



RELATIONSHIP BETWEEN DISPOSITIONAL FORGIVENESS AND DEPRESSION AMONGST FEMALES



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ABSTRACT

Depression is one of the significant public health concerns for college-age young adults. Meaning based characteristics, such as forgiveness, a voluntary coping process involving offering, feeling, or seeking a change from negative to positive cognitions, behaviors, and affect toward a transgressor, may buffer such poor mental health outcomes. In this study the researcher has tried to study associations between forgiveness and depression, amongst female sample reporting mild to severe depressive symptoms. The positive correlation was found between dispositional forgiveness, forgiving situation and depression. It is further supported by regression analysis as well. Prospective research is needed, yet dispositional forgiveness may be appropriate targets for promotion of mental health.

KEYWORDS: *Forgiveness, Depression, Suicide, Mortality Rate, Population, Mental Health.*

INTRODUCTION

WHO defines adolescents as individuals aged 10-19 years. In India, they account for 20% of the population. Suicide is among the top three causes of death among youth worldwide. According to the WHO, every year, almost one million people die from suicide and 20 times more people attempt suicide; a global mortality rate of 16 per 100,000 or one death every 40 seconds and one attempt every 3 seconds, on average. Suicide worldwide was estimated to represent 1.8% of the total global burden of disease in 1998; in 2020, this figure is projected to be 2.4% in countries with market and former socialist economies. India ranks 43rd in descending order of rates of suicide with a rate of 10.6/100,000 reported in 2009 (WHO Suicide rates). Single largest contributor to the global burden of disease in the age group 15-45 years is depression. By the year 2020, depression is projected to reach second place ranking of Disability-Adjusted Life Year (DALY) calculated for all ages and sex. Depression is a major risk factor for

committing suicide which is among the 3 leading causes of mortality in the age group of 15-35 years.

Depression in adolescents is an under recognized mental health problem because they be indecisive to disclose their feelings and seldom seek psychiatric help. One of the factors that make depression so difficult to diagnose in adolescents is the common behavior changes that are normally associated with the hormonal changes of this period. It has only been in recent years that the medical community has acknowledged childhood depression and viewed it as a condition which requires intervention. Depression during the teen years comes at a time of great personal change when boys and girls form their identity apart from their parents, grappling with gender issues and emerging sexuality, and make their own independent decisions for the first time in their lives (Weissman et al., 1999; Shaffer et al., 1996). According to Diagnostic and Statistical Manual of Mental Disorders



(DSM-V) (American Psychiatric Association, 2013), depression is a mood disorder characterized by the presence of sad, empty or irritable feelings, accompanied by somatic and cognitive changes that significantly affect the individual's capacity to function.

The constructive association between forgiveness and health may operate through direct and indirect mechanisms (Worthington, Berry, & Parrott, 2001). The direct effect may function, in part, through an inextricable association with the cognitive process of rumination and resultant negative emotions, such as anger or resentment (Levens, Muhtadie, & Gotlib, 2009). An indirect effect may operate through mediating associations with distinct variables such as health behavior, interpersonal functioning, social support, and mental health (Webb, Robinson, & Brower, 2011; Worthington, Berry, & Parrott, 2001).

With little rigorous research having been conducted, the link between forgiveness and suicidal behavior is little more than anecdotal and may vary based on the dimensions of forgiveness under consideration. Previous research supports intuitive associations between forgiveness and depression (Toussaint & Webb, 2005) and between depression and suicidal behavior (Furr, Westefeld, McConnell, & Jenkins, 2001), suggesting that depression may operate as a mediator of the relationship between forgiveness and suicidal behavior. To our

knowledge, these direct and indirect associations have not been scientifically tested. Therefore, consistent with theory (Worthington et al., 2001) and previous research (Webb, Robinson, & Brower, 2011) regarding the relationship between forgiveness and health, we hypothesized that direct relationships would exist between forgiveness and depressive symptoms

Subkoviak et al. (1995) found that high scores on the negative affect subscale of the Enright Forgiveness Inventory (indicating cessation of resentment and anger) were associated with less depression in a convenience sample of 34 middle age (M=50 years) adults. Forgiveness was also negatively associated with depression in a convenience sample of 24 elderly (M=75 years) women (Hebl & Enright, 1993), 12 young adult (M=36 years) female incest survivors (Freedman & Enright, 1996), and 35 young adult (M=25 years) women and men (Hargrave & Sells, 1997). Problems forgiving oneself and others have also been shown to be positively associated with depression in a sample of 237 outpatient-counseling clients of a Christian counseling center (Mauger et al., 1992).

Based on Meta-analysis of forgiveness intervention research Worthington et al.(2000), expected no gender difference.

METHODS

Participants:-

Fifty-eight females participated in this study. Inclusion criterion was a score between 13-19 on the Beck Depression Inventory-II (BDI-II; Beck, Steer, & Brown, 1996). Participants had a mean age of 19.20 (standard deviation [SD]3.16), and were religiously diverse: 26 Hindu (46%), 21 Muslim (36%), 09 Christian (17%), 2 Others (3%).

Measures:-

To classify our sample and assess depressive symptoms therein, we used the BDI-II (Beck et al., 1996), a 21-item self-report measure of the presence and severity of cognitive, affective, somatic, and motivational symptoms of depression. The BDI-II is scored on a 4-point Likert scale ranging from 0 (absence) to 3 (severe presence), which is summed to derive a total score, with greater scores indicating higher levels of symptoms. In an analysis of optimal sensitivity and specificity (Dozois, Dobson, & Ahnberg, 1998), the following cutoffs were recommended for undergraduate students: non-depressed =0-12, dysphoric=13-19, and dysphoric or depressed =20-63. In use with collegiate samples, scores on the BDI-II predict major depressive disorder and the measure exhibits adequate convergent validity, test-retest reliability, and internal consistency.

The Heartland Forgiveness Scale (HFS) is an 18-item, self-report questionnaire designed to assess a person's dispositional forgiveness (i.e., one's general tendency to be forgiving), rather than forgiveness of a particular event or person. The HFS consists of items that reflect a person's tendency to forgive him or herself, other people, and situations that are beyond anyone's control (e.g., a natural disaster).

The Heartland Forgiveness Scale (HFS), (Thompson & Snyder, 2003). The scale has proved to be a valid and reliable a self report measure of dispositional forgiveness (with subscales to assess forgiveness of self, others, and situations) was developed and demonstrated good psychometric properties. Forgiveness correlated positively with cognitive flexibility, positive affect, and distraction; it correlated negatively with rumination, vengeance, and hostility. Forgiveness predicted four components of psychological wellbeing (anger, anxiety, depression, and satisfaction with life); forgiveness of situations accounted for unique variance in these components of psychological well-being. Forgiveness and hostility demonstrated equivalent, inverse associations with relationship duration, and forgiveness accounted for unique variance in relationship satisfaction, even when controlling for trust. Forgiveness level correlated positively

with decreased negativity in statements written about transgressions in the present versus the past tense.

simple regression analysis. For the purpose of calculation SPSS V16 (trial version) was used. The findings of the study are presented below. The researcher also attempted to find out relationship between the three aspects of forgiveness i.e. a person’s tendency to forgive him or herself, other people, and situations that are beyond anyone’s control and depression.

RESULTS AND DISCUSSION

In order to determine relationship between dispositional forgiveness, and depression the obtained data were analyzed with the help of mean, standard deviation, Pearson’s Product Moment Correlation and

Table 1 Mean ratings and Standard Deviation on HFS and BDI-II

Scale	N	Mean	SD
Dispositional forgiveness	58	37.2241	13.54401
Tendency to forgive oneself	58	10.3448	3.36938
Tendency to forgive others	58	10.2759	3.16113
Tendency to forgive situation	58	16.4483	8.90924
BDI-II	58	24.3448	2.3586

A glance at the above table indicates that on the dispositional forgiveness the mean score is 37.22. As per the norms of the HFS, a score of 18 to 54 on the Total HFS indicates that one is usually unforgiving of oneself. Hence, this group of females is found to be low on dispositional forgiveness.

HFS Forgiveness of Situations indicates that one is usually unforgiving of oneself, other people, or uncontrollable situations, respectively. It can be observed from the above table that the score on all these three subscales is below 18.

On the three subscales of HFS a score of 6 to 18 on HFS Forgiveness of Self, HFS Forgiveness of Others, or

The mean score on BDI-II was found to be 24.34. As per the norms of BDI-II, the score between 20-28 are facing mild depression.

Table 2 Summary of Pearson’s Product moment correlation coefficient showing relationship between HFS, its three subscales and score on BDI-II

	Dispositional Forgiveness	Forgiving Self	Forgiving others	Forgiving Situation	BDI-II
Dispositional forgiveness	1	.779**	.821**	.911**	.296*
Forgiving Self	.779**	1	.819**	.499**	.188
Forgiving Others	.821**	.819**	1	.562**	.211
Forgiving Situation	.911**	.499**	.562**	1	.303*
BDI-II	.296*	.188	.211	.303*	1

**p<0.01, *p<0.05

It can be observed from the table 3 that there is significant positive correlation between dispositional forgiveness and its subscale forgiving situation and depression amongst females. As predicted, a significant positive correlation occurred between forgiveness and depression. To allow for a full consideration of the relationship between the variables, a standardised multiple regression was used to explore which dimensions

of forgiveness shared unique variance with depression. Though depression can not necessarily be seen as a dependent variable in the present consideration, particularly as the measure of forgiveness relates to a specific transgression, the multiple regressions were performed to see which aspect of forgiveness shared unique variance with depression.

Table3: Summary of simple regression analysis with dispositional forgiveness and depression as the dependent variable

	Sum of Square	df	Mean Square	F	R	R ²	β	t
Regression	27.735	1	27.735	5.367*	.296 ^a	.087	0.296	2.31*
Residual	289.368	56	5.167					
Total	317.103	57						

**p<.01, *p<.05,

Simple regression was carried out to study if dispositional forgiveness could be a significant predictor of depression amongst females. The results of the same are displayed above in table 3

Dispositional forgiveness contributed 8.0% variance in the depression amongst females (F(1,56) =5.367, p<.05). Beta weight of the variable of dispositional forgiveness in explaining depression amongst females was

statistically significant (β =0.296, t=2.31, p<.05). Thus consistent with the assumption of the present study, dispositional forgiveness was found to be significant predictor of depression amongst females.

Simple regression was carried out to study if tendency to forgive situation could be a significant predictor of depression amongst females. The results of the same are displayed above in table 4

Table4: Summary of simple regression analysis with forgiving situation and depression as the dependent variable

	Sum of Square	df	Mean Square	F	R	R ²	β	t
Regression	29.130	1	29.130	5.665*	.303 ^a	.092	.303	2.380
Residual	287.973	56	5.142					
Total	317.103	57						

**p<.01, *p<.05,

Tendency to forgive situation contributed 9.0% variance in the depression amongst females (F (1, 56) =5.665, p<.05). Beta weight of the variable of forgiving situation in explaining depression amongst females was statistically significant (β =0.303, t=2.38, p<.05). Thus, it is found in the current study that tendency to forgive situation was found to be significant predictor of depression amongst females.

The indirect effects of forgiveness, through its association with mental health, are only beginning to be examined (Webb, Robinson, & Brower, 2011). A variety of forgiveness-based interventions have been developed (Enright et al., 1998; Worthington, 2005) for use with individuals, couples, and groups and for specific forms of psychological dysfunction such as bereavement and alcohol abuse (Worthington, Scherer, & Cooke, 2006); however, none have been explicitly adapted for suicidal behaviors. Importantly, Worthington and others acknowledge that forgiveness of self tends to be somewhat less available than other forms of forgiveness and more difficult to engender on ones' own; thus, its promotion is explicitly encouraged therapeutically (Webb, Robinson, & Brower, 2011; Worthington, 2006). Applied to suicide prevention efforts, promotion of forgiveness of self and others could be delivered utilizing traditional psychotherapy strategies or, systematically, through public health prevention efforts such as psycho-education and social marketing strategies (Fincham & Beach, 2002).

As with other protective factors, forgiveness is not a magic potion, and the nature and severity of a transgression may determine the effectiveness of forgiveness as a preventive measure (Connor, Davidson, & Lee, 2003). Client characteristics, such as perspective taking and empathy, rumination, relational closeness, and

apology, may also influence client ability to forgive (McCullough, 2000) and can be targeted in treatment.

LIMITATIONS

The results of current research must be understood in the light of its limitations. One of the important limitation is only females are studied, hence generalization of results is not possible. In this, use of single-item assessments of dispositional forgiveness is not ideal, hence situational, assessments of such religious and spiritual elements must be considered. However, Worthington and colleagues (2001) suggest that dispositional forgiveness is more likely to be associated with health.

CONCLUSION

This study has tried to assess the basic associations between forgiveness, depressive symptoms. Our results, in general, are not unexpected and contribute to the consistent body of literature supporting the beneficial effects of meaning-based characteristics on health functioning (American Psychologist, 2003; Toussaint et al., 2011). Meaning-based, cognitive-emotional characteristics, such as forgiveness, may be associated with lower levels of psychopathology.

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