A Highly Effective Self-Forgiveness Framework

Short Description: Given the heavy allostatic load inherent in the medical profession, there is a need for evidence-based self-forgiveness skills as an important component of physician self-care. We have developed an effective framework and guided tutorial for self-forgiveness based on the Internal Family Systems approach. This is part of a larger psychophysiology study designed to promote self-forgiveness and counter the stress created by the inner critic due to medical error and other real or perceived failures.

Abstract: Can physicians forgive themselves for medical error, for not saving a life, or for other professional or interpersonal failures? The literature on physician health and burnout sadly suggests the answer is often ‘no’, indicating a need for evidence-based self-forgiveness skills. However, useful frameworks for self-forgiveness appear lacking. Therefore, we are conducting a psychophysiology study in which participants listen to a short audio session (~20 min) designed to promote self-forgiveness. Participants include medical students, nurses, and physicians ranging in age from 18-61 (n=15 to date). The psychological imagery is based on the Internal Family Systems model (Schwartz 2013), which includes consideration of the inner critic and self. Our specific aims are to 1) validate the self-forgiveness audio tutorial, 2) collect baseline psychometric data on participant personality, stress levels, and trait and state forgiveness, 3) collect physiological data (ECG, forehead EMG, and respiratory belt recordings) during baseline, self-critical rumination, and self-forgiveness, and 4) conduct correlation analyses between psychometric and physiological data. One hypothesis is that participant’s ratings of recrimination will decrease (or conversely ratings of self-forgiveness will increase) after the self-forgiveness exercise. Our psychometrics are the Heartland Forgiveness Scale (Thompson et al. 2005), State Self-Forgiveness Scale (Wohl et al. 2008), and the Tendency to Forgive Scale (Brown 2003) administered both before and after the audio session. Importantly, participant other-forgiveness and self-forgiveness scores increased very significantly for all three surveys (p-level = 0.005, 0.00001, and 0.008, respectively). For example, in response to the post-survey statement ‘As I consider what I did that was wrong, I have forgiven myself’, which was anchored at 1 = not at all and 10 = completely, the average score was 7.6 (SD = 1.2)! This is exciting as it validates the effectiveness of the psychological imagery used and justifies analyzing the physiology data.

For many individuals, the practice of self-forgiveness is much more challenging than forgiving others, particularly in high stakes situations. A number of studies indicate that self-condemnation impairs self-care, produces depression and anxiety, and demotivates coping (Witvliet et al. 2001); all of which would compromise physician health and, by extension, patient care. Given that physician training involves improving self-evaluation skills, the potential for negative self-evaluation supported by the inner critic is increased, leading to a significantly increased allostatic load. We are excited that our findings can be utilized within many medical education settings (from M1 to CME) and even extended to other high-pressure, high-stakes professions.

Level of Audience: Early-career

Focus of Presentation: UME, GME, CME, Continuum


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