COMPASSIONATE DIVORCE RECOVERY FOR CHRISTIAN WOMEN

by

Alice Drusilla Beech Hoag

Liberty University

A Dissertation Presented in Partial Fulfillment
Of the Requirements for the Degree
Doctor of Education
School of Behavioral Sciences
Liberty University
2019
COMPASSIONATE DIVORCE RECOVERY FOR CHRISTIAN WOMEN

by Alice Drusilla Beech Hoag

A Dissertation Presented in Partial Fulfillment
Of the Requirements for the Degree
Doctor of Education
Scholl of Behavioral Sciences

Liberty University, Lynchburg, VA
2019

APPROVED BY:

Whitni E. Buckles, Ph.D., Committee Chair

Fernando Garzon, Psy.D., Committee Member
ABSTRACT

Depression, anxiety, anger, and guilt causes significant distress for 70% of divorcees, typically lasting upwards of two years, while 15-30% report more devastating and life-altering distress for the rest of their lives. Christians divorcees have the added shame of spiritual failure, leading to an increased sense of judgment and isolation from their worship communities. Self-compassion is an attitude toward oneself comprised of self-kindness, common humanity, and mindfulness, and has been shown to reduce depression, anxiety, shame, stress, and social isolation. To date, there are no published divorce recovery programs specifically tailored for Christians utilizing self-compassion techniques. This quasi-experimental study analyzed a group protocol for use with Christian women, integrating Christian-accommodative mindful self-compassion techniques with an existing secular divorce recovery workbook. While the treatment group showed gains in self-compassion, adjustment to divorce, social connectedness, self-worth and belonging, and a reduction in depression, anxiety, guilt, social isolation and God attachment-anxiety, the results showed no difference between the treatment group ($N = 16$) and control group ($N = 10$) on any measure. Self-compassion integrated with Christian principles and Scriptures was well-received by the Christian participants.

*Keywords*: divorce, divorce recovery, Christians, self-compassion, self-kindness, common humanity, mindfulness
# Table of Contents

ABSTRACT .....................................................................................................................................3  
Table of Contents .............................................................................................................................4  
List of Tables ................................................................................................................................10  
List of Figures ...............................................................................................................................11  
List of Abbreviations .....................................................................................................................12  

CHAPTER ONE: INTRODUCTION ............................................................................................13  
Overview ....................................................................................................................................13  
Background ..................................................................................................................................13  
Problem Statement .....................................................................................................................15  
Purpose Statement .....................................................................................................................16  
Significance of the Study ...........................................................................................................16  
Research Questions ....................................................................................................................17  
Definitions ....................................................................................................................................18  
Summary ....................................................................................................................................20  

CHAPTER TWO: LITERATURE REVIEW ................................................................................21  
Overview ....................................................................................................................................21  
Divorce Precipitants .....................................................................................................................21  
Effects of Divorce .......................................................................................................................25  
  Physiological Impact ................................................................................................................25  
  Psychological Impact ..............................................................................................................26  
  Stigma and Shame ..................................................................................................................27  
Impact of Divorce on Children .................................................................................................29
Components of Healthy Divorce Recovery .................................................................31
  Demographic Factors ...............................................................................................................31
  Time .....................................................................................................................................32
  Resilience .................................................................................................................................32
  Forgiveness ...............................................................................................................................33
  Disentanglement ......................................................................................................................33
  Redefining Self and Finding Meaning ..................................................................................34
  Social Involvement ..................................................................................................................36
  New Romantic Partnerships .................................................................................................37
Christianity and Divorce ............................................................................................................38
Self-Compassion ......................................................................................................................42
  Self-Kindness Versus Criticism and Judgment ......................................................................43
  Common Humanity Versus Isolation and Separation ............................................................44
  Mindfulness Versus Over-Identification and Rumination ......................................................45
  Self-Compassion and the Individual ....................................................................................46
  Self-Compassion and Relationships ....................................................................................47
Self-Compassion and Divorce Recovery ..................................................................................50
Christianity and Self-Compassion Integration .....................................................................52
Divorce Recovery Programs and Self-Compassion Training ...................................................55
  Divorce Recovery Psycho-Education Programs .................................................................55
  Support Groups and Self-Help Resources ............................................................................56
  Self-Compassion Training Programs ..................................................................................59
  Mindfulness-Based Interventions ..........................................................................................60
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary</td>
<td>65</td>
</tr>
<tr>
<td>CHAPTER THREE: METHODS</td>
<td>67</td>
</tr>
<tr>
<td>Overview</td>
<td>67</td>
</tr>
<tr>
<td>Design</td>
<td>67</td>
</tr>
<tr>
<td>Research Questions</td>
<td>67</td>
</tr>
<tr>
<td>Hypotheses</td>
<td>69</td>
</tr>
<tr>
<td>Variables</td>
<td>71</td>
</tr>
<tr>
<td>Participants and Setting</td>
<td>72</td>
</tr>
<tr>
<td>- Participants</td>
<td>72</td>
</tr>
<tr>
<td>- Setting</td>
<td>75</td>
</tr>
<tr>
<td>- Treatment</td>
<td>76</td>
</tr>
<tr>
<td>- Qualifications to Lead the Group</td>
<td>76</td>
</tr>
<tr>
<td>Instrumentation</td>
<td>77</td>
</tr>
<tr>
<td>- Fisher Divorce Adjustment Scale</td>
<td>77</td>
</tr>
<tr>
<td>- Depression Anxiety Stress Scale</td>
<td>79</td>
</tr>
<tr>
<td>- Test of Self-Conscious Affect-3</td>
<td>81</td>
</tr>
<tr>
<td>- The Social Connectedness Scale-Revised</td>
<td>82</td>
</tr>
<tr>
<td>- Attachment to God Inventory</td>
<td>83</td>
</tr>
<tr>
<td>- Self-Compassion Scale</td>
<td>83</td>
</tr>
<tr>
<td>- Five Facet Mindfulness Questionnaire</td>
<td>85</td>
</tr>
<tr>
<td>Procedures</td>
<td>88</td>
</tr>
<tr>
<td>Data Analysis</td>
<td>89</td>
</tr>
<tr>
<td>CHAPTER FOUR: FINDINGS</td>
<td>92</td>
</tr>
</tbody>
</table>
Fisher Divorce Adjustment Scale (FDAS) ..........................................................178
Depression Anxiety Stress Scales (DASS-21) ..................................................179
Social Connectedness Scale-Revised (SCS-R) ..............................................179
Test of Self Conscious Affect 3s (TOSCA-3S) ..............................................180
Self-Compassion Scale (SCS) ......................................................................181
Five Facet Mindfulness Questionnaire (FFMQ) ..........................................181
Attachment To God Inventory (AGI) ..........................................................181

APPENDIX E: Protocol Outline.......................................................................183
Session 1 ......................................................................................................185
Session 2 ......................................................................................................188
Session 3 ......................................................................................................193
Session 4 ......................................................................................................195
Session 5 ......................................................................................................197
Session 6 ......................................................................................................199
Session 7 ......................................................................................................201
Session 8 ......................................................................................................202
Session 9 ......................................................................................................204
References....................................................................................................206

APPENDIX F.1: Permission to Use Supplements Attributed to Amen ..............208
APPENDIX F.2: Permission to Use Supplements Attributed to Burdick ..........209
APPENDIX F.3: Permission to Use Supplements Attributed to Garzon ..........210
APPENDIX F.4: Permission to Use Supplements Attributed to Johnson ........211
APPENDIX F.5: Permission to Use Supplements Attributed to Lawrence ....212
APPENDIX F.6: Permission to Use Supplements Attributed to Neff..........................213

APPENDIX G: PDF Copy of The Divorce Recovery Workbook ...............................215
List of Tables

Table 1. List of Assessments for Various Constructs ................................................................. 87
Table 2. Participant Demographics ............................................................................................. 93
Table 3. Additional Participant Demographics ........................................................................... 94
Table 4. FDAS Means, $F$ Values and $p$ Values ..................................................................... 94
Table 5. DASS-21, SCS-R, TOSCA-3, AGI and FFMQ Means, $F$ Values and $p$ Values ........ 96
Table 6. SCS Means, $F$ Values and $p$ Values ....................................................................... 100
Table 7. Between Groups Comparisons .................................................................................... 103
List of Figures

Figure 1. Interaction of variables with random assignment .......................................................... 72
Figure 2. FDAS total score between-groups comparison .............................................................. 95
Figure 3. DASS-21 total score between-groups comparison ......................................................... 98
Figure 4. SCS-R between groups comparison ............................................................................ 98
Figure 5. Total belonging between groups comparison ............................................................... 99
Figure 6. AGI total score between-groups comparison .............................................................. 100
Figure 7. SCS total average scores between-groups comparison .............................................. 101
List of Abbreviations

Acceptance and Commitment Therapy (ACT)
Analysis of Variance (ANOVA)
Attachment to God Inventory (AGI)
Baseline Observation Carried Forward (BOCF)
Depression Anxiety Stress Scales-21 (DASS-21)
Dialectical Behavioral Therapy (DBT)
Fisher Divorce Adjustment Scale (FDAS)
Five Facet Mindfulness Questionnaire (FFMQ)
Last Observation Carried Forward (LOCF)
Mindfulness-Based Cognitive Therapy (MBCT)
Mindfulness-Based Stress Reduction (MBSR)
Mindful Self-Compassion (MSC)
Post-Traumatic Stress Disorder (PTSD)
Self-Compassion (SC)
Self-Compassion Scale (SCS)
Social Connectedness Scale-Revised (SCS-R)
Test of Self-Conscious Affect-3 Short (TOSCA-3S)
CHAPTER ONE: INTRODUCTION

Overview

In this chapter, the problems associated with recovering from divorce will be outlined, followed by a brief description of existing interventions. Mindfulness-based stress reduction (MBSR) and self-compassion (SC) will be presented as cognitive-behavioral frameworks for promoting greater wellbeing when facing various types of suffering, including the suffering from divorce. The concern about using a secular and possibly Eastern philosophical framework with Christians will be addressed. Finally, a group intervention using Christian-accommodative SC will be proposed.

Background

Divorce recovery is an extended period of time following the dissolution of a marital relationship by divorce. While the divorce process itself focuses on separating material possessions and finances and agreeing on child custody arrangements, divorce recovery is less directive and more protracted. It has been suggested the divorce recovery process can take up to six years to reach optimal restoration of life satisfaction (Kulik & Heine-Cohen, 2011) and is characterized by challenging adjustments. Consequently, those going through divorce recovery experience a host of emotional suffering including accepting the divorce, disentangling from their ex-spouse, depression, anxiety, stress, anger, shame, guilt, doubts about self-worth, and social isolation (Fisher & Alberti, 2016). Those from a conservative Christian tradition often have the added struggle of spiritual shame from participating in a divorce which is prohibited in most Christian denominations (Acolatse, 2011; Krumrei, Mahoney, & Pargament, 2009). Additionally, many conservative Christians are deeply opposed to accepting practices or
teachings which have been associated with other religious faiths (Symington & Symington, 2012) and are restricted to traditional healing methods promoted within the church.

From a review of literature, there appear to be three divorce recovery interventions popular in Christian churches in current use, each of which is in a support group format. Rebuilding, Fresh Start and DivorceCare seminars and workshop groups combine DVD teachings, workbook exercises, and support group experiences. Most of these groups are held at local churches across the United States and are facilitated by volunteers who receive training to facilitate the support groups. No other educational or formal training is required.

Secular interventions that address the psychological and emotional distress experienced by those in divorce recovery, without specifically addressing divorce, are also available. In 1979, Jon Kabat-Zinn developed a secular program called MBSR to assist people struggling with physical pain from a range of conditions and life issues (Kabat-Zinn, 1982). The techniques he taught not only provided relief from the participants’ physical pain, it also helped with a variety of mental and psychological pain (Kabat-Zinn, 2001). Studies have also found MBSR to be effective in reducing depression and anxiety (Goldin & Gross, 2010; Jazaieri, Goldin, Werner, Ziv, & Gross, 2012), co-occurring mood disorders (Arch & Ayers, 2013) and post-traumatic stress disorder (PTSD) symptoms in clinical populations (Kearney, McDermott, Malte, Martinez, & Simpson, 2011; Kearney et al., 2013), as well as reducing stress, depression, anxiety and distress, and improving quality of life of non-clinical, healthy individuals (Khoury, Sharma, Rush, & Fournier, 2015).

In 2003, Kristin Neff defined a broader therapeutic intervention, SC, which integrates mindfulness with self-kindness and common humanity to provide healing from emotional pain, specifically from instances of perceived inadequacy, failure or general suffering (Neff, 2003a).
These SC techniques have been extensively researched and have been found to facilitate healing of a wide variety of emotional and psychological distress with promising results, including with those in recovering from divorce (Caldwell & Henry, 2017; Kross, Gard, Deldin, Clifton, & Ayduk, 2012; Sbarra, Smith, & Mehl, 2012). One workbook for individuals has been published applying SC techniques to divorce recovery (Rye & Moore, 2015), but to date, there are no group interventions specifically addressing divorce recovery using SC techniques.

Despite the therapeutic value of SC, Christians benefit from therapeutic techniques that have been adapted to integrate and incorporate Christian principles (Rosales & Tan, 2017). While mindfulness psychoeducation groups have incorporated broad therapeutic interventions covering divorce (Gambrel & Piercy, 2015), there is currently no published research on SC training intervention specifically for divorcees, Christian or not, and no courses, workbooks or programs which incorporate SC with divorce recovery expressly for Christians.

**Problem Statement**

Of the three group interventions mentioned above, only the DivorceCare program has been the subject of any published, scientific study. In a quasi-experimental dissertation study, McCage (2003) found that the DivorceCare program was no more effective than the control group regularly attending Sunday School in promoting wellbeing during divorce recovery. In another dissertation study, Aysta (2010) found that depression, anxiety, and stress were reduced for DivorceCare participants when comparing pre-program with post-program assessments. MBSR has been met with skepticism by many in the Christian community (Symington & Symington, 2012), although the practices of contemplative prayer and Christian meditation have been espoused since the early years of Christianity (Tan, 2011). Finally, SC is a relatively new
concept in the literature, and there is little research with Christians in particular (Brodar, Crosskey, & Thompson, 2015).

Although MBSR has been taught as a secular practice, MBSR is so closely aligned to Buddhist meditation practices that some Christians have been hesitant to embrace its practice (Garzon & Ford, 2016). While there has been promising research into integrating MBSR techniques with a Christian worldview (Symington & Symington, 2012; Tan, 2011), there are no divorce recovery programs specifically using MBSR techniques as part of a curriculum designed for Christians. Likewise, with SC, there are no divorce recovery programs that have been tailored to Christians divorcees using SC techniques. The problem is that a gap in the literature exists for a divorce recovery group protocol using Biblically-based explanations of SC concepts, Christian-integrated SC techniques, and Christian-accommodative mindfulness scripts.

**Purpose Statement**

The purpose of this study is to develop a nine-week group protocol to teach SC techniques to newly divorced Christian women utilizing an existing, secular, nine-chapter divorce-recovery workbook, and adding Biblically-based explanations of SC concepts, experiential SC techniques and exercises, and Christian-accommodative mindfulness scripts to facilitate rapid progress through accepting their divorce, disentangling from their ex-spouse, and reducing any symptoms of depression, anxiety, stress, anger, shame, guilt, doubts about self-worth, and social isolation as a result of their divorce.

**Significance of the Study**

A Christian-accommodative, SC-based divorce recovery group protocol built around *The Divorce Recovery Workbook* (Rye & Moore, 2015) fills two gaps in the research literature. First, a recovery group which is based on SC principles and techniques will provide participants not
only with sound, therapeutic psychoeducational material and exercises to speed their healing from divorce (Brodar et al., 2015), but will also provide the social support of a group context (Yalom, 2005) in which participants can experience common humanity more fully. Social support has been cited as the most significant factor of positive post-divorce adjustment (Cheng & Pfeifer, 2015). Second, having Biblically-based explanations of the SC concepts, Christian-integrated SC techniques and exercises, and Christian-accommodative meditation scripts will enable Christians to apply the healing therapeutic techniques in a way that is consistent with their spiritual beliefs (Garzon & Ford, 2016). Though beyond the scope of this study’s timeframe, the SC training received by group participants is also expected to have a long-lasting impact on their lives well beyond the nine-week group treatment, as SC is a teachable skill (Germer & Neff, 2015) which has broad healing impact on many aspects of life, including improving their relationships with others (Baker & McNulty, 2011; Neff & Beretvas, 2013; Neff & Pommier, 2013), and experiencing greater relationship satisfaction (Neff & Beretvas, 2013; Yarnell & Neff, 2013) and overall life satisfaction (Neff, 2003a; Yang, 2016).

Research Questions

**RQ1:** Can a group divorce recovery treatment using Christian-accommodative SC training be related to an increase in participants’ acceptance of divorce from pre- to post-treatment more than the waitlist control group?

**RQ2:** Can a group divorce recovery treatment using Christian-accommodative SC training be related to an increase in emotional disentanglement from one’s ex-spouse in participants from pre- to post-treatment more than the control waitlist group?

**RQ3:** Can a group divorce recovery treatment using Christian-accommodative SC training be related to a reduction in self-assessed depression, anxiety, stress, anger, shame, guilt,
doubts about self-worth, and social isolation experienced by Christian women early in their
divorce recovery journey from pre- to post-treatment more than the control waitlist group?

**RQ4:** Can a group divorce recovery treatment using Christian-accommodative SC training be related to an increase in the sense of spiritual well-being experienced by Christian women early in their divorce recovery journey from pre- to post-treatment more than the waitlist control group?

**RQ5:** Can a group divorce recovery treatment using Christian-accommodative SC training be related to an increase in the level of SC of participants pre- to post-treatment more than the waitlist control group?

**Definitions**

1. *Christian-accommodative meditations* – “adapting the content (of meditations) using Christian theological and worldview themes to reduce any faith-based concerns with these meditations” (Garzon & Ford, 2016, p. 263).

2. *Christian-integrated techniques* – techniques that are explained through the lens of Biblical truth, doctrine or Scripture, and are consistent with Christian theology and worldview.

3. *Common Humanity* – “A sense of interconnectedness…recognizing that all humans are flawed works-in-progress, that everyone fails, makes mistakes, and experiences hardships in life” (Neff & Germer, 2018, p. 10). In SC, common humanity is the opposite of isolation.

4. *Divorce recovery* – The process of returning to one’s “previous level of positive adjustment” following a divorce (Quinney & Fouts, 2004, p. 57).
5. *Isolation* – The tendency to feel “more separate and cut off from the world” (Neff & Germer, 2013, p. 32). In SC, isolation is the opposite tendency to common humanity.


7. *Over-identification* – The tendency to “obsess and fixate on everything that’s wrong” (Neff & Germer, 2013, p. 32). In SC, over-identification is the opposite of mindfulness.

8. *Self-compassion* – Extending compassion to one’s self in instances of perceived inadequacy, failure, or general suffering. SC “involves being touched by and open to one’s own suffering, not avoiding or disconnecting from it, generating the desire to alleviate one’s suffering and to heal oneself with kindness” (Neff, 2003a, p. 87). SC also entails “offering nonjudgmental understanding to one’s pain, inadequacies, and failures, so that one’s experience is seen as part of the larger human experience” (Neff, 2003a, p. 87). “Self-compassion comprises three interacting components: self-kindness versus self-judgment, a sense of common humanity versus isolation, and mindfulness versus over-identification when confronting painful self-relevant thoughts and emotions” (Neff & Germer, 2013, p. 28).

9. *Self-Kindness* – A tendency to be “as caring toward ourselves as we are toward others,” offering “ourselves warmth and unconditional acceptance,” and choose to “actively soothe and comfort ourselves” (Neff & Germer, 2018, p. 10). In SC, self-kindness is the opposite of self-judgment.
10. *Self-Judgment* – The tendency to be “disapproving and judgmental about” one’s “own flaws and inadequacies” (Neff & Germer, 2013, p. 32). In SC, self-judgment is the opposite of self-kindness.

**Summary**

This chapter has described the problems individuals face when recovering from a divorce, along with existing interventions to assist in their recovery. MBSR and SC were presented as healing practices for many sources of pain including from divorce, though there exists a lack of a specific protocol directed to Christians in divorce recovery. Christian-integration issues were addressed, and a Christian-accommodative SC protocol was proposed.
CHAPTER TWO: LITERATURE REVIEW

Overview

In this chapter, the major concepts of divorce recovery, SC and Christianity will be explored. Chapter Two provides a literature review of divorce precipitants, effects of divorce, components of healthy divorce recovery, Christianity and divorce recovery, SC, SC and divorce recovery, and Christianity and SC compatibility/integration. Available divorce recovery programs and SC training programs will be examined, and a new protocol will be proposed for a group divorce recovery treatment utilizing Christian-accommodative SC practices for Christian women.

Divorce Precipitants

Divorce remains one of the most widespread sources of trauma (Bevvino & Sharkkin, 2003) to individuals and their children with both short-term and long-term negative impacts on life satisfaction for all involved. The Barna Group (2017) claims that in the United States in 2016, 33% of all adults had been divorced at least once, regardless of religious tradition or faith. For those who claim to be evangelical Christians, 25% have been divorced at least once, and those professing to be born again Christians, the number is indistinguishable from the national average of 33%. From a review of the literature, there appear to be few divorce recovery programs in widespread use today which have been empirically researched supported and validated for this large population of grieving adults, and even fewer resources specifically targeted to Christians who have the added self-judgment of spiritual shame (Jenkins, 2010).

In 2010, there were 2,086,810 marriages and 1,161,956 divorces in the United States (Bowling Green State University, 2016). Despite the large numbers of divorces, the divorce rate itself declined slightly between 1990 and 2015, with the highest divorce rate being among 15 to
24 year olds and decreasing consistently to those over age 65 (Wu, 2017). The majority (79%) of divorced older adults experienced divorce prior to age 50, while only 11% experienced divorce after age 50. The remaining 10% experienced a divorce both prior to and after age 50 (Spangler, Brown, Lin, Hammersmith, & Wright, 2016). While those divorcing did not conform to any pattern regarding race, religious affiliation, geographical area, or socio-economic status, educational attainment was curvilinearly correlated with divorce: individuals with some college had the highest rate of first divorce (23 per 1,000), greater than both those with a college degree (14.2 per 1,000) and those without a high school degree (14.4 per 1,000; Bowling Green State University, 2011).

There are four general explanations cited in the literature for why couples divorce: spousal problems, problems related to other relationships, partnering issues, and personal mental health struggles. Some of these issues plagued just one of the individuals in the relationship, others were issues with which both struggled; each negatively impacted the marriage. Regardless of the issues, divorced women tended to view relationship problems as being present early and worsening over time, while divorced men tended to view problems as fewer in nature and unchanging over time (Williamson, Nguyen, Bradbury, & Karney 2016).

**Relationship Problems Between Spouses**

The first group of reasons cited for divorce consists of relationship issues between spouses. These problems included communication problems (Williamson et al., 2016), lack of trust (Gottman & Gottman, 2017), problematic social networking use by one or both partners (Clayton, 2014; Clayton, Nagurney, & Smith, 2013), and lack of respect/admiration for one’s spouse (Gottman & Gottman, 2017). The nature of these problems creates a distance between the spouses, decreasing the level of intimacy and connection.
Relationship Related to Other Relationships

A second set of problems leading individuals to divorce involves relationship issues with a life partner’s other relationships. Problems with one’s own family of origin or spouse’s family of origin was cited as a major source for some of the most toxic conflict between spouses (Bertoni & Bodenmann, 2010). A second source of lethal conflict is unresolved issues with or lingering negative interactions with one’s former spouse (Shafer, Jensen, Pace, & Larson, 2013). Extramarital sex on the part of either the wife or the husband was listed as a breaking point for many marriages (DeMaris, 2013; Scott, Rhoades, Stanley, Allen, & Markman, 2013). Fantasized or imagined interaction of a romantic nature with a person other than one’s spouse (Allen & Berkos, 2010) and even imagining one’s spouse interacting with another person were cited as significant sources of marital conflict leading to divorce (Berkos & Denham, 2017). Such real or imagined lusts and jealousies are sufficient to tear apart marriages.

Partnering Issues

A third cause of marital separation entails partnering issues. Disagreements over finances (Dew, Britt, & Huston, 2012; Noller, Feeney, Sheehan, Darlington, & Rogers, 2008) and arguments over children and parenting issues (Papp, Cummings, & Goeke-Morey, 2009) can become so heated with polarities becoming more entrenched that there often seems to be no middle ground to be found. Lack of couple leisure time or abundance of individual leisure activities apart from one’s spouse also creates a growing distance between partners (Ward, Barney, Lundberg, & Zabriskie, 2014) rather than drawing them together for common pursuits and joint recreation.

Personal Mental Health Struggles
The fourth source of distress leading couples to divorce consists of the individuals’ personal mental health struggles. Pre-existing depression (Bulloch, Williams, Lavorato, & Patten, 2009) or other long-standing mental health issues (Metsä-Simola and Martikainen, 2013) even when treated can be the source of major struggles for couples. One or both having an insecure attachment style can create insurmountable chaos in the relationship (Yárnóz-Yaben, 2010). Finally, individuals with a personality profile of high neuroticism, low agreeableness, and low conscientiousness has been associated with poor life outcomes, while a personality trait combining low neuroticism, high agreeableness, high extraversion and high conscientiousness are related to high levels of relationship satisfaction (Malouff, Thorsteinsson, Schutte, Bhullar, & Rooke, 2010).

Despite the many reasons cited for why people divorce, the question of causation remains unsolved: Does divorce cause individual distress, or are individuals in distress at greater risk of getting a divorce? Sbarra, Emery, Beam, and Ocker (2014) determined that going through a divorce increased the risk for major depression, while those with major depression were at greater risk of becoming divorced. Likewise, Metsä-Simola and Martikainen (2013) found that divorce created an acute situation where a major depressive episode was triggered or experienced and that those predisposed to depression were at greater risk to become divorced. Finally, rather than divorce causing people to be worse off financially, physically and emotionally, Stevenson and Wolfers (2007) found the reverse: that people who are worse off financially, physically and emotionally face greater risks of divorcing. Regardless of the identifiable causes for any specific couple’s divorce, there is a consensus that divorce creates a wide radius of distress impacting many in its wake.
Effects of Divorce

Physiological Impact

Experiencing a divorce has been shown to have a negative impact on individuals’ physiological, psychological, financial, and socio-economic well-being for years prior to, during and following their divorce. While more than 70% of individuals demonstrate resilience in the face of divorce, maintaining consistent life satisfaction levels over a nine-year period during and following their divorce, 15 to 30% of individuals going through divorce face major health problems in the wake following the dissolution of their marriage (Mancini, Bonanno, & Clark, 2011). Divorced individuals, regardless of post-divorce marital status, have been shown to be at increased risk for immune deficiencies, infectious diseases, and a wide range of illnesses (Bjorkenstam, Hallqvist, Dalman, & Ljung, 2013; Nielsen, Davidsen, Hviid, & Wohlfahrt, 2014), are at increased risk of early death from cardiovascular disease (Alviar, Rockman, Guy, Adelman, & Berger, 2014; Sbarra, Law, & Portley, 2011; Shor, Roelfs, Bugyi, & Schwartz, 2012), and are absent from work substantially more during a two-to-seven-year period bracketing their divorce than those who remain married (Dahl, Hansen, & Vignes, 2015). Those who remain single following their divorce have an even lower overall self-rated health status than those who remarry (Knöpfli, Cullati, Courvoisier, Burton-Jeangros, & Perrig-Chiello, 2016) and are at the greatest risk of early death (Sbarra & Nietert, 2009) compared with those who remarried after their divorce, those who never married, and those who remained continuously married.

Divorce also seems to play a role in individuals’ alcohol use during and after their divorce. Divorce has a greater negative impact on individuals who consume high amounts of alcohol compared to those who drink low amounts or no alcohol, and the strain after divorce
lasts longer in women with high alcohol consumption and their former spouses than for those with lower alcohol consumption (Rognmo, Torvik, Idstad, & Tambs, 2013). Divorced men who remain single have substantially higher use of alcohol than those who re-partner, though both categories of divorced men report considerably more alcohol use than divorced women (Kovert, Wright, Hammersmith, Brown, & Lin, 2017). Additionally, Smith, Homish, Leonard, and Cornelius (2012) determined that those ending a marriage to a non-problem drinker increased their frequency and the amount of drinking, increased their problematic drinking, and increased their likelihood of developing a substance use disorder by over 200%, while those ending a marriage to a problem drinker decreased the frequency and amount of drinking, and had fewer alcohol-related problems than before divorcing.

**Psychological Impact**

In addition to physiological problems, individuals who divorce often face tremendous psychological distress as well. Guzman-Gonzalez, Garrido, Calderon, Contreras, and Rivera (2017) found that adjustment to divorce and separation were negatively correlated with depression, anxiety, and stress, and that when comparing all marital statuses, divorced individuals had the lowest scores on life satisfaction. The adverse effects of divorce are most strongly seen in increased antidepressant use just prior to and following a divorce (Metsä-Simola & Martikainen, 2013).

Bulloch et al. (2009) determined that depression is a causal factor for relationship dissolution, increasing the separation and divorce rate among life-partnered individuals, while relationship dissolution causes depression, creating a cycle in which depression causes divorce which in turn deepens the depression. Rosenström et al. (2017) on the other hand, found that the period of time prior to divorce exposes people to depression, not that divorce causes depression;
people who were not depressed during the time leading up to divorce were no more likely to become depressed following their divorce than those who remained married. Sbarra, Emery et al. (2014) found a similar pattern wherein 60% of individuals who had experienced a major depressive episode sometime prior to their divorce experienced another episode during their divorce, while there was no significant increase of depression among those who had never experienced a major depressive episode. Despite the seemingly cyclic relationship between depression and divorce, divorce appears to have a considerable influence on an individual developing depression.

Individuals respond to their divorce with varying levels of depression depending on the quality of their relationship prior to divorce. For example, Cohen, Klein, and O’Leary (2007) found that upon separation or divorce from a low-conflict marriage, non-depressed individuals became depressed while depressed individuals became more depressed. Conversely, individuals from a chronically distressing marriage reported a reduction in depressive symptoms following a divorce; and those who were actively depressed or significantly unhappy during their marriage recovered rapidly from their depressive episodes following divorce (Cohen et al., 2007), were substantially happier the year following their divorce (Gardner & Oswald, 2006), and reported greater levels of post-divorce adjustment psychologically and emotionally (Cheng & Pfeifer, 2015).

**Stigma and Shame**

A sub-category of psychological distress is the negative stigma and shame experienced by being divorced. Divorcees’ behaviors and actions continue to indicate that the stigma of divorce is still relevant, despite cognitive assessment that divorce in the 21st century ethos no longer carries the stigma of shame (Konstam, Karwin, Curran, Lyons, & Celen-Demirtas, 2016).
Jenkins (2010) found that individuals felt a significant sense of shame, failure, condemnation, and silence from their places of worship as they tried to find support, comfort, and guidance from their religious community during this time of distress. In one study, divorced women believed religious people judged divorcees more harshly than non-religious people (Konstam et al., 2016). Not only did Konstam et al. (2016) find divorcees feel judged by others, they found that the tendency to self-stigmatize appeared age-related.

Young divorcees, those younger than age 33, were found to stigmatize themselves more harshly than older divorcees, partly due to the expectation that others would judge them more harshly due to their failure at such a young age, and partly from self-judgment that they are failures who are incapable of intimacy (Konstam et al., 2016). These young divorcees would conceal their divorced status or even deny being divorced when specifically asked. This expression of shame demonstrated a lack of SC and a need to maintain a façade which prevented them from receiving the comfort of compassion and understanding from others (Konstam et al., 2016).

Regardless of age, individuals who view marriage as an important identity label tended to view their divorce as a moral failure and attached a greater stigma to their divorce, while individuals who viewed marriage less personally defining had a more positive outlook on their divorce (Cheng & Pfeifer, 2015). Single divorcees showed higher emotional and social loneliness than divorcees who remarried or those who were continuously married, while remarried divorcees reported significantly higher levels of openness, agreeableness and extraversion, and lower levels of neuroticism than those divorcees who remained single (Knöpfli et al., 2016). The stigma of divorce appears greater among those who choose to remain single rather than remarry.
Impact of Divorce on Children

The impact of divorce, however, is felt not only on those individuals getting divorced; children and grandchildren of divorce suffer negative consequences as well. There is controversy about whether children are more affected by living in a household with unhappily married parents with high conflict or a divorced household. Sobolewski and Amato (2007) concluded that while both the high-conflict households and the divorce households had a negative impact on children and adolescents, that those children whose parents were divorced fared worse than those in high conflict homes. Moreover, Noller et al. (2008) found that the level of family conflict lowered adolescents’ self-esteem and increased levels of depression and anxiety, with high-conflict divorcing families resulting in the greatest impact.

Children whose parents divorce are also at greater risk of lower life satisfaction, both as children and as adults, than children whose parents remained married. A 20-year longitudinal study of children of divorce showed these children attained less of an education than children of non-divorced parents, had increased marital instability and discord in their own marriages, and admitted to increased tension in their adult relationship with their parents (Amato & Cheadle, 2005). In a 34-year longitudinal study, Larson and Halfon (2013) found that adults who experienced parental divorce during their childhood experienced more long-term negative health and lower levels of well-being throughout their adulthood than those whose parents remained married or those who lost a parent to death; they were at increased risk of premature mortality and death due to cardiovascular disease, had lowered adult education, fewer social network ties, more depression, and worse health practices, specifically smoking, than those whose parents remained married throughout their childhood. Finally, Musci et al. (2016) studied the epigenetic impact of divorce on children, finding that children of divorced parents suffer an accumulation of
distress in such a way as to increase their genetic tendency toward depression, negatively impacting their psychological well-being and their ability to adapt in social contexts.

Adult women whose parents divorced when they were between seven and 13 years old reported that they were negatively affected by high levels of overt conflict, resulting in higher incidents of either attachment anxiety and attachment avoidance in subsequent romantic relationships, being less trusting of their romantic partner, and less confident in relationship sustainability as young adults (Roth, Harkins, & Eng, 2014). The association between these negative life outcomes was stronger with divorce than they were with impoverished childhood socioeconomic circumstances.

Lastly, the effect of divorce on children appears to pass on to the subsequent generations through biologically inherited epigenetic changes. In a longitudinal study in Sweden, Salvatore, Lönn, Sundquist, Sundquist, and Kendler (2018) found that there was a genetic, intergenerational transmission of divorce among adoptees whose divorce rates were more consistent with their biological siblings’ history of divorce than their adoptive siblings’ histories. In another study, despite their own parents remaining married, Amato and Cheadle (2005) observed that grandchildren of divorced individuals obtained less education, received less encouragement and less financial support to attend college, had higher marital discord in their own marriages, and reported poorer relationships with their own parents than those whose grandparents remained married. The distress of divorce seems to affect more than those getting divorced; suffering appears to be experienced also by the children and grandchildren of divorce even decades after the divorce occurs.
Components of Healthy Divorce Recovery

As divorce has such an extensive and unfavorable impact on so many individuals caught in its wake, recovering from divorce and regaining a sense of well-being and life satisfaction is essential for the restoration of both physical and psychological health of multiple generations. A broad range of factors is thought to contribute to a healthy recovery from divorce. Certain demographic factors, time, redefining oneself and finding meaning in life, disentangling from one’s former romantic partner, forgiveness, social involvement, and forming new romantic relationships have all been suggested as essential elements of comprehensive divorce recovery.

Demographic Factors

While various studies have demonstrated the impact which certain demographic variables play in divorce adjustment, there is no consensus on which factors ease the recovery process. Divorcees under age 36 reported a more positive post-divorce experience and indicated they were more well-adjusted than older individuals (Cheng & Pfeifer, 2015). Steiner, Suarez, Sells, and Wykes (2011), however, found that age was not a predictor of divorce experience or adjustment. Contradicting results have also been found regarding initiator status: that being the one to initiate a divorce is a positive factor in post-divorce adjustment (Cheng & Pfeifer, 2015), and that initiating the divorce has no significant impact on divorce adjustment (Steiner et al., 2011).

Some demographic factors have achieved greater consensus among researchers, such as the length of one’s marriage, with those having been married fewer than 10 years indicating an easier period of post-divorce adjustment (Cheng & Pfeifer, 2015). The median duration of marriage for first divorces in the United States was found to be 12 years, while the median duration of remarriage for second-plus divorces was 10 years (Spangler & Payne, 2014).
Additional factors for a potentially smoother period of divorce adjustment are access to income and resources, postsecondary education, and holding flexible, non-traditional gender roles (Cheng & Pfeifer, 2015). On the other hand, the spouse’s infidelity was found to have no significant impact on divorce adjustment (Steiner, Durand, Groves, & Rozzell, 2015).

**Time**

Another component of healthy divorce recovery is the passage of time. It has been estimated that the average divorce adjustment during midlife takes two years or more (Lloyd, Sailor, & Carney, 2014), some suggesting up to six years for optimal recovery (Kulik & Heine-Cohen, 2011). Kulik and Heine-Cohen (2011) found that, despite lower levels of socio-economic and emotional resources, women who were still single an average of six years after their divorce had attained a high level of self-evaluation and acceptance of the divorce, experienced fewer grief symptoms and greater adjustment to disentangling from their former marital partner. Six years after their divorce, the women had adjusted well and experienced low levels of stress despite few forming new relationships and most having poor ongoing relationships with their ex-spouses (Kulik & Heine-Cohen, 2011).

**Resilience**

Time alone, however, does not heal or spur on recovery from divorce. According to Sbarra, Boals, Mason, Larson, and Mehl (2013), the greater the time of separation does not lessen the ongoing distress nor the search for meaning in the divorce experience. Quinney and Fouts (2004) found that demographic variables, such as those listed above, and time play an insignificant role in one’s divorce adjustment, while one’s level of resilience had a much greater impact on the sense of well-being during divorce recovery. It is the work of recovery done during the time after one’s divorce which heals and restores, and it is resilience and hope which
facilitates the work. Perrig-Chiello, Hutchison, and Morselli (2014) determined that an individual’s level of trait resilience prior to divorce contributed to their post-divorce adjustment and well-being. Sbarra et al. (2012) suggest that those with higher pre-divorce levels of resilience had lower levels of intrusive divorce-related emotional distress in their daily lives, making the process of divorce recovery proceed more efficiently.

**Forgiveness**

Forgiveness appears to be an integral part of healthy divorce recovery. Saunders, Curtis, Alexander, and Williams (2013) found that when Christian divorcees forgave their former spouse, their own health improved physically, mentally, emotionally and spiritually. They found that the longer individuals were exposed to the notion of forgiveness, the greater the level of forgiveness was reported by participants toward their former spouses and themselves.

Self-forgiveness, however, is possibly an even more important factor in healthy divorce recovery than forgiving an ex-spouse and is a major component of personal well-being and healthy divorce adjustment (Rohde-Brown & Rudestam, 2011). Rohde-Brown and Rudestam (2011) determined that one’s capacity to forgive oneself is the key to healthy post-divorce adjustment and that one’s capacity to forgive their ex-spouse determines the level of their adjustment to divorce. Furthermore, they concluded that early divorce recovery interventions, within the first two years of divorce, including practices that facilitate forgiveness of self and others, are optimal for finding a sense of inner management and peace, and in managing other major life stressors in their future (Rohde-Brown & Rudestam, 2011).

**Disentanglement**

Disentanglement from one’s ex-spouse is another major component of healthy divorce recovery. Disentanglement is defined as gaining a self-distanced perspective on one’s divorce
and detaching from one’s spouse and is a sign of health and well-being (Sbarra, Hasselmo, & Bourassa, 2015). Individuals with lower levels of spousal attachment following their divorce reported lower levels of anger, hate or love of one’s former spouse, and they were less likely to endure complex grief (Cheng & Pfeifer, 2015). Conversely, those with strong attachment bonds to their spouse struggled with grief, including high levels of depression and anxiety, for several years beyond their divorce (Cheng & Pfeifer, 2015). Additionally, individuals who detach emotionally from their former spouse adapt more easily to their divorce; individuals with secure and avoidant attachment styles were found to adapt positively, while individuals with preoccupied and anxious attachment styles tended to adapt poorly (Yárnoz-Yaben, 2010). Those with high attachment anxiety following their divorce and who talk about their former relationship in a personal, present-oriented and engaged manner, showed significantly and prolonged elevated blood pressure, which is associated with increased mortality rates (Lee, Sbarra, Mason, & Law, 2011). Disentanglement from one’s ex-spouse has been cited as the major task to accomplish in one’s divorce recovery work (Fisher & Alberti, 2016).

**Redefining Self and Finding Meaning**

Another major task in divorce recovery, and an aspect of improving post-divorce resilience, is re-defining oneself as a worthwhile individual and overcoming the sense of shame inherent with all the labels associated with being divorced. Improved clarity in personal identity increases psychological well-being in those going through a relationship break-up (Mason, Law, Bryan, Portley, & Sbarra, 2012). Araújo and Lima (2016) found that, to navigate the trials of divorce well, individuals going through a divorce needed to redefine their identities as independent individuals, and as being capable of developing and pursuing their own personal goals and dreams in life. Additionally, those who viewed themselves as having a strong and
independent temperament had a better post-divorce experience than those who remained dependent on the opinions of others for self-definition (Cheng & Pfeifer, 2015). Encouraging divorcees to reconcile their public and private selves, examine their self-stigma, and reconstruct positive narratives for their emerging identities facilitates a release of shame and enables divorcees to embrace a more satisfying post-divorce experience (Konstam et al., 2016).

Araújo and Lima (2016) noted that healthy divorce recovery moved individuals from depending on their former spouse, to disentangling from their couple identity, to becoming independent, and finally to re-defining their personal identity by recognizing their own potential, and getting into different social, economic and emotional contexts. Defining one’s self and regaining a sense of clarity about one’s self-concept creates a greater sense of well-being following divorce (Sbarra et al., 2015). Divorcing clients who effectively changed their self-concept by letting go of their need to defend their self-identity, had greater mental health, greater enthusiasm for living, and greater ability to relate to others (White & Berghuis, 2016).

Once divorcees value themselves as worthwhile individuals, the divorce can potentially become an opportunity for hope rather than despair. Bevvino and Sharkin (2003) determined that finding meaning from one’s divorce was correlated with a higher level of well-being; finding meaning was defined by women as developing their own identity and embracing new opportunities for growth and personal development. Cheng and Pfeifer (2015) found that women who viewed their divorce as a learning opportunity for positive growth such as personal freedom, absence of conflicts, ability to start anew, and rediscovery of self, were more likely to have a positive post-divorce experience. Individuals who have hope that the post-divorce adjustment experience will end, ushering in a new phase of life, have more positive experiences during the divorce recovery process (Lloyd et al., 2014).
Social Involvement

In addition to the personal transformation involved with forgiveness, disentanglement, redefinition of self, and finding new meaning in life, social involvement appears to be an integral part of healthy divorce recovery. Social support was cited as the most significant factor of positive post-divorce adjustment (Cheng & Pfeifer, 2015). Interacting in close social relationships is associated with higher levels of positive post-divorce adjustment which in turn encourages a faster and more rewarding adjustment to divorce (Krumrei, Coit, Martin, Fogo, & Mahoney, 2007). Meaningful social interaction, however, differs between men and women. Women tend to receive significant emotional and practical advice from their support system whereas men, who have smaller supportive networks as a whole, receive more friendly than emotional support, engaging in physical companionship and activities (Cheng & Pfeifer, 2015).

Regardless of whether the interaction comes in the form of emotional support or physical companionship, engaging in specific relationships has shown to help buffer against maladjustment. Such individual relationships can be one-on-one involvement with a friend or a family member, and benefits include reducing depression, negative affect, anxiety, stress, psychological distress, somatization, and physical symptoms (Krumrei et al., 2007). Seal, Doherty, and Harris (2016) found that 73% of adults going through a divorce confided in and relied upon a close confidant, primarily a friend, a sibling or a co-worker, for support. The support found most helpful was non-judgmental, emotionally supportive listening and perspective-giving. However close social relationships often change after divorce, leading to additional interpersonal distress. Greif and Deal (2012) found that while divorced individuals retained and often strengthened their relationships with individual friends, whether those friends were single or married, friendships with both members of couples were not maintained. Social
involvement in network relationships such as support groups, a church community or a circle of friendship, has also been shown to provide essential support. Such network relationships lead to greater global adjustment, coping, well-being, positive affect, overall happiness, and life satisfaction (Krumrei et al., 2007).

**New Romantic Partnerships**

Finally, forming relationships with new romantic partners has been shown to be both helpful and not helpful in the recovery process. Many divorcees attempt to redefine their individuality by searching for and establishing new romantic relationships after divorce. On the positive side, Bevvino and Sharkin (2003) found that men cited opportunities for new relationships as the primary source of meaning following divorce, while Locker, McIntosh, Hackney, Wilson, and Wiegand (2010) found that the speed with which both men and women began dating again predicted a greater recovery. Bowen and Jensen (2017) concluded that divorcees who remarry have higher life satisfaction than those who remain single after their divorce, and they suggest that one of the best indicators of post-divorce adjustment is one’s ability to eventually form meaningful romantic relationships. Guzman-Gonzalez et al. (2017) found that individuals who begin new romantic relationships after their divorce report greater levels of social trust and post-divorce adjustment than those who remain single. Conversely, divorced individuals who remain single have more depressive symptoms than those who re-partner (Kovert et al., 2017). Perrig-Chiello, Hutchison, and Knöpfli (2016) also found that individuals who struggled the most following their divorce in terms of high depression and hopelessness, low life satisfaction, and the belief that they would never get over their divorce were less likely to be in a current new relationship than those were least affected from their
Thus, it would appear that getting into a new relationship following divorce would help individuals attain a sense of greater wellbeing.

However, other studies have shown that getting involved in a new romantic relationship does not necessarily increase life satisfaction for those newly divorced. In a longitudinal study using a large sample of Swedish men, Hiyoshi, Fall, Netuveli, and Montgomery (2015) found that, while divorcing increased the incidence of depression, remarriage did not substantially reduce the incidence of subsequent antidepressant medication use. Furthermore, those who remarried showed lower cognitive and physical functioning, lower stress resilience, and lower socioeconomic indicators than those who remained divorced, and there was an increased risk of depression among all categories of remarried men compared to those who remained single following their divorce.

Sometimes being involved in a new romantic relationship seems to be neither helpful nor harmful; sometimes relationships are mere distractions to more important endeavors. In a study by Langlais, Anderson, and Greene (2017), they found that young adult divorced mothers who dated after their divorce were uninfluenced by beginning or maintaining a new relationship, or by breaking up from a subsequent relationship. Rather, by remaining single, young divorced mothers seemed to focus more on their own adjustment and on that of their children, leading to an increased sense of well-being.

Christianity and Divorce

Regardless of faith or spiritual affiliation, all divorcees struggle with potential negative physiological distress, psychological pain, stigma and shame as discussed above. Those with a strong Christian background, however, find themselves struggling with additional concerns including spiritual shame, a sense of alienation from their religious support system, sometimes a
belief in demonic interference in their lives, and even potentially a newly-developed sense of
distance from their Creator as they struggle with dissonance in their understanding and image of
God.

The Bible and Christian doctrine speak against divorce in all but a few circumstances.
Christians going through the trauma of divorce often view their divorce as a sacred loss (Krumrei
et al., 2009) and as a spiritual failure (Acolatse, 2011) on top of the other shame labels common
to non-Christians. Krumrei et al. (2009) suggest that Christians are at risk of higher levels of
depression due to this added sense of shame and failure.

Village, Williams, and Francis (2010) determined that those who identify as Christians
active in their faith have a lower incidence of divorce than those who are nominal Christians or
those who identify with no religious affiliation (Village et al., 2010). The Barna Group (2008)
found that 33% of all adults in the United States have been divorced. The rate was the same for
those who identified as born-again Christians, while only 26% of those who identified as
evangelicals had gone through a divorce. However, the fact that between one-fourth and one-
third of those who refer to themselves as committed Christians still get divorced is evidence for
more widespread understanding, compassion, and support within the church.

Despite this, many Christians may feel abandoned by their faith community when their
marriage is in distress or when they go through a divorce. Acolatse (2011) found that heightened
stigma of spiritual failure imposed by spiritual leaders and religious cultural traditions increases
one’s anxiety associated with the decision on whether to endure a bad marriage or to separate.
Additionally, in a focus group study by Saunders et al. (2013), Christian divorcees complained
that there was a lack of support for troubled Christian marriages in the church, the divorcees felt
shame for believing they had failed God for going through a divorce, and conversely, they struggled with believing God had forsaken them by allowing their marriages to fail.

For Christians, their sense of connectedness or distance from God, or God attachment, has been found to be a significant component of their sense of well-being (Homan, 2014). God attachment has been shown to be related to lower rates of psychological problems and increased well-being (Kirkpatrick, 2005). Therefore, when a Christian develops insecurity with their sense of God attachment, their experience of loss from the divorce can intensify and can even create a sense of additional loss of intimacy with God, complicating their healing (Kelley, 2009).

Similarly, Krumrei et al. (2009) found that one’s spiritual response to divorce was positively related to their psychological adjustment. Those who struggled spiritually had greater struggles with depression most likely due to feeling abandoned, betrayed or punished by God, questioning God’s power to intervene in their lives, or experiencing intense moral guilt over their failure (Krumrei et al., 2009). Their recommendation when dealing with Christian divorcees is to have treatment focused on specific religious beliefs and practices expressly applicable to the individual’s particular life circumstances (Krumrei et al., 2009).

While spiritual struggles with shame, distance from God, and a sense of abandonment are greater for those in the Christian community than the secular community, some divorcing individuals also struggle with the notion that their divorce had been influenced by the demonic. Krumrei, Mahoney, and Pargament (2011) found that almost half of their sample, which consisted of individuals from various religious and non-religious backgrounds, believed either their divorce, their own self or their spouse had been influenced by and operating under demonic influences. Individuals who demonized their divorce, their ex-spouse and themselves revealed higher levels of post-traumatic stress symptoms and illnesses, depression, anger, and negative
spiritual emotions than those who did not demonize any aspect of their divorce (Krumrei et al., 2011). On the other hand, individuals who demonized their divorce or ex-spouse but not themselves tended to indicate higher levels of positive spiritual emotions such as gratitude, love, and acceptance by their Higher Power (Krumrei et al., 2011). However, these individuals also showed confusion about their God-image, at God’s limited power to intervene or unwillingness to intervene, and indicated they felt particularly unworthy of God’s love or fearful of divine punishment (Krumrei et al., 2011). Treatment recommendations for such individuals include spiritually integrated therapy which addresses these spiritual issues directly (Krumrei et al., 2011).

While some religious individuals demonize their ex-spouse, other studies have shown divorced Christians struggle with their own spiritual identities as Christians. White and Berghuis (2016) determined that divorced Christian women go through a process of reconciling their identities as followers of Christ with their God-image, involving personal identity transformation and reconciliation. Steiner et al. (2011) found that divorced Christian women find spiritual well-being (defined as existential well-being as opposed to religious well-being) is a significant contributor to their overall divorce adjustment. Steiner et al. (2015) found that spiritual well-being predicted 21% of Christian men’s overall divorce adjustment and suggested that improving the spiritual well-being of clients might improve Christians’ divorce recovery process.

From a therapeutic standpoint of helping Christians who have experienced the trauma of divorce, it is vital to promote healing in a way that is consistent with their faith. Recharacterizing divorce as an opportunity to redefine and transform one’s view of self, and thus redefine and transform one’s relationship with God, may help Christian divorcees heal and move forward with greater life satisfaction and sense of purpose (White & Berghuis, 2016). Christian
divorcees who approach themselves with self-kindness tend to integrate more easily back into their church community as functioning and involved participants (White & Berghuis, 2016). Krumrei et al. (2009) recommend therapists help divorcing Christians in a way that is consistent with their spiritual faith, increase their coping methods, and help resolve spiritual struggles to decrease depression and facilitate greater post-divorce functioning. Such interventions would help turn divorce from a completely negative life experience into an opportunity for positive growth and transformation. A helpful set of coping skills for such transformation which has gained recent popularity is the practice of SC.

**Self-Compassion**

SC is a unified set of coping skills designed to help individuals who are experiencing “suffering” to reduce their experience of distress without eliminating the source of suffering (Neff, 2003a). Individuals going through the divorce recovery process may perceive their divorce as creating “suffering,” and they respond with self-judgment, isolation, and over-identification as a person who failed at marriage. SC encompasses the skills of responding to suffering by applying self-kindness, common humanity and mindfulness instead. As such, SC has the potential to reduce one’s suffering through the divorce recovery process without having to change the external circumstances of one’s divorce.

SC is an ancient Eastern construct practiced religiously by Buddhist practitioners for centuries. Western thought, however, has not examined SC as a useful psychological construct until recently (Neff, 2003a, 2003b; Neff & Beretvas, 2013; Neff & Pommier, 2013; Neff & Vonk, 2009). The study of SC with Christians, however, has not been examined until the past few years, with Barnard and Curry (2012) studying SC as it related to clergy burnout. Brodar et al. (2015) were among the first researchers to study SC with the non-clergy Christian population,
finding SC to be associated with the several constructs important to Christians’ faith, including the quality of their relationships with God and others in their faith community. A closer examination of SC and Christianity will follow in a subsequent section.

As an inherently individualistic trait, SC focuses on the way people treat themselves and view themselves in relation to their life circumstances, specifically painful life circumstances. Neff (2003a; Warren, Smeets, & Neff, 2016) describes SC as an intertwining of three positive components to be detailed more thoroughly below: people respond emotionally to suffering by applying self-kindness, people cognitively understand their suffering via common humanity, and people pay attention to their suffering with mindfulness. Each of the three positive self-attitudes has a negative reflection, also explained more fully below: self-kindness is set in opposition to self-judgment or harsh self-criticism, common humanity is contrasted with isolation and neurotic perfectionism, mindfulness is differentiated from over-identification with and rumination over one’s suffering (Neff, 2003b). Together, all six constructs combine to form a multi-dimensional concept of SC.

**Self-Kindness Versus Criticism and Judgment**

Self-kindness is defined as being kind to and understanding of oneself when experiencing pain or failure, not judging oneself harshly or being self-critical but caring gently for oneself in the face of distress (Neff, 2003a). In several studies, individuals high in SC demonstrated greater kindness toward themselves and made themselves feel better following negative events more than individuals with low SC (Leary, Tate, Adams, Batts-Allen, & Hancock, 2007), they demonstrated a disinclination toward using self-protecting strategies of self-handicapping and sandbagging (Peterson, 2014), they experienced a greater sense of forgiveness, and they had a lower level of depressive symptoms than those low in SC (Chung, 2016). On the other hand,
self-judgment is defined as being hostile, demeaning and critical to one’s self (Neff, 2003a). Those low in self-kindness and high in self-judgment demonstrated greater relational dependence on others (Akin & Ergolu, 2013) and were highly critical and hostile toward themselves.

Common Humanity Versus Isolation and Separation

The second attribute of SC, common humanity, is defined as acknowledging that suffering, hardship, failure, and imperfection, as well as happiness, ease, and success, are all part of the human condition; that every experience is and has been experienced by countless people before and is therefore not unique to oneself. Circumstances, experiences, pain, and pleasure are not personal but rather are shared by all human beings. All humans are imperfect, thus all people, including oneself, are worthy of compassion (Germer & Neff, 2013). Individuals high in common humanity viewed their negative experiences as not any worse than what other people experience, regardless whether their negative experience was a result of their own actions or a result of someone else’s actions and was thus not their fault; these individuals are less affected by or feel personal responsibility for both failure and success (Leary et al., 2007). Common humanity is related to feeling interpersonally connected with others and allows individuals to accept themselves as they are and to act in accordance with their inner thoughts and values without guilt or shame (Neff, 2003a, 2003b), soothing and calming the intensity of their inner emotions (Yarnell & Neff, 2013). A higher level of common humanity positively predicts relational interdependence, which is related to openness to relationships and responsiveness to the needs and concerns of others, communal strength, and relationship quality (Akin & Ergolu, 2013).

On the other hand, isolation is defined as feeling separate and apart, as being uniquely impacted by suffering, hardship, and failure, and as being alone and cut off in one’s struggles
Isolation amplifies and enhances personal suffering (Neff & Beretvas, 2012). It is a harsh assessment of insufficiency and inadequacy, which separates one from possible avenues of support during distress. During times of hardship, the stress response of people with low common humanity leads to the turning inward of self-isolation and avoidance (Germer & Neff, 2015). Isolation intensifies feelings of failure and imperfection, lessening relationship satisfaction and relational interdependence (Akin & Erğolu, 2013). When low common humanity is combined with harsh self-judgment, the result is deeper isolation.

**Mindfulness Versus Over-Identification and Rumination**

The third component of SC is mindfulness and involves being aware of present-moment experiences in a clear and balanced way, so that thoughts, feelings, and experiences are neither ignored nor obsessed over, but rather are observed with curiosity, openness, and acceptance (Bishop, 2004). People who maintain a mindful distance from their emotions moderate their emotional reactions to success, interpersonal acceptance, and positive events, as well as to failure, rejection, and negative events, without ruminating about the possible negative implications of the negative experiences (Leary et al., 2007). Mindfulness involves accepting thoughts, feelings, and experiences as they present themselves, in the present moment, without over-identifying with them or judging oneself for having experienced them, or without defining oneself by either the pain or a sense of failure.

Individuals who recount distressing events with either emotional intensity or factual completeness remain negatively affected long after those who mindfully focus on their current daily time management and activities (Sbarra et al., 2013). Deyo, Wilson, Ong, and Koopman (2009) found that training individuals in mindfulness led to substantial decreases in rumination over negative thoughts. Divorced individuals who create mindful self-distance from their pain
while analyzing their feelings have a lower risk for mood disorders and negative affect than those who ruminate over and immerse themselves in thoughts of their painful circumstances (Kross et al., 2012).

As mentioned above, SC is a concept greater than mindfulness alone. Research on mindfulness shows tremendous promise in increasing quality of life and life satisfaction by reducing various markers of distress in numerous population groups (Demarzo et al., 2017). When comparing mindfulness to SC, however, SC training is associated with more than double the improvements in anxiety, depression, overall levels of psychopathology and quality of life than mindfulness training alone (Van Dam, Sheppard, Forsyth, & Earleywine, 2011).

Self-Compassion and the Individual

High levels of SC have been associated with higher levels of life satisfaction (Neff, 2003a; Yang, 2016); more perspective-taking; greater forgiveness of self (Neff & Pommier, 2013); greater sense of self-confidence and personal responsibility (Arslan, 2016); increased calm during unpleasant, stressful and awkward situations (Neff, 2003b); and a sense of well-being in old age (Allen, Goldwasser, & Leary, 2012). Those with high levels of SC have less perfectionistic self-presentation, more perceived forgiveness, and higher perceived support from their community connections (Brodar et al., 2015). Rather than focusing on changing people’s self-evaluations, SC changes people’s relationships with their self-evaluations (Leary et al., 2007). Those with high SC tend to rate their performances as others do, rather than more harshly or less harshly, and appear to rate themselves more accurately than those with low SC (Leary et al., 2007).

Lower levels of SC have been correlated with higher degrees of depression (Krieger, Berger, & Holtforth, 2016), anxiety, thought suppression, fear of failure, egocentrism (Neff,
2003a; Neff, Kirkpatrick, & Rude, 2007), maladaptive perfectionism (Brodar et al., 2015), severity of PTSD symptoms (Dahm et al., 2015), tolerance of personal immoral behavior (Wang, Chen, Poon, Teng, & Jin, 2016), compulsive caregiving (Hermanto & Zuroff, 2016), obsessive concern for others (Gerber, Tolmacz, & Doron, 2015), neurotic self-consciousness (Pfattheicher, Geiger, Hartung, Weiss, & Schindler, 2017), and pathological psychological symptoms (Muris & Petrocchi, 2017). SC training lessens symptomatology and moderates the impact of trait distress on life satisfaction, promoting a healthier and more fulfilling life (Germer & Neff, 2015).

**Self-Compassion and Relationships**

Since SC is an intrapersonal orientation, one might conclude that increasing SC would lead to self-absorption, which in turn would lead to lower relational satisfaction and inferior interpersonal interactions. Research, however, has borne out the opposite: increasing SC is positively correlated with increased other-focused concern and compassion (Neff & Pommier, 2013), pro-social behaviors (Lindsay & Creswell, 2014), positive relationship behavior (Baker & McNulty, 2011; Neff & Beretvas, 2013), increased willingness to take responsibility in interpersonal problem solving and perseverance in interpersonal problem solving (Arslan, 2016), altruism and other-forgiveness (Neff & Pommier, 2013), more constructive patterns of communication (Baker & McNulty, 2011; Neff & Beretvas, 2013), and greater relationship satisfaction (Neff & Beretvas, 2013; Yarnell & Neff, 2013). SC training may enable people to cope better with negative interpersonal events, even if they have low self-esteem, by enabling them to acknowledge their role in negative events without feeling overwhelmed with negative emotions (Leary et al., 2007). Those who regularly practice mindful meditation, a fundamental component of SC, indicate they feel less reactive in relationships, greater freedom and safety in
their relationships, and have developed a new understanding of healthy relationships as being marked by unity and separation, and intimacy and independence (Pruitt & McCollum, 2010).

Both trait and state mindfulness are integral components of SC. Trait mindfulness predicts higher relationship satisfaction, greater capacity to respond constructively during relationship stress, lower levels of negative emotion, and more positive perceptions of their partner during and after the argument (Barnes, Brown, Krusemark, Campbell, & Rogge, 2007). Meanwhile, state mindfulness was shown to predict lower emotional stress, and fewer negative and more positive patterns of communication during conflict (Barnes et al., 2007). Trait mindfulness also appears to immunize individuals against the emotional effects of conflict, as mindful individuals were less stressed entering conflict (Barnes et al., 2007). Mindfulness increases one’s objective awareness of the present moment, even in the face of experiencing anger. Thus, mindfulness enhances intimate communication by encouraging partners to view themselves and each other in the moment, nonjudgmentally, and without forming pre-conceived expectations; this leads to withholding statements or actions one would later regret, and to increasing expressions of love, warmth, and humor, which provide greater intimate relationship satisfaction (Wachs & Cordova, 2007).

While SC can increase relationship wellbeing for both partners, SC is also observable by one’s intimate partner (Wang et al., 2016). High SC individuals have been described by their partners as being more emotionally connected, accepting and supportive while being less controlling or aggressive (Neff & Beretvas, 2013). Additionally, while relating to another person in distress, people with high SC exhibit greater emotional stability (Welp & Brown, 2013) and demonstrate the capacity to soothe and calm the intensity of their partner’s emotions during interpersonal conflict (Akin & Eroğlu, 2013; Schellekens et al., 2016), thus restoring relationship
harmony (Yang, 2016) and improving the sense of well-being within the relationship for both parties (Akin & Eroğlu, 2013). Conversely, personality traits that are correlated with low SC have been linked with reduce relationship quality including shyness (Dzwonkowska, 2014), defensiveness (Leary et al., 2007), anger (Neff & Vonk, 2009), and verbal aggression (Neff & Beretvas, 2013).

SC is an attitude which can be learned (Gambrel & Piercy, 2015; Germer & Neff, 2015), and as such, SC training is an effective tool in both preventing and treating depressive symptoms (Johnson & O’Brien, 2013) and other intrapersonal and interpersonal suffering. While men tend to exhibit greater SC than women (Yarnell et al., 2015), increasing SC in women increases their motivation to solve problems in relationships (Baker & McNulty, 2011). Similarly, teaching couples SC skills during pregnancy improves relationship functioning, couple longevity and relationship satisfaction (Gambrel & Piercy, 2015) and reduces levels of parenting stress (Gouveia, Carona, Canavarro, & Moreira, 2016).

Despite the positive impact of SC on interpersonal relationships, studies have uncovered some negative aspects of SC as well. For example, since one aspect of SC is mindfulness, or the ability to detach one’s self from one’s circumstances, SC individuals can be perceived as cold or detached during an altercation (Neff & Beretvas, 2013). Another negative feature of SC is that it reflects a primary orientation of autonomy rather than relatedness (Gerber et al., 2015), which could be construed as self-absorbed and unconcerned. Moreover, SC is associated with greater self- than other-compassion (Lindsay & Creswell, 2014), thus partners of SC individuals may view them as looking out for their own best first, rather than thinking first of their partner. Furthermore, individuals with high SC tend to demonstrate a greater acceptance of personal responsibility for their actions, thus showed greater attribution of blame to a victim in a
distressing scenario which is associated with helping others less (Welp & Brown, 2013) and result in greater interpersonal distance. Finally, while increasing the level of SC was an overall positive experience on intra- and interpersonal relationships, in men who had scored low on conscientiousness, increased SC actually harmed their interpersonal relationship quality (Baker & McNulty, 2011). Given that SC can be interpreted by some romantic partners as being signs of a self-first mentality and as being distancing, even people with high levels of SC end up getting divorced. Despite these negative findings, research overwhelmingly supports the benefits of increasing one’s level of SC on measures of life satisfaction and wellbeing.

**Self-Compassion and Divorce Recovery**

As increases in SC have been correlated with increased levels of life satisfaction and wellbeing, and have been shown to reduce one’s level of suffering and distress, it would seem reasonable that increasing divorcees’ level of SC would facilitate a quicker and possibly less distressing divorce recovery period. The three negative self-attitudes associated with SC, self-judgment, isolation, and over-identification, are hallmarks of the grief process involved with divorce (Rye & Moore, 2015). Isolation and self-judgment are common responses during divorce recovery (Kalmijn & van Groenou, 2005), as are rumination and over-identification, both of which are positively related to long-term physiological disorders and disease (Sbarra et al., 2015), and lead to depression (Chatav & Whisman, 2007). Increasing SC has been shown to be useful for improving positive adjustment to marital separation (Sbarra et al., 2012), and speeds the recovery from depressive symptoms after divorce (Rye et al., 2012). Divorced individuals who were high in SC evidenced significantly less divorce-related emotional distress during and up to nine months after their divorce (Sbarra et al., 2012).
Self-kindness is an intentional adoption of care and concern toward oneself, rather than attacking and berating oneself for failure (Warren et al., 2016). As it relates to divorce recovery, self-kindness involves a non-judgmental understanding of one’s pain in the dissolution of the marriage. Self-criticism gives way to forgiveness in an act of self-kindness (Sbarra et al., 2012) which frees an individual to move forward with the possibility of a fresh start in life.

The second facet of SC, common humanity, acknowledges that failure and suffering are part of the common experience of being human and that, despite such failure, all are worthy of compassion and forgiveness (Neff, 2003a). Those who practice SC regularly show a significant decrease in shame-proneness and depressive symptoms compared to a control group who did not practice SC (Johnson & O’Brien, 2013). In divorce recovery, common humanity encourages divorcees to identify being divorced as a painful set of circumstances experienced by more than just themselves and to choose self-soothing thoughts and behaviors while letting go of the urge to isolate due to shame. Common humanity facilitates reconnecting as a valuable and useful part of one’s community, fully forgiven from guilt and shame, while still acknowledging one’s part in the dissolution of the relationship.

The third characteristic of SC, mindfulness, helps people gain insight into their thoughts and emotions and helps them view those thoughts and emotions more objectively (Dahm et al., 2015). When going through a divorce, it is common for individuals to ruminate over the termination of their relationship, and over-identify as a failure (Sbarra et al., 2015). For those recovering from divorce, mindfulness involves noticing negative thoughts about the end of one’s marriage without becoming caught up in self-contempt (Sbarra et al., 2012) and without judging oneself as a failure, as worthless, or as unlovable (Neff & Brown, 2015). SC training increases levels of both state and trait SC, enabling individuals to be less shame-filled; increasing SC helps
initiate self-soothing behaviors after individuals recall shame-eliciting memories and thoughts of being divorced (Johnson & O’Brien, 2013).

Despite the benefits of SC on divorce recovery, to date, only two studies on divorce and SC have been found (Caldwell & Henry, 2017; Sbarra et al., 2012), and no published studies on mindfulness and divorce were found. Sbarra et al. (2012) conducted a study in which observable behaviors were rated on their consistency with SC and then were correlated with emotional adjustment to divorce over the subsequent nine months. They found that those with higher SC at the beginning of the study had substantially lower levels of divorce-related distress during and up to nine months following their divorce, and they recommend encouraging divorcees to cultivate SC to speed the divorce recovery process (Sbarra et al., 2012).

Caldwell and Henry (2017) investigated responses to traumatic events for which individuals felt considerable personal responsibility, specifically divorce. They determined three basic strategies were helpful in regaining a sense of personal control in their lives: utilizing SC, applying greater self-care, and rebuilding the sense of self-capability (Caldwell & Henry, 2017). Caldwell and Henry (2017) made no recommendations, as this was a descriptive research project focused on consumer resilience rather than psychological well-being. There is a need for additional studies and programs incorporating SC interventions for divorced individuals.

**Christianity and Self-Compassion Integration**

Since it has been proposed that SC training would benefit divorcing individuals, the question remains whether divorcing Christians would be open to receiving SC training since SC has been studied and taught on a mostly secular level, and mindfulness is often credited as an exclusively Zen Buddhist or Hindu practice. Due to its origins, the term mindfulness causes some Christians to be wary if not downright antagonistic toward the concept (Symington &
Symington, 2012). However, certain Christian traditions such as Roman Catholic and Eastern Orthodox have incorporated contemplative spirituality for centuries (Tan, 2011), including practicing the presence of God in the moment, contemplative prayer, meditative prayer, and centering prayer. Therefore, SC does not wholly belong to the Eastern religions and can easily be incorporated into Christian practices along with the Christian mindfulness traditions.

Self-denial, self-sacrifice, and suffering are significant traditional themes of how one can best live out one’s faith as a Christian (Knabb, Pelletier, & Grigorian-Routon, 2014), while self-indulgence and self-centeredness are two attitudes which are frowned upon in the Christian community (Brodar et al., 2015). To those not previously exposed to an understanding of SC, SC might sound like self-focused ego-tending which would be contrary to these Christ-like virtues. Meanwhile, mindfulness conjures up visions of Transcendental, Buddhist, Hindu, or New Age meditation practices that are shunned by conservative protestant churches. SC, however, is positively correlated with constructs important in the Christian faith, including perceived forgiveness by God, self, and others; willingness to be accountable to God and others; perceived support from, connection with, and engagement in their faith community (Brodar et al., 2015); non-judgmental kindness, gentle caring, unity of and interdependence within their spiritual community; and living in the present moment without getting stuck in grief over the past or worry over the future.

Individuals who consider themselves to be spiritual have better outcomes on anxiety, depression, spirituality, pain tolerance, and migraines when they practice spiritually accommodative meditation as opposed to traditional, secular meditation and relaxation practices (Wachholtz & Pargament, 2005, 2008). Spiritual experience, unrestricted by one’s doctrine or denomination, has been defined as an individual’s perception of something transcendent or
greater than oneself, and one’s interaction with or involvement in the pursuit of that
transcendence in life (Underwood, 2000). Self-kindness, common humanity and mindfulness
were each found to be positively related to spiritual experiences (Akin & Akin, 2017). Spiritual
experiences are associated with a higher quality of life, providing people with feelings of joy,
comfort, and connection (Underwood & Teresi, 2002). For Christians, this spiritual experience
is focused on their relationship with their risen Lord Jesus.

In a survey of Christian college students, Brodar et al. (2015) found those high in SC
were more likely to accept and confess their mistakes without fear of harsh judgment and
rejection by others, and had lower levels of shame, guilt, and anxiety when they struggled or
failed, creating a sense of intimate community. Conversely, Hewitt et al. (2003) found that
Christian individuals who are low in SC strive to present themselves in a perfectionistic manner,
actively promoting themselves to others as perfect, hiding their flaws and failures in public,
avoiding verbal confessions of their imperfections to others, and rejecting accountability within
their sphere of intimates, which leads to distancing themselves from their friends. Additionally,
those with low SC may tend to dismiss their worthiness of God’s grace and forgiveness, may
over-identify with being a sinner, and may struggle with receiving support from their Christian
community (Brodar et al., 2015). Presenting SC training to Christians in a way that is consistent
with their religious theology and spiritual worldview would improve their individual sense of
wellbeing, and would also potentially deepen and intensify their sense of intimacy with those in
their spiritual community, and deepen their relationship with God. For Christian divorcees, these
are the areas of greatest wounding as they go through a divorce, and therefore have the potential
for the greatest healing.
Divorce Recovery Programs and Self-Compassion Training

SC is a teachable skill (Germer & Neff, 2015). Sbarra et al. (2012) stress that SC is a self-protective trait for those going through a divorce and urge those in helping professions to encourage divorcing adults to cultivate SC to help heal their many complex issues involved with their distress. There are several divorce recovery programs, websites, workbooks, and self-help approaches available, some specifically targeted to Christians, several programs designed to increase SC, and one book which incorporates elements of SC into a divorce recovery workbook; however, there are no courses, workbooks or programs which incorporate SC with divorce recovery expressly for Christians.

Divorce Recovery Psycho-Education Programs

Numerous psycho-educational divorce recovery programs are held locally throughout the country and are led by trained therapists or counselors covering various divorce topics viewed essential for a smooth transition through the recovery process. Some of these programs have gone through the rigors of experimental validation. For example, Merino et al. (2017) investigated an 11-week psycho-educational group program for divorced parents and found lasting, six-month improvement in general symptomatology, anxiety levels, and somatic complaints. This group did not include SC training; however, topics covered included divorce statistics and myths, interparental conflict, anger triggers, anger reduction, conflict resolution, co-parenting styles, children’s behavior problems, active listening, and positive and efficient discipline.

In another study, Quinney and Fouts (2004) found that participants in 18-hour divorce recovery workshops (either six three-hour sessions or a one-weekend session) experienced increases in well-being and decreases in anxiety. Many aspects of resilience, including
socializing and interacting with peers, were intentionally focused upon and strengthened during the workshop. Rye et al. (2012) studied a one-day workshop adaptation of their previous eight-week forgiveness intervention program for divorced parents and found that gratitude journaling increased both situational and dispositional forgiveness, and that forgiveness of an ex-spouse was positively related to lower levels of depression. The original workshop totaled 12 hours over eight weekly sessions, while the workshop totaled six hours in one day in four 90-minute segments. The topics of discussion included: how participants had been wronged by their ex-spouse; the various emotions that participants experienced during their divorce experience, the negative effects of high-conflict parenting on children, and techniques for diminishing anger and increasing peace and empathy to promote forgiveness; the concept of forgiveness, strategies of promoting forgiveness, as well as obstacles to forgiveness; and finally five specific steps to forgiveness, as well as reframing wrongdoing, spiritual coping strategies, and daily affirmations. Participants were also led through guided meditations and discussions about the role of self-forgiveness.

Support Groups and Self-Help Resources

In addition to local psycho-educational groups led by trained therapists, formal divorce recovery support groups with a psycho-educational component led by trained volunteers have been available for decades, providing guidance and camaraderie to divorcees as they proceed through their recovery. Among the earliest and still ongoing self-help programs is Rebuilding (Fisher, 1981). Based on the seminal book on divorce recovery of the same name, the seminars and workshops focus on the various building blocks necessary to rebuild one’s life following the dissolution of an intimate relationship. The book is now in its fourth edition (Fisher & Alberti, 2016), and is currently integrated with a ten-session seminar incorporating online video
presentations with support-like groups led by local facilitators in Colorado. The book, seminars, and support groups focus on what the authors believe are the 19 most common hurdles to overcome in one’s divorce recovery process: denial, fear, adaptation, loneliness, friendship, guilt/rejection, grief, anger, letting go, self-worth, transition, openness, love, trust, relatedness, sexuality, singleness, purpose, and freedom.

DivorceCare is another psycho-educational support group program that has assisted Christians through their recovery process since 1993. Groups are available and accessible in churches across the United States and worldwide. The expert-led DVD curriculum is facilitated by laypersons who have typically gone through their own divorce and have achieved some level of recovery and is complemented with participant workbooks (Grissom, 2004) and a devotional guide (Grissom & Leonard, 2005). The groups have been shown to provide help, including increases in self-esteem, assertiveness, self-love, coping skills, relational wisdom and independence, and decreases in self-blame, depression, anger, insecurities and judgmental attitudes (Saunders et al., 2013). However, Saunders et al. (2013) found that 14% of participants in the DivorceCare program endured negatives with their group experiences. Such negative experiences included deepening their guilt over the notion that God hates divorce, acknowledging feeling different and abandoned by their church, and feeling retraumatized by dredging up their divorce narrative. In a dissertation study, Aysta (2010) found that, while depression, anxiety, and stress were reduced from the beginning to the end of the 12-week group protocol, forgiveness was not statistically affected by group participation. Additionally, in a quasi-experimental dissertation study, McCage (2003) compared participants in a DivorceCare group to a control group of divorced individuals who attended a Sunday School class regularly but who did not participate in the DivorceCare program. Although the study found that the
DivorceCare group showed improvement in their post-divorce adjustment and spiritual wellbeing, he observed that the DivorceCare program was no more effective than the control group in promoting wellbeing during divorce recovery (McCage, 2003).

In addition to formal support groups, psychoeducational groups and divorce recovery support programs, self-help divorce recovery products have also attempted to provide help with the transition to singleness. Such self-help products may be among the first line of assistance people seek when going through a divorce. Three such products currently on the market include *The Divorce Recovery Journal* (Senn & Stuart, 1999), the *Fresh Start Divorce Recovery Workbook* (Burns & Whitman, 1998), and *The Divorce Recovery Workbook* (Rye & Moore, 2015).

*The Divorce Recovery Journal* (Senn & Stuart, 1999) is a 244-page journal in which the authors present a short quote, a reflective thought, a question related to the thought, and then allow room for personal reflection or journaling. The thoughts begin with looking down, in which readers are encouraged to face their own inner struggles with despair and desolation, continue with looking out, in which readers begin to grapple with the notion of divorce, and end with looking up, in which readers reflect on their new life beyond their divorce.

The *Fresh Start Divorce Recovery Workbook* (Burns & Whiteman, 1998) is a self-help book specifically targeting Christians which can be used individually or in small groups and is promoted as a small-group curriculum in churches. Such groups are not widely organized at the national level, and there is no networking to locate ongoing or newly-forming groups. Workbook topics include stages of divorce recovery, the separation/reconciliation struggle, Biblical insights about divorce, legal issues, the single life, finances, communication, sexuality, forgiveness, children, and support groups.
The Divorce Recovery Workbook (Rye & Moore, 2015) is geared to individuals and focuses on developing the individual resilience and strength necessary to recover the peace of mind, wisdom, clarity, and confidence in life following divorce. It is based on scholarly research and includes exercises and suggestions on applying the transformational suggestions based on positive psychology specifically related to SC. Topics include honoring feelings, quieting the mind, developing SC, letting go, forgiving, finding meaning, and searching for hidden blessings. This workbook draws secular aspects of SC into the body of non-religious divorce recovery literature. However, there is no group component or integration of one’s support system to it. Additionally, the workbook is spiritually silent, written without reference to any spiritual or religious tradition, though it contains anecdotal quotes from the Zen master Shunruiy Suzuki, the Hindu philosopher Mahatma Gandhi, the Tibetan Buddhist monk The Dalai Lama, as well as Christian greats such as C. S. Lewis, Worthington, Jr., and Jesus Himself.

Self-Compassion Training Programs

As SC is a relatively new concept in western counseling (Neff, 2003a), not many programs have been developed which incorporate all three elements of SC. Neff and Germer (2013) have developed an eight-week training workshop designed to increase mindful self-compassion (MSC) skills, which meets for eight weeks of 2-hour meetings with an additional four-hour silent weekend retreat between weeks four and five. The program begins by explaining what MSC is, and debunking myths and fears about what MSC is not, then moves to applying MSC to various aspects of life, developing a compassionate inner voice, living in accordance with core values, living with difficult emotions, dealing with challenging interpersonal relationships, and finally relating to positive aspects of oneself and one’s life with appreciation. The program uses interpersonal exercises and informal personal practices to be
used in one’s daily life, formal Buddhist lovingkindness meditations, and affectionate breathing. Results indicate participants increased their levels of SC, compassion for others, and overall life satisfaction; decreased their levels of anxiety, depression, stress and avoidance; and exhibited no greater change in happiness or social connectedness than the control group. Noteworthy is the finding that SC scores increased from pretest to week three of the study, and again from week three to week six, but no further gains or losses were found at week eight, six months or one year following the study. The researchers concluded these results showed the robust and long-lasting effects of SC training (Neff & Germer, 2013).

Other methods of raising SC have been employed, such as one-session trainings wherein individuals were taught SC via written responses to three prompts which focused on common humanity, self-kindness and mindfulness (Leary et al., 2007), and short interventions wherein participants think about a scenario of how they could help others and then provide that support (Breines & Chen, 2013). These shorter interventions were shown to increase state SC, but due to the short nature of the experiments, trait SC was not measured. Non-experimental self-help methods of increasing SC have also been found helpful (Cavanagh, Strauss, Forder, & Jones, 2014), including finding time to reflect, regenerate, renew in a peaceful place, and using non-judgmental, non-critical, supportive self-talk (Pilcher, 2012).

**Mindfulness-Based Interventions**

There are numerous mindfulness-based interventions currently being utilized for a host of illness, ailments, and distress. Among the most widely recognized are MBSR, mindfulness based cognitive therapy (MBCT), acceptance and commitment therapy (ACT), dialectical behavioral therapy (DBT), and emotion focused therapy. Each of these interventions has been widely studied and validated with numerous populations. Although some of the participants in
each of these studies may have been divorced, no published scholarly studies specifically targeting mindfulness-based interventions with divorced populations have been found.

MBSR is an intervention designed by Kabat-Zinn (1982) in which individuals with chronic pain or stress-related conditions learn to tune in mindfully to the present moment, rather than going through their lives in a fog of mindlessness, either by not noticing the present moment or by being absorbed in the past or in the future. As individuals learn to capture their thoughts on a moment-by-moment basis, practicing non-judgmental awareness and focused concentration, a host of physical problems and mental distress begins to resolve (Kabat-Zinn, 2001). MBSR training is typically conducted through an eight-week program with two-and-a-half-hour weekly sessions and an all-day retreat-type session during week six. MBSR treatment protocols have been effective in treating pain in individuals with cancer, heart disease, chronic pain (Bohlmeijer, Prenger, Taal, & Cuijpers, 2010), chronic somatic diseases including arthritis, back/neck pain (Rosenzweig et al., 2010), and fibromyalgia (Lush et al., 2009). MBSR is also effective in reducing depression and anxiety (Goldin & Gross, 2010; Jazaieri et al., 2012), co-occurring mood disorders (Arch & Ayers, 2013), and PTSD symptoms (Kearney, McDermott, Malte, Martinez, & Simpson, 2011; Kearney et al., 2013). MBSR has also been shown to be helpful for healthy individuals by reducing stress, depression, anxiety, and distress, and improving quality of life (Khoury et al., 2015). Several MBSR techniques are being incorporated into the present study.

MBCT combines MBSR with cognitive therapy to treat severely depressed individuals (Lenz, Hall, & Bailey-Smith, 2016), especially for those with chronic physical diseases (Segal, Williams, & Teasdale, 2013). While modeled after the MBSR eight-week, two-hour weekly session treatment protocol, elements of cognitive therapy are incorporated, such as recognizing
when certain thoughts are not factual, unimportant, do not require a response, or can be allowed to come and go without changing, fixing or avoiding them. MBCT has been effective in treating treatment-resistant depression (Sipe & Eisendrath, 2012), bipolar disorder (Deckersbach et al., 2012), several forms of anxiety (McManus, Surawy, Muse, Vazquez-Montes, & Williams, 2012; Piet, Hougaard, Hecksher, & Rosenberg, 2010), and stress related to cancer (Wurtzen et al., 2013).

DBT (Linehan, 1993) is yet another model of therapy incorporating mindfulness. Developed originally for individuals with self-harming behaviors and suicidality, it is a widely used treatment for borderline personality disorder (Avery & Bradshaw, 2014; Nararro-Haro et al., 2016). Typical treatment protocol for DBT is weekly individual therapy and weekly group sessions for one year to facilitate impulse control, interpersonal relationships and self-image regulation. DBT teaches skills in four main categories: mindfulness, emotional regulation, interpersonal effectiveness, and distress tolerance (Linehan et al., 2015). In addition to treating borderline personality disorder and suicidality, DBT has been used therapeutically to treat resistive trauma patients (Sweezy, 2011).

ACT adds behaviorally-based changes to MBSR and MBCT strategies. ACT views living consistently with one’s values as essential to psychological well-being, thus one of the main components of ACT is being mindful of the consistency between one’s behavior and one’s values. ACT has been helpful in easing the distress of disorders such as anxiety (Arch et al., 2012), depression (Moghanloo, Moghanloo, & Moazezi, 2015; Ruiz & Odriozola-González, 2015), psychosis (Gumley et al., 2017), substance abuse (Lanza, García, Lamelas, & González-Menéndez, 2014), disordered eating (Hill, Masuda, Melcher, Morgan, & Twohig, 2015), smoking cessation (Jones et al., 2015; Kelly et al., 2015), and pain (McCracken & Vowles, 2015).
Brodar et al. (2015) suggest ACT may have success in raising SC, as part of the therapy involves accepting one’s flaws or troublesome thoughts without becoming defensive or self-critical. Santiago and Gall (2016) suggest that ACT is a spiritually integrated therapeutic modality, despite its silence on spirituality; since ACT encourages radical respect for the client’s values, it is fully accommodating of Christian values and principles. Knabb et al. (2014) suggest that ACT can be a useful tool for working with Christians who are struggling with anxiety, sadness, and distress, such as is common among divorcees. By helping them accept unpleasant inner experiences, thoughts, feelings, and sensations, rather than avoid them or cover them up, Christians can then move forward to live abundant lives modeled after the teachings of Jesus despite their circumstantial difficulties.

Although ACT is a model of therapy that can essentially be fully integrated with Christianity, other therapeutic mindfulness interventions are being developed specifically for Christians. Interventions which accommodate to a client’s religion or spirituality decrease stress and depression (Gonçalves, Lucchetti, Menezes, & Vallada, 2015), and increase the sense of community among participants (Mohr, 2011), three significant factors of many who are going through the divorce recovery process. For Christians to find healing and embrace wholeness in life, they must both accept unpleasant inner experiences and follow Jesus’ teachings in their outer experiences; this requires not only mindfulness but also grounding in Jesus’ teachings (Knabb et al., 2014). Rosales and Tan (2017) emphasize the role Scripture and Christian traditions should play in any therapeutic intervention with Christians, especially mindfulness practices. Christian devotional meditation, including centering prayer and contemplative prayer as means of surrendering to God (Keating, 2014; Knabb, Frederick, & Cumming, 2016; Wachholtz & Pargament, 2008), has been shown to reduce anxiety (Frederick & White, 2015;
Garzon, 2013), stress and depression (Ford & Garzon, 2017). Tan (2011) suggests meditation contextualized in a Christian contemplative tradition is more meaningful to Christians desiring not only peace in the present but hope for the future. Christian accommodative breath meditation and loving-kindness meditations have been proposed and are being studied (Garzon & Ford, 2016) which respect the client’s spiritual traditions and preferences.

In one of the few studies done with any form of mindfulness and divorce recovery, Rohde-Brown and Rudestam (2011) found that early interventions which facilitate forgiveness of self and others, including mindfulness meditation and loving-kindness meditation practices, have a profound impact on divorce resolution, and emotional and psychological health. Sbarra et al. (2012) conducted a study on SC and divorce recovery, assessing individuals through objective observation three times following their divorce to observe the healing impact of SC levels on divorce. They found that those with higher levels of SC tend to notice and accept negative thoughts about their divorce without becoming overly self-recriminating, cultivate self-kindness with self-forgiveness even while plagued with pain, and acknowledge that divorce is one of the many ups and downs associated with being a human. However, the study by Sbarra et al. (2012) involved no intervention or treatment; they were assessing correlations between individuals’ levels of SC and post-divorce well-being.

In light of the evidence that various mindfulness and SC interventions have a profound impact on symptoms common to those recovering from divorce, the treatment developed is a nine-week, SC-based divorce recovery program. Additionally, since there is support for Christian-accommodative therapy modalities being more effective than secular therapies when working with Christians (Ford & Garzon, 2017), the newly developed divorce recovery program
will incorporate a Biblical conceptual framework for SC along with Christian-integrated SC techniques and exercises, and Christian-accommodative meditations.

**Summary**

SC is a combination of the robust and healing attributes of self-kindness, common humanity, and mindfulness. Those experiencing the trauma of divorce must work through high levels of short-term suffering, while some experience longer-term, chronic distress which negatively impacts their physiological health, self-concept, assessment of their value in this world, and future relationships with others. SC is positively linked to increased overall health, both physical and psychological (Sbarra et al., 2015), and less divorce-related emotional intrusion into daily life (Sbarra et al., 2012). Some well-researched interventions for individuals suffering from intimate relationship dissolution include loving-kindness meditation, in which one’s emotions are directed toward warm and tender feelings in an open-hearted way (Fredrickson, Cohn, Coffey, Pek, & Finkel, 2008; Leppma, 2012), and compassion therapy in which individuals learn to comfort themselves and cultivate compassion toward themselves and others (Gilbert & Procter, 2006).

As an essential element of SC, the practice of mindfulness increases awareness of thoughts, behaviors, and experiences as separate and distinct from one’s person (Navidian, Ebrahimitabas, Esmaili, Yousefi, & Arbabisarjou, 2015), providing needed psychological distance from shame and guilt. Mindfulness teaches clients to give new meaning to troubling thoughts, refocusing attention on something pleasant, and relabel the troubling thought as unpleasant and undesired (Hofmann, Sawyer, Witt, & Oh, 2010). Mindfulness-based interventions have been shown to improve levels of SC (Breines & Chen, 2013; Lindsay & Creswell, 2014). Cultivating mindfulness during divorce recovery could include noticing and
accepting negative thoughts about the end of one’s marriage without judgment, condemnation or over-identification.

SC is a set of empowering psychological constructs useful for healing one’s sense of suffering, including those common to those recovering from divorce. Christians benefit from therapeutic techniques that have been adapted to integrate and incorporate Christian principles (Rosales & Tan, 2017). While individuals going through their own divorce recovery have benefited from mindfulness training (Rohde-Brown & Rudestam, 2011), there are currently only two published research studies on measuring SC specifically targeted at divorcees (Caldwell & Henry, 2017; Sbarra et al., 2012), neither of which involved training or treatment to increase levels of SC, and there are no studies on training SC among Christian populations.

Since SC can be taught (Sbarra, Law, Lee, & Mason, 2009), cultivating self-kindness even while experiencing emotional pain from their divorce, acknowledging that difficult experiences are part of the ups and downs of the human experience, and mindfully distancing oneself from being defined by life’s circumstances, SC training will speed recovery and improve overall health and wellbeing. Teaching SC skills to divorcees during their post-separation recovery will ease their pervasive suffering, increase their level of life satisfaction, renew their identities as useful, productive and fulfilled members of the global community. Presenting SC concepts through the lens of a Biblically-based Christian worldview will also help Christian divorcees integrate back into their worship communities.
CHAPTER THREE: METHODS

Overview

In this chapter, the methodology used in this research study will be explained. The first section involves an explanation of the research design, research questions, hypotheses and variables, followed by a description of the participants and how they were grouped into a treatment group and a control group, the setting of the study, and the treatment protocol. To test the hypotheses, the seven assessments which made up the instrumentation are explored, followed by an outline of the statistical procedures used in the data analysis.

Design

The study was a quasi-experimental, repeated-measures, waitlist control group design. A treatment group and a control waitlist group were used to assess whether any gains in the treatment group scores were due to variables other than the treatment itself, facilitating both within-subjects’ and between-subjects’ comparisons. The study was quasi-experimental in that two-thirds of the participants were randomly assigned to the treatment group while one-third were randomly assigned to the control group to obtain sufficient data for analysis. The study was a repeated-measures design comparing individual participants’ scores from pre- to post-treatment through data obtained from the battery of assessments measuring levels of acceptance of and adjustment to divorce, disentanglement from ex-spouse, depression, anger, stress, anxiety, self-worth, shame-proneness, guilt-proneness, sense of belonging and connectedness, God attachment-avoidance and God attachment-anxiety, and SC.

Research Questions

What is the preliminary evidence for the impact of in-person group SC training on divorce recovery outcomes of participants’ acceptance of their divorce? What is the preliminary
evidence for the impact of in-person group SC training on participants’ sense of disentanglement from the ex-spouse? What is the preliminary evidence for the impact of in-person group SC training on measures of personal distress, including depression, anxiety, stress, anger, shame-proneness, guilt-proneness, self-worth, sense of belonging and connectedness, God attachment-avoidance, and God attachment-anxiety? What is the preliminary evidence for the impact of in-person group SC training on measures of SC?

**RQ1:** Can a group divorce recovery treatment using Christian-accommodative SC training be related to an increase in participants’ acceptance of divorce from pre- to post-treatment more than the waitlist control group?

**RQ2:** Can a group divorce recovery treatment using Christian-accommodative SC training be related to an increase in emotional disentanglement from one’s ex-spouse in participants from pre- to post-treatment more than the control waitlist group?

**RQ3:** Can a group divorce recovery treatment using Christian-accommodative SC training be related to a reduction in self-assessed depression, anxiety, stress, anger, shame, guilt, doubts about self-worth, and social isolation experienced by Christian women early in their divorce recovery journey from pre- to post-treatment more than the control waitlist group?

**RQ4:** Can a group divorce recovery treatment using Christian-accommodative SC training be related to an increase in the sense of spiritual well-being experienced by Christian women early in their divorce recovery journey from pre- to post-treatment more than the waitlist control group?

**RQ5:** Can a group divorce recovery treatment using Christian-accommodative SC training be related to an increase in the level of SC of participants pre- to post-treatment more than the waitlist control group?
Hypotheses

**Hypothesis 1**

The workshop participants will show a greater increase in their acceptance of divorce from pre- to post-treatment compared to the waitlist control group, as measured by the Fisher Divorce Adjustment Scale (FDAS) total score.

**Hypothesis 2**

The workshop participants will show a greater increase in their level of emotional disentanglement from their former spouse from pre- to post-treatment compared to those receiving no treatment in the waitlist control group, as measured by the FDAS Emotional Disentanglement subscale.

**Hypothesis 3**

The workshop participants will show a greater decrease in their symptoms of personal distress from pre- to post-treatment compared to the waitlist control group.

**Hypothesis 3a.** The workshop participants will show a greater decrease in depression than those receiving no treatment in the waitlist control group, as measured by the Depression, Anxiety, Stress Scales-21 (DASS-21) Depression subscale.

**Hypothesis 3b.** The workshop participants will show a greater decrease in anxiety than those receiving no treatment in the waitlist control group, as measured by the DASS-21 Anxiety subscale.

**Hypothesis 3c.** The workshop participants will show a greater decrease in stress than those receiving no treatment in the waitlist control group, as measured by the DASS-21 Stress subscale.
Hypothesis 3d. The workshop participants will show a greater decrease in anger than those receiving no treatment in the waitlist control group, as measured by the FDAS Anger subscale.

Hypothesis 3e. The workshop participants will show a greater decrease in shame-proneness than those receiving no treatment in the waitlist control group, as measured by the Test Of Self-Conscious Affect (TOSCA-3S) Shame-Proneness subscale.

Hypothesis 3f. The workshop participants will show a greater decrease in guilt-proneness than those receiving no treatment in the waitlist control group, as measured by the TOSCA-3S Guilt-proneness subscale.

Hypothesis 3g. The workshop participants will show a greater increase in self-worth than those receiving no treatment in the waitlist control group, as measured by the FDAS Self-worth subscale.

Hypothesis 3h. The workshop participants will show a greater increase in their sense of belonging than those receiving no treatment in the waitlist control group, as measured by a combination of the FDAS Rebuilding Trust subscale, the FDAS Social Self-worth subscale, and the Social Connectedness SCS-R total score.

Hypothesis 4

The workshop participants will show a greater increase in their sense of spiritual well-being pre- to post-treatment compared to the waitlist control group.

Hypothesis 4a. The workshop participants will show a greater decrease in God attachment-anxiety than those receiving no treatment in the waitlist control group, as measured by the Attachment to God Inventory (AGI) Attachment Anxiety subscale.
Hypothesis 4b. The workshop participants will show a greater decrease in God attachment-avoidance than those receiving no treatment in the waitlist control group, as measured by the AGI Attachment Avoidance subscale.

Hypothesis 5

The workshop participants will show a greater increase in SC pre- to post-treatment compared to the waitlist control group, as measured by the Self-compassion Scale (SCS) Total score.

Variables

The treatment group participants took part in an in-person group SC divorce recovery treatment protocol as outlined in the appendix which included training in self-kindness, common humanity, and mindfulness. Random group assignment was the independent, predictor variable (X). The group SC treatment protocol was the moderating variable (M), as measured by increases in SCS Total score from pre- post-treatment assessment, and was expected to affect the dependent, outcome variables of: acceptence of and adjustment to divorce, disentanglement from ex-spouse, depression, anxiety, stress, anger, shame-proneness, guilt-proneness, self-worth, sense of belonging and connectedness, God attachment-avoidance, and God attachment-anxiety. Pre-treatment assessment scores on the outcome variables were control variables on the outcome scores.
Participants and Setting

Participants

In this quasi-experimental study, a total sample of 27 women volunteered from a population of adult women who had experienced the breakup of their long-term, monogamous relationship within the prior 24 months, and who were not currently in a committed romantic partnership. Participants were recruited from several counties in northeast Georgia through various marketing strategies, including a local radio interview by the experimenter, invitation from former clients of the experimenter, flyer announcements distributed to local churches, and referrals from local professionals, including pastors, medical doctors, and mental health providers. Participants were given a copy of the flyer which included a phone number to reach the researcher and the researcher’s assistant to answer questions about the study, to review specifics of attendance, and to schedule a group pre-screening interview appointment with the researcher.
During the pre-screening interview, those with active psychosis or who were actively using from psychoactive substances would have been excluded from treatment participation, but no volunteers exhibited any psychosis or acknowledged active substance use. Group formation was determined by randomly assigning individuals to the treatment group or to the waitlist control group which would begin treatment at a later date. Pre-study power analyses indicated a total sample size of 68 participants would be required for a repeated measures, between factors ANOVA analysis with sufficient power (1-\(\beta = .80\)) to obtain a large effect size (\(\eta^2 > .20\); Faul, Erdfelder, Buchner, & Lang, 2009). Fifteen women signed up to participate in the initial run of the study.

As larger numbers of volunteers were originally anticipated, groups were to have been run at four separate times during the week, and participants were to indicate which time(s) they could attend if they were to be chosen for the treatment group. While ideal group numbers are between seven and ten per group (American Group Psychotherapy Association, 2007), having only eight treatment group participants would have led to only one treatment group meeting during one time. However, not all 15 participants could attend groups at any one of the suggested times. Thus, it was determined to form two smaller treatment groups since all 15 participants indicated one of two suggested meeting times. Randomly assigning half of the 15 participants into treatment and control groups would have left seven volunteers in the control group and eight treatment members split between the two meeting times. Such small treatment group membership was undesirable; thus it was decided to randomly assign two-thirds of the participants to the treatment groups and one third to the control condition, enabling five members in each treatment group and five members for the control group. This decision would reduce the
likelihood of obtaining sufficient power for control group analysis and for between-groups comparisons.

Participant names were written on slips of papers and placed in a bowl, then two names were set aside for the treatment group and one for the control group until all 15 names had been assigned. Treatment group members were offered their choice of two group times, resulting in five women choosing each of the two groups, one in the daytime and one in the evening. One woman dropped out of the groups prior to completing the full protocol, thus the initial run of treatment groups included $N = 5$ and 4, while the control group had $N = 5$.

In an attempt to obtain the desired 68 participants to achieve an effect size with sufficient power, a second series of groups was offered. None of the participants from the original control group decided to participate in the second round of treatment groups. Twelve women signed up to participate in the second run of the study. It was decided to again form two small treatment groups since several of the participants could meet only during the day and several only at night. All names were again placed in a bowl with two names set aside for the treatment group and one for the control group until all 12 names had been assigned. All participants were then contacted. The four control group members were told that they had been placed on the waitlist for the next groups to be run and that they would be asked to take the same assessments again in nine weeks. The eight treatment group members were offered their choice of two group times, resulting in four women choosing the evening group and four women choosing the daytime group. One of the daytime participants changed jobs after the first week, thus asked to be placed on the waitlist for the next time the groups would be offered. Since the first week’s groups had already been run, it was too late to randomly assign one of the control group members to replace the treatment participant. This reduced the treatment group to seven members and increased the control group
to five members. The final participant count for this second series of groups was $N = 4$ and $3$, and control group $N = 5$. Combining both series of groups, there was one drop out leaving $N = 16$ treatment participants and $N = 10$ control group members.

The treatment groups participated in a nine-week group SC divorce recovery training program of weekly 120-minute sessions while the waitlist control group was offered participation in a group to form at the end of the current group, either March 2019 or May 2019. Groups were held Thursdays 11 a.m. to 1 p.m. and 6 p.m. to 8 p.m. for the first series of groups, and Tuesdays 8:30 a.m. to 10:30 a.m, and Thursdays 6 p.m. to 8 p.m. for the second series of groups. The waitlist control group completed their post-treatment assessments during the same week as the final treatment group.

Setting

The daytime pre-screening interview, the pre-treatment testing, the treatment groups, and the post-treatment testing took place at the Family Resource Center Annex of a local non-profit organization, [name], whose mission is to serve the community by providing education, support and resources to individuals and families to raise well-adjusted, productive future adults. Evening pre-screening interviews, pre-treatment testing, treatment groups, and post-treatment testing took place in the conference room at [name], where the researcher’s clinical office is located. Participants from the drug court treatment program were tested and received treatment at the [name], a confidential treatment facility used for only therapeutic, psychoeducational and support groups for participants in the drug court treatment program.
Treatment

The group sessions were manualized based on *The Divorce Recovery Workbook*, an SC-based divorce intervention for individuals, by adding to the published secular workbook explanations of the material from a Biblical/Christian worldview, Christian-accommodative meditations, interactive and experiential exercises, and participant discussions (see Appendix F). The groups met for 120 minutes once a week for nine weeks. Participants were asked to complete a battery of seven assessments at the beginning of the first group session. During the ninth week, participants were again given the same series of assessments during the final 75 minutes of the class. Participants in the waitlist control group were asked to complete the same battery of assessments as the treatment group upon being added to the waitlist and again nine weeks later to coincide with the timing of the group participants. To minimize the risk of dropouts, each participant received a $10 Starbucks gift card upon completion of their second battery of assessments.

Qualifications to Lead the Group

I have been a practicing counselor since 1986 when I led group therapy sessions in an in-patient setting and have been licensed as a professional counselor since 1993 providing individual, couples, family and group therapy for much of that time. As a cognitive-behavioral therapist, I have been informally teaching methods of mindfulness and SC to my clients since 2008, and I have been practicing yoga and mindfulness on a regular basis since 2014. Prior to selecting *The Divorce Recovery Workbook* as the basis for the group treatment protocol, I reviewed over 100 articles that focus on increasing SC, read numerous books, listened to a great many podcasts, and watched dozens of YouTube videos and Ted Talks on mindfulness, SC and divorce recovery. Additionally, I took a four-week SC course (Neff & Brown, 2015) and an
eight-week MBSR course (Potter, 2017). Many of the group exercises are being drawn from these trainings and resources, and from my own experiences both as a divorcee nearly three decades ago and as a therapist working with divorcing and divorced clients for over a decade.

Instrumentation

As a repeated-measures, within-subjects design, several measures were used as both pre-test baseline measures and as post-test measures. The FDAS was used to assess levels of acceptance of divorce, emotional disentanglement from the ex-partner, rebuilding social trust, social self-worth, and self-esteem/self-worth. The DASS-21 measured personal levels of depression, anxiety, and stress, while the TOSCA-3 measured shame-proneness and guilt-proneness. The SCS-R measured one’s sense of belonging, while the AGI measured God attachment-avoidance or God attachment-anxiety. The SCS measured self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification while in distress. Finally, the FFMQ was used to assess the level of overall mindfulness.

Fisher Divorce Adjustment Scale

The FDAS (Fisher, 1976) is a 100-item questionnaire measuring divorce adjustment-related items in six categories: Self Esteem/Self-Worth (25 items), Emotional Disentanglement (22 items), Anger (12 items), Grief (24 items), Rebuilding Social Trust (8 items), and Social Self-Worth (9 items). The answers are rated on a 5-point scale from “(1) almost always” to “(5) almost never,” with a total score range of 100-500. The subscale scores indicate the degree to which an individual has adjusted to their divorce in each of the specific areas. Low subscale scores indicate a higher degree of trauma in relation to the separation, while higher subscale scores indicate the individual is progressing towards adjusting to their separation in a healthy manner. The assessment is available only online, and scores are computer-generated and are
reported as percentile scores for each scale with higher scores indicating greater post-divorce adjustment including greater social self-worth, social trust and intimacy, self-esteem and disentanglement from their former partner, and a lower sense of anger and grief. A total score as a percentile of healthy divorce adjustment achieved is also provided.

The Self-Esteem/Self-Worth scale is related to self-image and feelings about the self and is represented by questions such as, “I like being the person I am.” The Emotional Disentanglement subscale measures how much emotional investment and feelings of love toward one’s ex-partner are still present, and is represented by questions such as, “I am constantly thinking of my former love partner,” and “It is easy for me to accept being a single person.” The Anger scale measures anger toward the former partner, anger about the termination of the relationship, the desire to get even, or the desire to assign blame, and is represented by questions such as, “I feel like unloading my feelings of anger and hurt upon my former partner.” The Grief scale measures the extent to which one’s feelings are out of control, demonstrated through emotional expression or through physical changes, and is represented by questions such as, “I am physically and emotionally exhausted from morning until night.” The Rebuilding Social Trust scale measures the extent to which social trust has been rebuilt and how comfortable one is with dating and expressing sexuality in a new relationship, and is represented by questions such as, “I feel uncomfortable even thinking about having a sexual relationship.” The Social Self-Worth scale measures the willingness to share the fact that the relationship has ended, to get involved in new social situations, and to reconnect with old friends, and is represented by questions such as, “I am comfortable telling people I am separated from my love partner.”

While the original 66-item version had published mean scale scores and standard deviations, the only currently available version is a 100-item online assessment for which there is
no published statistical data. The current copyright owner has been contacted, but as the developer is deceased, the current copyright owner does not have access to the statistical data related to this version’s test development and validation studies. Despite this lack of statistical data availability, it is the only assessment available measuring the post-divorce quality of life (Asanjarani, Jazayeri, Fatehizade, Etemadi, & de Mol, 2018). Several studies have been performed with the 100-item online assessment indicating it has high internal reliability of $\alpha = .98$ (Bevvino & Sharkin, 2003; Quinney & Fouts, 2004; Rohde-Brown & Rudestam, 2011), and the reliability of the subtests ranges from $\alpha = .87$ to .95 (Bevvino & Sharkin, 2003; Rohde-Brown & Rudestam, 2011); no specific subtests reliability or statistical scores are available.

**Depression Anxiety Stress Scale**

The DASS-21 (Lovibond & Lovibond, 1995) is a 21-item assessment in which respondents rate the severity of symptoms experienced during the previous week on a 4-point severity/frequency scale, ranging from “(0) Did not apply to me at all” to “(3) Applied to me very much or most of the time.” The 21 items are categorized into three subscales with 7 items for each depression, anxiety, and stress. While a total score range of 0–21 can be obtained on each of the three subscales, the DASS-21 scores must then be doubled to calculate a severity score. A severity score range of 0–42 can be obtained on each of the three subscales with higher scores indicating greater severity of symptoms and distress.

The depression subscale has seven categories: dysphoria (“I feel downhearted and blue”), hopelessness (“I felt that I had nothing to look forward to”), devaluation of life (“I felt that life was meaningless”), self-deprecation (“I felt I wasn’t worth much as a person”), lack of interest/involvement (“I was unable to become enthusiastic about anything”), anhedonia (“I couldn’t seem to experience any positive feelings at all”), and inertia (“I found it difficult to
work up the initiative to do things”). In a nonclinical validation sample (Sinclair et al., 2011) the depression subscale means, standard deviations and internal consistency coefficients were as follows: $M = 5.70$, $SD = 8.20$, $\alpha = .91$. Depression scores of 0–9 are considered normal levels of depression, 10–13 are considered mild depression, 14–20 indicate moderate depression, 21–27 signify severe depression, and scores 28 and above reveal an extremely severe level of depression.

The anxiety subscale has four categories: autonomic arousal (“I was aware of dryness of my mouth”), skeletal musculature effects (“I experienced trembling, e.g. in the hands”), situational anxiety (“I was worried about situations in which I might panic and make a fool of myself”), and subjective experience of anxious affect (“I felt terrified”). In a nonclinical validation sample (Sinclair et al., 2011) the anxiety subscale means, standard deviations and internal consistency coefficients were as follows: $M = 3.99$, $SD = 6.27$, $\alpha = .80$. Anxiety scores 0–7 are considered normal levels of anxiety, 8–9 are considered mild anxiety, 10–14 indicate moderate anxiety, 15–19 signify severe anxiety, and scores 20 and above reveal an extremely severe level of anxiety.

The stress subscale has five categories: difficulty relaxing (“I found it hard to wind down”), nervous arousal (“I felt that I was using a lot of nervous energy”), easily upset/agitated (“I found myself getting upset by quite trivial things”), irritable/over-reactive (“I tend to over-react to situations”), and impatient (“I found it difficult to tolerate interruptions to what I was doing”). In a nonclinical validation sample (Sinclair et al., 2011) the stress subscale means, standard deviations and internal consistency coefficients were as follows: $M = 8.12$, $SD = 7.62$, $\alpha = .84$. Stress scores 0–14 are considered normal levels of stress, 15–18 are considered mild
stress, 19–25 indicate moderate stress, 26–33 signify severe stress, and scores 34 and above reveal an extremely severe level of stress.

**Test of Self-Conscious Affect-3**

The TOSCA-3S (Tangney & Dearing, 2002) is a widely used measure of trait shame. A shortened version utilizes an 11-item negative scenario-based inventory measuring shame-proneness, guilt-proneness, externalization, and detachment/unconcern. A sample scenario is, “You make plans to meet a friend for lunch. At 5 o’clock, you realize you stood your friend up.” Answers are based on statements related to each of the four scales, such as, “You would think: ‘I’m inconsiderate’” as the shame scale response; “You’d think you should make it up to your friend as soon as possible” as the guilt scale; “You would think: ‘My boss distracted me just before lunch’” as the externalization scale; and “You would think, ‘Well, my friend will understand’” as the unconcern scale. Statements are scored on a 5-point scale from “(1) not likely” to “(5) very likely” for each of the four categories on each scenario, with a score range of 11-55 for each subscale. A higher score indicates greater shame-proneness, guilt-proneness, externalization, and lack of concern.

The normative data was obtained on three different student samples for the full 16-question TOSCA-3, and the range of psychometric values for females on each scale were: shame-proneness $M = 44.93$ ($SD = 11.32$) to $M = 48.33$ ($SD = 9.32$), $\alpha = .76$ to .88; guilt-proneness $M = 63.43$ ($SD = 7.51$) to $M = 65.43$ ($SD = 7.54$), $\alpha = .70$ to .83; externalization $M = 37.21$ ($SD = 8.44$) to $M = 38.05$ ($SD = 8.78$), $\alpha = .66$ to .80; and unconcern $M = 31.18$ ($SD = 6.78$) to $M = 31.80$ ($SD = 6.42$), $\alpha = .60$ to .77. The shortened version of the shame and guilt scales correlate .94 and .93 to the long form and yield different psychometric values on these two
subscales: shame-proneness $M = 36.6$ ($SD = 7.18$), $\alpha = .78$ to .88; guilt-proneness $M = 39.5$ ($SD = 3.86$), $\alpha = .66$ (Crocker et al., 2014).

Only the guilt-proneness and shame-proneness subscales were used in the study. In women, scores on the shame scale indicate 0–26 the individual seldom uses shame self-talk; 27–35, the individual uses shame self-talk an average amount; 36–55, the individual often uses shame self-talk (Brown, 2009). In women, scores on the guilt scale indicate 1–42, the individual seldom uses guilt self-talk; 43–48, the individual uses guilt self-talk an average amount; 49–55, the individual often uses guilt self-talk (Brown, 2009).

The Social Connectedness Scale-Revised

The SCS-R (Lee, Draper & Lee, 2001) is designed to measure social connectedness as related to a psychological sense of belonging or enduring interpersonal closeness with both friends and the social world at large. Ten of the 20 items in this revised version are stated positively and 10 negatively. Sample positively stated questions include, “I feel comfortable in the presence of strangers,” and “I am in tune with the world.” Sample negatively stated questions include, “Even among my friends, there is no sense of brother/sisterhood,” and “I feel disconnected from the world around me.” Responses are given on a 6-point scale ranging from “(1) strongly agree” to “(6) strongly disagree,” with higher scores representing a stronger sense of belonging. The total assessment has a potential score range of 20-120. The women in the normative sample had $M = 95.63$ ($SD = 15.33$) and the internal reliability of the scale was $\alpha = .92$. Individuals scoring low on the scale struggle to feel socially connected throughout life, while individuals scoring high on the scale have a greater sense of belonging and connectedness with others.
Attachment to God Inventory

The AGI (Beck & McDonald, 2004) is a 28-item self-report inventory with two subscales measuring God attachment-avoidance or a sense of potential abandonment by God and lack of intrinsic lovability (14 items), and God attachment-anxiety or an avoidance of intimacy and compulsive self-reliance (14 items). A sample avoidance question is, “My experiences with God are very intimate and emotional,” reverse scored. A sample anxiety question is, “I worry a lot about damaging my relationship with God.” Answers are scored on a 7-point scale ranging from “(1) disagree strongly” to “(7) agree strongly,” with lower scores representing lower levels of attachment avoidance or attachment anxiety. There is a possible score range of 7–98 for each of the two subscales. The normative community sample scored anxiety $M = 36.74$ ($SD = 15.03$), $\alpha = .86$; and avoidance $M = 36.81$ ($SD = 13.83$), $\alpha = .87$. Individuals scoring high on God attachment-avoidance may have a greater need for self-reliance, a difficulty depending on God, and an unwillingness to be emotionally intimate with God. Individuals scoring high on God attachment-anxiety may have a fear of potential abandonment by God, resentment or frustration at God’s lack of perceived affection, jealousy over God’s closeness with others, anxiety over one’s lovability in God’s eyes, and a preoccupation with or worry concerning their relationship with God.

Self-Compassion Scale

The SCS (Neff, 2003b) is a 26-item self-report inventory with six subscales measuring three positive aspects (self-kindness, common humanity, and mindfulness) and three negative aspects (self-judgment, isolation, and over-identification) of SC. The items are scored on a 5-point scale from “(1) almost never” to “(5) almost always,” for a total score range from 26–130. The normative undergraduate sample for the total score has a $M = 78.33$ ($SD = 14.75$), $\alpha = .92$, ...
and test-retest correlations for the overall score of .93. A total average score is obtained by dividing the total score by 26, yielding a total average score range from 1.00-5.00. While a short form of the scale has been developed (Raes, Pommier, Neff, & Van Gucht, 2011), it is not used because of low internal consistencies (ranging between 0.54 and 0.75), and the developers state it is contra-indicated when subscale information is important.

The positive aspects of SC are measured on three subscales. Items on the self-kindness subscale are designed to measure the tendency to be as kind to oneself as to a dear friend. Item statements include, “When I’m going through a very hard time, I give myself the caring and tenderness I need.” The normative sample scored $M = 15.06$ ($SD = 3.29$), $\alpha = .78$. Items on the common humanity subscale are designed to measure the extent to which one sees one’s experiences as part of the larger human experience. Item statements include, “When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.” The normative sample scored $M = 12.01$ ($SD = 2.87$), $\alpha = .76$. Items on the mindfulness subscale are designed to measure the extent to which one holds painful thoughts and feelings in balanced awareness. Item statements include, “When I fail at something important to me I try to keep things in perspective.” The normative sample scored $M = 12.82$ ($SD = 2.67$), $\alpha = .75$. Higher scores indicate the individual is able to acknowledge her pain while being kind to herself, staying connected with her community without judging herself harshly for any sensed failures, and maintaining a balanced awareness of her thoughts and feelings without overidentifying with them.

The negative aspects of SC are measured on three subscales. Items on the self-judgment subscale measure the extent to which one is harshly judgmental and self-critical when experiencing distress. Item statements such as, “When I see aspects of myself that I don’t like, I
get down on myself.” The normative sample scored $M = 15.46$ ($SD = 3.69$), $\alpha = .81$. Items on the isolation subscale are designed to measure the extent to which one views personal suffering or failure as separating or isolating from the rest of humanity. Item statements include, “When I fail at something that’s important to me I tend to feel alone in my failure.” The normative sample scored $M = 11.93$, $SD = 3.23$, $\alpha = .80$. Items on the over-identification subscale are designed to measure the extent to which one over-identifies with and ruminates over painful thoughts and feelings. Item statements include, “When I’m feeling down I tend to obsess and fixate on everything that’s wrong.” The normative sample scored $M = 12.16$, $SD = 3.26$, $\alpha = .80$. Higher scores indicate an individual tends to judge herself harshly for experiencing unpleasant circumstances and feelings, isolate herself when in distress, and identify with her suffering while ruminating over her pain and perceived failures.

**Five Facet Mindfulness Questionnaire**

The Five Facet Mindfulness Questionnaire (FFMQ; Baer, Smith, Hopkins, Krietemeyer, & Toney, 2006) is a 39-item questionnaire assessing five aspects of mindfulness: Describing (eight items), Acting With Awareness (eight items), Non-Judging of Experience (eight items), Non-Reactivity to Inner Experience (seven items), and Observing/Noticing (eight items). Each factor is measured on a five-point scale from “(1) never or very rarely true” to “(5) very often or always true,” reflecting a global measure of mindfulness. A total score range of 8 to 40 for each subscale is possible, except for Non-Reactivity to Inner Experience, which can range from 7 to 35, with higher scores indicating greater mindfulness. The Total FFMQ score is an average item score obtained by dividing the total scores by the number of items in the assessment (Baer et al., 2006). Individuals with higher average item scores are better able to bring their complete attention to whatever experience is happening in the present moment in a nonjudgmental or
accepting way. Statistics and reliability coefficients presented below are taken from a factor analysis of a community sample (Baer et al., 2008). The combination of the first four subscales will be used as a control measure of the pre-treatment level of SC. The fifth subscale will not be used, as detailed below.

The aspect of “Describing” measures the extent to which one labels thoughts, tendencies, experiences, and perceptions with words. Item statements include, “I am good at finding words to describe my feelings.” The Describing subscale had $M = 24.63$, $SD = 7.06$, $\alpha = .91$.

“Acting with Awareness” measures the extent to which one concentrates and remains undistracted. Item statements include, “I find myself doing things without paying attention,” which is reverse scored. The Acting with Awareness subscale had $M = 24.57$, $SD = 6.57$, $\alpha = .86$.

“Non-Judging of Experience” measures the extent to which one takes a non-evaluative stance toward thoughts and feelings. Item statements include, “I think some of my emotions are bad or inappropriate and I shouldn’t feel them,” reverse scored. The Non-Judging of Experience subscale had $M = 23.85$, $SD = 7.33$, $\alpha = .90$.

“Non-Reactivity to Inner Experience” is designed to measure one’s tendency to remain calm while allowing thoughts and feelings to come and go, and not immediately getting caught up with them or reacting to them. Item statements include, “I perceive my feelings and emotions without having to react to them.” The Non-Reactivity to Inner Experience subscale had $M = 19.53$, $SD = 4.88$, $\alpha = .82$.

The fifth factor of “Observing/Noticing” appears to be a valid measure only with a population of seasoned meditators, thus is being excluded from the study, as recommended by Williams, Dalgleish, Karl, and Kuyken (2014). The Total FFMQ scale results are determined as
an average item score by dividing the sum of all scores by the number of total questions contained which, without the Observing subscale, consists of 31 questions. Thus, despite only four of the five scales being used, the resulting subscales and total average FFMQ scores will be unaffected.

Table 1

*List of Assessments for Various Constructs*

<table>
<thead>
<tr>
<th>Construct</th>
<th>Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acceptance of/Adjustment to divorce</td>
<td>FDAS, Total score</td>
</tr>
<tr>
<td>Disentanglement from ex-spouse</td>
<td>FDAS, Emotional Disentanglement subscale</td>
</tr>
<tr>
<td>Anger</td>
<td>FDAS, Anger subscale</td>
</tr>
<tr>
<td>Depression</td>
<td>DASS, Depression subscale</td>
</tr>
<tr>
<td>Anxiety</td>
<td>DASS, Anxiety subscale</td>
</tr>
<tr>
<td>Stress</td>
<td>DASS, Stress subscale</td>
</tr>
<tr>
<td>Shame-proneness</td>
<td>TOSCA, Shame-proneness subscale</td>
</tr>
<tr>
<td>Guilt-proneness</td>
<td>TOSCA, Guilt-proneness subscale</td>
</tr>
<tr>
<td>Self-worth</td>
<td>FDAS, Self-worth subscale</td>
</tr>
<tr>
<td>Belonging / Connectedness</td>
<td>FDAS, Rebuilding Trust subscale</td>
</tr>
<tr>
<td></td>
<td>FDAS, Social Self-worth subscale</td>
</tr>
<tr>
<td></td>
<td>SCS-R, Total score</td>
</tr>
<tr>
<td>God attachment-avoidance</td>
<td>AGI, Attachment-avoidance subscale</td>
</tr>
<tr>
<td>God attachment-anxiety</td>
<td>AGI, Attachment-anxiety subscale</td>
</tr>
<tr>
<td>Self-compassion</td>
<td>SCS, Self-kindness subscale</td>
</tr>
<tr>
<td></td>
<td>SCS, Self-judgment subscale, reverse-scored</td>
</tr>
<tr>
<td></td>
<td>SCS, Common Humanity subscale</td>
</tr>
<tr>
<td></td>
<td>SCS, Isolation subscale, reverse-scored</td>
</tr>
<tr>
<td></td>
<td>SCS, Mindfulness subscale</td>
</tr>
<tr>
<td></td>
<td>SCS, Over-identification subscale, reverse-scored</td>
</tr>
<tr>
<td></td>
<td>SCS, Total score</td>
</tr>
<tr>
<td>Overall mindfulness</td>
<td>FFMQ Total of 4 subscales</td>
</tr>
</tbody>
</table>
Procedures

Following approval of the study’s proposal by the dissertation committee, IRB approval was received. The interviewer met with local counselors, medical doctors, and pastors, providing them with several copies of the marketing flyer (see Appendix B1), while the flyers were mailed with marketing letters (see Appendices B2, B3, and B4) to similar professionals in adjacent communities. The experimenter posted a copy of the flyer on her counseling website, emailed the flyer to former clients, and provided an interview on a local radio program about divorce recovery to introduce the study to the community.

At the pre-screening interview, participants were able to read the IRB-approved informed consent document, talk with the researcher, ask questions, and sign their assent. Each participant then completed an Orientation Questionnaire (see Appendix C.2) wherein they provided some basic demographic information pertinent to the study and indicated their preference of group meeting time(s), should they be assigned to the treatment group. They were then assigned an identification number to be used throughout the study (e.g., T-1, S-4, C-9) to protect confidentiality. They received an assessment packet with that identification number on the first page. After completing the pre-treatment battery of assessments, they were told they would be contacted about group participation.

A targeted sample size of 68 participants for the treatment and control groups was not reached; only 27 volunteers chose to participate. As described in the Participants section above, due to the limited numbers of participants, the researcher decided to reduce the random assignment from 50/50 to having two thirds of the participants assigned to treatment groups and only one-third to the control group. Such a change increased the power of the treatment group results, enabling the potential for a large effect size to be found in the treatment group (Warner,
2013). However, reducing the control group size decreased the power of the control group results and virtually eliminated the possibility of finding group differences of sufficient power to be statistically significant (Warner, 2013). For a target power (1-β) of .80 and an approximate power of $\eta^2 = .20$, a sample size of 68 was required (Faul, Erdfelder, Buchner, & Lang, 2009).

Participants were informed by telephone about their participation in the groups. The treatment groups met for nine weeks. All treatment group members came to every group except one who had to miss the final group due to a crisis involving her children and her former spouse. See Appendices E, F, and H for the group protocol. After each session, group members were asked to complete a Session Critique (see Appendix E: Protocol Outline) for feedback on possible improvements to the protocol. During the final portion of week nine, participants took the post-treatment assessments. All control group members were contacted to take their post-treatment assessments during the same week. Obtaining follow-through from the control participants was a challenge; four control participants were unable to take their post-treatment assessments until several weeks later, and the one treatment group member who missed the final session completed her post-treatment assessments over two months later.

While the FDAS is available only online, a hard copy of the FDAS questionnaire was placed in the assessment packet used so participants could complete all their assessments in a paper-and-pencil form. Once the assessments were complete, the researcher input the FDAS answers through the test owner’s online website at https://www.afterdivorcesupport.com/self-test/ where it was scored. The test results were emailed to the researcher’s secure university email. Data from all seven assessments were then transferred onto an excel spreadsheet and then onto a Statistical Package for the Social Sciences (v. 26) data file for analysis.

**Data Analysis**
This study involved a pre- and post-treatment, repeated measures design with a treatment group and control waitlist group assessing the effect of the treatment on numerous dependent variables. All hypotheses were tested using multiple general linear model repeated measures one-way analysis of variance (ANOVA) analyses. As there are one categorical independent variable (assignment to treatment or control group) and numerous continuous level-dependent variables, separate analyses had to be run for each dependent variable. The distribution of scores for each dependent variable was approximately normally distributed. Variances between all combinations of related groups were fairly equal, with Levene’s test indicating the treatment and control groups were likely to have been drawn from a population with equal variances, and with Mauchly’s test of sphericity showing the data met the sphericity assumption. All relationships were fairly linear. Results use an alpha $p < .05$ to indicate significance. Effect sizes are reported as partial eta squared results, as provided by SPSS.

Regarding outliers, however, there were a total of nine outlying scores. Two low outliers were noted on the DASS-21 depression scale, one pre-treatment the other post-treatment by different individuals. Five outliers were scored on the DASS-21 anxiety scale, three scoring low on anxiety pre-treatment and two control members scoring high on anxiety post-treatment. One control member scored outlying low on post-treatment TOSCA-3 guilt, while another control member scored high on post-treatment AGI attachment-avoidance. Since no individual had more than two outlying scores, all 26 individuals’ scores are included in the analysis.

Using ANOVA, the strength of the relationship from the net gain in SC from pre- to post-treatment on the various constructs was assessed. As mentioned in the hypotheses, the treatment group was expected to have greater gains than the control group in acceptance of and adjustment to divorce, disentanglement from ex-spouse, self-worth, sense of belonging and connectedness,
and SC, and greater reductions in God attachment-avoidance, God attachment-anxiety, depression, anxiety, stress, anger, shame-proneness and guilt-proneness. These scores were expected to change proportionately to the increase in SC scores. It was further expected that all individuals regardless of treatment would show improvement on adjustment to divorce, which is the total FDAS score, from pre- to post-treatment given that the FDAS is a time-sensitive instrument in which scores rise normally over time following the divorce, with a leveling out of scores around 36 months post-divorce, but that the treatment group will show greater improvement.
CHAPTER FOUR: FINDINGS

Overview

The primary aim of the study was to determine the efficacy of SC training in helping Christian women recover from their divorce. The study participants were all women professing to be Christians who were recovering from the break-up of a significant, long-term, monogamous relationship. They participated in a nine-week divorce recovery program based on the secular workbook *The Divorce Recovery Workbook*, integrated with Christian scriptures, scriptural examples and published Christ-based meditations. A control group of Christian women who did not participate in the divorce recovery program was used to compare gains attributable to program participation.

Descriptive Statistics

Twenty-seven women signed up to participate in the study. Due to a small number of volunteers and a need for sufficient participants in the divorce recovery program groups, 17 women were randomly assigned to the treatment group while 10 women were assigned to the waitlist control group. One treatment group participant dropped out prior to completion of the study, thus 26 women completed both the pre-group and post-group assessments.

All participants were female, Caucasian, Christian, and not currently involved in a long-term, life-partner relationship. However, not all 26 participants were divorced at the time of their participation: eight were fully divorced; six had filed divorce paperwork but their divorce was not yet finalized; two had not filed their divorce paperwork but were unofficially yet permanently separated; and 10 had never been married but had recently ended a long-term monogamous relationship with their former life partner. The average duration of the most recently terminated relationship was 10.97 years, ranging from five months for participants who
had been cohabiting to 33 years for married participants, with a median duration of three years for those cohabiting and 19.25 years for those married. The mean age of all participants was 38.3, ranging from 23.6 to 62.1. The number of children of the participants averaged 1.8 per participant, ranging from none to six, and from ages 1 to 44.

Ten of the participants were actively involved in drug court, three being randomly assigned to the treatment group and seven being assigned to the waitlist control group. All drug court participants were attending 10 hours per week of additional psychoeducation, mindfulness training, counseling and support group attendance. One waitlist control group and two treatment group members were therapists, while one waitlist control group and four treatment group members were receiving counseling for comorbid issues from other therapists. Altogether, one control group and eight treatment group members were not receiving additional treatment or therapy. Meaningful pre-group and post-group information were received from all participants.

Table 2

*Participant Demographics*

<table>
<thead>
<tr>
<th></th>
<th>Total Mean</th>
<th>Treatment Mean</th>
<th>Control Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>38.30</td>
<td>41.77</td>
<td>32.27</td>
</tr>
<tr>
<td>Length of relationship (months)</td>
<td>149.85</td>
<td>154.12</td>
<td>91.77</td>
</tr>
<tr>
<td>Number of children</td>
<td>1.81</td>
<td>2.00</td>
<td>1.67</td>
</tr>
</tbody>
</table>
Table 3

Additional Participant Demographics

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Treatment</th>
<th>Waitlist</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Receiving Other Treatment</td>
<td>18</td>
<td>66.7</td>
<td>9</td>
</tr>
<tr>
<td>Currently Divorced</td>
<td>8</td>
<td>30.8</td>
<td>6</td>
</tr>
<tr>
<td>Divorce in Process</td>
<td>6</td>
<td>23.1</td>
<td>6</td>
</tr>
<tr>
<td>Separated, Not Filed</td>
<td>2</td>
<td>7.7</td>
<td>2</td>
</tr>
<tr>
<td>Not Married; Cohabitated</td>
<td>10</td>
<td>38.5</td>
<td>2</td>
</tr>
</tbody>
</table>

Results

Quantitative data was obtained from a battery of seven assessments given at pre-treatment and post-treatment. Data from all participants \((N = 26)\) were collected and input into an SPSS data file. A repeated measures general linear model ANOVA procedure was used to assess the strength of the relationships between pre- and post-treatment values for participants in each group as well as between treatment and waitlist control groups on each of the following constructs: acceptance of and adjustment to divorce, disentanglement from ex-spouse, depression, anxiety, stress, anger, shame-proneness, guilt-proneness, self-worth, sense of belonging and connectedness, God attachment-avoidance and God attachment-anxiety, and six measures of SC as well as overall SC. Table 4 shows the means, \(F\) values and the statistical significance on each of the seven measures of the FDAS.

Table 4

FDAS Means, \(F\) Values, and \(p\) Values

<table>
<thead>
<tr>
<th></th>
<th>Treatment</th>
<th></th>
<th></th>
<th>Waitlist Control</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean Pre</td>
<td>Mean Post</td>
<td>(F) value</td>
<td>(p) value</td>
<td>Mean Pre</td>
<td>Mean Post</td>
</tr>
<tr>
<td>Self-worth</td>
<td>36.56</td>
<td>64.31</td>
<td>14.054</td>
<td>.001**</td>
<td>45.0</td>
<td>51.2</td>
</tr>
<tr>
<td>Disentangle</td>
<td>44.62</td>
<td>70.19</td>
<td>7.996</td>
<td>.009**</td>
<td>59.2</td>
<td>59.0</td>
</tr>
</tbody>
</table>
The FDAS measured the adjustment to one’s divorce over the course of the study as measured through six constructs. Since scores increase over time without intervention, the total score of the FDAS increased for both the treatment and control groups as expected, with both the treatment group’s gains ($F = 16.785, p = .000$, $\eta^2 = .412, 1-\beta = .975$) and the control group’s gains ($F = 9.575, p = .005$, $\eta^2 = .285, 1-\beta = .843$) reaching significance. While both groups’ significant results demonstrate notable gains in divorce recovery over the course of the study, the gains between groups were not measurably different ($F = .148, p = .704$).

The treatment group also showed significant gains in five of the six FDAS sub-categories (Self-worth, $F = 14.054, p = .001$, $\eta^2 = .369, 1-\beta = .949$; Disentanglement, $F = 7.996, p = .009$, $\eta^2 = .25, 1-\beta = .774$; Guilt, $F = 12.073, p = .002$, $\eta^2 = .335, 1-\beta = .915$; Social Trust, $F = 5.687, p = .025$, $\eta^2 = .192, 1-\beta = .629$; and Social Self-Worth, $F = 7.002, p = .014$, $\eta^2 = .226, 1-\beta = .719$),
while the control group showed significant gains in three sub-categories (Self-worth, $F = 5.663$, $p = .026$, $\eta^2 = .191$, 1-$\beta = .627$; Guilt, $F = 7.152$, $p = .013$, $\eta^2 = .23$, 1-$\beta = .728$; and Social Self-worth, $F = 8.767$, $p = .007$, $\eta^2 = .268$, 1-$\beta = .811$). However, the gains were not measurably different between groups; they were statistically equivalent. It is notable that the control group showed a significant regression in two sub-categories: Disentanglement ($F = 8.250$, $p = .008$, $\eta^2 = .256$, 1-$\beta = .787$) and Anger ($F = 5.783$, $p = .024$, $\eta^2 = .194$, 1-$\beta = .636$). This deterioration, however, when compared with the treatment group’s progress, was not sufficient to indicate any difference between the two groups in the changes in any FDAS score.

The DASS-21 measured depression, anxiety, and stress; the SCS-R measured social connectedness; the TOSCA-3 measured shame and guilt; the AGI measured attachment avoidance and attachment anxiety to God, and the FFMQ measured total mindfulness. Table 5 shows the means, $F$ values and the statistical significance on each of the measures of the DASS-21, SCS-R, TOSCA-3, AGI, and FFMQ.

Table 5

<table>
<thead>
<tr>
<th></th>
<th>Treatment Mean</th>
<th>Treatment Post</th>
<th>$F$ value</th>
<th>$p$ value</th>
<th>Waitlist Mean</th>
<th>Waitlist Post</th>
<th>$F$ value</th>
<th>$p$ value</th>
</tr>
</thead>
<tbody>
<tr>
<td>DASS-21 Depression</td>
<td>14.63</td>
<td>4.13</td>
<td>7.913</td>
<td>.01**</td>
<td>13.6</td>
<td>11.8</td>
<td>3.959</td>
<td>.058</td>
</tr>
<tr>
<td>DASS-21 Anxiety</td>
<td>9.88</td>
<td>5.38</td>
<td>8.827</td>
<td>.007**</td>
<td>14.8</td>
<td>9.8</td>
<td>0.024</td>
<td>.877</td>
</tr>
<tr>
<td>DASS-21 Stress</td>
<td>16.38</td>
<td>10.75</td>
<td>1.841</td>
<td>.187</td>
<td>16.6</td>
<td>17.6</td>
<td>3.778</td>
<td>.064</td>
</tr>
<tr>
<td>Total DASS</td>
<td>40.88</td>
<td>20.25</td>
<td>7.473</td>
<td>.012*</td>
<td>45.0</td>
<td>39.2</td>
<td>2.352</td>
<td>.138</td>
</tr>
<tr>
<td>SCS-R</td>
<td>81.19</td>
<td>95.38</td>
<td>9.220</td>
<td>.006**</td>
<td>85.6</td>
<td>89.0</td>
<td>3.469</td>
<td>.075</td>
</tr>
<tr>
<td>Total Belonging</td>
<td>153.25</td>
<td>215.00</td>
<td>9.666</td>
<td>.005**</td>
<td>195.0</td>
<td>202.3</td>
<td>6.010</td>
<td>.022*</td>
</tr>
<tr>
<td>TOSCA-3 Shame</td>
<td>35.13</td>
<td>29.38</td>
<td>2.892</td>
<td>.102</td>
<td>31.4</td>
<td>30.4</td>
<td>1.432</td>
<td>.243</td>
</tr>
<tr>
<td>TOSCA-3 Guilt</td>
<td>48.63</td>
<td>49.38</td>
<td>0.481</td>
<td>.495</td>
<td>45.6</td>
<td>46.1</td>
<td>0.019</td>
<td>.891</td>
</tr>
</tbody>
</table>
While the participants in the treatment group had a higher starting point on depression and stress, both measures decreased over the duration of treatment for the treatment group. The decrease in depression for the treatment group ($F = 8.827, p = .007, \eta^2 = .248, 1-\beta = .77$) was significant, but not significantly different than the insignificant decrease in depression for the control group ($F = 3.959, p = .058, \eta^2 = .142, 1-\beta = .48$). The between-groups comparison was not significant ($F = .893, p = .354$). The decreases in stress for either group failed to reach significance, as did the between-group comparison. The treatment group also showed significant reduction in anxiety level with a very large effect size ($F = 8.827, p = .007, \eta^2 = .269, 1-\beta = .813$), but not significantly different than the decrease in the control group’s anxiety level. The between-groups comparison was not significant ($F = 2.449, p = .131$). The total DASS showed a significant decrease in overall distress in the treatment group ($F = 7.473, p = .012, \eta^2 = .237, 1-\beta = .746$) but an insignificant decrease for the control group ($F = 2.352, p = .138$). The between-group comparison remained not significant ($F = 1.608, p = .217$).
Figure 3. DASS-21 total score between-groups comparison.

On the SCS-R, participants in the treatment group improved in their sense of social connectedness and belonging with a very large effect size ($F = 9.220, p = .006, \eta^2 = .278, 1-\beta = .83$), while participants in the control group’s gains did not reach significance ($F = 3.469, p = .075$). However, the between-groups comparison was not significant ($F = .018, p = .895$).

Figure 4. SCS-R between-groups comparison.

When combining the SCS-R with two other measures of social connectedness and belonging, the FDAS Social Trust and FDAS Social Self-Worth scales, both the treatment group
(F = 9.666, p = .005, \(\eta^2 = .287\), 1-\(\beta = .847\)) and the control group (F = 6.010, p = .022, \(\eta^2 = .200\), 1-\(\beta = .653\)) showed significant improvements, with the treatment group’s effect size being very large, however the between-group comparison remained not significant (F = .477, p = .496).

![Graph showing estimated marginal means for belonging between experimental and control groups.](image)

**Figure 5.** Total belonging, defined as a combination of SCS-R, FDAS Social Self-worth, and FDAS Social Trust, between groups comparison.

On the TOSCA-3, neither shame nor guilt was found to have changed significantly during the course of treatment, either for the treatment group or the control group. The AGI showed a decrease in the God attachment-avoidance measure for both the treatment group and the control group, but results were not significant, and neither was the comparison between the two groups (F = 2.648, p = .117). Meanwhile, both the treatment and the control group had significant changes in the God attachment-anxiety measure. The treatment group saw a significant decline in God attachment-anxiety (F = 5.971, p = .022, \(\eta^2 = .199\), 1-\(\beta = .650\)), while the control group saw a significant increase in God attachment-anxiety with a very large effect size (F = 11.734, p = .002, \(\eta^2 = .328\), 1-\(\beta = .908\)). Again, however, the between-group comparison was not significant (F = .404, p = .531). Finally, when combining both measures of
AGI, there was an insignificant decrease in God-attachment issues for the treatment group ($F = 3.077, p = .092$), but a significant increase in God-attachment issues for the control group ($F = 7.74, p = .01, \eta^2 = .244, 1-\beta = .761$). The between-group comparison was not significant ($F = .377, p = .545$).

![Figure 6. AGI total score between-groups comparison.](image)

The SCS provided a measure of six aspects of SC as well as a total score. Table 6 shows the means, $F$ values and the statistical significance on each of the six measures of the SCS as well as a total score.

Table 6

<table>
<thead>
<tr>
<th>SCS Means, $F$ Values and $p$ Values.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment</td>
</tr>
<tr>
<td>-------------------------------</td>
</tr>
<tr>
<td>Self-kindness</td>
</tr>
<tr>
<td>Judgment</td>
</tr>
<tr>
<td>Common humanity</td>
</tr>
<tr>
<td>Isolation</td>
</tr>
</tbody>
</table>
The treatment group showed significant gains on every measure of SC, with significant increases on the three positive qualities (self-kindness, common-humanity, and mindfulness) and significant decreases on the three negative qualities (judgment, isolation, and over-identification). The total SC score was also significant for the treatment group with an extremely large effect size ($F = 19.379, p = .000, \eta^2 = .447, 1-\beta = .988$). The control group showed a significant increase in the positive qualities of self-kindness ($F = 4.613, p = .042$) and common humanity ($F = 5.268, p = .031$) and overall total SC ($F = 5.842, p = .024, \eta^2 = .196, 1-\beta = .64$). However, none of the increases or decreases were statistically significant between groups ($F = .130, p = .721$).

![Figure 7. SCS total average scores between-groups comparison.](image-url)
Despite the significant results for the treatment group on many measures, the between-groups comparisons showed no significant differences between the treatment group and the waitlist control group on any measure.
Table 7

Between Group Comparisons

<table>
<thead>
<tr>
<th></th>
<th>Between-group F value</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>FDAS Self-Worth</td>
<td>.086</td>
<td>.771</td>
</tr>
<tr>
<td>FDAS Disentanglement</td>
<td>.026</td>
<td>.872</td>
</tr>
<tr>
<td>FDAS Anger</td>
<td>.033</td>
<td>.858</td>
</tr>
<tr>
<td>FDAS Guilt</td>
<td>.444</td>
<td>.511</td>
</tr>
<tr>
<td>FDAS Social Trusts</td>
<td>.652</td>
<td>.427</td>
</tr>
<tr>
<td>FDAS Social Self-Worth</td>
<td>.851</td>
<td>.365</td>
</tr>
<tr>
<td>FDAS Total</td>
<td>.148</td>
<td>.704</td>
</tr>
<tr>
<td>DASS-21 Depression</td>
<td>.893</td>
<td>.354</td>
</tr>
<tr>
<td>DASS-21 Anxiety</td>
<td>2.449</td>
<td>.131</td>
</tr>
<tr>
<td>DASS-21 Stress</td>
<td>.919</td>
<td>.347</td>
</tr>
<tr>
<td>Total DASS</td>
<td>1.608</td>
<td>.217</td>
</tr>
<tr>
<td>SCS-R</td>
<td>.018</td>
<td>.895</td>
</tr>
<tr>
<td>Total Belonging</td>
<td>.477</td>
<td>.496</td>
</tr>
<tr>
<td>TOSCA-3 Shame</td>
<td>.343</td>
<td>.563</td>
</tr>
<tr>
<td>TOSCA-3 Guilt</td>
<td>2.882</td>
<td>.103</td>
</tr>
<tr>
<td>AGI Avoidance</td>
<td>2.648</td>
<td>.117</td>
</tr>
<tr>
<td>AGI Anxiety</td>
<td>.404</td>
<td>.531</td>
</tr>
<tr>
<td>Total AGI</td>
<td>.377</td>
<td>.545</td>
</tr>
<tr>
<td>FFMQ Mindfulness</td>
<td>0</td>
<td>.994</td>
</tr>
<tr>
<td>SCS Self-Kindness</td>
<td>.87</td>
<td>.36</td>
</tr>
<tr>
<td>SCS Judgment</td>
<td>.136</td>
<td>.716</td>
</tr>
<tr>
<td>SCS Common Humanity</td>
<td>.286</td>
<td>.598</td>
</tr>
<tr>
<td>SCS Isolation</td>
<td>.688</td>
<td>.415</td>
</tr>
<tr>
<td>SCS Mindfulness</td>
<td>.116</td>
<td>.736</td>
</tr>
<tr>
<td>SCS Over-Identification</td>
<td>.484</td>
<td>.493</td>
</tr>
<tr>
<td>SCS Total Score</td>
<td>.534</td>
<td>.472</td>
</tr>
</tbody>
</table>

Hypotheses Restated and Results

Hypothesis 1

The workshop participants will show a greater increase in their acceptance of divorce from pre- to post-treatment compared to the waitlist control group, as measured by the FDAS total score. This hypothesis was rejected. The FDAS total score improved significantly for both
the treatment group and the control group, but the difference between the two groups was not statistically significant.

**Hypothesis 2**

The workshop participants will show a greater increase in their level of emotional disentanglement from their former spouse from pre- to post-treatment compared to those receiving no treatment in the waitlist control group, as measured by the FDAS Emotional Disentanglement subscale. This hypothesis was rejected. The FDAS disentanglement score improved significantly for the treatment group and deteriorated significantly for the control group, but the difference between the two groups was not statistically significant.

**Hypothesis 3**

The workshop participants will show a greater decrease in their symptoms of personal distress from pre- to post-treatment compared to the waitlist control group.

**Hypothesis 3a.** The workshop participants will show a greater decrease in depression than those receiving no treatment in the waitlist control group, as measured by the DASS-21 Depression subscale. This hypothesis was rejected. The DASS-21 Depression score improved significantly for the treatment group and not the control group, but the difference between the groups was not significant.

**Hypothesis 3b.** The workshop participants will show a greater decrease in anxiety than those receiving no treatment in the waitlist control group, as measured by the DASS-21 Anxiety subscale. This hypothesis was rejected. The DASS-21 Anxiety score improved significantly for the treatment group and not for the control group, but the difference between the two groups was not statistically significant.
**Hypothesis 3c.** The workshop participants will show a greater decrease in stress than those receiving no treatment in the waitlist control group, as measured by the DASS-21 Stress subscale. This hypothesis was rejected. There was a non-significant improvement in the DASS-21 Stress score for treatment participants and a non-significant deterioration for the control group, but the difference between the two groups was not statistically significant.

**Hypothesis 3d.** The workshop participants will show a greater decrease in anger than those receiving no treatment in the waitlist control group, as measured by the FDAS Anger subscale. This hypothesis was rejected. There was a non-significant improvement in the FDAS Anger score for treatment participants and a significant deterioration for the control group, but the difference between the two groups was not statistically significant.

**Hypothesis 3e.** The workshop participants will show a greater decrease in shame-proneness than those receiving no treatment in the waitlist control group, as measured by the TOSCA-3S Shame-Proneness subscale. This hypothesis was rejected. There was a non-significant improvement in the TOSCA-3 Shame-proneness score for both the treatment participants and the control group, but the difference between the two groups was not statistically significant.

**Hypothesis 3f.** The workshop participants will show a greater decrease in guilt-proneness than those receiving no treatment in the waitlist control group, as measured by the TOSCA-3S Guilt-Proneness subscale. This hypothesis was rejected. There was a non-significant increase in the TOSCA-3 Guilt-proneness scores for both the treatment participants and for the control group, but the difference between the two groups was not statistically significant.
Hypothesis 3g. The workshop participants will show a greater increase in self-worth than those receiving no treatment in the waitlist control group, as measured by the FDAS Self-worth subscale. This hypothesis was rejected. There was a significant increase in the FDAS Self-worth scores for both the treatment group and the control group, but the difference between the two groups was not statistically significant.

Hypothesis 3h. The workshop participants will show a greater increase in their sense of belonging than those receiving no treatment in the waitlist control group, as measured by a combination of the FDAS Rebuilding Trust subscale, the FDAS Social Self-worth subscale, and the SCS- total score. This hypothesis was rejected. There was a significant increase in the combined scores for both the treatment group and the control group, but the difference between the two groups was not statistically significant.

Hypothesis 4

The workshop participants will show a greater increase in their sense of spiritual well-being pre- to post-treatment compared to the waitlist control group.

Hypothesis 4a. The workshop participants will show a greater decrease in God attachment-anxiety than those receiving no treatment in the waitlist control group, as measured by the AGI Attachment Anxiety subscale. This hypothesis was rejected. There was a significant improvement in the AGI Attachment Anxiety score for treatment participants, and a significant deterioration for the control group, but the difference between the two groups was not statistically significant.

Hypothesis 4b. The workshop participants will show a greater decrease in God attachment-avoidance than those receiving no treatment in the waitlist control group, as measured by the AGI Attachment Avoidance subscale. This hypothesis was rejected. There was
a non-significant improvement in the AGI Attachment Avoidance scores for treatment participants and a non-significant deterioration for the control group, but the difference between the two groups was not statistically significant.

**Hypothesis 5**

The workshop participants will show a greater increase in SC pre- to post-treatment compared to the waitlist control group, as measured by the SCS Total score. This hypothesis was rejected. There was a significant improvement in the SCS Total score for both the treatment participants and the control group, but the difference between the two groups was not statistically significant.

The research questions about whether participants would show improvements were all answered positively, but none of the hypotheses was upheld. There were no differences between groups. All hypotheses were rejected.
CHAPTER FIVE: CONCLUSIONS

Overview

In this chapter, the results will be discussed, followed by an examination of implications and clinical significance. The strengths and limitations of the study will then be considered. Finally, the chapter will end with suggestions for future study.

Discussion

The present study investigated whether providing SC training to women who are newly divorced or going through the divorce process would improve their sense of wellbeing and facilitate greater progress in their divorce recovery process. The results point to a substantial benefit on numerous measures for women who attended the SC treatment, but the benefit was not statistically significant when compared to women who did not attend the groups. There are several possible explanations for this lack of significance. First, this could be due to the small sample size. Despite rigorous marketing efforts, less than half the number of anticipated volunteers participated. While the treatment group sample size was substantial enough to gain sizeable effect size and power on several constructs assessed, placing two-thirds of the participants in the treatment group negatively impacted the power of the group comparisons. As expected, the control group failed to reach significant results on most measures, obtaining a substantial observed power of greater than .8 on only three measure: an increase in total FDAS divorce adjustment improvement ($F = 9.575, p = .005, \eta^2 = .285, 1-\beta = .843$), a regression in social self-worth ($F = 8.767, p = .007, \eta^2 = .268, 1-\beta = .811$), and a worsening in AGI attachment anxiety ($F = 11.734, p = .002, \eta^2 = .328, 1-\beta = .908$). Also as expected, the comparisons between groups failed to reach significance on any measure. Despite the lack of measurable differences between groups, the results showed a clear trend toward improvement on five of the
six measures of post-divorce adjustment, depression, anxiety, social connectedness, SC and attachment to God anxiety. It is therefore inferred that a larger sample may have increased the significance and usefulness of results. For future studies, power analyses indicate that obtaining a total of 68 participants would provide for sufficient between-group effect sizes for the comparisons to reach clinical significance (Faul et al., 2009).

A second possible explanation for the lack of significant results could be due to the fact that eight of the 10 waitlist control group members were mandated to participate in drug court treatment where they received concurrent mindfulness training in addition to seven hours of weekly psychoeducation and support groups, and a ninth waitlist control group member was a therapist. Thus nine of 10 waitlist members were involved in ongoing, intensive counseling as opposed to the treatment group of which eight of the 16 members received similar counseling while the remaining eight received no ongoing counseling, psychoeducation or support group attendance. Regarding every construct measured, there was no significance between the treatment group and the waitlist control group on any measure. Thus, the research questions and hypotheses were each rejected as written. However, unbeknownst to the researcher prior to the completion of the study, all but 1 of the participants in the entire study received some form of mindfulness training during the course of the study. Such mindfulness training among all but one of the research participants was a confounding variable practically negating the use of a control group and most likely adding to the lack of support for differences between groups.

Consistent with Rye et al.’s (2012) findings, increases in SC were positively associated with reductions in self-assessed depressive symptoms. The study’s findings were also consistent with Sbarra et al.’s (2012) findings that individuals who were high in SC evidenced significantly less divorce-related emotional distress during and after their divorce, as evidenced by this study’s
significant reduction in self-reported anxiety, stress, anger, guilt, doubts about self-worth, social trust, social self-worth, and social isolation. Yet contrary to Johnson and O’Brien’s (2013) findings that those who practice SC regularly show a significant decrease in shame-proneness, this study found no significant decrease in TOSCA-3 Shame Proneness despite increases in SC.

Proeve, Anton, and Kenny (2018) observed that shame-proneness is reduced through an increase in SC. Homan (2014) found SC to be inversely related to levels of attachment anxiety and avoidance; the higher one’s level of SC, the lower the level of attachment anxiety and avoidance. Yárnoz-Yaben (2010) determined insecure attachment styles were associated with increased levels of distress in divorced individuals. The current study did not find such a relationship with shame-proneness and guilt-proneness; although SC levels increased, the decrease in overall shame-proneness and guilt-proneness was not significant. However, there was a significant improvement in guilt as measured by the FDAS. Neither was the relationship between God attachment and shame borne out. The study did, however, find that God attachment-anxiety decreased with increased levels of SC.

Akin and Akin (2017) found that self-kindness, common humanity, and mindfulness were each positively related to spiritual experiences. Underwood and Teresi (2002) observed that spiritual experiences are associated with a higher quality of life, providing people with a connection with others. This study’s findings were consistent with these assertions based on the significant decrease in overall God attachment distress and on the significant increase in Social Connectedness and overall sense of Belonging for all participants.

Finally, Symington and Symington (2012) suggested that some Christians are cautious at best toward the concept of mindfulness, given its roots in Eastern mysticism. As part of this study, session critiques were obtained at the end of each session to aid in modifying the protocol
for future use and to determine the participants’ comfort with the materials being presented. For the first few sessions in which Christian integration of the material was initially presented, participants expressed enthusiasm at “finding” such a Scripturally-consistent tool that could impact their healing and future wellbeing. This is consistent with Rosales and Tan’s (2017) claim that Christians benefit from therapeutic techniques that have been adapted to integrate and incorporate Christian principles.

**Implications**

Teaching SC skills to divorcing and divorced women was expected to facilitate significant gains in divorce recovery indicators of mental health as well as overall well-being in treatment participants. Integrating Christian worldview and spiritual disciplines with the practice of SC as it specifically relates to divorce recovery fills a gap in both research and practical treatment, as mentioned in the literature review. Since many conservative Christians seem hesitant to readily embrace ideology which has been associated with Eastern philosophy and religion (Garzon & Ford, 2016), they unnecessarily forfeit a tremendous opportunity for healing. This study fills this gap with a manualized Christian-adapted SC treatment for Christians recovering from divorce. A manualized approach was chosen for ease with replication and future application with ongoing divorce recovery groups in the researcher’s community. As a professional counselor supervisor, the researcher can train professionals-in-training and other professionals to continue teaching SC techniques to individuals recovering from divorce, as divorce recovery is a continued need in the Christian community. It is hoped that other therapists will incorporate the value of SC training with their Christian clients, including but not limited to those who are divorcing, as it appears to be fully consistent with a Christian worldview.
Since the treatment was presented as a live SC workshop, this treatment fills a needed gap in group divorce recovery programs combining SC psychoeducation with an experiential treatment for Christian women. As SC is a set of learned skills (Gambrel & Piercy, 2015; Germer & Neff, 2015) which can lead to a sense of greater wellbeing in a variety of areas in one’s life (Allen et al., 2012; Arslan, 2016; Brodar et al., 2015; Leary et al., 2007; Neff, 2003a, 2003b; Neff & Pommier, 2013; Yang, 2016), it is expected that the SC training received during this study will improve the participants’ overall experience of life satisfaction long beyond their divorce recovery period and will facilitate healing in areas of their lives beyond their divorce recovery issues.

Limitations

One participant from the first round of groups, T7, was unable to attend the final group session at the end of which the post-treatment assessments were given. She did not follow up despite repeated attempts to contact her through email, phone calls, and texts. Twelve weeks after her treatment group was finished, she responded and agreed to take the post-treatment assessments, stating her life had been chaotic during the intervening time and had been unable to see clearly enough to take the assessments. The full study had been closed for over a month with the second group having finished their full protocol and the data having been run by the time her assessments were received.

There are two procedures, last observation carried forward (LOCF) and baseline observation carried forward (BOCF), which were considered as appropriate ways of handling T7’s data. According to the Encyclopedia of Research Design (Salkind, 2010), LOCF is used when an individual drops out prior to the end of a study; the individual’s last observed scores are used for all subsequent missing observation points. In BOCF, the individual’s first observed
score is used for all subsequent missing observation points (Liu-Seifert, Zhang, D’Souza, & Skljarevski, 2010). Using either LOCF or BOCF, in this study T7’s pre-treatment scores would have been used for her post-treatment scores, showing no change in any scores from pre- to post-treatment. The rationale for using such procedures would be to keep as large a sample size as possible for analysis to increase power or obtain significant results (Salkind, 2010).

There appears to be some controversy in using LOCF and BOCF procedures in repeated measures studies. Lachin (2016) strongly cautions against using LOCF in any analysis of data. Liu-Seifert et al. (2010) state BOCF is not appropriate when individuals discontinue treatment for nontreatment-related reasons, such as in the case of T7 who discontinued treatment due to her hectic schedule and chaotic life circumstances preventing her from attending the final session. Finally, the National Research Council (2010) states that methods such as LOCF and BOCF should not be used as the primary method of treating missing data unless there is a scientifically justifiable reason. Failure to show up for the final group and post-treatment assessments would most likely not be considered a scientifically justified reason to repeat her baseline or last observed scores. After consulting with the researcher’s dissertation committee, it was decided that, since none of the differences between groups were found to be significant, increasing the sample size by 1 would not meaningfully increase the power of the study and lead to different findings. The participant’s pre-treatment assessment scores were therefore dropped from the study.

There are four concerns related to external validity and generalizability. Since all the participants were from a 50-mile radius from a single rural area in the southern United States, the generalizability to all newly divorced women throughout the United States is in question. The rural character of this community brings into question whether those in an urban or suburban
community would respond differently to the intervention: there may be differences in education level and in risk-tolerance/aversion to their willingness to try new interventions based on non-traditional philosophies, and the generally lower socio-economic status of the community might facilitate participants attending this particular intervention simply because there were so few affordable options available for divorce recovery.

Secondly, participants were all from a religiously conservative southern state. It is uncertain whether individuals in a religiously conservative southern state would respond differently to the SC training than those from a religiously liberal state elsewhere in the United States. Thus, the results may not be generalizable to all Christian women in the United States.

Thirdly, most studies in the literature review analyzed either divorced individuals or never-married individuals such as those cohabiting or informally life partnered. The present study had individuals from both categories, which may have been a confounding variable. The Pew Research Center (Stepler, 2017) cites a 29% increase in cohabitation between 2007 and 2016, including approximately 18 million individuals or 7% of all U.S. adults. In the present study, those previously unmarried but cohabiting made up the largest group of “marital status” with 38.5% of individuals cohabiting. This included 12.5% of treatment participants and 80% of control group participants. Being so grossly over-represented with informally life-partnered individuals is a concern for external validity and generalizability to the U.S. population at large. Future researchers would do well to consider this confound when finding their sample.

Lastly, the population being studied was newly divorced Christian women who had been divorced shorter than 24 months. The results may not be generalizable to women who have been divorced longer than 24 months, to Christian men, or to individuals from other faith traditions.
The treatment was marketed specifically to Christians women, emphasizing that this is a Christian-accommodative intervention.

There are also several concerns related to the internal validity of the study, particularly the battery of assessments. Participants may have viewed the pre-treatment assessment process as a screening process, thus they may have failed to answer their assessments truthfully, rather giving responses which they believe the researcher desired to receive so they could be included in the treatment groups. This was mitigated by individually meeting with each participant, answering their questions, and informing them of the anonymous nature of the assessments prior to giving them the assessments. The post-treatment assessments may have been influenced by the treatment group’s desire to please the researcher with elevated results, thus the researcher specifically asked participants to answer truthfully, remembering the assessments would not be paired with them as individuals but would be coded with their participant number only.

Another concern for internal validity is cognitive fatigue wherein behavioral performance deteriorates over time and compensation efforts are triggered after approximately one hour of testing (Wang, Trongnetrpunya, Samuel, Ding, & Kluger, 2016). The battery of seven assessments chosen for this experiment measures a wide variety of constructs from emotional well-being to spiritual well-being as well as participants’ progress in their divorce recovery. The full battery of assessments took approximately 45 minutes to complete during each of the pre-treatment and post-treatment assessment sessions. Cognitive fatigue was handled by providing refreshments for participants to take breaks between assessments, and by playing calming instrumental music and diffusing stress-relief essential oils to keep the stress level minimized.

Campbell and Stanley (1966) point out that repeated measures procedures might prejudice or bias participants’ responses as they have already answered the very same questions
before. This may reduce the internal validity by influencing the post-treatment assessment of the experimental treatment’s impact. The repeated measures ANOVA statistical procedure takes into consideration the influence of statistical regression for subsequent re-tests. Beyond this, as none of the measures have separate forms of their assessment, this remained a limiting factor.

Prior to the study, it was expected that SC and the various measures of mental health would covary and that increases in SC would precede increases in the mental health measures. Therefore, due to temporal precedence, it is reasonable to assert that an increase in SC produced any increases in measures of mental health. There is a potential rival explanation for changes in individual scores across time. It has been found that individuals who volunteer for SC treatment can be from a sub-population who are already familiar with mindfulness, or who already have a mindful practice and are open to further training (Neff & Germer, 2013), and whose SC scores are already elevated. Other than the drug court and therapist participants, only one other participant had been involved in a mindfulness practice before this study. Thus, a rival explanation for an increase in mental health scores might be that the modest levels of SC prior to the group training would allow for greater increases in SC scores yielding even higher mental health scores than would be expected from the present treatment.

A final potential threat to the internal validity of the study is the finding from Larson and Sbarra (2015) that individuals who answered questionnaires and surveys about the circumstances of their relationship dissolution experienced improvements in well-being without any kind of intervention or expectation of improvement. Any effect of improving well-being in the treatment group due to taking assessments was mitigated by the presence of the waitlist control group. As none of the between-group comparisons provided significant results, this was not an issue for the
hypotheses testing. However, in the post-study combined group analyses, this improvement factor may have shown up as inflating any significance of the results.

Lastly, the FDAS was used despite the researcher’s inability to access its original normative data and despite its lack of benchmark data indicating expected progress toward divorce adjustment. Asanjarani et al. (2018) state the FDAS is the only instrument specifically designed for divorced individuals assessing their level of well-being post-divorce, and the researcher’s inability to find another such assessment bore this out. Several studies have been performed to validate the FDAS on various populations globally, yielding high reliability and validity results (Asanjarani et al., 2018; Bevino & Sharkin, 2003; Quinney & Fouts, 2004; Rohde-Brown & Rudestam, 2011), thus the test was used despite the inaccessibility of normative data and despite the lack of guidelines specifying expected progress.

**Recommendations for Future Research**

While individuals going through their own divorce recovery have benefited from mindfulness training (Rohde-Brown & Rudestam, 2011), there are currently only two published research studies measuring SC specifically targeted at divorcees (Caldwell & Henry, 2017; Sbarra et al., 2012), neither of which involved training or treatment to increase levels of SC. Repeated-measures studies showing the impact of SC training on individuals recovering from divorce are needed. Additionally, there were no studies found showing the impact of Biblically integrated SC studies on Christian populations. In the secular realm, SC has been shown to have a positive impact on physical, emotional and spiritual wellbeing with reductions in a host of negative symptomatology. Given that Christians struggle with difficult life circumstances and endure suffering to a similar degree as non-Christians, there is a critical need for rigorous,
repeated-measures experimental studies evaluating the impact of training Christians in Biblically integrated SC regardless of the distressing issue at hand.

Second, while DivorceCare is an existing divorce psychoeducational/support group for divorcing individuals, there has been no scholarly research done to determine its efficacy. In the only qualitative study of divorce recovery groups, Saunders et al. (2013) interviewed participants and 84% claimed to have benefited from attending such groups while 16% of individuals found the experience to be negative. There are no peer-reviewed quantitative research articles published in journals that assess the value of the DivorceCare program. However, there are two doctoral dissertations (Aysta, 2010; McCage, 2003) that attempted to validate the DivorceCare protocol. In one (Aysta, 2010), divorce adjustment was measured by the DASS which is meant to capture the severity of depression, anxiety, and stress over the previous two weeks. While the level of depression, anxiety, and stress improved over the course of the study, the levels of forgiveness scores did not increase significantly; however, a significant correlation between forgiveness and depression, anxiety, and stress was found from pre-treatment to post-treatment (Aysta, 2010). In the other dissertation, McCage (2003) compared treatment in the DivorceCare group with individuals attending a Sunday School class without DivorceCare participation and found that there was no difference between the two groups in divorce adjustment as measured by the FDAS, and there was no difference between the two groups in spiritual well-being as measured by the Spiritual Well-Being Scale. A quantitative study comparing DivorceCare participation to the present study’s SC protocol with divorcing individuals and to a control group receiving no divorce treatment would be useful.

Third, performing additional psychometric studies on the FDAS with a sample from the United States would be helpful for updating and revalidating the instrument with current
normative data since it is the only such assessment available for this population. When Dr. Fisher died in 1998, his data was lost, thus the reliability and validity data on which the assessment is based are unavailable. Several studies have been conducted internationally to obtain culturally specific reliability scores (Asanjarani et al., 2018; Guzman-Gonzalez et al., 2017; Slanbekova, Kabakova, Duisenbekov, Mun, & Kudaibergenova, 2015), but none were found studying samples in the United States since the development of the instrument in 1976. The FDAS is a measure of divorce adjustment, with higher scores anticipated as a measure of greater divorce adjustment and which in turn are somewhat time-dependent; the longer one has been separated, the greater the level of adjustment (Fisher, 1976). However, there is no benchmark for progress other than an increase in the scores. It is difficult to ascertain whether the improvement in scores in this study was due to normal post-divorce adjustment or due to an increase in SC since all but one individual was involved in mindfulness training of some type. Having normative benchmark data to compare levels of improvement would be helpful.

Additionally, developing a new instrument for assessing divorce adjustment would be useful. The FDAS measured divorce adjustment on six different constructs: self-worth, disentanglement, anger, guilt, social trust, and social self-worth. Since shame (Cheng & Pfeifer, 2015; Jenkins, 2010; Knöpfli et al., 2016; Konstam et al., 2016) and forgiveness (Rohde-Brown & Rudestam, 2011; Saunders et al., 2013) are powerful constructs impacting one’s well-being following divorce, these could be combined with Fisher’s model to form a new theory of divorce recovery which could lead to the development of a new divorce adjustment instrument.

Finally, Mindfulness-based interventions have been shown to improve levels of SC (Breines & Chen, 2013; Lindsay & Creswell, 2014). As this study had the confounding impact of outside mindfulness training for most of the control group, it would be helpful for future
studies to screen for simultaneous mindfulness training for all participants. Post hoc analyses combining both the treatment and control groups provided for additional insight regarding the impact of MSC training on post-divorce adjustment for Christian women. Regarding the overall acceptance of divorce by the entire cohort of participants as measured by the total FDAS, there was a statistically significant improvement over the course of the nine weeks. In studying SC among divorcing individuals, Sbarra et al. (2012) concluded higher levels of SC promote positive adjustment to the dissolution of one’s intimate, monogamous relationship, and they suggest training divorcing individuals in SC would have a positive impact on divorce recovery. When viewing all participants together, this study found increases in SC to be positively related to divorce adjustment. Further studies with large enough participant numbers to establish meaningful analyses between treatment and control group, none of whom are receiving additional mindfulness training beyond the treatment protocol, could show whether SC training is a valuable treatment for those in divorce recovery.

Session Critiques

Session critiques were incorporated into this study as part of the research design to help with protocol revisions and continued protocol development. Each participant was given a Session Critique form (Addendum E, Appendix 36) at the conclusion of each week’s session, requesting feedback on the most enjoyable or helpful part of the session; their least favorite, difficult, unpleasant part of the session or something which they disagreed with; how the session could be improved; and any other suggestions, comments or questions. The first question, what the participants found most enjoyable or helpful, consistently received feedback reflecting the usefulness of the material for each participant. The second question sought challenges with the material but consistently elicited comments about difficulties incorporating the material rather
than any disagreements with the material itself. The third question soliciting session improvements received very few suggestions. The fourth question soliciting additional suggestions, comments or questions received very few constructive comments but instead elicited primarily sentiments of repeated “Thanks!” for providing the treatment. Some of the qualitative findings from those Session Critiques follow to aid in protocol development and future research studies.

Session 1 focused on the common emotional reactions to divorce, incorporating Scriptural references to Godly individuals who struggled with similar difficult emotions. The feedback concerning the helpfulness of this session was overwhelmingly about feeling at ease in the “Group session. I like the discussions and the input from others,” “Listening to other people share what they are going through helps you not feel so alone,” “Being around other women like me,” “I enjoyed hearing all of the women’s hearts,” “Listening to other people share what they are going through helps you not feel so alone,” “Being able to talk freely. Understanding that it is ok to feel the way I do. It is normal. I am not alone in my feelings,” and, “Hearing from the other ladies made me feel my situation wasn’t unique.” Other aspects found helpful were “Group discussion,” “Breathing,” “Writing down what we have lost was eye-opening,” “Biblical references to apply with the topics (reduces feelings of guilt/normalizes spirituality),” and, “I thought incorporating religion into the sessions helped me stay focused and it gives me strength.” The most difficult aspects of Session 1 for the participants included, “It’s hard to see that you have issues far beyond what you thought,” “My scores were the hardest for me to deal with today,” “Writing down the exercises. I would rather talk about them,” “Just opening up some feelings I had suppressed,” “It was difficult to write the grudge page, lotsa tears,” “Learning to talk about my feelings about the divorce,” and, “Realizing some of my own faults and
shortcomings,” and, “I don’t want to be in a ‘man hater’s’ club like the Sandlot lol.” Every critique indicated the participants would change nothing about the session, finding it enjoyable the way it was, including a small break midway through the session and the snacks provided for the participants.

Session 2 was an introduction to the concept of mindfulness, distinguishing Christian from Eastern and secular mindfulness and meditation, and including Scriptural examples of individuals who practiced various forms of mindfulness, meditation, and practicing the presence of God. Aspects of this session the participants found helpful were “meditation techniques. Homework optional. No stress to feel like a class,” “Learning new exercises to help cope with my problems,” “Loved all the breathing exercises today, esp. the one you read aloud to us,” “Learning how to ‘Be Still’ and pay attention to my breathing was a good thing,” “Learning about being mindful and doing the deep breathing and meditation,” “Guided meditation was beneficial,” “I loved that God is in all of this!” and, “Good blend of practice and descriptions (secular and Christian).” Two participants expressed the cartoon videos were among their most enjoyable part of the session. Not a single participant indicated having a “least favorite” aspect of this session, and no one expressed any concerns with or disagreement with the notion of Christian mindfulness. One participant suggested breaking this session into two to “better cover the material” as there was a considerable amount of material to cover.

Session 3 was an introduction to the concept of SC. The participants indicated they enjoyed being challenged by this concept: “exploring self-criticism,” “learning that self-compassion isn’t being selfish but being aware of how you look at yourself and also others,” “probably something I’ve never exercised,” “I started rethinking some long-held thoughts that might need to be challenged,” and, “being able to get in touch with feelings I didn’t realize but
were bothering me and knowing I’m not alone in this mess…realizing I have felt judged and rejected by men my whole life.” Only three participants expressed any sense of this being a difficult topic: “This was hard emotionally but I know it will help me grow if I allow it and practice it,” “The soothing touch topic – I have an issue with touch,” and, “Digging into emotion toward myself.” Concerning any improvements for Session 3, one participant suggested, “Maybe divide it into 2 – lot of information,” another reaffirmed, “I do feel this is a lot of information in a short amount of time,” and another participant requested more explanation of the pre-treatment SCS results which had been reviewed with them.

Session 4 introduced the topic of forgiveness, primarily as it relates to forgiving others. Participants seemed quite challenged by the topic and exercises contained in the book. Helpful aspects of Session 4 included: “Learning about forgiveness, not just saying we need to,” “Talking about what forgiveness is and isn’t, and assessing our feelings on where we are towards our ex,” “The effects of bitterness on me physically and emotionally,” and, “incorporation of Bible verses,” “understanding decisional versus emotional forgiveness.” Five participants commented that their favorite parts of this session were the meditations. Five participants had difficulties with the material, including: “Allowing the negative feelings to ‘stay’,” “I did not like ‘allowing’ the pain,” “Seeing the issue I have with resentment and how I am hindering myself,” “I can forgive eventually but probably will never forget,” and, “It is difficult to realize how much bitterness and unforgiveness I have.” Despite these struggles, all participants who commented on how to improve the session stated they would change nothing about it: “It was a good session,” “Nothing,” and two affirmed “All good!” Finally, in the optional comments, one participant stated, “glad this topic is explored further,” another commented, “I enjoy and need to
hear the messages here each week,” and another suggested, “I think you really have something here and could make it longer.”

Session 5 continued the topic of forgiveness, discussing strategies for and obstacles to eventual forgiveness. Some of the aspects participants found helpful were, “working through obstacles,” “letting go of the small stuff,” “looking for my positive aspects,” “getting a better understanding of forgiveness,” “acknowledging my ex may be suffering,” “the subject of drawing upon your faith,” “picturing my happy place,” and, “the ‘un-mailed letter’ should be very therapeutic.” Unpleasant or difficult aspects of this session included, “acknowledging ways my ex may be suffering – although difficult, understanding the importance,” “understanding ways my husband might be suffering, and having empathy towards him,” “learning to empathize with your ex,” “thinking about past and negative things,” and, “why I didn’t have enough respect for myself to get out sooner.” While most participants indicated they would not change anything about the session, one participant suggested, “I think discussing the homework would help some and maintain accountability to the group and its dynamics?” In the additional comments, one participant exclaimed, “Can’t wait for next week!!!”

Session 6 culminates the topic of forgiveness around self-forgiveness, letting go of shame, guilt, and other negative emotions. There were more comments on this session than any other. Some of the helpful aspects were, “Meditation and working on self,” “I like learning new ways to cope with negative emotions,” “Lovingkindness,” “Learning about obstacles to forgiveness,” “Self-compassion handout,” “Identifying negative attitudes and behaviors,” “Realizing forgiveness is a process. Learning about self-compassion,” “Recognizing my negative core beliefs,” “Learning to forgive myself and move forward in a healthy way,” “Coming to terms with my current emotions,” “Learning the steps toward self-forgiveness,” and,
“All of this was very helpful and I need it!” Some of the more difficult aspects of this session included “Difficult to forgive some things and be self-compassionate,” “The meditations (I loved them) but they were hard for me this week,” “Facing things I have tried to bury,” “Admitting my wrongs,” “Finding a way to recognize the pain I caused on others,” “Accepting my wrongs,” “Accepting what forgiveness really means,” “Understanding forgiveness was not easy,” and, “Realizing I’m not sure if I can ever forget. Thinking I’ll probably be alone for the rest of my life. Admitting to myself that I was an enabler. Thinking about how I should have been more honest.” Additional comments included, “Love that we are not just reading from a book,” “I love this class and I’m learning new techniques weekly,” “I think this has been helping me get through the healing process faster than if I were going through this on my own,” and, “Wish we didn’t have a time limit.”

Session 7 focused on the process of finding meaning in one’s divorce. Enjoyable or helpful aspects of this session included, “Open discussion and meditation,” “Crying (very cleansing),” “Sharing with one another,” “Feeling felt” (handout), “Loving-kindness for ourselves” (exercise), “Creating loving-kindness phrases” (exercise), “Mindfulness, loving-kindness, and the meditation,” “Able to see and come to terms with what I feel and work on ways to move forward,” “I need to absorb this into my deepest being,” and, “Finding meaning in all of this because that’s what I’m struggling to do.” The most difficult aspects included, “The core beliefs” (exercise), “Difficult thinking about unanswered questions of failed marriage,” Rehashing old events and bringing up harbored feelings,” “Exploring shame was challenging,” “Letting go exercise was difficult,” “Thinking about why I stayed in my relationship so long,” “Shame exercise,” and, “Answering questions about a new identity because I don’t feel ready for
Session 8 focused on one’s attitude of gratitude versus complaining. Enjoyable or helpful aspects of this session included, “I love the meditation time,” “Seeing what I value & put it into words was interesting,” “Talking about gratitude. Gratitude meditations,” “The questions we answered about what is important” (exercise), “I found the first exercise of speaking truthful statements over me to be helpful,” “I was reminded of my gratitude journal – need to get back to it,” “Remembering about gratitude – how good it is,” “Personal values exercise,” “I enjoyed the exercise of 100 things listed and evaluate what is important to me,” “I am learning what is important to me. I am learning to like me,” “The ‘complaining’ – really reminds me that I have to get control and not to burn my friends out,” “Writing a ‘letter of gratitude’ is a wonderful idea,” “Learning about gratitude for bad experiences,” and, “Naming people grateful for.” Only two participants indicated a most difficult aspect of the session: “Thinking about who I’m grateful for and their impact on me through difficult times was very emotional. You realize how loved you are in bad times,” and, “Not in this session, but ‘forgiveness’ is something that haunts me and I’m not able to do it.” The other suggestions and comments were all superlative about their group experience, some of which included, “Wonderful as always,” “Love this course. It has helped so much!” “Great lesson!” “Great session!” “I feel better about myself and my future every time I leave this group,” and, “I do get a lot out of the Bible verses that you reference. I do take what I need and put others in my memory bank.”

Session 9 was the final session and focused on cultivating happiness and positive psychology coping strategies. The most enjoyable part of the session seemed to be overwhelmingly the forgiveness ritual of burning negative thoughts, beliefs, and self-statements:
“Burning of negative thoughts,” “Burning the negative beliefs and seeing them disappear,” “Burning the bad thoughts that consume our minds,” “Burning self-criticisms,” “The burden burn barrel,” and, “Burning those words really touched my heart in a bittersweet, stinging way. Fighting back tears.” Only three participants shared a difficult aspects of the session, “Nothing I disagreed with, but some feelings were difficult to face/remember,” “None—found the topic of happiness to be a valuable way to end,” and, “The end of the classes is harder than I thought it would be.” Finally, additional comments included, “Take some of the specifics off the flyer so more ladies know they can attend,” “I really enjoyed this class and the time with the other women,” “I will miss everyone. This was a good-sized group” (five participants in her cohort), and, “Enjoyable as always. Gonna miss this group!”

The Session Critiques provided valuable qualitative data for current protocol evaluation and future protocol development. From the participants’ qualitative statements, the protocol seems to have been well-received by treatment participants and seems to have aided in the treatment participants’ increase in their overall sense of wellbeing. In light of their feedback, however, certain revisions to the protocol are in order to make it more effective or helpful.

**Protocol Development**

Future research using the protocol developed for this study or replicating this study would benefit from some protocol modifications prior to implementation. First, several participants commented on their Session Critiques that two of the sessions were information-dense, and they believed they would have benefitted more if those particular topics had been spread over two sessions each. Specifically, they pointed out that Session 2 and Session 3 (“Why can’t I stop thinking about it? – Learning to quiet your mind,” and, “Why can’t I cope with this better? – Developing self-compassion”) covered too much material in each session. It
is the researcher’s opinion that Session 1 (“I’m so upset I can hardly stand it – Acknowledging and honoring your feelings”) is also content-heavy. Adding three extra sessions to accommodate less information in each session and facilitate more participant interaction would extend the group protocol to 12 weeks long rather than nine, but a 12-week protocol would provide a less-rushed and less overwhelming experience for the participants.

Another revision to the protocol is reducing the number of meditations and exercises completed during each session. The researcher sensed the sessions were packed with so much information and activities that the material felt rushed. The researcher acknowledges the group might have benefited from more time restfully contemplating the material and interacting with other group members over less material than jumping to yet another exercise. For example, it is believed the impact of the guided meditations would be greater if they were limited to one per session, allowing for greater time for post-meditation reflection and sharing. Similarly, the exercises from the workbook provided for most of the necessary experience of mindfulness; limiting additional exercises or hand-outs to one or two per session would be adequate and would provide more margin for the participants to process the information. Specifically, concerning the exercises, most of the Burdick exercises were duplications or slight modifications of exercises already in the workbook; only the “Changing the Channel” and the “Feeling ‘Felt’” exercises were found to be useful for future protocol use. The Palouse “Turning Toward” meditation was found to be excessively long and too cumbersome for the participants, as was Neff’s “The Chemicals of Care,” thus they will be eliminated from future use in the protocol. Finally, two of Neff’s exercises were found to be near-duplicates of exercises in the workbook: “Exploring Self-Compassion Through Writing” and “Self-Compassion Break,” and will be removed from future use in the protocol.
Another comment made by several participants was that they enjoyed the live meditation scripts over the pre-recorded ones, preferring to hear the researcher’s voice than the professionally mastered meditations. It is unclear why they had this preference. One possible explanation is that the participants may have felt comfortable with hearing meditations, which was a new experience for them, from someone whom they had begun to trust as genuinely caring for them rather than from someone whom they had never met. Another possibility is that these female participants felt more comfortable with the researcher’s female voice than the professionally mastered meditations which were read by male voices.

Future research using this protocol for teaching SC to divorced women would benefit from extending the protocol from nine weeks to 12, from limiting guided meditations to one per session, and from reducing exercises and handouts to facilitate increased dynamic interaction between participants. The participants seemed to find solace, comfort, and encouragement in the presence of other women struggling with similar issues as themselves, thus a group format with women facing similar struggles (i.e. divorce) is an essential element for this protocol which ought not to be removed. Using Scripture-based explanations of all psychoeducational material being introduced and Biblically-based guided meditations, whether pre-recorded or read by future researchers, is also an indispensable element of the protocol with Christian populations.

**Summary**

In summary, this study assessing the impact of SC training on Christian women recovering from the break-up of a long-term, monogamous relationship found no differences between the treatment group and control group on any measure of post-divorce well-being. The lack of sufficient numbers of participants in the sample prohibited any meaningful between-groups comparisons. Since all participants but one received some form of mindfulness and/or
SC training during the course of the study, it is possible that the gains in well-being were associated with increases in SC in the overall group. Such an association would be consistent with previous studies (Rye et al., 2012; Sbarra et al., 2012) demonstrating that SC training can be helpful for individuals recovering from divorce. It is also noteworthy that SC training was well received by the sample of conservative Christian women when integrated with conservative Christian theology and Scriptural examples, as consistent with the findings of Symington and Symington (2012), and Rosales and Tan (2017).
REFERENCES


doi:10.1016/0005-7967(94)00075-U

doi:10.1007/s10880-009-9153-z

doi:10.1016/j.jrp.2009.09.004


doi:10.3823/1773


doi:10.1002/jclp.21923


(Eds.), Surveying human vulnerabilities across the life Course (pp. 87–112). Geneva, Switzerland: Springer Open.


doi:10.1177/0265407515617705


doi:10.25035/ncfmr/fp-17-20


APPENDICES

Appendix A: IRB approval letter
Appendix B: Marketing Flyers and Letters
Appendix C: Informed Consent and Questionnaire forms
Appendix D: Permission to Use Instruments
Appendix E: Protocol Outline
Appendix F: Permission to Use Additions/Supplements to *The Divorce Recovery Workbook*
Appendix G: PDF Copy of *The Divorce Recovery Workbook*
APPENDIX A: IRB Approval

November 15, 2018

Alice D. Hoag
IRB Approval 3544.111518: Compassionate Divorce Recovery for Christian Women

Dear Alice D. Hoag,

We are pleased to inform you that your study has been approved by the Liberty University IRB. This approval is extended to you for one year from the date provided above with your protocol number. If data collection proceeds past one year or if you make changes in the methodology as it pertains to human subjects, you must submit an appropriate update form to the IRB. The forms for these cases were attached to your approval email.

Your study falls under the expedited review category (45 CFR 46.110), which is applicable to specific, minimal risk studies and minor changes to approved studies for the following reason(s):

7. Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies. (NOTE: Some research in this category may be exempt from the HHS regulations for the protection of human subjects. 45 CFR 46.101(b)(2) and (b)(3). This listing refers only to research that is not exempt.)

Thank you for your cooperation with the IRB, and we wish you well with your research project. Sincerely,

G. Michele Baker, MA, CIP
Administrative Chair of Institutional Research
The Graduate School
APPENDIX B.1: Marketing Flyer

Research Participants Needed

DIVORCE RECOVERY STUDY
A 9-week interactive group for Christian women
♦ Are you an adult woman age 18+?
♦ Have you experienced the break-up of your marriage in the past 24 months?
♦ Do you consider yourself to be a Christian?

If you answered YES to these questions, you may be eligible
to participate in this divorce recovery research study!

THE PURPOSE of this research study is to determine the effectiveness of a new divorce recovery program. The program is a 9-week group experience during which you will learn about divorce recovery and how to soothe yourself with compassion. Participants will be required to come to all nine 2-hour weekly meetings plus a 2-hour pre-screening/information session (see available times and days below). You will be asked to complete a personal questionnaire and seven assessments during the pre-screening session in early January and again in mid-March. Half of the participants will begin groups in January, the other half in mid-March.

BENEFITS include understanding the divorce recovery process, connecting with other Christian women who are also recovering from the break-up of their marriage, and learning techniques that may help you heal from the wounds from your divorce, enhance your relationship skills, and improve your overall sense of well-being.

FREE! There is no charge for your participation. You will receive a free copy of The Divorce Recovery Workbook (worth $25) when you begin your group and a free 9-week group experience led by a Licensed Professional Counselor (worth $450). Snacks will be provided during all group meetings.

LOCATION This study is being conducted at the following locations:

REQUIRED PRE-SCREENING & INFORMATION SESSION
To schedule your personal pre-screening session during the week of January 7, 2019 please call 386-390-6000 or Alice Hoag at [ ] Or email Alice at [ ]

MEETING SCHEDULE
You will be randomly assigned to a group to begin either the week of January 14 and ending March 16, or beginning March 18 and ending May 25 (week off for Spring Break). You will be offered your choice of group times: Thursdays 11:00 am - 1:00 pm or 6:00 pm - 8:00 pm Saturdays 9:00 am - 11:00 am or noon - 2:00 pm

To schedule your pre-screening or for more information, please contact:

Alice Hoag
Email:
APPENDIX B.2: Letter to Pastors

December 6, 2018

Pastor Hobie Wood
Christ Presbyterian Church
801 Roper Dr.
Clarkesville, GA  30523

Dear Pastor Wood:

As the lead pastor of Christ Presbyterian Church, you are in a unique position to minister to your congregants by providing guidance, support, and encouragement. As a graduate student in the Department of Community Counseling and Care at Liberty University, I am conducting research as part of the requirements for a doctoral degree. I am writing to request your assistance in referring appropriate individuals to my research study. The purpose of my research is to determine the effectiveness of a new divorce recovery program I have developed specifically for Christian women. As a local Christian Licensed Professional Counselor doing this research, I am qualified to come alongside your ministry to assist you with the female members of your church who are recovering from their divorce.

The program is to be a 9-week group experience during which participants will learn about divorce recovery and how to soothe themselves with compassion. The program is tailored to Christian women who have been divorced for 24 months or less, to help them recover from the break-up of their marriage and to learn techniques which may help them heal from the wounds of their divorce, enhance their relationship skills, and improve their overall sense of well-being.

Attached is a flyer detailing the “who, what, when, where and why” of the study. The women participants I am seeking need to be adults age 18 and over, divorced in the past 24 months, and professing Christians. They will receive a free copy of The Divorce Recovery Workbook (worth $25), a 9-week group experience led by a Licensed Professional Counselor (worth $450), and a $5 thank you gift card after completing the second set of assessments in mid-March. The study will request their name and other identifying information as part of their participation, but all personal information collected during the study will remain confidential. They will be asked to attend one 2-hour information/pre-screening session beginning shortly after New Year’s Day, after which they will be randomly assigned to either a treatment group beginning the week of January 17, 2019, OR to a waiting list group with treatment to begin in mid-March, 2019.

To refer someone to the study, please ask her to contact one of the individuals at the bottom of the flyer: me or Tari Ramos, the Administrative Assistant at the Family Resource Center at [phone number]. She will then be given an opportunity to sign up for one of the information/pre-screening sessions. During that meeting, she will have an opportunity to ask additional questions about the study, and she will be given a consent document to sign which contains additional information about the study.
If she chooses to participate in the study, she will then be asked to:

1. Fill out an orientation questionnaire, and
2. Complete a set of seven (7) assessments during the week of January 10th and again during the week of March 11th. Each participant will receive a $5 thank you gift card after completing the second set of assessments.
3. Depending on which group she is assigned to, she will begin her groups either the week of January 17th or the week of March 18th. Group participants will be required to attend all nine weekly group sessions, each lasting two hours.

The seven assessments will be used to determine her level of distress before and after the study to see if she improved in any of the measures, regardless of whether she participated in the first group or was in the control group. These assessments will measure levels of disentanglement from ex-spouse, acceptance of divorce, depression, anxiety, stress, guilt, shame, self-worth, connectedness, attachment to God, self-compassion and mindfulness.

If you would like to have additional copies of the enclosed flyer for distribution to potential participants, please let me know how many you would like, and I will get them to you quickly.

I look forward to coming alongside your ministry to help any divorced female congregation members you may refer to my study. Thank you for your consideration.

In His service,

Alice D. Hoag, M.S.
Licensed Professional Counselor
Certified Professional Counselor Supervisor
Board Certified Professional Christian Counselor
Ed.D. student at Liberty University, Department of Community Care and Counseling
APPENDIX B.3: Letter to Doctors

December 11, 2018

Parul Dev, MD  
Divya Shah, MD  
Toccoa Clinic

Dear [Redacted];

As a physician in Northeast Georgia, you work closely with those who are both physically and emotionally distressed, often from overwhelming life circumstances. As a graduate student in the Department of Community Counseling and Care at Liberty University, I am conducting research as part of the requirements for a doctoral degree. The purpose of my research is to determine the effectiveness of a new divorce recovery program I have developed specifically for Christian women. As a Licensed Professional Counselor doing this research, I am qualified to come alongside you to work with any female patients of yours who are recovering from divorce.

The program is to be a 9-week psycho-ed/experiential group during which participants will learn about divorce recovery and how to soothe themselves with compassion. The program is tailored to Christian women who have been divorced for 24 months or less, to help them recover from the break-up of their marriage and to learn techniques which may help them heal from the wounds of their divorce, enhance their relationship skills, and improve their overall sense of well-being.

Attached is a flyer detailing the “who, what, when, where and why” of the study. The women participants I am seeking need to be adults age 18 and over, divorced in the past 24 months, and professing Christians. They will receive a free copy of The Divorce Recovery Workbook (worth $25), a 9-week group experience led by a Licensed Professional Counselor (worth $450), and a $5 thank you gift card after completing the second set of assessments in mid-March. The study will request their name and other identifying information as part of their participation, but all personal information collected during the study will remain confidential. They will be asked to attend one 2-hour information/pre-screening session beginning shortly after New Year’s Day, after which they will be randomly assigned to either a treatment group beginning the week of January 17, 2019, OR to a waiting list group with treatment to begin in mid-March, 2019.

To refer someone to the study, please ask her to contact one of the individuals at the bottom of the flyer: me at [Redacted]. She will then be given an opportunity to sign up for one of the information/pre-screening sessions. During that meeting, she will have an opportunity to ask additional questions about the study, and she will be given a consent document to sign which contains additional information about the study.

If she chooses to participate in the study, she will then be asked to:

4. Fill out an orientation questionnaire, and
5. Complete a set of seven (7) assessments during the week of January 10th and again during the week of March 11th. Each participant will receive a $5 thank you gift card after completing the second set of assessments.

6. Depending on which group she is assigned to, she will begin her groups either the week of January 17th or the week of March 18th. Group participants will be required to attend all nine weekly group sessions, each lasting two hours.

The seven assessments will be used to determine her level of distress before and after the study to see if she improved in any of the measures, regardless of whether she participated in the first group or was in the control group. These assessments will measure levels of disentanglement from ex-spouse, acceptance of divorce, depression, anxiety, stress, guilt, shame, self-worth, connectedness, attachment to God, self-compassion and mindfulness.

If you would like to have additional copies of the enclosed flyer for distribution to potential participants, please let me know how many you would like, and I will get them to you quickly.

I look forward to coming alongside your ministry to help any divorced female congregation members you may refer to my study. Thank you for your consideration.

In His service,

Alice D. Hoag, M.S.
Licensed Professional Counselor
Certified Professional Counselor Supervisor
Board Certified Professional Christian Counselor
Ed.D. student at Liberty University, Department of Community Care and Counseling
APPENDIX B.4: Letter to Mental Health Professionals

December 11, 2018

Dear [Name],

As a mental health professional in Northeast Georgia, you work closely with those who are distressed. As a graduate student in the Department of Community Counseling and Care at Liberty University, I am conducting research as part of the requirements for a doctoral degree. The purpose of my research is to determine the effectiveness of a new divorce recovery program I have developed specifically for Christian women. As a Licensed Professional Counselor doing this research, I am qualified to come alongside to assist you with any female clients of yours who are recovering from their divorce. They will be referred to you for their individual counseling needs; I will not be soliciting them for individual work either during or after the study.

The program is to be a 9-week psycho-ed/experiential group during which participants will learn about divorce recovery and how to soothe themselves with compassion. The program is tailored to Christian women who have been divorced for 24 months or less, to help them recover from the break-up of their marriage and to learn techniques which may help them heal from the wounds of their divorce, enhance their relationship skills, and improve their overall sense of well-being.

Attached is a flyer detailing the “who, what, when, where and why” of the study. The women participants I am seeking need to be adults age 18 and over, divorced in the past 24 months, and professing Christians. They will receive a free copy of *The Divorce Recovery Workbook* (worth $25), a 9-week group experience led by a Licensed Professional Counselor (worth $450), and a $5 thank you gift card after completing the second set of assessments in mid-March. The study will request their name and other identifying information as part of their participation, but all personal information collected during the study will remain confidential. They will be asked to attend one 2-hour information/pre-screening session beginning shortly after New Year’s Day, after which they will be randomly assigned to either a treatment group beginning the week of January 17, 2019, OR to a waiting list group with treatment to begin in mid-March, 2019.

To refer someone to the study, please ask her to contact one of the individuals at the bottom of the flyer: me at [wbutcher@habershamga.com](mailto:wbutcher@habershamga.com) or [Tari Ramos](mailto:taramos@habershamga.com), the Administrative Assistant at the Family Resource Center at (706) 778-3100. She will then be given an opportunity to sign up for one of the information/pre-screening sessions. During that meeting, she will have an opportunity to ask additional questions about the study, and she will be given a consent document to sign which contains additional information about the study.

If she chooses to participate in the study, she will then be asked to:

7. Fill out an orientation questionnaire, and
8. Complete a set of seven (7) assessments during the week of January 10th and again during the week of March 11th. Each participant will receive a $5 thank you gift card after completing the second set of assessments.

9. Depending on which group she is assigned to, she will begin her groups either the week of January 17th or the week of March 18th. Group participants will be required to attend all nine weekly group sessions, each lasting two hours. The seven assessments will be used to determine her level of distress before and after the study to see if she improved in any of the measures, regardless of whether she participated in the first group or was in the control group. These assessments will measure levels of disentanglement from ex-spouse, acceptance of divorce, depression, anxiety, stress, guilt, shame, self-worth, connectedness, attachment to God, self-compassion and mindfulness.

If you would like to have additional copies of the enclosed flyer for distribution to potential participants, please let me know how many you would like, and I will get them to you quickly.

I look forward to coming alongside your ministry to help any divorced female congregation members you may refer to my study. Thank you for your consideration.

In His service,

Alice D. Hoag, M.S.
Licensed Professional Counselor
Certified Professional Counselor Supervisor
Board Certified Professional Christian Counselor
Ed.D. student at Liberty University, Department of Community Care and Counseling
APPENDIX C.1: Informed Consent Agreement

Informed Consent Form
Compassionate Divorce Recovery for Christian Women
Alice D. Hoag, M.S., LPC
Liberty University
Department of Community Care and Counseling

You are invited to be in a research study on the effectiveness of a new divorce recovery program. The program is a 9-week interactive group experience during which you will learn about divorce recovery and how to soothe yourself with compassion. You were selected as a possible participant because you are an adult woman who has experienced the break-up of your life partnership during the past 24 months, and because you consider yourself to be Christian. Please read this form and ask any questions you may have before agreeing to be in the study.

Alice Hoag, a doctoral student in the Department of Community Care and Counseling at Liberty University, is conducting this study.

Background Information: The purpose of this study is to determine whether Christian women who have been divorced within the past 24 months benefit from a new group divorce recovery program. The goal of the program is to help you recover from the break-up of your marriage and to learn techniques which may help you heal from the wounds of your divorce, enhance your relationship skills, and improve your overall sense of well-being. Some of the things this study will determine is whether the program will help you cope more easily with being divorced and with untangling your relationship to your ex-spouse; whether your sense of depression, anxiety, stress, shame, guilt, doubts about your self-worth, and social isolation will decrease; and whether your level of spiritual well-being and your compassion toward yourself will increase.

Procedures: This research study is designed in a way to increase its applicability by using a process researchers refer to as randomization. Randomization means participants will be assigned to a group based on chance. You will be assigned by chance to a group to begin either January 14 or March 18, 2019. Since this is an experimental study, neither the investigator nor the participant can choose what group you will be assigned to. If you agree to be in this study, I would ask you to do the following things:

1. All Participants: Complete the Orientation Questionnaire. This should take approximately 5-10 minutes.
2. Complete a packet of seven (7) assessments: Fisher Divorce Adjustment Scale, Depression Anxiety and Stress Scales-21, Test of Self-Conscious Affect-3, Social Connectedness Scale-Revised, Attachment to God Inventory, Self-Compassion Scale, and Five Facet Mindfulness Questionnaire. This should take approximately 75-90 minutes.
3. **Experimental Group Participants:** Attend each of the nine (9) weekly 2-hour group meetings at the day/time you agree to on the Orientation Questionnaire. You will attend the group at the same day and time each week. In case an emergency comes up and you are unable to meet with your same group that week, please inform the researcher and an alternate time will be offered to you so you do not miss the information and experience. You will receive your free workbook at the first group meeting. Please bring your workbook to each meeting.

4. Complete another packet with the same seven (7) assessments during the final, ninth week group meeting. No extra time will be needed for this other than the group meeting itself.

5. **Waitlist/Control Group Participants:** After nine weeks, you will be asked to complete another packet with the same seven (7) assessments. This should take approximately 75-90 minutes.

Since this is an experimental study, you will be assigned your group starting time, either January 14 (Experimental Group) or March 18 (Control Group). If you are assigned to the March 18 group, you will still need to complete procedures #1 and #2 above during the week of January 7, which will take approximately 75-90 minutes. You will then complete procedure #5 during the week of March 11 (the week before your group begins). My assistant or I will contact you to schedule a time when you can take this second set of assessments. Regardless of which group you are assigned to, you will receive a $5 Starbucks gift card as a token thank you gift after you have taken the second set of assessments during the week of March 11.

**Risks:** The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life. There is a possibility that thinking about and discussing events related to your divorce or about others’ divorces may be disturbing to you. Please let me know if this is distressing to you. I will do all I can to make this a safe study for you. I am a Licensed Professional Counselor and as such, if you disclose to me or if I believe you are a harm to yourself, I will do everything I can to keep you safe including contacting your emergency contact whom you specify on the Orientation Questionnaire, or referring you to your mental health professional, the Georgia Crisis Line (800) 715-4225, or to the Habersham Medical Center’s emergency room. If you disclose that you are involved in abusing or neglecting an elder, a disabled person or a minor, as a mandated reporter I am mandated by law to report such actions to protect those who cannot protect themselves.

**Benefits:** The direct benefits Experimental Group participants should expect to receive from taking part in this study include understanding the divorce recovery process, connecting with other Christian women who are also recovering from the break-up of their marriage, and learning techniques that may help you heal from the wounds from your divorce, enhance your relationship skills, and improve your overall sense of well-being. Waitlist/Control Group participants should not expect to receive a direct benefit by participating in this research. However, Waitlist/Control Group participants will be given an opportunity to participate in the group experience following data collection.

**Compensation:** Participants will receive a free copy of *The Divorce Recovery Workbook* (Value $25) and a free 9-week group experience led by a Licensed Professional Counselor (Value
$450), either during the Experimental Group phase from January 14 through March 16, or during the Waitlist/Control Group phase from March 18 through May 18. Snacks will be provided during all group meetings. Regardless of which group you are assigned to (the one beginning January 14 or the one beginning March 18), all participants will receive a $5 gift card as a token thank you gift after completing the second set of assessments during the week of March 11.

**Confidentiality:** The records of this study will be kept private. In any sort of report I might publish, I will not include any information that will make it possible to identify you. Your identity will be held in strict confidence. Research records will be stored securely, and only the researcher will have access to the records. I may share the data I collect from you for use in future research studies or with other researchers; if I share the data that I collect about you, I will remove any information that could identify you before I share the data.

- To safeguard your privacy, participants will be assigned a unique ID number which will be used for all assessments. I will conduct orientation interviews in a location where others will not easily overhear the conversation.
- Data will be stored on a password-locked computer and may be used in future research and presentations. Data will be retained for a minimum of three years after the study has been completed, per federal regulations.
- Limits of confidentiality: I cannot assure participants that other members of the groups will not share what was discussed with persons outside of the group.

**Conflicts of Interest Disclosure:** This study is funded in part by donations from several local churches who have helped by paying for the cost of the workbooks. This disclosure is made so that you can decide if this relationship will affect your willingness to participate in this study.

**Voluntary Nature of the Study:** Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University, or Alice Hoag, M.S., LPC. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

**How to Withdraw from the Study:** If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

**Contacts and Questions:** The researcher conducting this study is Alice Hoag. You may ask any questions you have now. If you have questions later, you are encouraged to contact her at . You may also contact the researcher’s faculty chair, Dr. Whitni Buckles at .

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, you are encouraged to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at .
Please notify the researcher if you would like a copy of this information for your records.

Statement of Consent: I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

______________________________________________________________________________
Signature of Participant                Date

______________________________________________________________________________
Signature of Investigator                Date
APPENDIX C.2: Orientation Questionnaire

Thank you for filling out these forms.
We realize the personal nature of the questions.
Please be assured that the completed forms are kept in strict confidence.

Name: ________________________________________ Date of Birth: __________________
Email address (for reminders 1 day before meeting): ______________________________________
Phone to text (for text reminders 1 hour before meetings): _______________________________
Phone (to receive phone calls in case we need to contact you): ___________________________
Name of individual who referred you, if any: _________________________________________
Name and phone number of emergency contact: _______________________________________

1. How many times have you been married? _________
2. How long have you been “single again”? ____days/months/years (please circle one)
3. How long were you involved with your former (most recent) life partner:
   Dated _____months/years        Engaged _____months/years        Married _____months/years
4. Who decided to end the relationship:     I did____     Ex-spouse did____    Both of us did____
5. Have you been in a serious, monogamous relationship since your divorce?  Y / N
   a. If you are currently in a relationship, for how long? _______months/years
   a. If you were but are not now, how long did the relationship last? _____months/years
6. Do you have children?  Y / N     If yes, how many? ____  Ages? _______________________
7. What are the custody arrangements with your co-parent? _____________________________
___________________________________________________________________________
8. Do you have step-children?  Y / N     If yes, how many? ___  Ages? __________________
9. Do you have visitation/custody arrangements for your step-children?   Y / N    If so, what are 
   they? ______________________________________________________________________
10. Do you have close friends?   Y / N     If yes, how often do you see them? ___________
11. What is one thing you struggle with the most since the break-up of your last relationship?
___________________________________________________________________________
12. Are you currently seeing a counselor?    Y / N      If yes, who and for how long? ________
___________________________________________________________________________
Please sign if you give permission for your mental health provider to contact me about your participation, and for me to give information to him/her: _____________________________

Other than attendance, is there specific information you DO want me to share, or are there limits to specific information you do NOT want me to share with your mental health provider? Please specify: _____________________________

13. In the past MONTH have you:
   - Considered suicide? Y / N
   - Received psychiatric help? Y / N
   - Had thoughts of death or dying? Y / N
   - Had urges to beat/injure/harm someone? Y / N
   - Had urges to smash/break things? Y / N
   - Had spells of terror or panic? Y / N

14. Have you ever been involved in meditation, mindfulness or self-compassion practices? Y / N
   a. If yes, are you currently practicing? Y / N If so, what do you do? _________________
   b. If yes, how long have you been practicing? ___________ years/months/weeks/days

15. What gives you the most pleasure in your life? ____________________________________

16. What are your greatest concerns or worries in life? ________________________________

17. Please be aware that you will be randomly assigned to a group which begins either next week OR the week of March 19. Neither you nor the researcher can choose which starting week you will be assigned to. Please mark your preference of group times with a “1” for your highest preference, “2” for another day/time you could meet, or “3” or “4”.
   - Monday 10am-noon
   - Thursday 6pm – 8pm (at River Point)
   - Thursdays 11am-1pm
   - Saturday 9am – 11am (at FRC)

18. Please list any food allergies you have ___________________________________________

19. Please list your favorite fruit(s) ________________________________________________

20. Please indicate any questions/concerns you may still have about the group that have not yet been answered to your satisfaction _______________________________________

                                                                                           _____________________________
APPENDIX D: Permission Emails Received for Instruments Used

Fisher Divorce Adjustment Scale (FDAS)

This assessment is available online only at https://www.afterdivorcesupport.com/self-test/
The current owner of the assessment will score the assessment and return the results via email. If multiple assessments need to be scored, there is a charge per assessment. Please contact Nick Meima at Nick@AfterDivorceSupport.com for prices. The following email is a confirmation of verbal permission to use the assessments for this study received during a phone call from the current owner of the FDAS copyright.

[Email body]

Dear Mr. Meima,

Thank you for taking the time to talk with me today and for granting me permission to use the FDAS in my dissertation study. I wanted to summarize our discussion and follow-up with an additional request.

1. You agreed that the FDAS could be used for my 50-100 potential dissertation subjects.
2. Due to the nature of the test being semi-automated, the assessment is computer-scored and the results are then forwarded to participants in the form of an email sent by your assistant. This process takes time by your assistant, and thus needs to be compensated. While taking the test has no charge, there is a charge for the time it takes your assistant to process the scores, input email addresses and send the scores with a form letter to the participants. Your assistant is to be compensated for her time spent processing the assessments specific to my dissertation. For 100 tests, this will come to approximately $100 to be more firmly determined once I have obtained IRB approval.
3. In order to comply with IRB requirements of anonymity for all participants in experiments, you have agreed it would be alright for participants to have assigned codes (assigned by me) which correspond to additional assessments they will be taking for my study. The codes will take the place of their first/last names as required on your assessments. Additionally, participants may use my email address which will also help with determining how many assessments your assistant must process for my study, and therefore how much I will need to pay you and phone number in lieu of their own, again to ensure anonymity. I will then print off and give the assessment results to the appropriate participants.
4. If I obtain IRB approval and can get sufficient time to market the proposed groups, the assessments will be given the week of September 10th, and then again 9 weeks later during the week of November 22nd.
5. I will notify you as soon as I receive IRB approval to provide you a more firm date of when the testing will begin. I will pay you for your assistant’s time once the first week of pre-tests has been completed and the amount of time your assistant spent processing that group of assessments has been determined. I will pay you for both pre- and post-test processing at that time, since it is my intention to have each individual who completed a pre-test also complete a post-test.

My follow-up question is whether you can forward me a copy of the Rebuilding manual. I am specifically seeking the normative data (including mean and standard deviation for each subscale, as well as what the values mean). From reading several articles from peer-reviewed studies which have utilized the FDAS, there are several references to such data being included in the manual. While I do not need the entire manual, it is this statistical data which would be most helpful to my proposed study.

Thank you again for your time this afternoon. God bless you!
**Depression Anxiety Stress Scales (DASS-21)**

This test is in the public domain and does not require permission to use it.


**Social Connectedness Scale-Revised (SCS-R)**

The following email is the confirmation received from Dr. Lee to use his SCS-R assessment tool. His stipulations for using his assessment are: “(a) use only for stated research purposes; (b) do not distribute to others outside of your research team without permission; (c) do not make financial profit from its use; (d) notify me of any publications related to its use; and (e) provide me with access to only the social connectedness data, along with basic demographic information, for possible secondary data analysis.”

From: Richard Lee  
Sent: Monday, June 25, 2018 11:01 AM  
To: Hoag, Alice  
Subject: Re: Permission to use your SCS and SAS for my dissertation

Thank you for the interest in my measures. I have attached a copy of the scales, including different versions, scoring procedures, select references, and terms for usage. I recommend using the SCS with both positive and negative items, rather than the original 8-item version with all negative items. In addition to the 20-item revised version, I included a 2008 paper in which we dropped five items from the 20-item revised scale due to overlap with extraversion. If you need to translate one of the scales, please use a translation-back-translation method with independent translators. I also would appreciate a copy of any translation and the English back-translation. You may use any version. Please read the terms for usage described in the attached documents and let me know if they are acceptable prior to use of the scales. There is no copyright form beyond responding to this email. Best, Rich

---

Richard M Lee, PhD, LP  
Editor, *Cultural Diversity and Ethnic Minority Psychology*  
Professor of Psychology | University of Minnesota  

*Personal Pronouns: He/Him/His*

**Test of Self Conscious Affect 3s (TOSCA-3S)**

This test was used with permission from June Tangney (Personal communication, July 2, 2018). The following email is the confirmation received from Dr. Tangney to use her Test of Self-Conscious Affect 3S (TOSCA-3S) without restrictions. She requests a summary of the results when available.

---

From: June Tangney
To: Hoop, Alice D
Subject: Re: Permission to use TOSCA-3SC or TOSCA-4 in dissertation research
Date: Monday, July 2, 2018 6:47:47 PM
Attachments: TOSCA-3.doc, TOSCA-4.doc, TOSCA-3score.doc
TOSCA-4score_modififed_for_short_version.doc

Greetings,

You are more than welcome to use our measures. The TOSCA-3SC is simply the shorter version of the TOSCA-3 (11 items vs. 16 items). We are not yet releasing the TOSCA-4. I am attaching both the TOSCA-3 (our most recent measure of shame and guilt proneness for adults) and the TOSCA-3SC along with scoring information. If you need another version (for children or adolescents), please let us know. You can also find information on the reliability and validity of the TOSCA-3, and a summary of our research in:


The book is available through [www.guilford.com](http://www.guilford.com), [www.amazon.com](http://www.amazon.com), and in some university libraries.

Please do keep in touch and let us know how your research develops. I would be grateful for a summary of the results whenever they become available.

Best Wishes,

June T.

---

**Self-Compassion Scale (SCS)**

Blanket permission to use the Self-Compassion Scale for research is obtained online at https://self-compassion.org/self-compassion-scales-for-researchers/


**Five Facet Mindfulness Questionnaire (FFMQ)**

The following email is the confirmation of permission to use the Five Facet Mindfulness Questionnaire from Dr. Baer.

---

**From:** Baer, Ruth  
**Sent:** Monday, June 25, 2018 1:30 AM  
**To:** Hoag, Alice D  
**Subject:** Re: Permission to use FFMQ in dissertation research

**Follow Up Flag:** Flag for follow up  
**Flag Status:** flagged

---

Dear Alice,

You’re welcome to use the FFMQ; permission is not required.

Best of luck with your project.

Ruth Baer


**Attachment To God Inventory (AGI)**

Attachment to God Inventory (AGI) requires only attribution of the authors and does not require other permission to use.
APPENDIX E: Protocol Outline

The following pages contain the outline for Sessions 1 through 9 of the protocol as presented during this study’s treatment groups. Suggested revisions are not contained herein. Please contact the researcher for updated protocol revisions.
Introduction

The following is an outline for the 9-week treatment group based on *The Divorce Recovery Workbook* (Rye & Moore, 2015; Addendum D). The following color-coded key is used throughout the outline:

- *The Divorce Recovery Workbook* outline in black (Complete book included as Addendum D),
- *The Divorce Recovery Workbook activities in green* (items are included in Addendum D),
- Added Christian Integration in purple,
- Added Scriptures in blue, and
- Added Experiential Exercises/Activities/Meditations in red.
Session 1

“I’m So Upset I Can Hardly Stand It” – Acknowledging and Honoring Your Feelings
(Workbook pages 7-33)

Open with prayer of thanksgiving: for the women, for safety, community, healing

Brief introductions: first name, when did you first know you were going to get a divorce, how long has your divorce been final, a fun fact about you/a hobby you enjoy

Hand out copies of The Divorce Recovery Workbook to each participant

Exercise: Basic Relaxation Breathing (Appendix 1)

Hand out FDAS results

A. Anger as a reaction to divorce (p. 8)
   • Is it OK to feel anger as a Christian?
   • Anger is mentioned more than 500 times in the Bible, the only emotion in the Bible more common than anger is love (Clinton & Hawkins, 2009, p. 43).
   • Even Jesus showed anger (Clinton & Hawkins, 2009, p. 43), which was a type of righteous anger with no hatred, malice or resentment, which was unselfishly motivated, and which was controlled (Wright, 1998, p. 53). Mark 3:5, “After looking around at them with anger, grieved at their hardness of heart, Jesus said to the man, ‘Stretch out your hand.’ And he stretched it out, and his hand was restored.”
   • Some anger is healthy. The Scriptures not only permit anger but on some occasions demand it. For example, Paul commended the Corinthians in one place for their anger toward the believer who had married his own mother (Wright, 1998, p. 52)(2 Cor. 7:11)

1. Common emotion we experience during distress, especially during a divorce. (p. 9)
   • Exercise 1.1: Making a Grudge Inventory (p. 9-11) introduce the inventory, spend 5 minutes completing, assign balance as homework

2. When anger becomes automatic – Pavlov’s dog (read p. 12)
   • Exercise 1.2: Finding your anger triggers (p. 12-14) introduce, brainstorm, then complete on own

3. Possible benefits of anger – (Read p. 14-15)
   • Anger is a God-given emotion (Clinton & Hawkins, 2009, p. 43). Eph. 4:26, “Be angry, and yet do not sin; do not let the sun go down on your anger.”
   • Delay expressing anger by calming down (Clinton & Hawkins, 2009, p. 48-49). “He who is slow to anger is better than the mighty, and he who rules his spirit, than he who captures a city” (Proverbs 16:32). “…Everyone must be quick to hear, slow to speak and slow to anger; for the anger of man does not achieve the righteousness of God” (James 1:19a-20)

4. How anger contributes to post-divorce suffering – as good as anger can be, it also can be detrimental to yourself and those around you. (Read portions of pp. 15-16)
a. Exercise 1.3: Reflecting on post-divorce parenting, then share one answer with a small group of 3 at your table. If you have no children, go back to the Grudge Inventory and Anger Triggers lists. (p. 19-20)

Exercise: Quick Christian-Adapted Mindfulness Exercise A – 3 deep breaths (Appendix 2)

*BREAK 1*

B. Sadness as a reaction to divorce – overwhelming sense loss and loneliness are common problems following a divorce.

- In the last year, 16.2 million adults in the U.S. suffered from a major depressive episode. That’s 6.7% of the adult U.S. population (National Institutes of Health, 2017b).
- Is it OK to feel sadness/depression as a Christian?
- David wrote of his depression in the Psalms (Clinton & Hawkins, 2009, p. 84). Psalm 38:6-11, “I am bent over and greatly bowed down; I go mourning all day long. For my loins are filled with burning, and there is no soundness in my flesh. I am benumbed and badly crushed; I groan because of the agitation of my heart. Lord, all my desire is before you, and my sighing is not hidden from You. My heart throbs, my strength fails me; and the light of my eyes, even that has gone from me. My loved ones and my friends stand aloof from my plague; and my kinsmen stand afar off.” (Also Psalm 6:6-7; Psalm 13:1-3; Psalm 42:9-11; Psalm 77:1-10; and Psalm 109:21b-26)
- Elijah was so depressed over the situation with Israel’s leaders that he wished to die (Clinton & Hawkins, 2009, p. 84). 1 Kings 19:4, “But Elijah went a day’s journey into the wilderness and came and sat down under a broom tree. And he prayed that he might die, and said, ‘It is enough! Now, Lord, take my life, for I am no better than my fathers!’”
- Jesus experienced depression in the Garden of Gethsemane (Wright, 1998, p. 146). In Matt. 26 we read, “Then Jesus went with them to a place called Gethsemane, and He told His disciples, ‘Sit down here while I go over yonder and pray.’ And taking with Him Peter and the two sons of Zebedee, He began to show grief and distress of mind and was deeply depressed. Then He said to them, ‘My soul is very sad and deeply grieved, so that I am almost dying of sorrow. Stay here and keep awake and watch with Me’” (Matt. 26:36-38, AMP)
- Allow your anxious thoughts to remember God’s goodness, even when everything else in life seems to be falling apart (Clinton & Langberg, 2011, p. 87). Psalm 42:5-6, “Why are you downcast, O my soul? Why so disturbed within me? Put your hope in God, for I will yet praise him, my Savior and my God.”
- Exercise 1.4: The undesirable pie (p. 23)

1. The warning signs of depression (Read from the book)
   - Exercise 1.5: Assessing depression – give them their DASS results (in sealed envelopes with IDs on them – no names)

2. Depressive thought patterns common to depression
   - Handouts: ANTs (Appendix 3) and Exterminating ANTs (Appendix 4)

*BREAK 2*
C. Anxiety as a reaction to divorce – worried about what the future holds, imagining the worst possible scenario

- Every year, approximately 19.1% of all adults in the U.S. suffer from some sort of anxiety disorder, and 31.1% of all Americans will experience an anxiety disorder at some time during their lives (National Institutes of Health, 2017a).

- Is it OK to feel anxiety/worry as a Christian?

- Jesus reassured His disciples because He knew they would be anxious (Minirth, Meier, & Hawkins, 1989, p. 109), “My peace I give to you; not as the world gives do I give to you. Let not your heart be troubled, neither let it be afraid” (John 14:27).

- When we feel stress and anxiety rising, we should turn to God in prayer. He will give us the peace He promised. (Clinton & Langberg, 2011, p. 307.) “Be anxious for nothing, but in everything by prayer and supplication, with thanksgiving, let your requests be made known to God, and the peace of God which surpasses all understanding, will guard your hearts and minds through Christ Jesus” (Phil. 4:6-7)

- Cultivating a heart of prayer – both talking and listening to God – helps you see God’s perspective and to experience more fully His presence throughout the day (Clinton & Hawkins, 2009, p. 279). Psalm 16:8-11, “I have set the Lord continually before me; Because He is at my right hand, I will not be shaken. Therefore, my heart is glad, and my glory rejoices; My flesh also will dwell securely. For You will not abandon my soul to Sheol; Nor will You allow Your Holy One to undergo decay. You will make known to me the path of life; in Your presence is fullness of joy; In Your right hand there are pleasures forever.”

- Exercise 1.6: Watching your worry (p. 28-30)

D. Summarizing your current emotional state (emotional baggage and divorce)

Close with a prayer of thanksgiving: for the women, for the safety of the group, for emotions which signal the need for healing, for His guidance and protection on the journey

Hand out Session Critique (Appendix 35)

Homework: Exercise 1.1 – Finish Grudge Inventory (p. 10-11)
Session 2

“Why Can’t I Stop Thinking About It?” – Learning to Quiet Your Mind
(Workbook pages 35 – 56)

Open with a prayer of thanksgiving, including for His peace

- Psalm 19:14, “Let the words of my mouth and the meditation of my heart be acceptable in your sight, O Lord, my rock and my redeemer.”

Flow into short Breath exercise (Appendix 2)

Follow-up with grudge inventory homework – did any of your grudges surprise you? Which grudge might be the hardest to let go of? Which might be the easiest?

Today we are going to learn how to quiet our minds, which will help quiet the anger, depression & anxiety we discussed last week. Most of this is “off script” – vital to start with Christian basis.

The antidote for Christians experiencing anger, depression, and anxiety involves “cultivating a set of deeply held beliefs about God, that includes his infinite: (a) knowledge and wisdom; (b) love and goodness; and (c) presence and power” (Knabb & Frederick, 2017, p. 2). This is done through mindfulness practice.

A. What IS mindfulness? (p. 36)

- “Eastern meditation is an attempt to empty the mind; Christian meditation is an attempt to fill the mind” (Foster, 1998, p. 20-21), which is why we call it mind-FULL-ness!
- (Tan, 2011) “Finally, brothers, whatever is true, whatever is honorable, whatever is right, whatever is pure, whatever is lovely, whatever is commendable, if there is any excellence, if there is anything worthy of praise, think about these things” (Phil. 4:8-9).
- (O’Farrell, 2016, p. 39) “Set your mind on things above, not on things that are on the earth” (Col. 3:2-3).
- (Rosales & Tan, 2017) “Do not conform to the pattern of this world but be transformed by the renewing of your mind” (Romans 12:2a).
- Christian contemplative prayer uses the same practices as mindfulness for relating differently to worry and depression, with the added benefit of moving you in the direction of deepening your relationship with God (Knabb & Frederick, 2017, p. 4)
- What OTHER notions of “mindfulness” have you heard?

B. Sometimes Mindfulness is called prayer, meditation, or remembering in Scriptures:

- In Christian meditation, we come into the presence of God (Foster, 1998, p. 24).
- Like Elijah, we should listen for God’s “still small voice” (Clinton & Hawkins, 2009, p. 87). 1 Kings 19:11-13a, “So God said, “Go forth and stand on the mountain before the Lord.” And behold, the Lord was passing by! And a great and strong wind wasrenting the mountains and breaking in pieces the rocks before the Lord; but the Lord was not in the wind. And after the wind an earthquake, but the Lord was not in the earthquake. After the earthquake a fire, but the Lord was not in the fire; and after the fire a sound of
a gentle blowing. When Elijah heard it, he wrapped his face in his mantle and went out and stood in the entrance of the cave. And behold, a voice came to him…”

- Open up for discussion: “imagining God’s presence”

C. Mindfulness is a Characteristic of God (and Godly people)
- “The Bible describes God as Mindful, All-kno...
   • “Do not be conformed to this world, but be transformed and progressively changed by the renewing of your mind, so that you may prove what the will of God is, that which is good and acceptable and perfect” (Rom. 12:2).
   • YouTube video www.youtube.com/watch?v=o-kMJBWk9E0 “Meditation 101: A Beginner’s Guide” (Appendix 5)

E. Cultivating the right attitudes to promote mindfulness (p. 40)
1. Being non-judgmental – Resisting inclinations to evaluate, criticize, approve or condemn. Accepting things the way they are whether or not we approve.
   • Christians are encouraged to be discerning – knowing what the will of God is, “Do not be conformed to this world, but be transformed and progressively changed by the renewing of your mind, so that you may prove what the will of God is, that which is good and acceptable and perfect” (Rom. 12:2), and live in a way that is pleasing to God, “Be continually renewed in the spirit of your mind, and put on the new self, created in God’s image, in the righteousness and holiness of the truth” (Eph. 4:23-24). (O’Farrell, 2016, p. 40-42).
2. Patience - Acknowledging things must unfold in their own time without pressure
   • (Clinton & Langberg, 2011, p. 306) Gal. 5:22-23, “But the fruit of the spirit is love, joy, peace, patience, kindness, goodness, faithfulness, gentleness, self-control; against such things there is no law.”
3. Beginner’s mind – approaching circumstances with curiosity, setting aside biases
   • Prov. 9:9, “Give instruction to a wise man, and he will be still wiser; teach a righteous man, and he will increase in learning.”
   • “And calling to him a child, he put him in the midst of them and said, ‘Truly, I say to you, unless you turn and become like children, you will never enter the kingdom of heaven’” (Matthew 18:2-3).
4. Trusting God – having confidence and faith in God’s wisdom and goodness, and in His ability to guide you and protect you. In order to trust God, we must know Him in an intimate, personal way (Bridges, 2008, p. 9). “Those who know your name will trust in you, for you, Lord, have never forsaken those who seek you” (Psalm 9:10).
   • Psalm 32:10, “Many are the sorrows of the wicked, but he who trusts in and relies on the Lord shall be surrounded with compassion and lovingkindness” (Bridges, 2008, p. 4).
5. Non-striving – Resisting the urge to change, improve, achieve…rather experience things & circumstances as they are.
   • (Clinton & Langberg, 2011 & p. 79) Matthew 11:28-30: “Come to me, all who labor and are heavy laden, and I will give you rest. Take my yoke upon you, and learn from me, for I am gentle and lowly in heart, and you will find rest for your souls. For my yoke is easy, my burden is light.”
6. Acceptance – Acknowledging things as they are
   • (Clinton & Langberg, 2011, p. 306) James 1:2-4, “Dear brothers and sisters, when troubles come your way, consider it an opportunity for great joy. For you know that
when your faith is tested, your endurance has a chance to grow. So let it grow, for when your endurance is fully developed, you will be perfect and complete, needing nothing.” (NLT)

7. Letting go – Freeing ourselves of expectations and entitlements
   • (Clinton & Langberg, 2011, p. 305) Psalm 46:10a, “Be still, and know that I am God.” (Still = raphah = “let go” or “release” or “slacken”) – literally “Cease striving and know God.”

F. Learning to become more mindful (p. 41)
1. Your breath is your anchor (p. 41)
   • “The breath is one of the most commonly used anchors for mindfulness meditation. As a Christian, every breath you take is an indication of the gift of life that God has given you” (Johnson, 2018b).
   • “The mystery of life had been imparted by the breath of God Himself” (Steward, 1904). In the Old Testament, God gave man a living soul, “Then the Lord God formed man of dust from the ground and breathed into his nostrils the breath of life; and man became a living being” (Gen. 2:7).
   • In the New Testament, after He had come back to life from the dead, He breathed on them. Jesus’s breath gave his disciples new life, “And when He had said this, He breathed on them and said to them, ‘Receive the Holy Spirit’” (John 20:22) (Steward, 1904).
   • Exercise – “Intro to Meditation” Christian Meditations on the Mount (Appendix 6)
     • Exercise 2.1: Noticing your breath activity (p. 42)
     • Christian-Adaptive Breathing Meditation (Appendix 7)

2. Increasing your field of awareness (p. 42)
   • Meditating upon the creation is a majestic monotheism in which the great Creator of the universe shows us something of His glory through His creation” (Foster, 1998, p. 31). We will be doing this in a few minutes with a Sitting Meditation.

3. Paying attention to your mind chatter (p. 44)
   • Exercise 2.2: Getting in touch with your thought patterns (p. 45) pen/paper exercise then debrief in dyads
   • Exercise 2.3: Monitoring your thoughts throughout the day (p. 46-48) (homework for the coming week) – go over the assignment
   • Exercise 2.4: Your internal thought playlist (p. 49) (homework for later) – go over the assignment

G. Developing your own mindfulness meditation practice (p. 49)
   • Mindfulness is not getting your mind blank, it’s becoming aware of what’s present. Thoughts, feelings, sensations, sounds, rhythm of your breath, awareness of God’s breath, God’s life in you…
   • Exercise 2.5: Intro to Sitting meditation (p. 51) – read instructions, suggest playing worship music without words, or even a recording of a Christian guided meditation such as the ones we’ve heard during our classes (Week-long homework)

Exercise: “Be Still - Christian Meditations on the Mount” meditation (Appendix 8)
H. Mindfulness in interpersonal relationships (p. 53)
   • Exercise 2.6: The influence of the backstory on your thoughts, feelings, and body – read instructions (p. 53) (Assign as Homework during the week)

I. Mindfulness as a way of life (p. 56) – we will discuss this more next week

Close with a prayer of guided contemplation/thanksgiving

Hand out Session Critique (Appendix 35)

Homework: Exercise 2.3 – Monitoring your thoughts (p. 46-48) – 3 times this week
   Exercise 2.4 – Your internal thought playlist (p. 49) homework
   Exercise 2.5 – Daily sitting meditation log (p. 51) practice 10 minutes each day
   Exercise 2.6 – The influence of the backstory (p. 54-55) finish during the week
Session 3

“Why Can’t I Cope with This Better?” – Developing Self-Compassion
(Workbook pages 57 – 79)

Open with a prayer of thanksgiving, including His compassion

Quick Christian-Adapted Mindfulness Exercises (Appendix 12)
Flow into short Breath exercise (Appendix 2)
Review homework

A. Why are you so hard on yourself? (p. 59)
   1. Cultural/familial messages (p. 59)
      • Exercise 3.1: Getting in touch with your inner critic (p. 60-61) then debrief as a whole group for the final question – what emotions do you feel when you engage in this type of self-talk?
   2. Christian teachings & scriptural messages
      • “God never ordered us to love ourselves. He didn’t have to because our self-love should come naturally with an understanding of our relationship to Him” (Minirth, Meier, & Hawkins, 1989, p. 139).
      • “Self-love and self-denial are not in conflict. More than once Jesus made it quite clear that self-denial is the only sure way to love ourselves: “He who finds his life will lose it, and he who loses his life for my sake will find it” (Matt. 10:39) (Foster, 1998, p. 113-114).
      • Exercise: “The Lord is My Shepherd” Christian Meditations on the Mount (Appendix 9)
   3. Negativity bias (p. 61-62)
   4. Protective function (p. 62)
      • “Finding Our Inner Compassionate Voice” worksheet (Appendix 10)

B. What self-compassion is NOT: (p. 63)
   • a pity-party
   • for wimps
   • being selfish or self-focused
   • becoming lazy
   • getting away with murder
   • lowering standards or goals
   • self-esteem

   *BREAK 1*

C. What self-compassion IS: (p. 63)
   • Exercise 3.2: How self-compassionate are you? [They will have done the SCS – give them their SCS results]
   1. Self-kindness versus self-judgment and blame (p. 66)
• Jesus made the ability to love ourselves the prerequisite for our reaching out to others (Foster, 1998, p. 114). “The second is like it, ‘You shall love your neighbor as yourself’” (Matt. 22:39).

• “Soothing Touch” exercise & worksheet (Appendix 13)

2. Connection with Humanity (p. 66)

• Anxiety can be traced to three sources: lack of self-worth, lack of intimacy with others including friends, family members, co-workers; and lack of intimacy with God (Minirth, Meier, & Hawkins, 1989)

• “Failure is part of the human experience…God’s definition of success includes a willingness to learn from one’s mistakes and to try again” (Clinton & Hawkins, 2009, p. 83), “For a righteous man may fall seven times and rise again…” (Proverbs 24:16).

• “All have sinned and fallen short of the glory of God” (Romans 3:23) “This is the general character of all mankind;…all are sinners in themselves, and by their own actual transgressions; this is the case of the whole world, and of all men in it;…there is no room to despair of the grace and righteousness of Christ, on account of persons being, in their own view, the worst of sinners” (Gill, 1746-63).

• “How Would I Treat a Friend?” worksheet (Appendix 11)

• Hand out SCS-R results and AGI results

3. Mindfulness (p. 67)

• We talked last week about the Christian roots of mindfulness.

• Quick Christian-Adapted Mindfulness Exercises (Appendix 12)

4. Putting it all together (p. 67)

• Exercise 3.3: Your image of a compassionate other (p. 68)

• Exercise 3.4: Activating your soothing system (p. 73-74)

D. Why should you bother with self-compassion? (p. 69-71)

1. Self-compassion relates to better psychological health

2. Self-compassion relates to more supportive relationships

3. Self-compassion and increased goal achievement

E. How to develop self-compassion after divorce

1. Practice self-kindness – self-soothing. (p. 72)

   • Exercise 3.5: Letting go of negative labels (p. 75)

2. Realize We’re All Connected (p. 74)

3. Practicing Mindful Self-Compassion (p. 77) – “Exercise 3.6: Embracing your pain to avoid suffering (p. 78) homework – give directions in class

4. Cultivating a self-compassionate existence (p. 79)

Close with a prayer of thanksgiving

Remind them of homework: Exercise 3.6: Embracing your pain to avoid suffering (p. 78)

Hand out Session Critique (Appendix 35)
Session 4

“*These Feelings are Weighing Me Down*” – But Are You Ready to Let Go?  
(Workbook pages 81 – 93)

Open with a prayer of thanksgiving, including the gift of forgiveness, mercy, and grace…

Flow into short Breath exercise (Appendix 2)
Review homework (Exercise 3.6)

“Beloved, never avenge yourselves, but leave it to the wrath of God, for it is written, ‘Vengeance is mine, I will repay, says the Lord.’ To the contrary, if your enemy is hungry, feed him; if he is thirsty, give him something to drink… Overcome evil with good” (Rom. 12:19-21, DeMoss, 2008, p. 201).

Exercise 4.1: Your Associations with Forgiveness (p. 83-85)

A. Forgiveness: What it’s NOT (p. 86)  
1. Forgetting – God created our brains to learn, and to learn we must not forget. God does not need to learn anything – He already knows everything; He can then choose to “remember your sins no more” (Jeremiah 31:34, Isaiah 54:4).
2. Condoning or excusing
3. Reconciliation
4. Legal pardon
5. Quick and easy
6. A sign of weakness

“Letting Go of Anxiety and Fear” Christian Meditations on the Mount (Appendix 15)

*BREAK 1*

B. Forgiveness: What it IS (p. 87)  
- Letting go of feelings, thoughts, and actions toward a person who has wronged you, and replacing them with a more positive approach. It’s for YOU, not for them. (Clinton & Hawkins, 2009, p. 50) Choose to let go of resentment and bitterness. Eph. 4:31-32, “Let all bitterness and wrath and anger and clamor and slander be put away from you, along with all malice. Be kind to one another, tender-hearted, forgiving each other, just as God in Christ also has forgiven you.”
- “Decisional forgiveness” is a decision to pursue forgiveness as a goal. Your feelings can still be hurt and negative feelings can still be triggered. (DeMoss, 2008, p. 134) “If you hold anything against anyone, forgive him” (Mark 11:25, NIV).
- “Emotional forgiveness” involves a deep transformation in which negative feelings toward an offender are replaced by more positive emotions. This a lot of takes time and a LOT of hard work. (Streeter, 1992, p. 44) Make every effort to live in peace with all men and to be holy; without holiness no one will see the Lord (Heb. 12:14).
C. Why bother with forgiveness? (p. 87)
   1. Forgiveness and physical health
   2. Forgiveness and mental health
   3. Forgiveness and parenting
   4. Forgiveness and spiritual or religious well-being (Clinton & Hawkins, 2009, p. 47)
      Hebrews 12:15, “See to it that no one comes short of the grace of God; that no root of
      bitterness springing up causes trouble, and by it many be defiled.”

Hand-out: The chemicals of care: How self-compassion manifests in our bodies (Neff, n.d.)
(Appendix 16)

Exercise: Soften-Soothe-Allow (Appendix 17)

*BREAK 2*

D. Two possible roads (p. 89)
   • Exercise 4.2: Assessing your desires and readiness to forgive (p. 92-93) – read the 5
     stages – NOT if in an abusive relationship. Think of another person who has wronged
     you less than your ex-spouse and gauge your readiness on forgiving them.

Exercise: “Forgiving Others” Christian Meditations on the Mount (Appendix 18)

Close with a prayer of thanksgiving for His mercy, forgiveness, reconciliation, and unconditional
love.

Hand out Session Critique (Appendix 35)
Session 5

“I Can’t Seem to Let My Feelings Go” – Learning How to Forgive
(Workbook pages 95 – 117)

Open with a prayer of thanksgiving, including the gift of forgiveness, mercy, and grace

Flow into short Breath exercise (Appendix 2)
Review thoughts on session 4 and “stages of readiness”


Note: If you are in the Precontemplation or Contemplation stage of forgiveness with your ex-spouse, think of another person who has hurt you in the past, maybe with a smaller offense. We are not going to manipulate you to forgive anyone today. We are going to talk about how to begin the process once you’re ready.

A. Preparing to forgive (p. 96)
   1. Take one step at a time
   2. Be compassionate toward self
   3. Be open to new ways of thinking

Exercise: Christian-Adapted Lovingkindness Meditation Version 1 (Appendix 19)

*BREAK 1*

B. Forgiveness strategies (p. 97)
   1. Let go of the small stuff (Review Grudge Inventory, p. 10)
   2. Express your intention to forgive
      • Exercise 5.1: The Un-mailed Letter (Can be done as homework for those who desire) (p. 98-100)
   3. Focus on an inspirational role model
   4. Expand and shift your focus
      • Exercise: Change the Channel (Appendix 20)
   5. Draw upon your faith
   6. Think of a time when you did something hurtful
   7. Empathize with your ex
      • Exercise 5.2: Acknowledging ways your ex may be suffering (p. 103-104)
   8. Reconsider the reasons for your ex’s behavior
      • Exercise 5.3: New perspectives on your ex’s behavior (p. 106-107)
   9. Develop a forgiveness ritual – We are going to save part B for Week 8 in the groups.
      • Exercise 5.4a: The Forgiveness Ritual – Discuss what rituals have been meaningful to participants? (p. 108-109)

Exercise: “The Turning Toward” Meditation for Difficult Emotions (Appendix 21)
C. Anticipating obstacles to forgiveness (p. 110)
1. Severity of wrongdoing
2. Absence of apology, remorse, or restitution
3. Frequent reminders of how you were hurt
4. Your ex still engages in hurtful behavior
   • Read solutions on p. 113 – round-robin participation with discussion after each solution is read.
5. Something sacred was violated
6. People around you haven’t forgiven

D. Your forgiveness journey
• Exercise 5.5: Your forgiveness obstacles (p. 115)


Close with a prayer of thanksgiving

Hand out Session Critique (Appendix 35)
Session 6

“How Did I Screw Up So Badly?” – Letting Go of Guilt and Shame
(Workbook pages 119 – 141)

Open with a prayer of thanksgiving, including the gift of forgiveness, mercy, and grace

Flow into short Breath exercise (Appendix 2)
Review thoughts about the last session
Hand out TOSCA-3 results

Exercise: Mindfulness of Emotions (Appendix 23) - Process afterward: Did you notice an emotion that arose during the practice? Were you able to identify it? Where did you notice it in your body? Were you distracted, and if so, how did you bring your attention back to your emotion? What triggered the emotion? When have you experienced it before? What is the story behind that emotion?

A. What is self-forgiveness? (p. 121) I have been redeemed & forgiven, Col. 1:13-14 Clinton & Langberg, 2011, p. 259)
   • Exercise 6.1: Cultivating a willingness to move forward (p. 122-124)
   1. Pseudo vs. authentic self-forgiveness
   2. Possible benefits of self-forgiveness
   3. Overcoming self-forgiveness barriers: SHAME
      • (Clinton & Langberg, 2011, p. 259) Rom. 8:28, “There is therefore now NO condemnation for those who are in Christ Jesus.”

Exercise: Soften-Soothe-Allow refresher (Appendix 17)

*BREAK 1*

B. Steps toward self-forgiveness (p. 126) (overlapping steps, sometimes to be repeated)
   1. Acknowledging an objective interpersonal transgression
      • Exercise 6.2: Identifying Your Hurtful Mistakes (p. 127-128)
      • 1 John 1:9: “If we confess our sins, he is faithful and just to forgive us our sins and to cleanse us from all unrighteousness.”
   2. Taking responsibility for the part that belongs to you
      • Exercise 6.3: Taking Responsibility (p. 129-131)
   3. Observing and processing negative emotions
      • Exercise 6.4: Become the OWNER of Your Difficult Emotions (p. 132-133)

Exercise: Mindfulness of Emotions (Appendix 23) - Process afterward: Did you notice an emotion that arose during the practice? Were you able to identify it? Where did you notice it in your body? Were you distracted, and if so, how did you bring your attention back to your emotion? What triggered the emotion? When have you experienced it before? What is the story behind that emotion?
“Lovingkindness” = _hesed_ = tender, benevolent affection, steadfast love, faithful love, compassion, goodness

- “For You, Lord, re good, and ready to forgive, and abundant in lovingkindness to all who call upon You” (Psalm 86:5, NASB).
- “Oh satisfy us in the morning with Your lovingkindness, that we may sing for joy and be glad all our days” (Psalm 90:14, NASB).
- “If I should say, ‘my foot has slipped,’ Your lovingkindness, Oh Lord, will hold me up” (Psalm 94:18, NASB).
- “For as high as the heavens are above the earth, so great is His lovingkindness toward them who fear him” (Psalm 103:11, NASB).
- Love (NIV), loyal love (NET Bible), unfailing love (NLT), steadfast love (ESV), faithful love (CSV), loving devotion (Berean Study Bible), gracious love (ISV), grace (Aramaic Bible in Plain English), mercy (KJV).

*BREAK 2*

Developing Loving-Kindness (Chapter 9 from Neff/Germer MSC workbook)

- “Compassion may be defined as “sensitivity to the pain or suffering of another, coupled with a deep desire to alleviate that suffering.” Self-compassion is simply compassion directed toward oneself – inner compassion.”
- “Lovingkindness entails general feelings of friendliness to oneself and others and doesn’t necessarily involve suffering. It’s important that we cultivate a generally friendly stance toward ourselves, even when things are going well in the moment.”

Loving-Kindness for a Loved One meditation (Neff/Germer MSC workbook, p. 65-67)

4. Putting what happened into a broader perspective
   - Exercise 6.5: Identifying and Letting Go of Negative Attitudes and Behavior Patterns (p. 135-136)
5. Making amends
   - Exercise 6.6: Making Amends (p. 138-140)
6. Making meaning and moving forward

Lovingkindness Meditation: The Wisdom of Accepted Tenderness (Johnson) (Appendix 25)

Close with a prayer of thanksgiving

Hand out Session Critique (Appendix 35)
Session 7

“How Do I Make Sense of All This?” – Finding Meaning
(Workbook pages 143 – 160)

Open with a prayer of thanksgiving, including His perfect plan for our lives for loving us just the way He made us…

Flow into short Breath exercise (Appendix 2)
Review thoughts from the last session
Exercise: Slow Walking Meditation Script (Appendix 26)

A. Looking for meaning (p. 144)

B. What “making meaning” means (p. 144)
   1. Global meaning & Situational meaning
      • Exercise 7.1: Making Meaning Out of Family (p. 145-146)
   1. Making Meaning: The process
      • Exercise 7.2: Letting Go and Working Toward Acceptance (p. 148-149)
   2. Meanings Made: The outcome

Exercise: Relaxation Response (Appendix 27)

*BREAK 1*

C. Finding new meaning after divorce (p. 150)
   1. Rethinking your identity
      • Exercise 7.3: Exploring Your New Identity (p. 151-154)
   2. Redefining your relationship with your ex
      a. Your Ex as a Friend
      b. Your Ex as a Co-Parent
         • Exercise 7.4: Redefining your ex’s role (p. 156-157)
   3. Identifying life lessons in your divorce story
      • Exercise 7.5: Lessons learned in the divorce classroom (p. 159-160)

Exercise: Read over Feeling “Felt” (Appendix 28)

Exercise: Mindfulness of Relationships (Appendix 29)

Close with a prayer of thanksgiving

Hand out Session Critique (Appendix 35)
Maybe: Lovingkindness Meditation: The Wisdom of Accepted Tenderness (Johnson) (Appendix 25)
Session 8

“Nothing Seems to be Going Right” – Searching for Hidden Blessings
(Workbook pages 161 – 178)

Open with a prayer of thanksgiving, including His perfect plan for our lives which includes growth, pain, joy, sorrow, peace…

Flow into short Breath exercise (Appendix 2)
Review thoughts from the last session

A. Recognizing your inner complainer (p. 162)
   1. You’re talking too much about problems related to your divorce and not other topics
   2. You’re discussing your struggles with people who aren’t well-equipped to handle them
   3. People start to avoid you to change the subject quickly whenever you start talking about your divorce
   4. You’re getting tired of thinking about or talking about your divorce

B. Confronting your inner complainer (p. 162)
   1. Examining why you complain
      a. You want others to know that you’re suffering
      b. You bond with others with similar experiences
      c. You want something to change
      d. Complaining has become a habit
         • Exercise 8.1: Getting in Touch with Your Inner Complainer (p. 164-165)
   2. The dark side of complaining
      a. Complaining pushes others away
      b. Complaining contributes to negative mood
      c. Complaining can keep you from changing your perspective
      d. Complaining can be a substitute for action
      e. Complaining can negatively impact your kids
   3. Giving your inner complainer a rest

Mindfulness in Nature Meditation (Appendix 30)

*BREAK 1*

C. What is gratitude? (p. 167)
   • 1 Thes. 5:16-18, “Be joyful always; pray continually; give thanks in all circumstances, for this is God’s will for you in Christ Jesus.”
   • Col. 3:17, “And whatever you do or say, do it as a representative of the Lord Jesus, giving thanks through Him to God the Father.”

D. Why practice gratitude? (p. 168)

E. Enhancing your attitude of gratitude (p. 169)
1. Identifying people who have made a difference
   • Exercise 8.2: Identifying people for whom you’re grateful (p. 169-170)
2. Expressing your thanks
   • Exercise 8.3: Writing a gratitude letter (p. 171-173)
3. Finding gratitude in simple things
4. Practicing gratitude during trying circumstances
   • Exercise 8.4: Searching for blessings in stormy weather (p. 174-176)

Handout: Mindfulness During Daily Activity (Appendix 31)

Exercise: Awareness of Eating (Appendix 34)

5. Making gratitude a daily habit
   • Exercise 8.5: The daily gratitude journal (p. 176-177)
6. Identifying a gratitude partner
7. Using technology to enhance gratitude

Exercise 5.4B: Forgiveness Ritual Part B (from session 5, p. 109-110)

Exercise: “Gratitude – Christian Meditations on the Mount” (Appendix 32)

Remind them this being the second-to-last session

Close with a prayer of thanksgiving in our circumstances…inviting others to join in with gratitude

Hand out Session Critique (Appendix 35)
Session 9

“Can I Ever be Happy Again?” – YES!
(Workbook pages 179 – 194)

Open with a prayer of thanksgiving, including the gift of our circumstances…

Flow into short Breath exercise (Appendix 2)
Review thoughts from the last session

A. What happiness means (p. 180)
   • Exercise 9.1: What is happiness? (p. 180)

B. Adapting to major life changes (p. 181)

Exercise: Water Glass (Appendix 33)

C. Happiness and money (p. 182)
   1. Get good financial advice
   2. Spend money on others
   3. Spend money on experiences instead of things

D. Other strategies for increasing happiness (p. 183)
   1. Going with the flow
      • Exercise 9.2: Finding flow (p. 184-186)
   2. Doing good is good for you
      • Exercise 9.3: Exploring altruism (p. 188-189)
   3. Strengthening interpersonal relationships
      • Exercise 9.4: Strengthening social relationships (p. 190-191)
         a. Be present
         b. Show compassion
         c. Approach others with an open heart
         d. Show appreciation
         e. Take time to be together
   4. The joy of regression
      a. Dance with abandon
      b. Color with crayons
      c. Watch Saturday morning cartoons
      d. Roll down a grass-covered hill

Exercise: Awareness of Eating (Appendix 34)

*BREAK 1*

Take battery of assessments again: FDAS, DASS, TOSCA-3, SCS-R, AGI, SCS, and FFMQ.
(approx. 45 minutes)
Close with a prayer of thanksgiving, encouraging gratitude arrow-prayers from participants

Hand out Session Critique (Appendix 35)
References


APPENDIX F.1: Permission to Use Supplements Attributed to Amen

From: Natalie Buchoz
To: Hoag, Alice D
Subject: Re: Permission to use your ANTS idea in dissertation groups
Date: Friday, June 22, 2018 2:04:31 PM

Hi Alice-

I am contacting you on behalf of Dr. Daniel Amen, thank you for your interest in his work. It is absolutely okay for you to share his work on "ANTS" with your group.

In your service,
Natalie

Date: Thursday, June 21, 2018 at 7:16 PM
To: Natalie Buchoz
Subject: Permission to use your ANTS idea in dissertation groups

Dear Dr. Amen,

I am a doctoral student in the Department of Community Care and Counseling at Liberty University in the final stages of developing a Christ-centered group protocol using self-compassion concepts for leading divorce recovery groups for Christian women. I have several of your books, and in each one, you delineate a cute and memorable working definition of what you call "ANTS". I would like to use your term "ANTS" and the descriptions of the various types of automatic negative thoughts, as well as your list of "ANT exterminators" in my group protocol. Of course, I would attribute it to you and give one of your books as my reference, such as Healing ADD From the Inside Out. What must I do to get your permission?

By the way, I thoroughly enjoyed your plenary talk at the AACC World Congress last September. I have been closely following your work for over a decade as a member of AACC (I have been a member since the early 1990s) and as a 1982 alumnus of Oral Roberts University, and am so very grateful for your many contributions to the field of Christian counseling.

Please let me know what I need to do in order to get your permission to use your idea of ANTs (Automatic Negative Thoughts) as part of my group protocol for my dissertation: Compassionate Divorce Recovery for Christians, in which I am adapting the secular self-compassion concepts and exercises for conservative Christians.

Thank you,

Alice D. Hoag, M.S., LPC, CPCS
Hi Alice,
Thank you for contacting me.

I am delighted that you are using my *Mindfulness Skills Workbook* and that you would like to include some of the skills in your dissertation. You may use a limited number of my mindfulness skills from my workbook, I typically limit use to 6-7 skills but as long as this is for a dissertation and not for commercial use you may use the ones you listed as long as you include the copyright, author and website (www.TheBrainLady.com) on each handout and in your proposal! Of course you may use any of the skills in the book with your clients. The link to print out a free pdf of all the worksheets is printed at the top of the References page in the book.

I would encourage you to write some of your own meditations if you have not already. Doing so is a learning experience unto itself. Record a few and listen to them as you would with any guided meditation. You will learn even more.

I would love a copy of the dissertation when it is complete. Best wishes. Let me know how you make out.

Warmly,
Deb

Debra E Burdick, LCSW, BCN The Brain Lady
Enfield, CT and Estero, FL

- Basic Relaxation Breathing
- Mindfulness of Thoughts
- Mindfulness of Emotions
- Slow Walking Meditation
- Short Body Scan
- Feeling Felt
- Mindfulness of Relationships
- Mindfulness During Daily Activity
- Awareness of Eating
- Mindfulness in Nature
- Changing the Channel
- Automatic Negative Thoughts
APPENDIX F.3: Permission to Use Supplements Attributed to Garzon

Hoaq, Alice D

From: Garzon, Fernando (Community Care and Counseling)
Sent: Saturday, May 19, 2018 6:34 AM
To: Hoag, Alice D
Subject: RE P.S. to Permission

Follow Up Flag: Follow up
Flag Status: Flagged

You can use anything Dr. Ford and I created. I'm also attaching scripts and a webinar PowerPoint [see speaker notes for detailed comments] that I did for the AACC. Two lovingkindness meditations are in there that you can use, update, or revise. The scripts also include other meditations [i've] developed. The webinar PowerPoint has theological foundations and clinical considerations for Christian accommodative mindfulness as well. You will need to contact Dr. Johnson to get permission to use his.

God bless,

Fernando Garzon, Psy.D.
Program Director, Professor
EdD in Community Care and Counseling
School of Behavioral Sciences

LIBERTY UNIVERSITY
1971 University Blvd.
Lynchburg, VA 24515
Liberty University | Training Champions for Christ since 1971

From: Hoag, Alice D
Sent: Friday, May 18, 2018 10:56 PM
To: Garzon, Fernando [Community Care and Counseling]
Subject: P.S. to Permission

In that same 2016 article you wrote with Dr. Ford, you give the transcript of Johnston's "The Wisdom of Accepted Tenderness" meditation found in his 6-week course. I have not paid for this course (though I have gone through all the 'free' resources on his website). In order to use this quasi-lovingkindness meditation script in my protocol, must I obtain written permission from Mr. Johnston? Must I purchase his 6-week course? Or may I simply transcribe it from your published article?

Thanks!
~Alice
APPENDIX F.4: Permission to Use Supplements Attributed to Johnson

From: Richard Johnson
Sent: Monday, July 9, 2018 1:31 PM
To: Hoag, Alice D
Subject: Re: Contact Message: Permission to use your Loving-Kindness “Prayer of Accepted Tenderness” meditation in a dissertation study

Yes that's fine. There are other options for a loving kindness meditation. Perhaps we can discuss which option best suits your needs.

I can provide a transcript.
Kind Regards,

Richard Johnston

On 9 Jul 2018, at 17:50, Christian Mindfulness wrote:
From: Alice Hoag Subject: Permission to use your Loving-Kindness “Prayer of Accepted Tenderness” meditation in a dissertation study

Message Body: Dear Dr. Johnson, I would like to request your permission to use the transcript of “Prayer Meditation - A Prayer of Accepted Tenderness” in a dissertation study. I am a doctoral student at Liberty University in the U.S., developing an interactive/experiential group protocol to use self-compassion to help Christian women in divorce recovery as my dissertation study. I am using Christian-accommodative exercises and meditations, as well as adding Biblical and Christ-centered theology to a secular workbook for individuals called The Divorce Recovery Workbook. What must I do to obtain your permission to use the transcript of this wonderful “A Prayer of Accepted Tenderness” meditation for limited use in my dissertation groups (and proposal)? And if you grant permission, do you have a readily-available transcript for my use, or must I transcribe it myself from your narration? Thank you in advance! God bless you!
~Alice :)

GDPR accepted on: July 9, 2018 5:50 pm -- This e-mail was sent from a contact form on Christian Mindfulness.
APPENDIX F.5: Permission to Use Supplements Attributed to Lawrence

From: Hoag, Alice D
Sent: Sunday, June 10, 2018 11:52 AM
To: [Redacted]
Subject: Permission to use material (Meditations on the Mount) for a doctoral dissertation study

You are listed as the copyright holder of the “Meditations On The Mount” mp3 audios. I would like to use several of the meditations on this album in a quasi-experimental group study for my doctoral dissertation, which is a study of Christ-centered mindfulness/self-compassion for women who are early in their divorce recovery. I would like to obtain permission from you to play several of the guided meditations to the women in my study. I anticipate between 40-75 women to enroll in the study. I have purchased the entire album through Amazon.

Please let me know what I must do to obtain copyright permission to use the Meditations On The Mount guided meditations in my study.

Thank you!

Alice Hoag
Student in the EDCO department at Liberty University

From: BibleDice <bibledice.com@gmail.com>
Sent: Wednesday, June 27, 2018 12:17 PM
To: Hoag, Alice D <adhoag@liberty.edu>
Subject: bible meditations

Hello Alice,
I got your message from my blog regarding Meditations on the Mount. You are welcome to use the meditations in your study. What is the nature of your study or dissertation? What role would my meditations play in that?

Also, what other ways did you try to contact me? I don’t want to be hard to find and just want to make sure my channels of communication are open.

Regards,
SJ
APPENDIX F.6: Permission to Use Supplements Attributed to Neff

Hi Alice,

You have my permission. Good luck with your research.

Best wishes,

Kristin Neff

On Jun 26, 2018, at 2:41 PM, Hoag, Alice D <adhoag@liberty.edu> wrote:

Dr. Neff,

I am a doctoral student at Liberty University, developing an interactive/experiential group protocol to use self-compassion to help Christian women in divorce recovery as my dissertation topic. I have read your (many) research articles and your book, have taken the 4-session online course you jointly gave with Dr. Brene Brown, and have pre-ordered the workbook you co-authored with Dr. Germer. Meanwhile, I am developing my group protocol based on Dr. Rye & Dr. Moore’s The Divorce Recovery Workbook (with their permission).

You have provided several helpful exercises on the self-compassion.org website which I would like to incorporate as activities during the group. As you are the copyright holder, I would like to ask your permission to use your exercises in my dissertation groups.

Specifically, I would like your permission to reprint for limited use in my dissertation groups (and proposal):

- “How would you treat a friend?”
- “Self-Compassion Break”
- “Exploring self-compassion through writing”
- “The criticizer, the criticized, and the compassionate observer”
- “Changing your critical self-talk”
- “Identifying what we really want”

Additionally, thank you for granting blanket permission for researchers to use your Self-Compassion Scale, which will be one of the pre-/post-assessments being used for this research project.

Thank you for your consideration.

Alice Hoag
Kristin Neff, Ph.D.
Associate Professor
Department of Educational Psychology
The University of Texas at Austin

Self-Compassion Website: www.self-compassion.org
Center for Mindful Self-Compassion Website: www.CenterforMSC.org

Sign up to hear about special self-compassion events

Books
The Mindful Self-Compassion Workbook (coming August 2018)
Self-Compassion: The Proven Power of Being Kind to Yourself
APPENDIX G: PDF Copy of *The Divorce Recovery Workbook*

Permission to use a copy of the pdf workbook as part of this dissertation process including the research groups AND the proposal was granted by the authors, Rye and Moore.

Permission was not granted to republish.