



The devil in the details: Individual differences in unforgiveness and health correlates



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ABSTRACT

In interpersonal relations, transgressions are almost inevitable. In response to such transgressions, unforgiveness is widely considered to be harmful to victims' well-being. However, little empirical work has explicitly examined this proposition. In the present research individual differences in experiences of unforgiveness were examined. Analyses revealed that unforgiveness is not invariably associated with adverse health correlates. We found a positive relationship between emotional-ruminative forms of unforgiveness and adverse psychological health. However, victims who maintained an unforgiving stance in the form of unforgiving evaluations did not experience the same adverse health impacts. Results further show that the relationship between emotional-ruminative forms of unforgiveness on reduced psychological health is mediated by negative affect and trait anger. These findings suggest that individual differences in victims' experiences of unforgiveness are important for understanding whether unforgiveness predicts psychological health problems.

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1. Introduction

Given the social nature of society, it is almost inevitable that interpersonal transgressions will occur. People react to such transgressions in a number of ways including forgiveness (cf. Fehr, Gelfand, & Nag, 2010) moral outrage (Salerno & Peter-Hagene, 2013), use of punishment to restore justice (Lotz, Okimoto, Schlösser, & Fetchenhauer, 2011), and unforgiveness (Worthington & Wade, 1999; Zechmeister & Romero, 2002).

Despite this, the relationship between victims' responses to wrongdoing and victims' psychological health is not well understood. A large body of research has examined the associations between forgiveness and health (cf. Worthington & Scherer, 2004; for an alternative view see McNulty, 2011). However, less research has investigated the relationship between unforgiveness and health, though it is generally thought that unforgiveness is harmful (cf. Harris & Thoresen, 2005). In the present research, we question whether unforgiveness is necessarily associated with adverse health. Specifically, we consider the possibility that individuals' experiences of unforgiveness vary, and therefore unforgiveness may not be uniformly related to adverse health correlates.

1.1. Perspectives on unforgiveness

In a theoretical paper, Worthington and Wade (1999) defined unforgiveness as a cold emotional complex distinct from low forgiveness. They argued that unforgiveness includes bitterness, anger, and fear, often coupled with rumination on an event (cf. Worthington, 2001). Most research has adopted this operationalization of unforgiveness and defined it as a stress response that involves negative emotions such as resentment, hatred, anger, and fear (Worthington & Wade, 1999; Worthington, 2006), although at least one paper (Zechmeister & Romero, 2002) sees unforgiveness as a type of moral stance. The common assumption that unforgiveness is harmful has been promoted by the affective-ruminative operationalization of unforgiveness, because the negative emotions Worthington (2001, 2006) ascribed to unforgiveness have been linked to emotional and physical problems in the wider research on emotions and health (e.g., stress, psychological well-being, and physical health; Dua, 1993; Siegel, 1992; Rye, Folck, Heim, Olszewski, & Traina, 2004).

In spite of this, Harris and Thoresen (2005) argued that it may be premature to translate the link between negative emotions (e.g., anger or hostility) and adverse health into a link between unforgiveness and adverse health. They stated that “the devil may be in the details” (p. 323) as the link between emotions, such as anger, and health outcomes is very nuanced – how a person's experiences, responds to, and expresses anger, as well as a person's characteristics (e.g., gender) influence the link between health and disease outcomes (cf. Harris & Thoresen, 2005).

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We contend that another possible “devil in the details” may be in how unforgiveness has been previously investigated. In one of the papers to explicitly examine the unforgiveness–health link, Witvliet, Ludwig, and Vander Laan (2001) focused solely on unforgiveness as an emotional-ruminative grudge-holding experience. However, a handful of studies indicates that unforgiveness may also be a cognitive stance or position the victim takes towards the offender. Zechmeister and Romero (2002) analyzed narratives of forgiven versus unforgiven events and found that unforgiving victims evaluated certain offenses more immoral, unjustified, and unforgivable than did forgiving victims. That is, victims may make an evaluation about the offense and whether to forgive or not. Further, Fehr et al. (2010) argue that victims may engage in a sense-making process in which they make sense of the transgressor in light of the transgression; in cases of unforgiveness this sense-making process may result in seeing the offender differently from pre- to post-offense.

In sum, unforgiveness as a cognitive stance may include unforgiving evaluations. Unforgiveness as a cognitive stance may not engender adverse health consequences, insofar as victims may be empowered by choosing not to forgive; however, this proposition has yet to be examined. Thus, our primary goal in this research was to investigate the relationship between individuals' experiences of unforgiveness (e.g., as unforgiving evaluations and as an emotional-ruminative experience) and several psychological health correlates.

1.2. Unforgiveness and health correlates

Further, traditional work that proposes unforgiveness leads to poor health has yet to explore the mechanism for why unforgiveness may be harmful. Scholars have proposed that unforgiveness adversely affects health either because it is a stress response, through rumination, or due to negative affect (cf. Witvliet et al., 2001). It is also possible that trait anger mediates the effect, given a large body of work that shows trait anger to be a key variable influencing physical health, such as cardiovascular functioning (Harris & Thoresen, 2005). As such, the present research examines the role of both negative affect and trait anger in explaining the link between (emotional-ruminative) unforgiveness and adverse health correlates. We hypothesize that the link between emotional-ruminative unforgiveness and adverse health is explained (mediated) by negative affect and trait anger. It is likely that negative affect and trait anger are key mechanisms that explain the association between (emotional-ruminative) unforgiveness and adverse health given findings that show people who experience negative emotions such as anger, resentment, and fear show similar physiological responses (e.g., elevated blood pressure, and skin conductivity) to people who are under stress (Worthington & Scherer, 2004). If negative affect and trait anger are found to be mediating variables in the unforgiveness–health relationship, findings would suggest that unforgiveness may not be an unhealthy or maladaptive response to wrong-doing in situations where negative emotions are not at play. Further, if these are found to be mediating variables it suggests that interventions focusing on affect and coping with anger may aid victim's well-being.

2. Method

2.1. Participants & procedure

A power analysis using G*Power version 3.1 (Erdfelder, Faul, & Buchner, 1996) revealed a minimum sample size requirement of 26 participants for sufficient power to estimate correlations in the present study. However, estimating correlations with small sample sizes such as this can introduce error (cf. Miles & Shevlin, 2001). As such, given that approximately 100 participants are ideal for estimating correlation coefficients as a rule of thumb, we aimed for a larger sample size of approximately 100 participants (cf. Miles & Shevlin, 2001). Furthermore, a sample size of approximately 100 was preferred for testing mediation.

The causal step approach to mediation (Baron & Kenny, 1986) provides little power and requires large sample sizes (+20 thousand) for sufficient power (Fritz & MacKinnon, 2007), hence a bias-corrected bootstrapping approach to testing indirect effects was chosen given that it is a more powerful and valid method (Williams & MacKinnon, 2008). Further, a sample size of 100 tends to produce robust upper and lower confidence bounds for simple mediations from bias-corrected bootstrapped distributions (Williams & MacKinnon, 2008), without risking the type 1 error inflation with larger samples. In total, one hundred and five complete survey responses were gathered from volunteer undergraduate participants at a large Western Canadian University (Mean Age = 20.93, SD = 3.24; 89.6% female; 18% Chinese; 42.86% European Canadian; 4.86% Pilipino; 6.67% Latin American; 2.85% Korean; 12.38% South Asian (e.g., East Indian, Pakistani, Sri Lankan), 5.71% West Asian (e.g., Iranian, Afghan); 6.67% Others).

Participants recalled an instance in which they had not forgiven an individual for a transgression. They then completed the following measures as well as a number of filler items.

2.2. Measures

Descriptive statistics for the measures are reported in Table 1.

As a check to make sure participants followed the study instructions and recalled an instance in which they had not forgiven, we asked them to complete a measure of unforgiveness “I have not forgiven this person” on a scale from 1 (*strongly disagree*) to 7 (*strongly agree*).

2.2.1. Transgression severity

To assess the severity of the transgression, we obtained objective severity ratings for each event based on Kearns and Fincham's (2005) method. Two coders rated each transgression's severity independently from 1 to 5 (1 = *no harm at all*, 2 = *mild harm*, 3 = *moderate harm*, 4 = *a lot of harm*, 5 = *severe harm*); discrepancies were discussed and resolved for a final combined rating. Interrater reliability of the independent ratings was adequate ($k = .24$, $r = .81$, $p < .01$).

Unforgiveness was measured in a number of ways. In line with previous researchers (e.g., Carmody & Gordon, 2011; Exline, Baumeister, Bushman, Campbell, & Finkel, 2004; Exline, Baumeister, Zell, Kraft, & Witvliet, 2008; Wade & Worthington, 2003), we used scores on the avoidance and revenge subscales of the Transgression-Related Inventory of Motivations (TRIM; McCullough et al., 1998) as a proxy for unforgiveness (McCullough et al., 1998). The revenge subscale contains seven items (e.g., *I'll make him/her pay*; $\alpha = .88$) and the avoidance subscale contains five items (e.g., *I avoid him/her*; $\alpha = .91$) anchored on a scale from 1 (*strongly disagree*) to 5 (*strongly agree*).

However, given that revenge and avoidance proxies might not be the same as unforgiveness per se, we also utilized ten items to assess the dimensions of unforgiveness (developed as part of a larger study; authors). Emotional-ruminative unforgiveness includes 6 items to assess the degree to which victims experience negative emotions and ruminative thoughts (“This transgression no longer has any negative effects on my well-being” (reverse scored), “I continue to feel hurt by what happened”, “I don't let this event get me down” (reverse scored), “It's hard for me to let go of this event”, “I rarely think about this event in my daily life” (reverse scored), “I often worry about how this event will affect me in the future”; $\alpha = .89$). Evaluative Unforgiveness includes four items that assesses unforgiving thoughts about the offender or the offense (“I have no desire to forgive this person”, “I am unwilling to forgive this person”, “I see no benefit in forgiving the person who wronged me”, “What this person did is unforgivable”; $\alpha = .90$). Participants rated each item using a seven-point Likert scale (1 = *strongly disagree*; 7 = *strongly agree*). A maximum likelihood exploratory factor analysis with oblimin rotation showed that these items load as expected onto their constituent factor (λ range .65–.94) with few cross-loads (λ range .04–.21).

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