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# Coping with Childhood Issues as Adults

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COPING WITH CHILDHOOD ISSUES AS ADULTS

by

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A Dissertation
Submitted to the Faculty of Graduate Studies
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*Approval Page*

*Author's Declaration of Originality*

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*Abstract*

The mental health consequences of both dispositional forgiveness and forgiving one's abusive parents were examined in this study.  It was anticipated that dispositional forgiveness would be related to better mental health in a population of adults who sustained childhood abuse.  It was also expected that forgiving one's parents for childhood abuse would predict better mental health in adulthood.  The results of the study support a conclusion that child abuse survivors purport better mental health (e.g., less anger, anxiety and depression) when they report higher levels of self forgiveness. However, it was found that higher levels of parental forgiveness actually predicted worse mental health (e.g., more anger, anxiety and depression) in abuse survivors.  It may be that societal and moral pressure to forgive one's parents resulted in many of the survivors of abuse forgiving their parents before fully recognizing the extent of the abuse, acknowledging the emotional impact of the abuse, and making a conscious decision to let go of the anger association with the abuse (i.e., participating in the process of forgiveness).

*Dedication*

To my wonderful husband, thank you for your steadfast support.  I could not have done this without you.  Thank you for being my rock.

*Table of Contents*

Coping with Childhood Issues as Adults

*Introduction*

*Purpose*

The purpose of this paper was to examine the relation between individuals'
willingness to forgive their abusive parents and emotional health and well-being in
adulthood. It was proposed that feeling forgiveness towards one's parents for abuse
during childhood would be related to better mental health in adulthood. It was
hypothesized that forgiveness may offset a proportion of the potential long-term damage
resulting from childhood abuse. However, it was also proposed that engaging in pseudo-
forgiveness, or the verbal expression of forgiveness without a heartfelt attitude change,
would be related to emotional difficulties in adulthood.

*Brief History of Forgiveness Research*

Due to the religious associations with forgiveness research, forgiveness research
had a sluggish and tenuous beginning. Arguably, the scientific study of forgiveness truly
began only within the last twenty years. The only early references of forgiveness are
encompassed within religious writings and teaching (e.g., Judaism, Christianity, Islam,
Buddhism, Hinduism). Forgiveness is one of the core features of most major religions,
and as such, forgiveness was considered a quality to be achieved only with divine
intervention and is characterized well by Alexander Pope who said "to err is human; to
forgive, divine." Due to its religious associations, forgiveness was strongly opposed by
Nietzsche (1887) and forgiveness was ignored by other major philosophers. Nietzsche
(1887) claimed forgiveness was only for the weak, or those in a lower social economic
position, as they are incapable of asserting their right for justice. Nietzsche (1887)

believed the powerful, by virtue of the fact that they have a higher standing in society, have no need for forgiveness, as they can seek retribution or revenge. Being adamantly opposed to forgiveness, Nietzsche (1887) suggested forgetting as an alternative to forgiveness.

In addition to associations of the forgiveness construct with religion, early definitional confusion and dualistic thinking made forgiveness appear to be a morally radical idea applicable only for the devoted religious, which made it undesirable for theorists and researchers as a topic worthy of scientific pursuit (Rashdall, 1900). Rashdall (1900) held a dualistic view of forgiveness and punishment, equating forgiveness with forgoing any form of retribution including criminal sentencing. By arguing for forgiveness instead of punishment of criminals, Rashdall (1900) perpetuated the fallacy that forgiveness is a lofty moral ideal to be achieved by few and definitely not applicable for scientific study. Major psychologists ignored forgiveness (e.g. Adler, Allport, Freud, Hall, James, Jung, Lewis, Thorndike, or Terman). Previously, forgiveness was relegated as a religious concern, a theological construct not applicable for empirical study by behavioral scientists.

Historically, forgiveness served solely as a topic for philosophical speculation and theological examination. However, relatively recently, forgiveness has gained credence as a topic worthy of scientific study (McCullough, 2000; McCullough, Pargament, & Thoreson, 1999, Worthington & Wade, 1999). Gartner (1992) pointed to the need for forgiveness to be considered a legitimate and vital research goal for psychologists. For a number of complex reasons that are beyond the scope of this introduction, the behavioral sciences have witnessed a recent flurry of psychological research on forgiveness. This

surge of empirical interest has enumerated forgiveness as a viable topic for clinical psychology, social psychology, and neuropsychology. (McCullough, 2000; McCullough, Pargament, & Thoreson, 1999, Worthington & Wade, 1999). Although the roots of forgiveness lie in religious and philosophical study, the study of forgiveness is no longer relegated to pastoral investigation and philosophical speculation. Forgiveness is a legitimate construct for empirical psychological research. Additionally, forgiveness is an essential topic for psychological investigation, as previous research has identified the positive emotional and physical health benefits of a lifestyle of forgiveness.

*Definition of Forgiveness*

Forgiveness involves a victim releasing negative thoughts, feelings, or behaviors in exchange for neutral or positive thoughts toward the offender. A victim is defined as an individual who has endured suffering or a wrongdoing; whereas, the perpetrator is an individual who engages in an immoral and harmful act toward another person (Exline & Baumeister, 2000). Delimiting who comprises the victim and perpetrator rolls is essential, as the construct of forgiveness can be vastly encompassing. Forgiveness can involve individuals forgiving God, fate, situations, or self. Theologians have studied divine forgiveness of people's sins, and moral philosophers have studied societal-level forgiveness (e.g. Jews forgiving the World War II Nazis). The present study is concerned with the bestowing of interpersonal forgiveness (e.g., victim forgives perpetrator). Interpersonal forgiveness can be either a state or a trait. In this study, forgiveness was examined as a trait or a disposition. Dispositional forgiveness examines a person's general tendency to bestow forgiveness to those who offend them.

A single agreed upon definition of forgiveness does not exist in the literature; instead, there are three main definitions: Worthington's (1998), McCullough's (1997) and Enright's (2001). Worthington (1998) posited that both empathy and humility are required in order for true forgiveness to take place. He stated that empathy triggers the forgiveness process, and humility is the essential component that turns high levels of empathy into a forgiving response (Worthington, 1998). Having needed mercy from others in the past, the humble victim is more ready or willing to extend mercy and respond to hurt by exhibiting a prosocial forgiveness response. According to McCullough's (1997) model, the forgiveness process begins when an individual perceives another's actions to be noxious, which triggers a motivation within the victim to either attack or seek to avoid the person who has threatened them. As an incompatible response to aggression or avoidance, forgiveness acts to displace these two behaviours. Therefore, when a person forgives, he or she no longer seeks revenge or attempts to avoid the perpetrator. Instead, the offended party is filled with either neutral or positive motivations towards the transgressor.

In this paper, forgiveness will be defined according to Enright's (2001) process model of forgiveness. Enright and Coyle (1998) define forgiveness as "a willingness to abandon one's right to resentment, negative judgment, and indifferent behavior toward one who unjustly hurt us while fostering the undeserved qualities of compassion, generosity, and even love toward him or her" (pp. 46-47). In other words, forgiveness involves foregoing resentment and bitterness and replacing it with an incompatible response, despite the fact that the victim has no obligation to forgive and despite the fact that forgiveness might not be "deserved" or "merited" (Enright & Coyle, 1998). This

definition emphasizes both empathy and compassion (Enright, Longinovic, & Loudon, 1994).  In sum, forgiveness will be defined as a process whereby the victim gradually releases negative emotions, thoughts, and actions toward the offender and replaces them with neutral or positive emotions, thoughts, and actions.

Enright and colleagues (1994) claim that developing emotional identification with the offender and fostering a willingness to show compassion compel the victim to forego his or her right to negative thoughts, feelings and retaliatory actions.  This theory aligns with the work of Grosskopf (1999) who applied the old adage "to understand all is to forgive all" to children forgiving their parents.  Grosskopf (1999) wrote that children are better able to forgive their parents when they understand their parents and their parents' backgrounds.  Especially in cases of abuse, Grosskopf (1999) believes that children who understand why their parents reacted with rage (i.e. "… parents rage out of helplessness not strength", p. 34) are more motivated to forgive their parents for the abuse.  For example, research shows that abusive parents were often themselves abused as children, lack coping strategies, and have negative self views (Rieder, 1978).  Understanding an abusive parent's background (without excusing their behavior) may help in the fostering of empathy and compassion, and thus increase the likelihood of forgiveness.

As Enright's (2001) process model appears to most adequately explain the process of forgiveness required when children forgive their parents, this model will be used as a framework for this study.  Enright's model of forgiveness involves alterations to the affective, cognitive, and behavioral systems (Enright, 1991).  In terms of the affective system, negative emotions (e.g., anger, bitterness, sadness, resentment) are replaced by neutral emotions (i.e., the absence of negative emotions) and may over time

develop into positive emotions (e.g., compassion and love). In the cognitive system, judgmental thoughts and conspiracies of revenge are abandoned in exchange for neutral thoughts and may eventually form into kind thoughts, such as desiring good things to happen to the offender. In terms of the behavioral system, revenge activities are replaced by neutral behaviors such as avoidance and may include kind overtures such as the willingness to reconcile. However, in order for reconciliation to be viewed as adaptive, especially in cases of abuse, it is necessary for the offender to demonstrate change (Enright, 1991). Without demonstrated change in an abusive parent, reconciliation would likely not be physically or emotionally safe. Reconciliation is not required in order for forgiveness to have occurred (Enright, 1991).

A key feature of Enright's (2001) model is that interpersonal forgiveness is articulated as a process comprised of four phases. During the first phase of the forgiveness model, the injured individual must fully experience the negative emotions and pain resulting from the interpersonal offense. It is Enright's (2001) belief that the individual must confront his or her negative emotions and understand them deeply before the process of healing can begin. In the second phase, the offended individual must come to the realization that continuing to think about and feel angry about the offense serves only to prolong a victim's suffering (Enright, 2001). When the victim begins to engage in forgiveness the victim begins to relinquish thoughts, feelings, and intentions of revenge. But, it is in the third stage when the active work of forgiveness begins (Enright, 2001). During this stage, victims attempt to change their perception of the offender through such means as developing a better understanding of the offender's life, and as such, why he or she may have committed the offense. The goal is not to excuse the

perpetrator but to induce empathy for the offender by viewing him or her as human and fallible. It is also during the third stage that the victim acknowledges and accepts the pain created by the offense, but makes a volitional decision not to project the pain onto others. In the final phase of Enright's (2001) forgiveness model, the victim experiences the positive emotional benefits resulting from forgiveness and thereby experiences the paradox of forgiveness where one bears the unjust pain, grants undeserved mercy to another, and, therefore, is healed. During the final stage, if it is warranted, the victim may choose to restore the relationship with the offender.

Before the process of forgiveness is warranted, an offense must be committed. One typical type of offense that may merit forgiveness is abuse. Abuse is a violation of an individual's basic rights by another person. Abusive relationships involve the misuse of power by one person over the other, and they most often occur in situations where one of the people had power over the other one. For example, there is a risk for abuse to occur where one person is dependent on the other one for basic physical and emotional care, such as in a parent child relationship. One common form of abuse is child abuse, and the typical offenders are the parents. This study examined the relation between forgiveness and child abuse.

*Definition of Abuse*

Child abuse refers to ongoing violence, indifference and/or lack of attention to a child's basics needs, which is most often perpetrated by the parent (Latimer, 1998). It includes emotional, sexual, and physical abuse as well as neglect. "Child abuse or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in

actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power" (World Health Organization, 1999, p. 29). In this study, physical and emotional abuse perpetrated by both of the child's primary caregivers will be examined.

For numerous reasons, much controversy exists regarding the definition of physical and emotional child abuse (Sneddon, 2003). However, typically most Canadian professionals use the definitions provided by the Canadian government to define physical and emotional abuse, and as such, these definitions will be used in this study (Latimer, 1998). According to the Canadian government, physical abuse refers to beating or battering a child, and includes (but is not limited to) poisoning, burning, hitting, kicking, biting, shaking, throwing, choking, or any other from of harmful force or restraint (Latimer, 1998). Emotional abuse is defined as acts of commission or omission which are deemed to be potentially damaging psychologically including rejecting, degrading, terrorizing, isolation, corrupting, exploiting, and withholding positive emotional responses (Latimer, 1998). As these definitions appear to be most frequently utilized by child professionals, these will be the definitions used to define maltreatment within this study.

The Family Experience Questionnaire (FEQ) was selected to measure child abuse as its operational definition best matches with the definition of emotional and physical child abuse described above. The FEQ's measure of emotional abuse examines the extent to which participants experienced abusive verbal behaviors from their parents such as insults, criticisms, ridicule, etc. The FEQ's measure of physical abuse examines the

extent to which participants experienced physical violence from their parents such as slaps, kicks, punches, etc.

*Support for Forgiveness as a Protective Factor*

   *Benefits of forgiveness.* During the past two decades, forgiveness has become a concept of increasing interest in psychology as it has repeatedly been associated with greater emotional and physical health.  People who are inclined to cope with daily offenses through forgiveness enjoy healthier lives (Seybold, Hill, Neumann, & Chi, 2001).  More specifically, people who forgive seem to enjoy greater physical health and suffer from fewer illnesses and diseases (Seybold et al., 2001).  The reduction in hostility that follows forgiveness is associated with a reduction in coronary problems (Kaplan, 1992).  In addition, a forgiving disposition has been found to lead to a reduction in the risk factors associated with cardiovascular problems, as those with a disposition to forgive were found to have lower indices of blood viscosity (Seybold, et al., 2001).  Furthermore, forgiveness is also positively correlated with improvements in the immune system (McCullough, Worthington, & Rachal, 1997; Worthington, 1998).  Additionally, forgiveness interventions have been shown to result in positive healing benefits for both cancer and AIDS patients (Phillips & Osborne, 1989).  Thus, the research suggests a personality prone to exercising forgiveness in the face of an interpersonal offense is beneficial to one's physical health.

   Not only is forgiveness beneficial to one's physical health, but also those who are predisposed to extending forgiveness enjoy greater emotional health (Freedman & Enright, 1996; McCullough, 2000; Pargament & Rye, 1998).  Both correlational and intervention studies purport that possessing a tendency to forgive decreases the victim's

levels of anger, anxiety, and depression (Lin, Mack, Enright, Krahn, & Baskin, 2004).

Forgiving on a regular basis has also been shown to increase the victim's self-esteem

(Coyle & Enright, 1997). Those who choose forgiveness may experience greater

emotional health in general (Freedman & Enright, 1996; McCullough, 2000; Pargament

& Rye, 1998). For example, Rye and Pargament (2002) found that forgiveness was

positively correlated with existential well-being. Specifically, they found that 58 college

women, who had been hurt by a romantic partner, demonstrated significant increases in

overall well-being after undergoing a forgiveness intervention (Rye & Pargament, 2002).

This increase in emotional well-being was enduring as the beneficial effects were still

observed at a six week follow-up (Rye & Pargament, 2002). Further, Poloma and Gallup

(1991) found that individuals who reported a general tendency to forgive when

confronted with an interpersonal offense scored higher than controls on a single-item

measure of life satisfaction. In contrast to harboring a grudge, forgiveness apparently

holds many positive emotional consequences for the victim. Consistently, the

forgiveness literature suggests that forgiveness has been correlated with overall well-

being and higher life satisfaction and has been correlated with decreases in anger,

depression, and anxiety (Freedman & Enright, 1996; Lin et al., 2004; McCullough, 2000;

Pargament & Rye, 1998).

*Intervention studies.* Intervention studies have repeatedly found improvements in

patients' emotional and psychological functioning following the inculcation of

forgiveness. For example, a group of men whose wives had an abortion against their will

measured above average on anxiety, anger, and grief before they entered into forgiveness

therapy, but following the forgiveness intervention the men tested in the average range

for anxiety, anger, and grief (Coyle & Enright, 1997). A study of elderly females, who reported feeling substantially wounded by another, found large reductions in depression and anxiety following a forgiveness intervention (Heble & Enright, 1993). A forgiveness intervention provided to alcohol and drug abusers resulted in decreases in anxiety, depression, anger, and vulnerability to drug use, as well as increases in self-esteem (Lin, 2002). Park (2003) found Korean women who had suffered aggressive attacks demonstrated a significant improvement in regulating anger, fostering empathy, modifying attributional bias, and reducing aggression and delinquency following a forgiveness intervention. In sum, forgiveness interventions have been demonstrated to be successful in improving emotional functioning and decreasing psychological suffering in various populations including recently divorced adults, patients with coronary artery disease, persons at the end of life, adolescents, and substance abusers (Gambaro, 2003; Hansen, 2002; Lin, 2002; Palamattahil, 2002; Waltman, 2003). Clearly, forgiveness has been shown to be beneficial for individuals suffering from emotional distress, which suggests that forgiveness may be beneficial for victims of child abuse as they are known to suffer from substantial psychological distress.

*Consequences of Child Abuse*

 *Childhood consequences of abuse.* Child abuse is a problem that affects 20 to 40 percent of all Canadian families (Webber, 1991), and has potentially devastating effects. Research demonstrates that maltreated children have deficits in emotion expression, recognition, understanding, and communication (Maughan & Cicchetti, 2002). Maltreated children as young as three months of age have been found to have a restricted range of emotional expression, display greater levels of fearfulness, anger, and sadness

during caretaker interactions, and have a longer duration of negative affect (Gaensbauer, Mrazek, & Harmon, 1981). Compared to controls, physically abused children have been found to have a poorer understanding of affect laden situations (Barahal, Waterman, & Martin, 1981; Rogosch, Cicchetti, & Abar, 1995) and to have a weaker ability to decipher facial expressions of emotion (Camras, Grow, & Ribordy, 1983; Camras et al., 1988). Further, they have difficulties regulating their emotions within both parental (Gaensbauer, 1982) and peer relationships (Shields, Cicchetti, & Ryan, 1994). Overall, maltreated children compared to non-maltreated children have substantially greater difficulty adaptively managing their emotions throughout childhood (Gaensbauer, 1982; Shields & Cicchetti, 1997; Shields et al., 1994).

Additionally, abused children are at significantly greater risk for developing psychiatric disorders (Fergusson & Lynskey, 1997). They have greater levels of anxiety, fear, phobias, depression, and loneliness (Gilmartin, 1994). Further, physically abused children often suffer from high levels of anger and aggression (Loos & Alexander, 1997). Many abused children feel excessive shame and guilt (Oates, 1996). Psychosomatic complaints are also common including stomachaches, headaches, fecal soiling, enuresis, and facial tics (Oates, 1996).

Often abused children suffer from overall poor health (Yawney, 1996). For example, they often suffer from weight problems, sleep disturbances, difficulty breathing, and hypertension (Gilmartin, 1994). Abuse has also been associated with numerous behavioral consequences including developmental delays, clinging behavior, extreme shyness, fear of strangers, disruptive classroom behavior, and poor school adjustment (de Paul & Arruabarrena, 1995; Oates, 1996; Yawney, 1996). Maltreated children often have

lower overall school performance test scores and lower language, reading, and math scores (Kurtz, Gaudin, Wodarskiu, & Howing, 1993). These children often have to repeat grades and have more disciplinary referrals and suspensions than children who have not been abused (Kendall-Tacket & Eckenrode, 1996). Abuse may also have devastating social consequences, including a loss of close friends, difficulty trusting others, and relationship problems (Gilmartin, 1993; Loos & Alexander, 1997; Oates, 1996; Singer, 1989; Varia, Abidin, & Dass, 1996).

*Abuse and the cumulative disadvantage theory.* Evidently, many abused children suffer throughout their childhood and these issues may extend into adulthood. The cumulative disadvantage theory (O'Rand, 2001) suggests that early disadvantage explains how cohorts become differentiated over time. In other words, early risk factors shape life trajectories for both short term and long-term outcomes. Some children are advantaged in their early years and this advantage is compounded over time; whereas, other children are disadvantaged and these disadvantages accumulate over time (Preston, Hill, & Drevenstedt, 1998). The basis of the theory is that risk factors accumulate throughout development, culminating in emotional, social, and cognitive deficits in adulthood. Essentially, the cumulative disadvantage theory proposes an accrual of disadvantage whereby early events and experiences precipitate additional risks. This theory provides a framework for understanding the ways that early abuse experiences negatively affect health throughout the life course.

Exposure to child abuse and the resulting consequences accumulate across a child's development leading to more and more negative outcomes (O'Rand, 1996; Ross & Wu, 1996). This is in part because child abuse occurs within the context of the family,

which is supposed to be the child's source of safety and protection, and when that is taken away, there is nowhere for the child to go to feel safe from another attack (Williams, 2003). As a result, children are exposed to repeated assaults and typically repeated attacks throughout childhood (DeJong, Hervada, & Emmet, 1983; Mian, Wehrspann, Klajner-Diamond, LeBaron, & Winder, 1986; Van As, Withers, du Toit, Miller, & Rode, 2001). Moreover, although physical and emotional abuse can independently occur, many scholars argue that such experiences tend to co-occur and individuals rarely experience only one form of abuse (Dong et al., 2003; Felitti et al., 1998; Saunders, 2003). Exposure to years of abuse has negative consequences beyond what would be expected for single exposure (Dong et al., 2003; Felitti et al., 1998; Kendall-Tackett, 2002; Saunders, 2003; Thompson, Arias, Basile, & Desai, 2002). The cumulative effect of child maltreatment is associated with more physical symptoms, mental disability, psychological disorders, and health risk behaviors (Dube et al., 2001; Kendall-Tackett, 2002; Walker et al., 1999). Due to this sustained and prolonged exposure to abuse it is understandable that the physical and psychological effects of child abuse may accumulate and worsen over time, leading to poor emotional and physical health in adulthood (Felitti et al., 1998).

*Adult consequences of abuse.* In general, as adults, victims of childhood physical abuse often suffer from a variety of impairments across emotional, social, economic, and cognitive domains. At the more extreme end, adult victims of childhood abuse are at an elevated risk for self destructive behaviors such as self-mutilation, truancy, delinquency, prostitution, and early use of drugs and alcohol (Chandy, Blum, & Resnick, 1996; Kurtz, et al., 1993; Malinosky-Rummell & Hansen, 1993; Manion & Wilson, 1995). Further,

they are at risk for homelessness, criminal offending, and chronic substance abuse or dependency (Downs, Smyth, & Miller, 1996; Fergusson & Lynskey, 1997; Gilmartin, 1994; Oates, 1996). Overall, abused children tend to grow up to be more aggressive (Dodge, Bates, & Pettit, 1990; Pollock, Breere, Schneider, Knop, Medrick, & Godwin, 1990; Wodarski, Kurtz, Gaudin, & Howing, 1990). They often suffer from long-term decreased productivity, long-term economic dependence, eating disorders and are more likely to attempt or complete suicide (Fergusson & Lynskey, 1997).

In addition, abused children are more likely to grow up to be adults who are chronically dissatisfied with their relationships, and tend to fear intimacy (Gilmartin, 1993; Singer, 1989). Compared to non-abused cohorts, they report lower levels of satisfaction with life, and greater depression and anxiety (Kaplow & Widom, 2007; Oates, 1996). They tend to have poorer self-esteem and more emotionally disturbed behavior (Martin & Beezley, 1977; Woddarski et al., 1990). Further, adult survivors of childhood abuse often have impaired psychosocial resource development (i.e., lack of adaptive emotional coping skills) (Kendall-Tackett, 2002; Kessler & Magee, 1994; Shaw & Krause, 2002).

In terms of physical health, adults who were physically or emotionally abused as children are more likely to report experiencing problems (Felitti et al., 1998; Kendall-Tackett & Marshall, 1999; Shaw & Krause, 2002; Springer, Sheridan, Kuo, & Carnes, 2003). Further, these adults are more likely to engage in negative health-related behaviors (Caetano, Field, & Nelson, 2003; Dietz et al., 1999; Horwitz, Widom, McLaughlin, & White, 2001) such as smoking (Kendall-Tackett, 2002), heavy drinking (Caetano et al., 2003; Horwitz et al., 2001; Thompson et al., 2002), and overeating

(Kendall-Tackett, 2002; Williamson et al., 2002). Abused women report significantly more hospitalizations for illnesses, a greater number of physical problems, and lower ratings of overall health compared to controls (Moeller, Bachmann, Moeller, 1993). Further, research suggests the greater the greater the severity of abuse, the poorer one's adult health tends to be (Moeller et al., 1993). The long-term physical consequences of abuse include sleep disorders, abdominal distress, headaches and backaches, lethargy, obesity and chronic pain (Browne & Finkelhor, 1986; Walker, Katon, Harrop-Griffiths, & Holm, 1988).

In college and university samples, long-term signs of abuse are present as well. Rich (1995) found that 34% of college student subjects reported that they had sustained emotional abuse during childhood and this contributed to several long-term negative consequences for the adults. The abused adults reported greater adult psychopathology than the controls, including more anxiety, depression, and more obsessive compulsive symptoms (Rich, 1995). Rich, Gingerich, and Rosen (1997) also found that emotional abuse in childhood was significantly related to long-term negative consequences for college students. Specifically, they found that the students with abuse histories were significantly more depressed (Rich et al., 1997). Irving and Ferraro (2006) found that reports of childhood abuse were strongly correlated with poor self-rated health in adulthood and a lower sense of personal control.

Although it is likely that college samples represent a more adjusted subsection of survivors of childhood abuse, college students with abuse histories still suffer more symptoms of psychopathology than their peers without abuse histories. Some students with child abuse histories, however, show fewer detrimental outcomes than others. A

major question underlying this study was whether those abused students with better functioning were more likely than abused students with poorer functioning to have forgiven their parents.

*Forgiveness as a Mediator Between Abuse and Emotional Distress*

Feeling forgiveness for one's parents may be one characteristic which mediates between an abuse history and emotional and psychological functioning in adulthood. The experience of being abused as a child would presumably leave the victim feeling violated, angry, hurt, and offended. Without forgiveness, it is likely that the victim would ruminate on thoughts associated with the offense thus exacerbating their feelings of anger, depression, and anxiety (Berry, Worthington, O'Connor, Parrott, & Wade, 2005). Fostering forgiving thoughts and feelings, however, may break the ruminative cycle and prevent the development and/or exacerbation of deleterious emotions. Feeling forgiveness may be a protective factor that helps to combat the cumulative effect of risk factors stemming from the experience of child abuse. Forgiving one's abusive parents may act as a mediator between experiencing abuse and the negative consequences associated with abuse.

On the other hand, pseudo-forgiveness may act as another risk factor in the cascade of risk factors accumulating across the development of a child abuse victim. It is proposed that pseudo-forgiveness prevents the individual from acknowledging, processing, and addressing the emotional pain caused by the abuse and thus may make the individual vulnerable to continued problems throughout adulthood.

*Potential Problems with Forgiveness in an Abuse Population*

Children may develop forgiveness for their parents for many reasons. For example, adult victims of childhood abuse may simply possess dispositions which make them more inclined to forgive in general and thus more likely to forgive their parents. Or, they may be introduced to the idea of forgiveness as they seek healing from their childhood pain. For example, they may read a book which suggests forgiving one's parents may be beneficial or they may encounter the idea of forgiving their parents in therapy. Regardless of the manner in which forgiveness evolves, some experts have argued that it is dangerous and inappropriate for children to forgive their abusive parents, as it is likely to foster denial of the abuse and validation of the action (Miller, 2005; Olio, 1992). Miller (2005), for example, believed forgiveness in the case of abuse is often forced upon the survivor as the result of a feeling of moral obligation or societal pressure. Similarly, Olio (1992) argued that forgiveness is often forced upon abuse victims in therapy. She also voiced concern regarding incest survivors forgiving their offenders as she argued that forgiveness might foster denial of the impact of the abuse or excuse the action (Olio, 1992). In sum, both Olio (1992) and Miller (2005) recommended that abused children not forgive their parents, as they felt forgiveness in this context was emotionally damaging and mentally unhealthy.

Enright and colleagues (1991) argued that the opposition to forgiveness stems from a lack of clarity regarding what forgiveness is and is not. Amongst forgiveness researchers, it is generally agreed that forgiveness does not involve: forgetting the offense occurred without ever addressing the event, denial or refusing to acknowledge that an

offense occurred or that it was painful and harmful, excusing or condoning the perpetrator's actions, nor pardoning the offender (McCullough & Witvliet, 2002).

A review of Olio's (1992) and Miller's (2005) arguments suggests that what they may have been describing is what has been labeled as pseudo-forgiveness (Augsburger, 1981; Hunter, 1978). Pseudo-forgiveness is the verbal expression of forgiveness without a genuine attitude change. In other words, pseudo-forgiveness involves the verbalization of forgiveness while still harboring bitterness, and is likely to be dangerous and unhealthy for abuse victims (Subkoviak, et al., 1995). In order for forgiveness of major offenses to be healthy and adaptive, it must occur over a period of time, similar to the grieving process because the victim needs time to process and fully experience different thoughts and emotions before being able to relinquish the pain. Forgiveness occurs as a process. Arguably, pseudo-forgiveness may result from a moral or societal pressure to forgive one's parents without processing the reality of the abuse and the accompanying pain. Further, it may be that out of moral obligation to love one's parents or not disrupt the family, that abused children may "forgive" their parents by denying or excusing the abuse or repressing their anger without addressing the pain. For these reasons, it was hypothesized that pseudo-forgiveness would be associated with detrimental emotional health consequences.

Another reason there is a negative bias against forgiveness by abuse victims is that often reconciliation is perceived as necessary for forgiveness (Bass & Davis, 1988; Olio, 1992). However, forgiveness is possible without reconciliation (Freedman, 1998). Forgiveness is an intrapersonal process; whereas, reconciliation is an interpersonal process. Forgiveness can lead to reconciliation, but without a behavioral change on the

part of the offender reconciliation can be dangerous as it may lead to re-offense (Freedman, 1998). Fincham (2000) stated that reconciliation "involves the restoration of violated trust and requires the goodwill of both partners" (p. 7). With respect to cases of child abuse, there may be times when it is not safe, nor appropriate for an individual to reconcile with their offending parent. However, as reconciliation and forgiveness are distinct entities, not being able to reconcile with an offending parent does not negate the value or the possibility of forgiving that same parent.

When forgiveness is defined the way it was at the beginning of this paper, forgiveness can be an adaptive response. It has been correlated with freedom from anger and bitterness (Fitzgibbons, 1986), healing broken relationships (Worthington & DiBlasio, 1990) and inculcating hope in people plagued by depression (Beck, 1976). Essentially, forgiveness is an effective method of coping that leads to better overall psychological well-being (Freedman & Enright, 1996; McCullough, 2000; Pargament & Rye, 1998).

*Benefits of Forgiving One's Abusive Parents*

*Intervention studies.* There is burgeoning evidence suggesting that it is not only beneficial to extend forgiveness for daily offenses, but also that forgiveness is beneficial for those who have undergone substantial traumas, such as child abuse victims. The results of three intervention studies support the hypothesis that extending forgiveness to one's parents for childhood offenses can lead to positive emotional benefits for the child.

Freedman and Knupp (2003) conducted a forgiveness intervention with five adolescents whose parents had divorced, which resulted in emotional pain for the children. The impetus of the intervention was for the adolescents to be able to extend

forgiveness to their parents for the hurt caused by the divorce. Using a pretest-posttest design with a no treatment control group, they found that the forgiveness group had greater hope for the future, lower anxiety scores, and a higher overall psychological well being following the forgiveness intervention (Freedman & Knupp, 2003).

Kim (2005) tested a forgiveness intervention on college students with insecure attachments to their mothers. The presence of an insecure attachment suggests that their mothers were not affectionate or appropriately responsive to their needs as a young child (Isabella, Belsky, & von Eye, 1989). Following the intervention, the students who forgave their mothers demonstrated greater improvements in secure attachment, self-esteem, anxiety, and depression.

Al-Mabuk, Enright, and Cardis (1995) conducted a forgiveness intervention with college students who deemed themselves "parentally love deprived." The researchers defined "parental love deprivation" as a condition wherein the child does not receive the necessary love, affection, nurturance, and confirmation of value and respect from their parents during childhood (Al-Mabuk et al., 1995). As described in the study, "parental love deprivation" can be either active (e.g., belittling the child) or passive (e.g., withdrawing emotionally from the child). Participants responded to the degree to which they felt such things as "While growing up, I often felt that my mother was busy doing her own thing. I feel resentful toward my mother for saying cruel things to or about me. My needs were generally ignored by my mother." From this definition "parental love deprivation" appears equivalent to emotional abuse and neglect. Using a randomized experimental control group design, the researchers found that forgiveness was beneficial for victims of emotional abuse. Specifically, the researchers found that the forgiveness

group compared to the control group was significantly lower in anxiety and higher in forgiveness, positive attitudes toward their parents, hope and self-esteem following the intervention (Al-Mabuk et al., 1995).

*Case studies.* Several case studies specifically examining children's forgiveness of their parents for childhood abuses provide further support that extending forgiveness to one's abusive parents may lead to better emotional health for the victim (Freedman, 1999; Hope, 1987; Tanaka, 2006). Tanaka (2006) described the treatment of an Asian female who expressed strong hatred and rage towards her mother. Through therapeutic work, the client was able to foster empathy for her mother and eventually felt forgiveness towards her mother. Tanaka (2006) stated that the experience of forgiveness led to decreases in the client's observed and reported rage as well as an increase in her social activities.

Hope (1987) described a case in which he had been working with a man for several years who was angry at his father for years of childhood abuse. Hope (1987) reported little therapeutic progress was made with this client until the man initiated the forgiveness process. When the client began to forgive his father, Hope (1987) observed significant changes in his functioning. Specifically, the client's relationships began improving, he became a more active and loving parent, and he engaged in fewer self-deprecating thoughts (Hope, 1987). Freedman (1999) also found improvements in parenting following forgiving one's abusive parents. Freedman (1999) described a forgiveness intervention with a female incest survivor. Forgiving her father for his acts of abuse, led to positive changes in the patient's parenting style (Freedman, 1999). Katz (2002) found similar results in his qualitative analysis of six men's forgiveness of their

fathers for perceived childhood emotional neglect. Katz (2002) found that when these men forgave their fathers, they were more likely to be better parents themselves.

*Correlational studies.* Orcutt, Pickett, and Pope (2005) found that a forgiveness prone disposition partially mediated the relationship between interpersonal trauma exposure and PTSD symptoms in a sample of undergraduate students. Using the Traumatic Interpersonal Events subsection of the Traumatic Life Events questionnaire they assessed the participant's degree of exposure to interpersonal trauma. The Traumatic Interpersonal Events questionnaire assessed their degree of exposure to 11 potentially traumatic interpersonal events including sexual and nonsexual assaults, robbery, childhood sexual and physical abuse, intimate partner violence, stalking, and the threat of injury or death (Orcutt, et al., 2005). They found that forgiveness mediated between interpersonal trauma exposure and trauma symptoms (Orcutt, et al., 2005). It is difficult to interpret the results in terms of physical abuse as their measure did not clearly delineate how many students endorsed a history of abuse versus other traumatic exposures. Therefore, from this study it is difficult to make a solid conclusion regarding the benefits of forgiveness for abuse victims.

Crawley (2005) and Hanford (2005) examined the benefits of dispositional forgiveness with a clearly defined group of students who suffered childhood physical, sexual, and/or emotional abuse. They used the Childhood Maltreatment Interview Schedule-Short Form to identify students as victims of childhood abuse (Crawley, 2005; Hanford, 2005). The questionnaire version (i.e., Family Experiences Questionnaire) was used in the current study. Crawley (2005) and Hanford (2005) investigated attachment and forgiveness as mediators between childhood abuse and trauma symptoms and self-

esteem respectively (Crawley, 2005; Hanford, 2005). Crawley (2005) and Hanford (2005) used the same group of participants, questionnaires, methods, and procedures to analyze their dissertations, and thus their studies will be reported together.

Crawley's (2005) and Hanford's (2005) participants consisted of students from both the local college and university. After completing the Childhood Maltreatment Interview Schedule-Short Form, participants completed a series of questionnaires including the Experiences in Close Relationships-Revised, Heartland Forgiveness Scale, Self-esteem Rating Scale, and the Trauma Symptom Checklist-40. They found a significant negative correlation between child abuse and general willingness to forgive (Crawley, 2005; Hanford, 2005). Further, Crawley (2005) found a negative correlation between a history of childhood abuse and self-esteem, and Hanford (2005) found a positive correlation between a history of childhood abuse and trauma symptoms. These findings were expected to be replicated within the current study. Further, both studies found that forgiveness mediated the relationship between a history of childhood abuse and negative emotional consequences as defined by low self-esteem and the presence of trauma symptoms (Crawley, 2005; Hanford, 2005). Those who were predisposed to forgiveness had a higher self-esteem and fewer trauma symptoms (Crawley, 2005; Hanford, 2005).

*Summary and unique contributions of the current study*. The results of the previously described studies provide preliminary evidence that forgiveness may be beneficial for victims of childhood abuse (Crawford, 2005; Hanford, 2005; & Orcutt et al., 2005) These researchers found that possessing a disposition prone to engaging in forgiveness may help to offset some of the potential negative consequences of being

exposed to childhood abuse. One of the goals of the current study was to provide further support that engaging in dispositional forgiveness is beneficial for victims of childhood abuse. Not only did this study seek to replicate previous findings, but also to extend this research.

No previous studies have directly examined the emotional health associations of extending forgiveness to one's abusive parents. This study examined the relation between children's level of forgiveness towards their abusive parents and their levels of anger, anxiety, depression and self-esteem. Examining several mental health symptoms (e.g., anger, anxiety, depression and self-esteem) extends previous research which only examined the relation between self-esteem and trauma symptoms and forgiveness in abuse populations.

Unlike most previous studies, this study did not consist of clients seeking mental health treatment to address their symptoms of childhood abuse. Instead, this study looked at a non-clinical university sample of child abuse victims.

Another unique contribution of the current study was the examination of the effects of pseudo-forgiveness or the expression of forgiveness without an emotional change. By separating those who measured high on "true forgiveness" for their parents from those who express pseudo-forgiveness, this study was better able to determine the associated emotional health effects of extending forgiveness to one's parents. The addition of examining pseudo-forgiveness was important as it may provide an explanation for why there are critics of abused children forgiving their parents. It may be that the critics have witnessed the detrimental effects of pseudo-forgiveness and confused this with true forgiveness.

*Hypotheses*

*Abuse and poor emotional health.* Based on an extensive body of research, it was anticipated that the experience of physical and/or emotional abuse would be associated with negative emotional outcomes in adulthood. Specifically, it was predicted that students who reported histories of childhood abuse would report higher levels of anger, anxiety, depression, and trauma symptoms than their peers who did not experience childhood abuse. Further, it was anticipated that the participants with abuse histories would score lower on measures of self-esteem.

*Dispositional forgiveness and better emotional health.* Secondly, as forgiveness has been repeatedly associated with better emotional health, it was anticipated that participants who reported high levels of dispositional forgiveness, regardless of abuse history, would report better emotional health as defined by lower scores on measures of anger, anxiety, depression, and trauma symptoms and higher scores on a measure of self-esteem.

*Forgiveness of parents and better emotional health.* Based on the previously reported intervention and case studies which described the mental health benefits of forgiving one's abusive parents, forgiving one's abusive parents was expected to be associated with better emotional health.

*Pseudo-forgiveness as a risk factor.* In contrast to forgiveness, pseudo-forgiveness was expected to be correlated with poorer emotional health. It was expected that participants with abuse histories who engaged in pseudo-forgiveness would report worse emotional health than abuse subjects who reported extending true forgiveness to their parents. Further, it was expected that students with abuse histories who scored high

in pseudo-forgiveness would report worse emotional health than students with abuse histories who reported not extending forgiveness towards their parents.

*Methods*

*Participants*

Participants were undergraduate students from the University of Windsor research participant pool. The participant pool included students from psychology courses from first to fourth year. The students volunteered to participate in this study in exchange for bonus marks directed towards one of their psychology courses.

Three-hundred and twenty-three students completed the online study. Forty-five participants were deleted based on substantial missing data. The remaining sample consisted of 278 individuals who ranged in age from 18 to 45 years. Most of the students were in first year (37.4%), 24.8 percent were in second year, 20.1 percent were in third year, and 17.3 percent were in fourth year. One student reported his highest grade level attained was a Master's degree. Fifty of the participants were males and 228 of the participants were female. The majority of the sample was Caucasian (71.6%). The rest of the students were of Asian (12.2%), African Canadian (4%), Arabic (6.1%), European (2.2%), and Latino (1.4%) descent. A small portion of students (2.5%) felt their ethnicity did not clearly fit into the choices provided.

*Procedures*

The participants from the undergraduate research participant pool were presented with online summaries of the current research studies being conducted at the University. Those who expressed interest in participating in this study were first required to sign a consent form. Once the participants consented, they were given a password enabling

them to access this study's website to complete the battery of questionnaires online. Steps were taken to ensure the security of the internet site (e.g., password only access, no option to print, etc.). Participants were asked to complete the online questionnaires in one sitting. The questionnaires were randomly presented for each participant. Once the participants completed the questionnaires online, a debriefing form popped up on the screen, which further explained the purpose of the research to the participants and thanked them for their participation. Further, due to the sensitive subject matter of this study, the participants were provided access to a list of therapists, other psychological resources in the community and were able to contact the researcher directly if they felt that was needed.

*Measures*

The participants completed a number of self-report questionnaires including a demographics questionnaire, the Rosenberg Self-Esteem Scale (RSE), the Trauma Symptom Checklist-40 (TSC), the Beck Anxiety Inventory (BAI), the Center for Epidemiologic Studies Depression Scale (CES-D), the Trait Anger Scale (TAS), the Family Experiences Questionnaire (FEQ), the Enright Forgiveness Inventory (EFI), and the Heartland Forgiveness Scale (HFS).

*Demographics and Background Questionnaire.* In order to gain a better understanding of the demographics of the participants, students answered questions regarding their age, sex, ethnicity, and level of education.

*Rosenberg Self-Esteem Scale.* The Rosenberg Self-Esteem Scale (RSE) is a self report measure of global self-esteem (Rosenberg, 1965). Participants respond to 10 questions with four response choices ranging from strongly agree to strongly disagree.

The scale asks participants to rank the degree to which they agree with items such as "on the whole, I am satisfied with myself" and "I wish I could have more respect for myself". Scores range from 10 to 40, with higher scores indicating higher self-esteem. Half of the questions are worded positively and half are worded negatively.

In support of the scale's convergent validity, Rosenberg (1965) found a significant association between the RSE and measures of depression and anxiety. Silber and Tippett (1965) found significant correlations between the RSE and other measures of self-esteem including the Kelly Repertory Test, Health Self-Image Questionnaire, and interviewer's ratings of self-esteem. Supporting the scales reliability, McCarthy and Hoge (1982) found an alpha of .74 when they administered the RSE to a group of high school students. Further, they found that one year later the alpha was .77 with no significant difference in the scores noted. Silbert and Tippett (1965) reported a two week test retest coefficient of .85 on a sample of college students. Shahani, Dipboye, and Phillips (1990) found an alpha of .80 when the RSE was administered to a sample of employees of a state agency.

In the present study, the Cronbach's alpha coefficient of the internal reliability of the 10 items on the RSE was .90. This is higher than previous research which has reported alpha coefficients ranging from .75-.84 (McCarthy & Hoge, 1982; Shahani, Dipboye, & Phillips, 1990; Silbert & Tippett, 1965).

*Trauma Symptom Checklist – 40.* The Trauma Symptom Checklist-40 (TSC-40) is a 40-item self-report measure that assesses trauma symptoms (Briere, 1996). The TSC-40 is a revision of the TSC-33 (Briere & Runtz, 1989). In adult participants, this measure assesses trauma symptoms related to childhood experiences. Using a four-point likert

scale the participants are asked to rate the frequency of each symptom occurring over the past two months. For example, they are asked to state how often in the last two months they have experienced headaches, insomnia, guilt, or sadness ranging from never to often. Scores on the TSC-33 were found to increase as a function of physical and sexual abuse experienced by the participant, thus demonstrating construct validity. Studies support the reliability of the measure; the alphas for the scale range between .89 and .91 (Briere, 1996).

Unfortunately, due to an error in the construction of the website the TSC-40 was not initially included on the website. Most of the participants completed the study before this error was noted. Consequently, very few participants completed the TSC-40, and as such, the TSC-40 could not be included in the analyses and was not used in this study.

*Beck Anxiety Inventory.* The Beck Anxiety Inventory (BAI) is a self-report measure of trait anxiety (Beck, Epstein, Brown, & Steer, 1988). The BAI measures the participant's general level of anxiety. It consists of a list of 20 symptoms (e.g., dizzy or lightheaded) for which the participants use a Likert scale (0-3) to indicate the degree to which each symptom bothered them in the past week. Scores range from zero to 63, with higher scores indicating more anxiety. Scores between zero to 21 indicate low anxiety; scores between 22 and 35 indicate moderate anxiety and scores that exceed 36 indicate high levels of anxiety.

The BAI has been shown to discriminate anxious diagnostic groups (e.g., panic disorder, generalized anxiety disorder) from non anxious diagnostic groups (e.g., major depression, dysthymic disorder; Beck et al., 1988). In support of the scale's convergent validity, the BAI moderately correlates with the revised Hamilton Anxiety Rating Scale

(Beck et al., 1988; Beck & Steer, 1991). Further, supporting the scales divergent validity the BAI demonstrated a small correlation with the revised Depression Rating Scale (Beck et al., 1988).

This study found the Cronbach's alpha coefficient of internal reliability across the 20 items on the BAI was .91. This is consistent with previous studies which reported alpha coefficients ranging from .82 to .92 (Beck et al., 1988; Contreras, Fernandez, Malcarne, Ingram, & Vaccarino, 2004; Steer, Ranieri, Beck, & Clark, 1993). Beck and colleagues (1988) reported adequate test retest reliability for the scale.

*Center for Epidemiologic Studies Depression Scale.* Developed for the screening of mood problems in the general population, the Center for Epidemiologic Studies Depression Scale (CES-D) is a 20-item, self-report measure of depression severity (Radloff, 1977). The CES-D is one of the most common and widely used measures of depression. Using a four-point Likert-type scale (ranging form rarely to most of the time), participants were asked to indicate how often they had felt a certain way (e.g., happy, sad, fearful) during the past two weeks. The range of scores is from zero to 60, with higher scores indicating greater depression.

The CES-D has been shown to have excellent psychometric properties (Hertzog, Van Alstine, Usala, Hultsch, & Dixon, 1990; Himmerlfarb & Murrell, 1983; Lewinsohn, Seeley, Roberts, & Allen, 1997; Mulrow, Williams, & Gerty, 1995). For this scale, the Cronbach's alpha coefficient across the 20 items was .76. Previous studies have shown a range between .80 to .92 (e.g., Hertzog, Van Alstine, Usala, Hultsch, & Dixon, 1990; Lewinsohn, Seeley, Roberts, & Allen, 1997; Mulrow, Williams, & Gerety, 1995).

*Trait Anger Scale.* The Trait Anger Scale (TAS) is a subtest of the State-Trait Anger Expression Inventory Two (STAXI-II; Spielberger, 1999), which is an expanded version of the STAXI (Spielberger, 1991). The 57 item STAXI-II assesses the participant's level of state anger, trait anger, and anger expression (Spielberger, 1999). The Trait Anger Scale measures the participants' general level of anger. It is a 10 item self report measure. Scores range from 10 to 40, with higher scores indicating more anger. On this scale, participants are asked to rate how often they generally feel or react angrily on 10 items (e.g., I am quick tempered and I fly off the handle) using a 5-point Likert scale.

The convergent and divergent validity of the STAXI are well supported (Spielberger, 1991). Previous studies using the STAXI have reported internal consistencies ranging from .88 to .97 (Spielberger, Jacobs, Crane, & Russell, 1983). For the TAS on the STAXI-II internal consistency reliability has a value of alpha ranging from .73 to .93 (Spielberger, 1999). In this study, the Cronbach's alpha of the 10 items on the TAS was .84. These results are similar to previous studies using the TAS in a college population ($\alpha = .88$; Spielberger, 1999).

*Family Experience Questionnaire.* The Family Experience Questionnaire (FEQ) is a self-report questionnaire which measures the participants' level of parental abuse experienced during childhood (Briere & Runtz, 1988). It contains a seven item psychological maltreatment scale (PSY) and a five item physical maltreatment scale. The psychological maltreatment scale measures the degree to which the participants experienced abusive verbal behaviors (e.g., insults, criticisms, ridicule, etc.) from their parents/guardians during childhood. The physical maltreatment scale measures the

degree to which the participants experienced physically abusive behaviors (e.g., slaps, kicks, punches, etc.) from their parents/guardians during their childhood.  Using a seven-point scale the participants respond to how often each negative parental behavior occurred in the "average year" before the age of 15 for psychological abuse and the "worst year" before the age of 15 for physical abuse.  Two scores are generated, one for each guardian (participants with only one guardian were not included).  These two scores are summed to get a total emotional abuse score and a total physical abuse score.  The total emotional abuse score and total physical abuse score were summed to obtain a total abuse score.  The total abuse score ranged from zero to 144, with higher scores indicating more abuse.

Briere and Runtz (1988) found the scale demonstrated adequate reliability and internal consistency (alpha of .87 for the total emotional abuse scale and alpha of .78 for the total physical abuse scale).  For this study, the internal reliability of the total abuse score was .92.  The internal reliability of the total emotional abuse scale was .914.  The internal reliability of the total physical abuse scale was .89.

*Enright Forgiveness Inventory.* The Enright Forgiveness Inventory is a self-report measure of the degree to which the respondent has forgiven another person who has hurt him or her substantially (Enright & Rique, 2004).  Participants are asked to recall a time when they were unfairly hurt by another person and then they are asked to rate their current emotions, thoughts, and behaviors toward that transgressor.  For this study, this inventory will measure the degree to which the participants have forgiven their parents for a perceived injustice.  They are asked to "think of an experience where one of [their] parents, step-parents or guardians hurt [them].  For a few moments, visualize in [their]

[minds] the events of that interaction. Try to see the person and try to experience what happened."

The EFI has sixty items and three subscales that assess the participant's affective, cognitive, and behavioral forgiveness toward the offender. Each of those domains is broken down further into positive and negative valences. For example, a sample affect question reads "I feel warm toward him/her" and then the participant ranks how they feel ranging from strongly disagree to strongly agree. The negative portion would read "I feel negative toward him/her" and then they would rank that response on the same scale. This measure was constructed based on the process model of forgiving. Participants respond on a six point Likert scale. Scores range from 20 to 120 for each subscale, with higher scores indicating more forgiveness.

This measure also includes an assessment of pseudo-forgiveness (Augsburger, 1981; Hunter, 1978), which will be used to measure whether the participants claim to have forgiven their parents but have never fully processed the pain or anger, deny the extent of the pain caused by their parents, or deny the presence of unfair treatment.

The EFI has demonstrated high internal consistency with an alpha coefficient of .98 (Subkoviak, et al., 1995). Orcutt (2006) found the internal consistency of the scale to be .99 and the internal consistency of the subscales was .98. Enright and Fitzgibbons (2000) found the two week test-retest reliability was .86. With regard to construct validity, the EFI correlations with a single item measure of forgiveness asking if the participant forgave the offender ranged from .59 to .78 (Enright & Firtzgibbons, 2000). In the present study, the Cronbach's alpha coefficient of internal reliability for the EFI

total score across the 60 items was .99. The alpha coefficients for the subscales are

presented in Table 1.

Table 1.

Alpha Coefficients for the EFI Subscales

_____

| EFI Subscale | α |
|---|---|

_____

| Positive Affect | .97 |
|---|---|
| Negative Affect | .89 |
| Total Affect | .96 |
| Positive Behaviour | .95 |
| Negative Behaviour | .94 |
| Total Behaviour | .97 |
| Positive Cognition | .95 |
| Negative Cognition | .93 |
| Total Cognition | .97 |
| Pseudo-Forgiveness | .94 |

*Heartland Forgiveness Scale.* The Heartland Forgiveness Scale (HFS) is a self-

report measure of trait forgiveness (as conceptualized by Snyder & Thompson, 2000). It

provides a measure of the participant's usual propensity to forgive in every day

situations. Participants report how they typically respond to transgressions on a 7 point

Likert scale (i.e. 1=Almost Always False of Me to 7=Almost Always True of Me). The

HFS consists of four subscales: dispositional forgiveness of self, dispositional

forgiveness of others, dispositional forgiveness of situations, and dispositional pseudo-

forgiveness.

The dispositional self forgiveness subscale assesses the participants' general

tendency to forgive themselves and let go of self directed anger. This scale contains six

items such as "I hold grudges against myself for negative things I've done." The

dispositional forgiveness of others subscale measures the participants' general tendency to forgive others for interpersonal offenses.   This scale contains six items such as "I continue to be hard on others who have hurt me."  The dispositional forgiveness of situations subscale measures the participants' tendency to let go of anger toward situations out of one's control.  This subscale contains six items such as "With time I can be understanding of bad circumstances in my life."  The pseudo-forgiveness subscale assesses the participants' tendency to assert forgiveness without having gone through the process of forgiveness (i.e., recognizing the offense, acknowledging the pain and anger, and then letting go of that anger).  The pseudo-forgiveness subscale contains six items such as "When someone wrongs me, I am never bothered by it."  Scores on each subscale range from six to 42, with higher scores indicating more forgiveness.

Psychometric examination reveals that scores on the HFS to be positively correlated with other measures of forgiveness, measures of hope, cognitive flexibility, relationship satisfaction, and social desirability (Thompson & Snyder, 2003).  Further, construct validation found negative correlations with vengeance, pathological psychological symptoms, and chronic hostility (Snyder & Thompson, 2000).  The test retest reliability for the HFS was found to be 0.82. In the present study, the internal reliability of the measure of forgiveness of others was .79.  The measure of forgiveness of self had an internal reliability of .81.  With respect to the measure of forgiveness of situations, the internal reliability was .81.  The measure of pseudo-forgiveness was found to have a coefficient alpha of .59.

*The Crowne-Marlowe Social Desirability Scale- Short Form (CM-Short Form).*
This self report measure assesses the participant's tendency to present favourable

impressions of themselves. The measure used in this study was the short form of the

Crowne-Marlowe Social Desirability Scale, consisting of 10 items. The CM scale is one

of the most frequently used measures of social desirability. Consistent with established

scoring, in this study higher values represented a greater tendency to endorse socially

desirable responses. With respect to the measure's validity, significant correlations have

been reported between the CM Scale and favourable self appraisals (Kozma & Stones,

1987). This suggests that participants who receive high scores on the CM tend to over

endorse socially desirable behaviours, thoughts, or feelings as well as under-endorse less

desirable behaviours, thoughts, or feelings. For example, Richardson, Johnson and

Fendrich (2003) found the measure was correlated with those who under-reported

cocaine use.

The CM-Short Form has adequate psychometric properties. In the present study,

the Cronbach's alpha coefficient of internal reliability across the 10 Social Desirability

Items was .59. Previously, the CM-Short Form was found to have alphas ranging

between .61 and .88 (Andrews & Meyer, 2003; Crowne & Marlowe, 1960).

*Results*

The results of this study were analyzed using the statistical program SPSS. The

demographics (e.g., means, standard deviations and correlations) of the entire sample

were analyzed. Next, using t-tests, the entire sample was compared to a normative

university sample. Following the analysis of the total sample, a sample of abused

participants was examined. The abused group was comprised of participants who scored

in the top 21% on the Total Abuse score (Total Physical Abuse and Total Emotional

Abuse scores for both parents) of the Family Experiences Questionnaire. The clinical

composition of the abuse group was examined; followed by an analysis of the demographics (e.g., means, standard deviations and correlations) of the abuse group. A comparison sample of not abused participants was formed by matching the sample on gender. The composition and the demographics of the not abused group were then analyzed. Using a between-subjects multivariate analysis of variance, the abused group was compared to the not abused group. To investigate the role of dispositional forgiveness and forgiveness of one's abusive parents on the mental health of adult survivors of child abuse, stepwise multiple regressions (one for each dependent variable: anger, anxiety, depression and self-esteem) were conducted.

*Demographics of the Entire Sample*

The sample was drawn from a population of undergraduate students from a Canadian University psychology participant pool. Three-hundred and twenty-three students completed the online study; however, 45 participants were deleted based on substantial missing data. The remaining sample consisted of 278 individuals who ranged in age from 18 to 45 years ($M = 20.77$, $SD = 3.60$). Fifty of the participants were males and 228 of the participants were female. The demographic characteristics are summarized in Table 2.

Table 2.

Frequency Distributions of the Demographic Characteristics in the Entire Sample ($N =$ 278)

| Variable | Percentage of Participants |
| --- | --- |
| **Gender** | |
| Male | 18 |
| Female | 82 |
| **Ethnicity** | |
| African Canadian | 4 |
| Asian | 12.2 |
| Arabic | 6.1 |
| Caucasian | 71.6 |
| Latino | 1.4 |
| European | 2.2 |
| Other | 2.5 |
| **Level of Education** | |
| First Year Undergraduate | 37.4 |
| Second Year Undergraduate | 24.8 |
| Third Year Undergraduate | 20.1 |
| Fourth Year Undergraduate | 17.3 |
| Master's Degree | .4 |

*Means and Standard Deviations for the Entire Sample*

In the entire sample, the dependent variables were anger, anxiety, depression, and self-esteem. The key independent variables were total dispositional forgiveness which is comprised of forgiveness of self, forgiveness of others, forgiveness of situations, and dispositional pseudo-forgiveness and total forgiveness of parents which is comprised of affective forgiveness of parents, behavioural forgiveness of parents, cognitive forgiveness of parents and pseudo-forgiveness of parents. Using the whole sample, the means and

standard deviations were calculated for the dependent and independent variables (see

Table 3).

Table 3.

<u>Means, Standard Deviations and Sample Sizes in the Entire Sample</u>

|  | **Mean** | **Standard Deviation** | **N** |
|---|---|---|---|
| **Dependent Variables** |  |  |  |
| Anger | 19.55 | 4.88 | 278 |
| Anxiety | 13.77 | 10.06 | 278 |
| Depression | 17.64 | 11.68 | 278 |
| Self-Esteem | 23.49 | 2.02 | 278 |
| **Independent Variables** |  |  |  |
| Total Dispositional Forgiveness | 66.55 | 8.34 | 278 |
| Self Forgiveness | 21.88 | 3.95 | 278 |
| Other Forgiveness | 22.71 | 3.27 | 278 |
| Situational Forgiveness | 21.96 | 3.66 | 278 |
| Pseudo-dispositional forgiveness | 20.31 | 2.02 | 278 |
| Affect EFI | 71.49 | 6.58 | 278 |
| Behaviour EFI | 69.90 | 6.56 | 278 |
| Cognition EFI | 68.05 | 5.48 | 278 |
| Pseudo-forgiveness EFI | 13.60 | 7.47 | 278 |

*Comparison of the Entire Sample to a Normative University Sample*

The mean scores of the dependent and independent variables were compared to

normative means for each measure in order to determine if the present sample is similar

to a normative sample.

*Trait anger.* Spielberger (1999) found the mean anger score of the trait anger

scale to be 18.06 on a sample of normal females aged 20 to 29 years and a mean score of

18.37 on a sample of normal males aged 20 to 29 years. This study's mean on the TAS

($M = 19.56$, $SD = 4.88$) was compared to the normative mean score for the TAS ($M =$

18.06, $SD = 4.90$) ($t(277) = 5.147$, $p < .001$). The results suggest that the participants in this study reported more anger than the normative sample.

*Trait anxiety.* The psychometric properties of the BAI were examined on a non-clinical sample (Borden, Peterson, & Jackson, 1991). Participants were 293 (220 women and 73 men) undergraduate students with a mean age of 20.57. The average score on the BAI in this non-clinical sample was 10.75. This study's mean on the BAI ($M = 13.77$, $SD = 10.06$) was compared to the normative mean score for the BAI ($M = 10.75$, $SD = 9.12$) ($t(277) = 5.012$, $p < .001$). The results suggest that the participants in this study reported more anxiety than the normative sample.

*Trait depression.* The psychometric properties of the CES-D were first evaluated by Radloff in 1977. More recently, the psychometric properties of the CES-D were examined in a Canadian university sample (Santor, Zuroff, Ramsay, Cervantes, & Palacios, 1995). The sample consisted of 75 male and 76 female students from McGill University. The mean score for men was 16.0 and 18.0 for the women. This study's mean on the CES-D ($M = 17.64$, $SD = 11.68$) was compared to the normative mean score for the CES-D ($M = 18.00$, $SD = 12.30$) ($t(277) = .508$, $p = .612$). The results suggest that the participants in this study did not differ significantly from the normative sample.

*Trait self-esteem.* The psychometric properties of the Rosenberg Self-Esteem Scale were examined on a sample of Canadian students (569 males and 874 females) with a mean age of 22.3 (Rusticus, Hubley, & Zumbo, 2004). The mean score of the RSE was 31.00. This study's mean on the RSE ($M = 23.49$, $SD = 2.02$) was compared to the normative mean score on the RSE ($M = 31.00$, $SD = 4.82$) ($t(277) = 62.047$, $p < .001$).

The results suggest that the participants in this study reported lower self-esteem than the normative sample.

*Dispositional forgiveness.* Thompson and colleagues (2005) in a sample of college students ($n = 1111$) found the following mean scores on the Heartland Forgiveness Scale: mean of 30.99 on the self forgiveness scale, 30.41 on the other forgiveness scale, and 30.25 on the situational forgiveness scale. Information on the pseudo-forgiveness scale was not provided. In the present sample, the following average scores were found: 21.88 for self forgiveness, 22.71 for other forgiveness, and 21.96 for situational forgiveness. This study's mean on the self forgiveness scale ($M = 21.88$, $SD = 3.95$) was compared to the normative self forgiveness mean score ($M = 30.99$, $SD = 6.17$) ($t(277) = 38.435$, $p < .001$). The results suggest that the participants in this study reported less dispositional self forgiveness than the normative sample. This study's mean on the other forgiveness scale ($M = 22.71$, $SD = 3.27$) was compared to the normative other forgiveness mean score ($M = 30.41$, $SD = 6.37$) ($t(277) = 39.272$, $p < .001$). The results suggest that the participants in this study reported less dispositional other forgiveness than the normative sample. This study's mean on the situational forgiveness scale ($M = 21.96$, $SD = 3.66$) was compared to the normative situational forgiveness mean score ($M = 30.25$, $SD = 6.57$) ($t(277) = 37.752$, $p < .001$). The results suggest that the participants in this study reported less dispositional situational forgiveness than the normative sample. Overall, this study's participants report less dispositional forgiveness than the normative sample.

*Parental forgiveness*. Normative data are provided for the EFI in the EFI manual (Enright & Rique, 2004). The normative sample consisted of 803 (314 males and 489

females) college students and their same sex parents from a large public university in the

Midwestern United States. The means of the normative sample are as follows: 72.15 for

Affect EFI, 85.90 for Cognitive EFI, and 81.01 for Behaviour EFI. This study's mean

scores were compared to the normative mean scores. The EFI in this study was altered

requiring participant's to report on their level of forgiveness specifically towards their

parents. In the normative sample, participants were asked to choose someone who

recently hurt them unfairly and deeply and report on their level of forgiveness for that

person.

This study's mean on the affect EFI subscale ($M = 71.49$, $SD = 6.58$) was

compared to the normative mean on the affect EFI subscale ($M = 72.15$, $SD = 27.20$)

($t(277) = 1.666$, $p = .097$). The results suggest that the participants in this study do not

differ significantly from the normative sample in terms of affective forgiveness. This

study's mean on the cognitive EFI subscale ($M = 68.05$, $SD = 5.48$) was compared to the

normative mean on the cognitive EFI subscale ($M = 85.90$, $SD = 26.15$) ($t(277) = 54.287$,

$p < .001$). The results suggest that the participants in this study reported less cognitive

forgiveness than the normative sample. This study's mean on the behaviour EFI subscale

($M = 69.90$, $SD = 6.56$) was compared to the normative behaviour EFI subscale mean

score ($M = 81.01$, $SD = 24.21$) ($t(277) = 28.271$, $p < .001$). The results suggest that the

participants in this study reported less behavioural forgiveness than the normative

sample. Overall, this study's participants reported less forgiveness than the normative

sample.

*Correlations Between the Variables in the Entire Sample*

To examine the relationships between the relevant independent and dependent variables in the entire sample bivariate correlations were calculated (see Table 4). Correlations were found between most measures. However, dispositional pseudo-forgiveness was not found to be related to any of the other measures. Dispositional forgiveness of others was not found to be related to anxiety or depression.

Table 4.

Correlation of Dependent and Independent Variables in the Entire Sample *(n=278)*

| | Anger | Anxiety | Depression | Self-Esteem | Self Forgiveness | Other Forgiveness | Situational Forgiveness | Pseudo-forgiveness | Total Dispositional Forgiveness |
|---|---|---|---|---|---|---|---|---|---|
| Anger | - | | | | | | | | |
| Anxiety | .306** | - | | | | | | | |
| Depression | .427** | .693** | - | | | | | | |
| Self-Esteem | -.130* | -.132* | -.191** | - | | | | | |
| Self Forgiveness | -.238** | -.234** | -.213** | .194** | - | | | | |
| Other Forgiveness | -.142* | -.095 | -.090 | .181** | .290** | - | | | |
| Situational Forgiveness | -.144* | -.126* | -.177** | .271** | .457** | .380** | - | | |
| Pseudo-forgiveness | -.104 | .019 | .053 | .045 | .008 | .066 | -.045 | - | |
| Total Dispositional Forgiveness | -.230** | -.204** | -.214** | .280** | .788** | .697** | .805** | .010 | - |

 * Correlation is significant at the 0.05 level (2-tailed).
** Correlation is significant at the 0.01 level (2-tailed).

*Summary*

Overall, this study's sample reported more emotional health problems than the normative samples. The participants in this study reported higher levels of anger and anxiety and lower levels of self-esteem. However, the participants in this study did not differ significantly from the normative sample in terms of level of depression.

When compared to the normative samples, the participants in this study reported engaging in less forgiveness. The participants in this study reported engaging in less dispositional forgiveness of self, others and situations. Further, the participants in this study reported less cognitive and behavioural forgiveness for their parents than the normative sample had for someone who had offended them unfairly and deeply.

However, the participants in this study did not differ from the sample in terms of affective forgiveness.

*Composition of the Total Abuse Group*

The abuse group consisted of participants who sustained childhood emotional or physical abuse perpetrated by both of their caregivers. Note that participants who only identified having one caregiver were not included. The Total Emotional and Total Physical abuse scores for both parents on the Family Experience Questionnaire were combined to form a Total Abuse score. It was decided that the top 20% of the sample would be selected to represent the abuse group, as the prevalence rates of child abuse in Canada range from 20-30% of the population (Trocme et. al, 2003). However, those who scored in the top 21 percent (scores of 41 or higher) on the Total Abuse scale on the Family Experience Questionnaire ($n = 59$) were taken to represent the abuse group. The top 21 percent were included because a cut off at 20% would have placed several participants with a score of 41 in the abuse group and several participants with a score of 41 would not have been included in the abuse group. The overall abuse scores ranged from 41 to 122. No normative data is available for this measure in terms of what scores indicated a history of childhood abuse and which scores indicated no past history of abuse.

*Clinically emotionally abused.* Although there are no norms for this measure to determine which participants have abuse histories, the abuse group for this sample appears to represent a clinically abused group of participants. Further, the distribution is similar to the results from Briere and Runtz (1988). For specific details regarding the frequencies of participants in this study's abuse group that sustained various degrees of

emotional abuse see Figures 1 – 7.  With respect to emotional abuse, 37 percent of the participants reported being yelled at more than 20 times a year by both of their caregivers.  Twenty five percent of the abuse group reported being insulted by their mother more than 20 times per year and 19 percent reported being insulted by their father more than 20 times per year.  Forty eight percent of the abuse group reported being criticized by their mother more than 20 times per year and 32 percent reported being criticized by their father more than 20 times per year.  Thirty four percent of the group reported being made to feel guilty by their maternal figure more than 20 times per year and 25.4 reported that their paternal figure made them feel guilty more than 20 times per year.  Fourteen percent reported that their maternal figure ridiculed or humiliated them more than 20 times per year and 10 percent stated that their paternal figure ridiculed or humiliated them more than 20 times per year.  Fifteen percent stated that their maternal figure embarrassed them in front of others more than 20 times per year and 12 percent stated that their paternal figure embarrassed them in front of others more than 20 times per year.  Twenty five percent stated that their maternal figure made them feel like a bad person more than 20 times per year and 22 percent stated that their paternal figure made them feel like a bad person more than 20 times per year.  Only two members of the abuse group denied the presence of emotional abuse; however, these participants endorsed the presence of significant physical abuse.

Figure 1.

Frequency of Parental Yelling
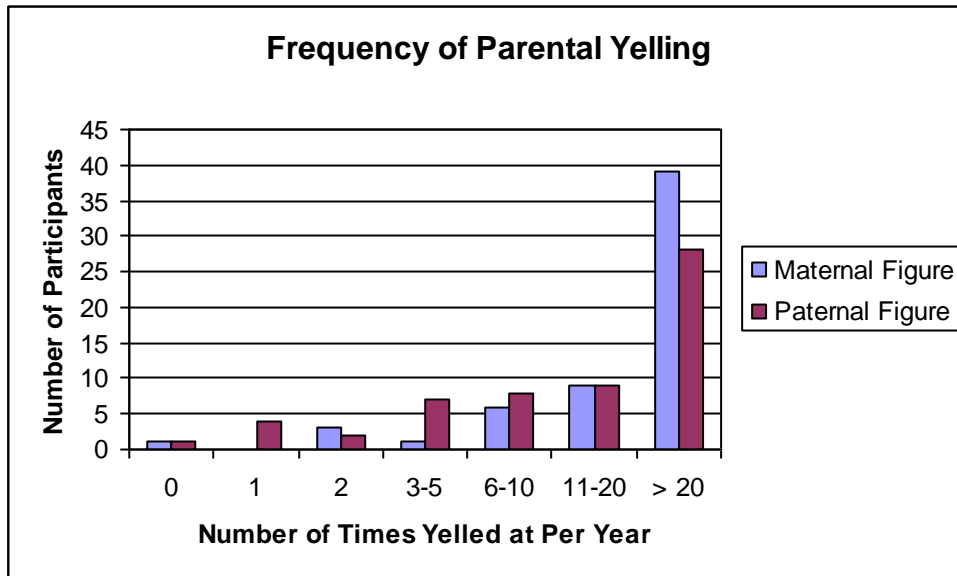


Figure 2.

Frequency of Parental Insults
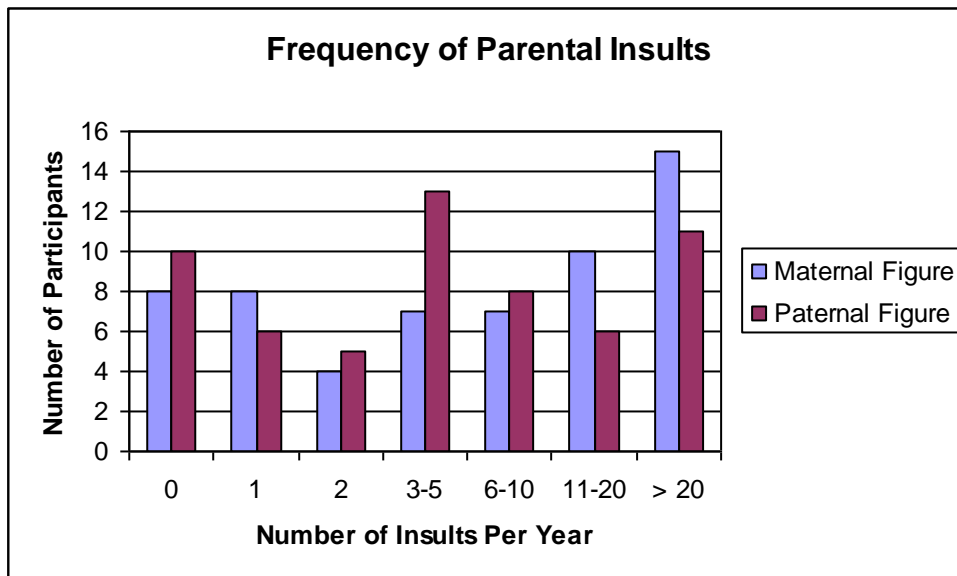
Figure 3.

Frequency of Parental Criticism



**Frequency of Parental Criticism**
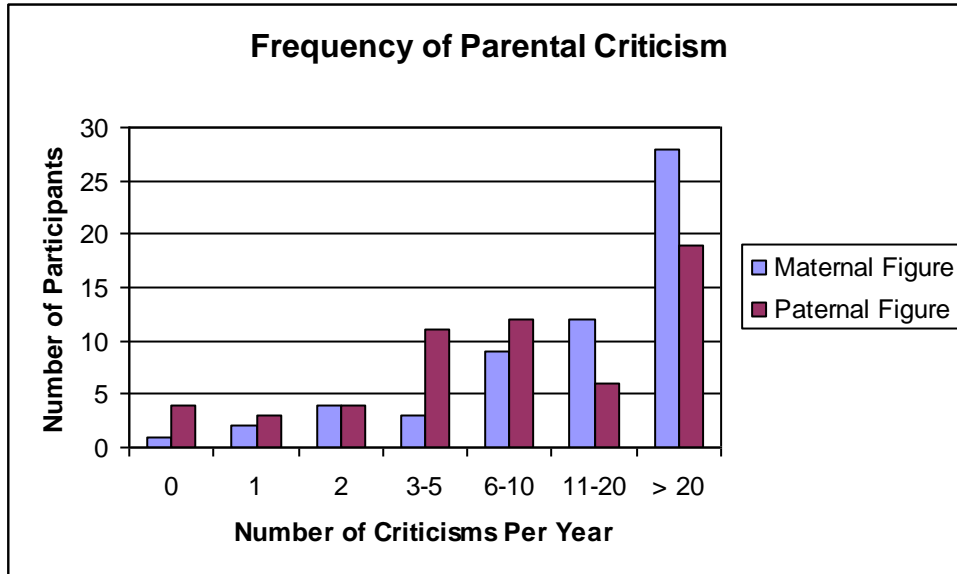
Figure 4.

Frequency of Times Made to Feel Guilty by Parents



**Frequency of Times Made to Feel Guilty by Parents**
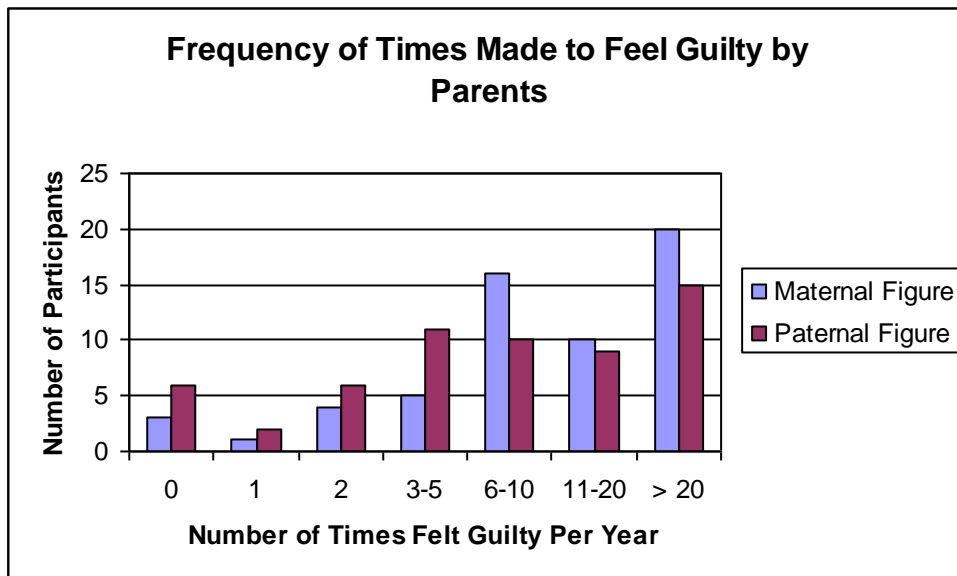
Figure 5.

Frequency of Parental Ridicule or Humiliation
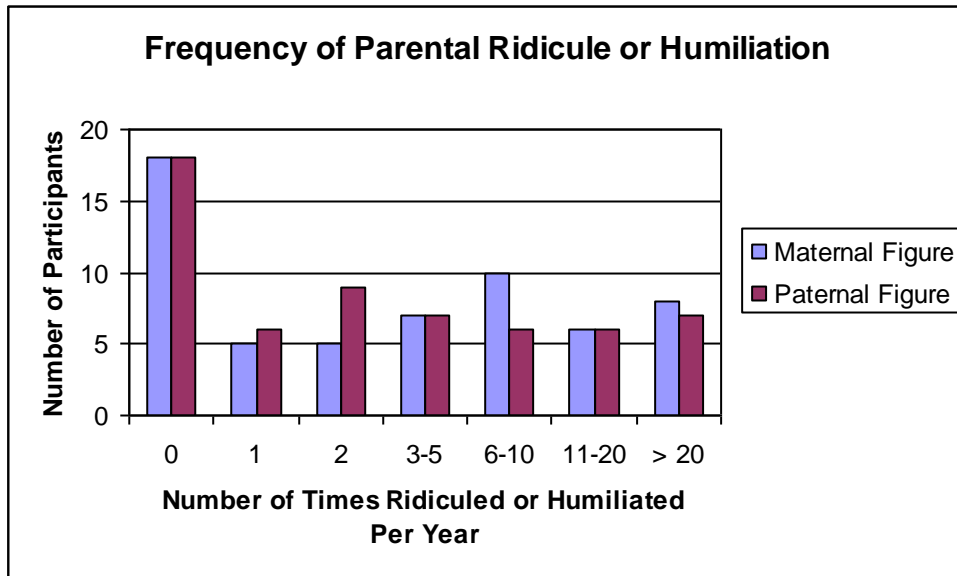


Figure 6.

Frequency of Times Parents Embarrassed Child in Front of Others
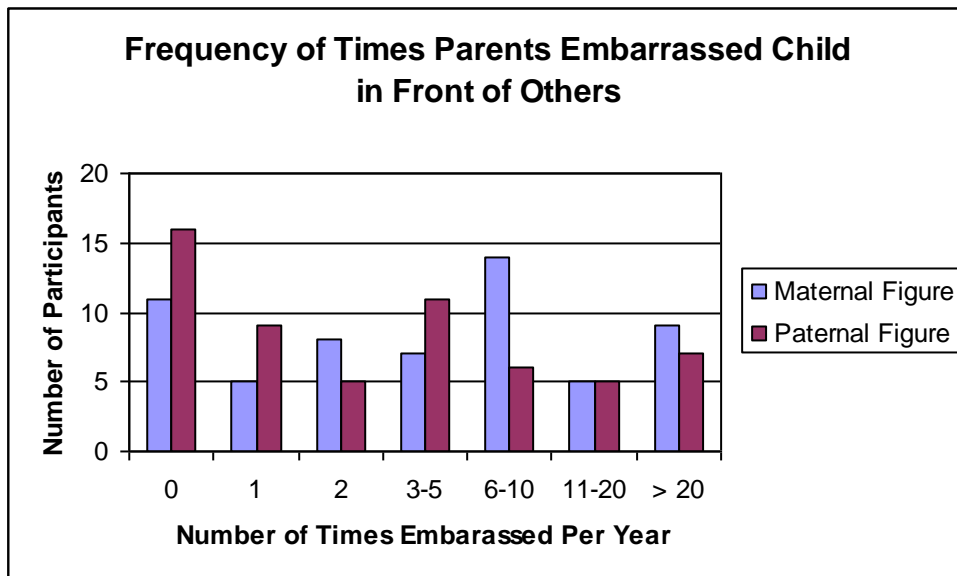
Figure 7.

Frequency of Times Parents Made Child Feel Like a Bad Person
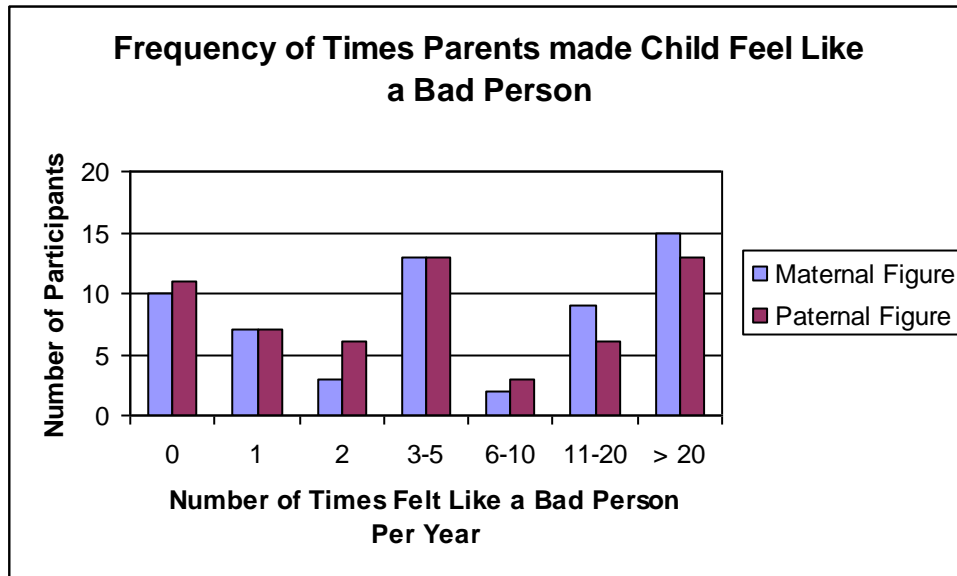


*Clinically physically abused.* In terms of physical abuse, 63 percent of the abuse group stated that they were slapped by their maternal figure at least once per year and 51 percent stated that they were slapped by their paternal figure at least once per year. Forty-eight percent stated that they were hit really hard by their maternal figure at least once a year and 37 stated that they were hit really hard by their paternal figure at least once a year. Fourteen percent stated that they were punched by their maternal figure at least once a year and fourteen percent stated that they were punched by their paternal figure at least once a year. Twelve percent stated that they were kicked by their maternal figure at least once a year and 15 percent stated that they were kicked by their paternal figure at least once a year. Nine participants in the abuse group reported no physical abuse from either of their caregivers; however, they endorsed the presence of significant emotional abuse. For more detailed information regarding the extent of the physical abuse in the abuse sample refer to Figure 8-11.

Figure 8.

Frequency of Parental Slaps
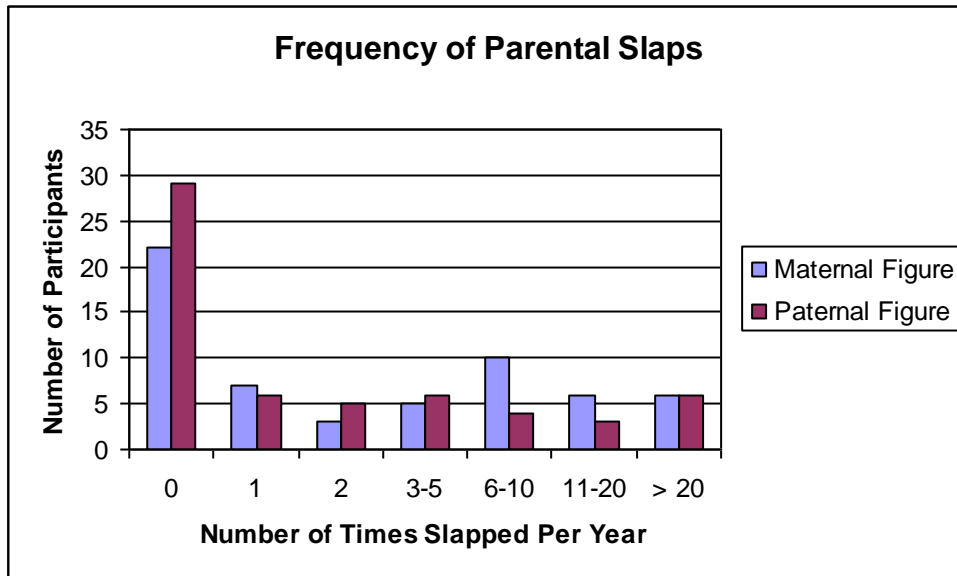


Figure 9.

Frequency of Parental Hard Hits
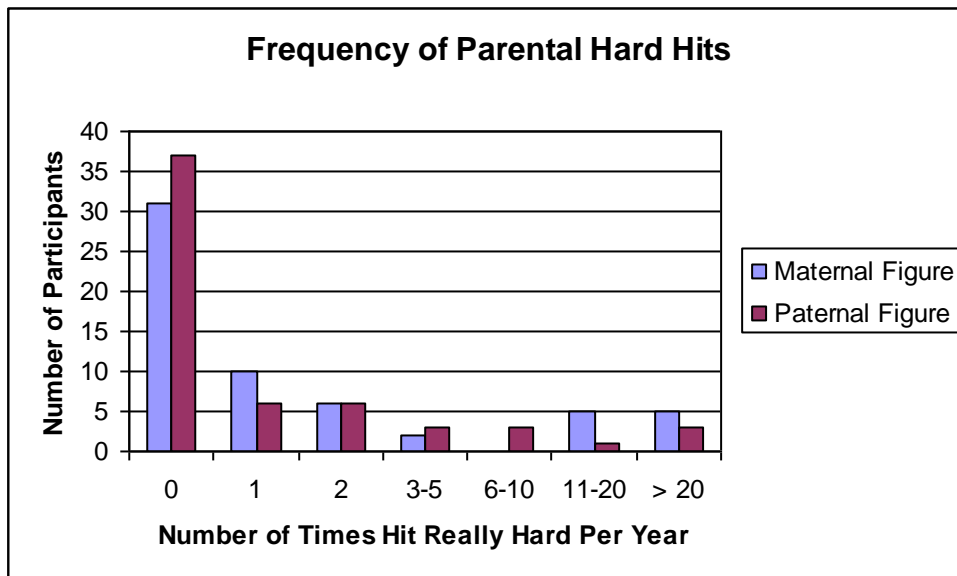
Figure 10.

 Frequency of Parental Punches
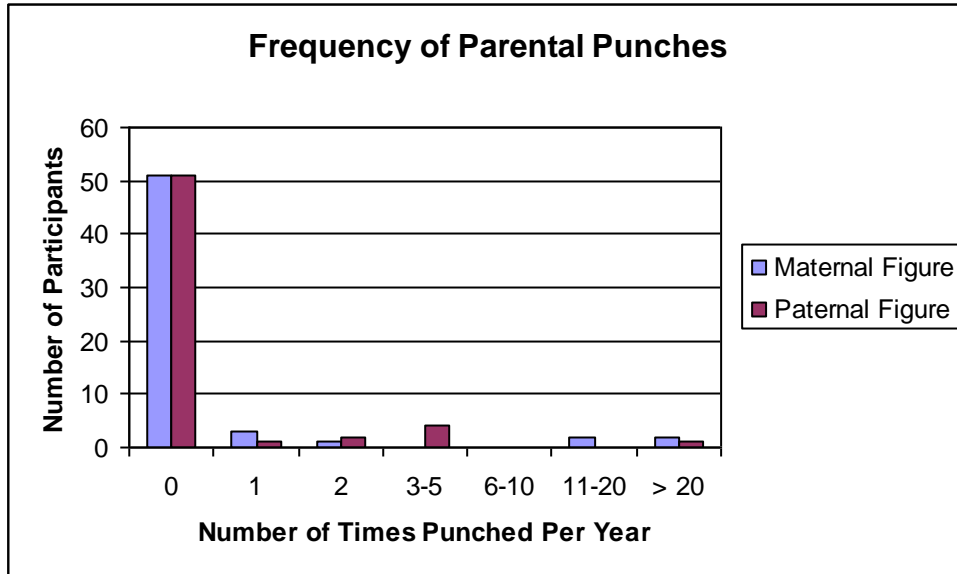


Figure 11.

 Frequency of Parental Kicks
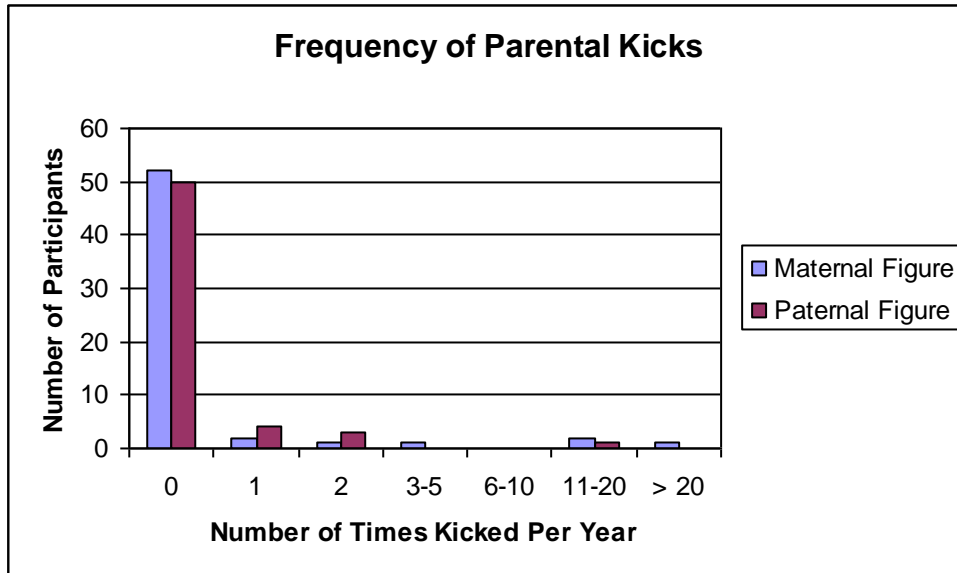
*Descriptive Statistics for the Total Abuse Group*

   *Participant's interpretation of the abuse.* Forty-six percent of the abused group reported experiencing "a great deal" of deep hurt by a caregiver.  Thirty percent of the abused group reported experiencing "much hurt" by a caregiver.  Nineteen percent reported experiencing "some hurt".   Three percent reported experiencing "a little hurt" and two percent of participants denied experiencing any hurt by a caregiver, despite the presence of caregiver abuse.

   Thirty nine percent of the abused group described their treatment by a caregiver as "a great deal" unfair and thirty nine percent described "much" unfair treatment. Fifteen percent of the abused group described "some" unfair treatment.   Four percent reported a little" unfair treatment and two percent denied any unfair treatment by a caregiver, despite the presence of elevated physical and emotional abuse scores.

   *Demographics of the total abused group.* The abused group contained 52 (88.1%) females and seven (11.9%) males.  The participants ranged in age from 18 to 35 years of age with the majority falling between 18 to 25 years of age (98.3%).  All participants were completing their undergraduate studies; 22 students (37.3%) were in their first year, 22 (37.3%) were in their second year; four (6.8%) were in their third year, and 11 (18.6%) were in their fourth year.  The majority identified their ethnicity as Caucasian (66%).  Sixteen percent of participants identified themselves as Asian, six percent as Arabic, four percent as African Canadian, and four percent as European.  Six percent did not identify an ethnicity.

   Fifty-six percent of the abused group reported being most hurt by their father and thirty-seven percent described being most hurt by their mother.  Five percent reported

being most hurt by their step-father and two percent of the participants in the abused

group reported being hurt by a guardian other than their mother, father, step-mother, or

step-father.

*Means and standard deviations for the total abused group.* In the abuse sample,

the means and standard deviations were calculated for each of the dependent and

independent variables and are displayed in Table 7.

*Correlations between the variables in the abuse sample.* To examine the

relationships among the dependent and independent variables, bivariate correlations were

calculated (see Table 10). Overall, dispositional forgiveness was negatively correlated

with anger ($r = -.270$, $p < 0.05$) and depression ($r = -.288$, $p < 0.05$). When the individual

components of dispositional forgiveness were analyzed separately, dispositional self

forgiveness was found to be significantly negatively correlated with anger ($r = -.342$, $p <$

$0.01$), anxiety ($r = - .338$, $p < 0.01$), and depression ($r = - .307$, $p < 0.05$). Thus, the

more an abused individual forgives themselves the less anger, anxiety and depression

they report. In terms of parental forgiveness, overall parental forgiveness was positively

correlated with anger ($r = .336$, $p < 0.01$), anxiety ($r = .273$, $p < 0.05$), and depression ($r$

$= .403$, $p < 0.01$). When the individual components of parental forgiveness were

analyzed separately, affective parental forgiveness was positively correlated with anger ($r$

$= .268$, $p < 0.05$) and depression ($r = .328$, $p < 0.05$). Behavioural parental forgiveness

was positively correlated with anger ($r = .288$, $p < 0.05$), anxiety ($r = .363$, $p < 0.01$) and

depression ($r = .390$, $p < 0.01$). Cognitive parental forgiveness was positively correlated

with anger ($r = .299$, $p < 0.05$) and depression ($r = .268$, $p < 0.05$). These correlations

suggest that abused children who endorse more forgiveness towards their parents have higher anger, anxiety and depression.

Table 5.

Correlation of Dependent and Independent Variables in the Abuse Sample (*n*=59)

| | Anger | Anxiety | Depression | Self-Esteem | Total dispositional Forgiveness | Self Forgive | Other Forgive | Situational Forgive | Pseudo-forgive | Total Parental Forgive | Affect EFI | Behaviour EFI | Cognition EFI | Pseudo Forgive EFI |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Anger | - | | | | | | | | | | | | | |
| Anxiety | .438** | - | | | | | | | | | | | | |
| Depression | .461** | .613** | - | | | | | | | | | | | |
| Self-Esteem | -.047 | -.025 | .013 | - | | | | | | | | | | |
| Total dispositional Forgive | -.270* | -.217 | -.288* | -.027 | - | | | | | | | | | |
| Self Forgive | -.342** | -.338** | -.307* | .120 | .811** | - | | | | | | | | |
| Other Forgive | -.238 | -.019 | -.122 | .082 | .676** | .293* | - | | | | | | | |
| Situational Forgive | -.036 | -.121 | -.222 | .159 | .799** | .524** | .299* | - | | | | | | |
| Pseudo-forgive | -.232 | .079 | .108 | .069 | -.061 | -.191 | .091 | -.023 | - | | | | | |
| Total Parental Forgive | .336** | .273* | .403* | -.027 | -.163 | -.180 | -.041 | -.145 | .102 | - | | | | |
| Affect EFI | .268* | .113 | .328* | -.003 | -.015 | -.036 | .066 | -.058 | .073 | .871** | - | | | |
| Behaviour EFI | .288* | .363** | .390** | -.038 | -.318* | -.284* | -.232 | -.208 | .078 | .844** | .581** | - | | |
| Cognition EFI | .299* | .178 | .268* | -.024 | -.032 | -.105 | .121 | -.077 | .111 | .763** | .573** | .433** | - | |
| Pseudo-forgive EFI | .099 | -.025 | -.079 | -.110 | -.061 | -.083 | -.041 | -.022 | .094 | -.102 | .000 | -.131 | -.129 | - |

* Correlation is significant at the 0.05 level (2-tailed).
** Correlation is significant at the 0.01 level (2-tailed).

*Role of Severity of Abuse*

To examine the role of the severity of abuse in the abuse group, a paired-samples t-test was conducted comparing those with the highest abuse scores to those with the lowest abuse scores. The results were not significant.

*Composition of the Not Abused Group*

The not abused group ($n = 59$) was a sample of participants who scored in the bottom 21 percent on the Family Experiences Questionnaire who were matched to the abused group on gender. The total emotional and physical abuse scores for both parents on the Family Experience Questionnaire were combined to form a Total Abuse score. Note that participants who only identified having one caregiver were deleted. This group's overall abuse scores ranged from zero to 11.

Although there are no norms defining "normal" scores on this measure, the not abused group appeared to represent a typical non abusive household. Their level of abuse did not meet clinical levels nor did they report idealized households with absolutely no conflict.

With respect to verbal disagreements, 68 percent of the not abused group reported that their mother yelled at them once a year to five times per year and 66% stated that their father yelled at them once a year to five times per year. Twenty percent stated that their mothers never yelled at them and thirty two percent stated that their fathers never yelled at them. All of the participants stated that their mothers insulted them twice a year or less and that their fathers insulted them once a year or less. Further, the whole sample reported being criticized, ridiculed, embarrassed, made to feel bad about themselves, and made to feel guilty by their mothers or fathers less than five times per year. There was

one exception; one of the participants stated that their mother made them feel guilty six to 10 times per year.

With respect to physical force, when asked to recall the worst point when they were younger, 92 percent stated they were never slapped by their mothers and 95 percent stated that they were never slapped by their fathers. Nine percent stated that they were slapped by their mothers once a year and five percent stated that they were slapped by their fathers once a year. Ninety eight percent of the sample stated that they were never hit by their mothers or fathers. One participant stated they were hit once a year by their mother and one participant stated they were hit once a year by their father. All of the participants in the not abused group denied being punched or kicked by either their mothers or their fathers.

*Descriptive Statistics for the Not Abused Group*

*Demographics of the not abused group.* The not abused group contained 52 (88.1%) females and seven (11.9%) males. The participants ranged in age from 18 to 27 years of age. All participants were completing their undergraduate studies; 24 students (40.7%) were in their first year, 13 (22%) were in their second year; 10 (16.9%) were in their third year, and 12 (20.3%) were in their fourth year. The majority identified their ethnicity as Caucasian (86.4%). Five percent of participants identified themselves as Asian, five percent as Arabic, two percent as African Canadian, and two percent as European.

*Means and standard deviations of the not abused group.* In the not abused sample, the means and standard deviations were calculated for each of the dependent and independent variables and are displayed in Table 7.

*Correlations between the variables in the not abused group.* The correlations between the key dependent and independent variables in the non-abuse sample are displayed in Table 11.  Dispositional self forgiveness, dispositional other forgiveness, dispositional situational forgiveness, and cognitive parental forgiveness are all positively correlated with self-esteem, indicating that higher levels of forgiveness are associated with higher levels of self-esteem.  Affective parental forgiveness was negatively correlated with depression, suggesting that higher levels of affective parental forgiveness are associated with lower levels of depression.  Self forgiveness was negatively correlated with anxiety.

Table 6.
Correlation of Dependent and Independent Variables in the Not Abused Group (*n*=59)

| | Anger | Anxiety | Depression | Self-Esteem | Total dispositional forgive | Self Forgive | Other Forgive | Situational Forgive | Pseudo-forgive | Total Parental Forgive | Affect EFI | Behaviour EFI | Cognition EFI | Pseudo Forgive EFI |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Anger | - | | | | | | | | | | | | | |
| Anxiety | .184 | - | | | | | | | | | | | | |
| Depression | .279* | .712** | - | | | | | | | | | | | |
| Self-Esteem | -.040 | -.263* | -.117 | - | | | | | | | | | | |
| Total dispositional Forgiveness | .054 | -.297* | -.099 | .465** | - | | | | | | | | | |
| Self Forgiveness | .111 | -.284* | -.063 | .322* | .807** | - | | | | | | | | |
| Other Forgiveness | .009 | -.149 | -.047 | .340** | .726** | .387** | - | | | | | | | |
| Situational Forgiveness | -.019 | -.219 | -.115 | .403** | .733** | .331* | .371** | - | | | | | | |
| Pseudo-forgiveness | .157 | .087 | .280* | .085 | .076 | .245 | -.076 | -.060 | - | | | | | |
| Total Parental Forgiveness | .140 | -.052 | -.282* | .197 | -.034 | .013 | -.216 | .091 | -.138 | - | | | | |
| Affect EFI | .055 | -.180 | -.355** | .108 | -.099 | -.063 | -.193 | .010 | -.163 | .858** | - | | | |
| Behaviour EFI | .175 | .017 | -.178 | .127 | -.090 | -.003 | -.229 | -.010 | -.084 | .842** | .607** | - | | |
| Cognition EFI | .133 | .087 | -.111 | .265* | .134 | .124 | -.097 | .247 | -.071 | .723** | .376** | .470** | - | |
| Pseudo-forgiveness EFI | -.017 | -.049 | -.124 | .099 | .154 | .069 | .161 | .139 | .138 | .191 | .141 | .136 | .193 | - |

* Correlation is significant at the 0.05 level (2-tailed) ** Correlation is significant at the 0.01 level (2-tailed).

*Abused Group Compared to the Not Abused Group*

Table 7.

Abused Group Compared to the Not Abused Group

| | | Means (SD) | 95% Confidence Interval | F | Significance |
|---|---|---|---|---|---|
| **Deep Hurt** | Abused | 3.15(0.96) | 2.85-3.46 | 41.23 | < .01 |
| | Non-Abused | 1.76(1.36) | 1.46-2.07 | | |
| **Unfair Treatment** | Abused | 3.08(0.95) | 2.79-3.38 | 66.69 | < .01 |
| | Non-Abused | 1.37(1.30) | 1.08-1.67 | | |
| **Anger** | Abused | 22.24(5.63) | 20.92-23.55 | 20.78 | < .01 |
| | Non-Abused | 17.97(4.50) | 16.65-19.28 | | |
| **Anxiety** | Abused | 16.76(11.64) | 14.03-19.49 | 6.39 | < .01 |
| | Non-Abused | 11.83(9.43) | 9.10-14.56 | | |
| **Depression** | Abused | 21.95(12.20) | 18.87-25.03 | 11.38 | < .01 |
| | Non-Abused | 14.53(11.70) | 11.44-17.61 | | |
| **Self-Esteem** | Abused | 23.37(1.73) | 22.91-23.83 | 1.95 | .166 |
| | Non-Abused | 23.83(1.83) | 23.37-24.29 | | |
| **Total Dispositional Forgiveness** | Abused | 65.63(8.63) | 63.63-67.63 | 4.97 | < .05 |
| | Non-Abused | 68.81(6.80) | 66.81-70.82 | | |
| **Forgiveness of Self** | Abused | 20.73(4.00) | 19.75-21.71 | 13.99 | < .01 |
| | Non-Abused | 23.34(3.58) | 22.36-24.32 | | |
| **Forgiveness of Others** | Abused | 22.58(3.54) | 21.79-23.37 | 0.44 | .509 |
| | Non-Abused | 22.95(2.48) | 22.16-23.74 | | |
| **Forgiveness of Situations** | Abused | 22.32(3.74) | 21.46-23.18 | 0.11 | .741 |
| | Non-Abused | 22.53(2.88) | 21.66-23.39 | | |

The abuse group was compared to the not abused group in order to determine if

the two groups differed on a series of dependent variables. The abuse group was

expected to have experienced more deep hurt and unfair treatment from their caregivers.

The abuse group was also expected to have worse mental health (e.g., more anger,

depression and anxiety and lower self-esteem). The abuse group was also compared to

the not abused group in order to determine if the abused group differed in their level of dispositional forgiveness. A between-subjects multivariate analysis of variance was performed on 10 dependent variables: anger, self-esteem, anxiety, depression, total dispositional forgiveness, dispositional forgiveness of self, dispositional forgiveness of others, dispositional forgiveness of situations, deep hurt and unfair treatment. The independent variable was the grouping variable: abused versus not abused.

The Hotelling's $T^2$ ( 113.56) multivariate test of overall differences among the two groups was statistically significant ($F$ (9, 108) = 11.75, $p < .01$). The effect size of the relationship was moderate as indicated by partial eta-squared (.50). The two groups differed significantly on the following variables: deep hurt, unfair treatment, anger, anxiety, depression, total dispositional forgiveness, and dispositional forgiveness of self. Self-esteem, dispositional forgiveness of others and dispositional forgiveness of situations were not significantly different between the two groups.

*Perception of abuse.* The abuse group ($M = 3.15$, $SD = .96$) reported experiencing significantly more deep hurt from their parents than the not abused group ($M = 1.76$, $SD = 1.36$) ($F(1,118) = 41.23$, $p < .01$). Further, the abuse group reported significantly more unfair treatment ($M = 3.08$, $SD = .95$) than the not abused group ($M = 1.37$, $SD = 1.30$) ($F(1,118) = 66.69$, $p < .01$).

*Mental health.* The results indicate that the abuse group had overall worse mental health than the not abused group. The abuse group ($M = 22.24$, $SD = 5.63$) had significantly more anger than the not abused group ($N = 17.97$, $SD = 4.50$) ($F(1,118) = 20.71$, $p < .01$). The abuse group ($M = 21.95$, $SD = 12.20$) also had greater levels of depression than the not abused group ($M = 14.53$, $SD = 11.70$) ($F(1,118) = 11.38$, $p <$

.01). Further, the abuse group ($M = 16.76$, $SD = 11.64$) had greater levels of anxiety than the not abused group ($M = 11.83$, $SD = 9.43$) ($F(1,118) = 6.39$, $p < .01$).

*Dispositional forgiveness.* Overall, the abuse group ($M = 65.63$, $SD = 8.63$) was significantly less prone to dispositional forgiveness than the not abused group ($M = 68.81$, $SD = 6.80$) ($F(1,118) = 4.07$, $p < .05$). However, when the components of the dispositional forgiveness measure were examined individually, the abuse group and the not abused group did not differ significantly in terms of their likelihood to forgive others or situations. The groups did differ significantly in terms of their tendency to forgive themselves. The abuse group ($M = 20.73$, $SD = 4.00$) was significantly less likely to engage in self forgiveness than the not abused group ($M = 23.34$, $SD = 3.58$) ($F(1,118) = 13.99$, $p < .01$).

*The Associations Between Forgiveness and the Mental Health of the Abuse Group*

To investigate the role of dispositional forgiveness and forgiveness of one's abusive parents on the mental health of adult survivors of child abuse, stepwise multiple regressions (one for each dependent variable: anger, anxiety, depression and self-esteem) were conducted. The following independent variables were entered into the model: dispositional forgiveness of self, dispositional forgiveness of others, dispositional forgiveness of situations, affective parental forgiveness, behavioural parental forgiveness and cognitive parental forgiveness.

*Anger.* Dispositional forgiveness of self and cognitive parental forgiveness explained significant variance in the dependent variable anger ($F(2,56) = 6.27$, $p < .01$). The overall model accounted for 18.3% of the variability in anger. Dispositional

forgiveness of self ($\beta = -.444$, $p < .05$) predicted decreases in anger.  Cognitive parental

forgiveness predicted increases in anger ($\beta = .207$, $p < .05$).

Table 8.

Cognitive Parental Forgiveness and Dispositional Forgiveness of Self as Predictors of
Anger

|  | B (standard error) | T | Significance |
|---|---|---|---|
| Self Forgiveness | -.444 (.171) | -2.592 | < .05 |
| Cognition EFI | .207 (.097) | 2.127 | < .05 |

*Anxiety.*  Dispositional forgiveness of self and behavioural parental forgiveness

explained significant variance in the dependent variable anxiety ($F(2,56) = 6.66$, $p < .01$).

The overall model accounted for 19.2% of the variability in anxiety.  Dispositional

forgiveness of self ($\beta = -.745$, $p < .05$) predicted decreases in anxiety.  Behavioural

parental forgiveness predicted increases in anxiety ($\beta = .338$, $p < .05$).

Table 9.

Behavioural Parental Forgiveness and Dispositional Forgiveness of Self as Predictors of
Anxiety

|  | B (standard error) | T | Significance |
|---|---|---|---|
| Self Forgiveness | -.745 (.365) | -2.042 | < .05 |
| Behaviour EFI | .338 (.146) | 2.320 | < .05 |

*Depression.* Behavioural parental forgiveness explained significant variance in the dependent variable depression ($F(1,57) = 10.239$, $p < .01$). Behavioural parental forgiveness accounted for 15.2% of the variability in depression. Behavioural parental forgiveness predicted increases in depression ($\beta = .475$, $p < .01$).

Table 10.

Parental Forgiveness and Self Forgiveness as Predictors of Depression

|  | B (standard error) | T | Significance |
|---|---|---|---|
| Behaviour EFI | .475 (.148) | 3.200 | < .01 |

*Self-Esteem.* No variables were found to be significant predictors of self-esteem.

*Composition of the Denial Group*

The denial group consisted of participants ($n=11$) who sustained childhood physical and emotional abuse and who denied experiencing deep hurt or unfair treatment. Participants for the denial group were participants from the total abuse group (total abuse scores of 41 or higher) whose combined score on the measure of deep hurt and unfair treatment was three or lower. This group of participants denied the presence of deep hurt and unfair treatment despite the presence of significant abuse.

*Descriptive Statistics for the Denial Group*

*Demographics of the denial group.* The denial group contained nine (81.8%) females and two (18.2%) males. The participants ranged in age from 18 to 21 years of age. All participants were completing their undergraduate studies; three students (27.3%) were in their first year, 5 (45.5%) were in their second year; and three (27.3%) were in

their fourth year.  The majority identified their ethnicity as Caucasian (81.8%) and 18.2

percent were Asian.   Forty six percent of the abused group reported being most hurt by

their mother and 55 percent described being most hurt by their father.    The entire sample

endorsed experiencing no hurt to a little hurt from their abusive parents and 91 percent

endorsed no unfair treatment to a little unfair treatment.

  *Means and standard deviations for the denial group.* In the denial sample, the

means and standard deviations were calculated for each of the dependent and independent

variables and are displayed in Table 11.

Table 11.

Means, Standard Deviations, and Sample Sizes in the Denial Sample

| | Mean | Standard Deviation | N |
|---|---|---|---|
| **Dependent Variables** | | | |
| Anger | 22.55 | 7.147 | 11 |
| Anxiety | 12.18 | 11.062 | 11 |
| Depression | 17.73 | 11.199 | 11 |
| Self-Esteem | 23.45 | 1.214 | 11 |
| **Independent Variables** | | | |
| Total Dispositional Forgiveness | 66.73 | 8.00 | 11 |
| Self Forgiveness | 20.27 | 3.438 | 11 |
| Other Forgiveness | 22.91 | 3.477 | 11 |
| Situational Forgiveness | 23.55 | 3.142 | 11 |
| Pseudo-forgiveness | 19.91 | 4.110 | 11 |
| Total EFI | 198.36 | 22.24 | 11 |
| Affect EFI | 67.00 | 9.550 | 11 |
| Behaviour EFI | 66.73 | 13.705 | 11 |
| Cognition EFI | 64.64 | 4.202 | 11 |
| Pseudo-forgiveness EFI | 15.73 | 7.837 | 11 |

*Correlations between the variables in the denial sample.* To examine the relationships among the dependent and independent variables in the denial group, bivariate correlations were calculated (see Table 12). Dispositional self forgiveness was found to be significantly negatively correlated with anxiety ($r = -.606$, $p < 0.05$) and depression ($r = -.860$, $p < 0.01$). Cognitive, behavioural, and affective parental forgiveness were found to be significantly correlated with none of the dependent variables. However, pseudo parental forgiveness was found to be significantly positively correlated with anxiety. This suggests that in this group of abused participants who denied the impact of the abuse the more pseudo parental forgiveness that they endorsed the more anxiety they reported.

Table 12.

Correlation of Dependent and Independent Variables in the Denial Sample (*n*=11)

| | Anger | Anxiety | Depression | Self-Esteem | Self Forgiveness | Other Forgiveness | Situational Forgiveness | Pseudo-forgiveness | Affect EFI | Behaviour EFI | Cognition EFI | Pseudo Forgive EFI |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Anger | - | | | | | | | | | | | |
| Anxiety | .661* | - | | | | | | | | | | |
| Depression | .695* | .658* | - | | | | | | | | | |
| Self-Esteem | -.020 | -.156 | -.189 | - | | | | | | | | |
| Self Forgiveness | -.577 | -.606* | -.860** | .111 | - | | | | | | | |
| Other Forgiveness | -.223 | -.616* | -.460 | .627* | .521 | - | | | | | | |
| Situational Forgiveness | .110 | .149 | -.294 | .086 | .457 | .353 | - | | | | | |
| Pseudo-forgiveness | -.495 | -.044 | .188 | -.131 | -.161 | -.232 | -.468 | - | | | | |
| Affect EFI | .084 | .089 | .265 | .129 | -.396 | .063 | .013 | .008 | - | | | |
| Behaviour EFI | .033 | .367 | .121 | -.172 | -.215 | -.557 | -.036 | -.002 | .541 | - | | |
| Cognition EFI | -.183 | -.233 | .000 | .193 | .167 | .497 | .198 | .114 | .623* | .054 | - | |
| Pseudo-forgiveness EFI | .514 | .671* | .486 | -.038 | -.465 | -.342 | .291 | -.016 | -.047 | -.054 | -.286 | - |

* Correlation is significant at the 0.05 level (2-tailed).
** Correlation is significant at the 0.01 level (2-tailed).

*Comparing Deniers Versus Acknowledgers*

The denial group was compared to a matched sample of abused participants. The comparison sample consisted of participants in the abuse group who did not deny the impact of the group who were matched to the deniers sample on gender. A series of independent sample T-tests were conducted in order to determine if the denial group had worse mental health (e.g., more anger, anxiety, and depression and lower self-esteem). However, the denial group did not differ significantly from those that did not deny the impact of the abuse on any of the dependent variables.

*Discussion*

The purpose of this study was to examine the relation between forgiveness and mental health in a sample of victims of childhood emotional and physical abuse. Using web-based questionnaires, this study looked at the association between three types of dispositional forgiveness (forgiveness of situations, forgiveness of others and forgiveness of one's self) and mental health (levels of anger, anxiety, depression and self- esteem) in a sample of students who had suffered childhood physical and emotional abuse and a comparison sample who had not sustained childhood abuse. Further, this study examined the association between mental health and forgiving one's parents for childhood emotional and physical abuse. The concept of pseudo-forgiveness was also examined, with higher levels of pseudo-forgiveness expected to be associated with higher levels of anger, anxiety, and depression as well as lower levels of self-esteem.

*Characteristics of the Overall Sample*

For the most part, the overall sample appears to be a representative Canadian university undergraduate sample. Consistent with the demographics of Canadian

universities, the majority of the participants were female and a small percentage of the participants were male.  The majority of the sample was Caucasian, but there was some ethnic diversity.  When compared to normative university samples, this sample overall had worse emotional health.  This sample reported higher levels of anxiety and anger, and lower levels of self-esteem and dispositional forgiveness (e.g., forgiveness of others, forgiveness of self and forgiveness of situations).  They did not differ from other samples in terms of level of depression.  This suggests that possibly this particular Canadian university population has more mental health difficulties than the typical Canadian sample.

*The Role of Dispositional Forgiveness in the Overall Sample*

Based on previous research (Coyle & Enright, 1997, Freedman & Enright, 1996, Hansen, 2002, Lin, 2002, Reed & Enright, 2006), it was expected that overall dispositional forgiveness would be positively correlated with emotional health. This study supports previous research, as higher levels of total dispositional forgiveness were found to be related to lower levels of anger, anxiety and depression and higher levels of self-esteem.   Those individuals more prone to engage in general forgiveness had a greater likelihood of being emotionally healthy.

Dispositional forgiveness is a general tendency to respond to interpersonal offenses by changing one's attributions of a perceived mistreatment such that the offended individual is no longer controlled by a negative attachment to the perceived offense (Snyder et al., 2001).  The offended individual changes their thoughts, feelings and behaviours about the offense from negative to neutral or positive.  The offended individual does not forget, condone, or pardon the offense, but instead the offended

individual is no longer bothered by negative thoughts, feelings and behaviours when confronted with the memory of the offense.

In this study, total dispositional forgiveness was comprised of three subscales: forgiveness of situations, forgiveness of others and forgiveness of one's self. Forgiveness of situations and forgiveness of self were found to be related to lower levels of anger, anxiety, and depression as well as higher levels of self-esteem. Forgiveness of others was found to only be related to lower levels of anger and higher levels of self-esteem, but was not found to be related to lower levels of anxiety and depression.

Forgiveness of others refers to the general tendency to let go of anger directed at another individual for a perceived offense. Most previous forgiveness research has examined forgiveness of others, and most forgiveness interventions have been designed with the purpose of increasing the participants' forgiveness towards particular individuals who have offended them. After completing a forgiveness intervention, participants have been found to show decreased anger and increased self-esteem (e.g., Al-Malbuk, et al., 1995, Lin, 1998, Lin, 2002, Reed & Enright, 2006). These previous findings are consistent with the results in this study suggesting that those who engage in forgiveness of others are more likely to have lower levels of anger and higher levels of self-esteem.

With respect to anxiety and depression, some previous studies have found an association with forgiveness of others and lower levels of anxiety and depression (e.g., Seybold et al., 2001). However, some previous intervention studies have failed to find an association between increased forgiveness of others and lower levels of anxiety and depression (e.g., Heble & Enright, 1993; Palmattathil, 2002) Similarly, this study did not find an association between higher levels of forgiveness of others and lower levels of

anxiety and depression, despite the finding that overall dispositional forgiveness is associated with lower levels of anger, anxiety, and depression and higher levels of self-esteem.

The finding that overall dispositional forgiveness but not forgiveness of others alone is associated with lower levels of anxiety and depression paired with the inconsistencies in past research may suggest that in order to find a relationship between forgiveness of others and lower levels of anxiety and depression, the participants also need to demonstrate higher levels of forgiveness of self and/or forgiveness of situations. Forgiveness of others alone does not appear to be influential enough to have a significant impact on anxiety and depression.  Forgiveness of others appears to have more impact on externalizing symptoms (e.g., anger) versus internalizing symptoms (e.g., anxiety and depression).

The second component of general dispositional forgiveness is forgiveness of one's self.  Forgiveness of self refers to a general tendency to let go of self-directed blame and anger for the perception that one committed an offense against another or an intrapersonal offense committed against oneself.  Essentially by engaging in forgiveness of one 's self, the individual recognizes and takes responsibility for an unkind act or failure, strives to overcome self-resentment and begins to love oneself again (Strelan, 2007).  This is in contrast to continued self-blame and feeling compelled to punish oneself for making a perceived mistake or failing to recognize that one made a mistake and taking no responsibility for offending others or one's self.

As would be expected based on previous research (e.g. Maltby, Macaskill, & Day, 2001, Mauger et al., 1992, Neuman et al., 2001), in this study the tendency to let go of

self-directed anger was found to be related to better emotional health (e.g., lower levels of anger, anxiety and depression and higher levels of self-esteem). Previous research has found a positive association between lower levels of self forgiveness and higher subjective stress ratings, rates of minor physical complaints, levels of anxiety, depression and distrust (Neuman and Colleagues, 2001 and Maltby and colleagues, 2001). Further, Mauger and colleagues (1992) found a positive correlation between lower levels of self forgiveness and lower levels of self-esteem, social introversion and social desirability.

The results of the current study suggest that those who forgive themselves seem more likely to have greater emotional health. Alternatively, those with greater emotional health may also be more likely to engage in forgiveness of self. However, as failing to engage in forgiveness of self appears to be intropunitive, it is most likely there is a bi-directional relationship; wherein, those who engage in forgiveness of self have greater emotional health and greater emotional health makes one more likely to engage in forgiveness of self.

The third component of general dispositional forgiveness is forgiveness of situations. When the perpetrator cannot easily be identified as another person or one's self, the offended individual may blame the situation (Strelan, 2007). Forgiveness of situations is letting go of the anger and hostility one feels when presented with a perceived unfair or upsetting situation beyond anyone's control (e.g., house fire, traffic congestion, or basement flood). In this study, forgiveness of situations was associated with lower levels of anger, anxiety and depression and higher levels of self-esteem.

Little research has directly examined the concept of dispositional forgiveness of situations. As a result, conceptual and measurement clarity is needed. It appears that

forgiveness of situations may be a measure of a "laid-back" or "easy going" nature, which would explain the relationship that was found between higher levels of forgiveness of situations and lower levels of anger, anxiety and depression as well as higher levels of self-esteem. Those who are prone to be less angry, anxious and depressed and who possess a higher view of themselves may be more likely to possess an "easy-going" temperament, and vice versa those who are more "easy-going" may be less likely to experience emotional distress. This conclusion is supported by previous research showing that individuals who experience minimal emotional distress in the face of life stressors tend to posses more "easy going" personalities (Holahan & Moos, 1985; Hinkle, 1974). One of the key features of the "Type B" personality is being "easy-going" (Strube, Berry, Goza, & Fennimore, 1985), and the "Type B" personality has been repeatedly shown to be related to less anger, hostility, depression, and anxiety.

In this study, forgiveness of situations was associated with greater emotional health (e.g., lower levels of anger, anxiety and depression and higher levels of self-esteem). It may be that the general tendency to let go of anger when presented with a frustrating situation beyond anyone's control (e.g., tornado, earth quake, or traffic delays) may represent a type of "easy-going" personality. Perhaps, those prone to engage in forgiveness of situations are more "easy-going" and being more "easy-going" predisposes someone to engage in forgiveness of situations, or forgiveness of situations is a component of an "easy going" personality. Either way, engaging in forgiveness of situations appears to be of benefit to one's mental health.

*Summary of the Effects of Dispositional Forgiveness.* In the overall sample, consistent with previous research, we found that a tendency to engage in forgiveness on a

regular basis is related to lower levels of anger, depression and anxiety and higher levels

of self-esteem.  Regularly forgiving others, one's self and situations is associated with

greater emotional health in a general sample of university students.  After examining the

correlations between dispositional forgiveness in the general sample, we looked at two

sub samples: a group who sustained childhood abuse and a comparison group who had

not experienced childhood abuse.

*Composition of the Child Abuse Group*

The child abuse group was formed by taking the top 21% of scores on the Total

Abuse score.  The Total Abuse score was comprised of the Total Emotional and Total

Physical abuse scores for both parents on the Family Experience Questionnaire.  No

previous data was available for this measure in terms of what scores indicated which

participants had a history of childhood abuse.  Using the classification system constructed

for this study, the identified abused group appeared to meet clinical criteria for

experiencing childhood emotional abuse (i.e., frequently yelled at, insulted, criticized,

made to feel guilty, ridiculed, humiliated, and made to feel like a bad person by their

parents) and physical abuse (i.e., frequently slapped, hit really hard, punched, and kicked

by their parents).  Most of the abuse group reported experiencing deep hurt and perceived

their treatment from their parents as unfair.  Further, they reported significantly more

deep hurt and unfair treatment than the comparison group who did not experience

childhood abuse.  These results, taken together, suggest that the classification in this

study seemed appropriate for identifying those participants with a history of childhood

abuse. Further, the results suggest that determining past history of childhood abuse may

be possible through a brief questionnaire measure.

*Associated Outcomes of Childhood Abuse*

It was expected that experiencing physical and emotional abuse as children would be associated with negative emotional outcomes in adulthood (i.e., higher levels of anger, anxiety, depression, and lower levels of self-esteem). This was confirmed on measures of anger, anxiety, and depression but the measure of self-esteem did not differentiate the two groups. Overall, the abused group had significantly worse emotional health when compared to the group who did not experience childhood emotional or physical abuse. The finding is consistent with a substantial amount of previous research delineating the negative effects of being exposed to childhood abuse (e.g., Fergusson & Lynskey, 1997; Gilmartin, 1994; Loos & Alexander, 1997; & Maughan & Cicchetti, 2002). This finding suggests that this study likely identified a sub-sample of students who were exposed to childhood abuse and that the sample of abused students was likely representative of typical childhood abuse victims. The results of this study provide further evidence that experiencing physical and emotional abuse as a child can be associated with long-term emotional consequences.

Despite clinical evidence and past research findings which have suggested that child abuse victims often have lower self-esteem, in this study levels of self-esteem did not differ between the abused group and the group not exposed to childhood abuse (e.g., Arata, Langhinrichsen-Rohling, Bowers, and O'Farrill, 2005; Gutierres, and Van Puymbroeck, 2006; Shen, 2009). When working clinically with adult survivors of child abuse, one seemly consistent symptom is poor self-esteem. There are several possible explanations for why self-esteem did not differ significantly between the two samples. It is possible that in this high-functioning university sample, the students with child abuse

histories did not have lower self-esteem than their colleagues. However, this conclusion is unlikely given prior clinical and research findings of lower self-esteem in university samples of child abuse victims (Arata et al., 2005).

When the average self-esteem score of this study's overall sample was compared to the average self-esteem score found in another Canadian university sample, it was found that this particular Canadian university population had lower self-esteem. It may be that the reason this study failed to find lower self-esteem in the abused sample is because the overall sample already had low self-esteem, making it difficult to find a statistically significant difference between the two groups.

Another possible explanation is that there may be some problems with the Rosenberg Self-Esteem Scale. Although the RES, is the most widely used self-esteem measure, previous research suggests that it tends to overestimate low self-esteem in college samples (Robinson, Shaver, & Wrightsman, 1991). Further, the RES was designed in 1965, during a very different cultural environment and may not accurately determine self-esteem in the twenty first century. For example, the wording on the RES seems awkward and overly formal for today's writing style (e.g., "all in all, I am inclined to feel ..", ..on an equal plane with others", and "I certainly feel …") Perhaps, a more recent self-esteem measure may better explain self-esteem in the current cultural environment.

*Deleterious associated outcomes of childhood abuse found even in a high functioning abuse sample.* Given participants for this study were selected from a university population, this sample of victims of childhood abuse likely represents a high functioning group of child abuse survivors. The cumulative disadvantage theory suggests

that the deleterious effects of childhood abuse are exacerbated throughout development (O'Rand, 2001) As such, adult victims of childhood abuse are at an elevated risk for truancy, delinquency, prostitution, early use of drugs and alcohol, homelessness, suicide, long-term economic dependency and criminal offending (Chandy, Blum, & Resnick, 1996; Downs, Smyth, & Miller, 1996; Fergusson & Lynskey, 1997; Gilmartin, 1994; Kurtz, et al., 1993; Malinosky-Rummell & Hansen, 1993; Manion & Wilson, 1995; Oates, 1996).  These risk factors would make admittance to university seem unlikely. Therefore, the sample used in this study, a non-clinical university student sample, likely represents a very high functioning group of child abuse survivors.  The results of this study, therefore, demonstrate that even in a high functioning non-clinical sample the relation between exposure to childhood abuse and long-term negative emotional consequences holds true.

*Dispositional Forgiveness in the Abused Group Compared to the Not Abused Group*

When compared to the group who did not experience childhood abuse, the abused group was significantly less prone to engage in overall dispositional forgiveness. However, examining this overall score is misleading and a more accurate understanding of dispositional forgiveness in the abused sample can be obtained by looking at the subscales of dispositional forgiveness. When the subscales of the dispositional forgiveness measure were analyzed separately, it was found that the abused group and the group who were not abused did not differ significantly in terms of their likelihood to forgive others or situations.  Instead, the groups only differed significantly in terms of their tendency to forgive themselves.  The abused group was less likely to forgive themselves.

Based on previous research examining the effects of dispositional forgiveness in normal samples (Freedman & Enright, 1996; Maltby, et al., 2001; McCullough, 2000; & Pargament & Rye, 1998) and research examining dispositional forgiveness in abused samples (Blount-Matthews, 2004; Crawley, 2005; Hanford, 2004; Snyder & Heinz, 2005), it was expected that overall dispositional forgiveness and its components: self forgiveness, other forgiveness and situational forgiveness would be negatively correlated with anger, anxiety, and depression and positively correlated with self-esteem. However, in the abused sample overall dispositional forgiveness appears only to be associated with better emotional health because of the strong association between forgiveness of self and emotional health. Forgiveness of others and forgiveness of situations were not found to be significantly associated with emotional health.

*Abuse Victims May Inaccurately Blame Themselves for Perceived Wrongdoings.* One explanation for why abuse victims have lower levels of forgiveness of self compared to those who did not experience childhood abuse may be that abuse victims may tend to take responsibility for offenses that objectively are not their fault. In other words, they may struggle to forgive themselves because they are blaming themselves for perceived wrongs, and therefore, feel the need to punish themselves, despite the fact that they have not actually committed these perceived transgressions.

Strelan (2007) examined the relation between narcissism and forgiveness of self. He found that narcissists have high levels of forgiveness and speculated that a strong self-serving bias accounted for this connection. A self-serving bias is when individuals interpret their positive behaviours as the result of internal traits but attribute their negative behaviours to situational variables (Miller and Ross, 1975). When forgiving oneself, a

person takes responsibility for his or her part in a hurtful action; whereas, with the self-serving bias, the individual is unwilling to take responsibility for hurting others. Strelan (2007) posited that the narcissists may be claiming to be self-forgiving when they are actually self-serving. With abuse victims, it may be that they are claiming not to be self-forgiving because they are engaging in the opposite of the self-serving bias. They are taking on responsibility for parts of a hurtful action that were not their fault.

According to Piaget (1954), children are developmentally egocentric, meaning they tend to take on responsibility for everything that happens to them and around them. As a result, abused children often feel the abuse they endured was their fault and that they somehow brought the terrible treatment on themselves (Pearce & Pezzot-Pearce, 2007). For example, abused children may tend to believe that if they had only been more obedient, mild mannered or endearing than they would not have been beaten. Even if they later realize that what they experienced as a child was morally wrong, they still often feel at least partly responsible for the abuse that they suffered. If they feel responsible for the horrible treatment they endured throughout their childhood, it is then understandable why they would have difficulty forgiving themselves.

*Not engaging in self forgiveness may be a defense mechanism.* Continuing to blame themselves for the child abuse they experienced may be one of the victims' psychological defense mechanisms. If they caused the abuse to happen, then they perceive they can have control over preventing themselves from being abused again (Lamb, 1986). This cognitive misattribution, in a mixed up way, gives abuse victims a perception of power and control over their lives. Additionally, it may be easier to cling to self-directed anger and resentment and feel compelled to punish oneself for the

experience of childhood abuse because it is too threatening to feel that way towards their parents.  Due to the unique and special parental relationship, to acknowledge that their parent's significantly wounded them emotionally and psychologically, may result in a flood of negative emotions. Clinical observation suggests that many abuse victims feel this onset of negative emotions would be too overwhelming, and they fear it may leave them psychologically crippled.  It is not uncommon to hear patients express in therapy that if they acknowledge the emotional pain that their parents caused them and allow themselves to feel the profound anger, grief, loss and deep sadness, then they will "go crazy" with the inference that they will remain "crazy".  It appears that they worry that they would never be able to psychologically recover if they allowed themselves to acknowledge and articulate the feelings they have towards their parents regarding the abuse they experienced.  As a result, they blame themselves and find ways of internalizing, denying, minimizing and repressing their feelings rather than risk the perceived consequences of expressing them.

The social, religious and cultural pressure to have "the perfect family" may be another reason why abuse victims do not want to feel strong negative emotions towards their parents and choose instead to blame themselves.  The media inundates society with the message that children are "supposed to" love their parents, which means spending time together, showing them affection, and caring for them when they are old or sick.  It seems socially unacceptable to say that one has stopped associating with their mother or father, and discontinuing a relationship with one's parents may be met with harsh judgment of the abuse victim.  Child abuse victims may continue to blame themselves for

the abuse because they perceive that acknowledging their parent's responsibility for the abuse is incompatible with maintaining a relationship with their parents.

Given the aforementioned pressure to remain connected with one's parents, it may be that many abuse victims still have regular, ongoing contact with their abusive parents (Martin & Elmer, 1992). It may also be that in these cases the emotional abuse continues. If that is true, then the abuse victims may blame themselves and avoid feeling negatively towards their parents as a way of protecting themselves against abuse. By blaming themselves, they learn to change their behavior in order to placate their parents with the hope of lessening the emotional abuse.

In summary, abuse victims demonstrated lower overall dispositional forgiveness than the comparison sample who were not abused. However, the two groups did not differ in terms of forgiveness of others or forgiveness of situations. The abused sample had lower levels of forgiveness of self. Abuse victims may have a hard time forgiving themselves for the following reasons. They may possess the opposite of the self-serving bias, which leads them to feel more responsible for perceived offenses than is warranted. Specifically, they may blame themselves for the childhood abuse they suffered. This misattribution may be a psychological defense mechanism. By feeling responsible for initiating the abuse, they then feel they can prevent future occurrences of abuse. Further, it may be easier to blame themselves than blame their parents because they are afraid of the strength of their negative emotions towards their parents, want to maintain a relationship with their parents and experience societal pressure to have "the perfect family".

*Associated Mental Health Effects of Dispositional Forgiveness in the Abuse Sample*

In the abused sample, results of the correlational analyses demonstrated that higher levels of overall dispositional forgiveness were associated with lower levels of anger and depression but were not significantly associated with anxiety or self-esteem. When the individual components of dispositional forgiveness were analyzed separately, forgiveness of others and forgiveness of situations were not found to be significantly associated with emotional health. However, forgiveness of self was found to be significantly negatively correlated with anger, anxiety, and depression. This was supported by the results of the regression analyses which found that forgiveness of self predicted decreases in anger and anxiety.

The more abused individuals forgive themselves, the less anger, anxiety and depression they report. This finding makes sense based on the previously delineated explanation for why child abuse victims may tend to engage in less self-forgiveness than the regular population. If child abuse victims are blaming themselves for the abuse they experienced and internalizing their negative feelings towards their parents, this may explain why letting go of their self-directed anger and learning to forgive themselves would result in emotional healing and better overall mental health. Sometimes it is assumed with victims of abuse that the therapeutic work should focus on helping the victim let go of their anger towards the offender, but these results suggest it may be helpful to first focus on helping victims let go of self-directed anger.

Forgiveness research seems to mainly have focused on forgiveness of others, while there has been less research examining forgiveness of self. That does, however, appear to be changing (e.g., Romero, et al., 2006; Strelan, 2007; Wilson, Milosevic,

Carroll, Hart & Hibbard, 2008).  Wilson and colleagues (2008) found that forgiveness of self predicted perceived physical health and they suggested that forgiveness of self may have a stronger connection to physical health than forgiveness of others.  This study builds on Wilson's and colleagues' (2008) findings by providing preliminary evidence that in abused samples, forgiveness of self has a stronger relation to emotional health than forgiveness of others.

   *No association between self-esteem and measures of forgiveness.*  Self-esteem was not correlated to any forgiveness measures in the abused sample.  This finding lends further support to the speculation that the Rosenberg self-esteem Scale (RSE) may not have accurately measured self-esteem in the abused sample.  As previously described, low self-esteem was expected to be one of the consequences of childhood abuse. It would then follow that forgiveness would have an impact self-esteem.  Specifically, it was expected that self-forgiveness would most influence self-esteem.  Intuitively, those less likely to continue blaming themselves and more likely to feel compelled to punish themselves for a perceived mistake should be more likely to have higher self-esteem through overcoming self-resentment and beginning to love themselves again.   Wohl, DeShea, and Wahkinney (2008) found that when individuals forgive themselves their perception about their feelings, actions and beliefs becomes more positive.  They found that self-forgiveness means that "people begin to like themselves again, put themselves down less and believe themselves to be worthy of affection from others" (Wohl, et al, 2008).  Essentially, the end result of self forgiveness should be increased self-esteem. However, this was not found in this study, possibly indicating that the RSE may not have accurately assessed self-esteem.

*Associated Outcomes of Forgiving Parents for Childhood Abuse*

After examining the effects of dispositional forgiveness in the abused sample, this study examined the mental health consequences of forgiving one's parents for childhood physical and emotional abuse. The consequences of forgiving one's parents for childhood abuse have been questioned and debated, but to date have not been empirically evaluated. Previous therapy case studies and forgiveness interventions have shown improved emotional health following the inculcation of forgiveness towards one's parents in a therapeutic setting (Al-Mabuk et al., 1995; Freedman and Enright, 1996; & Lin, 1998). Most recently, Chagigiorgis and Paivio (2008) found that forgiveness may represent one beneficial outcome of emotion focused trauma therapy for victims of child abuse. These results paired with the extensive body of literature toting the benefits of interpersonal forgiveness (e.g., Coyle & Enright, 1997; Freeman & Knupp, 2003; Rye & Pargament, 2002) even for extreme offenses (e.g., war trauma: Peddle, 2001 and spousal emotional abuse: Reed & Enright, 2006), it was expected that forgiving one's parents for childhood abuse would be associated with better emotional health. However, the results of the current study suggest that forgiving one's parents for childhood abuse is not associated with better emotional health, but instead forgiving one's parents is associated with higher levels of negative emotions.

Total parental forgiveness was positively correlated with anger, anxiety, and depression, suggesting that forgiving one's parents for past abuse may be detrimental to one's emotional health. Parental forgiveness was measured using a modified version of the Enright Forgiveness Inventory. The identified victims of child abuse were asked to think about an experience where one of their parents hurt them and then answer several

questions about their current level of forgiveness towards their parents. The overall measure of parental forgiveness was comprised of three subscales: affective parental forgiveness, behavioural parental forgiveness and cognitive parental forgiveness.

Affective parental forgiveness is a measure of the participants' current positive feelings (e.g., empathy and warmth) and negative feelings (e.g., anger and resentment) towards their parent. Cognitive parental forgiveness assessed the participant's current positive views and perceptions of their parents (e.g., he/she is a good person and he/she is worthy of respect) and negative views and perceptions of their parents (e.g., he/she is wretched and he/she is worthless). Behavioural parental forgiveness measured the participant's current positive behaviours towards their parents (e.g., establish a relationship) and negative behaviours towards their parents (e.g., avoid and enact revenge).

The results of the correlational analyses showed that affective parental forgiveness and cognitive parental forgiveness were positively correlated with anger and depression but not anxiety. Behavioural parental forgiveness was positively correlated with anger, anxiety, and depression. These correlations suggest that abused children who endorse more forgiveness towards their parents have higher anger, anxiety and depression. The results of the regression analyses confirmed this finding. Cognitive parental forgiveness predicted significant variance in anger and behavioural parental forgiveness predicted significant variance in anxiety and depression. There are two main possible explanations for this finding: 1. the EFI results do not accurately reflect a measure of true forgiveness or 2. forgiving one's parents for childhood abuse is emotionally unhealthy.

*1. The EFI May Not Have Accurately Measured True Forgiveness.*

*Without professional involvement participants may have misunderstood forgiveness and therefore misreported their level of forgiveness.* . In previous research studies examining the effects of forgiving one's parents for childhood abuse, how to engage in forgiveness towards one's abusive parents was taught and explained by qualified clinicians.  No previous research has assessed level of forgiveness of parents for childhood abuse using only a questionnaire, without clinical contact.  This suggests that the unexpected finding that forgiving one's parents is linked to worse mental health may be an artifact of an inaccurate assessment of true forgiveness.  Case studies of therapist guided forgiveness interventions (e.g., Freedman, 1999) and group forgiveness interventions (Al-Malbuk, et al., 1995; Lin, 1998; & Tanaka, 2006) have delineated positive emotional consequences of forgiving one's abusive parents including: less anxiety and depression and greater hope and self-esteem.  In these cases, the therapist was present to explain the process of forgiveness, clearly define forgiveness and clarify what forgiveness is not.  Previous research has found discrepancies between professionals and participant's view of forgiveness and then concluded that when working therapeutically with a patient it is important to clarify the definition of forgiveness to make sure both are referring to the same thing, as clients and counselors may view forgiveness differently (Orr et al., 2004 & Kanz, 2000). In this study, as it was not a clinical intervention, forgiveness was never explained or defined to participants.  As a result, it is possible that the participants in this study had a different perception and definition of forgiveness than the researchers, which influenced their response to the EFI and skewed our assessment of forgiveness.

In this study, forgiveness was defined as a process in which the abused individuals over time change their thoughts, feelings and actions towards their abusive parents from negative to neutral or positive. In agreement with the Human Development Study Group (1991), forgiveness was further defined as separate from denying, condoning, excusing, pardoning or forgetting the offense. Consistent with previous research (e.g., Enright, Eastin, Golden, Sarinopoulos, & Freedman, 1992), it was also the researcher's perspective that forgiveness is separate from reconciliation.

*Participants' denial, repression, and lack of insight may have skewed their EFI responses.* The EFI was selected, as it was assumed that this measure would best assess the participant's level of forgiveness based on this definition. This may, however, not have been accurate. The EFI may not have been able to account for the participants' denial, repression, lack of insight into their own true emotions, or socially desirable responding. Further, the questionnaire format may not have allowed for an accurate assessment of an ongoing process. Additionally, reconciliation may have been confused with forgiveness.

During clinical contact the clinician is able to determine the difference between denial, repression, avoidance and feeling pressure to appear as if they have forgiven their parents because of a moral obligation or social pressure versus engaging in true forgiveness. Using the EFI this distinction was not possible because the measure relies on the participant's self report of their feelings, thoughts and behaviours. Therefore, the participant's denial of the abuse, repression of their emotional reaction to the abuse and lack of insight into their own current emotional state paired with the pressure to have the "perfect family relationship" may have resulted in the participants' scores indicating that

they had forgiven their parents; when in actuality they had not gone through the process of forgiveness.

As previously discussed, it is not uncommon for victims of abuse to be ambivalent about whether an offense was committed against them in which case they would be unaware of their negative feelings towards their parents. Therefore, when the participants in this study asserted on the EFI that they have positive feelings, thoughts and behaviours towards their parents, it may have been because that they have not fully acknowledged the abuse and the resulting emotional consequences. They may never have fully experienced the pain that their parents caused them (e.g., anger, profound sadness, shame, despair, loss, and grief). Before abuse victims can start forgiving their parents, they need to acknowledge the abuse happened and recognize and experience their feelings about the abuse. If they endorse positive thoughts, feelings and behaviours towards their parents without first recognizing the abuse occurred, experiencing the negative emotions, realizing that the abuse was unfair and they have the right to feel substantially distressed, then the participants are engaging in pseudo-forgiveness which would be expected to be associated with emotional distress. This would explain why forgiveness interventions and individual therapy directed at helping victims to forgive their abusers show improvements in emotional functioning; whereas, the results of this study do not show that forgiving one's parents is mentally healthy. Without clinical contact it may not be possible to determine if the participant's self report is an accurate reflection of their current level of forgiveness towards their parents.

*The EFI may have equated forgiveness with reconciliation.* Forgiveness in this study was conceptualized as separate from reconciliation. Reconciliation was not viewed

as necessary for forgiveness, and reconciliation in the case of abuse victims was suspected to be potentially emotionally damaging and/or physically dangerous. The creators of the EFI (Enright & Rique, 2004) also asserted that reconciliation is not necessary for forgiveness; however, the EFI subtest: Behavioural Parental Forgiveness appears to be a measure of reconciliation. The subtest of the EFI: behavioral parental forgiveness is a measure of the participant's current positive and negative behaviours towards their parents. Participants are deemed more forgiving if they endorse showing friendship, establishing good relations, helping, treating gently, or being considerate to their parents. This definition seems consistent with the definition of reconciliation.

As a result, the association between Behavioural Parental Forgiveness and increased anxiety, depression and anger may actually be stating that when abuse victims reconcile with their abusive parents they are at greater risk for emotional distress. It may be more mentally healthy for child abuse victims to remain distanced from their parents. Helm, Cook, and Bereez, (2005) found that sexual abuse victims preferred to keep their distance from their abusers regardless of the extent to which the abusers had been forgiven. This suggests that reconciliation within forgiveness may not be an appropriate goal for abuse victims, and it may suggest that mentally healthy abuse victims create emotional and/or physical distance between themselves and their abusers, even if they are their parents.

2. *Forgiving One's Parents May Be Emotionally Unhealthy*

*Forgiving one's parents may be another way for victims to deny the impact of the abuse and blame themselves.* The results of this study may also suggest that because of the special relationship between children and their parents it may be emotionally

unhealthy for child abuse victims to forgive their parents or at least to try to forgive their parents for childhood abuse without the help of a professional. Children are born with a fundamental need for attachment to a caregiver. In ideal attachment relationships, the caregiver appropriately responds to the infant's arousal and is able to guide the infant from heightened states of arousal to homeostatic recovery and provides a secure base for the child to take risks and explore their environment (Ainsworth, 1979). This emotional attunement and secure relationship allows the child to develop socially, emotionally, and physically. Without this type of relationship, the child often tries desperately to find ways to engage their parents in order to receive the warmth and nurturance that they need. With abuse victims this desire to have a proper attachment can lead them throughout their lives to make every attempt, compromising their own wants and needs, to please their parents or achieve their affection. The abuse victims may believe that if they engage in forgiveness, then their parents will love them, care for them, nurture them, respond to them in the way parents should and be the parents they have always dreamed and hoped for. They may believe that as long as they can "move on" by forgiving, then they can have the relationship they wanted. In this case, they may be denying the abuse, denying its impact or blaming themselves for the abuse, which would all be emotionally and psychologically unhealthy responses.

Existentialist theories would argue that people are most emotionally healthy when they embrace their true selves/ authentic selves (Jourard, 1972; Wood, Linley, Maltby, Baliousis, & Joseph, 2008). Emotional healing, therefore, is the result of embracing and accepting one's feelings, thoughts and behaviours regardless of whether they are negative or positive and irrespective of society's perspective. Applied to the experience of

childhood abuse, the authentic response may be to embrace feelings of anger, resentment and loss instead of attempting to let go of these feelings in exchange for forgiveness. Maslow reported experiencing emotional abuse and neglect from his mother as a child. He described her as a "cruel, ignorant and hostile figure, one so unloving as to induce madness in her children" (Hall, 1968; Hoffman, 1989). He hated her throughout his adult life, and he even refused to attend her funeral. Despite his unrelenting hatred towards his mother, Maslow viewed himself as being self actualized. From an existential framework, this is because Maslow was true to his authentic self (thoughts, feelings and behaviours) and ignored the moral and societal pressure to adopt a particular life framework.

*Social pressure may lead to forced forgiveness.* Forgiveness may also be psychologically unhealthy because the abuse victims may not be choosing to forgive out of their own volition. It may be that social and moral pressure to have an idyllic family leads abuse victims to feel obligated to forgive. Clinical experience suggests that abuse victims often feel that the social message they are given is that they should not stay angry at their parents and being angry at their parents makes them bad people. They may even feel that they never had the right to be angry with their parents in the first place. As a result of social or moral pressure, they may feel responsible to deny their feelings in order to restore the relationship. Forgiveness then may be one more way for abuse victims to place the blame for the abuse on themselves (i.e., "I need to forgive.") and to excuse, condone or deny their parent's maltreatment of them. Forgiveness defined this way may then be psychologically unhealthy.

*Process Model of Forgiveness Applied to an Abuse Population.*

Despite the findings in this study that forgiving one's parents is associated with worse mental health, previous therapy case studies and forgiveness interventions have found better emotional health associated with forgiving one's parents. Therefore, it may be that professional assistance is necessary for forgiving one's parents to be emotionally beneficial. This suggests that if forgiveness involved certain components and not others (e.g., denying, minimizing, pardoning, condoning, excusing, forgetting, and reconciliation), it may be helpful for victims of childhood abuse to forgive their parents. In agreement with Enright and Rique (2004) forgiveness was conceptualized in this study as a process; more complex than a one-time verbal expression of forgiveness. Enright and Rique (2004) proposed a process model of forgiveness which has four phases: Uncovering phase, Decision Phase, Work Phase and Deepening Phase. If this model was used for victims of child abuse, it may be that forgiveness would be associated with better emotional health. Perhaps, if child abuse victims worked through this model with a therapist the end result may be better emotional health. Further research would be necessary to clarify this hypothesis.

*Uncovering phase.* When applied to victims of child abuse, in the Uncovering Phase abuse victims would be expected to become aware of the defense mechanisms that they have been using to cope with the abuse. For example, they would need to become aware of their tendency to engage in denial of the abuse and its emotional impact and repression of their feelings and reactions to the abuse. They would also need to acknowledge their tendency to engage in reaction formation or the tendency to cope with their undesirable emotions towards their parents though the exaggerated expression of the

direct opposite emotions (e.g., intense stated expression of love and warmth instead of expression of anger). Further, they would need to recognize that their anger projected onto others or themselves is really anger towards their parents for past abuse. Essentially in the Uncovering phase, child abuse victims are expected to acknowledge that they have been offended and profoundly affected by the abuse, experience their anger towards their parents, and recognize their feelings of self blame and shame. As previously discussed, this phase is often extremely difficult for child abuse victims and may not have been completed by the participants in this study. However, given the construction of the EFI it is not possible to recognize the difference between denial, repression, projection and especially reaction formation from actual true forgiveness.

*Decision phase.* The second phase of forgiveness is the Decision phase. For child abuse victims, this phase would involve recognizing that, although they are justified in feeling angry and ruminating on angry thoughts, this rumination is deleterious to their own mental health. In this phase, forgiveness is considered as a way of breaking the ruminative cycle in order to begin letting go of angry thoughts, feelings and behavioural motivations towards the offender. For child abuse victims, the resolution of the Decision phase would be a commitment to forgive their abusive parents. At this stage, they have only decided to forgive, but they have not yet let go of their anger. If the participants completed the EFI while in the Decision phase, they may have felt pressure to over inflate their positive thoughts, feelings and behavioural motivations to their parents. This would result in an inaccurate assessment of their current level of forgiveness and might explain why higher forgiveness scores were correlated with poor emotional health.

*Work phase*. The third phase of forgiveness is the Work phase; wherein, the actual psychological work of engaging in forgiveness begins. In this phase, in order to cognitively reframe the abuse to allow the victims to stop ruminating on the deleterious consequences of the abuse and resulting distressing emotions, abuse victims would attempt to understand the factors that led their parents to abuse them. For example, many abusers were themselves abused as children, under significant life stressors and lacked effective coping skills and emotional regulation to manage their life stressors appropriately (Rieder, 1978; Sinason, 1996; & Worling, 1995). The goal of this phase is understanding not condoning, excusing or minimizing. Through understanding, the abuse victims would develop empathy and compassion for their abusive parents. The final step of the Work phase is for the abuse victims to recognize the damage that was caused by their parents being abused and not adequately dealing with it and then choosing to forgive their parents in order to prevent the cycle of abuse from continuing with them. If participants reported high levels of forgiveness for their parents while in this stage, it would likely be expected that forgiveness of parents would have been found to be associated with less emotional distress. Even though the EFI does not provide a way to determine at which stage in the forgiveness process model the respondents were when they completed the measure, as forgiving one's parents was associated with poor emotional health it is likely that few participants were in this phase while they completed the study.

*Deepening phase*. In the Deepening phase, the abuse victim realizes that they have needed forgiveness in the past and similar to their parents are also fallible beings. Further, they would begin to fit their experience of abuse into the deeper context of their

lives in a way that adds meaning to their lives. Instead of the abuse being conceptualized as a horrible experience which left them terribly damaged for life, in the deepening phase the abuse victims would recognize the positive ways in which their character has been shaped and their lives changed because of the abuse (e.g., more empathy for other abuse victims). During this stage, the abuse victims would finally become aware of their decreased negative affect and perhaps increased positive affect towards their parents. It would be expected that if participants endorsed forgiveness for their parents while in this stage, then forgiving their parents would be associated with positive emotional consequences. Given the finding that forgiveness was associated with negative emotional consequences, it is likely that few participants in this study were in this phase. It may be that these phases are associated with life phases. Perhaps, these students were too young to have completed the work and deepening phases; or perhaps, these phases can only be completed with the help of a trained therapist.

*Summary.* In this study, forgiveness was conceptualized as a process with four specific stages. Successful completion of the first stage, may involve the abuse victims acknowledging and accepting the abuse occurred and caused them pain. In the second stage, the abuse victims may make a commitment to forgive as a coping strategy to lessen their emotional pain. In the third stage, the abuse victims may attempt to understand the factors that led their parents to abuse them in order to engender compassion and empathy for their parents. In the final stage, the abuse victims may try to find meaning in their abuse experiences. The EFI only captures a measure of the participant's level of self-reported positive emotions, thoughts and behaviours towards their parents at one point in

time. It was not possible with this measure to determine what stage of forgiveness the participants were in.

Perhaps for abuse victims, endorsing strong positive feelings, thoughts and behaviours towards one's abusive parents without going through all the stages of forgiveness is emotionally unhealthy. However, it may be that if the abuse victims completed all four stages of forgiveness and then endorsed positive thoughts, feelings and behaviours towards their parents than maybe forgiveness would be associated with positive emotional health. Forgiveness of one's abusive parents may be a life-long process. It may be that eventually forgiveness is beneficial, but initially it may not be associated with improved emotional functioning.

*Limitations*

As with all studies, there are some limitations to this study. Similar to most studies using university samples, most of the participants in this study were Caucasian females, which limits the generalizability of this study's results to the general population. For example, these results may be more applicable to female abuse victims than to male abuse victims. Components of the study design (e.g., the questionnaire format) may also have limited the generalizability of this study to all abuse samples. For example, participants in this study may have over or under endorsed their symptoms of abuse on the abuse questionnaire. All questionnaires were administered concurrently. Reminders of the abuse or the measure of their mood may have triggered a negative mindset which may have biased the participants' responses, resulting in the participants reporting more abuse. For example, depressed students may have taken a negative framework when examining their childhood, recalling more negative events than may have occurred; and

therefore, endorsing more abuse than may have actually occurred. Conversely, participants may have under reported their childhood abuse because of the questionnaire format. The questionnaire asks for the frequency of certain abuses (e.g., shoving, hitting, insulting, humiliating, etc.), but perhaps the participants were abused in another way than what the questionnaire asks for. Thus, these students would be under reporting their abuse because the questionnaire format does not allow a place to report their abuse experiences.

The questionnaire format also limited the ability to fully measure forgiveness. Specifically, the questionnaire format did not allow for an assessment of the process model of forgiveness. The questionnaire provided only a one-time assessment of forgiveness that did not tell at what stage in forgiveness the participants were in. Further, this study only examined one cohort (university-aged students). It would be very interesting to examine forgiveness of abusive parents at different stages of the adult child's development (e.g., age 30, age 40, age 50, etc.). It would be interesting to see if forgiveness of abusive parents becomes more or less likely or more or less beneficial with age.

This study also did not assess whether the participants received psychotherapy for their childhood experiences of abuse. It was hypothesized that forgiving one's abusive parents would be found in this study to be related to poor mental health because compared to previous studies there was no therapeutic involvement. However, as this study did not assess whether the participants received or were receiving treatment this can not be confirmed. It would be interesting if future research was to compare the mental

health effects of forgiving one's parents with therapeutic involvement versus forgiving one's parents without professional help.

This study did not assess the quality of the participants' current relationship with their abusive parents. It would have been interesting to have known if the participants still lived at home, if the abuse was still continuing, if the parents were deceased, and their level of current emotional attachment to their parents. For further research, it would be helpful to know to what extent the type of relationship that adult victims of childhood abuse have with their parents impacts the mental health effects of forgiving their abusive parents. For example, it would be beneficial to know whether forgiveness is more mentally healthy when childhood victims have placed physical and emotional distance between themselves and their parents; and comparatively, if forgiving one's parents is most emotionally damaging when they live at home with their abusive parents and the abuse is still continuing.

More research is necessary to clarify the relationship between forgiving one's parents for childhood abuse and mental health. Future studies may benefit from using an interview format, including questions about the participant's current relationship with their parents and examining the differences between forgiving one's abusive parents with and without professional assistance.

*Conclusion*

Previous research has found that forgiving one's abusive parents can be emotionally beneficial for abuse victims when taught under the clinical guidance of a trained therapist (Al-Mabuk et al., 1995; Freedman and Enright, 1996; & Lin, 1998). The current study builds on this previous research by suggesting that forgiving one's abusive

parents may be emotionally unhealthy without the help of a trained therapist. Without clinical involvement, abuse victims may be more likely to blame themselves for the abuse. The results of the current study suggest that abuse victims have lower levels of self-forgiveness, but that if they do engage in self-forgiveness, they are more likely to enjoy greater emotional health. It might be beneficial for future research to examine the role of self-forgiveness in abuse victims. It may be that clinically, abuse victims would make more progress if the therapeutic work focused on helping them to learn to forgive themselves for the abuse, versus focusing on helping them to forgive their parents for the abuse.

Attempting to forgive their abusive parents without the help of a trained clinician, may result in abuse victims believing they are engaging in forgiveness when in fact they are still blaming themselves for somehow eliciting or deserving the abuse and denying, minimizing and excusing the wrongdoings of their parents. They may assert that they have forgiven their parents and then internalize their anger, in order to maintain a relationship with their parents because of the moral and societal pressure to have a positive relationship with one's parents. Years of childhood abuse would be expected to leave victims confused about their worth as a person, how they deserve to be treated by those who claim to love them, and how healthy parent-child relationships function. As a result, child abuse victims may not be psychologically capable of engaging in forgiveness towards their parents on their own. For example, without skilled external influences they may never be able to recognize and acknowledge: that what their parents did to them was wrong, the extent of the hurt and pain their parents' wrongdoings caused them and that as children the abuse was in no way their fault. Even if they were able to come to this

conclusion on their own or with help from supportive and caring friends or partners, they are unlikely to have the psychological resources to know how to let go of their negative emotions, thoughts and behaviours towards their parents without denying, minimizing, excusing, forgetting or condoning their parents' behaviours.

Forgiveness is a very challenging and complicated process, especially when applied to such a complicated relationship: the parent-child relationship. Our fundamental need to be loved and cared for by our primary caregivers often overshadows our ability even as adults to place our psychological needs above our parents' wants and demands. Children will often strive to win their parents love and affection and make their parents proud of them, even if it comes at a great psychological cost to the child. When parents are abusive this vulnerability leaves the abused child open to continued abuse for their rest of their lives. If abuse victims believe they have engaged in forgiveness but have really just internalized the blame and anger in order to maintain a relationship with their parents, this relationship is very unlikely to be a psychologically healthy relationship and is most likely an abusive relationship. It may be that many subjects in this study who claimed to have forgiven their parents were still engaged in abusive relationships with their parents.

It may be helpful for future research to examine the quality of the parent-child relationship in adult victims of childhood abuse. Clinically it would be very helpful to learn under what circumstances, if any, it is healthy to re-establish a relationship with one's abusive parents. It is likely that in some cases of childhood abuse, both emotional and physical distance are warranted even after true forgiveness has been granted. This seems particularly likely if the risk for continued emotional abuse is too great,

considering that parents are very unlikely to admit that they were wrong and acknowledge the abuse they caused.  Maybe a healthy parent-child relationship is possible, if the parents acknowledge and admit their mistakes, seek forgiveness and make a commitment to change.

Child abuse victims need not wait for their parents to seek forgiveness for their emotional healing to begin.  They can attain emotional healing through learning to forgive themselves and freeing themselves from the blame, self-directed anger, self-hate, regret, and remorse for being a victim of childhood abuse.  Further, adult victims can achieve desired emotional closeness, nurturance and support from a kind and supportive partner, and they can achieve much healing by giving up on their wish to attain their love and acceptance from their parents.

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*Appendix*

*Beck Anxiety Inventory*

Below is a list of common symptoms of anxiety.   Please carefully read each item in the list.  Indicate how much you have been bothered by that symptom during the past month, including today, by circling the number in the corresponding space in the column next to each symptom.

|  | Not At All | Mildly | Moderately | Severely |
|---|---|---|---|---|
| Numbness or tingling | 0 | 1 | 2 | 3 |
| Feeling hot | 0 | 1 | 2 | 3 |
| Wobbliness in legs | 0 | 1 | 2 | 3 |
| Unable to relax | 0 | 1 | 2 | 3 |
| Fear of worst happening | 0 | 1 | 2 | 3 |
| Dizzy or lightheaded | 0 | 1 | 2 | 3 |
| Heart pounding/racing | 0 | 1 | 2 | 3 |
| Unsteady | 0 | 1 | 2 | 3 |
| Terrified or afraid | 0 | 1 | 2 | 3 |
| Nervous | 0 | 1 | 2 | 3 |
| Feeling of choking | 0 | 1 | 2 | 3 |
| Hands trembling | 0 | 1 | 2 | 3 |
| Shaky / unsteady | 0 | 1 | 2 | 3 |
| Fear of losing control | 0 | 1 | 2 | 3 |
| Difficulty in breathing | 0 | 1 | 2 | 3 |
| Fear of dying | 0 | 1 | 2 | 3 |
| Scared | 0 | 1 | 2 | 3 |
| Indigestion or discomfort in the abdomen | 0 | 1 | 2 | 3 |
| Faint / lightheaded | 0 | 1 | 2 | 3 |
| Face flushed | 0 | 1 | 2 | 3 |

*Center for Epidemiologic Studies Depression Scale (CES-D)*
Below is a list of the ways you might have felt or behaved. Please tell me how often you have felt this way during the past week.

| | Rarely or none of the time (less than 1 day) | Some or a little of the time (1-2 days) | Occasionally or a moderate amount of 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. | 0 | 1 | 2 | 3 |
| 2. I did not feel like eating; my appetite was poor. | 0 | 1 | 2 | 3 |
| 3. I felt that I could not shake off the blues even with help from my family or friends. | 0 | 1 | 2 | 3 |
| 4. I felt I was just as good as other people. | 0 | 1 | 2 | 3 |
| 5. I had trouble keeping my mind on what I was doing. | 0 | 1 | 2 | 3 |
| 6. I felt depressed. | 0 | 1 | 2 | 3 |
| 7. I felt that everything I did was an effort. | 0 | 1 | 2 | 3 |
| 8. I felt hopeful about the future. | 0 | 1 | 2 | 3 |
| 9. I thought my life had been a failure. | 0 | 1 | 2 | 3 |
| 10. I felt fearful. | 0 | 1 | 2 | 3 |
| 11. My sleep was restless. | 0 | 1 | 2 | 3 |
| 12. I was happy. | 0 | 1 | 2 | 3 |
| 13. I talked less than usual. | 0 | 1 | 2 | 3 |
| 14. I felt lonely. | 0 | 1 | 2 | 3 |
| 15. People were unfriendly. | 0 | 1 | 2 | 3 |
| 16. I enjoyed life. | 0 | 1 | 2 | 3 |
| 17. I had crying spells. | 0 | 1 | 2 | 3 |
| 18. I felt sad. | 0 | 1 | 2 | 3 |
| 19. I felt that people dislike me. | 0 | 1 | 2 | 3 |
| 20. I could not get "going". | 0 | 1 | 2 | 3 |

*Demographics Questionnaire*

Gender                            Female                          Male

Age (in years)                    _____

Highest Level of Education        First year university
                                  Second year university
                                  Third year university
                                  Fourth year university
                                  Masters Degree
                                  Ph.D. or equivalent

Ethnic Background                 African Canadian
                                  Asian
                                  Arabic
                                  Caucasian
                                  Aboriginal
                                  Latino
                                  Other (please specify): _____

*Enright Forgiveness Inventory*

Attitude Scale

We are sometimes unfairly hurt by people.  We ask you now to think of an experience where one of your parents, step-parents or guardians hurt you.  For a few moments, visualize in your mind the events of that interaction.  Try to see the person and try to experience what happened.

How deeply were you hurt when the incident occurred?

| No Hurt | A Little Hurt | Some Hurt | Much Hurt | A Great Deal |
|---|---|---|---|---|

How unfairly were you treated?

| Not at All | A Little | Some | Much | A Great Deal |
|---|---|---|---|---|

Who hurt you?

| Mother | Father | Step-Mother | Step-Father | Guardian |
|---|---|---|---|---|

Please briefly describe what happened when this person hurt you:

Now, please answer a series of questions about your current attitude toward the person. We do not want your rating of past attitudes, but your ratings of attitudes right now.  All responses are confidential so please answer honestly.  Thank you.

This set of items deals with your current feelings or emotions right now toward the person.  Try to assess your actual feeling for the person on each item.  For each item please check the appropriate line that best describes your current feeling.  Please do not skip any item.  Thanks.

**I feel** _____ **toward him/her**.
(Place each word in the blank when answering each item)

| Strongly Disagree 1 | Disagree 2 | Slightly Disagree 3 | Slightly Agree 4 | Agree 5 | Strongly Agree 6 |
|---|---|---|---|---|---|

1. warm
2. negative
3. kindness
4. happy
5. hostile
6. positive
7. tender
8. unloving
9. repulsed
10. resentment
11. goodwill
12. angry
13. cold
14. dislike
15. caring
16. bitter
17. good
18. affection
19. friendly
20. disgust

This set of items deal with your current <u>behaviour</u> toward the person.  Consider how you <u>do act</u> or <u>would act</u> toward the person in answering the questions.  For each item please check the appropriate line that <u>best</u> describes your current behavior or probable behavior.  Please do not skip any items. Thanks.

**Regarding the person, I do or would** _____. (Place each word or phrase in the blank when answering each item).

21. show friendship
22. avoid
23. ignore

24. neglect
25. help
26. put him/her down
27. treat gently
28. be considerate
29. speak ill of him/her
30. reach out to him/her
31. not attend to him/her
32. lend him/her a hand
33. not speak to him/her
34. act negatively
35. establish good relations with him/her
36. stay away
37. do a favour
38. aid him/her when in trouble
39. be biting when talking with him/her
40. attend his/her party

This set of items deals with how you currently <u>think</u> about the person.  Think about the kinds of thoughts that occupy your <u>mind</u> right <u>now</u> regarding this particular person.  For each item please check the appropriate line that <u>best</u> describes your current thinking.  Please do not skip any item.  Thanks.

**I think he or she is _____.** (Place each word or phrase in the blank when answering each item).

41. wretched
42. evil
43. horrible
44. of good quality
45. worthy of respect
46. dreadful
47. loving
48. worthless
49. immoral
50. a good person
51. nice
52. corrupt
53. a bad person

**Regarding the person, I _____.**

54. Wish him/her well
55. disapprove of him/her
56. think favourably of him/her
57. hope he/she does well in life

58. condemn the person
59. hope he/she succeeds
60. hope he/she finds happiness

In thinking through the person and event you just rated, please consider the following final questions:

| Strongly Disagree | Disagree | Slightly Disagree | Slightly Agree | Agree | Strongly Agree |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 |

61. There really was no problem now that I think about it.
62. I was never bothered by what happened.
63. The person was not wrong in what he or she did to me.
64. My feelings were never hurt.
65. What the person did was fair.

We have one final question.

**To what extent have you forgiven the person you rated on the <u>Attitude Scale</u>?**

| Not at all | | In progress | | Completely |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |

*Heartland Forgiveness Inventory*

In the course of our lives negative things may occur because of our own actions, the actions of others, or circumstances beyond our control. For some times after these events we may gave negative thoughts or feelings about ourselves, others, or the situation. Thinking about how you <u>typically</u> respond to negative events.

Next to each of the following items type the number (from the 7 point scale below) that best describes how you <u>typically</u> respond to the type of negative situation described. There are no right or wrong answers.  Please be as honest as possible.

| 1. | 2. | 3. | 4. | 5. | 6. | 7. |
|----|----|----|----|----|----|----|
| Almost Always False of Me | | More often False of Me | | More Often True of Me | | Almost Always True of Me |

1. Although I feel badly at first when I mess up, over time I can give myself some slack.
2. I hold grudges against myself for negative things I've done.
3. Learning from bad things that I've done helps me get over them.
4. It is really hard for me to accept myself once I've messed up.
5. With time, I am understanding of myself for mistakes I've made.
6. I don't stop criticizing myself for negative things I've felt, thought, said, or done.
7. I continue to punish a person what has done something that I think is wrong.
8. With time, I am understanding of others for the mistakes they've made.
9. I continue to be hard on others who have hurt me.
10. Although others have hurt me in the past, I have eventually been able to see them as good people.
11. If others mistreat me, I continue to think badly of them.
12. When someone disappoints me, I can eventually move past it.
13. When things go wrong for reasons that can't be controlled, I get stuck in negative thoughts about it.
14. With time, I can be understanding of bad circumstances in my life.
15. If I am disappointed by uncontrollable circumstances in my life, I continue to think negatively about them.
16. I eventually make peace with bad situations in my life.
17. It's really hard for me to accept negative situations that aren't anybody's fault.
18. Eventually I let go of negative thoughts about bad circumstances that are beyond anyone's control.
19. After I am mistreated by someone, I pretend nothing is wrong to show that I'm the better person.
20. When someone wrongs me, I am never bothered by it.
21. I avoid thinking about circumstances that have caused problems in my life.
22. When I am wronged, I act like everything is okay so that people won't think I'm bitter or petty.
23. I can't recall a time when things just didn't seem to go my way.

24. I avoid dealing with feelings that I have about negative situations in my life.

*Marlow-Crowne Social Desirability Scale Short Form C*

Listed below are a number of statements concerning personal attitudes and traits.  Read each item and decide whether the statement is TRUE or FALSE as it pertains to you personally.

1. I never hesitate to go out of my way to help someone in trouble.
2. I have never intensely disliked anyone.
3. There have been times when I was quite jealous of the good fortune of others.
4. I would never think of letting someone else be punished for my wrong doings.
5. I sometimes feel resentful when I don't get my way.
6. There have been times when I felt like rebelling against people in authority even though I knew they were right.
7. I am always courteous, even to people who are disagreeable.
8. When I don't know something I don't at all mind admitting it.
9. I can remember "playing sick" to get out of something.
10. I am sometimes irritated by people who ask favours of me.

*Psychological and Physical Maltreatment Scales*

Verbal arguments and punishment can range from quiet disagreement to yelling, insulting, and more severe behaviors.  When you were *14 or younger*, how often did the following happen to you in the average year? Answer for your mother, stepmother, foster mother, father, stepfather, or foster father using the following code:

      0.  Never
      1.  Once a year
      2.  Twice a year
      3.  3-5 times a year
      4.  6-10 times a year
      5.  11-20 times a year
      6.  More than 20 times a year

| | Caregiver one | Caregiver two |
|---|---|---|
| a.  Yell at you | 0 1 2 3 4 5 6 | 0 1 2 3 4 5 6 |
| b.  Insult you | 0 1 2 3 4 5 6 | 0 1 2 3 4 5 6 |
| c.  Criticize you | 0 1 2 3 4 5 6 | 0 1 2 3 4 5 6 |
| d.  Try to make you feel guilty | 0 1 2 3 4 5 6 | 0 1 2 3 4 5 6 |
| e.  Ridicule or humiliate you | 0 1 2 3 4 5 6 | 0 1 2 3 4 5 6 |
| f.  Embarrass you in front of others | 0 1 2 3 4 5 6 | 0 1 2 3 4 5 6 |
| g.  Make you feel like you were a Bad person | 0 1 2 3 4 5 6 | 0 1 2 3 4 5 6 |

Everyone gets into conflicts with other people, and sometimes these lead to physical blows or violent behavior.  When you were *14 or younger*, at the worst point, how often did the following happen to you in a year?  Answer for your mother, stepmother, foster mother, father, stepfather, or foster father using the following code:

      0.  Never
      1.  Once a year
      2.  Twice a year
      3.  3-5 times a year
      4.  6-10 times a year
      5.  11-20 times a year
      6.  More than 20 times a year

| | Caregiver one | Caregiver two |
|---|---|---|
| a.  Slap you | 0 1 2 3 4 5 6 | 0 1 2 3 4 5 6 |
| b.  Hit you really hard | 0 1 2 3 4 5 6 | 0 1 2 3 4 5 6 |
| c.  Punch you | 0 1 2 3 4 5 6 | 0 1 2 3 4 5 6 |
| d.  Kick you | 0 1 2 3 4 5 6 | 0 1 2 3 4 5 6 |

*Rosenberg Self-Esteem Scale*

Below is a list of statements dealing with your general feeling about yourself. If you strongly agree, click SA.  If you agree with the statement, click A. If you disagree click D. If you strongly disagree, click SD.

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

*Trait Anger Scale*

Read each of the following statements that people have used to describe themselves, and then click on the appropriate circle to indicate how you generally feel or react.  There are no right or wrong answers.  Do not spend too much time on any one statement.  Mark the answer that best describes how you generally feel or react.

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

*Trauma Symptoms Checklist - 40*

How often have you experienced each of the following in the last two months?

0 = NEVER          3 = OFTEN

| | | | | |
|---|---|---|---|---|
| 1. Headaches | 0 | 1 | 2 | 3 |
| 2. Insomnia (trouble getting to sleep) | 0 | 1 | 2 | 3 |
| 3. Weight Loss (without dieting) | 0 | 1 | 2 | 3 |
| 4. Stomach Problems | 0 | 1 | 2 | 3 |
| 5. Sexual Problems | 0 | 1 | 2 | 3 |
| 6. Feeling isolated from others | 0 | 1 | 2 | 3 |
| 7. "Flashbacks" (sudden, vivid, distracting memories) | 0 | 1 | 2 | 3 |
| 8. Restless Sleep | 0 | 1 | 2 | 3 |
| 9. Low Sex Drive | 0 | 1 | 2 | 3 |
| 10. Anxiety Attacks | 0 | 1 | 2 | 3 |
| 11. Sexual Overactivity | 0 | 1 | 2 | 3 |
| 12. Loneliness | 0 | 1 | 2 | 3 |
| 13. Nightmares | 0 | 1 | 2 | 3 |
| 14. "Spacing Out" (going away in your mind) | 0 | 1 | 2 | 3 |
| 15. Sadness | 0 | 1 | 2 | 3 |
| 16. Dizziness | 0 | 1 | 2 | 3 |
| 17. Not feelings satisfied with your sex life | 0 | 1 | 2 | 3 |
| 18. Trouble controlling your temper | 0 | 1 | 2 | 3 |
| 19. Waking up early in the morning and can't get back to sleep | 0 | 1 | 2 | 3 |
| 20. Uncontrollable Crying | 0 | 1 | 2 | 3 |
| 21. Fear of men | 0 | 1 | 2 | 3 |
| 22. Not feeling rested in the morning | 0 | 1 | 2 | 3 |
| 23. Having sex that you didn't enjoy | 0 | 1 | 2 | 3 |
| 24. Trouble getting along with others | 0 | 1 | 2 | 3 |
| 25. Memory Problems | 0 | 1 | 2 | 3 |
| 26. Desire to physically hurt yourself | 0 | 1 | 2 | 3 |
| 27. Fear of Women | 0 | 1 | 2 | 3 |
| 28. Waking up in the middle of the night | 0 | 1 | 2 | 3 |
| 29. Bad thoughts or feelings during sex | 0 | 1 | 2 | 3 |
| 30. Passing Out | 0 | 1 | 2 | 3 |
| 31. Feeling that things are "unreal" | 0 | 1 | 2 | 3 |
| 32. Unnecessary or over-frequent washing | 0 | 1 | 2 | 3 |
| 33. Feelings of inferiority | 0 | 1 | 2 | 3 |
| 34. Feeling tense all the time | 0 | 1 | 2 | 3 |
| 35. Being confused about your sexual feelings | 0 | 1 | 2 | 3 |
| 36. Desire to physically hurt others | 0 | 1 | 2 | 3 |
| 37. Feelings of guilt | 0 | 1 | 2 | 3 |
| 38. Feelings that you are not always in your body | 0 | 1 | 2 | 3 |
| 39. Having trouble breathing | 0 | 1 | 2 | 3 |
| 40. Sexual feelings when you shouldn't have them | 0 | 1 | 2 | 3 |

VITA AUCTORIS

| | |
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