

RESPONSIBILITY AS A MODERATOR BETWEEN SELF-FORGIVENESS AND  
DEPRESSIVE SYMPTOMS

by

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To those who just can't seem to forgive themselves.

## ABSTRACT

This study evaluated the relationship between participants' self-forgiveness and their depressive symptoms, as well as whether responsibility served as a moderator of this relationship. The Heartland Forgiveness Self subscale (self-forgiveness), the Responsibility Attitude Scale (responsibility), and the Center for Epidemiologic Studies Depression Scale – Revised (depressive symptoms) were administered to 43 undergraduates. It was found that self-forgiveness and depressive symptoms had a statistically significant negative relationship. It also was found that responsibility did moderate this relationship, although it did not account for all of the variance. To better understand this relationship, the correlations between depressive symptoms and self-forgiveness were compared between high responsibility and low responsibility groups and were not statistically significantly different. This study highlights the need to measure responsibility when researching self-forgiveness.

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## **CHAPTER I**

### **INTRODUCTION**

Self-Forgiveness, whether utilized consciously or outside of awareness, is a fundamentally ubiquitous process used by individuals. People make mistakes or transgressions throughout the day, every day. These transgressions may be minute or severe, but the subsequent process of blaming or forgiving oneself may be an important and influential process (Ingersoll-Dayton & Krause, 2005). Illustrating the importance of self-forgiveness, some (Hong & Jacinto, 2012; McConnell & Dixon, 2012) have suggested it as part of therapeutic interventions for psychiatric symptoms. Self-Forgiveness has been linked to depressive symptoms (e.g., Hirsch, Webb, & Jeglic, 2011; Mauger et al., 1992; Toussaint, Williams, Musick, & Everson-Rose, 2008), further illustrating its potential importance to symptom relief.

One theory concerning the relationship between self-forgiveness and depressive symptoms speculates that if individuals fail to forgive themselves, they may harbor more negative feelings about themselves and, therefore, may exhibit more depressive symptoms (e.g., Ingersoll-Dayton & Krause, 2005). Some individuals, however, may forgive themselves excessively or inappropriately, for even malicious acts. This may be the result of their inclination to avoid placing blame on themselves or avoiding taking appropriate responsibility for their actions. Therefore, the degree to which one assumes appropriate responsibility must be evaluated when investigating self-forgiveness. Lack of assuming responsibility is associated with pseudoself-forgiveness (Tangney, Boone, & Dearing, 2005) or self-serving bias (Strelan, 2007) instead of genuine self-forgiveness. Therefore, this study evaluated the relationship between participants' self-forgiveness and



their depressive symptoms, as well as whether the predisposition to accept responsibility served as a moderator of this relationship.

### **Definition of Forgiveness**

Forgiveness has been a difficult concept for researchers to define because of the complexity in describing the particular processes and elements that are involved.

Thompson et al. (2005) defined

forgiveness as the framing of a perceived transgression such that one's responses to the transgressor, transgression, and sequelae of the transgression are transformed from negative to neutral or positive. The source of a transgression, and therefore the object of forgiveness, may be oneself, another person or persons, or a situation that one views as being beyond anyone's control (e.g., an illness, "fate," or a natural disaster). (p. 318, italics removed)

Pargament (1997) defined forgiveness as a form of coping that is "an effort to find peace by letting go of the deep anger, hurt, fear, and resentment associated with an offense, even though these feelings are deserved" (p. 264). These definitions seem to include multiple directions of forgiveness. Specific types of forgiveness include God's forgiveness, receiving others' forgiveness (e.g., Walker & Gorsuch, 2002), seeking forgiveness (Riek, 2010), and situational forgiveness (e.g., Thompson et al., 2005). The two most studied types, however, are interpersonal and self-forgiveness, which often have been researched together to investigate distinctions.

## **Interpersonal Forgiveness**

Enright and the Human Development Study Group (1991) defined interpersonal forgiveness “as a forswearing of negative affect and judgment, by viewing the wrongdoer with compassion and love, in the face of a wrongdoer’s considerable injustice” (p. 123). The resentment and negative judgment, and then compassion, are directed at another person in this type of forgiveness. Much research performed has concerned one’s affinity to forgive others and how this tendency might be associated with other behaviors or processes. Interpersonal forgiveness has been found to be positively associated with agreeableness (Strelan, 2007). It also was found that the lack of forgiveness of others was associated with greater suicidal behavior (Hirsch et al., 2011), as well as a greater sense of entitlement (Strelan, 2007). Interpersonal forgiveness has been the focus in forgiveness research, but has recently been considered alongside of self-forgiveness, which involves the internal projection of emotions instead of external.

## **Interpersonal Forgiveness Versus Self-Forgiveness**

Interpersonal forgiveness and self-forgiveness have often been explored together in research and have been seen as different variations of a single concept. Weak correlations between forgiveness of others and forgiveness of self, however, have been considered evidence in support of these two types of forgiveness as distinct concepts (e.g., Macaskill, 2012; Mauger et al., 1992). Other researchers (e.g., Hall & Fincham, 2005, 2008; Ross, Hertenstein, & Wrobel, 2007) also conceptualized self-forgiveness and forgiveness of others as a two-component model of forgiveness. Ross, Kendall, Matters, Wrobel, and Rye (2004) concluded that self- and other forgiveness are largely

independent constructs that need to be separately measured in studies. Hall and Fincham (2005) described the primary difference between interpersonal forgiveness and self-forgiveness; with interpersonal forgiveness, the focus of the revenge, benevolence, and forgiveness are directed towards another, and with self-forgiveness, these emotions are directed towards the self. Additionally, the wrongdoing, creating the need for self-forgiveness, may include thoughts, desires, and feelings instead of just overt behaviors (Hall & Fincham, 2005). Including these internal processes may cause the possible number of transgressions in need of self-forgiveness to be substantially greater than those associated with interpersonal forgiveness. With more possible transgressions to consider, lack of self-forgiveness may have a stronger impact on mental health.

Another underlying difference, noted by Macaskill, Maltby, and Day (2002), was that interpersonal forgiveness was positively related with empathy, and self-forgiveness was not. Therefore, the ability to identify with others' feelings is an element of interpersonal forgiveness that is not necessary in self-forgiveness. Mauger et al. (1992) noted another difference is that difficulty forgiving oneself is considered intropunitive, and difficulty in forgiving others is extrapunitive. Theory has suggested certain differences and similarities between interpersonal and self-forgiveness, but as a number of authors have noted, there has been only limited (Wahkinney, 2001) and recent (e.g., Enright, 1996) research specifically on self-forgiveness.

### **Definition of Self-Forgiveness**

Definitions of self-forgiveness include distinct and yet some similar concepts. Enright (1996) defined self-forgiveness as “a willingness to abandon self-resentment in

the face of one's own acknowledged objective wrong, while fostering compassion, generosity, and love towards oneself" (Self-Forgiveness, para. 1). Bauer et al. (1992) identified self-forgiveness as involving "a shift from fundamental estrangement to being at home with one's self in the world" (p. 153). Hall and Fincham (2005) conceptualized self-forgiveness:

as a set of motivational changes whereby one becomes decreasingly motivated to avoid stimuli associated with the offense, decreasingly motivated to retaliate against the self (e.g., punish the self, engage in self-destructive behaviors, etc.), and increasingly motivated to act benevolently toward the self. (p. 622)

All of these conceptualizations include two common aspects of self-forgiveness. The first aspect is the presence of resentment or destructive thoughts towards oneself due to the feelings of guilt or shame regarding a transgression. The process of self-forgiveness then evolves to a second aspect, transforming the previous negative feelings into feelings of compassion, benevolence, and love towards oneself, including accepting oneself despite the transgression. Vitz and Meade (2011) discussed how the benefits of self-forgiveness is better described by the term self-acceptance. These characteristics of self-forgiveness have lead researchers to explore what commonalities the tendency to forgive or not forgive oneself might have with other emotions, cognitive processes, and other personal attributes.

### **Correlates of Self-Forgiveness**

The relationship between self-forgiveness and other variables, such as demographics, personality characteristics, and emotional tendencies, has been examined

(e.g., Fisher & Exline, 2006; Macaskill et al., 2002; Strelan, 2007). In regards to demographics, studies have found that sex has not been a predictor of self-forgiveness (Lee, Workman, Workman, Ramos, & Reutzel, 2012; Ranganathan & Todorov, 2010; Toussaint et al., 2008; Walker & Gorsuch, 2002). Level of self-forgiveness also was found to be similar across different adult age (young, middle, and old) groups (Toussaint, Williams, Musick, & Everson, 2001). Further, four other studies found a nonsignificant relationship between age and self-forgiveness (Macaskill, 2012; Macaskill et al., 2002; Mauger et al., 1992; Walker & Gorsuch, 2002). As a general concept, forgiveness has been studied in the context of religiousness. Toussaint and Williams (2008) measured levels of self-forgiveness with a two-item scale among different religious groups. Using this methodology, there were no differences found among Protestant, Catholic, and nonreligious groups.

Recently, self-forgiveness also has been explored in order to determine the types of cognitive processes, personality characteristics, emotions, and other features with which it is associated. Certain positive emotions have been found to be associated with greater utilization of self-forgiveness. Fisher and Exline (2006) used the self-forgiveness subscale of the Heartland Forgiveness Inventory (Thompson et al., 2005) and found that self-forgiveness was positively associated with increased well-being. Ingersoll-Dayton and Krause (2005) interviewed over 100 elderly individuals, and the results also suggested the ability to self-forgive produced positive mental health outcomes, such as increased well-being and greater self-acceptance. Additionally, perceived physical health was found to be positively associated with self-forgiveness in a sample of Canadian

undergraduates (Wilson, Milosevic, Carroll, Hart, & Hibbard, 2008). Hodgson and Wertheim (2007) found “forgiveness of self was associated not only with a greater ability to repair and be clear about emotions but also a lesser tendency to become personally distressed at others’ misfortunes” (p. 944). Walker and Gorsuch (2002) explored the relationship between self-forgiveness and other positive constructs. They used the Goldberg’s (2000) International Personality Item Pool (as cited in Walker & Gorsuch, 2002), which has constructs similar to Cattell’s 16PF personality traits. Walker and Gorsuch (2002) found that self-forgiveness was positively correlated with intellect, emotional stability, friendliness, and assertiveness.

Higher self-forgiveness has been found to be related to traits related to excessive feelings of self-worth (e.g., Strelan, 2007). In a sample of Australian undergraduates, Strelan (2007) found self-forgiveness to be positively related to narcissism. The correlation, however, was no longer significant after controlling for guilt and self-esteem. Additionally, greater self-forgiveness was found to be related to higher self-esteem (Strelan, 2007). Traits, such as narcissism, may be positively associated with self-forgiveness because individuals who are self-centered may regularly exhibit greater amounts of love for self than those with lower feelings of self-worth (Strelan, 2007). Love and compassion are the key ingredients of accomplishing self-forgiveness (Enright, 1996), therefore, these individuals may reach higher levels of self-forgiveness with more ease. Fisher and Exline (2006), however, found a nonsignificant relationship between self-forgiveness and egotism in a sample of undergraduates, so other traits must be considered in relation to self-forgiveness.

The need for self-forgiveness is a result of committing a perceived transgression. This perceived wrongdoing and the lack of self-forgiveness might involve other negative emotions or feelings. In a sample of 148 undergraduates, decreases in self-forgiveness were associated with increases in guilt (Hall & Fincham, 2008). This relationship remained significant in a sample of Australian undergraduates, even when including shame and self-esteem as control variables (Strelan, 2007). Fisher and Exline (2006), however, did not find a significant relationship between guilt proneness and self-forgiveness with two forgiveness measures in a sample of 138 undergraduates. Guilt is an unpleasant negative self-evaluation and involves feelings of remorse and rejection of one's own behavior (Webb, Heisler, Call, Chickering, & Colburn, 2007). After interviewing a number of older adults about their tendency to self-forgive, Ingersoll-Dayton and Krause (2005) theorized that the absence of self-forgiveness may become a source of chronic guilt. Fisher and Exline (2006) found that guilt proneness predicted greater remorse. Both remorse and guilt can lead to more aggressive emotions, such as anger, which was found to have a negative correlation with self-forgiveness (Mauger et al., 1992). Fisher and Exline (2006) hypothesized that remorse would overlap with self-condemnation. In samples of undergraduates, Fisher and Exline (2006) used two measures of self-forgiveness and found that lower self-forgiveness was associated with higher remorse, as well as higher self-condemnation. All of these results contribute to an understanding of factors that might help describe the degree to which individuals forgive themselves.

### **Correlates of Self-Forgiveness Related to Depressive Symptoms**

Self-Forgiveness has been associated with negative emotions and experiences that are closely related to depressive symptoms. Holden et al. (2012) found depressive symptoms to be positively associated with ruminative dysfunctional thinking.

Rumination has been defined as “thinking perseveratively about one’s feelings and problems rather than in terms of the specific content of thoughts” (Nolen-Hoeksema, Wisco, & Lyubomirsky, 2008, p. 400). Additionally, in an undergraduate sample, Nolan, Roberts, and Gotlib (1998) found that rumination was a significant predictor of depressive symptomatology. When participants presented with higher depressive symptoms at the beginning of the study, this relationship was stronger (Nolan et al., 1998). Similarly, rumination also was found to be associated with low self-forgiveness (Ingersoll-Dayton, Torges, & Krause, 2010).

In a convenience sample of university and community college students, depressive symptoms were found to be positively correlated with shame (Webb et al., 2007). Webb et al. (2007) further found that shame-free guilt (i.e., judgment of one’s action instead of oneself) was not significantly correlated with depressive symptoms. In samples of mostly undergraduate students, shame also was found to have a significant relationship with low self-forgiveness (Fisher & Exline, 2006; Macaskill, 2012; Ranganadhan & Todorov, 2010). One study with 148 undergraduates as participants (Hall & Fincham, 2008), however, found the relationship between self-forgiveness and shame not to be significant, but the study only used a one-item measure for self-forgiveness.



Self-Esteem also has been found to have significant relationships with depressive symptoms as well as self-forgiveness. Holden et al. (2012) found depressive symptoms to be negatively associated with self-esteem. Mauger et al. (1992) found that lower forgiveness of oneself was positively related to more negative self-esteem as well.

Anxiety (i.e., fear and anticipation of future threat; American Psychiatric Association, 2013) has been found to be positively associated with depressive symptoms at a 12-month follow-up in a sample of British adolescents (Wilkinson, Croudace, & Goodyer, 2013). Mauger et al. (1992) found that lower forgiveness of oneself also was closely related to anxiety, when compared with the clinical scales of the MMPI. Additionally, anxiety (also referred to as “guilt-proneness” in Cattell’s 16 factor model) has been found to be negatively correlated with self-forgiveness (Walker & Gorsuch, 2002). Macaskill (2012) found that increased anxiety and poorer mental health were both associated with lower self-forgiveness. As a result of the apparent associations between related depressive-type symptoms, researchers have been led to further explore the relationship between self-forgiveness and depression.

### **Depressive Symptoms and Self-Forgiveness**

A few researchers (e.g., Hirsch et al., 2011; Toussaint et al., 2008) have directly explored the connection of self-forgiveness with depressive symptoms and theorized various explanations for this relationship. Hirsch et al. (2011) used a one-item measure with a sample of college students and found that self-forgiveness and depressive symptoms have an inverse relationship. A random dialing study of 1,423 adults, measuring prevalence of major depressive episodes over 12 months and various forms of

forgiveness, found that for both men and women, lower forgiveness of self was a significant predictor of higher instance of depression (Toussaint et al., 2008). Moreover, Mauger et al. (1992) found that depression was associated with lower self-forgiveness in a sample of outpatient counseling clients.

Ingersoll-Dayton et al. (2010), in a sample of older adults (67 years old and older), used a one-item measure of self-forgiveness and found that the lack of self-forgiveness of self was associated with greater rumination, which was associated with greater depressive symptoms. For older adults, it was theorized that unforgiven transgressions can have adverse effects for a long period of time due to long-term rumination about their mistakes (Ingersoll-Dayton & Krause, 2005). Findings that fewer depressive symptoms are associated with greater self-forgiveness have been presented (Hirsch et al., 2011; Mauger et al., 1992; Toussaint et al., 2008), but some researchers have suggested there is a difference between genuine self-forgiveness and pseudoself-forgiveness (Hall & Fincham, 2005; Tangney et al., 2005), and between genuine self-forgiveness and self-serving bias (Strelan, 2007). This difference is whether or not an individual takes responsibility for transgressions. The level of responsibility could have implications for the association between levels of self-forgiveness and the presence of depressive symptoms.

### **Self-Forgiveness and Responsibility**

In his definition of self-forgiveness, Enright (1996) introduced the idea of individuals' perceptions of responsibility by mentioning the extent to which individuals acknowledge their wrongdoings. Ingersoll-Dayton and Krause (2005) suggested that the

process of appraising and owning responsibility for mistakes is actually the final step of self-forgiveness. Individuals' tendency to genuinely forgive themselves may be related to their tendency to accept responsibility for their transgressions. Overlooking this association between self-forgiveness and responsibility could be deceiving in the understanding of self-forgiveness and its relationship to other variables.

One view of the connection of self-forgiveness with responsibility was presented by Strelan (2007). It was found, with a sample of 176 undergraduates in Australia, that narcissism was positively associated and proneness to guilt was negatively associated with forgiveness of self. High narcissistic positive self-regard and/or low proneness to guilt suggested the tendency to forgive oneself more, but the entitlement aspect of narcissism promoted the inclination to not forgive others (Strelan, 2007). Zechmeister and Romero (2002), through collected narratives, reported that those "who forgave themselves often expressed regret and self-blame, [but] they also implicated their victim[s] in causing the offense more than did offenders who did not forgive themselves" (p. 683). In other words, those individuals who did not feel as guilty and were more narcissistic tended to blame the victims of their transgressions instead of taking responsibility themselves. As others have noted (Strelan, 2007; Zechmeister & Romero, 2002), this notion of avoiding responsibility was suggested in those individuals who were narcissistic and self-focused and, in turn, may have achieved self-forgiveness with greater ease. Strelan (2007) introduced the idea of self-serving bias (not taking responsibility) when attempting to explain the positive correlation of narcissism to self-forgiveness. This concept supports the premise that those who have an inflated sense of self may be

unwilling to accept responsibility for their transgressions. This self-focused narcissism must be taken into consideration when measuring self-forgiveness. Strelan (2007) pointed out that future research on self-forgiveness should include measures of the tendency to accept responsibility for transgressions. By doing this, self-serving bias can be examined separately from true self-forgiveness.

Similar to the distinction between self-serving bias and self-forgiveness, there is a difference between pseudoself-forgiveness and genuine self-forgiveness. Pseudoself-Forgiveness is not realizing the significance of transgressions and their consequences and avoiding the acceptance of responsibility (Hall & Fincham, 2005). Pseudoself-Forgiveness also has been called “false” self-forgiveness because individuals essentially “excuse” themselves of the offense by underestimating the consequences of their actions (Tangney et al., 2005). Both pseudoself-forgiveness and genuine self-forgiveness seem to result in the same conclusion of abandoning self-punishing thoughts, but pseudoself-forgiveness avoids all of the negative emotions (Tangney et al., 2005). Genuine self-forgiveness entails actually acknowledging the action and its consequences (Hall & Fincham, 2005; Tangney et al., 2005). For genuine self-forgiveness, individuals must progress through emotions, such as guilt, remorse, and self-examination, once they accept their responsibility in the action. Again, the inclusion of responsibility as a part of genuine self-forgiveness and not of pseudoself-forgiveness must be considered when measuring self-forgiveness. The outward result of both types of self-forgiveness might seem the same, but pseudoself-forgiveness is actually insincere and incomplete.

Others have considered the association of self-forgiveness and responsibility (e.g., Dillon, 2001; Hall & Fincham, 2005). Dillon (2001) suggested that forgiving yourself actually seems “self-indulgent” and “an attempt to feel good about yourself that betrays a failure of responsibility” (p. 53). Hall and Fincham (2008) explored self-forgiveness and attributions by using a one-item self-forgiveness scale and an attribution scale that measured “causal and responsibility attributions about partner behavior” (p. 184). The researchers revised the scale to target one’s own behavior, and it consisted of six questions (Hall & Fincham, 2008). The purpose of that study was to measure self-forgiveness and its related correlates over time, and it found no significant association between changes in responsibility attribution and changes in self-forgiveness (Hall & Fincham, 2008). They did suggest, however, that attributions may vary with different levels of self-forgiveness. Wenzel, Woodyatt, and Hedrick (2012) used vignettes depicting specific transgressions as well as scales of self-forgiveness and acceptance of responsibility. Across all experimental conditions, self-forgiveness and responsibility acceptance were found to have a strong negative correlation (Wenzel et al., 2012). In other words, the less responsibility individuals felt, the higher self-forgiveness they exhibited.

Hall and Fincham (2005) discussed how “external, unstable, and specific attributions for one’s behavior may facilitate self-forgiveness, while internal, stable, and global attributions may make self-forgiveness more difficult” (p. 632). This is consistent with the cognitive theory of depressive attributional style of Abramson, Seligman, and Teasdale (1978). Abramson et al. (1978) theorized that individuals who are prone to

depression “tend to make stable, global, and internal attributions for failure” (p. 70).

Therefore, individuals who forgive themselves less, as well as take more responsibility for their actions (i.e., with internal attributions), also may perceive the transgressions as stable and global events, which, in turn, may relate to more depressive symptoms.

### **Summary**

Originally, forgiveness was researched as one concept, but then it began to be broken into components, such as interpersonal forgiveness, self-forgiveness, (e.g., Enright, 1996) and forgiveness by God (e.g., Walker & Gorsuch, 2002). Important differences were proposed between interpersonal and self-forgiveness, so that they subsequently have been measured separately (e.g., Hall & Fincham, 2005). Self-Forgiveness has been defined by Enright (1996) as “a willingness to abandon self-resentment in the face of one’s own acknowledged objective wrong, while fostering compassion, generosity, and love towards oneself” (Self-Forgiveness, para. 1).

Thompson et al. (2005) explained forgiveness more simply as “the framing of a perceived transgression ... [is] transformed from negative to neutral or positive” (p. 318). Due to the progression from negative to positive emotions, self-forgiveness has been studied in relation to both types of emotions.

Self-Forgiveness only recently has been researched independently from other types of forgiveness. This new research suggests that self-forgiveness is linked to certain positive traits and emotions, such as increased well-being (e.g., Fisher & Exline, 2006). Lack of self-forgiveness also has been found to be related to negative traits, such as rumination (e.g., Ingersoll-Dayton et al., 2010). Some researchers have found depressive

symptoms and self-forgiveness have a negative relationship (e.g., Mauger et al., 1992; Toussaint et al., 2008). As Strelan (2007) acknowledged, another factor needs to be measured along with self-forgiveness, responsibility.

In discussions of “false” self-forgiveness, referred to as pseudoself-forgiveness (e.g., Tangney et al., 2005) or self-serving bias (Strelan, 2007), responsibility has been discussed as an important component of genuine self-forgiveness. Genuine and sincere self-forgiveness involves completely acknowledging the offense and all of its consequences (Hall & Fincham, 2005; Tangney et al., 2005). Without the process of taking responsibility for the transgression, genuine self-forgiveness should not necessarily be considered to have been accomplished (Tangney et al., 2005). Wenzel et al. (2012) found a negative relationship between self-forgiveness and responsibility acceptance. Therefore, to study the relationship between self-forgiveness and depressive symptoms, responsibility needs to be measured to explore whether it moderates this relationship. It was theorized that individuals with low self-forgiveness and a high tendency to take responsibility for their actions, would exhibit more depressive symptoms. In contrast, individuals with low self-forgiveness and low responsibility were hypothesized to not exhibit as many depressive symptoms. Individuals with high self-forgiveness with either low or high responsibility were theorized to have lower depressive symptoms. Therefore, the presence of high or low responsibility was hypothesized to predict depressive symptoms with individuals with low self-forgiveness.

**Purpose**

The purpose of the current study was to examine the relationship between the level of self-forgiveness and depressive symptoms in college students. Further, the study explored whether responsibility served as a moderator of the relationship between self-forgiveness and depressive symptoms. Dispositional self-forgiveness was the focus, instead of specific transgression forgiveness.

**Hypotheses**

The following hypotheses were proposed:

1. Self-Forgiveness would have a negative relationship with depressive symptoms.
2. The interaction of level of responsibility and self-forgiveness would be significant and therefore, the level of responsibility would serve as a moderator of the relationship between self-forgiveness and depressive symptoms.



## CHAPTER II

### METHOD

#### Participants

Participants consisted of 43 volunteers from the Middle Tennessee State University Psychology Research pool. Participation in a study was one option to fulfill a research requirement. See Table 1 for demographic information of participants. All participants were undergraduate students, more than half (62%) of whom were 18 to 19 years old. Approximately half of the participants were women (48%) and half of the participants were men (52%). As seen in Table 1, the majority (60%) of the participants were White/Caucasian. The study was reviewed and approved by the Institutional Review Board at Middle Tennessee State University. See Appendix A for approval letter.

#### Measures

*Demographic form.* A short form with specific demographic information was used. It included gender, age in categories (18 to 19 years old, 20 to 21 years old, 22 to 23 years old, and 24 years old and over), and race in categories (White/Caucasian, Black/African American, Latino/Hispanic, Multi-Racial/Biracial, and Other). See Appendix B for demographic form.

*Self-Forgiveness.* The self-forgiveness subscale of the Heartland Forgiveness Scale (HFS) was used (Thompson et al., 2005). The self-forgiveness subscale has 6 self-report items and measures dispositional self-forgiveness. On the HFS, participants indicated how true statements were of themselves using a 7-point scale (1 = *Almost*

Table 1

*Demographic Information*

Variable	<i>n</i>	%
Age		
18 to 19 years old	26	62
20 to 21 years old	5	12
22 to 23 years old	3	7
24 years old and over	8	19
Sex		
Women	20	48
Men	22	52
Ethnicity		
White/Caucasian	25	60
Black/African American	9	21
Latino/Hispanic	0	0
Multi-Racial/Biracial	2	5
Other	6	14

*Note.*  $N = 42$ .

*Always False of Me... 7 = Almost Always True of Me*). Higher scores on the subscale designated greater levels of self-forgiveness. An example of an item was “It is really hard to accept myself after I have messed up.”

Thompson et al. (2005) developed the full HFS through a process of six studies. The HFS consists of three subscales for forgiveness of self, forgiveness of others, and forgiveness of situations. A pilot version of the HFS was used in the first study, and the data were analyzed to identify items for use in the final version of the HFS. The subsequent studies were completed to explore the psychometric properties of the HFS, to study correlates of the measure, and to explore theoretical aspects of forgiveness.

Thompson et al. (2005) found that the HFS self-forgiveness subscale had a Cronbach’s alpha of .72 to .76, which qualified as satisfactory internal consistency. In the current study, the internal consistency (Cronbach’s alpha) was found to be .72. Thompson et al. (2005) found the test-retest reliability for the self-subscale to be .72 after a 3-week span, which was acceptable. The self subscale of the HFS was significantly correlated ( $r = .61$ ) with the Mauger et al. (1992) Forgiveness of Self scale showing appropriate convergent validity (Thompson et al., 2005).

*Responsibility.* The Responsibility Attitude Scale (RAS) was used to measure level of responsibility (Salkovskis et al., 2000). The questionnaire had 26 items in which participants indicated to what extent the statement applied to them. The scale for each item ranges from *totally agree* to *totally disagree*. Examples of items include: “I often feel responsibility for things which go wrong” and “I must always think through the

consequences of even the smallest actions.” Higher scores on the RAS indicated lower personal responsibility.

When developed, the scale was tested among three groups: obsessional patients, nonclinical control participants, and anxious patients (Salkovskis et al., 2000). Participants from each group were given the RAS two weeks apart, and Salkovskis et al. (2000) found a test-retest reliability coefficient of .94. The internal consistency (Cronbach’s alpha) of the RAS was found to be .92 (Salkovskis et al., 2000). Therefore, Salkovskis et al. (2000) found that the RAS had both high internal consistency and reliability. In the current study, the internal consistency (Cronbach’s alpha) of the RAS was found to be .83.

*Depressive symptoms.* The Center for Epidemiologic Studies Depression Scale - Revised (CESD-R scale) was used to measure level of depressive symptoms. The CESD-R is a revised version of the CES-D (Radloff, 1977). The CES-D scale was developed by Radloff (1977) for use in the general population instead of exclusive use for clinical diagnosis. It was designed for ages 18 years old and above with items drawn from validated scales for depression, clinical literature, and factor analytic studies (Radloff, 1977).

The CESD-R scale was developed by Eaton, Smith, Ybarra, Muntaner, and Tien (2004). The CESD-R scale is a 20-item self-report scale including items that are based on the *DSM-IV* criteria for depression. The statements are rated on a scale from “not at all or less than 1 day” to “nearly every day for 2 weeks.” A study exploring the psychometric properties of the CESD-R, showed the scale having an internal consistency

of .92 to .93 (Van Dam & Earleywine, 2011). In the current study, the internal consistency (Cronbach's alpha) was found to be .94. In the study by Van Dam and Earleywine (2011), there also was evidence that the total score was a measure of depressive symptom severity. The CESD-R scale has shown good psychometric properties suggested by the exploration of convergent (correlation of 0.58 with a negative affect scale) and discriminate (correlation of -0.26 with a positive affect scale) validity (Van Dam & Earleywine, 2011).

### **Procedure**

Participants took part in the study in groups. After the participants completed an informed consent form (see Appendix C), the participants were given a packet of questionnaires. Participants were given a short demographic form (measuring sex, age in categories, and ethnicity in categories), the Heartland Forgiveness Self-Subscale, the Responsibility Attitude Scale, and finally the CESD-R scale. Once finished, the participants turned in the questionnaires and were given a debriefing form (see Appendix D) with appropriate contact information.

## CHAPTER III

### RESULTS

#### **Descriptive Data**

See Table 2 for means and standard deviations for all three study variables (self-forgiveness, depressive symptoms, and responsibility). *T*-tests were performed on the scores of the HFS Self-Subscale (self-forgiveness), CESD-R scale (depression), and the RAS (responsibility) to test for sex differences for each variable. There were no significant differences between scores of men and women on each scale as seen in Table 3. Due to lack of statistical differences between the scores, variables were not separated by sex for the subsequent analyses. As seen in Table 4, all correlations between the three variables were significant.

#### **Hypotheses Testing**

The first hypothesis proposed that self-forgiveness and depressive symptoms would have a negative correlation. Consistent with the first hypothesis, self-forgiveness had a significant negative relationship with depressive symptoms, as seen in Table 4.

To test the second hypothesis, responsibility as a moderator in the relationship between self-forgiveness and depressive symptoms, a regression was performed on self-forgiveness and responsibility with depressive symptoms as the dependent variable. As seen in Table 5, the overall model was significant,  $F(3, 39) = 12.07, p < .0001, R^2_{\text{Adj.}} = .48$ . Noted as well in Table 5, self-forgiveness and responsibility were associated with depressive symptoms. Additionally, as seen in Table 5, the interaction between self-forgiveness and responsibility was significant, which suggested level of responsibility

Table 2

*Descriptive Statistics of Study Variables*

Variables	<i>M</i>	<i>SD</i>	Minimum	Maximum
Self-Forgiveness	30.49	6.04	19	42
Responsibility	97.70	17.06	53	125
Depressive Symptoms	17.53	15.41	1	72

*Note.* Self-Forgiveness measured by the Heartland Forgiveness Self-Subscale. Responsibility measured by the Responsibility Attitude Scale. Depressive symptoms measured by the Center for Epidemiologic Studies Depression Scale – Revised.  $N = 43$ .

Table 3

*T-Test Results for Sex Differences in Study Variables*

Variables	Women		Men		<i>t</i> (40)
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	
Self-Forgiveness	29.90	6.13	31.14	6.17	-0.65
Responsibility	96.85	18.35	98.45	16.61	-0.30
Depressive Symptoms	21.90	18.20	14.05	11.78	1.68

*Note.* Self-Forgiveness measured by the Heartland Forgiveness Self-Subscale. Responsibility measured by the Responsibility Attitude Scale. Depressive symptoms measured by the Center for Epidemiologic Studies Depression Scale – Revised. Women:  $n = 20$ . Men:  $n = 22$ .

\* $p < .05$ .

Table 4

*Correlations Among Study Variables*

Variables	Self-Forgiveness	Responsibility	Depressive Symptoms
Self-Forgiveness	-	.54**	-.62***
Responsibility		-	-.39*
Depressive Symptoms			-

*Note.* Self-Forgiveness measured by the Heartland Forgiveness Self-Subscale. Responsibility measured by the Responsibility Attitude Scale. Depressive symptoms measured by the Center for Epidemiologic Studies Depression Scale – Revised.

$N = 43$ .

\* $p < .01$ . \*\* $p < .001$ . \*\*\* $p < .0001$ .

Table 5

*Regression Results for Responsibility as a Moderator Between Self-Forgiveness and Depressive Symptoms*

	<i>B</i>	<i>SE</i>	<i>t</i> (39)
Self-Forgiveness	-5.76	1.63	-3.54**
Responsibility	-1.32	0.48	-2.77**
Self-Forgiveness x Responsibility	0.04	0.02	2.71*
$R^2$	.48		
$F$	12.07***		

*Note.* Dependent Variable = Depressive Symptoms. Self-Forgiveness measured by the Heartland Forgiveness Self-Subscale. Responsibility measured by the Responsibility Attitude Scale. Depressive symptoms measured by the Center for Epidemiologic Studies Depression Scale – Revised.

$N = 43$ .

\* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .0001$ .



served as a moderator of the relationship between self-forgiveness and depressive symptoms.

For follow-up analysis to examine the moderation of responsibility in the relationship between depressive symptoms and self-forgiveness, responsibility was split by the mean into two variables (low responsibility and high responsibility). Correlations were found between depressive symptoms and self-forgiveness for each variable. The relationship between depressive symptoms and self-forgiveness was negative and significant for both low,  $r(18) = -.50, p = .01$ , and high,  $r(21) = -.69, p < .001$ , responsibility. The correlations between depressive symptoms and self-forgiveness in these two groups were not statistically significantly different ( $z = -0.87, p = 0.38$ ).

## **CHAPTER IV**

### **DISCUSSION**

Recently, increased attention has been given to self-forgiveness. Self-Forgiveness has been suggested for use in therapeutic interventions (e.g., Hong & Jacinto, 2012) and has been found to be related to issues such as depression (e.g., Mauger et al., 1992; Toussaint et al., 2008), rumination (e.g., Ingersoll-Dayton et al., 2010), and guilt (e.g., Hall & Fincham, 2008). The nature of these relationships, however, is still being explored.

Many researchers have found a negative relationship between depressive symptoms and self-forgiveness (e.g., Hirsch et al., 2011; Mauger et al., 1992). In accordance with this research, the primary hypothesis of the current study predicted a significant negative relationship between depressive symptoms (CESD-R) and self-forgiveness (HFS Self-Subscale). In support of the hypothesis, lower self-forgiveness was found to be associated with higher depressive symptomology. These findings suggest that increased depression-related symptoms may be evident when one is less able to forgive oneself. This conclusion is consistent with various definitions (e.g., Bauer et al., 1992; Enright, 1996; Hall & Fincham, 2005) of self-forgiveness in that those who do not complete the process of self-forgiveness may experience increased feelings of remorse, resentment, and/or shame that are associated with the act of a transgression. These individuals, however, may not transform these negative feelings into neutral or positive feelings (e.g., Enright, 1996; Hall & Fincham, 2005; Thompson et al., 2005). In accordance with the theory of Ingersoll-Dayton and Krause (2005), less self-forgiveness

may be associated with more negative feelings about oneself and, subsequently, more depressive symptoms. The initial analysis in this study was in support of this hypothesis, but theorists (e.g., Strelan, 2007) have suggested that responsibility may affect how other variables relate to self-forgiveness.

In examining definitions (e.g., Enright, 1996) and conceptualizations (e.g., Ingersoll-Dayton & Krause, 2005) of self-forgiveness, some central themes emerged. A central and essential step of self-forgiveness is the act of the individual acknowledging or taking personal responsibility for a transgression. Illustrating this, based on perceptions of vignettes, Wenzel et al. (2012) found a negative relationship between self-forgiveness and responsibility. Consistent with this, the current study found lower self-forgiveness was significantly related to higher responsibility.

Whether an individual takes responsibility for transgressions has been suggested to differentiate genuine self-forgiveness from a separate action some refer to as pseudoself-forgiveness (Tangney et al., 2005) or self-serving bias (Strelan, 2007). A major purpose of the current study was to explore whether responsibility moderated the relationship between self-forgiveness and depressive symptoms. The findings of the current study supported the hypothesis that responsibility (measured by the RAS) would be a significant moderator in the relationship between self-forgiveness and depressive symptoms. Responsibility, however, did not explain all the variance in this relationship. Self-Forgiveness and depressive symptoms were still statistically significant in the model, indicating the relationship was not completely explained by the interaction

between responsibility and self-forgiveness. This suggests that the relationship between self-forgiveness and depressive symptoms is only partially dependent upon responsibility.

Once responsibility was detected as a moderator, further exploration of the moderator relationship was accomplished by splitting the participants' responsibility scores into low and high categories. The correlations between self-forgiveness and depressive symptoms were compared in both low and high responsibility categories. Both relationships were statistically significantly negative, but were not statistically significantly different from one another. Consequently, the nature of the moderation needs to be further explored.

Despite the findings, there are limitations to the current study. A larger number of participants would increase the power to detect relationships and differences in the data. Related to the sample in this study, the nature of participants in the sample may not allow generalization to other populations. For example, the participants were mostly young, and all were undergraduates in a southeastern university. Therefore, these results may not generalize to nonstudent populations or older populations.

Additionally, there may be limitations in the measures used in the current study. The psychometrics of the scales used in the current study to measure the constructs of responsibility (Salkovskis et al., 2000) and self-forgiveness (Thompson et al., 2005) were found acceptable in past research. These scales, however, may not measure the exact construct intended in this study. For example, the responsibility scale (RAS) was developed for a study in which obsessive compulsive symptoms were the main topic. Therefore, this measure may have been more focused on responsibility as it pertained to

obsessions or compulsions instead of personal responsibility in a more general sense. This presents a concern in the ability to apply this scale to research variables other than obsessive compulsive symptoms. Further, the three scales used in this study tend to have high face validity. Therefore, social desirability might affect responses to these measures. For example, participants may not choose to disclose information relating to depressive symptoms. Avoiding responsibility or not forgiving oneself also could be seen as negative qualities. As a result, when asked to self-report on certain topics such as these, defensiveness or an attempt to appear in a more positive light may be likely.

Another limitation included the methodology used in this study. The cross-sectional nature of the study did not indicate the sequence of the variables measured. This study predicted that some individuals may take more responsibility for their actions, not be as able to forgive themselves, and subsequently exhibit more depressive symptoms. Alternative sequences of these three variables, however, may be conceptually possible. For example, some individuals, instead, may exhibit depressive symptoms, which might exacerbate the inability to forgive oneself as well as initiate an internal assumption of responsibility. There also may be more variables affecting these relationships. Rumination (e.g., Ingersoll-Dayton et al., 2010; Nolan et al., 1998), shame (e.g., Fisher & Exline, 2006; Webb et al., 2007), and guilt (e.g., Hall & Fincham, 2008) are constructs that have been studied in relation to one or more of these variables and may be factors in the processes or sequence of the variables measured in this study.

Future studies should consider methodological alternatives with these limitations in mind. A larger, broader, and more diverse population sample also would be ideal for

generalization and statistical power. A responsibility scale that specifically measures general personal responsibility of actions may be a more accurate portrayal of the construct explored in this study. Additionally, a longitudinal study to examine the sequence of the variables in this study would be more informative. Finally, to fully understand the relationships between the variables studied, additional related variables should be considered.

Despite these limitations, the present study has shown that responsibility is an important variable to be studied in relation to self-forgiveness and depressive symptoms and should be investigated further. Research has increased in the area of self-forgiveness, which has been found to be associated with depressive symptoms (e.g., Mauger et al., 1992) and suggested for aid in symptom relief (e.g., Hong & Jacinto, 2012; McConnell & Dixon, 2012). When studying self-forgiveness, as Strelan (2007) stated, responsibility must be measured, as well, to distinguish genuine self-forgiveness from self-serving bias or genuine self-forgiveness from pseudoself-forgiveness (Tangney et al., 2005). The current finding of responsibility as a moderator between self-forgiveness and depressive symptoms has supported this notion. Therefore, in future research when studying self-forgiveness and depressive symptoms or other types of symptoms, responsibility is a significant variable that needs to be taken into account.

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## **APPENDICES**

## APPENDIX A

## Middle Tennessee State University Institutional Review Board Approval Letter



4/9/2014

Investigator(s): Katherine Ellis, Mary Ellen Fromuth (Faculty Advisor)  
Department: Psychology  
Investigator(s) Email: kee2p@mtmail.mtsu.edu

Protocol Title: "Relationships among Self-Forgiveness, Depressive Symptoms, and Responsibility "

Protocol Number: 14-322

Dear Investigator(s),

The MTSU Institutional Review Board, or a representative of the IRB, has reviewed the research proposal identified above. The MTSU IRB or its representative has determined that the study poses minimal risk to participants and qualifies for an expedited review under 45 CFR 46.110 and 21 CFR 56.110, and you have satisfactorily addressed all of the points brought up during the review.

Approval is granted for one (1) year from the date of this letter for 200 participants.

Please note that any unanticipated harms to participants or adverse events must be reported to the Office of Compliance at (615) 494-8918. Any change to the protocol must be submitted to the IRB before implementing this change.

You will need to submit an end-of-project form to the Office of Compliance upon completion of your research located on the IRB website. Complete research means that you have finished collecting and analyzing data. **Should you not finish your research within the one (1) year period, you must submit a Progress Report and request a continuation prior to the expiration date.** Please allow time for review and requested revisions. Failure to submit a Progress Report and request for continuation will automatically result in cancellation of your research study. Therefore, you will not be able to use any data and/or collect any data. Your study expires **4/9/2015**.

According to MTSU Policy, a researcher is defined as anyone who works with data or has contact with participants. Anyone meeting this definition needs to be listed on the protocol and needs to complete the required training. **If you add researchers to an approved project, please forward an updated list of researchers to the Office of Compliance before they begin to work on the project.**

All research materials must be retained by the PI or faculty advisor (if the PI is a student) for at least three (3) years after study completion and then destroyed in a manner that maintains confidentiality and anonymity.

Sincerely,

Michelle Stevens  
MTSU Institutional Review Board Member



**APPENDIX B****Demographic Information Form**

Please circle the appropriate answer to the following inquiries.

1. Age:

- |                          |                          |                          |                             |
|--------------------------|--------------------------|--------------------------|-----------------------------|
| 1) 18 to 19<br>years old | 2) 20 to 21<br>years old | 3) 22 to 23<br>years old | 4) 24 years old<br>and over |
|--------------------------|--------------------------|--------------------------|-----------------------------|

2. Gender:

- |           |         |
|-----------|---------|
| 1) Female | 2) Male |
|-----------|---------|

3. Ethnicity:

- 1) White/Caucasian
- 2) Black/African American
- 3) Latino/Hispanic
- 4) Multi-Racial/Biracial
- 5) Other

## APPENDIX C

### Middle Tennessee State University Institutional Review Board Informed Consent Document for Research

#### Middle Tennessee State University Institutional Review Board Informed Consent Document for Research

**Principal Investigator:** K. Eleanor Ellis

**Study Title:** Relationships among Self-Forgiveness, Depressive Symptoms, and Responsibility

**Institution:** Middle Tennessee State University

Name of participant: \_\_\_\_\_ Age: \_\_\_\_\_

The following information is provided to inform you about the research project and your participation in it. Please read this form carefully and feel free to ask any questions you may have about this study and the information given below. You will be given an opportunity to ask questions, and your questions will be answered. Also, you will be given a copy of this consent form.

Your participation in this research study is voluntary. You are also free to withdraw from this study at any time. In the event new information becomes available that may affect the risks or benefits associated with this research study or your willingness to participate in it, you will be notified so that you can make an informed decision whether or not to continue your participation in this study.

For additional information about giving consent or your rights as a participant in this study, please feel free to contact the MTSU Office of Compliance at (615) 494-8918.

**1. Purpose of the study:**

You are being asked to participate in a research study because we want to study the relationship between self-forgiveness and negative emotions. We also want to explore whether responsibility plays a role in this relationship.

**2. Description of procedures to be followed and approximate duration of the study:**

We would like you to participate in this study by completing anonymous questionnaires concerning your current emotional functioning, overall feelings of self-forgiveness, and feelings of responsibility. This study should take about 20 to 25 minutes.

**3. Expected costs:**

There are no expected costs to you for your participation in this research project.

**4. Description of the discomforts, inconveniences, and/or risks that can be reasonably expected as a result of participation in this study:**

One of the questionnaires in this study addresses current negative emotions, and some students may experience discomfort when thinking about these emotions.

**5. Compensation in case of study-related injury:** Not applicable

**6. Anticipated benefits from this study:**

- a) The potential benefits to science and humankind that may result from this study are learning about the relationships among self-forgiveness, negative emotions, and responsibility.
- b) The potential benefits to you from this study include learning about the research process.

**7. Alternative treatments available:** Not applicable

**8. Compensation for participation:**

You will receive one research credit for your participation.

**9. Circumstances under which the Principal Investigator may withdraw you from study participation:**

Not applicable

**Middle Tennessee State University Institutional Review Board  
Informed Consent Document for Research**

**10. What happens if you choose to withdraw from study participation:**

We hope that you will participate in the study, but you are under no obligation to do so. You are free not to fill out the questionnaire. If at any point while filling out the questionnaire you no longer wish to participate, you may stop wherever you are. If there are particular questions which you want to skip, you may do so, even though we do hope you try to complete the entire questionnaire. If you decide not to complete the questionnaire, you will still receive credit for participating in the study. If you decide not to participate, you may do so very discreetly by just turning in your survey at the end of the period along with everyone else.

**11. Contact Information.** If you should have any questions about this research study or possible injury, please feel free to contact K. Eleanor Ellis at kee2p@mtmail.mtsu.edu or my Faculty Advisor, Mary Ellen Fromuth, Ph.D. at (615) 898-2548 or Maryellen.fromuth@mtsu.edu.

**12. Confidentiality.** All efforts, within reason, will be made to keep the personal information in your research record private but total privacy cannot be promised. Your information may be shared with MTSU or the government, such as the Middle Tennessee State University Institutional Review Board or Federal Government Office for Human Research Protections, if you or someone else is in danger or if we are required to do so by law.

**13. STATEMENT BY PERSON AGREEING TO PARTICIPATE IN THIS STUDY**

**I have read this informed consent document and the material contained in it has been explained to me verbally. I understand each part of the document, all my questions have been answered, and I freely and voluntarily choose to participate in this study.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of patient/volunteer

Consent obtained by:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name and Title

## APPENDIX D

### Debriefing Information Sheet

#### Debriefing Sheet

Please keep for your own use.

In psychology, self-forgiveness is defined as accepting that you did something wrong, letting go of negative feelings connected with this wrong, and then having compassion for yourself (Enright, 1996). Previous studies (e.g., Toussaint et al., 2008) have found that self-forgiveness has been related to symptoms of depression. Specifically, being able to forgive yourself is related to less symptoms of depression. This current study is focusing on whether taking responsibility for actions influences how these variables (depression and self-forgiveness) relate.

Sometimes people feel uncomfortable revealing symptoms or feelings of depression. If you would like to talk to someone about these feelings, professional counseling is available by contacting any of the following:

On campus: MTSU Counseling Services, (615) 898-2670

Off campus: The Guidance Center, (615) 895-6051 (fee-based)

If you would like more information about this study, or your rights as a participant, please feel free to contact K. Eleanor Ellis, B.A. (kee2p@mtmail.mtsu.edu). It will not be possible to immediately provide you with the results of the study, but if desired, results may be provided when they become available.

Thank you for your time and cooperation in helping us with this study.

K. Eleanor Ellis

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