Self-forgiveness

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Abstract

This document is to describe the self-forgiveness process and how the author facilitates it for her clients. Since this document was written as part of the substance abuse class, it includes information about substance abuse. However, the author believes the self-forgiveness process described here would also be applicable to those who do not have substance abuse issues.

Through her clinical work with clients who struggled with different emotional, relationship or psychiatric issues, the author realized that where her clients got stuck in terms of their healing journeys is when they could not forgive themselves. Their life stories were different; the root causes that contributed to their issues were different; some clients had experience of substance abuse, and others did not have any substance abuse issues. However, there were commonalities among them. They did not have a working model of self-forgiveness, did not know how to distinguish between the self and their acts, and did not have sufficient coping skills to deal with the difficult emotions that resulted from facing the acts for which they would like to forgive themselves. Recognizing this, the author became interested in writing this document about self-forgiveness.

Self-Forgiveness

What Are the Things For Which People Would Like to Forgive Themselves?

In the author's own clinical experience working with her clients, reading articles and books, and attending workshops and clinical consultation groups, the author has seen a range of actions for which people would like to forgive themselves: small mistakes and broken promises, abortion, being in abusive relationships, addiction, having a sexuality that is prohibited by one's own religion, not being able to assert sexual or emotional boundaries with others, infertility, harm done to others, or failures. Some were acts done to or affecting others; some were done to themselves.

What Defines "Wrong-doing"?

There seem to be many factors contributing to how each individual perceives what is considered "wrong-doing." Those factors include but are not limited to laws and regulations, the individual's culture, previous experiences, spiritual background, own values, values of their family of origin, and socioeconomic status. The author leaves legal, social, philosophical or religious definitions of "wrong-doing" to the experts in their fields (e.g., judges, sociologists, philosophers, religious leaders, theologists), since the definitions change over time, in different legal jurisdictions, even different sects of the same religion, or circumstances. In order to avoid associating negative or positive connotation with individuals' self-forgiveness process, the author will use *act* or *original act* to describe the things for which individuals try to self-forgive.

Recognizing the Victims, Treating the Offenders

Furthermore, it is important to point out that experiencing childhood trauma such as physical, sexual or emotional abuse is known to have predictable immediate and distal impacts on personality development (Wolff & Shi, 2012). "A growing body of studies indicates that

traumatic childhood experiences provide the contexts for the root of adult violence" due to damage to the development of parts of brain that control emotion regulation, impulses, and aggression regulation (Solomon & Siegel, 2003). According Wolff and Shi's study, over 56 % of male prison inmates experienced physical abuse, over 25% experienced emotional abuse, and almost 10% experienced sexual abuse during their childhood (Wolff & Shi, 2012). Although having a difficult childhood does not provide justification for causing harm to others and the author does not have any intention of minimizing pain experienced by others, from the therapeutic standpoint, it is difficult to distinguish who are the victims. Multigenerational trauma gets passed down many generations through in-utero exposure, learned dysfunctional communication style, ineffective coping skills, etc. (James & Gilliland, 2013). Therefore, instead of providing moralistic judgement or identifying victims versus offenders, this document rather focuses on how therapists could facilitate clients' process of self-forgiveness.

Where in the Self-Forgiveness Process Do People Get Stuck?

There seem to be different areas where people get stuck while they try to forgive themselves. McConnell (2015), in his historical review of research papers, cited numerous papers and stated that "Various types of psychological distress, such as neuroticism, depression, anxiety, anger, suicidal ideation, suicidal behavior, nonsuicidal self-injury, posttraumatic stress, eating disorders, borderline personality disorder, low self-esteem, sensitivity to criticism, impulse dysregulation, alienation, loneliness, substance abuse, and general mental illness, have related significantly to difficulties in self-forgiveness." The following sections highlight some of the areas where people have difficulty working through the self-forgiveness process.

Lack of Model of Self-Forgiveness Process

When the author asked her clients how the self-forgiveness process would look for them, most of them responded that they did not know what it would look like. Some recalled that in their family of origin, when someone made a mistake or did something a parent disapproved of, the parent became angry at the person for a long period of time. In some situations, the parent cut off their relationship with the person, or a parent denied the existence of the problem and it was taboo to bring up it for discussion or to find a resolution. Other recalled punishment they received for their acts; they learned that after an act occurred, the outcome was continuous self-condemnation or intropunitive behaviors. They were not given with an opportunity to learn how to forgive themselves. Therefore, those people did not know that they had an option of self-forgiveness or what the process would entail.

Lack of Distinction Between Self and the Act Itself

The author observed that some of her clients did not know the difference between the self and their acts. Therefore, they could not separate themselves from the acts. For those clients, a mistake labeled the person as a failure or a bad person. They were not able to hold the idea that although their acts were not ideal, their self-worth remained the same. This led the person to believe that they were not forgivable. In other cases, the clients had not fully developed their own values and they could not determine whether their acts were forgivable. Self-forgiveness was especially difficult if the people or systems around them (e.g., justice system, religious institutions, society) had different or contradicting perspectives toward the acts.

Lack of Sufficient Coping Skills

Another challenge emerged when individuals did not have sufficient coping skills to face their acts or to handle the psychological discomfort that arose while trying to work on the

process of self-forgiveness. Those individuals unconsciously used defense mechanisms such as denial, dissociation, compartmentalization, intellectualization, or rationalization. Some people use substance to repress painful thoughts, feelings (e.g., guilt, shame, empathy, regret), or memories. McConnell (2015) explains that "Guilt is characterized by remorse over one's actions. Alternatively or simultaneously, people may experience shame, a stronger feeling characterized by self-condemnation over one's character flaws. People also may have regret, which is a 'yearning to return to the past and alter the decision.'" Brown (2012) stated that "Shaming is focusing on self, guilt is focus on the behavior….. Shame is highly correlated with addiction, depression, violence, aggression, bullying, suicide, and eating disorders. Guilt is inversely correlated with those things. The ability to hold something we have done up against who we want to be is uncomfortable but incredibly adaptive." Thus, learning effective coping skills to deal with these emotions would be a key to working on the self-forgiveness process. McConnell's (2015) summary of the results of various researches in his study states that self-forgiveness is associated with decreased substance abuse.

Definition of self-forgiveness

The field of self-forgiveness is relatively new compared to the study of forgiveness of others. The field of self-forgiveness formally began in 1974 (McConnell, 2015). Since then, there have been many different definitions of self-forgiveness proposed by different researchers. After conducting a historical literature review of self-forgiveness, McConnell reconceptualized a definition of self-forgiveness in his *A Conceptual-Theoretical-Empirical Framework for Self-Forgiveness: Implications for Research and Practice* (2015) as follows:

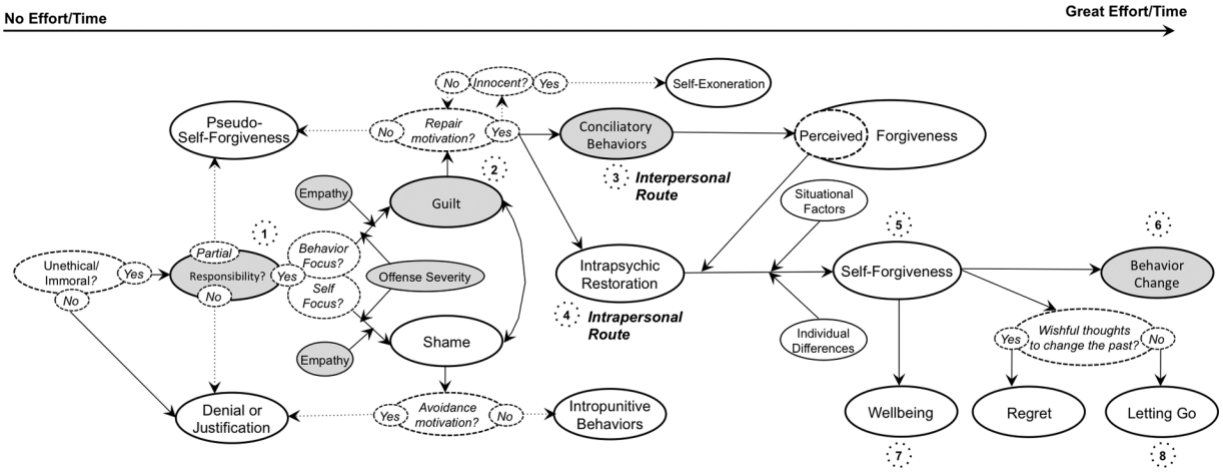
> Self-forgiveness occurs after a relatively objective wrongdoing. It necessitates that people take full responsibility for their offenses and initially feel guilt or shame. Self-

forgiveness appears to be a developmental sequence that increases over time and effort. The self-forgiveness process is likely accomplished optimally through both interpersonal and intrapsychic mechanisms. People facilitate self-forgiveness when they take responsibility, consider offense severity, feel guilt/shame, use conciliatory behaviors, and perceive forgiveness, whereas they finally accomplish self-forgiveness when they have developed benevolent (a) feelings and actions and (b) beliefs toward the self through intrapsychic restoration. The self-forgiveness process includes and requires decreases in problematic behavioral patterns both ethically and psychologically and the process leads to increased global well-being. After all, self-benevolence after offenses is experientially pseudo self-forgiveness, denial, or justification when offenders neither go through an effortful process to bring about meaningful psychological changes nor decrease problematic behaviors in the future.

How Did the Author Facilitate the Self-Forgiveness Process?

The author describes below how she facilitated her clients' self-forgiveness process through utilizing integration of narrative therapy, mindfulness, and sand play therapy based upon McConnell's framework below.

As McConnell explains in his research (2015), "the model [below] proposes key points as numbers to depict a prototypical, not prescriptive, order in which restoration occurs"; in real therapy sessions, clients go back and forth between the key points and on some occasions they work on multiple key points simultaneously.



Shaded areas in his study indicate necessary, but insufficient, conditions to achieve the theoretical concept of genuine self-forgiveness. (McConnell, 2015)

The author used narrative therapy in order to "help separate people from their problems by exploring the sociocultural influences and language habits that maintain problems" Gehart, D. R. (2013). The author worked alongside the client to first externalize the problem instead of the client viewing himself or herself as problematic. During the exploration of the problem from multiple dimensions (e.g., sociocultural, culture of the family of origin, spirituality, gender, his or her own values), the client's own language was used to define the problem. The process of externalization of the problem created space for new identities, new solutions, different approaches to the problem to emerge. During this phase of the therapy, the author provided different types of coping skills (e.g., deep breathing, grounding techniques) to the client, so that the client would be able to narrate his or her stories while being able to tolerate the discomfort that arose from retelling them as well as empathetically connecting with the experiences of the other person whom the client's action affected.

For those clients who constantly ruminated on their problems, the author taught the tool of "changing the channel on your remote control" from *Forgiveness for Good: a proven prescription for health and happiness* (2002). Fred Luskin described the tool in his book as

"Imagine that what you see in your mind is instead of being view on a TV screen. Picture what you see and hear come as a TV program. On your TV screen at home you change the channels with your remote control. You choose what programs you want to see…By your control of the remote you determine what shows on your TV" (e.g., love story, nature, vacation). This tool has been helpful for the clients since they were able to realize that they had control over what was playing in their mind and also could learn to choose when to play a particular channel.

The author taught her clients mindfulness as another coping skill. With the mindfulness skill, clients were able to learn to maintain a moment-by-moment awareness of their thoughts, feelings and bodily sensations. Mindfulness also seemed to help them develop an ability to be nonjudgmental and less reactive, and to accept things as they are without pushing them away or denying them. This skill seemed to help the clients to be able to narrate their stories from a nonjudgmental standpoint and to tolerate the emotional discomfort (e.g., shame, guilt, regret) that arose from retelling the stories, as well as to accept what happened (e.g., outcomes of the act) as they were without attaching good or bad interpretations.

Over the course of sessions, when clients seemed to experience difficulty verbalizing their feelings or thoughts, the author offered the sand play therapy for them. The clients placed miniature figures in a sand tray to depict their internal world without needing to verbally explain them to the author. The sand play therapy provided a sense of control and served as a medium for clients to express emotionally charged topics indirectly.

McConnell (2015) explained that while genuine self-forgiveness requires the individual to take full responsibility for his/her acts, this process increases self-conscious emotions (e.g., guilt, shame). On the other hand, pseudo self-forgiveness may appear to have the initial

psychological benefit of reducing self-conscious emotions, but emotional alleviation likely does not ensue. The author provided psychoeducation and taught different coping skills in her therapy sessions, so that over time each client developed their preferred coping skills to deal with their self-conscious emotions.

Then, each client took his or her own time to determine which route they would like to take — the interpersonal route, the intrapersonal route, or both — in order to accomplish self-forgiveness. While McConnell (2015) stated that numerous studies have found that apologizing and receiving forgiveness from victims or higher power(s) (i.e., interpersonal route) was positively related to self-forgiveness, Layer, Roberts, Wild, and Walters (2004) noted that "people struggled with self-forgiveness even when victims forgive them." Thus, McConnell (2015) posits that genuine self-forgiveness is accomplished through the intrapersonal route, where the individual reconfigures him or herself (e.g., new identity, new self-concept, self-compassion) through self-acceptance in addition to making a commitment not to repeat the same act in the future as well as to let go of regret (i.e., yearning to change the irrevocable past).

Some of the people who were affected by the original act were not in a position to accept apologies from her clients, — they were no longer alive or they had not had a chance to process what happened and were not ready to hear an apology (i.e., family members of former alcoholics). In other situations, it was not safe for the clients to apologize in person. In such cases, with assistance from the author, those clients found alternative ways to express an apology, such as writing a letter to the person without sending it or volunteering to help people who suffered from similar problems.

Narrating past stories could be a challenging process. When people have experienced a trauma that has never been resolved, unintegrated pieces of memories (i.e., what happened in the past does not make sense to the client) get stored as implicit memories in the brain unassociated with a sense of time (i.e., the past) (Siegel, 2010). Implicit memories spontaneously and unconsciously come up without a person intentionally retrieving them. By contrast, explicit memories have been categorized in a way that "makes sense" to the person through the process of creating a coherent narrative. When people intentionally retrieve memories from the past, those are explicit memories and the person is aware that they are from the past. However, implicit memories are experienced as if they are happening in the present moment, which gives the narrator overwhelming sensations. Siegel (2010) suggests that "The treatment from trauma essentially involves pulling the implicit memories together into a coherent narrative, which is most easily achieved by entering into 'interpersonal attunement' with a counselor…. The client can 'borrow' the counselor's neural integrated state to help cope with the traumatic memories long enough to put them into a coherent narrative." Furthermore, Beaudoin and Zimmerman (2011) state that "therapeutic conversations about preferred realities strengthen neural connections that support clients' preferred identities and associated behaviors."

In conclusion, over the course of the therapy, the author observed that her clients were able to develop, to varying degrees, new working models of the self-forgiveness process, acquire new coping skills, create their own ways of expressing apologies, make commitments not to repeat the same act, and let go of their desire to change the past. This resulted in stopping intropunitive behaviors such as suicidal ideations as the clients worked through the self-forgiveness process. One client was able to reunite with her family members after many decades of disconnect due to her past substance abuse issues. She was able to self-forgive for her acts and

the pain that her acts caused to her family members. The author repeatedly witnessed how effectively self-forgiveness enabled clients' healing journeys with the assistance of interpersonal attunement from her.

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Appendix

Additional information used to write this document.

The Adverse Childhood Experiences (ACE) Study

According to the Centers for Disease Control and Prevention, there have been numerous studies conducted that support strong correlations between adverse childhood experiences and the development of mental or physical disease (e.g., cancer, heart disease, autoimmune disease), addiction, relationship issues, and lower educational or occupational attainment in adult lives. On the average, people with more than six adverse childhood experiences die 20 years earlier than those without any adverse experiences. The original study was conducted by Kaiser Permanente in the mid 90s. "Seven categories of adverse childhood experiences were studied: psychological, physical, or sexual abuse; violence against mother; or living with household members who were substance abusers, mentally ill or suicidal, or ever imprisoned" (Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., . . . Marks, J. S., 1998). Out of 9,508 respondents of the study reported at least one childhood adverse experience. The research stated, "Persons who had experienced four or more categories of childhood exposure, compared to those who had experienced none, had 4- to 12-fold increased health risks for alcoholism, drug abuse, depression, and suicide attempt."

Substance Abuse

According to the National Institute on Drug Abuse, abuse of and addiction to alcohol, nicotine and illicit and prescription drugs cost more than $700 billion a year in increased health care costs, crime, and lost productivity. The institute stated that every year illicit and prescription drugs and alcohol contribute to the death of more than 90,000 Americans. It stated that 40% to

60% of a person's vulnerability to addiction can be attributed to his or her genetic factors. About 22 million people in the United States need treatment for addiction (James, R. K., & Gilliland, B. E. 2013).

According to *Crisis Intervention Strategies* (James, R. K., & Gilliland, B. E. 2013), at present there is no one treatment model that is better or more effective over other treatment models when it comes to treating addiction. The book describes three models for understanding drug addiction. One widely used is the disease model, which is accepted by the World Health Organizations and the American Medical Associations. In this model, addiction is "seen as an aberrant condition afflicting otherwise healthy people, and exposure to the drug is seen as leading to physiological addiction." With increased usage, more and more substance is required to meet physiological needs, especially once the person develops tolerance to the substance. The genetic predisposition model states that at least half of a person's susceptibility to drug addiction comes from his or her genetic factors. The stress-coping model maintains that "The use of drug is seen as a substitute for effective behavioral and cognitive coping skills when the individual is place under stress."

Co-existing disorders such as depression, anxiety, and psychosis make the recovery process challenging. Treating substance abuse alone doesn't have long-term effects, since such people are using the substance to self-medicate in order to avoid the emotional pains underneath. Thus, treating both substance abuse and mental illness simultaneously would be the most effective approach (James, R. K., & Gilliland, B. E., 2013, p. 372).