for restoration, repair and renewal (Dillon, 2001; Holmgren, 1998; Wenzel et al., 2012).

As well as self-forgiveness techniques and ACT practised within therapy, psychological education was provided with regards to the aetiology of anxiety and depression. Education included biological, sociological and psychological factors of depression. The clients were

assisted in educating themselves with regards to trigger points for these experiences of arising from their history and current life experience. Clients were encouraged to identify their priority areas for treatment stemming from important life setbacks associated with their experience of anxiety or depression. Clients were invited to engage in regular practice of meditation and processes of journaling their experiences.

Participants were then asked to develop action plans based on their pathways for self-forgiveness (Ciarrochi, Harris, & Bailey, 2014; Villatte & Villatte, 2013). They then developed choice points about future situations and behavioural goals based on their values (Ciarrochi et al., 2014; Villatte & Villatte, 2013). Clients were asked then to make a commitment to continue these self-forgiving behaviours to assist with relapse prevention (Batten, 2011; Bennett, 2015; Harris, 2009).

All training sessions were subject to practice supervision as part of a peer supervision arrangement with an independent clinical psychologist.

Method

Participants were recruited from those who attended a series of public training sessions (N = 96, Female $n=76$). The training was advertised through networks promoting continuing professional development for mental health and allied health professionals. Participants responded ($n = 27$, Female $n=21$) to an invitation to provide feedback through a semi-structured phone interview. The description of participants is provided in Table 3. The project was approved by the Human Research Ethics Committee at the University of Adelaide.

Insert Table 3 Here

Table 3

Description of respondents to phone survey

No.	Age	Sex	Profession	ACT Knowledge	Self- Forgiveness Knowledge	Code
1.	64	F	Social worker	Fair	Y	64,F,SW,FA,Y
2.	30	F	Social worker	Fair	N	30,F,SW,FA,N
3.	45	F	Psychologist	Fair	N	45,F,PSY,G,N
4.	57	F	Psychologist	Fair	N	57,F,PSY,FA,N
5.	34	M	Counsellor	Good	N	34,M,CO,G,N
6.	28	F	Psychologist	Good	Y	28,F,PSY,G,Y
7.	54	F	Social worker	Fair	N	54,F,SW,FA,N
8.	50	F	Counsellor	None	N	50,F,CO,N,N
9.	36	F	Social worker	Good	N	36,F,SW,G,N
10.	47	M	Counsellor	Good	N	47,M,CO,G,N
11.	21	F	M Psych	None	N	21,F,MPS,N,N
12.	46	F	Counsellor	None	N	46,F,CO,N,N
13.	59	F	Other professional	None	Y	59,F,PS,N,Y
14.	66	M	Psychologist	Fair	N	66,M,PSY,FA,N
15.	42	F	Other professional	Good	N	42,F,OP,G,N
16.	37	M	Other professional	Good	N	37,M,OP,G,N
17.	61	F	Social worker	Fair	Y	61,F,SW,FA,Y
18.	23	M	M Psych	None	N	23,F,MP,N,N
19.	49	F	Social worker	Fair	N	49,F,SW,N,N
20.	44	F	Counsellor	Fair	Y	44,F,CO,FA,Y
21.	40	F	Social worker	None	N	40,F,SW,N,N
22.	48	M	Counsellor	Fair	Y	48,M,CO,FA,Y
23.	52	F	Other professional	Fair	N	52,F,OP,FA,N
24.	55	F	Psychologist	None	N	55,F,PSY,N,N
25.	51	F	Social worker	Fair	N	51,F,SW,G,N
26.	58	F	Social worker	Good	N	58,F,SW,G,N
27.	26	F	Psychologist	None	N	26,F,PSY,N,N

21 Female, 6 Male, 9 Social Workers, 6 Psychologists, 4 Other professionals, 6 Counsellors, 2 MPsych Students; ACT Knowledge: 8 Nil, 12 Fair, Good 7; SF Knowledge: YES 6, No 21

Procedure

A registered psychologist conducted the interviews in July 2016. The interviews were recorded and transcribed to allow for thematic analysis. Each interview lasted between 30-45 minutes and was semi-structured around a series of questions (refer Appendix A) that examined participant's insights into the nature and potential value of self-forgiveness in their professional practice involving vulnerable populations of clients (Novick, 2008). Specific questions focused on:

- Participants knowledge of ACT and their awareness of self-forgiveness in therapy
- Reflections on the application of self-forgiveness in their therapy and themselves
- A comparison of ACT as a treatment with ACT with self-forgiveness as a treatment
- The ACT Matrix and its applications to self-forgiveness
- Participant's experience of using values to promote self-forgiveness
- Self-forgiveness as a response to self-harm and addiction
- Reflections on a principles-based design

Thematic analysis

Thematic analysis is a method used to identify and analyse meaning within the context of a data-set (Braun & Clarke, 2006). Thematic analysis is useful where topics have not been extensively researched and is used to group, explore and summarise prominent themes that could then be further categorised (Tuckman & Harper, 2012). The interview transcripts were organised into themes and then encoded by the interviewer for each of the interview questions. A second researcher, who conducted their own encoding, then independently rated the extracts of the

coded themes. A comparison between the two indicated that 88% of themes were similarly coded. The areas on which the raters differed were then discussed to finalise the allocation of themes to codes. The responses provided below illustrate the principal themes uncovered along with the scope of themes that were identified.

Results

Table 4 summarises the main themes and subthemes that arose from the thematic analysis of participant responses to the semi-structured interview regarding outcomes of a group program comparing ACT and ACT with self-forgiveness.

Inset Table 4 Here

Table 4

Thematic analysis: the comparison of ACT and ACT with self-forgiveness, themes and subthemes, Awareness of ACT and Self-Forgiveness; Epiphany, Realization, Empowerment, and Release; Changing Responses to Transgressions; Distress and Trust; The ACT Matrix Values, Responsibility; Response to Self-Harm; Addictive Behaviours and Relapse; Principles Based Delivery

Themes and subthemes
Introduction to ACT and awareness of Self-Forgiveness
<ul style="list-style-type: none"> • Fair to good knowledge of ACT (the majority of participants) • Overall little knowledge of self-forgiveness in therapy • Some have applied self-forgiveness in therapy but have no particular theoretical foundation
Self-Forgiveness- Epiphany, Realization, Empowerment, and Release
<ul style="list-style-type: none"> • Insight and recognition of self-forgiveness • Ability to look at very painful experiences with greater clarity and see them in a new way • Realisation can say no without guilt, self-forgiveness as a powerful tool • Self-forgiveness provides a sense of empowerment and ability to step away from self-blame • Release to take a broader perspective
Changing responses to focus on transgressions, distress and trust of self
<ul style="list-style-type: none"> • ACT by itself provides skills in this area • Self-forgiveness with ACT provides greater flexibility of response, • Self-forgiveness provides a change of focus on transgression and more comprehensive response to distress
Self -Trust enhanced by self-forgiveness
The ACT Matrix and its applications to self-forgiveness
<ul style="list-style-type: none"> • The Act Matrix on its own is a very helpful tool for visualising people's response and formulating new perspectives • ACT Matrix puts problems in perspective without disputation • Self-forgiveness gets beneath the surface, a safe place for perspective taking • Self-forgiveness approach assisted with overwhelming stumbling blocks • Self-forgiveness a foundation for greater confidence in working towards external valued behaviours • ACT matrix with self-forgiveness highlighted dynamic between grief guilt and shame
Values, Responsibility and Self-Forgiveness
<ul style="list-style-type: none"> • ACT approach to values very useful in trans-diagnostic approach - a simple and straightforward tool but can be used at the surface level. • Importance of values realised in context of self-forgiveness in ACT • Self-forgiveness with ACT facilitates responsibility
Self-Forgiveness as a response to self-harm
<ul style="list-style-type: none"> • Helps to disengage from shame-based responses which are at the base of self-harm • Safety for vulnerable individuals • Prevent years of self-harm
Responses to addictive behaviours and relapse
<ul style="list-style-type: none"> • Self-forgiveness provides some new tools for responses to triggers for use and the shame of relapse • Help address self-punishing behaviour
Principles based delivery
<ul style="list-style-type: none"> • Useful and practical – principles based • Structure of the workshop helped people to unlock themselves in a supportive environment • A key to self-care for therapists

Introduction to ACT and Awareness of Self-Forgiveness

The majority of participants reported experience with the application of ACT in therapy: eight participants had no experience, 12 had modest experience, and seven had good experience. For example, one respondent who reported a modest amount of experience stated *I've read the Happiness Trap and had a small amount of experience passed on by others* (30,F,SW,FA,N). Another respondent with good experience reported that [to support my practice I] *I have read a number of articles and books as well as attended other training and workshops* (34,M,CO,G,N). However, a minority of participants ($n=6$) had applied the principles of self-forgiveness in a professional setting. Some participants ($n=3$) had considered the use of compassion while others ($n=4$) had wanted to make use of self-forgiveness but were unable to do so. For example, one respondent declared *It was something I would like to have used more often but I didn't have the confidence or conviction to use it* (30,F,SW,FA,N). Another without previous experience in self-forgiveness observed *I know that it is important, but it is not something I have pursued, I know this is the hardest thing, [that is] to forgive is yourself* (49,F,SW,N,N).

Of those who had applied self-forgiveness in therapy, a practitioner had worked with diverse populations in a broad public practice, while another reported using it with *victims of rape and sexual assault; working with families [affected by] domestic violence, trauma/abuse; stolen generation and Aboriginal/Torres Strait Islander communities; new arrival refugees*. (28,F,PSY,G,Y). Others (5) had applied self-forgiveness but without formal principles: *Yes, I have [used self-forgiveness], but I have had no protocol to adhere to, or [I have] applied it in the framework of ACT. I have used self-forgiveness with clients in an unstructured way...* (44,F,CO,FA,Y)

Self-Forgiveness - Epiphany, Realization Empowerment and Release

The novel use of self-forgiveness for victimless harms (i.e. harms done to ourselves) provided a number of participants with epiphanies and greater clarity. For example, one practitioner commented...*By doing the work of forgiving myself [this] has helped me move away from this pattern of the past and into a new way, ... It was a real light bulb moment, a real change for me* (58,F,SW,G,N)” while another observed that he could look at interpersonal harms with greater clarity and create opportunities for change:

[With self-forgiveness] I clarified the burden and the costs to me and others, got in touch with my values, used mindfulness awareness and defusion to get unstuck, and forgave myself and others and grieved the change [cleanly] [47,M,CO,G,N].

Another participant observed *without going through those negative emotions, you cannot identify that those negative emotions don't represent who you are ...and self-forgiveness helps you to manage your distress* (26,F,PSY,N,N). Further, one participant described how self-forgiveness highlighted changes in relationship with guilt: *I am moving past the roadblocks of excessive shame and guilt to change my life* (47,M,CO,G,N). The focus on self-forgiveness in the workshop allowed one participant to report that they were now using self-forgiveness to assist themselves and clients to be *more self-reflective and [focused on] self-care. This then frees up the person to then step outside [guilt] to ...take perspective.* (52,F,OP,FA,N). However, one participant observed that *I didn't find [self-forgiveness] to be anything new.... I am still not sure there was enough new material [for it] to be useful.* (52,F,OP,G,N).

Changing Responses to Focus on Transgressions, Distress and Trust of Self

All participants agreed that ACT provides a wealth of skills and interventions that can assist people on how to focus on transgressions committed against themselves, their level of distress and how to rebuild trust in themselves, as one practitioner pointed out: *[self-forgiveness] helps you to [more deeply] clarify what is truly important and meaningful to you (your values)* (57,F,PSY,FA,N).

Further, the focus on self-forgiveness within ACT, gave most participants additional assistance on how to deal with complex issues involving their values, e.g., *[Self-forgiveness] really helped me get in touch with my values. It [particularly] helped me with the trust aspect,* (51,F,SW,G,N). One participant, who was recovering from an abusive relationship shared with the group that *ACT with self-forgiveness can be very important in reduction of level of distress, focus on distress and creation of trust in yourself* (34,M,CO,G,N). Another, dealing with the loss of a relationship, stated that: *By working through forgiving yourself, you can say that is the past, and I do not need to keep on doing this [this] helps you to dig deeper and unlock these deep things.* (26,F,PSY,N,N). Another was able to: *sit with discomfort around not putting that value into place.... this has changed my view about courage and fear.* (51,F,SW,G,N).

The ACT Matrix and its Applications to Self-Forgiveness

In sessions, participants remarked that as a simple and straightforward tool, *the ACT Matrix [assisted us in] working through values and how they are expressed or not in action* (52,F,OP,FA,N). One participant, however, observed that ACT by itself sometimes *allows a surface response* (55,M,PSY,N,N). In general, all participants acknowledged the usefulness of

the Act Matrix on its own as *the ACT model is trans-diagnostic in nature, the processes remain essentially the same regardless of the specific presentation* (34,M,CO,G,N).

Self-forgiveness added to the ACT Matrix provided a foundation for greater confidence in working towards external valued behaviours:

... Self-forgiveness made a huge difference, and I cannot say how much I appreciate going through the exercise. By doing the ACT of self-forgiveness Matrix, things that have been really overwhelming, now have become not such a big deal and now life goes on. I'm now able to freely engage with things that used to really shut me down (40,F,SW,N,N)

Values, Responsibility and Self-Forgiveness

The ACT approach to values was useful for participants in dealing with whatever concerns their client presented with, and it *enables one to find ways forward out of the stuck place while making values explicit and more available to one as a compass for daily life and decisions* (64,F,SW,FA,Y). Further, *using the outcomes of the workshop I was able to respond to triggers around shame and guilt and act more consistently with my values* (58,F,SW,G,N).

Participants indicated that, in comparison to ACT alone, Self-forgiveness in ACT examined and explored values at a much deeper level. That is, they became aware that the importance of values is made even more substantial by the behavioural responses required by self-forgiveness. This is reflected by the following:

...something that jumped out at me was working within your values, and what that means at a deeper level. It has broadened my horizons in therapy, it has taught me a very useful strategy, that I can incorporate in to approaches using Self-forgiveness as an aspect is very important - the workshop systematized those features of ACT... (49,F,SW,N,N).

I didn't realize the importance of values until we looked at self-forgiveness and then realized you can't forgive yourself until you realize what values you hold and what [in your life] you want to be based on those values... the key learning was understanding how self-blame guilt and shame linked to values-based approaches to life and it wouldn't have stuck for me without highlighting the role that values play in self-forgiveness (51,F,SW,G,N).

A participant gave further detail of the outcomes of taking responsibility:

By doing the work of forgiving myself, I have taken responsibility for what is going on in my life, ... It opened up and freed me to make better choices ... rather than subjugating myself and putting myself last ... It was a real lightbulb moment a real change for me. It triggered other beneficial behaviours (58,F,SW,G,N).

Self-forgiveness as a response to self-harm

Self-forgiveness helped participants and their clients to unhook from shame-based responses which are at the base of self-harm: *I found the training helped reduce the sense of shame to point where it wasn't interfering in everyday life, it also helped me not feel alone*

(64,F,SW,FA,Y). Further in dealing with their own clients, a respondent found that *[Self Forgiveness] normalises their initial [self-harming] responses and helps to focus on effective outcomes* (50,F,CO,N,N). One participant found self-forgiveness was helpful for her practice as a way to better respond to the way: *clients have been blaming themselves for something may have done in their life* (44,F,CO,FA,Y).

Another participant, reflecting on her experience working with clients, pointed out that *[Self Forgiveness] points out other, more helpful ways to deal with the pain [than self-harm]* (45,F,PSY,G,N). Self-forgiveness was also seen as providing helpful alternatives: *[and] greater safety in treatment of vulnerable individuals because there is a lot of shame and self-harm; a lot of blaming; a lot of lack of self-love*, (52,F,OP,FA,N), although one participant believed that if disclosure was associated with self-forgiveness, it may cause further distress: *I don't think it would help in the Prevention of Self-Harm. Self-harm is very personal* (21,F,MPS,N,N).

Self-Forgiving responses to addictive behaviours and relapse

While five Respondents were unsure or could not answer, others reported that that self-forgiveness could have potential uses. As they pointed out: *[self-forgiveness helps] if self-blame and self-judgement etc. are driving the problem behaviour in question by way of experiential avoidance* (34,M,CO,G,N). *It is a welcome addition to treatment of [addiction] and associated acute mental health issues* (28,F,PSY,G,Y). A participant with experience in this area agreed:

Absolutely, by [getting] self-forgiveness and ACT working together, [and] you're getting to the core of excessive appetites and addictive behaviours, once people get to the

absolute base of what's affecting their behaviours, the pain or the core of this suffering can be realized, and they can then sit with that. Self-forgiveness gets past the excuses denial and avoidance and talking a way around it and trying to problem solve or understand stuff. This helps people to get to the core and feel the pain and get to the core emotions self-forgiveness has a key role in this healing process (52,F,OP,FA,N).

Principles-Based Design

The use of a principles-based approach was useful and practical as *it greatly assisted* participants to understand the application of Self-forgiveness within ACT (64,F,SW,FA,Y). Another commented that the seven principles: *Collectively ...provide a road map and signposts/ guide posts to the journey [of self-forgiveness]* (28,F,PSY,G,Y). One participant found greater clarity in the explanation of how *seven principles provide a way to approach* a matter which needs a depth of response (54,F,SW,FA,N). For another participant, the impact of *these principles made me think differently and totally change my approach to how I think about my life* (40,F,SW,N,N).

The impact of a principles-based approach was underscored by another participant who reported:

These principles really struck home and touched a raw nerve, it made me realize in the context of the group and opened my eyes to my own lack of self-forgiveness and the need to engage in its principles and allows me to better recognize when clients are being hard on themselves (54,F,SW,FA,N).

A participant who had been looking for a protocol to better address self-forgiveness in therapy believed that the principles-based approach was beneficial: *It's a good pathway, nothing was extraneous... It altered my perception of what therapy could be* (55,M,PSY,N,N).

Participants observed that structure of the workshop helped people to unlock themselves in a supportive environment: *The workshop and its structure was extremely useful. I can see a place for self-forgiveness in most therapies* (52,F,OP,FA,N). The workshop:

... was amazing to watch! Seeing the participants work through their issues and watching them reaching an understanding of why and what was going on for them was a revelation. it wasn't about finding a solution but working through reasons and finding a way to be okay with who you are and how you react. Being okay with your mistakes and understanding them is the best way towards finding a way to work with them as they happen. (30,F,SW,FA,N).

Another participant observed that self-forgiveness can be a useful focus for a therapist's own self-care and, as a consequence, can enhance the effectiveness of their work (34,M,CO,G,N). One observed that they would have greatly benefited from the workshop content could have prevented years of self-harm: *[and] would have not engaged in so many self-harming behaviours. Self-forgiveness [now] prevents me from getting in such a deep pit of despair* (40,F,SW,N,N). Another reflected on their own experience with a program featuring self-forgiveness:

... has prevented [my] self-harm (for many years [this took the form of] my negative talk, my belittlement toward myself, my pressure on being perfect, and the burdens that I put on myself, that I wasn't fulfilling this perfect role – [this] was my self-harm) (52,F,OP,G,N).

Discussion

This study provides insight into the key themes arising from allied health professionals' experiences of applying the principles of self-forgiveness within ACT. Lander (2012); Martyn (2016) and Snider (2015) have identified the difficulty of providing evidence-based approaches that traverse self-forgiveness in way that provides useful therapeutic benefits in treatment for individuals. Moreover, dealing with self-oriented transgression is even less explored (Woodyatt & Wenzel, 2014). This study examined to what extent a focus on values-based behaviours encouraged more adaptive responses to transgressions against the self, and was then beneficial for clients who had experienced significant life setbacks (Harris, 2006; Lander, 2012; Schoendorff et al., 2014).

Overall, participants experienced that the use of a principles-based approach provided them with an insight into self-forgiveness that promoted the effect of seeing painful experiences with greater clarity (Polk & Schoendorff, 2014; Wenzel et al., 2012; Wohl et al., 2010). This clarity enabled them to take a broader perspective through which to accept, make room and unburden themselves from past patterns of behaviour that were often a cause of grief and regret (Polk & Schoendorff, 2014; Wenzel et al., 2012; Wohl et al., 2010). Self-forgiveness enabled participants to alter their perspective and to explore the personal values inherent in the identified offence and then to respond by developing adaptive values-based behaviours (Lander, 2012; Schoendorff et al., 2014; Woodyatt & Wenzel, 2014).

As noted by Luoma and Platt (2015), a self-compassionate approach assists in reducing self-stigmatisation, which keeps people in a place of inaction due to shame. Such an approach

further provides a means by which to become more respectful and accepting of oneself by placing the transgression into perspective and then focusing on the challenges that need to be faced. (Bennett, 2015; Dillon, 2001). This use of self-compassion as a means for providing a sense of personal safety and peace is consistent with views advocated by Holmgren (1998) and Wenzel et al. (2012) who argued that genuine self-forgiveness can occur through structured values-based restoration. It also is congruent with Zettle et al. (2009) emphasis on the role of self-forgiveness in ACT through and client's ability to explore distress, self-blame and how to avoid being transfixed by a history of transgression and how to find ways to work actively to achieve a different life course (Dillon, 2001; Zettle et al., 2009).

The findings showed that self-forgiveness with ACT appears to provide a sense of empowerment and ability to reduce inflexible self-blame (Luoma & Platt, 2015; Wenzel et al., 2012). The program promoted the use of non-judgmental description to engage with negative emotions which allowed participants to reassess how they relate to their response to events as a representation of themselves (Harris, 2006; Luciano et al., 2012; Schoendorff et al., 2014; Stewart et al., 2012; Villatte et al., 2012). As observed by Lander (2012) some behaviours that have previously been reassuring such as being punishing of oneself and engagement in pseudo or avoidant self-forgiveness were found by participants to have been in fact harming and had served to maintain participants in a cycle of distress (Bassett et al., 2011).

Participants noted that ACT with Self-forgiveness provides greater flexibility of response to self-blame transgressions. Distress was lowered, and trust was enhanced by self-forgiving behaviours (Lander, 2012; Schoendorff et al., 2014; Woodyatt & Wenzel, 2014). In particular, participants reported experiences of insight, release and empowerment in relation to both long

held personal offences and of being able to build trust in themselves to take affirmative and self-protective actions in contexts similar to the circumstances of past transgression behaviours (Lander, 2012; Schoendorff et al., 2014; Woodyatt & Wenzel, 2014). This was enabled by the use of effective tools including the tailored ACT Matrix to assist them to address their need for self-forgiveness (Lander, 2012; Schoendorff et al., 2014; Woodyatt & Wenzel, 2014).

The process of using values as a lens through which to examine behaviours, allowed participants to ensure their present behaviour was values-congruent (Lander, 2012; Luoma & Platt, 2015; Schoendorff et al., 2014; Woodyatt & Wenzel, 2014).. Further, they were then able to build a sense of trust in themselves in response to historical transgression and then give themselves permission for ongoing self-forgiveness (Lander, 2012; Luoma & Platt, 2015; Schoendorff et al., 2014; Woodyatt & Wenzel, 2014).

This experience of the personal journey through self-forgiveness appeared to be particularly useful for allied health professionals involved in substance abuse and crisis services . The approach provided new insights into, and responses to, to factors that underlie both self-harm and addictive behaviours and assisted these respondents to develop more effective responses to self-harm and relapse prevention with their clients (Ianni et al., 2010; Milner et al., 2016; Worthington et al., 2006). Consistent with the more general analysis above, the experience of shame and guilt associated with substance use and self-harming behaviours could be approached with both compassion and purpose allowing greater flexibility in individual therapeutic approaches (Harris, 2006; Ianni et al., 2010; Schoendorff et al., 2014; Worthington et al., 2006).

Limitations

Although this study evaluated the additive effects of self-forgiveness to ACT, and the work was completed within the same group and data were gathered at a follow-up period, there are nonetheless some conceptual and methodological issues that should be noted. First, this study involved an Australian convenience sample who were providing allied health care focused on psychological support. It is unclear to what extent these results can be generalised to other populations and whether the inclusion of other therapeutic or multi-disciplinary approaches might further influence the results. Second, it is not possible to rule out the possibility that some of the changes reported are influenced by demand effects. That is, people asked to devote time and effort to undertaking a therapeutic treatment may be motivated to seek or report improvement so as to justify the time spent in the program.

Finally, in studies of this nature, one must also consider whether the results can be influenced by the particular style and manner of the therapist and whether others working with the same intervention approach would apply the principles the same way and with the same degree of success. However, in defence, some of these factors were constants across the two conditions, so that the findings still provide reasonable evidence of improvements across a range of measures and generally strongly results with the inclusion of the self-forgiveness component.

Summary

Participants experienced self-forgiveness through values-based work that identified the contextual factors contributing to shame, guilt, self-blame, remorse and regret (Luoma & Platt, 2015; Polk & Schoendorff, 2014; Wilson et al., 2001; Woodyatt & Wenzel, 2014). In response, participants used principle of self-forgiveness to engage in behaviours that actively used their own painful experience of intrapersonal offence or transgression as a focus of effort for restoration, repair and reconciliation, facilitated by their values in a context of self-compassion and self-acceptance (Luoma & Platt, 2015; Polk & Schoendorff, 2014; Wilson et al., 2001; Woodyatt & Wenzel, 2014). The outcome of this self-forgiving behaviour is the state of self-forgiveness evidenced by the acceptance of ourselves as being perfect in our imperfection (Harris, 2006; Hayes et al., 2001b; Trudgeon, 2016).

Conclusions and Future Directions

The importance of self-forgiveness for transgressions against oneself in the absence of transgression against another is a topic worthy of further investigation. This is a novel study and as far as we are aware this first of its type to examine the facilitation and use of self-forgiveness with allied health professionals by comparing ACT by itself and ACT with self-forgiveness. While this study does not provide definitive answers to all contentions in the literature it does confirm the essential role of values in processing and responding to intrapersonal transgression and offence. Further, this study highlights that intrapersonal offence occurs in the absence of objective wrongdoing and offence may even arise from the conflict of two goods.

Although the present study provides encouraging results concerning the potential benefits of self-forgiveness as a tool to be used in therapeutic contexts, it would be important for the results to be replicated in other studies involving new populations of clients and for greater attention to be directed towards both individual differences and group delivery. It may, for example, that self-forgiveness-based approaches may be beneficial for the treatment of conditions in particular treatment settings in both individual and group settings and also potentially play a role in assisting therapists assisting clients from particular therapeutic populations such as experiencing self-harm, PTSD, anxiety, depression, interpersonal and family conflict.

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Appendix: Semi Structured Interview Questions

1. What was your previous experience of ACT?
2. Have you previously considered the question of self-forgiveness as a therapeutic, counselling, self-help approach - if so – how have you used or applied this?
3. Does ACT assist to effectively address states of Shame, Guilt Self-blame regret and Remorse - if so how
4. Does the concept of ACT with Self Forgiveness provide alternate ways to effectively address states of Shame, Guilt Self-blame regret and Remorse - if so how?
5. This program aims to provide more effective ways to
 - reduce the level of distress regarding incidents for which we hold ourselves to blame and do not forgive ourselves
 - reduce our focus on that distress and
 - increase the trust that we place in ourselves regarding that incident
 - Does ACT alone assist in those aims? If so how
6. Does ACT with self-forgiveness provide further assistance in these aims? if so how
7. Please comment on your knowledge of the ACT matrix increase psychological flexibility
8. Please comment on the application of the ACT matrix with a focus on self-forgiveness in this training
9. In comparison to ACT alone - does the inclusion of self-forgiveness ACT assist with values based responses to psychological distress - if so how
10. Does the inclusion of Self-forgiveness in ACT assist with responses to or prevention of self-harm - if so how?
11. If you are able to comment - do you believe that the treatment of addictive or excessive appetitive behaviours and associated relapse prevention may be affected by the inclusion of self-forgiveness in ACT
12. What is your overall comment on the usefulness the intervention offered in the workshops - utilising the ACT matrix and principles of self-forgiveness to provide decreases in psychological distress.
13. How did these principles assist in your understanding of the process of self-forgiveness?
 - (1 Identification of our Burden, 2 Taking Perspective, 3 Values and pathways, 4 Getting unstuck 5 Self-forgiveness, 6 Values for Action, 7 Commitment to Self-Forgiveness,)

Chapter 5

Self-Forgiveness and the ACT Matrix: Responses to Chronic Pain and Substance Abuse**Within Families****Synopsis**

Practitioners are interested in the use of self-forgiveness in the context of individual therapy. This paper outlines the use of self-forgiveness within Acceptance and Commitment Therapy, and the ACT Matrix, to address the needs of a person with chronic disease and associated chronic pain and coping with a family member experiencing substance abuse. The client had been dissatisfied with CBT, and having completed an introductory ACT program, was interested in applying a more in-depth understanding of ACT with self-forgiveness. The paper examines the potential benefits of clinically focussed Relational Frame Theory, and discusses the implications of this treatment method for therapists with clients affected by multiple comorbidities and life pressures. It is intended that this chapter will be submitted to *Journal of Contextual Behavioral Science*, the official journal of the Association for Contextual Behavioral Science.

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Self-Forgiveness and the ACT Matrix: Responses to Chronic Pain and Substance Abuse within
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Abstract

This case study describes the novel use of self-forgiveness within Acceptance and Commitment Therapy (ACT) and the ACT Matrix to address the needs of a 28-year-old woman with chronic disease and associated chronic pain. Her responses at presentation included shame, self-blame and guilt. She reported low mood, high levels of anxiety and thoughts of death, and was deeply affected by a parent with a substance disorder. The client was dissatisfied with her previous treatment using Cognitive Behaviour Therapy (CBT). Observations from this case study highlighted the value of self-forgiveness within ACT, and its underpinning theory: Relational Frame Theory, to foster development of more flexible values-based responses to life challenges. The implications of this treatment method are outlined for therapists considering the use of self-forgiveness for clients with multiple comorbidities and life pressures.

Keywords: self-forgiveness, chronic pain, chronic disease, ACT, RFT, Matrix

Self-Forgiveness and the ACT Matrix: Responses to Chronic Pain and Substance Abuse within Families

1. Theoretical and research basis

Self-forgiveness is being developed as a therapeutic response to psychological distress and is demonstrating beneficial effects on both psychological and social well-being (Allemand & Steiner, 2010; Ferrari & Nuzzarello, 2016; Griffin et al., 2015; Martyn, 2016; Peterson et al., 2017). Burgeoning interest in self-forgiveness has coincided with parallel developments in Relational Frame Theory (RFT) that underpins Acceptance and Commitment Therapy (ACT), both of which attempt to address feelings of shame, guilt, remorse, and regret that arise when an individual believes they have caused an offence against their own values (Luoma et al., 2007; Luoma & Platt, 2015; Zettle et al., 2009). RFT and ACT provide evidence-based responses to the need for self-forgiveness through values-based ways to answer self-stigmatization and self-blame due to transgression against either themselves or others (Luoma et al., 2007; Luoma & Platt, 2015; Zettle et al., 2009). In this case-study we outline a transdiagnostic therapeutic approach using ACT/RFT with a focus on self-forgiveness, to meet the needs of a person experiencing multiple comorbidities and life challenges.

Self-Forgiveness and its role in Therapeutic Contexts

Self-forgiveness, as a mechanism for therapeutic response, is in its early stages of development (Hall & Fincham, 2005, 2008; Woodyatt & Wenzel, 2014). However, self-forgiveness research indicates there is benefit in the therapeutic exploration of self-blame, shame, guilt, regret and remorse that arises from life's deficits and setbacks (Cornish & Wade,

2015; Wenzel et al., 2012; Woodyatt & Wenzel, 2013a, 2014). Individuals may engage in self-blame even when they have not engaged in any objective wrongdoing (e.g., hurting another or failing at something) and this self-blame can cause people high levels of distress and subsequent dysfunction (Bassett et al., 2016; Batten, 2011; Miller et al., 2007; Wilson et al., 2001).

Acceptance and Commitment Therapy with a focus on self-forgiveness, involves values-based work that seeks to identify the contextual factors underpinning the emotional responses of shame, guilt, self-blame, remorse and regret (Luoma & Platt, 2015; Polk & Schoendorff, 2014; Wilson et al., 2001; Woodyatt & Wenzel, 2014; Zettle et al., 2009). Acceptance and Commitment Therapy applied to interact with the principles of self-forgiveness and encourage individuals to actively reflect on painful experiences of intrapersonal offence or transgression, as a focus of effort for restoration, repair and reconciliation facilitated by their values in a context of self-compassion and self-acceptance (Luoma & Platt, 2015; Polk & Schoendorff, 2014; Wilson et al., 2001; Woodyatt & Wenzel, 2014). Values based behaviour underpins a state of self-forgiveness and is evidenced by the acceptance of ourselves as being perfect in our imperfection (Harris, 2006; Hayes et al., 2001b; Trudgeon, 2016). ACT with self-forgiveness that promotes values-based responses to life circumstances to provide a virtuous reinforcement of workable behaviour and freedom to move towards the person's preferred life outcomes (Cornish & Wade, 2015; Wenzel et al., 2012; Woodyatt & Wenzel, 2013a, 2014).

New Approaches to Facilitating Self-Forgiveness

The ACT Matrix provides to clients and therapists, accessible tools for developing clinical interventions that address distressing life events (Schoendorff et al., 2014). The power of

language to link all manner of phenomena creates a complex inner experience that can be a source of confusion (Schoendorff et al., 2014). The ACT Matrix helps individuals to explain, and sort out, when they are moving towards, or away from, those things that they value in their lives (Hayes et al., 1999; Schoendorff et al., 2014). Application of the ACT Matrix assists to quickly identify unhelpful responses to life circumstances and the subsequent loss of focus on their preferred values (Polk, 2014b; Schoendorff et al., 2014). Figure 1 illustrates, on a continuum represented by the horizontal axis, toward moves: moves towards who or what is important to oneself, and away moves, from what one does not want to think or feel. On the vertical axis, the bottom area represents subjective mental or inner experience whereas the top area represents objective outer world experience in the realm of our five senses (Polk, 2014b; Schoendorff et al., 2014).

Insert Figure Here

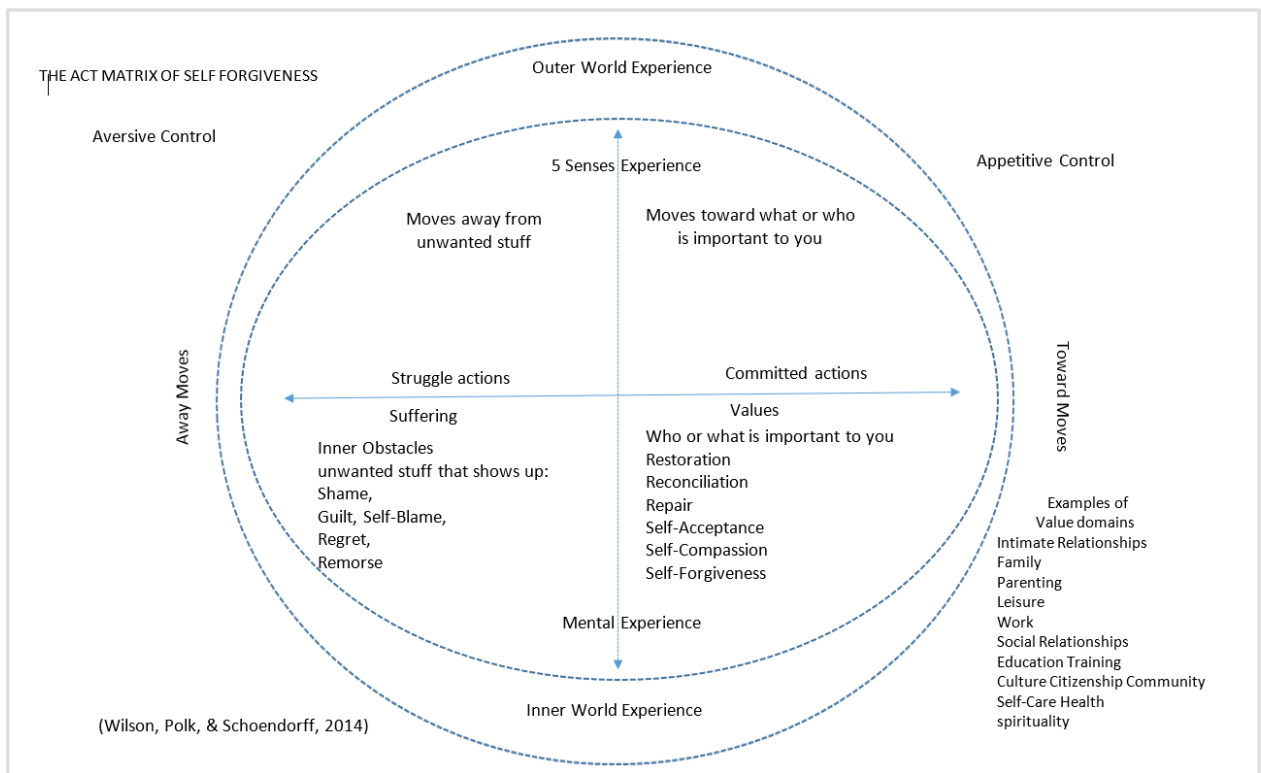


Figure 1: ACT Matrix for Self-Forgiveness adapted from Polk and Schoendorff (2014)

The ACT Matrix allows unconstrained examination of responses to circumstances and experiences that enables one to sort whether one is working under aversive control or appetitive control (Polk, 2014b; Schoendorff et al., 2014). The ACT Matrix uses RFT to explain in simple terms the workings of human language and cognition (Hayes et al., 1999; Schoendorff et al., 2014). RFT is based on an analysis of behaviour in its context, asking, “What is the function or outcome of this behaviour?”. Relational Frame Theory describes how we make relationships between events automatically and how relationships and values are reinforced by training through multiple examples (Hayes, 2004).

The ACT Matrix can be used as a flexible way of examining when we are under the control of mental or inner experiences associated with relational framing (Hayes et al., 2001b; Schoendorff et al., 2014). By suspending criticism and judgement, we can examine our outer world actions, and identify how these actions link to our inner experience and events.

By being curious and interested, we can ask ourselves to what extent does that work? For example, if we have social anxiety and fear the judgement of others in public gatherings, we may avoid engaging in previously pleasant social situations (Hayes et al., 2001b; Schoendorff et al., 2014). The question is then, what are we gaining from that avoidance and how do we instead move toward that which we want to experience? (Hayes et al., 2001b; Schoendorff et al., 2014). The ACT Matrix teaches us how to make ‘*away moves*’ in themselves aversive (Polk, 2014b; Schoendorff et al., 2014). Through the application of relational framing - *away moves* that have been used frequently due to training and circumstance, can be transformed and turned in the

direction of appetitive control or moves toward what we value (Polk, 2014b; Schoendorff et al., 2014).

To illustrate the use of the ACT Matrix when working with social anxiety, we see that our preference to engage in pleasant social situations is not served by being isolated from public gatherings. Therefore, our *away move* becomes aversive. Isolation increases loneliness and is not as rewarding as a pleasant social situation (Hayes et al., 2001b; Schoendorff et al., 2014). So in the greater scheme, through isolation, we can lose out on friendships, relationships, social experiences, and perhaps even more (Hayes et al., 2001b; Schoendorff et al., 2014). We can then build aversiveness towards being under aversive control. By utilising negative reinforcement we can move towards those things (workable social interaction) that we value in our mental or inner world experience (Polk, 2014b; Schoendorff et al., 2014). When under appetitive control, we can become open toward what we value in our outer life in accordance with a values-based inner world experience and thus, we can explore what is rewarding in the real world in the presence of discomfort (Polk, 2014b; Schoendorff et al., 2014).

Using the ACT Matrix, we can then freely compare being under aversive or appetitive control (Polk, 2014b; Schoendorff et al., 2014). We can compare the fear of being judged in social situations to the loss of valued activity, and freely examine to what extent we could accept this fear and engage in willing behaviour toward valued outcomes (Polk, 2014b; Schoendorff et al., 2014). Even when real-world experiences confirm that which is feared (e.g. some people may not want to associate with us), we can remain open, interested, and curious about taking steps toward achieving valued and beneficial social connections (e.g. meeting other people that share

the same values; that want to associate with us) (Polk, 2014b; Schoendorff et al., 2014).

Rejection is sometimes a risk of social experience, the ACT Matrix encourages individuals to acknowledged fear of rejection and still take valued action to meet others (Polk, 2014b; Schoendorff et al., 2014).

Acceptance of the fear of rejection while acting toward valued outcomes can build further skills in appetitive behaviour through self-worth, self-compassion, and self-acceptance (Bennett, 2015; Luoma & Platt, 2015; Strelan, 2007; Wenzel et al., 2012). When we focus more on the experience of making valued social connection than the safety of isolation, we can begin to take committed action toward valued outcomes. We can build on the transformation of our previous aversive experiences, and turn them into opportunities for learning about what is important and rewarding to us (Polk, 2014b; Schoendorff et al., 2014).

How then does the ACT Matrix relate to self-forgiveness? Self-forgiveness has recently been explored in terms of the benefits it derives through by changing our relationship with shame, guilt, self-blame, regret, and remorse as a result of life deficits (Cornish & Wade, 2015; Wenzel et al., 2012; Woodyatt & Wenzel, 2013a, 2014). Self-forgiveness may be used as an adjunct to therapeutic responses to distress, however, it is in its early stages of development. Consistent with this view, process models of varying complexity have been developed for self-forgiveness where there is an offence against another (Cornish & Wade, 2015; Enright et al., 1998; Hall & Fincham, 2008; Lander, 2012). However, as Lander (2012) has argued, with reference to a case study of self-forgiveness, situations may arise where clients may perceive

themselves to be both the transgressor and the aggrieved party and engage in self-blame (Hall & Fincham, 2008; Lander, 2012; Woodyatt & Wenzel, 2014; Zettle et al., 2009).

Thus, in situations where one offends against oneself, self-forgiveness may assist to address self-destructive behaviour and attendant intense distressing emotions (Exline et al., 2011; Fisher & Exline, 2006b; Hall & Fincham, 2005). Rather than use a process model, this case study uses a principles-based approach based on the ACT Matrix to facilitate self-forgiveness (Luoma et al., 2007; Luoma & Platt, 2015; Villatte & Villatte, 2013).

We consider how the ACT Matrix may be used to encourage openness to the experience of self-blame and distress in the context of intrapersonal transgression (Polk & Schoendorff, 2014; Woodyatt & Wenzel, 2014). The ACT Matrix is used to facilitate an open examination of distress with interest and curiosity regarding both internally experienced responses to transgression against the self, including thoughts, emotions, physical sensations, and associated outer world five senses experiences and behaviour (Hayes et al., 2001b; Polk, 2014b; Schoendorff et al., 2014; Wilson et al., 2001).

In contrast to other therapeutic approaches that focus on suppression, disruption or distraction from symptoms and experiences associated with anxiety or depression, the ACT Matrix provides a structure that makes room for, and moves attention towards, the content of experience, whatever that may be (Hayes et al., 2001b; Schoendorff et al., 2014). Additionally, ACT with self-forgiveness, uses values to facilitate therapeutic options for intrapersonal transgression and to effectively examine and explore of shame guilt and remorse which arise

from life's deficits (Cornish & Wade, 2015; Wenzel et al., 2012; Woodyatt & Wenzel, 2013a, 2014).

Self-forgiveness frees a person to undertake reparation, reconciliation, and restoration within themselves and with others in their lives (Cornish & Wade, 2015; Enright, 1996; Schoendorff et al., 2014; Wenzel et al., 2012; K. Wilson et al., 2001; Woodyatt & Wenzel, 2013a). In effect, ACT with self-forgiveness makes room for self-compassionate responses that allows the individual to undertake restorative action which acknowledges previous actions and behaviours that have not accorded with their values (Wilson et al., 2001). The approaches outlined in the ACT Matrix can be effectively used to facilitate behaviours that foster and support self-forgiveness – making ourselves as we were before.

In this case study, we demonstrate that workable and lasting self-forgiveness is facilitated by these principle-based responses to intrapersonal transgression: *Identification of Transgressions; Taking Perspective; Values and Pathways; Getting Unstuck; Granting Self-Forgiveness; Action Plan; Commitment to Self-Forgiveness* (Cornish & Wade, 2015; Griffin et al., 2015; Woodyatt & Wenzel, 2014; Worthington, 2013; Zettle et al., 2009). We examine the complex situation faced by a woman affected by both substance abuse and chronic pain. Substance use disorders affect not only the individual but also their family, workplace, and community (Curran et al., 2000; Greenfield et al., 1998; Ianni et al., 2010; Laudet, 2007).

When a parent or partner is affected by a substance abuse disorder, this creates an environment in which family members can experience increased psychological distress in the

form of mood changes, high levels of anxiety, and problems with emotional regulation (Reilly, 1992). Further, family members may engage in avoidant and controlling measures that are ineffective and can lead to isolation and resentment (Reilly, 1992). Some may adopt excessive responsibilities to cover for the substance abuser's inability to meet a variety of obligations while others may try to protect the family reputation by presenting a face of normality, thus masking the real needs of the family (Reilly, 1992).

Similarly, chronic pain can present multiple difficulties for psychological treatment (Vowles & McCracken, 2008). Some efforts to reduce pain and control it through analgesia may be helpful, however, tolerance to analgesia creates increased distress where pharmaceutical interventions lose their effect (Vowles & McCracken, 2008). Complex comorbidities present difficulties for standardised and manualized treatments (Schoendorff et al., 2014). Third Wave behaviour therapies, as represented by Mindfulness and ACT, provide principles-based approaches, soundly underpinned by evidence, which can allow for the support of transdiagnostic approaches where no single therapeutic approach fits (Batten, 2011).

Research indicates that chronic pain treatments that promote psychological flexibility through alternative approaches to control and acceptance can improve life outcomes (Vowles & McCracken, 2008). Acceptance and Commitment Therapy focusses on a willingness to experience pain and other associated distressing private experiences, without taking unworkable action to eliminate pain (Vowles & McCracken, 2008). Acceptance and Commitment Therapy promotes valued life activity to change a person's relationship with pain, and their changed

relationship with pain increases the scope and ability to allocate psychological resources to a variety of life challenges (Vowles & McCracken, 2008).

This article outlines such an approach that demonstrated successful long-term outcomes for a client.

2. Case Introduction

Charlize is a 28-year-old female who is the daughter of immigrant parents. Her initial contact with the author was through participation in a public program that taught the principles of ACT. She subsequently presented for treatment at the author's private practice through the Australian Medicare funded Focused Psychological Services scheme. The client had previously undertaken 40 CBT treatment sessions of up to 1 hour each, over three years, at a different psychological practice. Treatment sessions sought to address the client's lifelong experience with chronic pain arising from a congenital chronic illness. Charlize stated that the CBT did not provide her with effective strategies to cope with the multiple points of distress in her life, which included family pressures associated with an alcoholic father and her experience of living with chronic disease and pain.

Charlize faced ongoing surgery and treatment for the musculoskeletal, bladder and urinary tract disorders associated with her congenital condition. She was very keen to obtain strategies to help her deal with the many conflicts and pressures she was facing. She was also interested in confirming her long-term relationship with her partner by becoming engaged and embarking on a married life.

3. Presenting Complaints

Charlize presented at our initial meeting as a tall, fit and immaculately groomed professional. She had considered fashion modelling in the past; however, initial history taking revealed major body image issues. In her initial comments about her health, she said something to the effect of “*looks deceive, don't they?*”. Charlize is part of a well-known family in an immigrant community, but said her family had significant secrets. Her father suffers from a substance use disorder and the family was hiding the effects of the disorder from the community.

As a high-level auditor of large corporate and government bodies across the state; Charlize performed work that carried a reasonably high profile in the community, major responsibilities, and a heavy workload. She identified her conundrum, explaining that she felt continuously judged - although she was a tall, statuesque woman who could easily grace the cover of a fashion magazine, had a high performing career and looked to others as if “*she had it all*”, within herself, she had chronic health conditions and was saddled with a dysfunctional family that hid their problems from the world. She reported that the combination of these stressors made it difficult for her to adjust to the many conflicting pressures she was facing and consequently, she experienced excessive reactions to stressors both in the workplace and at home and identified that these responses were intrusive and sometimes overwhelming. When overwhelmed, Charlize had nihilistic thoughts in which she wished it (life) would all go away, or that she could go to sleep and not wake up. Although these ideas had not transformed into active thoughts of death and self-harm, she acknowledged that the frequency of such experiences scared her.

Charlize indicated that her previous group training in ACT assisted her to identify her preferred life values and outcomes. However, the multiple barriers that she faced were overwhelming, and the CBT was not helping. She felt particularly ashamed and guilty of failing to live a life informed by her values. In particular, she struggled with being truthful with herself; living life in a disrespectful family relationship and not being able to speak up and assert her own preferences. Her priority was to develop psychological strategies that would assist her with her fluctuations in mood and anxiety. She wanted to be more present and responsive to her partner. She was keen to reduce her use of both prescribed and over-the-counter medication for the management of her chronic pain. She was also seeking more effective strategies to deal with both the stress of her job in her role as a leading advisor on company audits and her personal challenges with perfectionism.

4. History

Charlize is the second of three children. She and her younger sibling were born in Australia after the forced migration of their extended family to Australia from former colonial states. She reported that her parents and grandparents were distressed by their enforced move to Australia due to colonial era conflicts. Nevertheless, her family established well integrated lives and obtained good jobs and high-quality education; however, Charlize' health problems placed considerable strain on the family and their resources including the expenditure of time, effort and finances associated with repeated hospital attendance.

Although her family was loving and supportive, her father's problem with substance abuse was hidden. Charlize and her siblings were told not to 'make waves' about their father's frequent intoxication. Thus, no help was sought outside of the family for the problems associated with his substance dependence. Charlize experienced repeated disappointments throughout her life because her father could not be relied upon to follow through with his commitments. She recounted the highly traumatic experience of finding her father sometimes surrounded by pools of blood from cuts related to falls. Although her father was never violent, he was frequently incapable of taking care of himself.

Charlize reported feeling confused and distressed throughout her life because of the conflict between her parents' public responsibilities and their private dysfunction. She was now in a highly responsible position herself and felt conflicted about some aspects of public safety in relationship to her father's intoxication. She found these situations, which conflicted with her values, to be at times overwhelming.

Due to her chronic conditions, Charlize was a long-term user of various prescription pain relief medication: paracetamol, ibuprofen, codeine, oxycodone, and diclofenac. She feared dependence and the long-term effects of such medications on her stomach and gastrointestinal tract. She had a history of major corrective surgery to her spine and urinary tract. Charlize was highly conscious of her body image due to bullying and the high expectations set out for her. During her teens, she developed some symptoms of an eating disorder without being affected to the extreme. However, she retained high levels of vigilance around calorie consumption and a tendency to monitor and check her food intake.

Charlize would have preferred a career in design but was advised by her parents to obtain a business degree. Despite having achieved a high professional standing she reported a tendency to suffer from what she called the imposter syndrome; believing that she didn't really belong in her profession. Further, due to her perfectionism and lack of driving passion for this field of work, she tended to lack confidence in her decisions and advice and therefore engaged in procrastination and constant checking and rechecking that had become quite burdensome for her. In her private life, she was keen to confirm her long-term relationship. However, she was embarrassed by her family's decision to hide her father's substance use and due to her experience of self-blame, she lacked confidence in her suitability to be a long-term partner.

5. Assessment

Based on the client's request to utilise ACT, we employed the ACT Matrix (Figure 1) to identify values where the client believed she had not been congruent and was holding herself unworkably to account (Schoendorff et al., 2014). She identified some areas in her life where she had found it difficult to live with the decisions she had made and had not forgiven herself (Wenzel et al., 2012). We used the ACT Matrix (Figure 1) to indicate states of movement towards values and away from suffering.

We looked to develop appropriate values-based responses to key areas of life challenges at each session. We reviewed progress over 15 sessions, which were held at two to three-week intervals. Our sessions were designed to elicit experiences in which she was engaging in excessive processes of shame, self-blame, guilt and remorse. We then developed a process of

forgiveness towards herself. These behaviours enabled her to freely move towards areas of value in her life and consistently measure her progress

Progress was also assessed using a range of measures (Refer to Table 1).

6. Case Conceptualisation

At Charlize's initial therapy session, we agreed on developing a principles-based approach that could assist her across numerous life domains. Self-forgiveness principles and the ACT Matrix were used to develop this conceptualisation (Schoendorff, 2014).

Identifying the Burden: Key areas of distress included problems with perfectionistic behaviour; dealing with the imposter syndrome; experiencing shame, disgust and anger in relation to her father's experience and her family's response to it; difficulties living with a chronic disease; and the use of prescribed and over the counter medication. The client's primary distress symptoms took the form of panic reactions, particularly in relation to workplace matters, and depressed mood in relation to other problems in her life.

Values and Pathways: To place these burdens within the Matrix, we focused on the discrimination between forms and functions of experience (e.g. perfectionistic checking vs. avoidance of criticism) (Curtin, 2014; Harris, 2009). Therapy focused on identifying the client's mental or inner world experiences as opposed to her outer world or five senses experiences (Curtin, 2014). Her mental and five senses experiences were examined in terms of the degree to which they reflected broad domains of values-based responses (*toward moves*) and struggle-

based responses (*away moves*) (Schoendorff, 2014). We used a modified worksheet developed by Harris (2009). to clarify value domains A key value was the work of self-forgiveness anchored in the domain of self-compassion (Luoma & Platt, 2015). Within this context, values become a reference point for undertaking restorative action in response to actual or perceived transgressions against oneself (Wenzel et al., 2012; Woodyatt & Wenzel, 2013a).

Getting Unstuck: We completed the conceptualisation in the initial session by focusing on processes of workability. Attempts were made to identify what sensory area was being activated. The principles-based responses of ACT were then briefly reintroduced in relation to the acceptance of experience through openness and expansion. The client was encouraged to shift attention from thoughts that were rigid and to defuse those that were destructive. She was encouraged to observe her thoughts, become more connected to her present moment experience, and to take a more transcendent and observant view of herself and the context she found herself in. The therapy encouraged her to focus more on what she valued and on what mattered to her and to take present moment action and do what is required to live a life informed by her values (Curtin, 2014; Harris, 2012).

Granting Self-Forgiveness: The principles of self-forgiveness overlap with ACT therapy with the key outcome being to identify the extent to which we are stuck with shame, guilt, self-blame, regret and remorse, and how to underscore the importance of values-based responses (Cornish & Wade, 2015; Curtin, 2014; Harris, 2012; Schoendorff et al., 2014; Wenzel et al., 2012; Woodyatt & Wenzel, 2014). The final practice element upon which this conceptualisation was based was the regular practice of mindful breathing to reinforce skills in developing a

present-moment response to life pressure (Harris, 2012). Charlize was asked to practice a consistent pattern of focusing on her breathing as a place to gently focus her attention as a practice in the presence of the busyness of the mind (Harris, 2012). This practice was then used to develop the space for the concept of ‘me or I noticing’ which is at the centre of the ACT Matrix approach and also as a centre point of compassionate presence as a foundation for self-forgiveness (Luoma & Platt, 2015; Schoendorff et al., 2014).

Action Plan: The conceptualisation allowed her the freedom to flexibly apply the principles of the ACT Matrix and self-forgiveness to life challenges of low mood and anxiety, illness, body image, eating, relationships, work related (Adcock-VanderLugt, 2014; Polk, 2014a).

Commitment to Self-Forgiveness: The flexible application of these principles allowed therapy to respond to a variety of life challenges with a focus on the application of self-compassion and an openness to ongoing self-forgiveness through values-based responses to life set-backs and intrapersonal transgression.

7 Course of Treatment and Assessment of Progress

At her subsequent treatment session, Charlize reported initially feeling somewhat uplifted by the liberation of engaging with a more flexible treatment process (Schoendorff et al., 2014). She began by reviewing her values in some depth and identifying the importance of values such as integrity and being true to oneself and others (Harris, 2006). We commenced with the initial use of the ACT Matrix.

At her next session, Charlize reported on the application of the ACT Matrix to the process of perfectionism, and avoidance through procrastination. She reported that her values lay in the need to achieve a high standard of work, which reflected her organisation's commitment to outcomes, but to do so in a timely way and to reflect the thinking of the team in this particular project (Schoendorff et al., 2014). In the process of noticing her procrastination, she identified the fear of not getting it right or to the standard of her colleagues, and her self-doubt regarding her career choice (Schoendorff et al., 2014).

She noticed that, when caught in these struggles, her attempts to move away included extended checking and re-checking of her draft work. These *away moves* were followed by a failure to complete drafts for comment; daydreaming of alternatives; spending time looking at design websites; and then a rising sense of panic with a focus on bodily sensations, after which she lost confidence and withdrew from colleagues (Schoendorff et al., 2014). When engaging in values-driven behaviour, she sought out a trusted colleague to comment on her draft and held herself accountable to a timetable of such drafts. She then sought out the opinion of a senior partner to confirm her opinion. Then, despite feeling distressed, she was still able to put her opinion before the team for their commentary and sign off. She reported experiencing a sense of contentment and resolve in completing these values-based behaviours in the presence of discomfort and struggle (Schoendorff et al., 2014).

She then discussed problems related to her father, where she had recently felt a sense of betrayal, due to a lack of his follow through on a promise of sobriety and failure to enter detox.

Using the ACT Matrix, in session she debriefed her struggle with how this affected the experience of her relationship with her partner.

She drew attention to her feelings of helplessness and being ashamed of her family and how she felt controlled by this shame and how she would fall into old habits in her communication of stonewalling and defensiveness with her partner. This sense of helplessness had resulted in her leaving the home each day with a feeling of black despair. One particular night she reported wandering across town and being caught by the depth of this despair. Having walked for over 30 minutes, she came to a place where she started to focus on her breathing and was able to re-engage with values of self-care and self-compassion and before calling her mother for assistance.

When using the ACT Matrix to debrief on this incident, she identified the values that she wanted to move towards, which related to achieving a greater openness of communication and being both heard and understood in her relationships. She wanted to be acknowledged and comforted by her partner. She indicated that she was quick to move away from the feeling of being judged or taken for granted. She recognised that in her outer world experience she had physically removed herself from support and isolated herself in a way that was unsafe. However, when, she had focussed on moves toward her values of relationship and building a future, she then re-engaged with mindful noticing of her experience, opening up to the distress and seeking help.

We then focussed on what sorts of actions she might take toward her values in light of this experience. Charlize indicated that her values of wanting to be acknowledged, accepted and comforted, required her to develop and implement more workable forms of communication with her partner. This intention included agreement on the ways in which to talk about family problems in in such a way as to acknowledge the validity of her experience.

In her next session, she mentioned the continued sense of disappointment with her family. This disappointment was based on their unquestioning support of her father despite his latest relapsing behaviour. They did not encourage his insight about the effect of his behaviour her and other family members. In service of her values, she raised this with her mother and aunt but was told to *buck up* and *not be a drama queen*. She then was distressed by disappointment in both her father and more so the lack of family support. In session, we then engaged in a mindfulness exercise of guided noticing to identify and acknowledge her own needs in terms of self-respect, self-acceptance and self-compassion which were at the base of her requests of her family members. In this context, Charlize indicated that she would take some time to reflect upon this for a number of days and formulate a matrix response based on moves away from struggle and instead a move towards values.

At the next session, Charlize reported a persistent lift in her mood and energy, and a decrease in panic-related symptoms and experiences, checking and other anxiety-related behaviours. She reported a greater capacity to take action despite a desire to procrastinate and check and had instead completed a number of important advice documents. In relation to her family, she again identified that the driving force behind her family's dysfunction related

primarily to the family's maladaptive efforts to protect their reputation and the professional reputation of her father (Reilly, 1992). In response, she decided to adopt a sense of acceptance regarding her family's attitude while validating her own concerns. She then decided to limit the impact of her father's behaviour on her life and relationship with her partner.

With regard to her working life, Charlize was able to associate her experience with being stuck and fused to the story of perfectionism and the way in which it had dominated her work experience. She identified that was a principal source of her feelings of shame. When using the ACT Matrix to promote self-forgiveness, she became aware of harsh judgements that she was making about herself which included self-condemnation, criticisms and predicted failure. As a restorative process, she undertook to notice her thinking and to openly, step back and allow thoughts to be as they are. She committed to engaging in behaviours that reflected life affirming values, purposefully and methodically applied in the presence of her struggle. She began disentangling herself from long held distress. She commenced forgiving herself for her sense of having wasted much time and resources in her life (Cornish & Wade, 2015; Curtin, 2014; Harris, 2012; Schoendorff et al., 2014; Wenzel et al., 2012; Woodyatt & Wenzel, 2014).

Her next session focussed on her sense of current job insecurity as she was employed on a term contract on secondment to her current workplace. Her major concern was the possibility of returning to her former workplace in which there still worked a senior manager who had engaged in bullying and sexual harassment. This level of distress had caused her to engage in ruminative thought regarding her experiences of workplace harassment. She used the ACT Matrix to determine what moves she was making. Clinical RFT assisted in identifying her

perspectives (Törneke, 2009; Villatte & Villatte, 2013). We used the frame of distinction to identify in what way her current workplace experience was different to what she had previously experienced (Törneke, 2009; Villatte & Villatte, 2013). We then used relational framing to understand to what extent she had a hierarchy of options for building her preferred future including study and developing a private practice. Lastly, we identified her ‘away moves’ from confrontation and used a frame of opposition to identify her values which would support this confrontation of distressing events in service of her valued life outcomes and preferred future (Törneke, 2009; Villatte & Villatte, 2013).

She reported that she could approach her former workplace to discuss the matters of harassment and bullying so as to extend her secondment. Her current workplace was keen for her to be retained. Further, we identified how in making this move toward something aversive we were transforming her experience by the redirection of energy that was previously perceived as harmful toward a useful outcome (Schoendorff et al., 2014)

In her next session, Charlize reported that she had successfully negotiated with her former workplace and was able to extend her current secondment with possible permanency. By undertaking this important step in the presence of high levels of anxiety and self-doubt she had taken an essential restorative act. This act affirmed a self-forgiving approach which addressed a critical intrapersonal offence, that is, her sense of shame in not previously addressing her experience of harassment and bullying. She was able to review with her physician her medications for chronic pain which were causing gastro-intestinal problems. She planned to do this in the context of recovery from surgery that was scheduled to correct a diverticulum.

Charlize reported in her next session that she had made progress across a large number of values domains and had engaged in a wide variety of effective activity in response to her health which included discussions with her former workplace, a planned reduction in use of prescription drugs and increases in productive work. Most importantly, she had accepted a permanent appointment at her work and above all was building her relationship with her fiancé (Adcock-VanderLugt, 2014; Schoendorff et al., 2014).

However, in reducing her use of prescription drugs, she was conscious of being more fearful of addiction and being overly vigilant about her own history of using prescribed medication (Adcock-VanderLugt, 2014; Schoendorff et al., 2014). While she was in full recovery from her operation, she now had to contemplate a life that was medication free (Adcock-VanderLugt, 2014; Schoendorff et al., 2014). She was then asked to consider those things that were the objects of pain, struggle and distress, and these were associated with visions of her father's own addiction. Further, she considered feeling desperately anxious to avoid being "tarred with the same brush" and therefore being harshly critical of herself regarding past use of painkillers (Adcock-VanderLugt, 2014; Polk, 2014a; Schoendorff et al., 2014).

She then reported that her vigilance serves a purpose in terms of her values of being drug-free. (Adcock-VanderLugt, 2014; Schoendorff et al., 2014). She named her vigilance as being an appropriate application of the values of health, engaging fully with life by being alert and able to engage fully in all experiences. The principle of 'Yes, And?' was applied, that is, to have an

experience of being distressed and still engaging in moves towards her values of being free of reliance on drugs (Adcock-VanderLugt, 2014; Schoendorff et al., 2014).

By undertaking this work of inner reconciliation and applying restorative steps to her outer world experiences, Charlize was able to forgive herself in this area. She was able to affirm that she trusted herself in this area of pain relief through prescription drugs. She forgave herself for the distress caused by unworkable judgements and overestimated threats (Cornish & Wade, 2015; Curtin, 2014; Harris, 2012; Schoendorff et al., 2014; Wenzel et al., 2012; Woodyatt & Wenzel, 2014).

The next treatment target was dealing with calls made by her father while he was intoxicated, in effect a pseudo self-forgiveness strategy. These were in effect a method of him placing himself under false accountability and wanting to be let off the hook for being intoxicated. Rather than contacting Charlize when struggling with triggers for use, he called her after he had already failed (Woodyatt & Wenzel, 2013a). She used verbal aikido as outlined by Schoendorff et al. (2014) in the ACT Matrix. She understood that her previous response to these calls had not been adaptive. She had, in effect, tolerated such calls to avoid confrontation and this has caused psychological and physical tension. Instead, Charlize took a perspective from a frame of coordination, that is, she identified what she would advise a friend to do if they were going through such a situation. Such a friend, she now reasoned, would take appropriate steps to protect herself in such circumstances (Harris, 2012; Schoendorff et al., 2014). Accordingly, she planned to have a script of assertive responses to deal with such calls and, if necessary, to inform her further that she would screen her calls at certain times if she detected that her father was

intoxicated (Harris, 2012; Schoendorff et al., 2014). She used this technique and reported an increased sense of empowerment.

At her final session of therapy, Charlize reported ongoing distress–evoking behaviour attributable to her father due to his ongoing experience of relapse. This situation also involved attempts by the father to garner the support of a sibling (her brother) and who was not supportive of Charlize’ strategy of self-protection- a general pattern of behaviour which was in keeping with the family’s ongoing denial of the impact of her father’s behaviour (Reilly, 1992). However, she had been able to more effectively respond even though he had used a variety of means contact her to get past her screening of calls (Reilly, 1992).

Self-Reported outcomes of Self-Forgiveness with the ACT Matrix

Charlize reported overall satisfaction with the outcomes achieved in therapy due to the generalizable nature of the skills and principles inherent in the ACT Matrix. She appreciated the approach to therapy and the benefits gained by applying specific attention to self-forgiveness across a range of life challenges (Schoendorff et al., 2014; Wenzel et al., 2012; Woodyatt & Wenzel, 2014).

She reported significant breakthroughs in the management of mood, more effective responses to anxiety, and better overall decision making on complex and enmeshed health, family, employment and relationship matters (Polk, 2014a). She reported being far more able to respond effectively to internal and external criticism through present moment reference to her values and by utilising the techniques of acceptance and willingness to act in the presence of discomfort, and by being less avoidant and more engaged in important matters that require

resolution. She reported no longer having frequent and distressing thoughts of self-harm.

Consequently, she is now engaging in more effective responses to major stressful events in her family relating to matters of substance abuse. She also reports more workable responses to those valued events in her life by being able to attend to those things that really matter to her more effectively. We agreed to a planned follow-up at 26-weeks and 52-weeks, and if required, to engage in relapse prevention in any intervening period when necessary.

Psychological Measures of Treatment Progress

The following table of psychological measures provides information about Charlize progress from commencement, 6-weeks, 13-weeks 26-weeks and 52-weeks. Charlize made consistent gains across all measures which have been retained at 52-weeks post treatment.

Insert Table 1 Here

Table 1

Psychological Measures Treatment progress at Commencement, 6 weeks, 13 Weeks, 26 Weeks and 52 Weeks

MEASURES	START	6 WEEKS	13 WEEKS	26 WEEKS	52 WEEKS
DASS 21 DEPRESSION	26	18	10	2	2
DASS 21 ANXIETY	28	16	10	6	2
DASS 21 STRESS	28	24	13	9	8
GSFS	12	22	30	48	54
SELF REPORT DISTRESS	10	8	5	2	2
SELF REPORT FOCUS	9	7	5	3	1
SELF REPORT TRUST	1	4	5	7	9
AAQ11 7	32	22	11	10	7
CFQ7	24	16	7	7	7

Depression Anxiety and Stress Scale (DASS 21) (Lovibond & Lovibond, 1995)

Alcohol Use Disorders Identification Test (AUDIT), WHO (Babor, Higgins-Biddle, Saunders, & Monteiro, 2001)

Genuine Self-Forgiveness Scale (GSFS), Wenzel, Woodyatt, and Hedrick (2012)

Self-Forgiveness Self Report (Dewar, Delfabbro, Venning & Strelan 2013)

Acceptance and Action Questionnaire (AAQ-II 7), (Bond et al., 2011)

Cognitive Fusion Questionnaire (CFQ 7) (Gillanders et al., 2014).

Depression Anxiety and Stress Scale (DASS 21). The DASS 21 measures depression anxiety and stress. It provides insight into stress, independently of negative affect through a dimensional scale which reflects experiences over that last week (Antony et al., 1998). The DASS 21 gives clarity regarding the distinct experiences of depression, anxiety, and stress. These are commonly used by psychologists and a means of both history taking, progress measurement and feedback to both clients and a referring professional. The Likert Scale Measures consisted of 4 items 0 – 3. (*0 = did not apply to me at all., 3 = applied to me very much or most of the time*). Cut off scores are as follows. Normal Depression is less than 9, Anxiety is less than 7, and Stress is less than 14. Mild scores for Depression are 10-13, Anxiety: 8-9, Stress: 15-18. Moderate scores for Depression are 14-20, Anxiety: 10-14, Stress: 19-25. Severe scores for Depression are 21-27, Anxiety: 15-19, Stress: 26-33. Extremely Severe scores for Depression are 28 +, Anxiety: 20+, Stress: 34+. A recent study has yielded good internal consistency ($\alpha = .83$)(Dewar et al., 2017a).

The Genuine Self-Forgiveness Scale (GSFS). The GSFS is an eight-item questionnaire with a Likert scale score of 1-7 developed by Wenzel, Woodyatt, and Hedrick (2012). (*1 = I do not agree at all; 7 = I totally agree*). Examples of the questions included: *I feel like a bad person... I have forgiven myself...* . It provides a scale that focused on action-oriented aspects of self-forgiveness. This study confirmed the reported findings by Wenzel and colleagues that the scale had good internal consistency ($\alpha = .87$). Negative items were reverse scored, and a total was derived from the sum of the scores. Higher scores in the Genuine Self Forgiveness scale indicate higher levels on self-forgiveness.

The Self-Forgiveness Self-Report is a scale that refers to a self-identified intrapersonal transgression and subsequent self-reported levels of Distress, Focus and Trust in the respondent. (Woodyatt & Wenzel, 2014). The questions reference an incident in which the participants engaged in behaviour (including self-directed thoughts) that transgressed their values. The items were: (1) My thoughts (including words and images) often focus on this incident; (2) When my thoughts focus on this incident I become distressed; (3) When my thoughts focus on this incident I trust myself to not repeat what I did. This three-item questionnaire is based on Subjective Units of Distress scales using a Likert Scale of 1 -10 (*1 = least distress and 10 = maximum distress*) (Bennett-Levy et al., 2004). Progress is measured by comparison of reported distress at different points of treatment.

The Acceptance and Action Questionnaire (AAQ-II). The AAQ-II is a seven-item questionnaire which measures responses with a 1-7 Likert Scale. (*1 = never true; 7 = always true*). Questions include *I'm afraid of my feelings and Emotions cause problems in my life*. The AAQ II is used to measure the experience of acceptance, experiential avoidance, and psychological inflexibility (Bond et al., 2011). The structure and validity of the instrument have been tested yielding a mean alpha coefficient of $\alpha = .84$ and test-retest reliability $\alpha = .79$ at six months (Bond et al., 2011). This study yielded an alpha $\alpha = .81$. The AAQ-II also demonstrates appropriate discriminant validity. (Bond et al., 2011). Scores are summed to assess progress. High scores indicate a lower capacity for both acceptance and ability to take flexible action in the context of increases in distress (Bond et al., 2011).

Cognitive Fusion Questionnaire (CFQ 7). The CFQ is a seven-item measure utilising a 1-7 Likert scale to measure capacity to create psychological distance between a person and their thoughts, beliefs and memories (*1 = never true; 7 = always true*) (Gillanders et al., 2014). An example question was: *I struggle with my thoughts*. The instrument has been found in large-scale studies across clinical and general populations to have a stable factor structure. It has reliability, discriminant validity, and sensitivity to treatment effects. The CFQ has good internal consistency with this study confirming an $\alpha = 0.89$. Scores are totalled, and higher scores indicate greater levels of cognitive fusion and associated distress (Gillanders et al., 2014).

8. Complicating Factors

This client had previously received psychological treatment, which although evidence-based, failed to meet her needs and expectations. She was experiencing complex factors involving high levels of risk and uncertainty, including responses to chronic pain, the experience of living with a chronic disease, paternal substance abuse and its cover-up in an extended family, occupational stress, body image issue and personal relationship difficulties. In this complex network of interweaving challenges, the ACT Matrix, underpinned by the principles of self-forgiveness, delivered therapeutic techniques and principles that could be applied effectively across the range of presenting factors.

9. Barriers to Care

This client's family discouraged her from continuing treatment due to their established history of secrecy. The family also refused to attend therapy in support of Charlize.

10. Follow-Up

Two follow-up meetings were held with Charlize at 26-weeks and 52-weeks after completion of treatment. At the 26-week mark, Charlize reported that despite her family's efforts to mitigate the risks associated with her father's intoxication, his persistent failed attempts at detoxification and rehabilitation from substance abuse had led to a serious work-related incident that ended in his forced retirement. She was able to stand back and take an independent perspective without getting hooked (Schoendorff et al., 2014).

At her 52-week follow-up, Charlize confirmed that she had taken steps towards her preferred future by becoming married. She reaffirmed her use of ACT and self-forgiveness, which had provided her with more satisfactory treatment outcomes than CBT. She also reported greater psychological flexibility across a wide variety of contexts (Schoendorff et al., 2014; Wenzel et al., 2012; Woodyatt & Wenzel, 2014).

12. Recommendations to Clinicians and Students

ACT provides guidance so that a therapist is engaged in the collaborative construction of more effective life responses with the client. However, the therapist is therefore enjoined to be reflective on their own challenges when responding to life experiences and to model joint effort. In doing this work, therapists can form an appropriate alliance with their client that puts into action the principles of ACT and RFT with a focus on self-forgiveness.

ACT allows for both the therapist and client to be collaborative learners. ACT with self-forgiveness highlights that a person is not a manualized formula but rather, encompasses the

complexity of a beautiful ecosystem. ACT enables practitioners to outline a compassionate pathway that creates a safe journey of healing with the client who presents for therapy (DuFrene & Wilson, 2012; Harris, 2009; Hayes, 2004; Hayes et al., 1999; Luoma et al., 2007).

Therapists wishing to engage with clients and utilising ACT/RFT approaches promoting self-forgiveness should become familiar with the theory and practice of contextual behavioural science. Such knowledge is readily available through ACBS - the Association for Contextual Behavioural Science, a worldwide online learning and research community, which provides resources for anyone interested in ACT, RFT, and Contextual Behavioural Science (<https://contextualscience.org/>). This therapeutic community provides a large variety of free resources and the means for peer support and promotion of self-care for therapists engaged in this clinically demanding work.

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Discussion

Preliminary Overview

Recent theorizing and research into self-forgiveness, ACT (Acceptance and Commitment Therapy) and clinically focussed RFT (Relational Frame Theory) has provided new insight into therapeutic responses to self-blame, shame, guilt, regret, and remorse. These insights provide a basis for response to maladaptive and unworkable response to intrapersonal distress (Brown, 2015; Harris, 2006; Woodyatt & Wenzel, 2014; Zettle et al., 2009). In this dissertation, the potential value of these new approaches was investigated. This preliminary investigation was informed by contextual behavioural science and sought clarification of its application to principles designed to facilitate genuine self-forgiveness. The investigation included comparative studies using both qualitative and quantitative methods to consider the application of ACT with Self-forgiveness.

The therapeutic application of ACT with self-forgiveness in response to intrapersonal transgressions that offend a person's values, was informed by a principles-based approach. This approach utilised a secular mode of transcendent perspective taking. Self-forgiveness was used as a workable response to intrapersonal distress irrespective of whether anyone else by affected by a transgression or offence (Brown, 2015; Harris, 2006; Woodyatt & Wenzel, 2014; Zettle et al., 2009). The importance of values as a part of a cycle of awareness and responses of self-acceptance and self-forgiveness was central to the approach (Wenzel et al., 2012; Woodyatt & Wenzel, 2014; Zettle et al., 2009).

In summary, this dissertation outlines the application of an evidence-based set of principles to address treatment-resistant shame, guilt, self-blame, regret, and remorse through ACT with Self-forgiveness (Brown, 2006, 2008; Dewar et al., 2017a, 2017b, 2017f, 2017g). These principles, are drawn from current self-forgiveness research, RFT and the practice of ACT. The principles are intended to provide insights into therapy to respond to the role of language in the maintenance of distress linked to self-blame. The following discussion highlights the research findings of therapeutic interventions based on those principles.

Theoretical Discussion

Transcendent Perspective-Taking

The set of principles provided for self-forgiveness are useful in both secular and religious settings. The principles allow for a generalizable approach to self-forgiveness that is not based on any faith, creed, or spiritual experience (Barnes-Holmes, Hayes, & Gregg, 2001; DuFrene & Wilson, 2012; Keltner & Haidt, 2003). For example, the principles allowed allied health participants to take perspective from a transcendent point of view, consider dialogues of shame from a different experience of themselves, and step outside "roadblocks" to make changes (Barnes-Holmes, Hayes, & Dymond, 2001; Dewar et al., 2017g; Hayes, Gifford, Townsend, & Barnes-Holmes, 2001; Kahneman, 2011; McGilchrist, 2009).

Access to a transcendent perspective without necessarily utilising the concept of a higher power, (i.e., connection with God or spirituality) is an important element of ACT with self-forgiveness (Barnes-Holmes et al., 2001c; Dewar et al., 2017a, 2017f, 2017g; Enright, 1996;

Griffin & Worthington, 2013; Griffin et al., 2015). In the comparative study, increased flexibility was offered to participants who had poor experiences with the spiritual elements of 12-step programs or organised religion (Dewar et al., 2017a, 2017b, 2017f, 2017g; DuFrene & Wilson, 2012). RFT and ACT provide a secular approach to the power of transcendent perspective taking through the relational frames provided by language (Barnes-Holmes et al., 2001c; Keltner & Haidt, 2003; Villatte et al., 2012). Each intervention was designed to focus on transcendent perspectives that allowed for a therapeutic release from being stuck in story or contexts and allowed perspective-taking on workable values-based alternatives (Barnes-Holmes et al., 2001c; Villatte et al., 2012).

Transcendent self-forgiveness allowed non-judgemental examination of internal dialogues and experiences, which in turn allowed a profound alternative perspective to develop, as illustrated by a participant in the thematic analysis: *the principles made me think differently and totally change my approach to how I think about my life* (Dewar et al., 2017b, 2017f, 2017g). The implications for practice in self-forgiveness, includes recognising the importance of creating experiences of transcendence for anyone that needs that experience (Barnes-Holmes et al., 2001c; Keltner & Haidt, 2003; Villatte et al., 2012).

This experience of transcendence needs to include those who are believers, agnostic or atheist and be flexible enough to include a variety of spiritual and religious experience (Barnes-Holmes, Hayes, & Gregg, 2001; Keltner & Haidt, 2003). Consequently, therapists need to consider how to create within therapy the freedom and flexibility offered by an experience of mystery, the numinous and the universal (Barnes-Holmes, Hayes, & Gregg, 2001; Keltner &

Haidt, 2003). Treatment needs to create therapeutic experiences that recognise the unique and miraculous experience of being human, perfect, and whole in the presence of whatever imperfections are perceived in life (Bassett et al., 2011; Hayes, Barnes-Holmes, & Roche, 2001; Luskin, 2002).

Self-Forgiveness Based on Radical Self-Acceptance

The individual case study highlighted that self-forgiveness as a behavioural response interacts continuously with processes of self-acceptance (Bennett, 2015). Participants in the thematic analysis also observed that self-forgiveness needs to respond to mistakes, wrongdoing, and offences that occur sometimes deliberately, sometimes by omission, sometimes by ignorance, and sometimes for no particular reason at all (Brown, 2010a; Cornish & Wade, 2015; Griffin et al., 2015; Hall & Fincham, 2005; Harris, 2006; Woodyatt & Wenzel, 2014; Zettle et al., 2009).

The ever-present nature of life-challenges highlights implications for practice that promote capacity in the therapeutic setting to enable radical self-acceptance. In short, participants were able to put into effect a mantra: *I accept myself for who I am, I get in touch with my values. I acknowledge what is not working in my life; then I work, according to my values, to address what is not working. I accept myself and I forgive myself for a transgression by responding as well as I can, as informed by my values. I now accept myself as perfect in my imperfection.*

The next challenge for promoting self-forgiveness with ACT is engagement with an

ongoing perspective-taking that provides an independent and perhaps dispassionate approach to exploring life setbacks and transgressions. The exploration requires openness, interest, and curiosity to examine the burdens caused by such mistakes (Bennett, 2015; Brown, 2010b; Dewar et al., 2017b, 2017g; Harris, 2006). Further effort is required to understand and describe how self-forgiveness interacts with values and how this enables useful perspective-taking. For example, an allied health participant reported using perspective-taking to regain trust in themselves and to develop the ability to reduce their stress through taking actions that were informed by self-forgiveness (Dewar et al., 2017b, 2017g).

Additionally, a more detailed examination is required on how self-forgiveness facilitates useful outcomes as reported by participants who took actions that included examining the life context in which those mistakes occurred; developing flexible responses to experiences of transgression, and doing what really worked in response, for example, by becoming more open and honest in relationships and changing responses to the imposter syndrome and procrastination at work (Dewar et al., 2017a, 2017b; Harris, 2006; Woodyatt & Wenzel, 2014; Zettle et al., 2009).

Each of the interventions provided information on how values drive the disposition to be self-forgiving or the tendency to offer compassionate, self-accepting forgiveness towards oneself. Future research on self-forgiveness in therapeutic settings needs to develop further understanding of how these values can be consistently revealed (Dewar et al., 2017b, 2017g; Luoma & Platt, 2015; Woodyatt & Wenzel, 2014). Further study is also required to investigate the interaction of values and other factors that influence a disposition towards, and states of, self-forgiveness.

A Principle-Based Approach to Self-Forgiveness

This study provides evidence for a readily applicable individual and group-based therapy that facilitates self-forgiveness (Martyn, 2016). Lander (2012); Martyn (2016) and Snider (2015) have discussed the difficulty of providing evidence-based approaches that traverse self-forgiveness in a way that provides useful therapeutic benefits for individuals in treatment. Allied health professionals, in this study, applied ACT with self-forgiveness in settings that involved individuals who had experience with anxiety and depression, trauma, drug abuse, domestic violence, and dysfunction in the community. Self-forgiveness allowed practitioners to use new tools in response to cases that were stuck (Schoendorff et al., 2014).

The principles provided a useful pathway to address the complexity and often idiosyncratic nature of intrapersonal transgression. The principle-based approach overcomes the dilemma of manualised systems of response and this was evidenced by a number of respondents who wanted alternatives to directive manual-based therapy (Bassett et al., 2016; Bassett et al., 2011; Dewar et al., 2017a, 2017b, 2017f, 2017g; Martyn, 2016; Snider, 2015; Woodyatt & Wenzel, 2014). ACT and RFT provides individuals with a structured but flexible means to observe, name, and respond more effectively to their intrapersonal offences and associated psychological distress (Dewar et al., 2017a, 2017b, 2017c, 2017f, 2017g; Luoma et al., 2007; Luoma & Platt, 2015; Zettle et al., 2009). RFT principles support and expand upon the four components presented by Cornish and Wade (2015), namely responsibility, remorse, restoration, and renewal.

The seven principles derived from ACT and self-forgiveness outlined above assisted to compassionately explore burdens caused by problematic life experiences. These enabled therapists to encourage their clients to take interested perspectives on behaviours in their context; to deal flexibly and curiously with thoughts and emotions, and physical sensations underpinning self-blame, shame, guilt, and remorse; to use courage to take a values-informed approach to getting unstuck from unworkable subjective states and to then take compassionate stances in which to explore self-forgiveness; and, developing values-based pathways for responsible action, (Dewar et al., 2017c, 2017d, 2017e, 2017f, 2017g).

Self-Care for Allied Health Professionals

The results reported by allied health professionals found that values-based behaviours reportedly encouraged adaptive responses to transgressions against the self, and was beneficial for clients who had experienced significant life setbacks (Dewar et al., 2017b, 2017g; Harris, 2006; Lander, 2012; Schoendorff et al., 2014). Allied health professionals reported that a principles-based approach to self-forgiveness provided insights that promoted clarity in dealing with distress and life setbacks (Polk & Schoendorff, 2014; Wenzel et al., 2012; Wohl et al., 2010). Self-forgiveness was applied by allied health professionals to both their own needs, and the needs of their clients, to enable the alteration of perspectives and the exploration of personal values (Dewar et al., 2017b, 2017g; Lander, 2012; Schoendorff et al., 2014; Woodyatt & Wenzel, 2014).

In terms of application to practice and research, the reported sense of empowerment and ability to reduce self-blame that was promoted by the interventions is worthy of further scrutiny.

Participants reported the skills of non-judgmental description as a means to engage with negative emotions, which in turn, allowed a self-forgiving reassessment of how they relate to emotions as a representation of themselves (Harris, 2006; Schoendorff et al., 2014). Interestingly, allied health professionals agreed with observations by Lander (2012), that previously reassuring behaviours, such as punishing oneself and engaging in pseudo self-forgiveness, were reassessed as being harmful and served to maintain their own cycle of distress (Bassett et al., 2011).

Importantly, allied health professionals identified that intrapersonal offence, that occurs in the absence of objective wrongdoing and offence, may even arise from the conflict of two goods (Brown, 2006, 2010a, 2012; Dewar et al., 2017c, 2017g). For example, an offence may occur in the area of self-care in the competing presence of needing to care for others, the need for time with family versus time in their professional lives, and a myriad of other areas of common endeavour (Brown, 2006, 2010a, 2012; Dewar et al., 2017c, 2017g). Given recent interest in self-harm in the health profession, this is an area worthy of further enquiry (Hecht, 2013; Hirsch et al., 2011; Milner et al., 2016).

A Transdiagnostic Approach for Multiple Co-morbidities

The principles of ACT together with self-forgiveness were facilitated through the use of the ACT Matrix and provided a flexible transdiagnostic response for a person experiencing multiple comorbidities and life challenges associated with the destructive effects of a substance abuse disorder in a family member (Griffin & Worthington, 2013; Wohl et al., 2010; Zettle et al., 2009). The principles were applied to the needs of a client presenting with chronic disease and associated chronic pain and resulting experiences of shame, self-blame, guilt, low mood, and

high levels of anxiety. The client was also experiencing thoughts of death and was deeply affected by a parent with a substance disorder (Reilly, 1992; Vowles et al., 2009; Wenzel et al., 2012).

ACT with self-forgiveness was sought by a client who was dissatisfied with CBT (Lappalainen et al., 2007; Wilson et al., 2001). At one-year post-treatment, the client confirmed positive life changes facilitated through values-based responses to life challenges and reaffirmed through the use of ACT and self-forgiveness. The client reported greater psychological flexibility across a wide variety of contexts as ACT with self-forgiveness had provided more sustainable treatment outcomes in comparison to CBT and ACT alone (Schoendorff et al., 2014; Wenzel et al., 2012; Woodyatt & Wenzel, 2014).

A key implication for the further application and research of this principles-based approach is the importance of a collaborative learning approach in therapy, between therapist and client, that addresses unique combinations of comorbidities and where ACT with self-forgiveness provides a contextualised and evidence-based approach to complex presentations (DuFrene & Wilson, 2012; Wilson et al., 2001; Woodyatt & Wenzel, 2014; Zettle et al., 2009). This result has important implications for researchers into self-forgiveness seeking efficacious and efficient individual and group treatments as the basic materials for ACT training for therapists are readily disseminated by the Association for Contextual Behavioural Sciences (Harris, 2006; Martyn, 2016; Snider, 2015)

Limitations and Future Directions

This dissertation used a process of triangulation and gathered data from three different sources to study the additive effects of self-forgiveness to ACT - it is, however, exploratory in nature. Apart from a single book chapter, the literature has little to offer regarding the direct application of ACT to self-forgiveness, and therefore no meta-analytic data is available on treatment intervention effects. The comparative study included groups of participants engaged in individual therapy that were similar on baseline scores, and also included a follow-up period. Those involved in the comparative study were allocated to ACT alone or ACT with self-forgiveness. In the qualitative study, the group of allied health professionals were derived from a convenience sample and had a wide variety of experiences, they were, however, all exposed to both ACT alone and ACT with self-forgiveness in successive programs. The individual case study had experienced ACT psychological education conducted by the author prior to the treatment with ACT and self-forgiveness as outlined in this study. There are some conceptual and methodological issues that should be noted.

First, both the comparative study and the individual case study involved Australian convenience samples who had sought help from a government subsidised psychological treatment programme. The qualitative study using a thematic analysis of allied health professionals was based on a sample who responded to advertising and invitations. It is unclear to what extent the findings from these studies can be generalised to other populations and whether the inclusion of other therapeutic or multi-disciplinary approaches might further influence the results.

Second, it is not possible to rule out the chance that some of the changes reported were influenced by cognitive dissonance or demand effects - that is, people asked to devote time and effort to undertake a therapeutic treatment may be motivated to seek or report improvement so as to justify the time spent in the programme. The study is not one that is “blinded” and may be affected by a reporting bias.

Some participants were also in a state of recovery, so it is possible they would have shown some signs of improvement in the absence of formal intervention. Finally, in studies of this nature, it is important to consider whether the results were influenced by the particular style and manner of the therapist and whether others working with the same intervention approach will apply the principles in the same way and with the same degree of success. However, in defence of the study, it should be pointed out that, some of the factors remained constant across the two conditions, which suggests the findings still provide reasonable evidence of improvements across a range of measures and generally strong results were found with the inclusion of the self-forgiveness component.

Further research could focus on providing data regarding what factors mediate self-forgiveness across a variety of contexts. Research could focus on the extent to which values may act as a mediator of self-forgiveness and provide indicators of how or why such effects occur.

Although the studies provide encouraging results on the benefits of self-forgiveness as a tool for use in therapeutic contexts, it would be important for the results to be replicated in other studies. Further studies could examine moderating variables in a variety of contexts. This may

involve diverse populations of clients. This would require greater attention to be directed towards both individual differences and group delivery of the intervention. For example, self-forgiveness-based approaches may be beneficial for treating conditions in particular treatment settings (individual and group therapy), and may also play a role in assisting therapists with clients from particular therapeutic populations, such as those experiencing self-harm, substance use disorder, PTSD, anxiety, depression, and interpersonal and family conflict.

Researchers within the fields of contextual behavioural science and self-forgiveness would benefit from increased connection, collaboration and co-operative research just as has been experienced in the field of self-compassion. ACT with self-forgiveness offers a useful expansion on value-based responses to suffering and struggle, and to affirm the realisation that all are able to respond to life setbacks from a stance that we are all perfect in our imperfection.

Appendix A Ethics Approval



RESEARCH BRANCH
OFFICE OF RESEARCH ETHICS, COMPLIANCE AND
INTEGRITY

PAULA ROSENBAUER
ACTING SECRETARY
HUMAN RESEARCH ETHICS COMMITTEE
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CRICOS Provider Number 00123M

16 April 2013

Dr P Strelan
Psychology

Dear Dr Strelan

PROJECT NO: H-2013-020

Self-forgiveness: from distress to flourishing. How self-forgiveness acts to relieve psychological distress and increase the utility of therapeutic interventions

I write to advise you that the Human Research Ethics Committee has approved the above project. Please refer to the enclosed endorsement sheet for further details and conditions that may be applicable to this approval. Ethics approval is granted for a period of three years subject to satisfactory annual progress reporting. Ethics approval may be extended subject to submission of a satisfactory ethics renewal report prior to expiry.

The ethics expiry date for this project is: 30 April 2016

Where possible, participants taking part in the study should be given a copy of the Information Sheet and the signed Consent Form to retain.

Please note that any changes to the project which might affect its continued ethical acceptability will invalidate the project's approval. In such cases an amended protocol must be submitted to the Committee for further approval. It is a condition of approval that you immediately report anything which might warrant review of ethical approval including (a) serious or unexpected adverse effects on participants (b) proposed changes in the protocol; and (c) unforeseen events that might affect continued ethical acceptability of the project. It is also a condition of approval that you inform the Committee, giving reasons, if the project is discontinued before the expected date of completion.

A reporting form for the annual progress report, project completion and ethics renewal report is available from the website at <http://www.adelaide.edu.au/ethics/human/guidelines/reporting/>

Yours sincerely

Dr John Semmler
Convenor
Human Research Ethics Committee



RESEARCH BRANCH
OFFICE OF RESEARCH ETHICS, COMPLIANCE AND
INTEGRITY

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CRICOS Provider Number 00123M

Applicant: Dr P Strelan

School: Psychology

Project Title: ***Self-forgiveness: from distress to flourishing. How self-forgiveness acts to relieve psychological distress and increase the utility of therapeutic interventions***

THE UNIVERSITY OF ADELAIDE HUMAN RESEARCH ETHICS COMMITTEE

Project No: H-2013-020 **RM No:** 0000016078

APPROVED for the period until: **30 April 2016**

Thank you for the responses dated 11.04.13 to the matters raised by the Committee. It is noted that this study will involve Grant Dewar, PhD candidate.

Refer also to the accompanying letter setting out requirements applying to approval.

Dr John Semmler
Convenor
Human Research Ethics Committee

Date: 18 April 2013

Appendix B Invitation to Participate



INVITATION TO PARTICIPATE IN A RESEARCH STUDY

Responding to Setbacks in Life

Hello, my name is Grant Dewar and I am conducting a research study that is investigating how various aspects of psychological distress are related to how we respond to setbacks.

You have received this information as you have responded to an advertisement or information provided about the study. Participation in any research project is voluntary. If you do not wish to take part, you are not obliged to. If you decide to take part and later change your mind, you are free to withdraw from the project at any stage without providing a reason. Your decision to take part, not to take part or to withdraw will not affect your care pathway, routine treatment, or your relationship with those treating you.

Background

Psychological distress involves many factors including the way we think about life, emotional factors, physical factors social support and health. The experience of distress may arise from a wide variety of circumstances and commonly leads to poorer quality of life than might otherwise be available. Often in life we experience setbacks in the form of losses, failures, bad choices and missed opportunities, for all of which we may hold ourselves to blame. Chronic Pain is experienced by up to 20% of the population and the experience of chronic pain may be associated with psychological distress. This study seeks to investigate how various aspects of psychological distress are related to how we respond to setbacks such as the experience of chronic pain.

Current research demonstrates that psychological interventions effectively assist to restore psychological health. However, the study of self forgiveness and its interaction with psychological distress is relatively new and may be useful for further informing treatment options. We are seeking to study the best form of response to these circumstances and are seeking people interested in participating in a group program which will provide information, direction and activities to apply to overcoming setbacks when we blame ourselves.

The act of self-forgiveness contains within it the possibility and opportunity to enter into a new approach to life. This research will review current approaches to the treatment of psychological distress and the link between self-forgiveness and restoration of psychological health.

Participation

If you are above 18, and not currently receiving treatment for a psychological condition, and provide your voluntary consent to participate in this study, we would ask you to participate in the proposed program which will consist of 3 x 2.5 hour sessions. The program will provide a manual and interactive information sessions, some activities to complete in your own time and a number of surveys to respond to online. In order to determine the best measure of progress a number of measures of forgiveness and psychological health will be included in an analysis of the information provided by participants.

There will be two intake rounds to which participants will be allocated, if you choose to be included in the second round, on a waitlist, you will be asked to complete psychological measures online. Your participation in this waitlist group will assist the study to set a baseline for measures.

The program will be delivered by a registered psychologist. If you participate in the program and you feel you need support for any psychological distress you may experience, the registered psychologist will assist you to access care through an appropriate facility such as: telephone counselling services, your GP, or treating provider or through contact with the SA Health Mental Health Triage Service (ACIS) 131465.

Potential benefits of this research include the development of improved psychological and well being interventions.

Your confidentiality will be protected and your personal details will not be identified. Participation in this study is completely **voluntary**, which means you can participate if you choose, but if you do not want to participate, you may withdraw at any time. This research will require only your attendance at three sessions and participation in surveys.

Next Step

If you are interested in participating in this voluntary study, please register for the program online at

www.

Regards,

Grant Dewar

Principal Investigator

Adelaide University

The University of Adelaide Human Research Ethics Committee has approved this study.

Should you wish to speak to a person not directly involved in the study in relation to:

- *matters concerning policies,*
- *information about the conduct of the study,*
- *your rights as a participant*

you may contact the:

Human Research Ethics Committee's Secretariat

Phone: (08) 8313 6028

Email: hrec@adelaide.edu.au

- Edited Advertising Material



**THE UNIVERSITY
of ADELAIDE**

The University of Adelaide
School of Psychology
Location: Room 526

Study: Dealing with the setbacks in Life

Often in life we experience setbacks in the form of losses, failures, bad choices and missed opportunities, our responses to such setbacks may be helpful but sometimes are not . Chronic Pain is experienced by up to 20% of the population and the experience of chronic pain may be associated with psychological distress. This study seeks to investigate how various aspects of psychological distress are related to how we respond to setbacks such as the experience of chronic pain

We are seeking to study responses to these circumstances and are seeking people interested in participating in a group program which will provide information, direction and activities to help overcome setbacks.

The program will consist of 3 x 2 .5 hour interactive sessions which will provide information to deal with setbacks, some activities will be required to be completed in your own time.

If you are interested in attending please register online at: xxxx

Grant Dewar Investigator
University of Adelaide
Room 207 Hughes Bldg School of Psychology
Email: grant.dewar@adelaide.edu.au
ph : 08: 83133401 (int 33401)

Appendix C Participant Information



PARTICIPANT INFORMATION SHEET

PROJECT TITLE: Responding to Setbacks in Life

HUMAN RESEARCH ETHICS COMMITTEE APPROVAL NUMBER: H-2015- XXXX

**PRINCIPAL INVESTIGATOR: Grant Dewar, M Psych (Health), M Ed,
PhD/M Psych (Clinical) Candidate**

Dear Participant,

You are invited to participate in the research project *Responding to Setbacks in Life*, we provide a full description below.

What is the project about?

Psychological distress involves many factors including the way we think about life, emotional factors, physical factors social support and health. The experience of distress may arise from a wide variety of circumstances and commonly leads to poorer quality of life than might otherwise be available. Often in life we experience setbacks in the form of failures, losses, bad choices and missed opportunities, for all of which we may hold ourselves to blame. People making decisions about Life directions may experience psychological distress in these circumstances. This study will focus on the experience of psychological distress and its impact.

Current research demonstrates that psychological interventions effectively assist to restore psychological health. However, the study of self-forgiveness and its interaction with psychological distress is relatively new and may be useful for further informing treatment options. We are seeking to study the best form of response to these circumstances and are seeking people interested in participating in a group program which will provide information, direction and activities to apply to overcoming setbacks when we blame ourselves.

The act of self-forgiveness contains within it the possibility and opportunity to enter into a new approach to life. This research will review current approaches to the treatment of psychological distress and the link between self-forgiveness and restoration of psychological health.

Who is undertaking the project?

This project is being conducted by Grant Dewar M Psych (Health) M Ed. This research will form the basis for a Doctorate of Philosophy and Master of Psychology (Clinical) at the University of Adelaide under the supervision of Dr Peter Strelan, Professor Paul Delfabbro and Dr Anthony Venning and has been undertaken with an Australian Postgraduate Award.

Why am I being invited to participate?

If you are 18 or above and not currently receiving treatment for a psychological condition, you are invited to voluntarily participate in the research proposed below:

What will I be asked to do?

Participation is voluntary, and you may withdraw at any time.

We are seeking to involve participants in activities which may involve either individual or group sessions of psychological education or Treatment.

Participation will include the completion of online questionnaires: prior to participation in individual or group sessions; immediately following sessions; and, at a six week follow up. Completion of online questionnaires is voluntary and does not affect participation in individual or group sessions or your ability to withdraw.

Some activities may be digitally recorded and in this case further permission will be obtained from you at that time and you are free to decline to participate in such recordings without affecting your participation or ability to withdraw.

This research will be undertaken at:

The University of Adelaide,
School of Psychology, Hughes Building North Terrace Adelaide

Health on Daws,
135 Daws Rd St Marys 5042

How much time will the project take?

Individual sessions may involve up to 10 – 30 sessions of 1 hour each on a weekly basis.

Group sessions may involve sessions up to 8 hours per day for one or two days over 1- 2 weeks.

Response to Online Questionnaires may involve three responses of up to 45 mins each over 6- 8 weeks.

Are there any risks associated with participating in this project?

Participation in Psychological education or treatment will inevitably bring us into contact with challenging experiences for ourselves or those experienced by others we know. To minimise the risks inherent in such experiences the program will be delivered by a registered psychologist. If you participate in the program and you feel you need support for any psychological distress you may experience, the registered psychologist will assist you to access care through an appropriate facility such as: telephone counselling services, your GP, or treating provider or through contact with the SA Health Mental Health Triage Service (ACIS) 131465.

What are the benefits of the research project?

Potential benefits of this research include providing further information for the possible development of improved psychological and well-being interventions.

Can I withdraw from the project?

Participation in this project is completely voluntary. If you agree to participate, you can withdraw from the study at any time. This research will require only your attendance at agreed sessions and participation in surveys.

What will happen to my information?

Your confidentiality will be protected, and your personal details will not be identified. Participation in this study is completely **voluntary**, which means you can participate if you choose, but if you do not want to participate, you may withdraw at any time and the information you have provided will not be used.

If you do choose to maintain your participation your information will be confidentially **stored**, and only the investigator and research supervisors will have access to information which has been **de-identified**. Research materials will be stored securely in electronic format for up to five years at the University of Adelaide. Information obtained will be used as statistical information and reported as results in academic publications, journal articles, PhD/Honours/Master's thesis and presentations to Psychological Conferences. Case study participants will be de-identified, and their treatment participation will not be identifiable. Participants in group sessions and questionnaires will not be individually identified in publications, with only aggregated data published. The results of the research will be made available to the participants through access to the completed research papers.

Who do I contact if I have questions about the project?

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What if I have a complaint or any concerns?

The study has been approved by the Human Research Ethics Committee at the University of Adelaide (approval number H-2015-xxx). If you have questions or problems associated with the practical aspects of your participation in the project, or wish to raise a concern or complaint about the project, then you should consult the Principal Investigator. Contact the Human Research Ethics Committee's Secretariat on phone +61 8 8313 6028 or by email to hrec@adelaide.edu.au. If you wish to speak with an independent person regarding concerns or a complaint, the University's policy on research involving human participants, or your rights as a participant. Any complaint or concern will be treated in confidence and fully investigated. You will be informed of the outcome.

If I want to participate, what do I do?

If you wish to participate in this study, please use the following link to access more information and to register for participation: <https://www.surveymonkey.com/r/GGD822D>

You will then be contacted by the Principal Investigator regarding confirmation of dates for participation or to clarify any questions you may have

Yours sincerely,

GRANT DEWAR, PHD CANDIDATE, PRINCIPAL INVESTIGATOR

DR PETER STRELAN, SENIOR LECTURER

PROFESSOR PAUL DELFABBRO

DR ANTHONY VENNING, CLINICAL PSYCHOLOGIST,

Online Participant Information

Participant Information

Welcome!

We are conducting a study about how we can learn effective responses to setbacks in life and how we behave and feel after we have to face the consequences of actions that might have harmed ourselves or others.

This study is part of a project at the University of Adelaide led by Grant Dewar under the supervision of Dr Peter Strelan, and has been approved by the University's Human Research Ethics Committee.

PARTICIPANT INFORMATION SHEET

PROJECT TITLE: Responding to Setbacks in Life

HUMAN RESEARCH ETHICS COMMITTEE APPROVAL NUMBER: H-2015- XXXX

PRINCIPAL INVESTIGATOR: Grant Dewar, M Psych (Health), M Ed,
PhD/M Psych (Clinical) Candidate

Dear Participant,

You are invited to participate in the research project Responding to Setbacks in Life, we provide a full description below.

What is the project about?

Psychological distress involves many factors including the way we think about life, emotional factors, physical factors social support and health. The experience of distress may arise from a wide variety of circumstances and commonly leads to poorer quality of life than might otherwise be available. Often in life we experience setbacks in the form of failures, losses, bad choices and missed opportunities, for all of which we may hold ourselves to blame. People making decisions about Life directions may experience psychological distress in these circumstances. This study will focus on the experience of psychological distress and its impact.

Current research demonstrates that psychological interventions effectively assist to restore psychological health. However, the study of self-forgiveness and its interaction with psychological distress is relatively new and may be useful for further informing treatment options. We are seeking to study the best form of response to these circumstances and are seeking people interested in participating in a group program which will provide information, direction and activities to apply to overcoming setbacks when we blame ourselves.

The act of self-forgiveness contains within it the possibility and opportunity to enter into a new approach to life. This research will review current approaches to the treatment of psychological distress and the link between self-forgiveness and restoration of psychological health.

Who is undertaking the project?

This project is being conducted by Grant Dewar M Psych (Health) M Ed. This research will form the basis for a Doctorate of Philosophy and Master of Psychology (Clinical) at the University of Adelaide under the supervision of Dr Peter Strelan , Professor Paul DeFabbro and Dr Anthony Venning and has been undertaken with an Australian Postgraduate Award.

Why am I being invited to participate?

If you are 18 or above and not currently receiving treatment for a psychological condition you are invited to voluntarily participate in the research proposed below:

What will I be asked to do?

Participation is voluntary and you may withdraw at any time.

We are seeking to involve participants in activities which may involve either individual or group sessions of psychological education or Treatment.

Participation will include the completion of online questionnaires: prior to participation in individual or group sessions; immediately following sessions; and, at a six week follow up. Completion of online questionnaires is voluntary and does not affect participation in individual or group sessions or your ability to withdraw.

Some activities may be digitally recorded and in this case further permission will be obtained from you at that time and you are free to decline to participate in such recordings without affecting your participation or ability to withdraw.

Participation Information

This research will be undertaken at:

The University of Adelaide,

School of Psychology, Hughes Building North Terrace Adelaide

Health on Daws,

135 Daws Rd St Marys 5042

How much time will the project take?

Individual sessions may involve up to 10 – 30 sessions of 1 hour each on a weekly basis

Group sessions may involve sessions of up to 8 - 16 hours over one or two days over 1- 2 weeks

Response to Online Questionnaires may involve three responses of up to 45 mins over 6- 8 weeks.

Are there any risks associated with participating in this project?

Participation in Psychological education or treatment will inevitably bring us into contact with challenging experiences for ourselves or those experienced by others we know. To minimise the risks inherent in such experiences the program will be delivered by a registered psychologist. If you participate in the program and you feel you need support for any psychological distress you may experience, the registered psychologist will assist you to access care through an appropriate facility such as: telephone counselling services, your GP, or treating provider or through contact with the SA Health Mental Health Triage Service (ACIS) 131465.

What are the benefits of the research project?

Potential benefits of this research include providing further information for the possible development of improved psychological and well being interventions.

Can I withdraw from the project?

Participation in this project is completely voluntary. If you agree to participate, you can withdraw from the study at any time. This research will require only your attendance at agreed sessions and participation in surveys.

What will happen to my information?

Your confidentiality will be protected and your personal details will not be identified. Participation in this study is completely voluntary, which means you can participate if you choose, but if you do not want to participate, you may withdraw at any time and the information you have provided will not be used.

If you do chose to maintain you participation your information will be confidentially stored, and only the investigator and research supervisors will have access to information which has been de-identified , Research materials will be stored securely in electronic format for up to five years at the University of Adelaide. Information obtained will be used as statistical information and reported as results in academic publications, journal articles, PhD/Honours/Master's thesis and presentations to Psychological Conferences. Case study participants will be de-identified and their treatment participation will not be identifiable. Participants in group sessions and questionnaires will not be individually identified in publications, with only aggregated data published. The results of the research will be

made available to the participants through access to the completed research papers.

Who do I contact if I have questions about the project?

Grant Dewar PhD Candidate
Principal Investigator
Room 207, Hughes Building, School of Psychology, Faculty of Health Sciences
University of Adelaide School of Psychology, Faculty of Health Sciences
Phone: +61(08) 83133401 Fax: +61(08) 8313 3770
Mob: 0417869411,
Email: grant.dewar@adelaide.edu.au

Dr Peter Strelan, Senior Lecturer
School of Psychology, Faculty of Health Sciences
University of Adelaide, Room 515, Hughes Building
Phone: +61(08) 8313 5662 Fax: +61(08) 8313 3770
peter.strelan@adelaide.edu.au

Professor Paul Delfabbro
Room 506, Hughes Building, School of Psychology, Faculty of Health Sciences
University of Adelaide
Phone +61 (08) 83134936, Fax +61 (08) 8313 3770,
paul.delfabbro@adelaide.edu.au

Dr Anthony Venning Clinical Psychologist,
Lecturer Mental Health Sciences Postgraduate Programs
Faculty of Medicine, Nursing and Health Sciences
Flinders University, Margaret Tobin Centre,
Sturt Road, Bedford Park, SA, AUSTRALIA 5005
anthony.venning@flinders.edu.au

What if I have a complaint or any concerns?

The study has been approved by the Human Research Ethics Committee at the University of Adelaide (approval number H-2015-xxx). If you have questions or problems associated with the practical aspects of your participation in the project, or wish to raise a concern or complaint about the project, then you should consult the Principal Investigator. Contact the Human Research Ethics Committee's Secretariat on phone +61 8 8313 6028 or by email to hrec@adelaide.edu.au. If you wish to speak with an independent person regarding concerns or a complaint, the University's policy on research involving human participants, or your rights as a participant. Any complaint or concern will be treated in confidence and fully investigated. You will be informed of the outcome.

If I want to participate, what do I do?

If you wish to participate in this study please use the following link to access more information and to register for participation below. You will then be contacted by the Principal Investigator regarding confirmation of dates for participation or to clarify any questions you may have.

Yours sincerely,

GRANT DEWAR, PHD CANDIDATE, PRINCIPAL INVESTIGATOR

DR PETER STRELAN, SENIOR LECTURER

PROFESSOR PAUL DELFABBRO

DR ANTHONY VENNING, CLINICAL PSYCHOLOGIST,

1. Student ID or Your own ID for program participation

* 2. Your Name

* 3. Your Email address

4. The University of Adelaide Human Research Ethics Committee has approved this study.

Should you wish to speak to a person not directly involved in the study in relation to:

- matters concerning policies,
- information about the conduct of the study,
- your rights as a participant

you may contact the:

Human Research Ethics Committee's Secretariat

Phone: (08) 8313 6028

Email: hrec@adelaide.edu.au

5. Responding to Setbacks in Life Have you read the information provided?

Yes

6. Location Room 526 Hughes Building School of Psychology University of Adelaide: dates for attendance:

XXX / / x am

XXX / / X am

This is a one day program - You may select either or both options



RESEARCH STUDY - Information

Responding to Setbacks in Life (Chronic Disease)

Hello, my name is Grant Dewar and I am conducting a research study that is investigating how various aspects of psychological distress are related to how we respond to setbacks.

You have received this information as you have responded to an advertisement or information provided about the study. Participation in any research project is voluntary. If you do not wish to take part, you are not obliged to. If you decide to take part and later change your mind, you are free to withdraw from the project at any stage without providing a reason. Your decision to take part, not to take part or to withdraw will not affect your care pathway, routine treatment, or your relationship with those treating you.

Background

Psychological distress involves many factors including the way we think about life, emotional factors, physical factors, social support and health. The experience of distress may arise from a wide variety of circumstances and commonly leads to poorer quality of life than might otherwise be available. Often in life we experience setbacks in the form of losses, failures, bad choices and missed opportunities, for all of which we may hold ourselves to blame. Chronic disease is experienced by up to 20% of the population and the experience of chronic disease may be associated with psychological distress. This study seeks to investigate how various aspects of psychological distress are related to how we respond to setbacks such as the experience of chronic disease.

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Current research demonstrates that psychological interventions effectively assist to restore psychological health. However, the study of self-forgiveness and its interaction with psychological distress is relatively new and may be useful for further informing treatment options. We are seeking to study the best form of response to these circumstances and are seeking people interested in participating in a group program which will provide information, direction and activities to apply to overcoming setbacks when we blame ourselves.

The act of self-forgiveness contains within it the possibility and opportunity to enter into a new approach to life. This research will review current approaches to the treatment of psychological distress and the link between self-forgiveness and restoration of psychological health.

Participation

If you are 18 or above, and not currently receiving treatment for a psychological condition, and provide your voluntary consent to participate in this study, we would ask you to participate in the proposed program which will consist of 1 x 7.5-hour session. The program will provide a manual and interactive information sessions, some activities to complete in your own time and a number of surveys to respond to online. In order to determine the best measure of progress a number of measures of forgiveness and psychological health will be included in an analysis of the information provided by participants.

There will be two intake rounds to which participants will be allocated, if you choose to be included in the second round, on a waitlist, you will be asked to complete psychological measures online. Your participation in this waitlist group will assist the study to set a baseline for measures.

The program will be delivered by a registered psychologist. If you participate in the program and you feel you need support for any psychological distress you may experience, the registered psychologist will assist you to access care through an appropriate facility such as: telephone counselling, your GP, or treating provider or through contact with the SA Health Mental Health Triage Service (ACIS) 131465, Lifeline 131114 or Beyond blue 1300 22 4636.

Potential benefits of this research include the development of improved psychological and well-being interventions.

Your confidentiality will be protected, and your personal details will not be identified. Participation in this study is completely **voluntary**, which means you can participate if you choose, but if you do not want to participate, you may withdraw at any time. This research will require only your attendance at advertised sessions and participation in surveys.

Next Step

If you are interested in participating in this voluntary study, please register for the program online at www.vitalivingpsychologyservices.com/Program_Participation

Regards,


Grant Dewar

Principal Investigator

Adelaide University

The University of Adelaide Human Research Ethics Committee has approved this study.

Should you wish to speak to a person not directly involved in the study in relation to:

- *matters concerning policies,*
- *information about the conduct of the study,*
- *your rights as a participant*

you may contact the:

Human Research Ethics Committee's Secretariat

Phone: (08) 8313 6028

Email: hrec@adelaide.edu.au

RESEARCH STUDY - Information***Responding to Setbacks in Life (Academic Challenges)***

Hello, my name is Grant Dewar and I am conducting a research study that is investigating how various aspects of psychological distress are related to how we respond to setbacks.

You have received this information as you have responded to an advertisement or information provided about the study. Participation in any research project is voluntary. If you do not wish to take part, you are not obliged to. If you decide to take part and later change your mind, you are free to withdraw from the project at any stage without providing a reason. Your decision to take part, not to take part or to withdraw will not affect your care pathway, routine treatment, or your relationship with those treating you.

Background

Psychological distress involves many factors including the way we think about life, emotional factors, physical factors social support and health. The experience of distress may arise from a wide variety of circumstances and commonly leads to poorer quality of life than might otherwise be available. Often in academic life we experience setbacks in the form of failures, losses, bad choices and missed opportunities, for all of which we may hold ourselves to blame. Students making decisions about academic and career directions may experience psychological distress in these circumstances. This study will focus on the experience of psychological distress and its impact on students.

Current research demonstrates that psychological interventions effectively assist to restore psychological health. However, the study of self-forgiveness and its interaction with psychological distress is relatively new and may be useful for further informing treatment options. We are seeking to study the best form of response to these circumstances and are seeking people interested in participating in a group program which will provide information, direction and activities to apply to overcoming setbacks when we blame ourselves.

The act of self-forgiveness contains within it the possibility and opportunity to enter into a new approach to life. This research will review current approaches to the treatment of psychological distress and the link between self-forgiveness and restoration of psychological health.

Participation

If you are 18 or above, and not currently receiving treatment for a psychological condition, and provide your voluntary consent to participate in this study, we would ask you to participate in the proposed program which will consist of 1 x 7.5-hour session. The program will provide a manual and interactive information sessions, some activities to complete in your own time and a number of surveys to respond to online. In order to determine the best measure of progress a number of measures of forgiveness and psychological health will be included in an analysis of the information provided by participants.

There will be two intake rounds to which participants will be allocated, if you choose to be included in the second round, on a waitlist, you will be asked to complete psychological measures online. Your participation in this waitlist group will assist the study to set a baseline for measures.

The program will be delivered by a registered psychologist. If you participate in the program and you feel you need support for any psychological distress you may experience, the registered psychologist will assist you to access care through an appropriate facility such as: telephone counselling, your GP, or treating

provider or through contact with the SA Health Mental Health Triage Service (ACIS) 131465, Lifeline 131114 or Beyond blue 1300 22 4636.

Potential benefits of this research include the development of improved psychological and well-being interventions.

Your confidentiality will be protected, and your personal details will not be identified. Participation in this study is completely **voluntary**, which means you can participate if you choose, but if you do not want to participate, you may withdraw at any time. This research will require only your attendance at advertised sessions and participation in surveys.

Next Step

If you are interested in participating in this voluntary study, please register for the program online at [www.vitalivingpsychologyservices.com/Program Participation](http://www.vitalivingpsychologyservices.com/Program%20Participation)

Regards,

Grant Dewar

Principal Investigator

Adelaide University

The University of Adelaide Human Research Ethics Committee has approved this study.

Should you wish to speak to a person not directly involved in the study in relation to:

- *matters concerning policies,*
- *information about the conduct of the study,*
- *your rights as a participant*

you may contact the:

Human Research Ethics Committee's Secretariat

Phone: (08) 8313 6028

Email: hrec@adelaide.edu.au

RESEARCH STUDY - Information*Responding to Setbacks in Life (Loss and Grief)*

Hello, my name is Grant Dewar and I am conducting a research study that is investigating how various aspects of psychological distress are related to how we respond to setbacks.

You have received this information as you have responded to an advertisement or information provided about the study. Participation in any research project is voluntary. If you do not wish to take part, you are not obliged to. If you decide to take part and later change your mind, you are free to withdraw from the project at any stage without providing a reason. Your decision to take part, not to take part or to withdraw will not affect your care pathway, routine treatment, or your relationship with those treating you.

Background

Psychological distress involves many factors including the way we think about life, emotional factors, physical factors social support and health. The experience of distress may arise from a wide variety of circumstances and commonly leads to poorer quality of life than might otherwise be available. Many people have experienced the loss of someone close to them through suicide, and may then associate this loss with failure, bad choices and missed opportunities for which may hold ourselves to blame. With this in mind we are studying psychological distress in those people who have experienced the loss of someone close to them with the aim of informing how various aspects of psychological distress are related to the way we respond in these circumstances.

Current research demonstrates that psychological interventions effectively assist to restore psychological health. However, the study of self-forgiveness and its interaction with psychological distress is relatively new and may be useful for further informing treatment options. We are seeking to study the best form of response to these circumstances and are seeking people interested in participating in a group program which will provide information, direction and activities to apply to overcoming setbacks when we blame ourselves.

The act of self-forgiveness contains within it the possibility and opportunity to enter into a new approach to life. This research will review current approaches to the treatment of psychological distress and the link between self-forgiveness and restoration of psychological health.

Participation

If you are 18 or above, and not currently receiving treatment for a psychological condition, and provide your voluntary consent to participate in this study, we would ask you to participate in the proposed program which will consist of 1 x 7.5-hour session. The program will provide a manual and interactive information sessions, some activities to complete in your own time and a number of surveys to respond to online. In order to determine the best measure of progress a number of measures of forgiveness and psychological health will be included in an analysis of the information provided by participants.

There will be two intake rounds to which participants will be allocated, if you choose to be included in the second round, on a waitlist, you will be asked to complete psychological measures online. Your participation in this waitlist group will assist the study to set a baseline for measures.

The program will be delivered by a registered psychologist. If you participate in the program and you feel you need support for any psychological distress you may experience, the registered psychologist will assist you to access care through an appropriate facility such as: telephone counselling, your GP, or treating provider or through contact with the SA Health Mental Health Triage Service (ACIS) 131465, Lifeline 131114 or Beyond blue 1300 22 4636.

Potential benefits of this research include the development of improved psychological and well-being interventions.

Your confidentiality will be protected, and your personal details will not be identified. Participation in this study is completely **voluntary**, which means you can participate if you choose, but if you do not want to participate, you may withdraw at any time. This research will require only your attendance at advertised sessions and participation in surveys.

Next Step

If you are interested in participating in this voluntary study, please register for the program online at www.vitalivingpsychologyservices.com/Program_Participation

Regards,


Grant Dewar

Principal Investigator

Adelaide University

The University of Adelaide Human Research Ethics Committee has approved this study.

Should you wish to speak to a person not directly involved in the study in relation to:

- *matters concerning policies,*
- *information about the conduct of the study,*
- *your rights as a participant*

you may contact the:

Human Research Ethics Committee's Secretariat

Phone: (08) 8313 6028

Email: hrec@adelaide.edu.au

RESEARCH STUDY - Information*Responding to Setbacks in Life (Academic Challenges)*

Hello, my name is Grant Dewar and I am conducting a research study that is investigating how various aspects of psychological distress are related to how we respond to setbacks.

You have received this information as you have responded to an advertisement or information provided about the study. Participation in any research project is voluntary. If you do not wish to take part, you are not obliged to. If you decide to take part and later change your mind, you are free to withdraw from the project at any stage without providing a reason. Your decision to take part, not to take part or to withdraw will not affect your care pathway, routine treatment, or your relationship with those treating you.

Background

Psychological distress involves many factors including the way we think about life, emotional factors, physical factors social support and health. The experience of distress may arise from a wide variety of circumstances and commonly leads to poorer quality of life than might otherwise be available. Often in academic life we experience setbacks in the form of failures, losses, bad choices and missed opportunities, for all of which we may hold ourselves to blame. Students making decisions about academic and career directions may experience psychological distress in these circumstances. This study will focus on the experience of psychological distress and its impact on students.

Current research demonstrates that psychological interventions effectively assist to restore psychological health. However, the study of self-forgiveness and its interaction with psychological distress is relatively new and may be useful for further informing treatment options. We are seeking to study the best form of response to these circumstances and are seeking people interested in participating in a group program which will provide information, direction and activities to apply to overcoming setbacks when we blame ourselves.

The act of self-forgiveness contains within it the possibility and opportunity to enter into a new approach to life. This research will review current approaches to the treatment of psychological distress and the link between self-forgiveness and restoration of psychological health.

Participation

If you are 18 or above, and not currently receiving treatment for a psychological condition, and provide your voluntary consent to participate in this study, we would ask you to participate in the proposed program which will consist of 1 x 7.5-hour session. The program will provide a manual and interactive information sessions, some activities to complete in your own time and a number of surveys to respond to online. In order to determine the best measure of progress a number of measures of forgiveness and psychological health will be included in an analysis of the information provided by participants.

There will be two intake rounds to which participants will be allocated, if you choose to be included in the second round, on a waitlist, you will be asked to complete psychological measures online. Your participation in this waitlist group will assist the study to set a baseline for measures.

The program will be delivered by a registered psychologist. If you participate in the program and you feel you need support for any psychological distress you may experience, the registered psychologist will assist you to access care through an appropriate facility such as: telephone counselling, your GP, or treating

provider or through contact with the SA Health Mental Health Triage Service (ACIS) 131465, Lifeline 131114 or Beyond blue 1300 22 4636.

Potential benefits of this research include the development of improved psychological and well-being interventions.

Your confidentiality will be protected, and your personal details will not be identified. Participation in this study is completely **voluntary**, which means you can participate if you choose, but if you do not want to participate, you may withdraw at any time. This research will require only your attendance at advertised sessions and participation in surveys.

Next Step

If you are interested in participating in this voluntary study, please register for the program online at [www.vitalivingpsychologyservices.com/Program Participation](http://www.vitalivingpsychologyservices.com/Program%20Participation)

Regards,

Grant Dewar

Principal Investigator

Adelaide University

The University of Adelaide Human Research Ethics Committee has approved this study.

Should you wish to speak to a person not directly involved in the study in relation to:

- *matters concerning policies,*
- *information about the conduct of the study,*
- *your rights as a participant*

you may contact the:

Human Research Ethics Committee's Secretariat

Phone: (08) 8313 6028

Email: hrec@adelaide.edu.au

Appendix D Informed Consent**Human Research Ethics Committee (HREC)****CONSENT FORM (Case Study)**

1. I have read the attached Information Sheet and agree to take part in the following research project:

Title:	Responding to Setbacks in Life
Ethics Approval Number:	HREC XXXX

2. I have had the project, so far as it affects me, fully explained to my satisfaction by the research worker. My consent is given freely.
3. I have been given the opportunity to have a member of my family or a friend present while the project was explained to me.
4. Although I understand that the purpose of this research project is to improve the quality of medical care, it has also been explained that my involvement may not be of any benefit to me.
5. I have been informed that, while information gained during the study may be published, it will not be identified personally, and my anonymity will be maintained by use of pseudonyms and disguised information.
6. I understand that I am free to withdraw from the project at any time and that this will not affect medical advice in the management of my health, now or in the future.
7. I agree to the interview being audio/video recorded. Yes No
8. I am aware that I should keep a copy of this Consent Form, when completed, and the attached Information Sheet.

Participant to complete:

Name: _____ Signature: _____ Date: _____

Researcher/Witness to complete:I have described the nature of the research to _____
(print name of participant)

and in my opinion, she/he understood the explanation.

Signature: _____ Position: _____ Date: _____

Responding to Setbacks in Life – Case Study

Thank you for participating in this program. It was designed to deliver, to those who have a challenge regarding self-forgiveness, the benefits and psychological skills contained in individual programs of treatment based on either ACT (Acceptance and Commitment Therapy) and ACT with Self Forgiveness.

I would like to request your participation in a Case Study as part of a review of the program's ongoing development. I would like to review and analyse treatment as it relates to your experience.

The Case Study Criteria are attached are a guide for the information regarding your treatment. Any other comments or suggestions you may have are encouraged.

If you choose to participate you will be engaged in a treatment program of between 10 and 30 sessions of an hour's duration based on your individual needs.

The interviews will be conducted at: Health on Daws 135 Daws Rd Daw Park St Mary's

All information that you provide will be will not be personally identifiable .

A summary of results will be made available to all participants involved in the study

Thank you

Grant Dewar, Investigator

Room 207, Hughes Building

School of Psychology

The Adelaide University

The University of Adelaide Human Research Ethics Committee has approved this study.

Should you wish to speak to a person not directly involved in the study in relation to:

- *matters concerning policies,*
- *information about the conduct of the study,*
- *your rights as a participant*

you may contact the:

Human Research Ethics Committee's Secretariat

Phone: (08) 8313 6028

Email: hrec@adelaide.edu.au

Responding to Setbacks in Life – Case Study Criteria

The following Criteria are a guide for the Completion of a Case Study and any other comments or suggestions you have are encouraged.

1. Theoretical and Research basis
2. Case Introduction
3. Presenting Complaints
4. History
5. Assessment
6. Case Conceptualisation
7. Course of Treatment and Assessment of Progress
8. Complicating Factors
9. Follow Up
10. Treatment Implications of the Case
11. Recommendations to Clinicians and Students ‘
12. Declaration of Conflicts

Human Research Ethics Committee (HREC)

**CONSENT FORM (Chronic Disease)**

1. I have read the attached Information Sheet and agree to take part in the following research project:

Title:	Responding to Setbacks in Life
Ethics Approval Number:	HREC XXXX

2. I have had the project, so far as it affects me, fully explained to my satisfaction by the research worker. My consent is given freely.
3. I have been given the opportunity to have a member of my family or a friend present while the project was explained to me.
4. Although I understand that the purpose of this research project is to improve the quality of medical care, it has also been explained that my involvement may not be of any benefit to me.
5. I have been informed that, while information gained during the study may be published, I will not be identified, and my personal results will not be divulged.
6. I understand that I am free to withdraw from the project at any time and that this will not affect medical advice in the management of my health, now or in the future.
7. I agree to the interview being audio/video recorded. Yes No
8. I am aware that I should keep a copy of this Consent Form, when completed, and the attached Information Sheet.

Participant to complete:

Name: _____ Signature: _____ Date: _____

Researcher/Witness to complete:I have described the nature of the research to _____
(print name of participant)

and in my opinion, she/he understood the explanation.

Signature: _____ Position: _____ Date: _____

Human Research Ethics Committee (HREC)

**CONSENT FORM (Recording)**

1. I have read the attached Information Sheet and agree to take part in the following research project:

Title:	Responding to Setbacks in life
Ethics Approval Number:	HREC XXXX

2. I have had the project, so far as it affects me, fully explained to my satisfaction by the research worker. My consent is given freely.
3. I have been given the opportunity to have a member of my family or a friend present while the project was explained to me.
4. Although I understand the purpose of the research project it has also been explained that involvement may not be of any benefit to me.
5. I have been informed that, while information gained during the study may be published, I will not be identified, and my personal results will not be divulged.
6. I understand that I am free to withdraw from the project at any time and that this will not affect my study at the University now or in the future.
7. I agree to the interview being audio/video recorded. Yes No

8. I am aware that I should keep a copy of this Consent Form, when completed, and the attached Information Sheet.

Participant to complete:

Name: _____ Signature: _____ Date: _____

Researcher/Witness to complete:

I have described the nature of the research to _____
 (print name of participant)
 and in my opinion, she/he understood the explanation.

Signature: _____ Position: _____ Date: _____

Responding to Setbacks in Life – Program review

HREC XXXXX

Thank you for participating in this program. It was designed to deliver, to those who have a challenge regarding self-forgiveness, the benefits and psychological skills contained in group programs based on either ACT (Acceptance and Commitment Therapy) and ACT with Self Forgiveness.

I would like to request your participation in a follow up interview as part of a review of the program's ongoing development. I would like to receive your feedback and critique of the program as it relates to your experience.

The questions attached are a guide for the proposed follow up interview. Any other comments or suggestions you may have are encouraged. (Please also refer to program units one, two and three for guidance.)

If you choose to participate you will be engaged in an individual interview lasting approximately 30 minutes.

If you consent, the interview may be audio recorded.

The interviews will be conducted at: Room 207, Hughes Building

All information that you provide will be CONFIDENTIAL and you will not be identified in any way.

A summary of results will be made available to all participants involved in the study

Thank you

Grant Dewar, Investigator

Room 207, Hughes Building

School of Psychology

The Adelaide University

The University of Adelaide Human Research Ethics Committee has approved this study.

Should you wish to speak to a person not directly involved in the study in relation to:

- *matters concerning policies,*
- *information about the conduct of the study,*
- *your rights as a participant*

you may contact the:

Human Research Ethics Committee's Secretariat

Phone: (08) 8313 6028

Email: hrec@adelaide.edu.au

Responding to Setbacks in Life – Program review

The following questions are a guide and any other comments or suggestions you have are encouraged.

Please refer to program units one, two and three for guidance

1. What was your previous experience of ACT?
2. Have you previously considered the question of self-forgiveness as a therapeutic, counselling, self-help approach - if so – how have you used or applied this?
3. Does ACT assist to effectively address states of Shame, Guilt Self-blame regret and Remorse - if so how
4. Does the concept of ACT with Self Forgiveness provide alternate ways to effectively address states of Shame, Guilt Self-blame regret and Remorse - if so how?
5. This program aims to provide more effective ways to
 - reduce the level of distress regarding incidents for which we hold ourselves to blame and do not forgive ourselves<
 - reduce our focus on that distress and<
 - increase the trust that we place in ourselves regarding that incident
 - Does ACT alone assist in those aims? If so how
6. Does ACT with self-forgiveness provide further assistance in these aims? if so how
7. Please comment on your knowledge of the ACT matrix increase psychological flexibility
8. Please comment on the application of the ACT matrix with a focus on self-forgiveness in this training
9. In comparison to ACT alone - does the inclusion of self-forgiveness ACT assist with values based responses to psychological distress - if so how
10. Does the inclusion of Self-forgiveness in ACT assist with responses to or prevention of self-harm - if so how?
11. If you are able to comment - do you believe that the treatment of addictive or excessive appetitive behaviours and associated relapse prevention may be affected by the inclusion of self-forgiveness in ACT
12. What is your overall comment on the usefulness the intervention offered in the workshops - utilising the ACT matrix and principles of self-forgiveness to provide decreases in psychological distress.
13. How did these principles assist in your understanding of the process of self-forgiveness?
 - a. (1 Identification of our Burden, 2 Taking Perspective, 3 Values and pathways, 4 Getting unstuck 5 Self-forgiveness, 6 Values for Action, 7 Commitment to Self-Forgiveness,)

Human Research Ethics Committee (HREC)

**CONSENT FORM (Student)**

1. I have read the attached Information Sheet and agree to take part in the following research project:

Title:	Responding to Setbacks in Life
Ethics Approval Number:	H

2. I have had the project, so far as it affects me, fully explained to my satisfaction by the research worker. My consent is given freely.
3. I have been given the opportunity to have a member of my family or a friend present while the project was explained to me.
4. Although I understand the purpose of the research project it has also been explained that involvement may not be of any benefit to me.
5. I have been informed that, while information gained during the study may be published, I will not be identified, and my personal results will not be divulged.
6. I understand that I am free to withdraw from the project at any time and that this will not affect my study at the University now or in the future.
7. I agree to the interview being audio/video recorded. Yes No
8. I am aware that I should keep a copy of this Consent Form, when completed, and the attached Information Sheet.

Participant to complete:

Name: _____ Signature: _____ Date: _____

Researcher/Witness to complete:

I have described the nature of the research to _____
(print name of participant)

and in my opinion, she/he understood the explanation.

Signature: _____ Position: _____ Date: _____

Appendix E Online Survey and Statistical Measures

Survey Information

Welcome!

You've been invited to participate in a study about how we can learn effective responses to setbacks in life and how we behave and feel after we have to face the consequences of actions that might have harmed ourselves or others. This study is part of a project at the University of Adelaide led by Grant Dewar under the supervision of Dr Peter Strelan, and has been approved by the University's Human Research Ethics Committee.

PLEASE NOTE:

This survey requires you to describe a typical incident where you have done something detrimental to your best interests and does not reflect the way in which you currently view who you are. It may be failing to take up an opportunity or taking an action that you now regret. It needs to be something which is important to you and preoccupies your thoughts and or emotions. Please answer in a way that is relevant to your needs and as best you can.

We'll also ask you for some basic demographic information.

The study will take about 20 minutes to complete. Please complete the survey in one go.

All contents of the study are fully anonymous and your answers are strictly confidential. Some information generated from the study may be published, but no details will be disclosed which could reveal your identity.

Your participation is fully voluntary and you can withdraw at any time.

If you'd like more information, or you want to contact the researchers, please use the contact details below. These details will also be repeated at the end of the survey.

Thanks for your time. It is very much appreciated in this busy world.

Grant Dewar
School of Psychology (PhD candidate)
grant.dewar@adelaide.edu.au

* 1. Informed Consent - please tick all boxes before proceeding, if you agree:

- I understand that my participation in this study is voluntary and that I can withdraw at any time
- I have been adequately informed about the nature of this study
- I have been guaranteed that information collected is confidential and anonymous
- I understand that information generated by the study may be published - with no personal details
- I consent to participate in this study

2. Student ID or Your own ID for each survey

3. Your Name

4. Your Email address

K10 (Kessler et al., 2003; Kessler, Chiu, Demler, & Walters, 2005)

Experience over the last 4 weeks					
	None of the time	A little of the time	Some of the time	Most of the time	All of the time
* 5. Instructions: the ten questions ask about how you have been feeling in the last four weeks. For each question, mark the circle under the options that best describes the amount of the time you felt that way.					
In the last four weeks, about how often did you feel tired out for no good reason?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last four weeks, about how often did you feel nervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last four weeks, about how often did you feel so nervous that nothing could calm you down?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last four weeks, about how often did you feel hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last four weeks, about how often did you feel restless or fidgety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last four weeks, about how often did you feel so restless you could not sit still?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last four weeks, about how often did you feel depressed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last four weeks, about how often did you feel that everything was an effort?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last four weeks, about how often did you feel so sad that nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last four weeks, about how often did you feel worthless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Kessler, R., Barker, P., Colpe, L., Epstein, J., Gfroerer, J., Hiripi, E., . . . Zaslavsky, A. (2003). Screening for serious mental illness in the general population. *Archives of General Psychiatry*, 60(2), 184-189. doi:10.1001/archpsyc.60.2.184

Kessler, R., Chiu, W., Demler, O., & Walters, E. (2005). Prevalence, severity, and comorbidity of 12-month dsm-iv disorders in the national comorbidity survey replication. *Archives of General Psychiatry*, 62(6), 617-627. doi:10.1001/archpsyc.62.6.617

DASS 21(Lovibond & Lovibond, 1995a; Lovibond & Lovibond, 1995b)

Experience over the last week

* 6. Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.
The rating scale is as follows:

	Did not apply to me at all	Applied to me to some degree, or some of the time	Applied to me to a considerable degree, or a good part of time	Applied to me very much, or most of the time
I found it hard to wind down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was aware of dryness of my mouth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I couldn't seem to experience any positive feeling at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I found it difficult to work up the initiative to do things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tended to over-react to situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I experienced trembling (eg, in the hands)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that I was using a lot of nervous energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was worried about situations in which I might panic and make a fool of myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that I had nothing to look forward to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I found myself getting agitated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I found it difficult to relax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt down-hearted and blue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was intolerant of anything that kept me from getting on with what I was doing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt I was close to panic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was unable to become enthusiastic about anything	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt I wasn't worth much as a person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that I was rather touchy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt scared without any good reason	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that life was meaningless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Lovibond, P., & Lovibond, S. (1995a). The structure of negative emotional states: Comparison of the Depression Anxiety Stress Scales (DASS) with the Beck Depression and Anxiety Inventories. *Behaviour Research and Therapy*, *33*, 335-343.

Lovibond, S., & Lovibond, P. (1995b). *Manual for the Depression Anxiety Stress Scales*. Sydney: Psychology Foundation.

Describing an important incident

All of us, at some stage in our lives, do things that may be harmful to ourselves or others. In this part of the survey we would like you to describe an incident where you have acted in away that is detrimental and not in accordance with your values. This can include not making the best of an opportunity or taking an action that you regret. Please try to describe the situation as vividly as possible including your actions and consequences.

The incident must be something which is important to you and preoccupies your thoughts and or emotions. Please identify an incident where your actions then - do not reflect the way in which you currently view - who you are now.

There are no right or wrong responses. Please be open and honest in your responses - the survey results are totally anonymous - but please remember this response as we will ask follow up questions later in the program.

- * 7. Please describe what happened. Specifically, please tell us what you did and the circumstances that led you to act the way you did.



[Genuine] Self-Forgiving Scale (Wenzel, Woodyatt, & Hedrick, 2012)

Responses to Situations							
* 11. Please use the rating scale to respond to each statement below: As I consider the incident I have described in Q.4 I find:							
	Do not agree at all						Strongly agree
It is time to move on	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have forgiven myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like a bad person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like I deserve to suffer for this	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel angry at myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel hateful towards myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can look myself in the eye again	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is no point beating myself up about it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Wenzel, M., Woodyatt, L., & Hedrick, K. (2012). No genuine self-forgiveness without accepting responsibility: Value reaffirmation as a key to maintaining positive self-regard. *European Journal of Social Psychology*.

Attention and Action Questionnaire (Bond et al., 2011)

* 12. Below you will find a list of statements. Please rate how true each statement is for you by circling a number next to it. Use the scale below to make your choice.

	never true	very seldom true	seldom true	sometimes true	frequently true	almost always true	always true
My painful experiences and memories make it difficult for me to live a life that I would value.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'm afraid of my feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry about not being able to control my worries and feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My painful memories prevent me from having a fulfilling life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotions cause problems in my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It seems like most people are handling their lives better than I am.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worries get in the way of my success.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Bond, F., Hayes, S., Baer, R., Carpenter, K., Guenole, N., Orcutt, H., . . . Zettle, R. (2011). Preliminary psychometric properties of the Acceptance and Action Questionnaire–II: A revised measure of psychological inflexibility and experiential avoidance. *Behavior Therapy, 42*(4), 676-688. doi:10.1016/j.beth.2011.03.007

Cognitive Fusion Questionnaire (Gillanders et al., 2014)

* 13. Below you will find list of statements. Please rate how true each statement is for you by circling a number next to it use the scale below to make your choice

	never true	very seldom true	seldom true	sometimes true	frequently true	almost always true	always true
My thoughts cause me distress or emotional pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get so caught up in my thoughts that I am unable to do the things that I most want to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I over-analyse situations to the point where it's unhelpful to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I struggle with my thoughts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get upset with myself for having certain thoughts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tend to get very entangled in my thoughts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It's such a struggle to let go of upsetting thoughts even when I know that letting go would be helpful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Mindful Awareness Attention Scale (Carlson & Brown, 2005)

* 14. Below is a collection of statements about your everyday experience. Using the 1–6 scale below, please indicate how frequently or infrequently you currently have each experience. Please answer according to what really reflects your experience rather than what you think your experience should be.

	Almost always	Very frequently	Somewhat frequently	Somewhat infrequently	Very infrequently	Almost never
I could be experiencing some emotion and not be conscious of it until some time later.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I break or spill things because of carelessness, not paying attention, or thinking of something else.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find it difficult to stay focused on what's happening in the present.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tend to walk quickly to get where I'm going without paying attention to what I experience along the way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I tend not to notice feelings of physical tension or discomfort until they really grab my attention.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I forget a person's name almost as soon as I've been told it for the first time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It seems I am running on automatic without much awareness of what I'm doing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I rush through activities without being really attentive to them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get so focused on the goal I want to achieve that I lose touch with what I am doing right now to get there.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do jobs or tasks automatically, without being aware of what I'm doing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find myself listening to someone with one ear, doing something else at the same time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I drive places on automatic pilot and then wonder why I went there.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find myself preoccupied with the future or the past.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find myself doing things without paying attention.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I snack without being aware that I'm eating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Carlson, L., & Brown, K. (2005). Validation of the Mindful Attention Awareness Scale in a cancer population. *Journal of Psychosomatic Research*, 58(1), 29-33. doi:10.1016/j.jpsychores.2004.04.366

Valuing Questionnaire (Smout, Davies, Burns, & Christie, 2014)

* 15. Please read each statement carefully and then select the number which best describes how much the statement was true for you DURING THE PAST WEEK, INCLUDING TODAY using the following scale:

	Not at all true						Completely True
I spent a lot of time thinking about the past or future, rather than being engaged in activities that mattered to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was basically on "auto-pilot" most of the time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worked toward my goals even if I didn't feel motivated to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was proud about how I lived my life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I made progress in the areas of my life I care most about	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficult thoughts, feelings or memories got in the way of what I really wanted to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I continued to get better at being the kind of person I want to be	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When things didn't go according to plan, I gave up easily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt like I had a purpose in life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It seemed like I was just "going through the motions" rather than focusing on what was important to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Smout, M., Davies, M., Burns, N., & Christie, A. (2014). Development of the Valuing Questionnaire (VQ). *Journal of Contextual Behavioral Science*, 3(3), 164-172. doi:http://dx.doi.org/10.1016/j.jcbs.2014.06.001

Self-Forgiveness for a Specific Offence (Griffin & Worthington, 2013; Griffin et al., 2015)

* 16. Self Forgiveness for a specific Offence: for each item write the number in the space provided that best represents how you think or feel about yourself as a result of the specific transgression you have described above.

	Very Unlike Me				Very Like Me	N/A
I never feel abandoned or punished by God (higher power, nature, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have repaired the damage I did through my wrongdoing or, if that was not possible, I paid benefits forward to make amends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I rarely dwell on the mistake I made	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have decided to forgive myself for what I've done wrong	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I give myself permission to make mistakes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am a virtuous person who sometimes does bad things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't believe God (higher power, nature, etc.) has forgiven me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If my actions harm other people, I rarely try to make amends and repair the relationship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I condemn and punish myself for long time after I committed the initial offense	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often experience sadness, fear, or anger toward myself because of the harm I caused.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not accept myself when I know I've done wrong	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not use my failure or wrongdoing as opportunities to grow as a person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Griffin, B., & Worthington, E. (2013). Six steps to self-forgiveness: Self-directed workbook. . Unpublished workbook, . Virginia Commonwealth University. Richmond, VA, USA.

Griffin, B., Worthington, E., Lavelock, C., Greer, C., Lin, Y., Davis, D., & Hook, J. (2015). Efficacy of a Self-Forgiveness Workbook: A Randomized Controlled Trial With Interpersonal Offenders. *Journal of Counseling Psychology*, 62(2), 124-136. doi:10.1037/cou0000060

* 17. Are you?

Male

Female

* 18. What is your age? (in whole years)

Completed!

Thank you for being a part of this study. We really value your time and effort.

We're investigating the extent to which different types of structured interventions assist people to develop strategies to deal with distress.

If you need further information please contact us using the email below.

Thanks again. Have a fantastic day!

Grant Dewar
grant.dewar@adelaide.edu.au

The University of Adelaide Human Research Ethics Committee has approved this study.

Should you wish to speak to a person not directly involved in the study in relation to:

- matters concerning policies,
- information about the conduct of the study,
- your rights as a participant

you may contact the:

Human Research Ethics Committee's Secretariat

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