DIFFERENTIATING BETWEEN FORGIVENESS OF SELF AND OTHERS

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ABSTRACT

DIFFERENTIATING BETWEEN FORGIVENESS OF SELF AND OTHERS

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This study examined the relationship between self-forgiveness, forgiveness of others, and mental health. It also explored how self-forgiveness and forgiveness of others differ. Participants (N = 108) were recruited from a medium-sized Midwestern Catholic university. Participants answered self-report questionnaires concerning forgiveness of self and others, dispositional predictor variables (guilt, shame, religiousness, self-consciousness), and mental health (anger, depression, self-esteem). As hypothesized, self-forgiveness was negatively related to depression and self-consciousness and positively related to self-esteem. Forgiveness of others was negatively related to state anger, trait anger, and depression. Both self-forgiveness and forgiveness of others contributed uniquely to the prediction of depression. Furthermore, guilt and shame were negatively correlated with both self-forgiveness and forgiveness of others. However, guilt contributed uniquely to the prediction of both self-forgiveness and forgiveness of others, whereas shame uniquely predicted only dispositional self-forgiveness. Contrary to hypotheses, religious orientation was not related to any of the forgiveness measures. Study limitations are discussed.

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CHAPTER I

INTRODUCTION

Psychotherapists sometimes work with people who are experiencing distress related to how they have treated others. One way to cope with this distress is through self-forgiveness. However, the literature on self-forgiveness is limited. Much of the literature that exists provides theoretical speculations without empirical data. There are only a handful of studies that empirically examine the process and outcome of self-forgiveness. Additional empirical research is needed to better understand the relationship between self-forgiveness and mental health.

The present study will examine the relationship between self-forgiveness, forgiveness of others, and mental health. This study will also examine how self-forgiveness and forgiveness of others differ. Specifically, the following questions will be addressed: (1) What is the relationship between self-forgiveness, forgiveness of others, and mental health? (2) Does self-forgiveness predict mental health beyond forgiveness of others? (3) Which dispositional variables predict self-forgiveness and forgiveness of others? (4) Do guilt and shame uniquely predict both self-forgiveness and forgiveness of others?

The review of the literature will be organized in the following manner. First, a general conceptualization of self-forgiveness will be presented. Second, theories regarding the process of self-forgiveness will be examined. Third, the relationship of guilt, shame, and religion to mental health will be examined.

Fourth, studies will be reviewed that examined the relationship between forgiveness (i.e., forgiveness of others, self-forgiveness) and mental health.

Conceptualization of Self-Forgiveness

Enright & The Human Development Study Group (1996) defined self-forgiveness as "a willingness to abandon self-resentment in the face of one's own acknowledged objective wrong, while fostering compassion, generosity, and love toward oneself" (p. 116). Self-forgiveness is not the same as excusing oneself or condoning one's own unjust behavior (Enright et al., 1996). Excusing or condoning one's behavior may make it more likely that the person will commit a similar offense in the future. In contrast, the self-forgiver acknowledges that certain behaviors are wrongful and must be modified. In theory, self-forgiveness may decrease the probability that the person will repeat a wrongful action. Empirical evidence is needed to examine this possibility.

How does self-forgiveness compare to forgiveness of others? Several similarities have been noted by authors. According to Enright et al. (1996), both types of forgiveness involve letting go of resentment. Both forms of forgiveness also involve responding to a specific event or events in one person's life seen as offensive to either self or others. Similar to interpersonal forgiveness, self-forgiveness can be unconditional, regardless of the nature of the act. Also, as in interpersonal forgiveness, a self-forgiver need not judge all of his or her behaviors as morally good to practice a sense of inherent self-worth (Enright et al., 1996).

There are also some important differences between self-forgiveness and forgiveness of others. Unlike interpersonal forgiveness, self-forgiveness and reconciliation are always linked (Enright et al., 1996). According to Enright et al. (1996), one does not offer only an affective or cognitive response to oneself, but truly cares for oneself. In this self-reconciliation, the person makes a genuine effort to change in the future. In addition, obstacles to forgiveness may differ depending on who the offender is. Research suggests that forgiving others is facilitated when the offender apologizes or shows contrition (Darby & Schlenker, 1982). Although one may choose to forgive even in the absence of the offender's contrition, it may be more difficult. Self-forgiveness may depend less on the behavior of others and more on one's own actions and thought processes. Mauger et al. (1992) speculated that individuals who have difficulty forgiving themselves internalize their negative affect whereas individuals who have difficulty forgiving others externalize their negative emotions.

Enright et al. (1996) posited that of all the elements in the "forgiveness triad" (i.e., interpersonal forgiveness, receiving forgiveness, and self-forgiveness), self-forgiveness is the most difficult to achieve. To begin, self-forgiveness may be a more abstract concept than other types of forgiveness. Also, self-forgiveness may be difficult to attain because many people are harder on themselves than on others. Enright et al. (1996) stated, "We find that most people can forgive others and even realize that they themselves are forgiven by others, but still they cannot offer forgiveness to self" (p. 119).

Self-Forgiveness Process. Enright et al. (1996) developed a "philosophically rational" (p. 107) process to self-forgiveness in order to help counselors in the therapeutic encounter. Enright et al. (1996) categorized the general processes of self-forgiveness into four phases (i.e., uncovering phase, decision phase, work phase, and outcome phase). Each phase consists of smaller units. The uncovering phase involves an increasing awareness of the wrongdoing one has committed and the emotional pain one has experienced. In the decision phase the person makes a commitment to self-forgive. In the work phase the person reviews the past, becomes more aware of one's own suffering, extends loving compassion toward oneself, and accepts his/her emotional pain. According to Enright et al. (1996), this acceptance is essential to the process of self-forgiveness. Finally, in the outcome phase the individual finds meaning in the offense and suffering, realizes that self-forgiveness is an option and that others have had to forgive themselves, and eventually releases negative feelings such as excessive guilt and shame. Enright et al. (1996) stated that the self-forgiveness process is not "a rigid, step-like sequence, but rather a flexible set of processes with feedback and feedforward loops" (p. 110). According to this model, individuals may skip entire units as they forgive.

Another model of self-forgiveness has been described by Bauer et al. (1992). Bauer et al. (1992) conducted in-depth interviews with seven subjects and found that self-forgiveness involves a letting go of one's old identity, expectations, and beliefs that may begin after a specific crisis or may follow a series of difficult changes in one's life. Bauer et al. (1992) noted that self-

forgiveness involves a radical shift in one's approach to life and described the initial experience as an awareness that something is fundamentally wrong about one's life and a feeling of estrangement from self and others. The closer one moves toward realizing how much one has hurt oneself or others, the more one's sense of being wrong intensifies (Bauer et al., 1992). Bauer et al. (1992) and Halling (1994) indicated that accepting responsibility for one's own contribution to a painful or problematic situation is essential in self-forgiveness; however, this responsibility embraces one's life and actions and is without self-blame and accusation.

Bauer et al. (1992) noted that the process of self-forgiveness may involve experiencing and coming to terms with intense negative feelings such as confusion, guilt, anxiety, and despair. It is also important to experience the grief that comes with letting go, such as grieving for what might have been or feeling regret for what was. The overall movement toward self-forgiveness can be described as one from deception and denial to honesty and acknowledgement. The movement involves a great deal of struggle and vacillation between acceptance and harsh judgement. Bauer et al. (1992) noted that as self-forgiveness is gradually embodied, one moves toward feeling a sense of ease and "at home in the world" (p. 150). Bauer et al. (1992) stated "... forgiveness in relation to self is a profoundly transforming experience and central to the healing of one's brokenness" (p. 152).

The self-forgiveness models presented above contain several similarities. Both theories of self-forgiveness involve an awareness, acceptance, and letting go

of the painful feelings of the past. Both also noted that self-forgiveness is a flexible process and that the experience is somewhat different for each individual. Both theories also indicated when self-forgiveness is achieved one feels more loving toward oneself and has improved relations with others. It is important to reiterate that little empirical research has been done to confirm, or deny, either of these theories.

As noted above, theories of self-forgiveness emphasize overcoming many of the negative feelings that one is experiencing as a result of one's wrongful actions. Two feelings which may be especially important to the self-forgiveness process include guilt and shame. Thus, before one can understand how self-forgiveness relates to mental health, it is important to examine how guilt and shame relate to mental health.

Guilt and Mental Health

According to Quiles and Bybee (1997), guilt is a "powerful, urgent, and intensely unpleasant emotion that may arise from real or imagined transgressions, substandard behavior, or situations that cause another person to feel distress" (p. 105). Bybee and Quiles (1998) make a distinction between predispositional guilt and chronic guilt. Predispositional guilt is described as a "personality proclivity for experiencing guilt in response to specific, circumscribed, eliciting situations" (p. 272). In contrast, chronic guilt is defined as an "ongoing condition of guiltiness, regret, and remorse unattached to an immediate precipitating event"

(Bybee & Quiles, 1998, p. 272). These two forms of guilt appear to be somewhat independent and have different effects on mental health (Quiles & Bybee, 1997).

Predispositional Guilt. Predispositional guilt may be adaptive and appears to be related to empathy, greater use of apologies, and less aggressiveness (Quiles & Bybee, 1997). Individuals with predispositional guilt tend to receive better grades in school, have increased frustration tolerance, and adhere more closely to prescribed medical regimens (Merisca & Bybee, 1994, as cited in Bybee & Quiles, 1998). Predispositional guilt also appears to be positively related to prosocial, achievement-oriented, and healthy behavior (Bybee & Quiles, 1998). Individuals that experience predispositional guilt may engage in conciliatory behaviors and will often confess, apologize, seek forgiveness, and make amends for their wrongful deeds (Quiles & Bybee, 1997).

Research suggests that predispositional guilt is unrelated to psychopathology. For example, Quiles & Bybee (1997) found that predispositional guilt is not related to somatic, obsessive-compulsive, anxious, or paranoid symptoms. Predispositional guilt is also unrelated to eating disorders (Bybee, Zigler, Berliner, & Merisca, 1996) and depression (Bybee & Williams, 1996, as cited in Bybee & Quiles, 1998). Although predispositional guilt may be adaptive, guilt can become problematic when it is extreme or exaggerated (Bybee & Quiles, 1998).

Chronic Guilt. The studies that report a link between guilt and mental illness usually use measures that assess a chronic, continual sense of guilt (Quiles & Bybee, 1997). For example, chronic guilt often occurs in obsessive-compulsive

disorder and paranoia (Fairburn & Cooper, 1984). The emotion is also present in posttraumatic stress disorder, bulimia, and other disorders of self-regulation (e.g. alcohol or drug abuse) (Jarrett & Weissenburger, 1990). Brouwers (1988) found that female college students with bulimia exhibited more guilt and suicidal ideation than the control group. Harrow and Amdur (1971) demonstrated that patients who experience more guilt have negative self-images, whereas patients who experience less guilt have positive self-images.

Chronic guilt has also been associated with a number of internalizing disorders, but particularly with depression (Kugler & Jones, 1992). Excessive or inappropriate guilt occurring nearly everyday is one of the diagnostic criteria for Major Depressive Episode in the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 1994). Consequently, items assessing guilt are used in several depression inventories (e.g., Beck Depression Inventory) (Bybee & Quiles, 1998). Indeed, chronic guilt is pervasive in many depressed patients (Jarrett & Weissenburger, 1990). Research has found that a family history of depression is related to a higher overall level of guilt in depressed patients (Leckman et al., 1984).

Chronic guilt can also affect interpersonal relationships. Jones and Kugler (1993) found that individuals with greater guilt are more likely to exhibit behaviors that hurt their relationship partners (e.g., betraying a relationship partner) and are more likely to have difficulty maintaining intimate relationships. Jones and Kugler (1993) also report that individuals who experience chronic guilt are more likely to describe themselves as angry, resentful, suspicious, lonely, and

insecure. In addition, friends and relatives perceive individuals scoring higher on chronic guilt to be more angry, argumentative, egotistical, detached, and contemptuous. They were also viewed as less loving, affectionate, and sociable (Jones & Kugler, 1993).

Several researchers have proposed theories as to why chronic guilt may be maladaptive. According to the functionalist perspective, any emotion may be adaptive or maladaptive, depending on the circumstance. They argue that ineffective emotion regulation makes an emotion dysfunctional. Emotion dysregulation may occur when individuals do not have access to an emotion or when one emotion becomes dominant. Emotion dysregulation may also occur when the individual cannot effectively adjust emotional states to the situation. A well-adjusted individual is able to amplify, extend, and stop an emotion as needed (Cole, Michel, & Teti, 1994). Hence, individuals that experience chronic guilt may not be able to regulate their feelings appropriately and the emotion becomes maladaptive and pathogenic in nature.

According to Weiss (1993), psychopathology is derived from guilt and pathogenic beliefs that develop in response to difficult experiences in childhood. Pathogenic beliefs warn people that if they attempt to pursue their developmental goals they will harm either themselves or someone they love. According to Weiss, pathogenic beliefs give rise to guilt. If people then attempt to pursue or consider pursuing these goals they may suffer from guilt, shame, anxiety, and fear. People then develop pathogenic inhibitions in response to these beliefs, in

an effort to avoid or minimize guilt. Thus, Weiss sees guilt as relevant to psychopathology (O'Conner, Berry, & Weiss, 1999).

In summary, research has identified two forms of guilt (i.e., predispositional and chronic). Unlike chronic guilt, predispositional guilt is unrelated to maladjustment and positively related to prosocial behavior. Research is needed to examine how self-forgiveness relates to guilt. In theory, people who experience predispositional guilt may be more likely to forgive themselves than people who experience chronic guilt. Another related but separate construct that may relate to self-forgiveness is shame.

Shame and Mental Health

Tangney, Wagner, Hill-Barlow, Marschall, and Gramzow (1996) explain that a shamed person's area of concern is with the "entire self" (p. 797). Unlike guilt, shame does not appear to have any beneficial effects. When one experiences shame, a negative behavior or shortcoming is taken as a direct reflection of the self. There is a painful examination and negative evaluation of the whole self, with corresponding feelings of insignificance. The person feels worthless, powerless, and impaired. Furthermore, because shame also involves a sense of exposure, whether real or imagined, there is a desire to hide and disappear. Research also indicates that shame can lead to a hostile, defensive type of anger (Tangney, Wagner, Fletcher, & Gramzow, 1992), presumably aimed at a real or imagined disapproving other.

In contrast, when one experiences guilt, the area of concern is a specific behavior or failure, somewhat apart from the self (Tangney et al., 1996). There is an examination and negative evaluation of the behavior, with a corresponding sense of remorse and regret over the act that was done. However, "...the processes involved in guilt stop short of a generalization to the entire self" (Tangney et al., 1996, p. 798). When experiencing guilt, a person may feel very bad about his or her behavior but not necessarily about him- or herself. That is, the behavior may be deemed unacceptable, but the inherent worth of the self remains. Unlike shame, guilt often precipitates the need for reparative action, such as apologizing, to undo the harm that was done (Tangney et al, 1996).

Tangney, Burggraf, and Wagner. (1995) reported that shame invokes a number of processes that can be detrimental to interpersonal relationships. For example, the self-focused nature of shame appears to interfere with the ability to empathize with others. Tangney et al. (1995) found shame to be negatively correlated with interpersonal empathy. Feelings of shame also tend to hinder constructive behaviors in interpersonal contexts (e.g., active avoidance or a tendency to blame others). For example, Tangney et al. (1996), found shame to be associated with internalized anger (i.e., a ruminative, unexpressed anger), self-directed hostility, and a tendency to withdraw from anger-related situations. Tangney et al. (1992) also found shame to be positively correlated with anger arousal, suspiciousness, resentment, irritability, a tendency to blame others for negative events, and indirect expressions of hostility among undergraduate college students.

Shame may be an important component in many psychological disorders (Tangney et al., 1995) such as depression, narcissism, bipolar disorder, and schizophrenia (Goldberg, 1991; Lansky, 1987; Morrison, 1989; Morrison, 1987). Harder, Cutler, & Rockart (1992) found shame to be significantly correlated to many symptoms of psychopathology (i.e., depression, obsessive-compulsive, interpersonal sensitivity, and phobic anxiety) among undergraduate students. Shame has also been linked with substance abuse, eating disorders, and child abuse (Fossum & Mason, 1986). Meehan et al. (1996) found that recovering drug-addicted subjects experience higher levels of shame, guilt, depression, and suicidal ideation than nonaddicts. Tangney et al. (1995) found that shame correlated negatively with self-esteem and stability of the self and positively correlated with self-consciousness, fear of negative evaluation, social anxiety, and use of the defense of splitting.

Several researchers, many psychodynamically oriented, have proposed theories as to why shame may be maladaptive. According to Lewis (1971), individual differences in cognitive style (i.e., field dependence vs. field independence) lead to opposite modes of superego functioning (i.e., shame-proneness vs. guilt-proneness), and together these cognitive and affective styles lead to differential symptom formation. She suggests that the global, less differentiated self of the field-dependent individual is vulnerable to the global, less differentiated experience of shame and ultimately to disorders in affect (e.g., depression). In contrast, the more differentiated self of the field-independent individual is more likely to experience guilt (which requires distinguishing

between self and behavior) and to display obsessive and paranoid symptoms directed toward the field, separate from the self.

Research indicates that chronic guilt and shame are closely related. Quiles and Bybee (1997) found that measures of chronic guilt load with shame on a single factor. Kugler and Jones (1992) report that their measure of chronic guilt shows correlations as high as .72 with indices of shame. The PFQ-2 Guilt Scale, which is considered a measure of chronic guilt, strongly correlates ($r = .64$) with the PFQ-2 Shame Scale (Harder et al., 1992). In contrast, predispositional guilt measures show more moderate correlations with shame (Bybee & Quiles, 1998). Similarly, Tangney (1995) maintains that guilt, when chronic, is fused with shame. She notes that when the guilt is ongoing or insoluble, attributions may become more stable, internal, and shame-like. In Tangney's view, the pathological guilt so often described in the clinical literature is most typically guilt with an overlay of shame.

In summary, most authors agree that shame is maladaptive and related to several psychological disorders. Research is needed to examine the relationship between self-forgiveness and shame. In theory, individuals who forgive themselves may be less likely to experience shame.

Religion and Mental Health

Forgiveness of self and forgiveness of others are often encouraged by religious traditions. Indeed, for some individuals, forgiveness may be an inherently religious/spiritual act. In order to better understand the possible

relationship between forgiveness and religion it is important to examine religion as a multidimensional phenomenon. Research has shown that religion can have a positive or negative influence on mental health (Mickley, Carson, & Soeken, 1995). On the positive side, religion can promote positive health practices such as proper diet and exercise and help people refrain from negative behaviors such as drug or alcohol abuse. It can also encourage social cohesiveness, provide mechanisms such as prayer to reduce anxiety and tension, help establish meaning in life, and provide a connection to an "Ultimate Other" (Mickley et al., 1995, p. 346). Religious well-being has been positively correlated with commitment, control (Carson & Green, 1992), and hope (Mickley, Soeken, & Belcher, 1992) and negatively correlated with depression (Fehring, Brennan, & Keller, 1992) and loneliness (Miller, 1985).

However, certain approaches to religion may have a negative impact on mental health (Mickley et al., 1995). Religion can sometimes support and promote abnormal thought content, foster excessive guilt or shame, place stressful religious demands on its followers, be an escape from dealing with life's problems, and advocate devious religious ideas (Mickley et al., 1995). Ellis (1960) has described the guilt resulting from the concept of sin as "the direct and indirect cause of virtually all neurotic disturbance" (p. 192). Prominent features of many OCD patients include high levels of guilt, anxiety, and depression, as well as ideas of sin and hell, which are sometimes followed by compulsive religious behaviors (e.g., confession, prayer, and reassurance seeking from family, friends, or clergy) (Steketee, Quay, & White, 1991). Steketee et al. (1991) found

severity of OCD pathology to be positively correlated with both religiosity and guilt. A number of research studies also report associations between religious involvement and psychiatric illnesses like schizophrenia (Neeleman & Lewis, 1994) and depression (Strawbridge, Shema, Cohen, Roberts, & Kaplan, 1998).

Religious Orientation. A number of researchers have explored the personality and mental health correlates of different religious orientations and values. One measure that has proved useful in this line of research is the Religious Orientation Scale (ROS; Allport & Ross, 1967). Allport and Ross theorized that people approach religion with an intrinsic or an extrinsic orientation. In brief, intrinsic religiousness consists of internally motivated beliefs and practices. That is, religion is the master motive in one's life and is pursued regardless of the external consequences. In contrast, extrinsic religiousness consists of religious practice for the purpose of external reward (e.g., social support, social status, self-justification). Donahue (1985) described the intrinsic/extrinsic dichotomy as the single most influential perspective in the empirical psychology of religion.

After a comprehensive review of research with the ROS, Donahue (1985) concluded that intrinsic religiousness "serves as an excellent measure of religious commitment, as distinct from religious belief, church membership, and liberal-conservative theological orientation" (p. 415). Intrinsic religiousness was not related to prejudice, dogmatism, fear of death, and perceived powerlessness. However, it was positively correlated with internal locus of control, purpose in life, and lack of anxiety (Donahue, 1985). Intrinsically religious individuals have

consistently been found to experience greater emotional health than the extrinsically religious population. A wide range of studies have shown that individuals who demonstrate high levels of intrinsic religiousness tend to have less depression, anxiety, and dysfunctional attention seeking, and high levels of ego strength, empathy, and integrated social behavior.

In contrast, individuals with high extrinsic religiousness tend to have high anxiety, feelings of powerlessness and maladjustment, low ego strength, and less integrated social behavior (Bergin, Stinchfield, Gaskin, Masters, & Sullivan, 1988; Donahue, 1985; Payne, Bergin, Bielema, & Jenkins, 1991). Donahue (1985) found that extrinsic religiousness correlated positively with prejudice, dogmatism, trait anxiety, and fear of death and was unrelated to altruism. Donahue (1985) stated that extrinsic religiousness "does a good job of measuring the sort of religion that gives religion a bad name" (p. 416).

Meek, Albright, and McMinn (1995) explored the relationship between religious orientation, experiences of guilt and forgiveness, and self-reported well-being. After completing the Religious Orientation Scale, participants read a narrative with three scenarios in which they first committed a dishonest act, and then felt compelled to confess what they had done. The final scenario contained a manipulation of grace or no-grace, in which half of the participants were forgiven for their act and half were not. Following each scenario, participants were assessed with Likert-type scales for levels of guilt, grace, and forgiveness, and likelihood of committing and repeating the wrongful act.

They found that intrinsically religious participants were more prone to guilt, more likely to confess their wrongdoing, and more likely to forgive themselves than extrinsically religious subjects. Intrinsics also reported themselves as less likely than extrinsics to have committed the dishonest act and as less likely to repeat it in the future. Also, across all scenerios, intrinsics were more likely than extrinsics to confess their misdeed. The authors noted that guilt played a mediating role in causing the intrinsics to feel worse about their wrongful act.

This study revealed that intrinsically religious individuals were more prone to guilt than extrinsically religious individuals. However, the guilt experienced by the intrinsically religious was not necessarily destructive. The intrinsically religious participants, with their heightened guilt response, were also more likely to forgive themselves and feel forgiven by God. Thus, perhaps intrinsically religious individuals are more likely to experience predispositional rather than chronic guilt.

Meek et al. (1995) suggest that stronger internal beliefs in self-forgiveness and forgiveness from God following confession help protect intrinsics from internalizing negative feelings. In contrast, extrinsics may be less protected by beliefs of forgiveness and, therefore, more likely to convert their guilt feelings to emotions of depression, anxiety, hostility, etc. According to Meek et al. (1995), for the intrinsically religious, feeling forgiven may be more related to doing the right thing and less related to the response of others.

In summary, research has demonstrated that religion is a multidimensional construct that is likely to be related to self-forgiveness in complex ways. Specifically, intrinsically religious people may be more likely to forgive themselves than extrinsically religious people. This possibility deserves further empirical examination.

<div align="center">Forgiveness and Mental Health</div>

Within the past fifteen years, there has been a growing body of empirical literature examining the relationship between forgiveness and mental health. First, studies examining the relationship between forgiveness of others and mental health will be discussed. This will be followed by a description of studies examining the relationship between self-forgiveness and mental health.

Outcome Studies on Forgiveness

Research has uncovered a positive relationship between forgiveness and mental health. Studies have shown that forgiveness may lead to improved hope (Al-Mabuk, Enright, & Cardis, 1995; Freedman & Enright, 1996), improved self-esteem (Al-Mabuk et al., 1995, Freedman & Enright, 1996), enhanced existential well-being (Rye & Pargament, 2002), decreased depression and anxiety (Al-Mabuk et al., 1995; Freedman & Enright, 1996; Hebl & Enright, 1993), decreased grief (Coyle & Enright, 1997) and decreased feelings for revenge (McCullough & Worthington, 1995). The ability to forgive others has also been associated with marital satisfaction (Fennell, 1993) and adaptive family processes (Hargrave & Sells, 1997).

Outcome Studies on Self-Forgiveness

Mauger et al. (1992) correlated the Forgiveness of Self and Forgiveness of Others scales with the Minnesota Multiphasic Personality Inventory (MMPI) in 237 outpatient counseling clients from a Christian counseling center and found that difficulty with forgiving oneself and forgiving others is associated with higher degrees of psychopathology. Interestingly, problems forgiving oneself was more closely related to negative self-esteem and negative emotional states such as depression, anxiety, and anger/distrust than problems forgiving others. The women in this study reported slightly more problems with self-forgiveness than the men. It appears that individuals with problems in forgiving others have an extrapunitive orientation while problems related to forgiving oneself have an intropunitive orientation (Mauger et al., 1992).

Roby (1998) examined the relationship between forgiveness of self and others in parents, perceived parental nurturance, self-esteem, and forgiveness of self and others in adolescents. Participants included junior and senior high school students ($\underline{N}$=159) and their biological, non-divorced/non-separated mothers ($\underline{N}$=42) and fathers ($\underline{N}$=35) (Roby, 1998). Forgiveness of self and forgiveness of others was measured using scales developed by Mauger et al. (1992). The data were examined through the use of structural modeling (Roby, 1998).

The results revealed a strong correlation between self-esteem and forgiveness of self and others in adolescents. Interestingly, both mothers and female adolescents were more forgiving of others than males. Gender differences were not found with respect to forgiveness of self. Furthermore, perceived

parental nurturance and adolescent forgiveness were also significantly related. Finally, the relation between perceived parental nurturance and adolescent self-esteem was partially explained by forgiveness of self and forgiveness of others as a mediating variable. The author noted that further research is needed in the realm of forgiveness.

Coates (1996) investigated the relationship between forgiveness of self, forgiveness of others, religion, and nine mental health variables (i.e., hostility, depression, anxiety, self-esteem, well-being, physical symptoms, close relationships, self-activity, and social activity) in a population of previously battered women (N=107). Coates (1996) assessed forgiveness with the Forgiveness of Self and Forgiveness of Others scales (Mauger et al., 1992). Correlations were computed comparing all the variables. In the original manuscript, the tests were scored in such a way that higher scores on the forgiveness scales indicated less forgiveness. However, to facilitate the comprehension of the findings, the correlations will be reinterpreted such that higher scores on the forgiveness scales indicate increased forgiveness.

Results indicated that both Forgiveness of Self and Forgiveness of Others negatively correlated with anxiety, hostility, and depression. Forgiveness of Self had higher negative correlations with depression than anxiety or hostility. Self-esteem positively correlated with both Forgiveness of Others and Forgiveness of Self. In fact, self-esteem was the greatest single predictor of self-forgiveness. Forgiveness of Others had significant correlations with four of the five subscales on the Profile of Adaptation to Life-Holistic (PAL-H) (i.e., Well-Being, Physical

Symptoms, Close Relationships, Social Activity), with Self-Activity being nonsignificant. Similarly, Forgiveness of Self had significant correlations with four of the five subscales on the PAL-H, (i.e., Well-Being, Physical Symptoms, Close Relationships, Self-Activity), with Social Activity showing no significance.

A positive correlation between Forgiveness of Self and Forgiveness of Others (r = .59) indicated that the scales measure related but distinct constructs. Surprisingly, religiosity did not significantly correlate with Forgiveness of Self or Forgiveness of Others (Coates, 1996). Coates (1996) attributed the lack of relationship between religiosity and forgiveness to an inadequate measure of religion. Coates (1996) also stated, "When working with battered women, it is the researcher's experience that forgiveness, as a theological concept, is much harder for women to understand than the emotional and behavioral aspects of forgiveness as an avenue to further their growth" (p. 83).

This study also indicated that forgiveness of self and forgiveness of others have different predictors, outcomes, and consequences. The subjects in this study had a slightly greater tendency to forgive others than themselves. Physical problems correlated more highly with forgiveness of self (r = -.52) than it did with forgiveness of others (r = -.27). Anxiety, depression, and hostility correlated somewhat higher with forgiveness of self (r = -.58, r = -.66, r = -.58, respectively) than forgiveness of others (r = -.38, r = -.44, r = -.51, respectively). The author stressed that these findings are tentative.

Mauger et al. (1992), Roby (1998), & Coates (1996) all found forgiveness of self and others to be significantly related to mental health. All three studies

showed that self-forgiveness was strongly related to self-esteem (Coates, 1996,

Mauger et al., 1992; Roby, 1998). Mauger et al. (1992) & Coates (1996) also

found depression, anxiety, and hostility to be more correlated with forgiveness of

self than others. More research is needed to determine which variables predict

self-forgiveness and to determine whether self-forgiveness predicts mental health

beyond related variables.

Conceptual Model Concerning Self-Forgiveness and Forgiveness of Others

This study will further explore the theory of Mauger et al. (1992) that

individuals who have problems forgiving others have an extrapunitive orientation

whereas individuals who have problems forgiving themselves have an

intropunitive orientation. In other words, the focus of negative affect, cognitions,

and behavior is different depending on the perceived source of wrongdoing. If

true, these differences should be apparent in how forgiveness of self and others

relate to mental health. Therefore, it is expected that self-esteem will be related

more strongly to self-forgiveness than forgiveness of others. In contrast, unlike

self-forgiveness, forgiveness of others is expected to relate to anger.

Furthermore, using this model, dispositional variables should differ

somewhat concerning their ability to predict self forgiveness and forgiveness of

others. Many people experience guilt and shame after acting in a wrongful way

toward another person. However, one might be less likely to experience guilt and

shame when another person commits the perceived wrongdoing. Thus, self-

forgiveness may be more strongly related to guilt and shame than forgiveness of

others. In addition, individuals who have difficulty with self-forgiveness may be

especially aware of their own thoughts and feelings about themselves. Thus, it would seem that self-consciousness (both public and private) would be related to self-forgiveness, but not to forgiveness of others. To our knowledge, the relationship between self-forgiveness and self-consciousness has not been previously studied. Both forgiveness of self and forgiveness of others can be difficult and likely require significant internal motivation to undertake. Thus, one might expect both forgiveness of self and forgiveness of others to relate to intrinsic religiousness but not extrinsic religiousness. These issues and others will be explored in this study.

Present Study

The present study examined the relationship between self-forgiveness, forgiveness of others, and mental health. The study also examined how self-forgiveness and forgiveness of others differ. Thus, the following questions were addressed: (1) What is the relationship between self-forgiveness, forgiveness of others, and mental health? It was predicted that self-forgiveness would be significantly related to psychological adjustment after controlling for demographic/background variables. Specifically, it was hypothesized that situational self-forgiveness and dispositional self-forgiveness would be positively correlated with self-esteem and negatively correlated with depression. Forgiveness of others was hypothesized to be negatively correlated with anger and depression. (2) Does self-forgiveness predict mental health beyond forgiveness of others? It was predicted that self-forgiveness would predict mental health beyond forgiveness of others. (3) Which dispositional variables predict

self-forgiveness and forgiveness of others? It was predicted that there would be both similarities and differences in how self-forgiveness and forgiveness of others relate to religious orientation, guilt, shame, and self-consciousness. Specifically, it was hypothesized that intrinsic religiousness would be positively related to both self-forgiveness and forgiveness of others, whereas extrinsic religiousness would be unrelated or negatively related to both types of forgiveness. It was also predicted that shame and guilt would be more strongly related to self-forgiveness than forgiveness of others. It was predicted that self-consciousness would be negatively related to self-forgiveness and unrelated to forgiveness of others. (4) Do guilt and shame uniquely predict self-forgiveness and forgiveness of others? No a priori hypotheses were made because this is an exploratory question.

CHAPTER II

METHOD

Participants

Participants ($\underline{N}$ = 108) were recruited from Introduction to Psychology classes at a medium-sized Midwestern Catholic university. As shown in Table 1, participants' religious affiliations included Protestant (13.0%), Catholic (69.4%), and Other (15.7%). Two of the participants (1.9%) did not indicate any answer. Ages of the participants ranged from 18 to 31 ($\underline{M}$ = 19.39, $\underline{SD}$ = 1.66). The majority of participants were Caucasian (87.0%). Other races represented in the sample included African-American (5.6%), Asian or Pacific Islander (2.8%), Latino(a) (2.8%), and Other (1.9%). Approximately half of the participants were male (50.9%). Most participants were first year students (59.3%) or sophomores (24.1%).

Participants were instructed to think of a situation in which they had committed a wrongdoing toward someone else. As shown in Table 2, the most common categories reported by participants included: mistreated a friend or family member (19.6%), let down friends/family (15.7%), and verbal/emotional abuse (13.7%). Other reported types of wrongdoing included gossip/wrongful accusation (11.8%), broken commitment/unwanted relationship breakup (11.8%), miscellaneous (11.8%), infidelity (8.8%), lying (6.9%), physical abuse (4.9%), and theft (2.0%). The percentages add up to more than 100 due to participants indicating multiple forms of wrongdoing to someone else. As shown in Table 3, length of time since participants committed a wrongdoing ranged

TABLE 1

Demographic Characteristics of Participants

Variable	N	(%)	Mean	SD
Age (range = 18 to 31)			19.39	1.66
Gender				
Male	55	(50.9)		
Female	53	(49.1)		
Race				
Asian or Pacific Islander	3	(2.8)		
African-American	6	(5.6)		
Latino(a)	3	(2.8)		
Caucasian	94	(87.0)		
Other	2	(1.9)		
Current year in school				
First year	64	(59.3)		
Second year	26	(24.1)		
Third year	5	(4.6)		
Fourth year	9	(8.3)		
Other	4	(3.7)		
Religious Affiliation				
Protestant	14	(13.0)		
Catholic	75	(69.4)		
Jewish	0	(0)		
Muslim	0	(0)		
Other	17	(15.7)		
Missing	2	(1.9)		

TABLE 2

Nature of Wrongdoing Committed by Self to Someone Else

Nature of Wrongdoing to Someone Else	(N)	(%)
Let down Friends/Family	16	(15.7)
Lying	7	(6.9)
Gossip/Wrongful accusation	12	(11.8)
Infidelity	9	(8.8)
Verbal/Emotional Abuse	14	(13.7)
Miscellaneous	12	(11.8)
Broken Commitment/ Unwanted Relationship Breakup	12	(11.8)
Theft	2	(2.0)
Physical Abuse	5	(4.9)
Mistreated a Friend or Family Member	20	(19.6)
Rape/Sexual Assault	0	(0)

Note: Many participants indicated that they had wronged someone in more than one way. As a result, the percentages add up to more than 100.

from 0 to 9 years ($\underline{M}$ = 1.72, $\underline{SD}$ = 2.03). Participants' perception of the severity of wrongdoing by self ranged from 1 (Not at all severe) to 4 (Very severe) ($\underline{M}$ = 2.71, $\underline{SD}$ = .81).

Participants were also instructed to think of a situation in which they had been wronged by someone else. As shown in Table 4, the most common categories reported by participants included: let down by friends/family (25.9%), mistreatment by a friend or family member (24.1%), miscellaneous (15.7%), and verbal/emotional abuse (13.9%). Other reported types of wrongdoing by someone else included lying (10.2%), infidelity (8.3%), gossip/wrongful accusation (5.6%), broken commitment/unwanted relationship breakup (5.6%), physical abuse (5.6%), theft (2.8%), and rape/sexual assault (2.8%). The percentages add up to more than 100 due to participants indicating multiple forms of wrongdoing. As shown in Table 3, length of time since wrongdoing to other ranged from 0 to 12 years ($\underline{M}$ = 2.02, $\underline{SD}$ = 2.28). Participants' perception of the severity of wrongdoing by other ranged from 1 (Not at all severe) to 4 (Very severe) ($\underline{M}$ = 3.00, $\underline{SD}$ = .84).

Measures

Participants eligible for the study completed a battery of questionnaires that address demographic/background information, forgiveness (Self-Forgiveness Scale, Heartland Forgiveness Scale, and Forgiveness Scale), guilt (Guilt Inventory), shame (Harder Personal Feelings Questionnaire-2), religious orientation (Religious Orientation Scale), and mental health (State-Trait Anger

TABLE 3

Background Characteristics Related to the Length of Time Elapsed Since the
Wrongdoing and the Severity of the Wrongdoing

	N	(%)	Mean	SD
How long ago was the wrongdoing committed by yourself? (range 0 to 9 years)			1.72 (years)	2.03
In your opinion, how severe was the wrongdoing to someone else?			2.71	.81
1 (Not at all severe)	3	(2.8)		
2 (Somewhat severe)	44	(40.4)		
3 (Moderately severe)	36	(33.0)		
4 (Very severe)	20	(18.3)		
Missing	6	(5.5)		
How long ago was the wrongdoing committed by someone else? (range 0 to 12 years)			2.02 (years)	2.28
In your opinion, how severe was the wrongdoing by other?			3.00	.84
1 (Not at all severe)	4	(3.7)		
2 (Somewhat severe)	25	(22.9)		
3 (Moderately severe)	43	(39.4)		
4 (Very severe)	33	(30.3)		
Missing	4	(3.7)		

TABLE 4

Nature of Wrongdoing Committed by Someone Else

Nature of Wrongdoing by Someone Else	(N)	(%)
Let down by Friends/Family	28	(25.9)
Lying	11	(10.2)
Gossip/Wrongful accusation	6	(5.6)
Infidelity	9	(8.3)
Verbal/Emotional Abuse	15	(13.9)
Miscellaneous	17	(15.7)
Broken Commitment/ Unwanted Relationship Breakup	6	(5.6)
Theft	3	(2.8)
Physical Abuse	6	(5.6)
Mistreatment by a Friend or Family Member	26	(24.1)
Rape/Sexual Assault	3	(2.8)

Note: Many participants indicated that they had been wronged in more than one way. As a result, the percentages add up to more than 100.

Inventory, Center for Epidemiologic Studies Depression Scale, Rosenberg Self-Esteem Scale). The measures are briefly described below.

Demographic/Background Information

Participants completed a brief questionnaire on basic demographic / background information including age, gender, race, year in school, and religious affiliation (Appendix A). Participants identified and briefly described a wrongdoing that they committed toward someone else and a wrongdoing that someone else committed toward them. For both types of wrongdoing, participants indicated how long ago the wrongdoing occurred and rated the severity of the wrongdoing (Appendix A).

Forgiveness Measures

Forgiveness of Others. Forgiveness of others was assessed using the Forgiveness Scale (Rye et al., 2001; Appendix B). This scale consists of 15 Likert-type items, with possible responses ranging from 1 (Strongly disagree) to 5 (Strongly agree). Factor analyses revealed a two-factor solution (i.e., Absence of Negative and Presence of Positive). Forgiveness (AN) measures the degree to which the person has overcome negative thoughts, feelings, and behaviors toward their offender. Sample questions from the Absence of Negative (AN) subscale include "I can't stop thinking about how I was wronged by this person" and "I spend time thinking about ways to get back at the person who wronged me." Forgiveness (PP) measures the degree to which the person has responded positively toward the offender. Sample questions from the Presence of Positive (PP) subscale include "I wish for good things to happen to the person who

wronged me" and "I have compassion for the person who wronged me."

Cronbach's Alpha for the Absence of Negative subscale was .86. Cronbach's

Alpha for the Presence of Positive subscale was .85. The test-retest correlation

over an average of fifteen days was .76 for the subscales and .80 for the entire

scale. Both subscales significantly correlated with the Enright Forgiveness

Inventory (Absence of Negative, $r = .52$; Presence of Positive, $r = .75$). The

Forgiveness Scale also significantly correlated with measures of religiousness,

spiritual well-being, hope, and anger (Rye et al., 2001). In this study, Cronbach's

alpha for Forgiveness (AN) and Forgiveness (PP) were .85 and .78 respectively.

Scores on the Absence of Negative subscale can range from 10 to 50, while scores

on the Presence of Positive subscale can range from five to 25. Higher scores on

both subscales scale reflect greater forgiveness.

Self-Forgiveness. For purposes of this study, situational self-forgiveness

was assessed by adapting questions from the Forgiveness Scale (Rye et al., 2001;

Appendix C) to pertain to self-forgiveness. The adapted scale consists of 15

Likert-type items, with possible responses ranging from 1 (Strongly disagree) to 5

(Strongly agree). Similar to the original scale, there are two subscales. The

Absence of Negative (AN) subscale measures the absence of negative thoughts,

feelings, and behaviors towards the self. Sample questions from the Absence of

Negative subscale include "I can't stop thinking about how I wronged this

person" and "I spend time thinking about how to punish myself for having

wronged this person." The Presence of Positive (PP) subscale measures the

presence of positive thoughts, feelings, and behaviors towards the self. Sample

questions from the Presence of Positive subscale include "I deserve to have good things happen to me" and "If I encountered the person who I wronged I would feel at peace." As mentioned earlier, there is evidence of reliability and validity in the original version (Rye et al., 2001). In this study, Cronbach's Alpha for Self-Forgiveness (AN) and Self-Forgiveness (PP) were .85 and .55 respectively. Scores on the Absence of Negative subscale can range from 10 to 50, while scores on the Presence of Positive subscale can range from five to 25. Higher scores on both subscales reflect greater self-forgiveness.

Dispositional Self-Forgiveness. Dispositional self-forgiveness was assessed by using a subscale of the Heartland Forgiveness Scale (HFS; Snyder et al., in press; Appendix D). The self-forgiveness subscale of the HFS consists of 6 Likert-type items with responses varying between 1 (Almost always false of me) and 7 (Almost always true of me). Sample items include "It is really hard for me to accept myself once I've messed up" and "With time I am understanding of myself for mistakes I've made." Coefficient alphas for the subscale range between .72 to .81 for a student population and .72 to .74 for a non-student population (Snyder et al., in press). The three-week test-retest correlation for a student population was .72. The nine-month test-retest correlation for a non-student population was .69. This subscale positively correlated with other measures of self-forgiveness (Snyder et al., in press). In this study, Cronbach's Alpha was .72. Scores can range from six to 42, with higher scores indicating higher levels of dispositional self-forgiveness.

<u>Dispositional Predictor Variables</u>

<u>Guilt.</u> State and trait guilt were assessed with the Guilt Inventory (Kugler & Jones, 1992; Appendix E). Both subscales consist of Likert-type items with responses varying between 1 (<u>Strongly Agree</u>) to 5 (<u>Strongly Disagree</u>). Sample items from the state guilt subscale (10 items) include "Lately, I have felt good about myself and what I have done" and "I have recently done something that I deeply regret". Coefficient alphas for the state guilt subscale are .82 for both a student and a non-student population (Kugler & Jones, 1992). Test-retest reliability was .56 for 10-weeks and .56 for 36-weeks with a student population. This subscale positively correlated with the guilt subscale of the Personal Feelings Questionnaire and the state guilt subscale of the Perceived Guilt Index (Kugler & Jones, 1992). In this study, Cronbach's alpha was .86. Scores can range from 10 to 50, with higher scores indicating higher levels of state guilt.

Sample items on the trait guilt subscale (20 items) include "I have made a lot of mistakes in my life" and "There is something in my past that I deeply regret". Coefficient alphas for the trait guilt subscale are .89 for both a student and a non-student population (Kugler & Jones, 1992). Test-retest reliability was .72 for 10-weeks and .75 for 36-weeks with a student population. This subscale positively correlated with the guilt subscale of the Personal Feelings Questionnaire and the trait guilt subscale of the Perceived Guilt Index (Kugler & Jones, 1992). In this study, Cronbach's alpha was .89. Scores can range from 20 to 100, with higher scores indicating higher levels of trait guilt.

Shame. Shame was assessed by the Personal Feelings Questionnaire-2 (PFQ-2) (Harder & Lewis, 1987; Appendix F). Participants are asked to consider how often they experience a variety of emotional states. The shame scale consists of 10 Likert-type items with responses varying between 0 (Never) to 4 (Continuously or almost continuously). Sample shame items include "feeling ridiculous" and "feeling disgusting to others." Cronbach's alpha for the shame subscale was .78 and the two-week test-retest correlation was .91. This subscale had significant positive correlations with the shame subscale of the ASGS (r = .42). This measure also had significant positive correlations with measures of depression, self-derogation, social anxiety, and public self-consciousness (Harder & Zalma, 1990). In this study, Cronbach's alpha was .74. Scores can range from zero to 40, with higher scores indicating higher levels of shame.

Religious Orientation. Religious orientation was assessed by the Religious Orientation Scale (Allport & Ross, 1967, as cited in Burris, 1999; Appendix G). This measure consists of an intrinsic religiousness subscale and extrinsic religiousness subscale. Both subscales consist of Likert-type items with responses varying between 1 (Strongly disagree) to 5 (Strongly agree). The Intrinsic subscale (8 items) measures the degree to which religious beliefs and practices are internally motivated. Sample questions from the Intrinsic subscale include "I try hard to carry my religion over into all my other dealings in life" and "My religious beliefs are really what lie behind my whole approach to life." Cronbach alphas for the Intrinsic subscale are in the mid .80s. Burris and Tarpley (1998) reported two-week test-retest reliabilities of .84. The intrinsic subscale

strongly correlates with measures that assess a commitment to religion and a general sense of purpose in life. In this study, Cronbach alpha was .80. Scores on the intrinsic subscale can range from eight to 40, with higher scores indicating higher levels of intrinsic religiousness.

The Extrinsic subscale (12 items) measures the degree to which one's religious beliefs and practices are motivated by external rewards, such as approval by others. Sample questions from this subscale include "I pray chiefly because I have been taught to pray" and "A primary reason for my interest in religion is that my church is a congenial social activity." Cronbach alphas are in the low .70s. Burris and Tarpley (1998) reported two-week test-retest reliabilities of .78 for this subscale. The extrinsic subscale strongly correlates with measures that assess maladjustment (Burris, 1999). In this study, Cronbach's Alpha was lower than expected at .48. Thus, three items (1, 3, 13) were dropped from the revised scale to raise the Cronbach alpha to .67. Scores on the revised extrinsic subscale can range from 9 to 45, with higher scores indicating higher levels of extrinsic religiousness.

Self-Consciousness. Self-consciousness was assessed using the Self-Consciousness Scale (Scheier & Carver, 1985; Appendix H). The scale consists of two subscales: Public Self-Consciousness (7 items) and Private Self-Consciousness (9 items). Both subscales consist of Likert-type items with responses varying between 0 (Not at all like me) to 3 (A lot like me). Sample items from the public self-consciousness subscale include "I'm concerned about my style of doing things" and "I care a lot about how I present myself to others."

Coefficient alpha for the subscale was .84 (Scheier & Carver, 1985). The four-week test-retest correlation was .74. This subscale positively correlated with other measures of self-consciousness (Scheier & Carver, 1985). In this study, Cronbach's alpha was .80. Scores can range from 0 to 21, with higher scores indicating higher levels of public self-consciousness

Sample items from the Private Self-Consciousness subscale include "I'm always trying to figure myself out" and "I think about myself a lot." Coefficient alpha for the subscale was .75 (Scheier & Carver, 1985). The four-week test-retest correlation was .76. This subscale positively correlated with other measures of self-consciousness (Scheier & Carver, 1985). In this study, Cronbach's alpha was .64. Scores can range from 0 to 27, with higher scores indicating higher levels of private self-consciousness.

Mental Health Measures

Anger. The State-Trait Anger Inventory was used to assess anger (Speilberger, Jacob, Russell, & Crane, 1983). This measure consists of two subscales measuring state anger (Appendix I) and trait anger (Appendix J). Each subscale consists of 10 Likert-type items. Responses for the state anger subscale vary between 1 (Not at all) to 4 (Very much so). The state anger subscale measures an emotional state that arouses the body and consists of feelings of tension, annoyance, or rage. Sample items from this subscale include "I am mad" and "I feel like yelling at somebody." The internal consistency for the state anger scale ranged from .88 to .95 (Spielberger et al., 1983). Trait anger involves feelings of anger that are more stable over time and are part of the way a person

perceives and interprets events in one's life (Spielberger et al., 1983). Responses for the trait anger scale range from 1 (Almost never) to 4 (Almost always). Sample items from this subscale are "I have a fiery temper" and "When I get frustrated, I feel like hitting someone." The internal consistency for the trait anger scale ranged from .81 to .92. Both subscales strongly correlated with other measures of anger such as the Buss-Durkee Hostility Inventory, Hostility Scale, and Overt Hostility Scale (Spielberger et al., 1983). In this study, Cronbach alpha was .88 for state anger and .79 for trait anger. Scores for both the state and trait subscales can range from 10 to 40, with higher scores indicating higher levels of anger.

Depression. The Center for Epidemiologic Studies Depression Scale (CES-D Scale) was used to measure depression (Radloff, 1977; Appendix K). This survey consists of 20 Likert-type items, with responses ranging from 1 (Rarely or none of the time <1 day) to 4 (Most or all of the time 5-7 days). Sample questions include, "I felt that I was just as good as other people" and "People were unfriendly." A factor analysis yielded a four-factor solution (i.e., Depressed affect, Positive affect, Somatic and retarded activity, and Interpersonal). However, the high internal consistency of the total scale suggests that all of the items can be added to form a single depression score The internal consistency for the total scale was about .85 for the general population and about .90 for psychiatric patients (Radloff, 1977). The test-retest reliability ranged from .51 to .67 over a two to eight week time interval. The CES-D significantly correlated with other self-report measures of depression such as the Bradburn

Negative Affect (r = .55 to .63), Lubin (r = .43 to .70), and Bradburn Balance (r = .61 to .72) (Radloff, 1977). In this study all items were added together to form a single scale and Cronbach alpha was .90. Scores can range from 20 to 80, with higher scores indicating higher levels of depression.

Self-Esteem. The Rosenberg Self-Esteem Scale (RSE Scale) was used to measure self-esteem (Rosenberg, 1965, as cited in Hensley & Roberts, 1976); Appendix L). This survey consists of 10 Likert-type items, with responses ranging from 1 (Strongly disagree) to 5 (Strongly agree). Sample questions include, "At times I think I am no good at all" and "I am able to do things as well as most other people." A factor analysis yielded a single-factor model (Shevlin, Bunting, & Lewis, 1995). Robins, Hendin, & Trzesniewski (2001) found that the alpha reliabilities ranged from .88 to .90 across six assessments. The test-retest reliability ranged from .82 after one week (Fleming & Courtney, 1984) to .63 over a six month period (Byrne, 1983). Robins et al. (2001) also found that the RES significantly correlated with the Single-Item Self-Esteem Scale (r = .72 to .76). In this study, Cronbach's alpha was .87. Scores can range from 10 to 50, with higher scores indicating higher levels of self-esteem.

Procedure

Undergraduate students were recruited for participation through introductory psychology courses at a medium-size Midwestern Catholic university. Individuals who were at least 18 years of age and who had experienced a wrongdoing and committed a wrongdoing in the past were included in the sample. A total of 110 questionnaires were distributed and completed, but

two participants were eliminated because they did not meet the study criteria. Thus, a total of 108 participants remained in the sample. The researcher administered the questionnaires to groups ranging from 2 to 15 students. The researcher explained the instructions and confidentiality prior to distributing questionnaires. The experimenter was available for any questions the participants had. In addition, a cover letter/informed consent form explained that participation is voluntary and that participants could withdraw at anytime (Appendix M). The letter also explained confidentiality and asked the participant to sign indicating their willingness to participate in the survey. In order to facilitate confidentiality, each participant was asked to not put their name on the questionnaire.

Participants were randomly assigned to complete one of the two versions of the questionnaire. The first version contained surveys in the following order: demographics, forgiveness measures, predictor measures (i.e., guilt, shame, religiousness, self-consciousness), and mental health measures. The second version contained surveys in the following order: demographics, mental health measures, predictor measures, and forgiveness measures. Surveys were turned in to the experimenter upon completion. Participants received a debriefing letter at the end of the study (Appendix N). The letter reminded participants about seeking professional help if they experienced any difficulties when thinking about how they committed a wrongdoing or being wronged. Participants received one experimental credit for their Introductory Psychology class.

CHAPTER III

RESULTS

The results section will be presented as follows. First, preliminary analyses will be presented. Specifically, correlations (for continuous demographic variables) and ANOVAs (for categorical/demographic variables) were computed to determine the relationship between demographic variables and mental health measures. Correlations and ANOVAs were also computed to determine the relationship between demographic variables and forgiveness measures. Additionally, intercorrelations were computed between all dispositional predictor variables (guilt, shame, religiousness, self-consciousness), between all mental health variables (anger, depression, self-esteem), and between all forgiveness measures (Forgiveness (AN), Forgiveness (PP), Self-Forgiveness (AN), Self-Forgiveness (PP), Heartland Self-Forgiveness). Next, the results from major study questions will be presented. First, the relationship between forgiveness and mental health will be examined. Second, the unique contribution of self-forgiveness and forgiveness of others to the prediction of mental health will be examined. Third, the relationship between dispositional predictor variables and forgiveness will be presented. Fourth, the unique contribution of shame and guilt to the prediction of forgiveness will be examined. Finally, additional analyses will be presented.

Preliminary Analyses

Means, standard deviations, and Cronbach Alphas were computed for all study measures (see Table 5).

TABLE 5

Means, Standard Deviations, and Cronbach Alphas of Study Variables

	Mean	SD	Alphas
Forgiveness Measures			
Forgiveness (AN)	37.58	7.03	.85
Forgiveness (PP)	16.55	4.30	.78
Self-Forgiveness (AN)	37.64	6.54	.85
Self-Forgiveness (PP)	19.24	2.83	.55
Heartland Self-Forgiveness	30.28	5.41	.72
Dispositional Predictor Variables			
State Guilt	29.13	7.51	.86
Trait Guilt	60.10	12.54	.89
Shame	17.53	5.21	.73
Intrinsic Religious Orientation	27.83	6.21	.80
Extrinsic Religious Orientation	25.57	4.73	.67[a]
Public Self-Consciousness	13.76	4.42	.80
Private Self-Consciousness	15.81	4.11	.64
Mental Health Measures			
State Anger	12.27	3.65	.88
Trait Anger	19.15	4.35	.79
Depression	35.99	9.95	.90
Self-Esteem	38.71	6.68	.87

[a] Alpha was .48 prior to dropping items 1, 3, & 13

Relationship between demographic / background variables and mental health. Correlations were computed between continuous demographic / background variables (age, time since wrongdoing by other, severity of wrongdoing by other, time since wrongdoing by self, and severity of wrongdoing by self) and mental health variables (state anger, trait anger, depression, and self-esteem) (see Table 6). Age was negatively correlated with depression ($r = -.21$, $p < .05$). In addition, severity of wrongdoing by other was positively correlated with trait anger ($r = .24$, $p < .05$). Consequently, the effects of age were controlled for in subsequent analyses involving depression and the effects of severity of wrongdoing by other were controlled for in analyses involving trait anger.

ANOVAs were computed on each categorical variable (sex, race, year in school, and religious affiliation) to determine if they related to the mental health variables (see Table 7). Sex was significantly related to self-esteem ($F (1, 106) = 4.41$, $p < .05$) with males ($M = 40.02$, $SD = 6.33$) scoring significantly higher than females ($M = 37.36$, $SD = 6.82$). Year in school was also significantly related to self-esteem ($F (4, 103) = 3.46$, $p < .05$). Duncan contrasts revealed that third year students ($M = 46.20$, $SD = 3.19$) scored significantly higher on self-esteem than first ($M = 37.80$, $SD = 6.46$) and second year ($M = 37.62$, $SD = 7.06$) students. Thus, sex and year in school were controlled for in subsequent analyses involving self-esteem.

Relationship between demographic/background and forgiveness variables. Correlations were also computed between continuous demographic / background variables (age, time since wrongdoing by other, severity of wrongdoing by other,

TABLE 6

Correlations Between Continuous Demographic/Background Variables and Mental Health

	State Anger	Trait Anger	Depression	Self-Esteem
Age	-.16	-.04	-.21*	.18
Time Since Wrongdoing by Other	-.11	-.08	-.08	.01
Severity of Wrongdoing by Other	-.04	.24*	.07	.09
Time Since Wrongdoing by Self	-.08	-.11	-.08	-.09
Severity of Wrongdoing by Self	-.15	.10	-.02	-.07

*p<.05 **p<.01 ***p<.001

TABLE 7

ANOVA Results for Categorical Demographic/Background Variables and Mental Health

	F-Values			
Variable	State Anger	Trait Anger	Depression	Self-Esteem
Sex	3.14	.55	2.00	4.41*
Race	1.55	.39	.51	1.25
Year in School	1.48	1.45	1.91	3.46*
Religious Affiliation	.14	2.61	.69	1.19

*p<.05 **p<.01 ***p<.00

time since wrongdoing by self, and severity of wrongdoing by self) and

forgiveness variables (Forgiveness (AN), Forgiveness (PP), Self-Forgiveness

(AN), Self-Forgiveness (PP), and Heartland Self-Forgiveness) (see Table 8). Age

was positively correlated with Heartland Self-Forgiveness ($r = .22$, $p < .05$). Time

since wrongdoing by other was positively correlated with Forgiveness (AN) ($r =$

$.29$, $p < .01$), while severity of wrongdoing by other was negatively correlated

with Forgiveness (AN) ($r = -.38$, $p < .001$). Severity of wrongdoing by self was

negatively correlated with Self-Forgiveness (AN) ($r = -.48$, $p < .001$). Thus, the

effects of these variables were controlled for in subsequent analyses.

ANOVAs were performed on each categorical variable (sex, race, year in

school, and religious affiliation) to determine how they related to the forgiveness

variables (see Table 9). Sex was significantly related to Forgiveness (AN) (F (1,

106) = 5.01, $p < .05$) with males ($M = 39.04$, $SD = 7.06$) scoring higher than

females ($M = 36.06$, $SD = 6.73$). Similarly, sex was significantly related to

Heartland Self-Forgiveness (F (1, 106) = 6.46, $p < .05$) with males ($M = 31.55$,

$SD = 4.46$) scoring significantly higher than females ($M = 28.96$, $SD = 6.01$).

Religious affiliation was significantly related to Self-Forgiveness (AN) (F (2,

103) = 3.88, $p < .05$). Catholics ($M = 36.45$, $SD = 6.13$) scored lower than

Protestants ($M = 40.43$, $SD = 5.65$) and Other ($M = 40.06$, $SD = 7.72$). Thus, sex

will be controlled for in subsequent analyses involving Forgiveness (AN) and

Heartland Self-Forgiveness. Religious affiliation was dummy coded and

controlled for in subsequent analyses involving Self-Forgiveness (AN).

TABLE 8

Correlations Between Continuous Demographic/Background Variables and Forgiveness

	Forgiveness (AN)	Forgiveness (PP)	Self-Forgiveness (AN)	Self-Forgiveness (PP)	Heartland Self-Forgiveness
Age	.10	-.05	.16	.15	.22*
Time Since Wrongdoing by Other	.29**	.11	.02	-.05	.04
Severity of Wrongdoing by Other	-.38***	-.15	.05	.15	-.06
Time Since Wrongdoing by Self	.04	-.01	-.03	.08	-.05
Severity of Wrongdoing by Self	.00	.07	-.48***	-.12	-.10

*p<.05 **p<.01 ***p<.001

TABLE 9

ANOVA Results for Categorical Demographic/Background Variables and Forgiveness

| | | | F-Values | | |
Variable	Forgiveness (AN)	Forgiveness (PP)	Self-Forgiveness (AN)	Self-Forgiveness (PP)	Heartland Self-Forgiveness
Sex	5.01*	.24	.34	.47	6.46*
Race	.52	1.47	1.07	1.06	.75
Year in School	2.01	1.96	2.39	.70	1.30
Religious Affiliation	.65	1.12	3.88*	1.33	.51

*p< .05 **p< .01 ***p< .001

Intercorrelations Within Classes of Measures

Correlations within dispositional predictors (guilt, shame, religious orientation, self-consciousness) were computed. As shown in Table 10, there were several significant correlations between measures in the expected direction. Correlations ranged between absolute values of .07 and .71.

Correlations within mental health measures (state anger, trait anger, depression, self-esteem) were computed (see Table 11). As shown in Table 11, there were several significant correlations in the expected direction between mental health measures. Specifically, depression positively correlated with state anger ($r = .49$, $p < .01$) and trait anger ($r = .26$, $p < .01$). Self-esteem negatively correlated with state anger ($r = -.25$, $p < .01$.), trait anger ($r = -.20$, $p < .05$), and depression ($r = -.61$, $p < .01$). Trait anger did not correlate with state anger.

Correlations were also computed between forgiveness measures (Forgiveness (AN), Forgiveness (PP), Self-Forgiveness (AN), Self-Forgiveness (PP), Heartland Self-Forgiveness) (see Table 12). Forgiveness (AN) was positively correlated with Forgiveness (PP) ($r = .55$, $p < .001$). Forgiveness (PP) was also positively correlated with Self-Forgiveness (PP) ($r = .40$, $p < .001$). Self-Forgiveness (AN) was positively correlated with Self-Forgiveness (PP) ($r = .39$, $p < .01$) and Heartland Self-Forgiveness ($r = .44$, $p < .01$).

TABLE 10

Correlations Between Dispositional Predictors (Guilt, Shame, Religious Orientation, Self-consciousness)

	1	2	3	4	5	6	7
1. State Guilt	...						
2. Trait Guilt	.71**	...					
3. Shame	.40**	.53**	...				
4. Intrinsic Religious Orientation	.09	.07	.09	...			
5. Extrinsic Religious Orientation	.14	.08	.11	.39**	...		
6. Public Self-Consciousness	.28**	.39**	.33**	.12	.07	...	
7. Private Self-Consciousness	.33**	.36**	.39**	.15	-.08	.47**	...

*p<.05 **p<.01 ***p<.001

TABLE 11

Correlations Between Mental Health Measures (Anger, Depression, Self-esteem)

	1	2	3	4
1. State Anger	...			
2. Trait Anger	.11	...		
3. Depression	.49**	.26**	...	
4. Self-Esteem	-.25**	-.20*	-.61**	...

*p<.05 **p<.01 ***p<.001

TABLE 12

Correlations Between Forgiveness Measures

	1	2	3	4	5
1. Forgiveness (AN)	...				
2. Forgiveness (PP)	.55***	...			
3. Self-Forgiveness (AN)	.18	.14	...		
4. Self-Forgiveness (PP)	.12	.40***	.39**	...	
5. Heartland Self-Forgiveness	.18	.07	.44**	.14	...

*p<.05 **p<.01 ***p<.001

Analyses of Major Study Questions

Relationships between forgiveness and mental health measures. Partial

correlations were computed between forgiveness and mental health measures,

controlling for demographic/background variables (Table 13). Consistent with

hypotheses, Forgiveness (AN) was negatively correlated with state anger (r = -.23,

$p < .05$), trait anger (r = -.33, $p < .01$) and depression (r = -.37, $p < .001$). Self-

Forgiveness (AN) was negatively correlated with depression (r = -.30, $p < .01$)

and positively correlated with self-esteem (r = .38, $p < .001$). Self-Forgiveness

(PP) was positively correlated with self-esteem (r = .23, $p < .05$). In addition,

Heartland Self-Forgiveness was negatively correlated with depression (r = -.54, p

$< .001$) and positively correlated with self-esteem (r = .62, $p < .001$).

Unique contribution of self-forgiveness and forgiveness of others to the

prediction of mental health. Two hierarchical multiple regression equations were

computed to determine the unique contribution of self-forgiveness and

forgiveness of others to the prediction of depression. Depression was the only

mental health variable selected because it was the only one that was significantly

related to both self-forgiveness and forgiveness of other. The first equation was

computed to determine if self-forgiveness predicted depression beyond

forgiveness of others and demographic / background variables. Thus, variables

were entered into the hierarchical multiple regression analyses in three steps.

First, the demographic variables were entered. Second, the forgiveness of other

measures (i.e., Forgiveness (AN) and Forgiveness (PP)) were entered.

TABLE 13

Partial Correlations Between Forgiveness and Mental Health Measures Controlling for Demographic/Background Variables

	State Anger	Trait Anger[a]	Depression[b]	Self-Esteem[c]
1. Forgiveness (AN)	-.23*	-.33**	-.37***	.14
2. Forgiveness (PP)	-.15	-.17	-.16	.11
3. Self-Forgiveness (AN)	-.13	-.19	-.30**	.38***
4. Self-Forgiveness (PP)	-.07	-.04	-.08	.23*
5. Heartland Self-Forgiveness	-.17	-.16	-.54***	.62***

*p<.05 **p<.01 ***p<.001

[a] Severity of wrongdoing by other was controlled for in analyses with this variable
[b] Age was controlled for in analyses with this variable
[c] Sex and year in school were controlled for in analyses with this variable

Third, the self-forgiveness measures (i.e., Self-Forgiveness (AN), Self-Forgiveness (PP), and Heartland Self-Forgiveness) were entered.

As shown in Table 14, self-forgiveness significantly predicted depression after controlling for age and the forgiveness of other measures (incremental R^2 = .23, p < .001). Of the self-forgiveness measures, Heartland Self-Forgiveness was negatively associated with depression (β = -.47, p < .001).

A second hierarchical multiple regression equation was computed to determine if forgiveness of others uniquely contributed to the prediction of depression beyond the demographic/background variables and self-forgiveness measures (see Table 15). Thus, variables were entered into the hierarchical multiple regression analyses in three steps. First, the demographic variables were entered. Second, the self-forgiveness measures (i.e., Self-Forgiveness (AN), Self-Forgiveness (PP), and Heartland Self-Forgiveness) were entered. Third, the forgiveness of other measures (i.e., Forgiveness (AN) and Forgiveness (PP)) were entered.

As shown in Table 15, the forgiveness of other measures significantly predicted depression after controlling for age and the self-forgiveness measures (incremental R^2 = .08, p < .01). Of the forgiveness of other measures, Forgiveness (AN) was negatively related to depression (β = -.33, p < .01).

TABLE 14

<u>Hierarchical Multiple Regression Analyses (with Betas) Examining the Prediction</u>
<u>of Depression by Demographic Variables (Step 1), Forgiveness of Other</u>
<u>Measures (Step 2), and Self-Forgiveness Measures (Step 3)</u>

Variable	Beta	t	$R^2\Delta$
Demographic/ Background Characteristics			
Age	-.20*	-2.09	.04*[a]
Forgiveness Measures			
Forgiveness (AN)	-.42***	-3.78	.14***[b]
Forgiveness (PP)	.09	.81	
Self-Forgiveness Measures			
Self- Forgiveness (AN)	-.05	-.56	.23***[c]
Self- Forgiveness (PP)	-.01	-.06	
Heartland Self-Forgiveness	-.47***	-5.39	

*p<.05 **p<.01 ***p<.001

[a] This incremental R^2 represents the unique contribution of the demographic variable to the prediction of depression.
[b] This incremental R^2 represents the unique contribution of the forgiveness of other measures to the prediction of depression.
[c] This incremental R^2 represents the unique contribution of the self-forgiveness measures to the prediction of depression.

TABLE 15

Hierarchical Multiple Regression Analyses (with Betas) Examining the Prediction of Depression by Demographic Variables (Step 1), Self-Forgiveness Measures (Step 2), and Forgiveness of Other Measures (Step 3)

Variable	Beta	t	$R^2\Delta$
Demographic/ Background Characteristics			
Age	-.20*	-2.09	.04* [a]
Self-Forgiveness Measures			
Self- Forgiveness (AN)	-.09	-.90	.29*** [b]
Self- Forgiveness (PP)	-.01	.08	
Heartland Self-Forgiveness	-.51***	-5.52	
Forgiveness Measures			
Forgiveness (AN)	-.33**	-3.31	.08** [c]
Forgiveness (PP)	.08		

*p<.05   **p<.01   ***p<.001

[a] This incremental R^2 represents the unique contribution of the demographic variable to the prediction of depression.
[b] This incremental R^2 represents the unique contribution of the self-forgiveness measures to the prediction of depression.
[c] This incremental R^2 represents the unique contribution of the forgiveness of other measures to the prediction of depression.

Relationships between dispositional predictor variables and forgiveness.

Partial correlations were computed between dispositional predictor (guilt, shame, religious orientation, self-consciousness) and forgiveness variables, controlling for demographic / background variables (Table 16). Consistent with hypotheses, state guilt was negatively correlated with Forgiveness (AN) ($r = -.38$, $p < .001$), Self-Forgiveness (AN) ($r = -.31$, $p < .01$), and Heartland Self-Forgiveness ($r = -.52$, $p < .001$). Trait guilt was negatively correlated with Forgiveness (AN) ($r = -.38$, $p < .001$), Forgiveness (PP) ($r = -.20$, $p < .05$), Self-Forgiveness (AN) ($r = -.44$, $p < .001$), and Heartland Self-Forgiveness ($r = -.62$, $p < .001$). Shame was negatively correlated with Forgiveness (AN) ($r = -.20$, $p < .05$), Self-Forgiveness (AN) ($r = -.38$, $p < .001$), and Heartland Self-Forgiveness ($r = -.52$, $p < .001$). Religious orientation did not significantly correlate with the forgiveness measures. Public self-consciousness was negatively correlated with Heartland Self-Forgiveness ($r = -.31$, $p < .01$). In addition, private self-consciousness was negatively correlated with Self-Forgiveness (AN) ($r = -.31$, $p < .01$) and Heartland Self-Forgiveness ($r = -.26$, $p < .01$).

Unique contribution of guilt and shame to the prediction of forgiveness.

As indicated earlier, both guilt and shame were significantly related to Forgiveness (AN), Self-Forgiveness (AN), and Heartland Self-Forgiveness. In order to determine the unique contribution of guilt and shame to the prediction of forgiveness, a series of multiple regression equations were computed. A separate set of hierarchical multiple regression equations were computed for each criterion variable (Forgiveness (AN), Self-Forgiveness (AN), and Heartland Self-

TABLE 16

Partial Correlations Between Dispositional Predictor and Forgiveness Variables Controlling for Demographic/Background Variables

Predictor Variables	Forgiveness[a] (AN)	Forgiveness (PP)	Self-Forgiveness[b] (AN)	Self-Forgiveness (PP)	Heartland[c] Self-Forgiveness
State Guilt	-.38***	-.13	-.31**	-.19	-.52***
Trait Guilt	-.38***	-.20*	-.44***	-.11	-.62***
Shame	-.20*	-.01	-.38***	-.05	-.52***
Intrinsic Religiousness	.11	.19	-.07	.17	-.07
Extrinsic Religiousness	-.01	.11	-.11	.16	-.14
Public Self-Consciousness	-.05	-.06	-.09	.06	-.31**
Private Self-Consciousness	-.12	-.01	-.31**	-.06	-.26**

*p<.05 **p<.01 ***p<.001

[a] Sex, time since wrongdoing by other, and severity of wrongdoing by other were controlled for in analyses with this variable
[b] Severity of wrongdoing by self and religious affiliation were controlled for in analyses with this variable
[c] Age and sex were controlled for in analyses with this variable

Forgiveness) (see Table 17). In the first set of hierarchical multiple regression equations, variables were entered in three steps. Demographic/background variables that were significantly related to the forgiveness measures were entered in the first step. In the second step, state and trait guilt were entered into the hierarchical multiple regression analyses. In the third step, shame was entered.

As shown in Table 17, shame significantly predicted dispositional self-forgiveness after controlling for demographic/background variables and guilt measures (incremental $R^2 = .05$, $p < 01$). However, the shame measure did not uniquely predict forgiveness of others or situational self-forgiveness beyond demographic/background variables and guilt. After controlling for demographic/background variables and guilt, shame was negatively associated with Heartland Self-Forgiveness ($\beta = -.27$, $p < 01$).

A second set of hierarchical multiple regression equations were computed to determine if guilt predicted forgiveness beyond shame and demographic / background variables (see Table 18). In this set of equations, variables were entered into the hierarchical multiple regression analyses in three steps. First, demographic/background variables which were significantly related to the forgiveness measures were entered. Second, shame was entered into the hierarchical multiple regression analyses. Third, the guilt measures (i.e., state guilt and trait guilt) were entered into the analyses.

As shown in Table 18, the guilt measures significantly predicted all the forgiveness measures after controlling for the demographic/background variables

TABLE 17

Hierarchical Multiple Regression Analyses (with Betas) Examining the Prediction of Forgiveness by Demographic Variables (Step 1), Guilt Measures (Step 2), and Shame Measure (Step 3)

Variable	Forgiveness (AN)		Self-Forgiveness (AN)		Heartland Self-Forgiveness	
	Beta	$R^2\Delta$	Beta	$R^2\Delta$	Beta	$R^2\Delta$
Demographic/ Background Characteristics						
Sex	-.12	.24***[a]	---	.27***[a]	-.20*	.09***[a]
Time Since Wrongdoing by Other	.30**		---		---	
Severity of Wrongdoing by Other	-.35***		---		---	
Severity of Wrongdoing by Self	---		-.46***		---	
Religious Affiliation ◆	---		.07*		---	
Age	---		---		.18	
Guilt Measures						
State Guilt	-.22	.14***[b]	.00	.15***[b]	-.16	.37***[b]
Trait Guilt	-.19		-.39**		-.49***	
Shame Measure	-.00	.00[c]	-.17	.02[c]	-.27**	.05**[c]

*p<.05 **p<.01 ***p<.001

[a] This incremental R^2 represents the unique contribution of the demographic variables to the prediction of forgiveness.
[b] This incremental R^2 represents the unique contribution of the guilt measures to the prediction of forgiveness.
[c] This incremental R^2 represents the unique contribution of the shame measure to the prediction of forgiveness.

◆ - R^2 change value reported for this variable after dummy coding.

TABLE 18

Hierarchical Multiple Regression Analyses (with Betas) Examining the Prediction of Forgiveness by Demographic Variables (Step 1), Shame Measure (Step 2), and Guilt Measures (Step 3)

Variable	Forgiveness (AN)		Self-Forgiveness (AN)		Heartland Self-Forgiveness	
	Beta	$R^2\Delta$	Beta	$R^2\Delta$	Beta	$R^2\Delta$
Demographic/ Background Characteristics						
Sex	-.12	.24***[a]	---	.27***[a]	-.20*	.09***[a]
Time Since Wrongdoing by Other	.30**		---		---	
Severity of Wrongdoing by Other	-.35***		---		---	
Severity of Wrongdoing by Self	---		-.46***		---	
Religious Affiliation◆	---		.07*		---	
Age	---		---		.18	
Shame Measure	-.19*	.03*[b]	-.33***	.11***[b]	-.52***	.26***[b]
Guilt Measures						
State Guilt	-.22	.10**[c]	.01	.06**[c]	-.15	.16***[c]
Trait Guilt	-.19		-.30*		-.36**	

*p<.05 **p<.01 ***p<.001

[a] This incremental R^2 represents the unique contribution of the demographic variables to the prediction of forgiveness.
[b] This incremental R^2 represents the unique contribution of the shame measure to the prediction of forgiveness.
[c] This incremental R^2 represents the unique contribution of the guilt measures to the prediction of forgiveness.
◆ - R^2 change value reported for this variable after dummy coding.

and shame (incremental R^2 ranged from .06 to 16). Of the guilt measures, trait

guilt was negatively related to Self-Forgiveness (AN) (β = -.30, p < .05) and

Heartland Self-Forgiveness (β = -.36, p < .01) after controlling for demographic /

background variables and shame.

Follow-up Analyses

Several additional analyses were computed in order to address questions

that arose after the data were collected.

A separate ANCOVA was computed for each forgiveness measure to

compare male and female scores while controlling for demographic/background

variables (see Table 19). Males ($\underline{M}$ = 39.04, $\underline{SD}$ = 7.06) scored significantly

higher than females ($\underline{M}$ = 36.06, $\underline{SD}$ = 6.73) on Forgiveness (AN) ($\underline{F}$ (3,100) =

10.48, $\underline{p}$ < .001). Males ($\underline{M}$ = 38.00, $\underline{SD}$ = 6.56) also scored significantly higher

than females ($\underline{M}$ = 37.26, $\underline{SD}$ = 6.56) on Self-Forgiveness (AN) ($\underline{F}$ (4,97) = 9.04,

$\underline{p}$ < .001). Furthermore, males ($\underline{M}$ = 31.55, $\underline{SD}$ = 4.46) scored significantly higher

than females ($\underline{M}$ = 28.96, $\underline{SD}$ = 6.01) on Heartland Self-Forgiveness ($\underline{F}$ (2,105) =

5.02, $\underline{p}$ < .01).

Within groups comparisons of forgiveness variables. A set of paired

sample t-tests were computed to examine whether participants responses on

wrongdoing differed depending on whether the offender was themselves or

another person (see Table 20). Participants scored significantly higher on

perceived harm rating committed by other ($\underline{M}$ = 3.01, $\underline{SD}$ = .85) than perceived

harm rating committed by self ($\underline{M}$ = 2.71, $\underline{SD}$ = .81) ($\underline{t}$ (102) = 2.80, $\underline{p}$ < .01). No

TABLE 19

ANCOVA Results Comparing Males and Females on Forgiveness Measures
Controlling for Demographic/Background Variables

Forgiveness Measures	Male		Female		
	Mean	SD	Mean	SD	F
Forgiveness (AN)[a]	39.04	7.06	36.06	6.73	10.48***
Forgiveness (PP)	16.35	4.30	16.75	4.34	.242
Self-Forgiveness (AN)[b]	38.00	6.56	37.26	6.56	9.04***
Self-Forgiveness (PP)	19.06	2.77	19.43	2.91	.47
Heartland Self-Forgiveness[c]	31.55	4.46	28.96	6.01	5.02**

*$p<.05$ **$p<.01$ ***$p<.001$

Note: Across analyses Ns range from 49 to 55 for males and 52 to 53 for females.

[a] Time since wrongdoing by other and severity of wrongdoing by other were controlled for in analyses with this variable
[b] Severity of wrongdoing by self and religious affiliation were controlled for in analyses with this variable
[c] Age was controlled for in analyses with this variable

TABLE 20

<u>Paired Sample t-test Results Comparing Background Variables and Forgiveness</u>
<u>Measures</u>

	Wrongdoing by Other		Wrongdoing by Self		
	Mean	SD	Mean	SD	t
<u>Wrongdoing Background Variable</u>					
Length of Time Since Wrongdoing	2.09	2.31	1.72	2.04	1.46
Harm Rating	3.01	.85	2.71	.81	2.80**
<u>Forgiveness Measure</u>					
Absence of Negative (AN)	37.55	7.06	37.64	6.54	-.10
Presence of Positive (PP)	16.65	4.18	19.24	2.83	-6.68***

*p<.05 **p<.01 ***p<.001

significant differences were found with respect to length of time since wrongdoing.

Paired sample t-tests were also computed to determine if participants' forgiveness scores differed depending on whether the offender was themselves or another person (see Table 20). Participants scored significantly lower on Presence of Positive when the wrongdoing was committed by other ($\underline{M}$ = 16.65, $\underline{SD}$ = 4.18) than when the wrongdoing was committed by self ($\underline{M}$ = 19.24, $\underline{SD}$ = 2.83) ($\underline{t}$ (106) = -6.68, $\underline{p}$ <.001). No significant differences were found with respect to Absence of Negative scales.

CHAPTER IV

DISCUSSION

Major Study Questions

Relationship between forgiveness and mental health. In general, the results revealed that there are both similarities and differences between how self-forgiveness and forgiveness of others relate to mental health. Consistent with hypotheses, measures of self-forgiveness (Self-Forgiveness AN, Heartland Self-Forgiveness) and forgiveness of others (Forgiveness AN) were negatively correlated with depression after controlling for demographic / background variables. Furthermore, both self-forgiveness and forgiveness of others contributed uniquely to the prediction of depression. Previous research has also found negative correlations between depression and forgiveness of self and others (Coates, 1996; Mauger et al., 1992; Snyder et al., in press). In addition to correlational findings, several researchers (Hebl & Enright, 1993; Al-Mabuk et al., 1995; Freedman and Enright, 1996) found that interventions focused on forgiving an offender decreased depression.

Forgiveness may be negatively correlated with depression because it provides people with a different way of thinking about their circumstances. Individuals who are depressed tend to ruminate about the negative aspects of their life (Papageorgiou & Wells, 2001). Forgiveness may involve shifting one's focus from the offense and its consequences to positive aspects of the person's life. Forgiveness may also be viewed as a coping strategy that can be used in the future if one is wronged or commits a wrongdoing. Thus, it might provide a decrease in

feelings of helplessness in response to wrongful actions committed by self and others. Mental health practitioners who are working with depressed clients may want to explore whether forgiveness is relevant and whether clients value forgiveness. Further research is needed to better understand the mechanism by which forgiveness might influence depression.

Consistent with hypotheses, Forgiveness (AN) was negatively correlated to state and trait anger after controlling for demographic / background variables. Other researchers have similarly found a negative relationship between forgiveness of others and hostility (Coates, 1996, Snyder et al., in press). This is not surprising given that forgiveness of others, by definition, involves letting go of negative feelings such as anger and hostility. However, this study found no relationship between self-forgiveness and anger. This is consistent with the idea of Mauger et al. (1992) that forgiveness of others is related to an extrapunitive orientation.

Conceptually, it makes sense that there is a significant relationship between anger and forgiveness of others but not with forgiveness of self because the source of the perceived wrongdoing is different. When one is wronged by another person, anger directed towards the offender is a common response. Negative affect directed toward oneself after committing a wrongdoing is often experienced as guilt or shame. However, the empirical findings on this issue are mixed. Contrary to the findings in this study, others have also found self-forgiveness to be significantly related to anger and hostility (Coates, 1996; Mauger et al., 1992; Snyder et al., in press). Differences across studies with

respect to how self-forgiveness relates to anger might be explained by differences in populations and types of wrongdoing examined. More research on this issue is needed.

Interestingly, in this study, only self-forgiveness related to self-esteem after controlling for demographic / background variables. All measures of self-forgiveness (i.e., Self-Forgiveness (AN), Self-Forgiveness (PP), Heartland Self-Forgiveness) were positively correlated with self-esteem. Several other researchers have found self-esteem to be positively related to both self-forgiveness and forgiveness of others. However, self-esteem was found to have larger correlations with self-forgiveness than forgiveness of others (Coates, 1996; Mauger et al., 1992; Roby, 1997). In fact, Coates (1996) found that self-esteem was the single greatest predictor of self-forgiveness. These findings are consistent with Mauger et al.'s (1992) theory that self-forgiveness relates to an intrapunitive orientation. In other words, individuals who have committed a wrongdoing may "punish" themselves by evaluating themselves in a negative manner.

It makes sense that individuals who are able to let go of negative feelings and also develop positive feelings about themselves are more likely to feel good about themselves. More research is needed to determine if self-forgiveness causes improvements in self-esteem. If so, this might provide mental health practitioners with a useful tool when working with individuals with low self-esteem.

In general, the Absence of Negative subscales within both the self-forgiveness and forgiveness of other scales showed more and stronger

relationships with mental health than the Presence of Positive subscales. In fact, Self-Forgiveness (PP), which was positively related to self-esteem, was the only Presence of Positive variable that related to mental health. Other studies (e.g., Rye et al., 2001) have found a similar pattern. Thus, the letting go of negative thoughts, feelings, and behaviors during the forgiveness process may be more important than developing positive thoughts, feelings, and behaviors in terms of psychological adjustment. However, additional research is needed to determine whether the development of positive thoughts, feelings, and behaviors toward an offender has other benefits which have not been previously measured. For example, it is possible that a positive response toward an offender would relate to spiritual well-being if such an approach was encouraged by the individual's religious or spiritual orientation.

Difference in dispositional predictors of self-forgiveness and forgiveness. Consistent with hypotheses, both forgiveness (Forgiveness (AN)) and self-forgiveness (Self-Forgiveness (AN), Heartland Self-Forgiveness) were negatively related to all measures of guilt and shame. The only Presence of Positive subscale that was related to guilt and shame was a negative correlation between Forgiveness (PP) and trait guilt. Shame uniquely predicted dispositional self-forgiveness (Heartland) beyond guilt and demographic / background variables but did not uniquely predict other forgiveness measures. On the other hand, guilt added unique predictive ability beyond shame and demographic / background variables for Forgiveness (AN), Self-Forgiveness (AN), Heartland Self-Forgiveness. Thus, it appears that both guilt and shame are involved in the

forgiveness process. However, guilt is a unique predictor of both forgiveness of others and self-forgiveness, but shame is only a unique predictor for dispositional self-forgiveness. It appears that the process of dispositional self-forgiveness is somewhat different than situational self-forgiveness particularly as they relate to shame. Perhaps individuals who score low on dispositional self-forgiveness experience more shame because they are also higher on neuroticism. In other words, individuals who are high on neuroticism may be more likely to allow feelings of shame, resulting from a wrongdoing they committed, to generalize to their self-concept. This possibility deserves further examination.

Several researchers have argued that forgiveness is intricately related to guilt and shame. Enright et al. (1996) emphasized the importance of identifying one's own guilt and shame in the beginning of the self-forgiveness process. Similarly, Halling (1994a) argues that guilt and shame give rise to the search for forgiveness. Halling (1994b) further states that self-forgiveness requires one to overcome one's shame and come to accept what had previously been viewed as unacceptable or what one has tried to change.

Empirical findings on how guilt and shame relate to forgiveness have been mixed. Consistent with findings of this study, Tangney et al. (1999; as cited in Konstam, Chernoff, & Deveney, 2001) found that shame-prone individuals were relatively unforgiving of themselves and others. Furthermore, mental health practitioners who implemented forgiveness techniques during therapy indicated that their clients reported a decrease in guilt (Hargrave, 1994; Schell, 1990; Al-Mabuk and Downs, 1996). However, other researchers (e.g., Meek et al., 1995;

Konstam, Chernoff, & Deveney, 2001) have also suggested that forgiveness may be positively related to adaptive forms of guilt. Initially, feelings of guilt and shame may provide motivation for forgiveness but may decrease after forgiveness occurs. This possibility deserves empirical examination.

Consistent with hypotheses, self-consciousness was negatively related to self-forgiveness but was not related to forgiveness of others. Specifically, public self-consciousness negatively related to dispositional self-forgiveness (Heartland Self-Forgiveness) and private self-consciousness negatively related to both situational (Self-Forgiveness (AN)) and dispositional self-forgiveness (Heartland Self-Forgiveness). This is consistent with Mauger et al.'s (1992) idea that self-forgiveness relates to an intropunitive approach. Perhaps, self-conscious individuals have difficulty with self-forgiveness because they tend to focus on the negative aspects of themselves and their circumstances. Thus, after committing a wrongdoing, it may be more difficult to let go of negative thoughts and feelings. To our knowledge this is the first study to examine the relationship between self-consciousness and forgiveness.

Contrary to hypotheses, religious orientation was not related to forgiveness. Conceptually, one would expect intrinsically religious individuals to be more likely to forgive given that many religious traditions strongly encourage forgiveness (Rye et al., 2000). However, the empirical findings have been mixed. Similar to this study, Coates (1996) found no relationship between religiousness and forgiveness. However, several other researchers (e.g., Meek, Albright, & McMinn, 1995; Rye et al. 2001) have found a positive relationship between

forgiveness and intrinsic religiousness. There is also evidence that highly religious individuals are more likely to value forgiveness than non-religious individuals (Poloma & Gallup, 1991). Differences across studies may be partly due to differences in sample characteristics and types of wrongdoing. It should be noted that participants in this sample are from a relatively homogeneous religious background.

Summary of Similarities and Differences Between Self-Forgiveness and Forgiveness of Others. Consistent with our conceptual model, there appears to be both similarities and differences with respect to the process of self-forgiveness and forgiveness of others. This can be seen in the pattern of relationships between forgiveness and mental health and the dispositional predictors of forgiveness. With respect to mental health, self-forgiveness and forgiveness of others are similar in that they both negatively relate to depression. They are different in that only forgiveness of others relates negatively to anger and that only self-forgiveness relates positively to self-esteem. This provides support for Mauger et al.'s (1992) theory that forgiveness of others relates to an extrapunitive style whereas self-forgiveness relates to an intropunitive style.

With respect to predictors of forgiveness, both forgiveness of self and others were similar in that they were both unrelated to religiousness. Both were also negatively related to guilt and shame. They were different in that shame uniquely predicted only dispositional self-forgiveness beyond guilt and demographic / background variables. Self-forgiveness was negatively related to private self-consciousness and dispositional self-forgiveness was negatively

related to public self-consciousness. Forgiveness of others was unrelated to self-consciousness. These findings further illustrate the need to examine forgiveness of self and others as somewhat different constructs.

Follow-up Analyses

Differences between males and females. Males scored significantly higher than females on forgiveness (Forgiveness (AN)) and self-forgiveness (Self-Forgiveness (AN), Heartland Self-Forgiveness) after controlling for demographic / background variables. Other research comparing males and females with respect to forgiveness has provided conflicting results. Similar to this study, Mauger et al. (1992) found males to be more forgiving of themselves than females. Azmitia, Kamprath, and Linnet (1998) found that adolescent boys were more likely to forget about a wrongdoing and never discuss a violation in friendship as compared to adolescent girls. They also found that the boys returned to being friends in just a few days whereas, the girls distanced themselves for longer periods of time. Research has also found that women experience more guilt and shame than men (Lutwak & Ferrari, 1996). Consequently, these negative affective responses may make it more difficult to forgive both self and others. Furthermore, Konstam, Chernoff, and Deveney (2001) found the forgiveness process to be different for men than women and noted that women may show a more affective response and display more difficulty releasing negative emotions. However, Roby (1996) and Roby (1998) found no gender differences with regard to self-forgiveness and instead found females to be more forgiving of others than males.

It is unclear whether the differences found in this study represent a generalizable difference between men and women regarding the forgiveness process or whether the difference can be accounted for by the unique characteristics of this particular sample. In any event, both researchers and clinicians should aware that there may be differences with respect to how males and females approach forgiveness.

<u>Other Cognitive Factors in Self-Forgiveness and Forgiveness</u>

<u>Perceptions of harm.</u> Interestingly, participants rated the wrongdoing committed against them as more severe than the wrongdoing they committed. These are subjective ratings and it is difficult to determine if there is "objective" reality to this. One might argue that subjective perceptions of wrongdoing are more important to the forgiveness process than "objective" ratings of harm, since one's perceptions will determine his/her emotional response to the event. This suggests one reason why revenge may fail as a response to wrongdoing. Kim and Smith (1993) note that revenge can escalate conflict and lead to a chain of revenge that can last indefinitely. If wrongdoings tend to be rated as more severe by the victim than the offender, it might be impossible to "even the score."

<u>Comparisons of forgiveness measures.</u> The Presence of Positive subscale scores were significantly higher when the wrongdoing was committed by oneself than when the wrongdoing was committed by someone else. This finding suggests that it might be easier to have positive feelings towards oneself after committing a wrongdoing than to have positive feelings towards another after being wronged. This might be partly due to the fundamental attribution error,

which indicates that we tend to explain others' actions in terms of dispositional rather than situational causes (Baron & Byrne, 1987). In other words, people who have been wronged may be more likely to believe the offender is a flawed or a "bad" person and may ignore or minimize the situational factors. In contrast, when we commit a wrongdoing we are more likely to attend to environmental influences to explain our behavior (Baron & Byrne, 1987). There is empirical evidence that such attributions play a role in the forgiveness process. For example, Fincham, Paleari, and Regalia (2002) found that long-term spouses were more willing to forgive their partner if the wrongdoing was attributed to external variables versus selfish motivation. Al-Mabuk, Dedrick, and Vanderah (1998) suggested that attribution retraining be used in forgiveness therapy to help the individual cognitively reframe the perceived transgression.

Study Limitations

When interpreting the results of this study, several limitations should be considered. First, it is unclear how well the results will generalize since this sample is not representative of the general population. All participants were college students enrolled at a Catholic university. As expected, most participants were Catholic (69.4%). In addition, almost all participants were Caucasian (87.0%) young adults ($M = 19.39$, $SD = 1.66$). Because participants in this sample were relatively young, it is necessary to consider whether other age groups have the same approach to forgiveness. It is possible that the participants in this study experienced different types of wrongdoing than the general population. Thus, future research is needed to examine whether the same variables predict

forgiveness of self and others among people with different backgrounds and demographic characteristics.

The exclusive use of self-report questionnaires for data collection was another study limitation. When using self-report data, researchers need to assess the likelihood that participants answer questions honestly. This is especially important when asking participants about wrongdoings they committed because they might be motivated to present themselves in a favorable manner. In this study, honesty was encouraged by keeping responses confidential and by asking participants to not include their names on the surveys. Future research on forgiveness might consider incorporating observer report into the methodology. One way to measure observer report is to have another person, such as a friend or family member, complete a questionnaire on the participant's behavior and compare his/her responses with the participant's reported thoughts, feelings, and behaviors about the wrongdoing.

Another study limitation is that the situational self-forgiveness scale was developed for purposes of this study and therefore, limited information was available on the psychometric properties. In this study, the Self-Forgiveness (AN) subscale demonstrated high internal reliability (Cronbach alpha = .85). However, the Self-Forgiveness (PP) subscale had somewhat lower internal reliability (Cronbach alpha = .55). Although the Cronbach's alpha could have been increased by dropping selected items, all items were retained in this study in order to allow direct comparisons with the forgiveness of others scale. More research is needed on the psychometric properties of this scale. It should be noted

that the dispositional self-forgiveness measure (Heartland Self-Forgiveness) has established adequate psychometric properties.

Summary of Implications for Mental Health Practitioners

In summary, the findings of this and other forgiveness studies have important implications for mental health practitioners. To begin, mental health practitioners should be aware that self-forgiveness and forgiveness of others relate to mental health. This suggests that self-forgiveness may be especially important to self-esteem whereas forgiveness of others may be most related to anger. Thus, cognitive-behavioral strategies for clients who are working on self-forgiveness might focus on building self-esteem, whereas strategies for clients who are working on forgiveness of others might focus on anger reduction. In addition, forgiveness of self and others may be beneficial to some individuals who are experiencing depression. Although, the direction of cause and effect cannot be determined from correlational designs like this present study, there are several other studies with experimental designs that suggest forgiveness can cause improvements in mental health. However, more research is needed to better understand how forgiveness relates to mental health and to determine if there are situations in which forgiveness is contraindicated.

This study also suggests that guilt and shame relate to both self and other forgiveness. Thus, providing clients with strategies to alleviate guilt and shame might help to facilitate forgiveness. Strategies for reducing self-consciousness may be especially important when working with individuals on self-forgiveness issues. Practitioners should also be aware that the forgiveness processes might be

different according to gender, although research does not point to consistent differences. Clearly, more research is needed on the process and outcome of both self-forgiveness and forgiveness of others.

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Appendix A
DEMOGRAPHICS

1) Age: _____

2) Sex: _____Female _____Male
         (1)   (0)

3) Race:
   _____American Indian
   (1)
   _____Asian or Pacific Islander
   (2)
   _____African-American
   (3)
   _____Latino (a)
   (4)
   _____Caucasian
   (5)
   _____Other (please specify) _____
   (6)

4) Year in school:
   _____First year
   (1)
   _____Second year
   (2)
   _____Third year
   (3)
   _____Fourth year
   (4)
   _____Other
   (5)

5) Religious Affiliation:
   _____Protestant
   (1)
   _____Catholic
   (2)
   _____Jewish
   (3)
   _____Muslim
   (4)
   _____Other (please specify) _____
   (5)

Appendix A (cont'd)

6) Think of a time in which you were wronged or mistreated **by someone else**. Briefly describe the person's wrongful actions. (If you have been wronged by more than one person, pick the person whose actions were most harmful.)

Approximately how long ago did this wrongdoing occur? _____/_____

#years/ #months

In your opinion, how harmful was the wrongdoing that was committed against you?

Not at all harmful	Somewhat harmful	Moderately harmful	Very harmful
1	2	3	4

7) Think of a time in which **you treated someone else** wrongfully or in a manner that you later regretted. (If more than one person comes to mind, select the person who was most negatively affected by your actions.) Briefly describe your actions.

Approximately how long ago did the actions described above occur?

_____/_____

#years/ #months

In your opinion, how harmful was the wrongdoing (or regretful action) that you committed against another person?

Not at all harmful	Somewhat harmful	Moderately harmful	Very harmful
1	2	3	4

Appendix B
FORGIVENESS SCALE

Think of how you have responded to the person who has wronged or mistreated you. Indicate the degree to which you agree or disagree with the following statements.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. I can't stop thinking about how I was wronged by this person.	5	4	3	2	1
2. I wish for good things to happen to the person who wronged me.	5	4	3	2	1
3. I spend time thinking about ways to get back at the person who wronged me.	5	4	3	2	1
4. I feel resentful toward the person who wronged me.	5	4	3	2	1
5. I avoid certain people and/or places because they remind me of the person who wronged me.	5	4	3	2	1
6. I pray for the person who wronged me.	5	4	3	2	1
7. If I encountered the person who wronged me I would feel at peace.	5	4	3	2	1
8. This person's wrongful actions have kept me from enjoying life.	5	4	3	2	1
9. I have been able to let go of my anger toward the person who wronged me.	5	4	3	2	1
10. I become depressed when I think of how I was mistreated by this person.	5	4	3	2	1

Appendix B (cont'd)

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
11. I think that many of the emotional wounds related to this person's wrongful actions have healed.	5	4	3	2	1
12. I feel hatred whenever I think about the person who wronged me.	5	4	3	2	1
13. I have compassion for the person who wronged me.	5	4	3	2	1
14. I think my life is ruined because of this person's wrongful actions.	5	4	3	2	1
15. I hope the person who wronged me is treated fairly by others in the future.	5	4	3	2	1

Reverse score items: 1, 3, 4, 5, 8, 10, 12, 14
Absence of Negative Subscale items: 1, 3, 4, 5, 8, 9, 10, 11, 12, 14
Presence of Positive Subscale items: 2, 6, 7, 13, 15

Appendix C
SELF-FORGIVENESS SCALE

Think of how you have responded after you mistreated or wronged another person. Indicate the degree to which you agree or disagree with the following statements.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. I can't stop thinking about how I wronged this person.	5	4	3	2	1
2. I deserve to have good things happen to me.	5	4	3	2	1
3. I spend time thinking about how to punish myself for having wronged this person.	5	4	3	2	1
4. I feel anger toward myself for wronging this person.	5	4	3	2	1
5. I avoid certain people and/or places because they remind me of how I wronged this person.	5	4	3	2	1
6. I pray for myself.	5	4	3	2	1
7. If I encountered the person who I wronged I would feel at peace.	5	4	3	2	1
8. My wrongful actions toward this person have kept me from enjoying life.	5	4	3	2	1
9. I have been able to let go of my anger toward myself for wronging this person.	5	4	3	2	1
10. I become depressed when I think of how I mistreated this person.	5	4	3	2	1

Appendix C (cont'd)

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
11. I think that many of my negative feelings related to my wrongful actions towards this person have healed.	5	4	3	2	1
12. I experience self-hatred when I think about how I wronged this person.	5	4	3	2	1
13. I have compassion for myself.	5	4	3	2	1
14. I think I have ruined my life because of my wrongful actions towards this person.	5	4	3	2	1
15. I hope others treat me fairly in the future.	5	4	3	2	1

Reverse score items: 1, 3, 4, 5, 8, 10, 12, 14
Absence of Negative Subscale items: 1, 3, 4, 5, 8, 9, 10, 11, 12, 14
Presence of Positive Subscale items: 2, 6, 7, 13, 15

Appendix D
HEARTLAND FORGIVENESS SCALE

Directions: In the course of our lives negative things may occur because of our own actions. For some time after these events, we may have negative thoughts or feelings about ourselves. Think about how you typically respond to such negative events. Next to each of the following items circle the number that best describes how you typically respond to the type of negative situation described. There are no right or wrong answers. Please be as open as possible in your answers.

	Almost Always False of Me (1)		More Often False of Me (3)		More Often True of Me (5)		Almost Always True of Me (7)
1. Although I feel badly at first when I mess up, over time I can give myself some slack.	1	2	3	4	5	6	7
2. I hold grudges against myself for negative things I've done.	1	2	3	4	5	6	7
3. Learning from bad things that I've done helps me get over them.	1	2	3	4	5	6	7
4. It is really hard for me to accept myself once I've messed up.	1	2	3	4	5	6	7
5. With time I am understanding of myself for mistakes I've made.	1	2	3	4	5	6	7
6. I don't stop criticizing myself for negative things I've felt, thought, said, or done.	1	2	3	4	5	6	7

Reverse score items: 2, 4, 6

Appendix E
GUILT INVENTORY

Please indicate the extent to which you agree or disagree with each item below by using the following rating scale.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. I have made a lot of mistakes in my life.	1	2	3	4	5
2. Lately, I have felt good about myself and what I have done.	1	2	3	4	5
3. If I could do certain things over again, a great burden would be lifted from my shoulders.	1	2	3	4	5
4. I have never felt great remorse or guilt.	1	2	3	4	5
5. There is something in my past that I deeply regret.	1	2	3	4	5
6. Frequently, I just hate myself for something I have done.	1	2	3	4	5
7. My parents were very strict with me.	1	2	3	4	5
8. I often feel "not right" with myself because of something I have done.	1	2	3	4	5
9. If I could live my life over again, there are a lot of things I would do differently.	1	2	3	4	5
10. I have recently done something that I deeply regret.	1	2	3	4	5
11. Lately, it hasn't been easy being me.	1	2	3	4	5
12. Lately, I have been calm and worry-free.	1	2	3	4	5

Appendix E (cont'd)

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
13. Guilt and remorse have been a part of my life for as long as I can recall.	1	2	3	4	5
14. Sometimes, when I think about certain things I have done, I almost get sick.	1	2	3	4	5
15. I do not believe that I have made a lot of mistakes in my life.	1	2	3	4	5
16. I often have a strong sense of regret.	1	2	3	4	5
17. I worry a lot about things I have done in the past.	1	2	3	4	5
18. There are few things in my life that I regret having done.	1	2	3	4	5
19. If I could relive that last few weeks or months, there is absolutely nothing I have done that I would change.	1	2	3	4	5
20. I sometimes have trouble eating because of things I have done in the past.	1	2	3	4	5
21. At the moment, I don't feel particularly guilty about anything I have done.	1	2	3	4	5
22. Sometimes I can't stop myself from thinking about things I have done which I consider to be wrong.	1	2	3	4	5
23. I never have trouble sleeping.	1	2	3	4	5
24. I would give anything if, somehow, I could go back and rectify some things I have recently done wrong.	1	2	3	4	5
25. There is at least one thing in my recent past that I would like to change.	1	2	3	4	5

Appendix E (cont'd)

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
26. Guilt is not a particular problem for me.	1	2	3	4	5
27. There is nothing in my past that I deeply regret.	1	2	3	4	5
28. Recently, my life would have been much better if only I hadn't done what I did.	1	2	3	4	5
29. If I had my life to begin over again, I would change very little, if anything.	1	2	3	4	5
30. I have been worried and distressed lately.	1	2	3	4	5

Reverse score items: 1, 3, 5, 6, 7, 8, 9, 10, 11, 13, 14, 16, 17, 20, 22, 24, 25, 28, 30
Trait Guilt: 1, 3, 4, 5, 6, 7, 8, 9, 13, 14, 15, 17, 18, 20, 22, 23, 26, 27, 29
State Guilt: 2, 10, 11, 12, 19, 21, 24, 25, 28, 30

Appendix F
PERSONAL FEELINGS QUESTIONNAIRE-2 (PFQ-2)

For each of the following listed feelings circle the number from 0 to 4 reflecting how common the feeling is for you.

You experience the feeling:	Continuously or almost Continuously	Frequently	Some	Rarely	Never
1. Embarrassment	4	3	2	1	0
2. Feeling ridiculous	4	3	2	1	0
3. Self-consciousness	4	3	2	1	0
4. Feeling humiliated	4	3	2	1	0
5. Feeling "stupid"	4	3	2	1	0
6. Feeling "childish"	4	3	2	1	0
7. Feeling helpless, paralyzed	4	3	2	1	0
8. Feelings of blushing	4	3	2	1	0
9. Feeling laughable	4	3	2	1	0
10. Feeling disgusting to others	4	3	2	1	0

Appendix G
RELIGIOUS ORIENTATION SCALE

Please indicate the extent to which you agree or disagree with each item below by using the following rating scale.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Although I believe in my religion, I feel there are many more important things in my life.	1	2	3	4	5
2. It is important for me to spend periods of time in private religious thought and meditation.	1	2	3	4	5
3. It doesn't matter so much what I believe so long as I lead a moral life.	1	2	3	4	5
4. If not prevented by unavoidable circumstances, I attend church.	1	2	3	4	5
5. The primary purpose of prayer is to gain relief and protection.	1	2	3	4	5
6. I try hard to carry my religion over into all my other dealings in life.	1	2	3	4	5
7. The church is most important as a place to formulate good social relationships.	1	2	3	4	5
8. The prayers I say when I am alone carry as much meaning and personal emotion as those said by me during services.	1	2	3	4	5
9. What religion offers me most is comfort when sorrows and misfortune strike.	1	2	3	4	5

Appendix G (cont'd)

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
10. Quite often I have been keenly aware of the presence of God or the Divine Being.	1	2	3	4	5
11. I pray chiefly because I have been taught to pray.	1	2	3	4	5
12. I read literature about my faith (or church).	1	2	3	4	5
13. Although I am a religious person I refuse to let religious considerations influence my everyday affairs.	1	2	3	4	5
14. If I were to join a church group I would prefer to join a Bible study group rather than a social fellowship.	1	2	3	4	5
15. A primary reason for my interest in religion is that my church is a congenial social activity.	1	2	3	4	5
16. My religious beliefs are really what lie behind my whole approach to life.	1	2	3	4	5
17. Occasionally I find it necessary to compromise my religious beliefs in order to protect my social and economic well-being.	1	2	3	4	5
18. Religion is especially important because it answers many questions about the meaning of life.	1	2	3	4	5

Appendix G (cont'd)

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
19. One reason for my being a church member is that such membership helps to establish a person in the community.	1	2	3	4	5
20. The purpose of prayer is to secure a happy and peaceful life.	1	2	3	4	5
21. Religion helps to keep my life balanced and steady in exactly the same way as my citizenship, friendships, and other memberships do.	1	2	3	4	5

Extrinsic items: 1, 3, 5, 7, 9, 11, 13, 15, 17, 19, 20, 21
Intrinsic items: 2, 4, 6, 8, 10, 12, 14, 16, 18

Appendix H
SELF-CONSCIOUSNESS SCALE

Please circle the number next to each item indicating the extent to which that item is like you.

	Not at all like me	A little like me	Somewhat like me	A lot like me
1. I'm always trying to figure myself out.	0	1	2	3
2. I'm concerned about my style of doing things.	0	1	2	3
3. I think about myself a lot.	0	1	2	3
4. I care a lot about how I present myself to others.	0	1	2	3
5. I often daydream about myself.	0	1	2	3
6. I never take a hard look at myself.	0	1	2	3
7. I'm self-conscious about the way I look.	0	1	2	3
8. I generally pay attention to my inner feelings.	0	1	2	3
9. I usually worry about making a good impression.	0	1	2	3
10. I'm constantly thinking about my reasons for doing things.	0	1	2	3
11. Before I leave my house, I check how I look.	0	1	2	3
12. I sometimes step back (in my mind) in order to examine myself from a distance.	0	1	2	3
13. I'm concerned about what other other people think of me.	0	1	2	3
14. I'm quick to notice changes in my mood.	0	1	2	3
15. I'm usually aware of my appearance.	0	1	2	3

Appendix H cont'd

	Not at all like me	A little like me	Somewhat like me	A lot like me
16. I know the way my mind works when I work through a problem.	0	1	2	3

Public Self-Consciousness: 2, 4, 7, 9, 11, 13, 15
Private Self-Consciousness: 1, 3, 5, 6, 8, 10, 12, 14, 16

Appendix I
STATE ANGER

For each of the following statements circle the choice that best indicates the intensity of your feelings RIGHT NOW.

	Very Much So	Moderately So	Somewhat	Not at All
1. I am mad.	4	3	2	1
2. I feel angry.	4	3	2	1
3. I am burned up.	4	3	2	1
4. I feel like I'm about to explode.	4	3	2	1
5. I feel like banging on the table.	4	3	2	1
6. I feel like yelling at somebody.	4	3	2	1
7. I feel like swearing.	4	3	2	1
8. I am furious.	4	3	2	1
9. I feel like hitting someone.	4	3	2	1
10. I feel like breaking things.	4	3	2	1

Appendix J
TRAIT ANGER

For each of the following statements circle the choice that best indicates how you GENERALLY feel.

	Almost Always	Often	Sometimes	Almost Never
1. I have a fiery temper.	4	3	2	1
2. I am quick-tempered.	4	3	2	1
3. I am a hotheaded person.	4	3	2	1
4. It makes me furious when I am criticized in front of others.	4	3	2	1
5. I get angry when I'm slowed down by others mistakes.	4	3	2	1
6. I feel infuriated when I do a good job and get a poor evaluation.	4	3	2	1
7. I fly off the handle.	4	3	2	1
8. I feel annoyed when I am not given recognition for doing good work.	4	3	2	1
9. When I get mad, I say nasty things.	4	3	2	1
10. When I get frustrated, I feel like hitting someone.	4	3	2	1

Appendix K
CES-D SCALE

Below is a list of the ways you might have felt or behaved. Using the scale below, indicate the number which best describes how often you felt this way – DURING THE PAST WEEK.

	Rarely or none of the time (<1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of the time (3-4 days)	Most or all of the time (5-7 days)
1. I was bothered by things that usually don't bother me.	1	2	3	4
2. I did not feel like eating; my appetite was poor.	1	2	3	4
3. I felt that I could not shake off the blues even with help from my friends or family.	1	2	3	4
4. I felt that I was just as good as other people.	1	2	3	4
5. I had trouble keeping my mind on what I was doing.	1	2	3	4
6. I felt depressed.	1	2	3	4
7. I felt that everything I did was an effort.	1	2	3	4
8. I felt hopeful about the future.	1	2	3	4
9. I thought my life had been a failure.	1	2	3	4
10. I felt fearful.	1	2	3	4
11. My sleep was restless.	1	2	3	4
12. I was happy.	1	2	3	4
13. I talked less than usual.	1	2	3	4

Appendix K (cont'd)

	Rarely or none of the time (<1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of the time (3-4 days)	Most or all of the time (5-7 days)
14. I felt lonely.	1	2	3	4
15. People were unfriendly.	1	2	3	4
16. I enjoyed life.	1	2	3	4
17. I had crying spells.	1	2	3	4
18. I felt sad.	1	2	3	4
19. I felt that people dislike me.	1	2	3	4
20. I could not get "going."	1	2	3	4

Reverse score items: 4, 8, 12, 16,

Appendix L
ROSENBERG SELF-ESTEEM SCALE

Please indicate the extent to which you agree or disagree with each item below by using the following rating scale.

	Strongly Agree	Disagree	Neutral	Agree	Strongly Disagree
1. At times I think I am no good at all.	1	2	3	4	5
2. I take a positive attitude toward myself.	1	2	3	4	5
3. All in all, I am inclined to feel that I am a failure.	1	2	3	4	5
4. I wish I could have more respect for myself.	1	2	3	4	5
5. I certainly feel useless at times.	1	2	3	4	5
6. I feel that I am a person of of worth, at least on an equal plane with others.	1	2	3	4	5
7. On the whole, I am satisfied with myself.	1	2	3	4	5
8. I feel I do not have much to be proud of.	1	2	3	4	5
9. I feel that I have a number of good qualities.	1	2	3	4	5
10. I am able to do things as well as most other people.	1	2	3	4	5

Reverse score items: 1, 3, 4, 5, 8

Appendix M
COVER LETTER

Dear Participant:

Thank you for your participation in this research project. A questionnaire is enclosed that will take approximately 45 minutes to complete. You will be asked about how other people have wronged you and whether you have acted towards others in a wrongful or hurtful manner. You will also be asked to complete questions related to religiousness, guilt, shame, forgiveness, and mental health. Please sign this letter and return it to indicate your willingness to participate. The answers that you provide will be confidential. Please do not place your name anywhere on the questionnaire. There is a small possibility that you will experience some negative emotions while completing this questionnaire. If you experience negative emotions and would like to meet with a counselor, you may wish to contact a local mental health agency (e.g., University Counseling Center 229-3141; South Community Behavioral Healthcare 293-8300). You are free to withdraw your participation from this project at anytime without fear of penalty.

Your signing this form verifies that you are at least 18 years old and are willing to participate in this study. Please return your questionnaire to the experimenter upon completion. Thank you again for your participation in this project. If you have any questions or concerns, feel free to contact Dawn Glasener (937) 687-7020 or Dr. Mark Rye (937) 229-2160.

Thank you,

Dawn E. Glasener, B.S.
Masters Student
Psychology Department
University of Dayton

Mark Rye, Ph.D.
Assistant Professor
Psychology Department
University of Dayton

I am at least 18 years old and am willing to participate in this study.

Name (print): _____

Address:_____

Signature: _____

Phone: _____

Appendix N
DEBRIEFING LETTER

Dear Participant:

The research that you participated in was designed to 1) examine how

forgiveness relates to variables such as guilt, shame, self-consciousness, and

religion and 2) examine how forgiveness relates to mental health (i.e., anger,

depression, and self-esteem). You were asked to complete a variety of

questionnaires about wrongdoing, forgiveness of self and others, guilt, shame,

religiousness, and mental health. Your responses to these questionnaires will be

examined to determine the relationships between these variables. Past research

suggests that forgiveness of others and self-forgiveness may be positively related

to mental health (Freedman & Enright, 1996; Hebl & Enright, 1993; Mauger et

al., 1992). We are especially interested in examining whether self-forgiveness

predicts mental health beyond other variables.

As a reminder, your responses are confidential. If you are experiencing

any emotional problems related to committing a wrongdoing or being wronged,

you may wish to contact a local mental health agency (e.g., University of Dayton

Counseling Center 229-3141; South Community Behavioral Healthcare 293-

8300).

Thank you for your participation in this study. If you are interested in a

summary of the results, please provide us with your name and permanent mailing

address. A list of references is provided on the next page if you wish to read

about forgiveness. If you have any additional questions, please contact Dawn

Glasener (937) 687-7020 or Dr. Mark Rye (937) 229-2160.

Thank you,

Dawn Glasener, B.S.   Mark Rye, Ph.D.
Masters Student   Assistant Professor
Psychology Department   Psychology Department
University of Dayton   University of Dayton

If you would like to read more on the topic of forgiveness, you might wish to read

one of the manuscripts listed below:

Enright & The Human Development Study Group. (1996). Counseling within

    the forgiveness triad: On forgiving, receiving forgiveness, and self-

    forgiveness. Counseling and Values, 40, 107-126.

McCullough, M. E., Pargament, K. I., & Thoreson, C. E. (Eds.). (2000).

    Forgiveness: Theory, research, and practice. New York, NY: The

    Guilford Press.

Worthington, E. L. (Eds.). (1998). Dimensions of forgiveness: Psychological

    research and theological perspectives. Radnor, PA: Templeton

    Foundation Press.