APPENDIX A

SUBJECT INSTRUCTIONS

FIRST INTERVIEW

Key Research questions to be put to the client by the researcher and transcribed for discussion.

1. Can you tell me what self-forgiveness means to you?

2. What situation(s) in your life gave rise for the need for self-forgiveness?

3. How did your experience in therapy contribute to your understanding of self-forgiveness?

SECOND INTERVIEW

Clarification of data transcribed in first interview and further elaboration of data if necessary.
APPENDIX B

CLIENT PERMISSION FORM

I hereby give permission to **IRENE BOWMAN** to use my historical data and nature of my presenting problem for research purposes.

I understand that, at all times, the confidentiality of the data will be upheld and my identity will be protected.

______________________________     __________________________
Signed          Dated
APPENDIX C

SAMPLE INTRODUCTION FOR PARTICIPANT INTERVIEWS

Everything you share with me today will be kept strictly confidential. Also, if there is a question you do not wish to answer for any reason, I will certainly respect your right to privacy. It’s important to me that this interview be a positive experience for you, as well as a contribution to my research.

Before this study is published, I may ask your permission to print excerpts from our discussion today. If I do, those excerpts would not be associated with your name in any way, and would be edited to conceal your identity. Also, if you wanted to see a copy of those excerpts before they were published - just to be sure your privacy was adequately protected - I’d be happy to give you one.

What I am most interested in today is your experience, and with experience there are no ‘right’ or ‘wrong’ answers. In doing this type of research, I am not so much interested in thoughts or ideas or theories ‘about’ self-forgiveness, though I realise they may be important to you. My goal today is to understand your own personal, lived experience of finding self-forgiveness - as deeply as I possibly can - without being limited by pre-conceived notions about self-forgiveness.

So, in order to minimize the amount of influence I have over your description of your experience, I’m going to do my best to avoid asking questions that might ‘lead’ you in any way. Instead, I’ll try to only ask questions for clarification, or perhaps to find out more about something you’ve already described. I’d rather have you tell me about your experience in whatever way feels natural to you.

This type of research is based on the idea that the best way to understand a phenomenon like self-forgiveness is to listen to people describe their personal experience of these phenomena. In this way, the research is collaborative: you and I will be working together today to better understand your experience, which should in turn shed light on the nature of the forgiveness process as it applies to all of us.

Do you have any questions for me before we get started?
APPENDIX D

CONSENT FORM

I understand that I am being asked to participate in a research project designed to gain insight into what people understand by self-forgiveness and how the experience of psychotherapy contributed to this understanding.

My participation will include a face-to-face interview (during which time I will be asked to describe my personal understanding and experience of self-forgiveness), and a follow-up interview (during which time I will have an opportunity to correct or elaborate on the information exchanged at the first interview). Each interview will last approximately sixty to ninety minutes, and can be scheduled at a time and place of my convenience.

I understand that a tape recorder will be used to make an accurate record of our discussions. I also understand that anything I share will be held strictly confidential. Any excerpts from our interviews that are transcribed for publication will be assigned a fictitious name, and will be disguised additionally, if necessary, to protect my anonymity.

Finally, I understand that my participation in this study is completely voluntary, and that I may withdraw my participation at any time should I feel the need to do so for any reason. I also understand that I am free to ask questions about the study that may be helpful or otherwise of interest to me.

_____________________________________   ______________________________
Participant’s Signature       Date
APPENDIX E

CONFIDENTIALITY FORM FOR PARTICIPATING PSYCHOLOGISTS
IN THE DISCUSSION GROUP

I hereby understand that the data to be discussed, will be kept in the strictest confidence and will not be discussed outside the discussion group.

________________________________     __________________________
Signed          Dated