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Effect of Forgiveness Intervention on Self–Conscious Emotions and Self-Compassion among Patients with Major Depressive Disorders

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Abstract: Background: Forgiveness intervention improves patient' depressive symptoms by enhancing feelings of forgiveness and compassion toward oneself as well as others. **Purpose**: to identify the effect of forgiveness intervention on self –conscious emotions and self-compassion among patients with major depressive disorders. **Setting:** The study was conducted at neuropsychiatric inpatient department of Tanta university hospital. The research design was quasi-experimental. **Sampling**: 50 adult patients with Major Depressive Disorders (MDD) were chosen as a convenient sample. **Instruments**: Three instruments were used: {Heartland Forgiveness Scale (HFS), Self-compassion Scale short form (SCS-SF), and State Shame and Guilt Scale (SSGS)}. **Results:** a highly positive statistical significant correlation between forgiveness and self –compassion was found, while a negative statistical significant correlation between forgiveness, self -compassion and self -conscious emotion (shame &guilt) of the studied patients was detected throughout the study. **Conclusion**: this study proved that the current intervention was efficient when it is implemented at rehabilitation stage of treatment of patients with MDD. **Recommendations**: involving the current forgiveness intervention in rehabilitation program of patients with MDD at the hospital and community health settings.

***Keywords**: Forgiveness, Major Depressive Disorders, Self-compassion, Self-conscious emotion.*

Introduction

According to WHO, approximately 128 million people worldwide have depression in 2023 (Institute of Health Metrics and Evaluation, 2023). Depression is a psychiatric disorder in which characteristics hallmarks are negative mood, lack of motivation, and a sense of life meaningless. It is accompanied by certain negative self - conscious emotions like anger, sadness, self-guilt and shame in different situations (DMS-5 diagnostic). One of the core symptoms of depressive states of depression is negative evaluations and negative thoughts of self (Hards E et al, 2023). Therefore, there is a strong link between depression and self-consciousness, and such self-defeating ideas might worsen the patient's mood (LeBlanc N et al, 2020& Huang H et al, 2021).

Self-conscious emotions (e.g., empathy, embarrassment, guilt, pride, shame) are a special class of emotions that critically involve the self, including the capacity to form stable self-representations and to evaluate oneself relative to internal and external standards (LaVarco A et al, 2022&Tracy J, 2012). Self-conscious feelings drive actions that either facilitate or obstruct reconciliation following violations of societal standards and regulations, such as mistreating a person's property or acting poorly in front of others (Nikolić M et al, 2023).

Guilt and shame are negative, self-conscious feelings that come from a depressed patient's internal attribution process. Self-evaluation triggers these self-conscious feelings. (Nikmanesh Z, Khosromehr L, 2022).Guilt is an unpleasant and disturbing self-negative emotion evoked by negative attributions of own behaviors, thoughts and feelings, which perceived as wrong (Al-Ziadat M, 2019). It is often generated from self-criticisms due to behaviors, cognitions, and/or feelings against one’s moral judgments and conscience (Stewart C et al, 2023).Additionally, guilt is generally linked with other negative emotions like shame, hatred, and hostility (Barrett L et al, 2016).

When someone perceives a situation as threatening, they get dissatisfied, believe they are unworthy, and experience shame. Shame, on the other hand, is a much more painful, global, and crippling experience because the self as a whole, not just a behavior, is painfully scrutinized (Chou C et al, 2018, Blythin S et al, 2018,& Carden L et al, 2018). As a result, the shamed person’s self is viewed as worthless and defective, with feeling diminished, powerless, and exposed. Shame typically invokes a desire to withdraw or escape from others. Also, elevated experiences of shame are associated with self-harm behavior(Hasking P et al, 2017, Bachtelle S & Pepper C, 2015, & Sheehy K et al, 2019).

Among factors affecting how patients with MDD to react to self-conscious emotions (guilt and shame) are self-compassion. Feelings of guilt and shame among patients with depression denote low levels of self-compassion(Kugbey N et al, 2019; Neff K, 2011). Having a balanced

awareness of unpleasant thoughts and feelings, treating oneself with love and understanding, and accepting one's shortcomings as a natural part of being human are all components of self-compassion (Teale Sapach M, &Carleton RN,2023). There are six aspects of self-compassion: the absence of self-judgment, loneliness, and over-identification (together referred to as negative self-compassion) and the presence of self-kindness, common humanity, and mindfulness (collectively referred to as positive self-compassion)(Kim C, Ko H,2018, &López A et al,2018).

In the face of pain, self-kindness means being gentle and understanding with oneself, with approaching one's shortcomings, painful emotions and difficult experiences with care and understanding(Han A and (Marsh I et al, 2018, Kim T, 2023, &Murfield J et al,2020). Perceiving one's shortcomings and challenges as a component of the broader human experience is known as "common humanity." Being mindful is keeping a balanced awareness of the unpleasant situations. While isolation refers to a feeling of loneliness in one's own failure and suffering, self-judgment shows harsh and critical reactions to perceived failure and personal flaws. Over-identification means losing oneself in unpleasant feelings and thoughts. One risk factor for distress and psychopathology was thought to be a lack of self-compassion. One important factor in reducing depression symptoms is self-compassion. (Biddle Z et al, 2020, Bui T et al, 2020).

Additionally, self-compassion can enhance positive thinking, which can enhance self-satisfaction, adaptability, mental cohesion, and overall quality of life. Patients with MDD who have high levels of self-compassion report enjoying more happy emotions and moods and experiencing fewer negative self-conscious feelings (Khalaj F et al, 2020, Suh H & Jeong J, 2021). When faced with unpleasant life situations, people who are self-compassionate are less likely to engage in harsh self-judgment and self-criticism. Rather, they typically treat themselves with attention, kindness, and gentleness (Yang, Y et al, 2019). Patients who possess self-compassion are able to treat themselves with kindness, recognize that others may also struggle in social situations, and keep a balanced viewpoint that views loneliness as an objective state(Liu, X et al, 2022).

One of the strongest strategies for helping depressed patients overcome their low self-compassion and negative self-conscious emotions (guilt and shame) is to truly forgive themselves. A person's health and well-being increase when they are able to forgive their own transgressions (Vismaya A et al, 2024,Ripley J et al., 2018& Worthington E et al, 2020). The process of integrating with life is the conceptualization of forgiveness. It can be described up as the the trio of forgiving oneself, forgiving others, and forgiving situations. In the face of one's own acknowledged wrongs, self-forgiveness is defined as "a willingness to abandon self-resentment while fostering empathy, kindness, and

love towards oneself."(Martincekova L, 2015, Hsu H , 2021& Jung M et al, 2019).

The practice of self-forgiveness involves substituting acceptance and kindness for unacceptable feelings that are directed at oneself. It is essential in reducing the effects of depression on suicidality. Reduced self-compassion, increased psychological suffering, and decreased life satisfaction are all linked to low self-forgiveness (Kim H et al, 2023). Forgiveness of others includes a positive view of the transgressor, and the absence of hesitation in approaching the transgressor (Davis, D et al, 2018; Toussaint, L et al, 2015). Also interpersonal conflicts are unavoidable. Patients may find that forgiveness of others helps them cope with the negative effects of conflict and promotes psychological well-being, meaningful social interactions, and interpersonal adjustment. On the other hand, the tendency to not forgive was linked to higher levels of anxiety and despair, worse coping skills, and a lack of social support (Yao Z and Enright R, 2018 & Mróz J et al,2023). Lastly, forgiving situations that are out of one's control, like illness or natural disasters, is part of forgiving the situation. Individuals with high levels of situational forgiveness generally experience mild depression and they have healthier (Lawler et al., 2005; McCullough, Bellah, Kilpatrick, & Johnson, 2001). Research on the relationship between shame, guilt, and self-forgiveness indicated that shame and guilt may play a vital role in self-forgiveness (Carpenter, Tignor, Tsang & Willett, 2016; Martincekova, 2015) . Further, Chung M (2016) showed there is a relationship between un-forgiveness and depression.

Significance of the study`:-

Psychiatric nurses play an integral in rehabilitation and recovery of patients with psychiatric disorders including major depressive disorders. Patients with MDD experience negative symptoms like guilt and shame and low self-compassion which contribute to recurrent relapse. Nurses engage in intervention which enhances productivity of patients with MDD in community. Among rehabilitation intervention is forgiveness intervention that has been described as a transformative process using various techniques (i.e. emotional regulation, acknowledging responsibility, cognitive restructuring) whereby the motivation to avoid self-punishment, personal development, growth and change (Dwi A and Fuad N (2023),Derleme A,2023, Etemadi Shamsababdi P and Dehshiri G, 2024). Forgiveness may be related to the mental health of MDD sufferers through a number of psychological pathways. First, the development of positive feelings like self-compassion and more social support may be linked to forgiveness. Second, forgiving might enhance interpersonal interactions in general. Third, better health practices might be linked to forgiving. In turn, each of these mechanisms reduces negative symptoms and reduce relapse and enable patients to productive in

community and satisfied with their lives (Carvalho S et al, 2020).

Certain assessment studies was conducted and found existence of a strong relationships between forgiveness, and self-conscious emotions (shame and guilt), other studies found relationship among self-compassion and forgiveness of depressed patients(Fincham, F. D., & May, R. W. (2020),Testoni, I., etal. (2019) Ho, M. Y., Beltrán A., & Expósito, F. (2021) & Worthington, E. L. (2020). So aid psychological help professionals(especially nurses) and researchers need to develop new and more effective prevention and intervention programs related to forgiveness which subsequently enhance self-compassion and regulating self-conscious emotions (guilt and shame emotions) among patients with Major depressive disorders.

Purpose:

To identify the effect of forgiveness intervention on self –conscious emotions and self-compassion among patients with major depressive disorders

Hypotheses

- **H1**: Patients who enroll in forgiveness intervention will experience higher level of forgiveness and self- compassion.
- **H2**: Patients who enroll in forgiveness intervention will experience lower level of self - conscious emotion (shame & guilt).

Operational definition

- **Forgiveness Intervention**: It is the utilization of forgiveness of self, others and situations in order to reduce negative emotions, thoughts, and actions toward a transgressor, by turning negative emotions into neutral or positive ones.
- **Self – conscious emotion** comprise pride, shame, guilt, and embarrassment, among other social feelings that are connected to our sense of self and our awareness of how other people see us. However, the current study only examines MDD patients' feelings of shame and guilt.
- **Self – compassion**: it involves showing ourselves compassion and understanding when we fail, feel inadequate, or suffer, instead than dismissing our suffering or berating ourselves with self-criticism,

Methods:-

Research design:-

The study employed a single group, pre-, post-, and follow-up quasi-experimental design.

Setting:-

Tanta University Hospital's inpatient neuropsychiatric department served as the study's setting. Tanta University Hospital has an affiliation with the "Ministry of High Education". There are 31 beds available in the Neuropsychiatric Department, divided into two wards (17 beds) for male patients and two wards (14 beds) for female patients.

Sampling:-

A convenient sample comprised of 50 adult patients diagnosed DSM-5-major depressive disorders at rehabilitation stage of treatment from the previously mentioned setting. The statistical tool included in the Epi-Info software was used to compute the estimated number of samples. The following criteria were used to calculate the sample size: The expected outcome is 70% with a 95% confidence level and a 5% margin of error. According to the previously mentioned criteria, the sample size should be N > 29.

Instruments

<u>Instrument one</u>: Heartland Forgiveness Scale

- **Part 1** - Socio-demographic & clinical characteristics questionnaire: Age, gender, occupation, education, marital status, residence, income, age at disease beginning, number of previous mental health hospitalizations, duration of illness, and mode of admission were all included. The researchers derived each of these variables following a review of relevant literatures (Marsh I et al, 2018, Kim T, 2023).
- **Part 2**: Heartland Forgiveness Scale (HFS):
  It was adopted from Thompson et al., (2005). This scale was used to measure forgiveness. It is an 18-item, 7-point Likert-type scale ranging from Almost Always False (1) to Almost Always True (7). This scale was composed of three subscales; Forgiveness of self : it included items number 1, 2, 3, 4, 5, 6 and a sample item like "Although I feel badly at first when I mess up, over time I can give myself some slack." Forgiveness of others: it contained the following numbers 7, 8, 9, 10, 11, 12 and a sample item like "Although others have hurt me in the past, I have eventually been able to see them as good people." Forgiveness of situations: it is composed of items number 13, 14, 15, 16, 17, 18 and a sample item like "I eventually make peace with bad situations in my life".

Scoring system:

Nine items ((2, 4, 6, 7, 9, 11, 13, 15, 17) on the HFS are reverse-scored and associated with an incapacity to forgive. Each subscale can have a score between 6 and 42. In each subscale, higher scores correspond to greater forgiveness. There was a range of 18 to 126 possible total scores. Higher forgiveness was indicated by a higher score.

<u>Instrument two</u>: State Shame and Guilt Scale (SSGS)

It was developed by Marschal et al. (1994).It is a self-rating scale to assess feelings of shame, and guilt experiences. It contained ten items (five for each of the two subscales) Each item is rated on a 5-point scale Likert scale (ranging from 1= Not feeling this way at all to 5= Feeling this way very strongly). It also contained two subscales shame and guilt subscale. Scoring each subscale contained 5 items: Shame - Items 1, 3, 5, 7, 9(item like: I feel small). Guilt -

Items 2, 4, 6, 8, 10 (like : I feel remorse, regret). All items are scored in a positive direction. Total score was ranged from 10-50.

<u>Instrument three</u>: Self-Compassion Scale Short Form(SCS-SF)

Raes et aal .,(2011) created it . There were twelve items on this scale. A five-point Likert-type scale, with 1 denoting "rarely" to 5 denoting "always," was used to rate the items. Self-Kindness Items (2, 6), Self-Judgment Items (Reverse Scored): (11, 12), Common Humanity Items (5, 10), Isolation Items (Reverse Scored): (4, 8), Mindfulness Items (3, 7), and Over-identification Items (Reverse Scored): (1, 9) were the six subscales that were intended to be measured.

Scoring system:

The negative subscale items—self-judgment, isolation, and over-identification—must be reverse-scored before calculating the overall self-compassion score. Item scoring in reverse (1=5, 2=4, 3=3, 4=2, 5=1). Next, calculate a total mean (the average of the six subscale means) by taking the mean of each subscale. A greater degree of self-compassion is indicated by a higher score.

Methods

Official permission:

After outlining the purpose of the study, the dean of the faculty of nursing formally gave the manager of the research setting permission to carry out the study.

Ethical considerations:

Approval of the Ethical and Research committee was obtained by ethical committee of Tanta University (No: 521-9-2024). A formal little consent was obtained from all patients who volunteered to participate in the study. Sample was informed about the study's purpose. They were assured about confidentiality of any information obtained and that it would be used solely for the purpose of the study. The study sample was assured that they had the freedom to not participate or to leave the study at any time. They were also informed that the study will not cause harms.

Pilot study:

To assess the research instruments' usability and comprehensibility, a pilot study comprising 10% of the individuals was carried out. It sought to identify possible obstacles and the amount of time needed for the data collection procedure. No modifications were made to the tools, and data from the pilot study revealed that each patient required 25 to 30 minutes to finish all of the tasks. Later, the pilot subjects were eliminated

Procedure:

- An official letter was submitted to the director of Tanta University Hospital for data collection. Patients who fulfill the inclusion criteria were included in the sample. They were interviewed individually and taking pre assessment using all study tools. Based on the baseline data that was gathered from all patients and related literature (Derleme A,2023, Etemadi

Shamsababdi P and Dehshiri G, 2024), the intervention was developed. It was provided in eight sessions. Each participant received eight sessions. Each session included 5-6 participants.

- The program was implemented by the researchers for twice-sessions weekly. Each session lasted 45–60 minutes. When implementing the program, power point presentations, movies, posters, and handout papers were used as instructional tools. Lecture interwoven with discussion, role paly, sharing experience and case studies were used as teaching and training methods. All study subjects and their caregivers received the program handout. It was supplemented with images and pictures to make the information easier for the subjects to understand.
- During implementing the program, the researchers acted as the provider, coordinator, and facilitator of the study for facilitating subject' participation and comfort levels. Each session was started with a funny ice break and giving a summary of the previous session's content and the aims for the current one to make sure the subjects understood the program's content. At the end the session, the researcher provided a summary and take patient feedback assessment. The researchers used the teach-feedback method during the training session, asking the studied patients to repeat the knowledge they had gained in their own terms. Arabic brochures with colored drawings to support the brief information delivered during the training session and were distributed the end of session. From beginning of January to the end of July 2024, or around six months, was spent gathering the data.

Implementing program was through the following schedule of sessions:-

A. Theoretical sessions (1-3): these sessions was aimed to imparting study subject with knowledge as follow;

- Session (1): introductory session. The purpose of this session was to introduce the subjects and the researchers, as well as to describe the program's purpose, schedule, and content outline.
- Session (2): This session's main objective was to provide studied patients with knowledge regarding nature of major depressive disorders; definition, symptoms (with emphasis on self-conscious negative emotions like shame and guilt) and management of MDD.
- Session (3): This session emphasized on knowledge about forgiveness; concept, benefits, types and phases of forgiveness.

B. Training sessions (4-8): these sessions was aimed to developing and improving different skills related to forgiveness strategies of study subject as follow;

- Session (4): forgiveness through equipping patients skills related to

-Strategies for Acknowledging the situation (If you recently felt

betrayed, misunderstood, rejected, or deceived, take some time to consider what happened).

-Strategies for acknowledging our feelings (acknowledge your feelings, not deny them).

- Session (5): forgiveness through equipping patients skills related to
  - Take responsibility (Being responsible for your actions require you to recognize the outcome of your actions on yourself and others, take others and yourself into account).
  - Emotional regulation (equips patients with emotional regulation skills to manage feelings (negative feeling like shame, guilt, anger, sadness, and frustration. constructively. Instead of being overwhelmed by emotions.)
- Session (6): forgiveness through equipping patients skills related to
  - Perspective taking and empathy(understand the situation from the perspective of the person(s) that hurt you)
  - Cognitive Restructuring(researchers work with patients to replace negative thoughts with more rational and compassionate ones)
- Session (7): Forgiveness through equipping patients skills related to
  - Practicing compassion (You can cultivate compassion by practicing mindfulness, self-kindness, gratitude, and forgiveness meditation)
- Session (8): forgiveness through acquiring technique of
  - Seeking support (Support can help you cope with your emotions, gain perspective, and find meaning and purpose).
  - Summary and revision of the program.

Phase : Evaluation phase (Post-test):

This was achieved by re-applying study tools after the program has been implemented for three months (for discharged patients, the researcher contacts patients at outpatient follow-up clinics and obtains their phone numbers from them and their families).

Statistical analysis:

The SPSS statistical software, version 26, was used to organize, tabulate, and statistically analyze the collected data. The mean, standard deviation, and range were used to compute quantitative data. The Chi-square test (2) was used to compare the qualitative data. The Pearson and Spearman's correlation coefficients, r, were used to assess the variables' relationship. The significance level for evaluating the significance test results was set at P0.05. Additionally, the extremely significant threshold for interpreting the significance test results was set at P0.01.

Results

Table (1) describes socio-demographic characteristics of study subjects. With a mean ±SD of 27.65±5.26, the results indicate that over half of the patients were between the ages of 18 and under 30. Of the patients, 20% were illiterate, 36% were married, and half (48%) were female. Sixty-four percent of the patients in the study are unemployed.

The majority of the patients in the study (58%) were from rural areas. Seventy percent of the patients in the study had not enough income.

Table (2) represents clinical data of the patients studied. Relating the age of the onset of disease, 48% of the patients under study were between the ages of 18 and under 20, with a mean age of 26.3±3.52. More than three quadrants (76%) of the studied patients were admitted for one to less than three years to psychiatric hospital for treatment. 60% of the study subjects had the illness for one to fewer than five years. More than three quadrants of studied patients (78%) were admitted involuntary.

Table(3) illustrates total level of forgiveness subscales of the study subjects throughout phases of the study. More than half of studied patient experience low levels of forgiveness (58%) prior program, which increased to experience high level immediately & 3months after program (68%&66%respectively). It was found that total level of forgiveness and its subscales (Forgiveness of self, situation and others) differed between before and after the program at a highly statistically significant difference (p <0.001*).

Table (4) demonstrates total level of self -conscious emotions (shame and guilt scale) among study subjects throughout periods of study. Prior to the program, more than half of studied patients experienced high level of shame and guilt (60% & 68%), but such level decreased into low level by majority of subjects immediately(74.0%,66.0%) & three months post program implementation(72.0%&68.0%). There is a highly significant difference (p <0.001*) between the total levels of shame and guilt before and after the forgiveness intervention program.

Table (5) Total level of self - compassion subscales among study subjects throughout periods of study. Near half (40%) of studied patients, experience low level of self – compassion prior to the program. The program aid in increasing into high level immediately (60%) & 3 months post program (58.0%). The current program appeared its positive effect on all self-compassion subscales. Where levels of self -kindness, common humanity and mindfulness subscale of studied patients was changed from low level (52%, 50%&58% respectively) before program to high level (78%, 86%&72% respectively) after program with 3 months. Unlike negative worded subscales (self-judgment, isolation & over identified) there were high level prior program (54%, 72%, &64% respectively) which reduced after program to low level(74%,76%&80% respectively).

Table (6) represents correlations between total score of forgiveness, self-conscious emotion (shame and guilt) & self-compassion of the patients studied throughout the study. Throughout the study, there was a negative statistically significant correlation between the patients' self-conscious emotions (guilt and shame) and forgiveness, whereas there was a highly positive statistically significant correlation between self-compassion

and forgiveness (p <0.001*).Patients in the study showed an increase in self-compassion and a decrease in self-conscious emotions (guilt and shame) as their level of forgiveness increased.

Table (1):Socio-demographic characteristics of the study subjects(n=50)

Socio-demographic characteristics	**N**	**%**
Age		
18-<20	15	30.0
20-<30	18	36.0
30 - < 40	7	14.0
40 - < 50	6	12.0
50 years and above	4	8.0
Mean±SD	27.65±5.26	
Gender		
Male	26	52.0
Female	24	48.0
Marital status		
Single	18	36.0
Married	15	30.0
Divorced	9	18.0
Widowed	8	16.0
Educational level		
Does not read or write	10	20.0
Reads and writes	24	48.0
Intermediate education	9	18.0
University education	5	10.0
Postgraduate	2	4.0
Working status		
Work	18	36.0
does not work	32	64.0
Place of residence		
Rural	29	58.0
Urban	21	42.0
Monthly income		
Enough	15	30.0
Not enough	35	70.0

Table (2): Clinical characteristics distribution of the study subjects (n=50)

Clinical characteristics	N	%
Age at the onset of the disease		
18-<20	24	48.0
20-<30	12	24.0
30 - < 40	5	10.0
40 - < 50	6	12.0
50 years and above	3	6.0
Mean±SD	26.3±3.52	
The number of times admission to a psychiatric hospital for treatment		
1- <3	38	76.0
3- <6	7	14.0
6 or more	5	10.0
The period of onset of the disease		
1- <5	30	60.0
5- <10	20	40.0
Admission type		
Voluntary	11	22.0
Involuntary	39	78.0

Table (3): Total level of forgiveness subscales among study subjects throughout periods of study (n=50)

Items and total of Forgiveness	Pre						Immediate						Post						Chi-square			
	High		Moderate		Low		High		Moderate		Low		High		Moderate		Low		P1		P2	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	X^2	P-value	X^2	P-value
Forgiveness of self	5	10.0	21	42.0	24	**48.0**	38	**76.0**	10	20.0	2	4.0	34	68.0	9	18.0	7	14.0	8.35	**0.015***	**3.053**	**0.217**
Forgiveness of others	2	4.0	26	52.0	22	**44.0**	38	**76.0**	9	18.0	3	6.0	35	70.0	10	20.0	5	10.0	12.724	**0.002***	**0.676**	**0.713**
Forgiveness of situations	6	12.0	24	48.0	20	**40.0**	39	**78.0**	8	16.0	3	6.0	37	74.0	7	14.0	6	12.0	15.119	**<0.001****	**1.119**	**0.571**
Total forgiveness	**5**	**10.0**	**16**	**32.0**	**29**	**58.0**	**34**	**68.0**	**11**	**22.0**	**5**	**10.0**	**33**	**66.0**	**10**	**20.0**	**7**	**14.0**	**39.431**	**<0.001****	**0.396**	**0.820**

P1= pre& immediate, p2= immediate& post

Table (4): Total level of self -conscious emotion(shame and guilt scale) among study subjects throughout periods of study (n=50)

Total of Shame and Guilt	Pre						Immediate						Post						Chi-square			
	High		Moderate		Low		High		Moderate		Low		High		Moderate		Low		P1		P2	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	X^2	P-value	X^2	P-value
Shame	30	60.0	17	34.0	3	6.0	4	8.0	9	18.0	37	74.0	6	12.0	8	16.0	36	72.0	51.244	**<0.001****	**0.473**	**0.790**
Guilt	34	68.0	15	30.0	1	2.0	9	18.0	8	16.0	33	66.0	10	20.0	6	12.0	34	68.0	46.783	**<0.001****	**0.353**	**0.838**
Total	**32**	**64.0**	**16**	**32.0**	**2**	**4.0**	**6**	**12.0**	**9**	**18.0**	**35**	**70.0**	**8**	**16.0**	**7**	**14.0**	**35**	**70.0**	49.182	**<0.001****	**0.536**	**0.765**

P1= pre& immediate, p2= immediate& post

Table (5):Total level of Self-Compassion subscales among study subjects throughout periods of study (n=50)

Total level of Self-Compassion and its subscale	Pre						Immediate						Post						Chi-square			
	High		Moderate		Low		High		Moderate		Low		High		Moderate		Low		P1		P2	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	X^2	P-value	X^2	P-value
Self-kindness	5	10.0	19	38.0	26	52.0	39	78.0	9	18.0	2	4.0	36	72.0	11	22.0	3	6.0	50.416	<0.001**	**0.520**	**0.771**
Self-judgment	27	54.0	20	40.0	3	6.0	4	8.0	9	18.0	37	74.0	7	14.0	10	20.0	33	66.0	50.137	<0.001**	**1.099**	**0.577**
Common humanity	3	6.0	22	44.0	25	50.0	43	86.0	5	10.0	2	4.0	41	82.0	4	8.0	5	10.0	65.079	<0.001**	**1.444**	**0.486**
Isolation	36	72.0	10	20.0	4	8.0	4	8.0	8	16.0	38	76.0	5	10.0	6	12.0	39	78.0	53.346	<0.001**	**0.410**	**0.815**
Mindfulness	7	14.0	14	28.0	29	58.0	36	72.0	10	20.0	4	8.0	35	70.0	9	18.0	6	12.0	39.164	<0.001**	**0.467**	**0.792**
Over identified	32	64.0	12	24.0	6	12.0	2	4.0	8	16.0	40	80.0	6	12.0	9	18.0	35	70.0	52.401	<0.001**	**2.392**	**0.302**
Total	**14**	**28.0**	**16**	**32.0**	**20**	**40.0**	**30**	**60.0**	**12**	**24.0**	**8**	**16.0**	**28**	**56.0**	**12**	**24.0**	**10**	**20.0**	**11.532**	0.003**	**0.291**	**0.865**

P1= pre& immediate, p2= immediate& post

Table (6): Correlation between total score of forgiveness self-conscious emotion(guilt& shame) and self- compassion of studied subjects throughout the study (n=50).

	Forgiveness		Guilt and Shame	
	r	**P-value**	**R**	**P-value**
▪ **Pre**				
✓ **Guilt and Shame**	**-0.384**	**<0.001****		
✓ **Self-Compassion**	**0.198**	**0.035***	**-0.234**	**0.003***
▪ **Immediate**				
✓ **Guilt and Shame**	**-0.356**	**<0.001****		
✓ **Self-Compassion**	**0.806**	**<0.001****	**-0.490**	**<0.001****
▪ **Post**				
✓ **Guilt and Shame**	**-0.284**	**<0.001****		
✓ **Self-Compassion**	**0.298**	**<0.001****	**-0.384**	**<0.001****

Significant p-value <0.001 **

Discussion

Relationship problems are common, and the disturbances linked to MDD, such as shame and self-blame, are frequently at the heart of nursing and psychotherapy interventions. (Thomas W & Robert D(2004),Tao etal(2020). In order to help the individual heal, it is crucial to address their inability or unwillingness to move past the transgression; this calls for a forgiver. (Roberts etal.,(2021). Two things must happen for forgiveness to be effective in a clinical setting: first, the client must get rid of the "un-forgiveness" they are feeling, which is the negative or uncomfortable thoughts, feelings, and behaviors connected to a specific offense; second, they must feel more positive emotions and reactions(i.e., compassion)(Rapp etal (2022, Kaleta, & Mróz, (2020). So the purpose of the current study to assess effect of forgiveness intervention on self – conscious emotions (shame-guilt) and self-compassion among patients with major depressive disorders.

The current intervention was targeting assessing its effect on three dimensions; forgiveness self - conscious emotion (shame &guilt) and self-compassion. Life is reframed by forgiveness itself. The current results showed that over half of the patients in the study had low levels of forgiveness before the program, which rose to high levels both immediately and three months later. It was consistent with a study of Joon AND Batra (2021) that revealed that forgiveness intervention increase level of forgiveness and increase well-being of patients with depression and the benefits of these interventions can last for a longer period of time.

This can be explained in a view that the current program using empathy and reframing techniques and the patients can free themselves from the victimizing cycle and ultimately can develop a new sense of identity and life. People with high levels of empathy are able to comprehend, consider, and experience other people's circumstances. This has to do with forgiveness since empathy enables one to comprehend, experience, and value the emotions of others. This will help patients forgive others by making it easier for them to let go of disappointment or hurt inflicted by others.

It was found that total level of forgiveness and its subscales (Forgiveness of self, situation and others) differed between before and after the program at a highly statistically significant difference. Where, there is increase in the level of forgiveness ’subscale immediately and 3 months post program than prior. Regarding, Self-forgiveness; It may act as a stimulant for individual growth. The current results enforce positive effect of program in increasing level of it after program than prior. This was in line of findings of a study (Griffin etal (2017) which stated that forgiveness intervention increased self-forgiveness. By assisting subjects in putting transgressions into perspective, understanding the offender's point of view, and taking into account their own need for forgiveness, the

researchers link the development of self-forgiveness to currently learned forgiveness skills like guided perspective taking. When a patient's self-control increased, they tended to react more forgivingly to their previously unjust opponents.

Relating to forgiveness of others; it was in agreement of A research of Wade and Tittler(2020) about" on the efficacy of interpersonal forgiveness interventions on depression symptoms" and stated that forgiveness intervention had positive effect on forgiveness of others and depressive symptoms. This can be explained by an increase in the ability to forgive others. The program's teaching of emotion regulation skills helped the patients understand their own and other people's feelings. These skills included the ability to control emotions, use them to make decisions, plan, and motivate themselves. If people can effectively manage their emotions, they will be more willing to forgive others for their faults.

Finally, forgiveness of the situation, Current research intervention enhances level of such subscale after implementation than before. This was in accordance with Beltrán etal (2019) and found that forgiveness of situations was improved after forgiveness therapy and associated with psychological well-being. Such progress return to the content of current intervention included "acknowledging situation strategies" which enable patients to deal with unpleasant situation in a forgiving manner.

Forgiveness Therapy can be used in instances where people experience feelings of un- forgiveness, shame and guilt. So aim of the current study to reduce such negative feelings. This was already achieved and current results revealed that prior to the program, shame and guilt were high at more than half of the patients studied and changed into low levels immediately &3 months post program. This was in accordance with results of Kim etal., (2022) on depressed patients who are part of a self-help group" and indicated that forgiveness intervention was effective in stopping sense of shame and self-blame. It was also on the line with Barcaccia eta.,(2019) and reported that forgiveness contribute to reducing negative emotions like self - blame and shame of depression.

These findings support the researchers' assumption that the key to carrying out the current study is the process of eliminating the ongoing shame and guilt connected to harboring animosity toward oneself or others. The current forgiveness intervention's cognitive restructuring and spiritual strategies place a strong emphasis on letting go of this negativity(shame &guilt) and substituting it with kindness and optimism(compassion).

The researchers' hypotheses before program was that when people forgive themselves, they stop devaluing themselves and believe they are worthy of both self-compassion and empathy from others. The current results assure this hypothesis by near half of studied patients, experience low level of self – compassion prior to the

program. The program aid in increasing into high level immediately & after program with 3 months. It was consistent with Fateme Amiri et al.,(2020) which found that a forgiving intervention fosters self-compassion in addition to lowering negative feelings.

The researchers return such findings to that client's inner "Buddha nature," or core self, which is incredibly spiritual, is brought closer to them by the compassion that the current intervention fosters. Current program sessions cover meditation techniques that help patients connect with their "Buddha nature" by cultivating compassion for all sentient beings, including oneself, and a sense of well-being. All things considered, the healing process of forgiveness removes the binding agent that keeps unfavorable ideas in place and creates space for the development of more optimistic ideas and perspectives on the world. Also depressive symptoms are lessened by these reframes, which are both cognitive and spiritual in origin. According to the researchers, the intervention also included meditation, which is an essential instrument for helping people connect with their inner selves by cultivating mindfulness and enhancing our ability to show compassion for both ourselves and other people.

The current program entails significant effect also on self-compassion subscales. Where the current study findings showed more than half of studied patients had low levels of self - kindness, common humanity and mindfulness before program which increased to high level by most of studied patients immediately& after program with 3 months. This was in the line with Wilson etal.,(2020), that stated that aspects of well-being found in the construct of self-compassion (mindfulness, common humanity and self-kindness), were found to be strongly related to forgiveness intervention.

There are also improvement in negative worded subscales of self-compassion (self-judgment, isolation & over identified). Where there was high level of theses subscales prior program which reduced immediately and after program to low level. This was in accordance with Bluth etal., (2014) which stated that mindfulness techniques help in reducing negative emotions like sense of self-judgment, isolation & over identified. Such improvement in all subscales of self-compassion return to the combination of current program techniques like Seeking support, mindfulness and take responsibility of which is designed to transform a client's perspective. The process of forgiveness involves re-conceptualizing past offenses with awareness, which leads to the letting go of blame and replacing it with a kinder, more generous outlook.

Presence of a highly positive statistical significant correlation between forgiveness and self –compassion. While on the opposite side, a negative statistical significant correlation between forgiveness, self -compassion and self -conscious emotion (shame &guilt) of the patients throughout the study. It was agreed with results of Griffin, etal(2019) study and reported that people who are more inclined to

forgive are less likely to experience symptoms of depression and more self - compassion after forgiveness therapy. Also it was consistent with certain studies implies that forgiveness typically has larger positive connections with various measures of wellbeing (like compassion) and stronger negative associations with measures of distress (like symptoms of depression) (e.g., Shah etal.,(2024),Toussaint etal.,(2023), Záhorcová etal ., (2023)& Wei etal., (2022).

As a result of the current program, patients improve their self-related feelings, behaviors, and beliefs. For example, patients start to love themselves, which lessens their self-deprecating behavior and makes them feel that they are deserving of compassion from others. These self-affirming ideas may thereby lower the intensity of negative symptoms of depression. Additionally, the researchers observed that the patients enjoyed the current program's material presentation style during the session.

Additionally, the program was run in small groups which creates a valuable and engaging environment and gives study participants enough time to absorb the program's taught material. The program's content was also precise and presented in an interesting manner using a range of instructional techniques such as discussion, sharing experience and role-playing in addition to the use of eye-catching images and videos. Also throughout program session, participants also had time to reflect on their own successful life experiences. Therefore, everyone has the ability to design a fulfilling forgiveness that is defined by their own terms.

Conclusion

Patients who were enrolled in forgiveness intervention experienced higher level of forgiveness and self-compassion. Patients who were enrolled in forgiveness intervention experienced lower level of self - conscious emotion (shame & guilt).

Recommendations

Recommendations aiming patients &nursing staff; Nurses should regularly follow recent evidence – based researches about new forgiveness strategies. Planned educational and training courses should be developed for all nurses about forgiveness therapy for patients with different psychiatric disorders. Forgiveness intervention should be a as a part of an inclusive psychosocial intervention to all patients with psychiatric disorders. Additional follow-up is necessary to assess patients with MDD who are involved in the forgiveness program's long-term adaptation.

Recommendations for further study; It will be also valuable to conduct interventional studies that address “Effect of forgiveness intervention on negative symptoms of patients with MDD. Future studies are needed to investigate the relationship between forgiveness relapse, life satisfaction of patients with MDD prospectively. Future studies are needed to determine the efficacy of forgiveness intervention for patients with psychiatric disorders. Empirical studies need to be conducted

to examine how different types of forgiveness relate to mental health problems.

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