Differences between Self-forgiveness and Interpersonal Forgiveness in Relation to Mental Health

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The objective of this study was to explore the relationship between forgiveness and mental health and to examine the potential differences between two types of forgiveness: self-forgiveness and interpersonal forgiveness. A level of mental health was operationalized as a syndrome of an individual's well-being symptoms, including positive mental health, trait depression, trait anxiety and the perceived quality of interpersonal relationships. The research sample consisted of 331 respondents, aged 16 to 69 years. The tools used included the Heartland Forgiveness Scale, Mental Health Continuum Scale – Short Form, State-Trait Anxiety Inventory, State-Trait Depression Inventory and Positive Relations with Others Scale from the Psychological Well-Being Scale. Basic demographic data including subjective assessment of the general state of health were administered. The results have shown a statistically significant correlation between forgiveness and all the investigated variables. Self-forgiveness has been found to be in a tighter correlation with the investigated variables than interpersonal forgiveness.

Keywords: forgiveness, positive mental health, trait depression, trait anxiety, quality of interpersonal relationships

In the last two decades, the concept of forgiveness has received growing empirical attention from various perspectives of psychology. Forgiveness can be understood as „the framing of a perceived transgression in which one's responses to the transgressor, transgression, and sequelae of the transgression are transformed from negative to neutral or positive" (Thompson, Snyder, Hoffman, Michael, Rasmussen, Billings, Heinze, Neufeld, Shore, Roberts & Roberts, 2005, p. 318). In scientific literature, forgiveness is most often conceptualized as a response to transgression, personality disposition or the quality of social units (McCullough & Witvliet, 2002).

It is necessary to distinguish between state forgiveness and trait forgiveness. While the latter is concerned with specific situations or (groups of) individuals, the former refers to a relatively stable personality trait that is far less dependent on specific situations or individuals. The distinction between the two types is important because it has been indicated that trait forgiveness is connected with mental health and personal well-being while state forgiveness bears no significant connection to either of these (Thompson et al., 2005). The personality trait

forgiveness is classified as a morally valued character strength (McCullough, 2000; Peterson & Seligman, 2004).

According to Thompson et al. (2005, p. 318), "the source of a transgression, and therefore the object of forgiveness, may be oneself, another person or persons, or a situation that one views as being beyond anyone's control (e.g., an illness, 'fate', or a natural disaster)." Forgiveness can be viewed as both an inter- and an intrapersonal phenomenon. According to Enright (1996), self-forgiveness consists in the willingness to abandon self-resentment in the face of one's own acknowledged objective wrong, while fostering compassion, generosity, and love toward oneself. Bauer, Duffy, Fountain, Halling, Holzer, Jones, Leifer & Rowe (1992) view self-forgiveness in a more abstract way. To forgive one-self, they claim, means to regard one's transgression from a broad perspective and to take a step towards self-acceptance.

Forgiveness in the Context of Mental Health

A number of studies have confirmed the link between forgiveness and both psychological

(depression, anxiety, hostility, anger, various forms of psychopathology) and physiological factors (Webb, Colburn, Heisler, Call & Chickering, 2008; Lawler-Row, Hyatt-Edwards, Wuensch & Karremans, 2011). A study by Toussaint, Williams, Musick & Everson (2001) has proven a negative correlation between both interpersonal forgiveness and self-forgiveness on one hand and psychological distress on the other. The result was valid for all age groups. Positive relationship between forgiveness and general life satisfaction has only been established for interpersonal forgiveness. In their study, Mauger, Perry, Freeman, Grove, McBride & McKinney (1992) found a negative correlation between indicators of psychopathology (in accordance with MMPI) and both interpersonal forgiveness and self-forgiveness. Tangey, Fee & Lee (1999, in Fincham & Kashdan, 2004) established a negative correlation between interpersonal trait-forgiveness and symptoms of depression and hostility. Also, self-forgiveness was found to be negatively correlated with symptoms of depression and positively correlated with overall psychological adjustment. A study by Subkoviak, Enright, Gassin, Freedman, Olson & Sarinopoulos (1995) on adolescents has found a negative correlation between forgiveness and anxiety, while no such link was established between forgiveness and symptoms of depression. According to Mauger et al. (1992, in Thompson et al., 2005), a stronger link exists between the indicators of mental health (including depression, anxiety and anger) and self-forgiveness than between these indicators and interpersonal forgiveness.

Toussaint & Webb (2005) made a summary of both theoretical and empirical studies addressing the links between forgiveness, mental health and well-being. According to them, most correlation studies have proven a negative relationship between forgiveness and depression/anxiety. On the other hand, the relationship between forgiveness and satisfaction with life was positive. Yet, the authors point out the great variability of the various results, which might have been caused by age differences between the participants or by not distinguishing between the different types of forgiveness.

Forgiveness is a potentially powerful pro-social phenomenon that plays an important role in maintaining meaningful and satisfying relationships (Worthington, 1998, and many others). In turn, the quality of interpersonal relationships has been proven by numerous studies to be closely connected with mental health (Fincham & Kashdan, 2004). Therefore, it can be assumed that by positively influencing relationships, forgiveness can exercise a favourable influence on mental health and well-being (Lawler-Row et al., 2011).

Positive Mental Health

While the term "mental health" is typically used in assessing the presence or absence of a mental disorder; "positive mental health" contains a positive aspect of mental health, referring to an individual's well-being (Keyes, 2013). According to Keyes (2002), "mental health" refers to a complex mental state based on the presence/absence of symptoms of mental disorder or positive mental health. He stresses that mental health and mental disorder do not represent two "ends" of the same continuum (Keyes, Ryff & Lee, 2001; in Keyes, 2002). He proposes a "two-continuum model" consisting of two separate dimensions, where one dimension indicates the level of "positive mental health" and the other the presence/absence of symptoms of mental disorder (Keyes, 2013). Positive mental health is characterized by high levels of emotional, psychological and social well-being (Keyes, 2005, 2007; in Westerhof & Keyes, 2010).

Objectives

The general objective of the study is to investigate and specify the relationship between trait forgiveness and selected symptoms of an individual's well-being (positive mental health, trait depression, trait anxiety, quality of interpersonal relationships). In addition, the study aims to uncover the differences between self-forgiveness and interpersonal forgiveness, and to gain insight into the relationship between these and the components of mental health. Lastly, the study aims to investigate the relationship between trait forgiveness and gender, age, education, marital status, religion and subjective assessment of the general state of health.

Method

Sample

A total of 331 respondents from the general Czech population, 26% male and 74% female, aged 16 to 69 years with the average age of 28 years (SD = 10.52), participated in the research. The participation in the research was voluntary and anonymous and it required the following criterion: to be above 15 years.

Tools

Heartland Forgiveness Scale (HFS) was used for determining the level of dispositional forgiveness (Thompson, Snyder & Hoffman, 2005). It is an 18-item self-report questionnaire, with three equal subscales to assess forgiveness of self, others, and situations. A seven-point Likert scale was employed, with 1 meaning "almost always untrue" and 7 meaning "almost always true". According to the authors, the HFS demonstrated satisfactory internal consistency (α = .86-7) and strong test-retest reliability (r = .83). In the present study, the Cronbach's alpha coefficient for the scale is 0.89.

Mental Health Continuum Scale – Short Form (MHC-SF) was used for assessing positive mental health (Keyes, 2002). MHC-SF is a 14-item questionnaire with three subscales to assess emotional, psychological and social well-being. A six-point scale was used for the answers, with 0 for "never" to 5 for "every day". The psychometric properties of the method have been proven in six pilot studies (Lamers, 2012). Its Cronbach's alpha coefficient in the present study is 0.89.

State-Trait Anxiety Inventory (STAI) was used for measuring the level of dispositional anxiety (Spielberger, 1983). It contains two 20-item subscales, the first assessing state anxiety and the other trait anxiety. In the present study, only the latter was used (STAI X-2). A four-point Likert scale was employed for the answers, with 1 meaning "not at all" and 4 meaning "very much so". The Cronbach's alpha coefficient for the scale in the present study is 0.92.

State-Trait Depression Inventory (STDI) was used to measure depression (Spielberger, 2003). It is a 20-item questionnaire, which was administered corresponding to the depression subscale of State-Trait Personality Inventory (STPI). It employed a four-point Likert scale with 1 meaning "almost always" and 4 meaning "almost never". The Cronbach's alpha coefficient for the scale in the present study is 0.93.

A subscale of *Ryff's Scale of Psychological Well-Being* entitled *Positive Relations with Others* was employed (Ryff, 1989), using a six-point Likert scale (0 = totally disagree, 5 = totally agree). The Cronbach's alpha coefficient for the scale in the present study is 0.83.

A demographic data sheet was used to obtain information about gender, age, education, marital status, religion and subjective assessment of the general state of health of respondents. The subjective assessment of the general state of health consisted of one question with five-point scale (I am perfectly healthy - I'm mostly healthy - I have minor health problems - I have major health problems - I am seriously ill) was used to assess general state of health.

Procedure

Data collection took place between March and May 2014. All questionnaires were administered online to anonymous respondents by means of e-mails, social networks and websites. A non-random convenience sampling method was used for selection of participants of the study.

The collected data was processed using Statistica 12. The principles of research ethics were strictly observed throughout both data collection and processing.

Results

Correlations between forgiveness and all the investigated variables

The main research question was whether there is any statistically significant relationship between the overall degree of trait forgiveness and selected aspects of mental health: positive mental health, trait anxiety, trait depression and the quality of interpersonal relationships.

The collected data was processed using the Pearson's correlation coefficient. The overall score received for the Heartland Forgiveness Scale (HFS) was compared with the overall score for the Mental Health Continuum Scale (MHC), State-Trait Anxiety Inventory (STAI), State-Trait Depression Inventory (STDI) and Positive Relations with Others (PRWO).

Table 1: Coefficients of Correlation between Forgiveness, Positive Mental Health, Trait Anxiety, Trait Depression and Positive Relations with Others

	Positive Mental Health	Trait Anxiety	Trait Depression	Positive Relations with Others
	r	r	r	r
Forgiveness	.59	-.72	-.63	.48

All values are significant at level $p < 0.001$

Table 2: Coefficients of Correlation between two types of Forgiveness and Positive Mental Health, Trait Anxiety, Trait Depression and Positive Relations with Others

	Positive Mental Health	Trait Anxiety	Trait Depression	Positive Relations with Others
	r	r	r	r
Forgiveness of Self	.53	-.71	-.63	.44
Forgiveness of Others	.41	-.37	-.32	.34

All values are significant at level $p < 0.001$

The correlation analysis shows significant relationships between Trait forgiveness and all observed variables (Tab. 1). Trait forgiveness was found to be significantly and positively correlated with both positive mental health and positive relations with others and negatively correlated with trait anxiety and trait depression.

The relationship between trait forgiveness and trait anxiety can be considered as strong. There is a substantial correlation between trait forgiveness and trait depression, and also between trait forgiveness and positive mental health. There is a moderate correlation between trait forgiveness and positive relations with others.

In order to learn about the differences between the two types of forgiveness (forgiveness of self and of others) and their connections with the investigated variables expressing the level of mental health (in terms of positive mental health, trait anxiety, trait depression and the quality of interpersonal relationships), correlation matrices were employed.

Again, the data was processed using Pearson's correlation coefficient. Here, the scores for the two subscales of Heartland Forgiveness Scale (HFS) were compared with the overall scores for the Mental Health Continuum Scale (MHC), State-Trait Anxiety Inventory (STAI), State-Trait Depression Inventory (STDI) and Positive Relations with Others (PRWO).

The analysis revealed a medium to strong positive correlation between trait self-forgiveness and positive mental health, the same being true for interpersonal forgiveness and positive mental health. In addition, both self-forgiveness and interpersonal forgiveness have been found to negatively correlate with trait anxiety. Both types of forgiveness have been found to negatively correlate with trait depression. A positive correlation has been found between both types of forgiveness and positive relations with others. The correlation between positive relations with others and self-forgiveness is medium to strong. On the other hand, the correlation between

positive relations with others and interpersonal forgiveness is rather weak.

All the investigated variables have shown a higher correlation with self-forgiveness than with interpersonal forgiveness. The highest correlation has been found between self-forgiveness and the level of trait anxiety. At the same time, the greatest difference between correlations with self-forgiveness and interpersonal forgiveness was observed with trait anxiety.

Predictors of positive mental health

The interesting part is to know which of the investigated variables (trait forgiveness, trait anxiety, trait depression and the quality of interpersonal relationships) are independent predictors of the level of positive mental health. A stepwise regression analysis was employed to understand this.

The collected data was tested for its suitability for regression analysis using histograms with a normal curve superimposed. Bivariate scatter plots of variables were checked for linearity and outliers. Multivariate normality was assessed using histograms of residuals' distribution. Also, the occurrence of multicollinearity was checked by means of Pearson's correlation. All the investigated variables have shown strong correlation with positive mental health. A high correlation (r = .87) has been found between trait depression and trait anxiety. In view of multicollinearity of the two variables, trait anxiety results were removed from the analysis. The choice was made based on the higher correlation between trait depression (vs. trait anxiety) and positive mental health. The new model included three independent variables – trait forgiveness, trait depression and positive relations with others – and one dependent variable (positive mental health; see Tables 3 and 4).

Table 3: Stepwise Regression Analysis of Positive Mental Health

Model	b	SE (b)	B	SE (β)	t
Constant	33.96	4.94	---	---	6.88
Trait Depression	-.97	.11	-.46	.05	-9.2
Positive Relations with Others	.38	.07	.25	.04	5.58
Forgiveness	.13	.03	.18	.05	3.72

All values are significant at level $p < 0.001$

Table 4: Model Summary of Stepwise Regression Analysis of Positive Mental Health

	R	R^2	R^2 Change
Model 1a	0.706	0.499	0.499
Model 2b	0.744	0.554	0.055
Model 3c	0.756	0.572	0.018

All values are significant at level $p < 0.001$

(a) predictors: Trait Depression

(b) predictors: Trait Depression and Positive Relations with Others

(c) predictors: Trait Depression, Positive Relations with Others and Forgiveness

The regression analysis has shown that positive mental health is influenced primarily by trait depression, less by the quality of interpersonal relationships and partially also by trait forgiveness. The regression model explains a total of 57% of the variance of positive mental health ($F = 146.11$; $p < 0.001$).

Forgiveness in relation to demographic variables and subjective health

Finally, we wanted to check whether the level of forgiveness differs with respect to gender, age, education, marital status, religion and subjective assessment of the general state of health.

In order to determine the effect of sex on trait forgiveness, independent-samples of t-test was used. Prior to the t-test, Levene's test was used to check the quality of variances. The variances were found to be homogeneous ($p = 0.669$). Males displayed significantly higher levels of forgiveness than females ($t = 2.85$; $df = 329$).

For the purpose of establishing a relationship between trait forgiveness and age, the respondents were divided into three age groups: adolescence ($n = 101$, age 16-22), young adulthood ($n = 151$, age 23-29) and middle to mature adulthood ($n = 79$, age 30-69). A one-

factor ANOVA was performed after checking the homogeneity of variances using Levene's test ($F = 0.02$; $p = 0.98$). The results indicated a statistically significant relationship between age and the level of trait forgiveness ($F(2,328) = 8.52$; $p < 0.001$). Older respondents tended to be more forgiving than younger ones. A post hoc Tukey test showed a statistically significant difference between the first and second age groups (16-23 years and 24-29 years, respectively), and also between the first and third groups ($p < 0.005$).

In order to determine the relationship between trait forgiveness and religion (believers vs. non-believers), the results were subjected first to Levene's test to check the equality of variances ($F = 1.31$; $p = 0.25$) and then to an independent-sample of t-test. The results showed a statistically significant difference between believers and non-believers ($t = -2.67$; $df = 320$), the former displaying higher levels of forgiveness.

In order to test the relationship between forgiveness and subjective assessment of the general state of health, two categories of subjective health (I have major health problems and I am seriously ill) were combined as one owing to the distribution curve. We further worked with only four categories. One-factor ANOVA was performed after checking the homogeneity of variances using Levene's test ($F = 0.947$; $p = 0.418$). The analysis showed a statistically significant difference between varying "health groups" of respondents with respect to the levels of trait forgiveness ($F(3, 327) = 5.797$; $p < 0.001$). According to the results, the better their health was the higher was the respondents' ability to forgive. Tukey's multiple comparison test revealed a significant difference between respondents in subjectively perfect health and those with minor or major health problems ($p < 0.05$).

To summarize, the statistical analysis has shown that differences in gender, age, religion and general state of health exercise significant influence over the level of trait forgiveness. The differences concerning sex and religion are statistically significant at 1% level, while the differences concerning age and general state of health are statistically significant at 1‰ level. The influence of education and marital status has not been found to be statistically significant.

Discussion

Based on the research sample of 331 respondents, the study has confirmed a statistically significant relationship between trait forgiveness and selected symptoms of an individual's well-being (positive mental health, trait depression, trait anxiety, positive relations with others). These results are in line with the statement that the level of forgiveness has a significant influence on mental health and well-being (Toussaint & Webb, 2005). At the same time, the results support the hypothesis: there is a relationship between forgiveness and the quality of interpersonal relationships (Fincham & Kashdan, 2004; Lawler-Row et al., 2011). On the other hand, trait depression and anxiety have shown strong negative correlation with forgiveness, which is in agreement with earlier research. Subkoviak et al. (1995) found a negative correlation between trait forgiveness and anxiety, while Tangey, Fee & Lee (1999) established a negative relationship between both types of forgiveness and symptoms of depression.

We found that both self-forgiveness and interpersonal forgiveness had the same positive relationship with mental health as it holds true for forgiveness in general. This is in line with the previous research (Tangey, Fee & Lee, 1999; Toussaint et al., 2001). Interestingly, all the investigated variables are stronger correlates of self-forgiveness than of interpersonal forgiveness, which has already been indicated by Mauger et al. (1992), who has found the relationship between self-forgiveness and trait depression and anxiety to be stronger than the relationship between interpersonal forgiveness and the two variables. The results of the present study suggested that self-forgiveness might have a more significant impact on various aspects of mental health than interpersonal forgiveness. The highest correlation difference is trait anxiety, which is a strong correlate ($r = -.71$) of self-forgiveness and a weak correlate ($r = -.31$) of interpersonal forgiveness. Similar results were obtained by Caulkins (2012), as an example.

The results of the present study also suggest that trait depression is the main predictor of positive mental health. When trait anxiety was removed from the regression

model, trait depression exhibited as the highest predictive power of all the investigated variables. The predictive power of positive relations with others and trait forgiveness is significant but, less strong than that of trait depression. The investigated variables when combined accounted for over 57% of variance of positive mental health. The rest of the variance-related factors remain undetected by the present study. When trait depression was replaced by trait anxiety in the regression model, similar results were found. The investigated variables when combined accounted for over 50% of variance of positive mental health.In future research, demographic factors such as gender, age, education, occupation, marital status and others could be considered in the regression model. These factors were reported to have a significant impact on mental health (Barry et al., 2009; Lavikainen et al., 2006; Dolan et al., 2006; in Barry et al., 2009).

Several studies (Fincham & Kashdan, 2004; Lawler-Row et al., 2011; Pooja & Hooda, 2015) confirmed the influence of forgiveness on mental health through improving the quality of interpersonal relationships. However, the results of the present study do not appear to indicate such a conclusion; rather, they suggest that the relationship between the phenomena in question is more complex.

With regards to the role of the demographic factors, the analysis shows that males exhibit higher levels of trait forgiveness than females. These findings are in line with the results of a study by Miller & Worthington (2010) on marital forgiveness. However, other studies either showed opposite results (Miller et al., 2008), or they found no difference between genders with respect to trait forgiveness (Toussaint & Webb, 2005).

With respect to age, older respondents displayed the highest levels of trait forgiveness. The finding that trait forgiveness levels tend to increase with age was indicated by previous studies as well (Darby & Schlenker, 1982; Enright et al. 1992; Girard & Mullet, 1997). However, no unequivocal agreement exists as to its cause. Possible explanations include age-related moral maturity (Enright et al., 1992), future time perspective and time availability. A research by Cheng & Yim (2008) identified

individuals in a "time-limited" experimental condition as more forgiving than those in "time-expanded" or "neutral" condition.

The positive correlation between forgiveness and religion (vs. lack of it) is in line with a study by McCullough & Worthington (2000), who found that forgiveness has deep spiritual roots and links to religious functioning. Whatever the religion, forgiveness is universally viewed as a moral virtue that should be taught and fostered.

Respondents in subjectively perfect health displayed higher levels of trait forgiveness than others in our study, which is in agreement with the results of earlier research (Witvliet et al., 2001; Miller, Smith, Turner, Guijarro & Hallett, 1996; Witvliet, Ludwig & Van der Laan, 2001).

The results of the present study contribute to the existing base of knowledge of the relationship between forgiveness and mental health. The limitations of the research may be caused by non-random sample selection and uneven distribution of demographic factors such as age and gender. Also, the results may have been influenced by the self-report method used and the time-consuming nature of completing the questionnaires. The high correlation (r = .87) between the score for STAI and the score for STDI indicated insufficient discriminant validity of these inventories, which might have an effect on the results.

The main benefit of the research consists in the applicability of the results in psychological practice. Better understanding of the links between forgiveness and mental health will be a great asset to both personal development and clinical as well as therapeutic practice (Slezackova, 2013).

Conclusion

The results of the present study indicate that high levels of forgiveness are often accompanied by better mental health. As the most important finding of the present study we consider the results concerning the role of the self-forgiveness in mental health. We have found evidence that self-forgiveness and interpersonal forgiveness represented two separate dimensions, whose correlation with different aspects of mental health is of the same polarity but, varying significance. These findings suggest that self-

forgiveness might play a more significant role in mental health than interpersonal forgiveness. More research is needed to clarify this relation. Forgiveness in general has been found to be a statistically significant predictor of positive mental health; nevertheless, it accounts for only a small fraction of it.

Despite its limitations, the present study has yielded valuable results, allowing for better understanding of the links between forgiveness and mental health. Prior to studying the principles and mechanisms of forgiveness-related phenomena, it will be necessary to obtain reliable information about possible connections between forgiveness and other phenomena as well as between the two types of forgiveness. Another step is concerning with the creation of an appropriate theoretical framework to explain the above relationships.

Practical implications include intervention programs to support forgiveness in individuals, which can significantly contribute to their well-being and mental health, improve their social functioning and the quality of their lives at both the intra- and interpersonal levels.

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