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Forgiveness and mental health variables: Interpreting the relationship using an adaptational-continuum model of personality and coping

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Abstract

The present paper uses an adaptational-continuum model of personality, based on Ferguson's (2001) health psychology model integrating Eysenck personality factors and coping style, to provide a context for examining the relationship between forgiveness and mental health. Three hundred and twenty respondents completed measures of personality, coping style, forgiveness (forgiveness of self, others, likelihood, presence of positive forgiveness, absence of negative forgiveness), general health, stress, positive and negative affect and life satisfaction. Among respondents, all measures of forgiveness, bar one, load negatively on a neuroticism-coping factor. The remaining measure of forgiveness (presence of positive forgiveness) loaded on an extraversion-coping factor. The relationship of the neuroticism-coping-forgiveness factor was associated with poorer mental health, suggesting forgiveness is associated with better mental health within the context of this personality-coping factor. Significant positive relationships were found between the extraversion-coping-forgiveness factor and two measures of positive mental health outcomes (positive affect and life satisfaction) suggesting forgiveness is associated with some aspects of mental health within the context of this personality-coping factor. The present findings suggest that forgiveness, or failure to forgive, can be conceptualised within an adaptational-continuum model of personality.

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1. Introduction

The nature of the processes involved in forgiveness are currently ill defined within the existing literature (Rye et al., 2001). Several theorists have attempted to provide descriptions of the processes but these have not yet been subjected to much empirical exploration. A first description highlights distinctions between *intrapersonal* and *interpersonal* forgiveness (Pargament, McCullough, & Thoresen, 2000). Pargament et al. (2000) describe how forgiveness can be seen as an intra-personal process, involving changes within individual cognitions. Pargament et al., also describe forgiveness as involving interpersonal processes; how events and consequences in ongoing relationships between people are assessed and acted upon (Exline & Baumeister, 2000; Gordon, Baucom, & Snyder, 2000). The second description makes a distinction between *negative* and *positive* reactions to the event. Sometimes forgiveness is seen as letting go of negative thoughts, feelings and behaviours; with those failing to forgive not resolving issues with the perpetrator of the offence (Gordon et al., 2000; Temoshok & Chandra, 2000). However, Pargament et al. (2000) also describe how positive processes are involved in forgiveness; with deliberate attempts not to avoid the perpetrator of the offence, and to reconsider and re-interpret feelings around the event.

There is agreement that this experience of perceived wrongdoing is inherently stressful for the victim, and that therefore forgiveness attitudes, cognitions and behaviours are thought to have consequences for health. More specifically, using a variety of mental health indices (using measures of depression, anxiety, somatic symptoms, social dysfunction, anger, well-being, stress, happiness) forgiving thoughts, cognitions and behaviours are associated with indices of better mental health, and failure to forgive is associated with poorer mental health (Berry & Worthington, 2001; Maltby, Macaskill, & Day, 2001; Rye et al., 2001; Rye & Pargament, 2002; Toussaint, Williams, Musick, & Everson, 2001). However, these findings don't tend to be linked to research that seeks to establish a theoretical context for these relationships between forgiveness, and mental health, rather treating forgiveness as an individual difference variable. Two areas may provide a theoretical context to understand the relationship between forgiveness and mental health variables; personality and coping.

The first is the consideration of personality factors. The relationship between personality and mental health has been well established. Using both three and five-factor models of personality (Costa & McCrae, 1992; Eysenck & Eysenck, 1985), research suggests that foremost, neuroticism, among clinical and non-clinical samples, is associated with poorer mental health; including negative affect (Hull, Tedlie, & Lehn, 1995; Larsen, 1992), anxiety (Cox, Borger, Taylor, Fuentes, & Ross, 1999; Gershuny, Sher, Bossy, & Bishop, 2000) a dispositional factor for depression (Saklofske, Kelly, & Janzen, 1995), severity of depression (Petersen, Bottonari, Alpert, Fava, & Nierenberg, 2001) and correlates with depressive symptoms (Compton, 1998; Costa & McCrae, 1980; Maltby, Lewis, & Hill, 1998). Further, within the three-factor model there is evidence to suggest that extraversion is related to subjective well-being, happiness, positive affect and optimistic traits, and psychoticism is thought to represent some emotional disturbance (Costa & McCrae, 1980; Eysenck & Eysenck, 1975).

What is known from studies examining the relationship between forgiveness and personality is that higher levels of forgiveness are usually significantly associated with lower levels neuroticism (Ashton, Paunonen, Helmes, & Jackson, 1998; Maltby et al., 2001; Walker & Gorsuch, 2002).

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