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Khia L. Sams

East Tennessee State University

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Forgiveness, Mental Health, and Adult Children of Alcoholics

Khia L. Sams & Dr. John R. Webb, Ph. D.

East Tennessee State University

Abstract

Research has shown that spirituality can play a role in addiction and recovery. However, little work in this area has focused on adults who have grown up with parents who have had alcohol and/or drug problems. Cross-sectional data was collected from college students from a regional university in southern Appalachia. Multiple dimensions and aspects of forgiveness and mental health were examined among undergraduates, including differences based upon participants' likelihood of being an adult child of an alcoholic (ACOA). Individuals likely to be an ACOA had poorer levels of the forgiveness and mental health related variables. Among ACOAs forgiveness of others was associated with psychological distress and somatic symptoms in a deleterious fashion. Forgiveness of situations was associated with mental health status, psychological distress, and dysfunctional behaviors associated with being an ACOA in a salutary fashion. The process of forgiveness intervention may be an added benefit during the recovery process associated with growing up as a child in an alcoholic family.

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Forgiveness, Mental Health, and Adult Children of Alcoholics

There is an ongoing epidemic of alcohol and drug abuse in our society which tends to cause a raised debate on how substance abuse stimulates an almost ripple like effect on those who are exposed to it on a daily basis. Forgiveness and spirituality resonates as means of “moving on” or coping with addiction but is not perceived as a definitive resolution to a habitual problem. However, believing in God or a “higher power” seemingly remains a constant in our society with 90% reporting that they believe in God or a Universal Spirit and 87% stating they had little to no doubt that God in fact exists (Gallup, 2001).

A particular aspect of spirituality and religiousness that has been hypothesized to show an association to addiction and recovery is forgiveness. However, much of this work has been in the context of alcohol use and problems, with very little in the context of drug abuse. Similarly, research has remained limited in examining such issues in the context of Adult Children of Alcoholics (ACOA) and Adult Children of Substance Abuse (ACOSA).

Defining Forgiveness and Spirituality

Spirituality has many different definitions with the term tending to coincide with religion. For the purpose of this research, a definition of spirituality is used which is based on a review of the literature by Lyons, Dean, and Kelly (2010). That is, spirituality is defined as a person’s feelings, thoughts, experiences, and behaviors that arise from a search for and connection to the sacred, defined broadly to include a divine being but also ultimate reality, transcendent truth, or existential meaning.

Among adolescents, those with an affinity towards religiousness tend to place more value on self-control (planning, problem solving, etc.), which diverts them from substance abuse (Walker, et. al., 2007). Some studies agree with this position allowing that religious-spiritual

importance would influence the forgiveness-growth relationship in those persons who considered religion and spirituality as more influential resources; thereby, they would report more forgiveness and more growth (Schultz, et. al., 2010).

Forgiveness as a whole can be defined in a number of ways. The Bible discusses forgiveness numerous times calling us to forgive seventy times seven (Matthew 18:22), turn the other cheek (Matthew 5:39), and telling us as well that we are forgiven as far as east is from west (Psalm 103:12). Therein lies an idea of sanctification. Sanctification of forgiveness is an idea coined from specific research expressing it as the degree to which a victim considers it to be spiritually important to forgive a specific offense (Davis, et. al., 2012). However, those who dwell in spirituality when faced with a justice-seeking motive will tend to disengage from a belief that they should forgive (Davis, et. al, 2012). Forgiveness in this context is what is to be examined through this research when speaking of ACOA and ACOSA. When a child is victimized by a parent or caregiver who is abusing a substance daily, is there a retributive attitude that takes hold and gives way to anger, or through spirituality, is there a path to forgiveness? Webb and Brewer (2010) offer insight to this question when summarizing the literature regarding the definition of forgiveness from a psychological perspective:

Forgiveness does not require retribution (Rosenak & Harnden, 1992), restitution (Wahking, 1992), reconciliation, or a return to vulnerability by the victim, yet allows for an offender to be held accountable (Enright et al., 1998). While the likelihood of forgiveness to occur is increased through such factors as empathy, apology from the offender, relational closeness, and absence of rumination (see McCullough, 2000), it is an internal process undertaken by the victim (Worthington, Sandage, & Berry, 2000), an individual choice (Enright, 2001) in the end irrespective of interpersonal interaction.

Given its unique motivational and volitional factors, forgiveness is a distinctive form of coping. (p. 419)

Forgiveness and Health

Forgiveness can be a precedent in living a healthier lifestyle and is thought to impact health through direct and indirect means (Worthington, Berry, & Parrott, 2001). The indirect relationship between forgiveness and health has been conceptualized to operate through mediating relationships with otherwise distinct variables such as social support, health behavior, and interpersonal functioning (Worthington, et.al., 2001). That is, for example, in addition to a direct effect, forgiveness is thought to be associated with higher levels of social support, which in turn is associated with better health-related outcomes.

The lack of research on forgiveness of God is surprising considering that religion continues to be a major force in society, directly and indirectly influencing the lives of billions of people around the world (Strelan, Acton, & Patrick, 2009). There is yet to be a definitive link between religious beliefs and well-being when one considers the nature of an individual's relationship with God; for example, anger with God and an unwillingness to forgive God have been found to be related to poorer mental health outcomes such as depression and anxiety (Strelan, et. al., 2009). It would seem that those who feel as if they are forgiven are more apt to forgive others. Research on the social-cognitive predictors of forgiveness indicates that the more committed individuals are to a relationship, the more likely they will forgive a partner's transgression (Strelan, et. al., 2009). Other research has found that in association with mental health and social support, forgiveness of self may be most important, with feeling forgiven by God playing a secondary role (Webb, et. al., 2011). Recent research has suggested that religion and spirituality can be a resource or a burden for those with serious mental illness (SMI)

(Phillips, et. al., 2002). This is not just indicative to ACOA related mental illness but mental illness in general. Whereas, the association between forgiveness and problems with alcohol and drugs is argued to operate through spirituality (Lyons, et. al., 2010); forgiveness is one person's individual choice to abandon resentment, a free choice on the part of the one wronged, it can be unconditional regardless of what the offender does, and reconciliation (is) conditional on the offender's willingness and ability to change (their) offensive ways (Enright and Fitzgibbons, 2000).

Forgiveness and Alcohol Problems

Alcoholism is one of the leading causes of addiction in our country. In 2010, polling suggested that sixty-seven percent of U.S. adults drink alcohol, a slight increase over the previous year and the highest reading recorded since 1985 by one percentage point (Gallup, 2010). Also, it has been said that alcohol is the most commonly misused substance in the United States (Substance Abuse and Mental Health Services Administration, 2010). Thereby, addiction in any form should be seen as a serious biophysical condition that can be researched and treated as any other type of medical disease (Elsheik, 2008).

When it comes to forgiving oneself for being an alcoholic or forgiving someone for exposition to alcohol in one's life, it is essential to differentiate forgiving from condoning, pardoning, reconciling, or forgetting. Forgiveness is a personal decision to give up resentment and to respond with beneficence toward the person responsible for a severe injustice that caused deep, lasting hurt (Lin, et. al., 2004). The ACOA or ACOSA may find within themselves, with familial support, an ability to possess high levels of trait forgiveness which is the ability to forgive across time and situations; thereby, they may be able to offer forgiveness more readily to the person who misuses alcohol (Scherer, et. al., 2012).

ACOA and ACOSA

Adult Children of Alcoholics (ACOA) and Adult Children of Substance Abuse (ACOSA) are labeled so because as children they resided in a household where alcohol, drugs, or the combination of both were utilized by an authority figure on a day-to-day basis. Indeed, empirical evidence has been observed in support of mental illnesses in ACOAs versus those who are non-ACOA. As discussed by Jacob, Windle, & Bost (1999), “A significant proportion of young COAs exhibit cognitive, behavioral, and interpersonal impairment as evidenced by some combination of impulsive, undercontrolled behavior, academic underachievement, and involvement with deviant peer groups and antisocial activities” (p. 4). Other research has determined that ACOAs have a greater risk, upon maturation of becoming alcoholics themselves, will show greater than average emotional and psychological distress, portray eating disorder symptomology, personality disorders, increased levels of depression, antisocial symptoms and anxiety (Cuijpers, Langendoen, & Bijl, 1999). ACOAs have been found to evidence higher levels of external locus of control, a greater need for interpersonal control, and significantly higher levels of introjective depression than non-ACOA contrast groups (Shemwell, et.al., 1995).

Although some research has relied on children of diagnosed alcoholics or individuals attending groups for children of alcoholics as their samples, most often children of alcoholics are identified from specific or general population samples (Hodgins & Shimp, 1995). The most readily accessed sample utilized in research of ACOAs is college students. Alcohol use by college students is often thought to reflect the availability of alcohol, new found freedoms for many students, the pursuit of adulthood, alcohol expectancies, peer influences, alcohol marketing that targets college students, and perceptions of drinking on campus; however, even though the college student environment appears to be conducive to alcohol use, family history of alcoholism

appears to create greater risk for adult alcohol problems (Braitman, et. al., 2009).

ACOA has gradually been researched more readily over the years whereas ACOSA is still lacking in empirical research. In fact, little empirical validation of the supposed problems in personality dynamics of the ACOA or ACOSA category exists; therefore, it would be helpful to therapists to identify any functional limitations for individuals classified as ACOA or ACOSA, adhering to the classification as described by the principle proponents and originators of the category (Shemwell, et. al., 1995). Methodological and sampling problems have left unanswered questions about the strength and nature of the relationship between alcohol and drug disorders and child maltreatment, thereby calling into question the value of increasing efforts targeting alcohol or drug abuse in families referred for child abuse or neglect (Kelleher, et. al., 1994). Kelleher (1994) also indicates in her research that although social and environmental factors have been considered the primary determinants of child abuse and neglect, some authors have suggested that parental psychiatric disorder generally, and substance abuse specifically, predisposes to child maltreatment, regardless of social factors.

Treatment Options

Treatment is still limited for ACOAs, however since empirical validity is still limited, research is still being evaluated on many different planes to assess those suffering from the repercussions of growing up in a household where alcohol and other substances were abused. The main constructs of denial and shame present themselves readily in the demeanor of an ACOA. William Ryan (1991) states in his research,

It is vital for the ACOA to say to the analyst, to himself or herself, and eventually to others, "My father/mother was an alcoholic. His/her alcoholism affected me in many important ways." This is necessary to counteract the use of denial by the alcoholic. The alcoholic

employs conscious denial by saying that his or her drinking is not a problem, can be stopped at any time, and so on. He or she utilizes unconscious denial by refusing to acknowledge his or her own inner emptiness and needs for nurturance, caring, and acceptance. Because the ACOA witnessed the denial of the alcoholic parent and was immersed in the denial of the familial system, the ACOA, through the process of identification, often will use denial as one of his or her primary defenses. (p. 71)

Other treatment focuses on self help books (Wright & Heppner, 1991), while some ACOAs and ACOSAs are told to incorporate themselves into mutual-help groups (MHGs) which are voluntary, democratic, nonprofessional, and often spiritually based organizations that frequently target people who share a stigmatized status and need assistance in coping with their status-related problems (Kingree & Thompson, 2000).

Due to the lack of empirical data and research regarding the ACOA and ACOSA, there is still limited evidential validity when it comes to labeling what categorizes one into such a division. There is still indeterminate proof as to state what justifies a person as being a victim of alcohol abuse in the home or being a “normal” (Seefeldt & Lyon, 2001). These ideas have induced a need for further empirical research examining those raised in substance abusive environments. Also, there is a lack in research when it comes to understanding forgiveness in relation to those who have been defined as either ACOA or ACOSA. Based on previous forgiveness, mental health, and alcohol based research the general purpose for this current research is to examine:

1. Differences in forgiveness and mental health among ACOA vs. non ACOA, such that a general hypothesis of this study is that levels of forgiveness and mental health related symptoms will be lower/worse among ACOAs and

2. Forgiveness as being related to mental health and alcohol/drug related problems among ACOAs, such that a general hypothesis of this study is that higher levels of forgiveness will be associated with better levels of mental health and alcohol/drug related symptoms among ACOAs.

Methods

Participants

To test the general hypotheses, the original sample included students enrolled at East Tennessee State University who voluntarily participated in this study ($N = 192$). The sample number was decreased to 110 due to survey timing cut off at twenty minutes. This is the sample from which the research was conducted. To participate in the study, students had to be registered for at least one psychology course in order to have access to research participation. The series of surveys were accessible online via the university's student-accessible online research system, SONA. Most participants were women (72.9%), Caucasian (83.85%), and single (84.38%). The mean age of the participants was $M = 21.31$ ($SD = 6.05$). The average year of higher education for the participants was 2 years.

Materials

The data for this research derived from nine questionnaires measuring experiences that could possibly characterize an individual as being a child of an alcoholic, behaviors associated with being an ACOA, mental health, multiple dimensions of forgiveness, psychological pain, psychological distress, alcohol related problems, and drug related problems. Data regarding demographic variables, such as gender, age, marital status, etc., were also collected.

CAST. This measure was developed by Jones (1983). The Children of Alcoholics Screening Test (CAST) is a 30-question survey that is utilized to identify the likelihood of a

child being categorized as an ACOA based on their experiences, etc. related to parents' alcohol use. The scale determines that if 6 or more questions were answered with "yes" then the child is likely the child of an alcoholic.

ACOA. The Adult Children of Alcoholics Index is comprised of 21 items gauging the traits or behaviors associated with being an adult child of an alcoholic. This measure was developed by Gondolf & Ackerman (1993).

SF12. The 12-Item Short-Form Health Survey (SF12) was developed by Ware et. al. (1996). Participants also completed this questionnaire assessing global physical and mental health related items. The survey contains 12 questions; however for this research we used the 5-item subscale regarding Mental Health Status (MHS).

HFS. The Heartland Forgiveness Scale (HFS) is an 18-item self-report measure of dispositional forgiveness, with subscales to assess forgiveness of self, of others, and of situations. This scale was developed by Thompson et. al. (2005).

PHQ. The Physical Health Questionnaire (PHQ) is a 14-item self-report scale. Participants completed the PHQ to assess somatic symptoms such as gastrointestinal problems, headaches, sleep disturbances, and respiratory illness. This scale was developed by Schat et. al. (2005).

DASS21. To determine their general level of psychological distress, participants completed a 21-item version of the Depression Anxiety and Stress Scale (DASS). This scale was developed by Lovibond & Lovibond (1995).

AUDIT. The Alcohol Use Disorders Identification Test (AUDIT) is a 10-item questionnaire that was completed by participants to screen and identify people who are at risk of developing alcohol problems. The AUDIT focuses on identifying the preliminary signs of hazardous drinking and mild dependence. This measure was developed by Babor et. al. (2001).

DAST-10. The Drug Abuse Screening Test is comprised of 10 items and was adapted for use among college students by McCabe et. al. (2006). Participants were to answer “yes” or “no” to these 10 items in relation to abusing various classes of drugs that may include but are not limited to: cannabis (e.g., marijuana, hash), solvents (e.g., gas, paints etc...), tranquilizers (e.g., Valium), barbiturates, cocaine, and stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., Heroin).

Psychache. Participants completed the 13-item Psychache scale, which was developed to assess psychological pain (e.g., “I feel psychological pain,” “My soul aches”). This scale was developed by Holden et. al. (2001).

Procedure

Participation in this research involved having access to the online SONA system by being enrolled in at least one psychology course at East Tennessee State University. Student’s participation was voluntary with no monetary compensation; however, participants may have received course credit for completing a particular amount of studies, as established by their instructor. Data was analyzed using SPSS, a statistical analysis software program that is often used for research in psychology and other social sciences.

Results

Group Differences

As Table 1 indicates, group differences were observed based on whether participants were or were not likely to be Children of Alcoholics (COA), based on receiving a score of 6 or above on the CAST. That is, participants who were likely to be COA had poorer scores of Forgiveness of Self, Forgiveness of Situations, Mental Health Status, Psychological Distress, Somatic Symptoms and Psychache ($p \leq .05$).

Bivariate Associations

As Table 2 indicates, bivariate correlations (Pearson r) were calculated between the independent variables (forgiveness of self, of others, and of situations) and the dependent variables (mental health status, ACOA, somatic symptoms, psychological distress, and psychache). Statistically significant relationships were found. Forgiveness of Self was significantly associated with mental health, psychological distress, somatic symptoms, psychache, and ACOA ($r=.45, -.37, -.30, -.28, -.42$, respectively). Forgiveness of Others showed significance with only one dependent variable, ACOA ($r=-.39$). Forgiveness of situations was significantly associated with mental health, psychological distress, somatic symptoms, psychache, and ACOA ($r=.49, -.39, -.27, -.29, -.56$, respectively).

Multivariable Associations

Among participants likely to be children of alcoholics, forgiveness accounted for 17–33% of the variance among four of the seven possible mental health related and alcohol and drug related variables (Table 3). That is, significant multivariable associations were observed for Mental Health Status, Psychological Distress, Somatic Symptoms, and behaviors associated with being an ACOA, but not with the AUDIT, DAST-10, or Psychache scale. While the dimensions of forgiveness measured were individually associated with a variety of the dependent variables at the bivariate level of analysis (see Table 2), when the dimensions of forgiveness were analyzed together, the pattern of association changed. At the multivariable level, the variance in each of the four aforementioned regression models was accounted for by only one or two of the three dimensions of forgiveness measured: (1) of Situations, 31% in Mental Health Status; (2) of Others and of Situations together, 28% in Psychological Distress; (3) of Others, 17% in Somatic Symptoms; and (4) of Situations, 33% in the ACOA Index. Of note, for associations involving

Forgiveness of Situations the relationships were salutary and for associations involving

Forgiveness of Others the relationships were deleterious.

Discussion

The analyses of all of the data showed that there were significant differences in forgiveness and mental health related variables (poorer levels), but not alcohol and drug related variables, among adult college students likely to be children of alcoholics as opposed to those unlikely to be such. Additionally, forgiveness was observed to be associated with better mental health among ACOAs. Further, forgiveness of others and forgiveness of situations, but not forgiveness of self, were associated with mental health among ACOAs. However, for forgiveness of others the associations with psychological distress and somatic symptoms were deleterious, whereas the associations involving forgiveness of situations with mental health status, psychological distress, and behaviors associated with being an ACOA were salutary. Such results may suggest that ACOAs may have better mental health related outcomes when they can forgive the situational aspects of their upbringing. However, it may be the case that such individuals may experience worse mental health related outcomes when they must consider forgiving their parents or guardians directly.

These results mostly support the hypothesis of this research. It can be seen through the results indicated that forgiveness does hold a strong connection to mental health related issues likely associated with growing up as a child of an alcoholic. It can be seemingly further posed that those who scored higher on the CAST scale (6+), that is, likely to be a child of an alcoholic, will show more difficulty with forgiveness of self and of situations and higher probability of depression, anxiety, stress, somatic symptoms, and psychache. Similarly, with a larger sample, the ACOA score, or problematic behaviors associated with being an ACOA, may become

statistically worse for ACOAs ($p = .125$).

The process of forgiveness may be an added benefit during the recovery process associated with growing up as a child in an alcoholic family. As such, incorporating forgiveness interventions (see Worthington, 2006) in the treatment of people seeking help coping with such experiences from their formative years may be useful. Similarly, forgiveness education and/or interventions while growing up and during the transition to adulthood may be helpful.

Limitations

The results from this study did reveal significance, however limitations were present. First and foremost, this was a cross-sectional study and conclusions related to cause and effect cannot be drawn. Future research should incorporate longitudinal and/or intervention based data before confidence in such conclusions can begin to develop. Additionally, participants' responses to the surveys presented on SONA may have been affected by a social desirability bias. For example, participants may have chosen to complete the surveys together (i.e., in each other's presence) and thus may not have answered the items in an honest fashion. Also, by having a small sample of ACOAs, the results may underestimate the nature of the differences and strength of the associations.

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Table 1

Differences in Study Variables:

Likely versus Unlikely to be Children of Alcoholics

Comparison [§]	<i>M</i> <i>SD</i>		<i>p</i>
	Likely (n=34-38)	Unlikely (n=112-129)	
FS	27.29 7.28	30.63 7.20	.013
FO	26.71 8.24	29.84 7.16	.635
FSit	26.71 7.30	29.67 7.01	.025
MHS	-1.55 3.50	.31 3.79	.008
AUDIT	3.48 4.37	2.91 3.75	.460
DAST-10	.95 1.59	.73 1.63	.458
DASS-21	18.24 11.03	12.40 11.99	.008
Somatic	49.58 12.61	43.99 13.56	.025
ACOA	60.74 10.84	57.07 12.50	.125
Psychache	24.71 11.04	20.20 10.48	.023

[§] Independent samples t-tests

FS=Forgiveness of Self; FO=Forgiveness of Others; FSit=Forgiveness of Situations; MHS=Mental Health Status; AUDIT=The Alcohol Use Disorders Identification Test; DAST-10=Depression and Anxiety Screening Test; DASS-21=Depression Anxiety and Stress Scale; ACOA=Adult Children of Alcoholics

Table 2

Bivariate Correlations of Study Variables among Participants Likely to be Children of Alcoholics

	Likely to be Children of Alcoholics (n=34-38)						
Dimension of Forgiveness	MHS	DASS21	PHQ	Psychache	AUDIT	DAST10	ACOA
FS	.45**	-.37*	-.30 [†]	-.28 [†]	.01	-.11	-.42*
FO	.10	.05	.06	-.06	-.13	-.14	-.39*
FSit	.49**	-.39*	-.27 [†]	-.29 [†]	-.07	-.05	-.56***

FS=Forgiveness of Self; FO=Forgiveness of Others; FSit=Forgiveness of Situations; MHS=Mental Health Status; DASS21=Depression Anxiety Stress Scale (Psychological Distress); PHQ=Physical Health Questionnaire (Somatic Symptoms); Psychache (psychological pain); AUDIT=Alcohol Use Disorders Identification Test; DAST-10=Drug Abuse Screening Test; ACOA=Adult Children of Alcoholics Index
 * $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$; [†] $p \leq .10$
 Effect size (strength of association) of r : .10=small, .30=medium, .50=large (Cohen, 1988)

Table 3

Multiple Regression[§] Analyses of the Relationship between Forgiveness and Study Variables Among Participants Likely to be Children of Alcoholics

	AUDIT Total (n=38)			DAST-10 Total (n=38)		
Model	R ²	B	Beta	R ²	B	Beta
	.02			.04		
FS		.07	.12		-.04	-.19
FO		-.07	-.13		-.03	-.18
FSit		-.05	-.08		.04	.19
	MHS (n=38)			DASS21 (n=38)		
Model	R ²	B	Beta	R ²	B	Beta
	.31**			.28*		
FS		.08	.16		-.19	-.13
FO		-.12	-.28		.56*	.42
FSit		.26*	.54		-.81*	-.54
	PHQ (n=38)			Psychache (n=38)		
Model	R ²	B	Beta	R ²	B	Beta
	.17 [†]			.11		
FS		-.32	-.19		-.21	-.14
FO		.49 ^{††}	.32		.20	.15
FSit		-.56	-.32		-.41	-.27
	ACOA (n=34)					
Model	R ²	B	Beta			
	.33**					
FS		-.09	-.06			
FO		-.14	-.11			
FSit		-.70 ^{†††}	-.46			

FS=Forgiveness of Self; FO=Forgiveness of Others; FFG=Feeling Forgiven by God; AUDIT=Alcohol Use Disorders Identification Test; DAST-10=Drug Abuse Screening Test; MHS=Mental Health Status; DASS21=Depression Anxiety Stress Scale (Psychological Distress); PHQ=Physical Health Questionnaire (Somatic Symptoms); Psychache (psychological pain); ; ACOA=Adult Children of Alcoholics Index

R² = Total R²; B = unstandardized B; Beta = standardized B

[§] Standard (Simultaneous) Multiple Regression

-- Due to small sample size, no covariates were included

* p≤.05; ** p≤.01; *** p≤.001; [†]p=.101; ^{††}p=.105; ^{†††}p=.077