

# Relation Between Lack of Forgiveness and Depression: The Moderating Effect of Self-Compassion

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## Abstract

Although an association between lack of forgiveness and poor mental health is known, prior studies have reported mixed findings of the relationship between lack of forgiveness and depressive symptoms. In an attempt to explain the strength differences between lack of forgiveness and depressive symptoms, this study examined the moderating effect of self-compassion. A total of 311 Korean teachers (89 men, 222 women;  $M$  age = 39.3 year,  $SD = 9.1$ ) were asked to complete self-report questionnaires, including the Korean versions of the Trait Forgiveness Scale, the Self-Compassion Scale, and the Center for Epidemiologic Studies Depression Scale. Moderated multiple regression was used for analysis, and a buffering interaction of self-compassion was discovered. Specifically, self-compassion moderated the relationship between lack of forgiveness and depression; the relationship was stronger for those low on self-compassion.

## Keywords

Forgiveness, depression, self-compassion, moderator

## Introduction

Forgiveness, defined as the juxtaposition or superimposition of strong, positive, other-oriented emotions over the negative emotions of unforgiveness (Worthington & Wade, 1999), has recently emerged as a major research subject. This is the dispositional tendency that affects both individuals (intrapersonal)

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and their relationships with others (interpersonal) over time and across situations (Berry, Worthington, O'Connor, Parrott, & Wade, 2005). The intrapersonal facets refer to a process that allows an individual to overcome negative feelings of resentment and hatred toward a perpetrator (Paloutzian & Kalayjian, 2010; Worthington, 2006). The interpersonal facets are evidenced by how forgiveness can resolve and restore interpersonal relationships, thereby allowing people to lead successful lives (Enright & Fitzgibbons, 2000; Hope, 1987; Murray, 2002). Accordingly, many studies have highlighted the productive advantages and pro-social function of forgiveness (Chung & Lee, 2014), and the benefits of replacing anger with forgiveness for individuals, relationships, and societies (Burnette, Davis, Green, Worthington, & Bradfield, 2009).

Some clinicians (Enright & Fitzgibbons, 2000; Fitzgibbons, 1986) as well as Hunter (1978), who first discovered the effect of forgiveness, observed the disappearance of anxiety, anger, depression, and obsessions after forgiveness. Other researchers have argued that lack of forgiveness exacerbates negative emotions, causing increased depression and emotional instability, which may lead to mental illness in severe cases (Hong, Jin, Hynn, Bae, & Lee, 2009; Kim & Im, 2006). Correlational research has shown that lack of forgiveness is highly correlated with the Psychopathology scale of the Minnesota Multiphasic Personality Inventory (Mauger et al., 1992), hostility, depression, anxiety, and neurosis (Chung, 2013; Maltby, Macaskill, & Day, 2001). Furthermore, levels of cortisol, a stress hormone, are inversely related to trait forgiveness (Berry & Worthington, 2001). Despite many benefits of forgiveness, there have also been studies showing that various negative results emerge from lack of forgiveness. In other words, the link between lack of forgiveness and poor mental health is supported (Toussaint & Web, 2005). The present study tried to examine these relationships through depressive symptoms, which are a representative indicator of psychological maladjustment (Chung, 2013; Kaplan, 1992; Seybold, Hill, Neumann, & Chi, 2001).

Not all forgiveness measures are correlated equally with depressive symptoms. The direction of the relationship between lack of forgiveness and depression is consistent, but its magnitude varies. In addition, while there are many results showing that there is a relationship between lack of forgiveness and depressive symptoms (Toussaint & Web, 2005), and that people who forgive well have less depression (Brown, 2003; Chung, 2013; Fitzgibbons, 1986; Hope, 1987), there are also studies that have failed to find a correlation between forgiveness and depression (Subkobiak et al., 1995). It may be inferred from individual differences in the emergence of depressive symptoms that there is a third variable that affects the strength of this relationship.

Protective factors are generally used to describe these differences, as they reduce the effect of risk factors (Rickwood, 2006) and assist the individual in maintaining emotional well-being, such as low levels of depression (Breton et al., 2015; Vandiver, 2009). Individual protective factors suggested are maintaining

positive mental health, such as self-esteem, emotional resilience, positive thinking, problem-solving and social skills, stress management skills, and feelings of mastery (WHO, 2004). Studies over the past 100 years have investigated self-esteem as an individual protective factor in the prevention of mental health (Ward, 1996; WHO, 2004). Scholars have repeatedly underlined the positive effects and psychological benefits of self-esteem in motivation, achievement, and relationships (Branden, 1995; Brockner, 1988; McKay & Fanning, 2000). However, there is also a number of conflicting studies arguing that the effects of low self-esteem on this relationships will be negative, while high self-esteem may lead to other problematic side effects such as excessive narcissism (Baumeister & Vohs, 2001), self-centeredness, lack of concern for others (Seligman, Reivich, Jaycox, & Gilham, 2007), prejudice (Aberson, Healy, & Romero, 2000), and self-distortion (Sedikides, 1993). In fact, self-esteem seems to have a negative relationship with trait forgiveness (Exline & Zell, 2009; Neto & Mullet, 2004).

As a complement for the problematic side of self-esteem, self-compassion has recently been introduced as a concept reflecting the ability to accept oneself more healthily. Self-compassion means being kind and understanding toward oneself instead of engaging in self-criticism in instances of pain, inadequacy, or failure (Neff, 2004). Self-compassion also refers to being open to another's suffering and wishing that it could be alleviated. It comprises the following three components (Neff, 2003): self-kindness, perception of common humanity, and mindfulness. As a unity of the "self" and the "other," self-compassion has a meaning rather different than self-esteem. Self-compassion and self-esteem have similarities that relate to the ability to accept oneself, but unlike self-esteem, self-compassion recognizes one's limitations and negative aspects in self-appraisals (Kim, Yi, Cho, Chai, & Lee, 2008; Neff, 2003). Self-compassion has no relationship with narcissism, whereas self-esteem does (Neff, 2003). In particular, functioning as an emotional regulation strategy, self-compassion can be considered an individual protective factor contributing to mental health while facilitating more action to change oneself and the environment, as well as changing negative emotions by being compassionately aware of painful experiences without avoiding them, and more clearly perceiving and accepting pain (Neff, 2003, 2004).

Based on a review of previous studies, this study focused on the role of self-compassion as a protective factor in the relationship between lack of forgiveness and depression and was conducted among teachers. According to a report by the Korea Research Institute for Vocational Education and Training (2013), teachers are always listed in Korea's top 30 highest emotional labor occupational cluster. With an increasing interest in the mental health of academics, student-oriented classes on the importance of happiness were included in the curriculum, and for teachers, forgiveness education and mindfulness, a type of self-compassion, were integrated into mental health job training in 2011 in Korea (e.g. <http://www.snuhappiness.kr/html/HappyClass.php>; Kim, 2011). In addition, forgiveness has been proposed as a valuable quality

of a good teacher (Meador, 2013). Therefore, this study explored the relationships among forgiveness, self-compassion, and depression for more effective supplementary education and intervention in the mental health aspects of teachers. In order to investigate whether the strength of the relation between lack of forgiveness and depressive symptoms differs depending on self-compassion, which is an individual protective factor, the following hypothesis was examined.

*Hypothesis.* Self-compassion will moderate the relationship between lack of forgiveness and depressive symptoms.

## Method

### Participants

A public announcement of the study was made by the Graduate School of Education, which networks with each school in central Korea. In total, 339 self-reported teacher surveys were collected with informed consent, and 311 completed questionnaires were included in the final analyses (89 men and 222 women with more than one year of experience<sup>1</sup>). The valid response rate was 91.7%.

The participants were ages 23–62 years ( $M = 39.3$ ,  $SD = 9.1$ ) and had been working for 1–42 years ( $M = 13.5$ ,  $SD = 9.2$ ). Among all participants, 20.9% were single and 79.1% were married. The educational background included graduates of two-year colleges (8.0%), graduates of four-year universities (53.4%), and master's degree recipients (38.6%). The teachers taught in kindergartens (16.7%), elementary schools (32.2%), middle schools (28.6%), high schools (15.1%), and special schools (7.4%).

### Measures

*Lack of forgiveness.* The 10-item Korean version (Chung, 2013) of the Trait Forgivingness Scale (TFS; Berry et al., 2005) was used to measure forgiveness. Sample items include “I can usually forgive and forget an insult,” and “I am a forgiving person.” Participants rate their agreement with each item ranging from 1 (*Strongly disagree*) to 5 (*Strongly agree*). These items are reverse scored to determine lack of dispositional forgiveness. The scores range from 10 to 50, with higher total scores indicating higher lack of forgiveness. Lack of forgiveness is referred to as “unforgiveness.” Regarding internal consistency, the TFS-K had a Cronbach's alpha of .79 in a sample of Korean undergraduates (Chung, 2013). In the current sample, Cronbach's alpha was .73.

*Self-compassion.* The 26-item Korean version (Kim et al., 2008) of the Self-Compassion Scale (SCS; Neff, 2003) was used to measure self-compassion.

This scale consisted of six subscales, including Self-Kindness (e.g. “When I’m going through a very hard time, I give myself the caring and tenderness I need”), Self-Judgment (e.g. “When I see aspects of myself that I don’t like, I get down on myself”), Common Humanity (e.g. “When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people”), Isolation (e.g. “When I’m feeling down, I tend to feel like most other people are probably happier than I am”), Mindfulness (e.g. “When something painful happens, I try to take a balanced view of the situation”), and Over-Identification (e.g. “When I’m feeling down, I tend to obsess and fixate on everything that’s wrong”). Participants were instructed to rate how often they acted in the manner stated in each item ranging from 1 (*Almost never*) to 5 (*Almost always*). The scores range from 26 to 130, with higher total scores indicating higher self-compassion. In two samples of Korean undergraduates, Cronbach’s alpha values for internal consistency were .87 and .90 (Kim et al., 2008). In the current sample, Cronbach’s alpha was .90.

**Depression.** The 20-item Korean version (Chon, Choi, & Yang, 2001) of the Center for Epidemiologic Studies Depression Scale (CES-D Scale; Radloff, 1977) was used to measure depression. Sample items include “I felt that I could not shake off the blues even with help from my family or friends,” “I thought my life had been a failure,” and “I had crying spells.” Participants were instructed to rate how often they have felt in the manner stated in each item ranging from 0 (*Rarely or none of the time, less than 1 day*) to 3 (*Most of all of the time, 5–7 days*). The scores range from 0 to 60, with higher total scores indicating higher depressive symptoms. This scale was validated in a Korean sample; Cronbach’s alpha for internal consistency was .91 (Chon et al., 2001) and .91 in the current sample.

### **Data analysis**

The moderated multiple regression analysis, as the recommended method for testing interaction effects (Aiken & West, 1991; Jaccard & Turrisi, 2003), was conducted to examine the relationships between unforgiveness, self-compassion, their product, and depression. To reduce multicollinearity, the predictor (i.e. unforgiveness) and the moderator (i.e. self-compassion) were mean-centered, followed by creating their product term (i.e. unforgiveness  $\times$  self-compassion). Then, the independent variables were entered in a three-step process, corresponding with the testing of the moderating model (Baron & Kenny, 1986), after controlling for demographic characteristics (i.e. age, gender, marital status, educational background, types of school, and years of teaching experience).<sup>2</sup> In addition, the effect size of the moderating effect was examined by calculating Cohen’s  $f^2$  (Cohen, 1988). Data were analyzed using SPSS (PASW) 18.0 and PROCESS macro for SPSS (Hayes, 2013).

**Table 1.** Descriptive statistics for all measures ( $N = 311$ ).

Variable	M	SD	Skewness	Kurtosis	Correlation		
					1	2	3
1 Unforgiveness	17.14	5.125	.184	.743		-.38**	.46**
2 Self-compassion	89.98	12.175	.239	-.029			-.59**
3 Depression	12.18	8.381	1.156	2.256			

Note. References for substantial departure from normality: skewness  $> 2$ , kurtosis  $> 7$  (Curran, West, & Finch, 1996). References for multicollinearity: variance inflation factor (VIF)  $> 5$  or  $10$  (the VIFs of unforgiveness and self-compassion for depression were 1.168; O'Brien, 2007) or intercorrelations among the independent variables  $> .80$  (Dattalo, 2013). \*\* $p < .01$ .

## Results

### Preliminary analysis

Means, standard deviations, skewness, kurtosis, and intercorrelations for all scales used in this study are shown in Table 1. The data were examined to ensure that they met the assumptions of normality, linearity, homoscedasticity, and no multicollinearity. As shown in Table 1, the assumptions of normality and multicollinearity were satisfied. The assumptions of linearity and homoscedasticity were satisfied that a P-P plot<sup>3</sup> of the regression standardized residuals was near the line of  $45^\circ$  and a standardized scatterplot appeared as a near-rectangular band (Garson, 2012). Therefore, the data were adequate for further analysis.

### Moderator analysis

The initial analysis showed that participants' demographic characteristics had no significant impact on lack of forgiveness, self-compassion, or depression. Nevertheless, all further analysis was conducted after controlling demographic characteristics by inputting them first into the model to exclude the possibility of their effect on key variables as much as possible. As shown Table 2, a moderated multiple regression analysis was performed with depression as the criterion variable and the three independent variables as predictors after controlling for demographic characteristics.

In Step 1, the main effect of unforgiveness accounted for approximately 25.6% of the variance in depression,  $F(11, 299) = 9.35$ ,  $p < .01$ . In other words, lack of forgiveness satisfied part of the hypothesis while having an effect on the increase of depression. In Step 2, the main effects of unforgiveness and self-compassion accounted for approximately 44.1% of the variance in depression,  $F(12, 298) = 19.56$ ,  $p < .01$ . In Step 3, the interaction of the unforgiveness and self-compassion explained an additional 2.0% of variance in depression,  $F(13, 297) = 19.47$ ,  $p < .01$ . In addition, the incremental variance accounted

**Table 2.** Moderated multiple regression analysis predicting depression from unforgiveness, self-compassion, and their interaction.

Step	Model	B	SE	$\beta$	t	F	R <sup>2</sup>	$\Delta R^2$
1	Unforgiveness	.75	.08	.46	9.07**	9.35**	.26	.20**
2	Unforgiveness	.46	.08	.28	5.90**	19.56**	.44	.19**
	Self-compassion	-.33	.03	-.48	-9.91**			
3	Unforgiveness	.46	.08	.28	5.93**	19.47**	.46	.02**
	Self-compassion	-.33	.03	-.48	-10.16**			
	Unforgiveness $\times$ Self-compassion	-.02	.01	-.14	-3.28**			

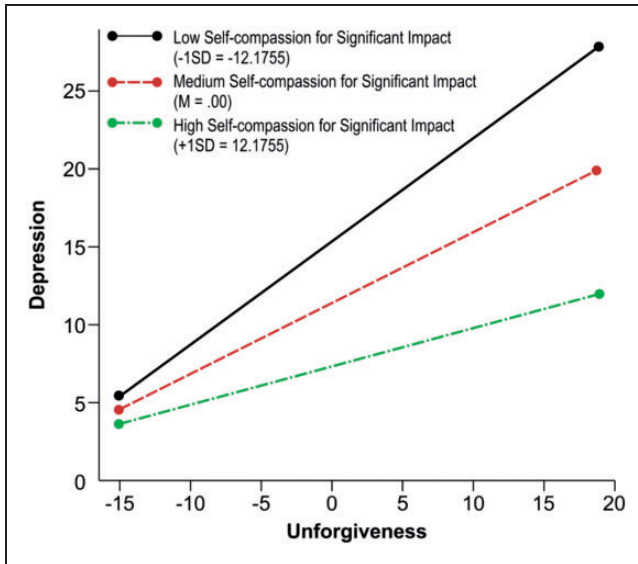
\*\* $p < .01$ .

for by the interaction term was substituted into Cohen’s effect size formula, and the results indicated that there was a moderation effect as the  $f^2$  value is 0.03, which is larger than Cohen’s threshold of .02 (Cohen, 1988).

To explore the interaction pattern, simple slopes of unforgiveness on depression changes depending on the level of self-compassion were tested, for low ( $-1 SD$  below the mean), medium (mean), and high ( $+1 SD$  above the mean) self-compassion subgroups.

Figure 1 shows that the relationship between unforgiveness and depression was stronger in the low self-compassion subgroup than it was in the high self-compassion subgroup. The significance of the simple slope was examined using PROCESS for SPSS (PROCESS model 1) to determine the conditional effect of unforgiveness on depression at values of the moderator (Hayes, 2013). For the low self-compassion subgroup ( $-1 SD = -12.175$ ), the effect of unforgiveness on depression changes was significant ( $b = 0.66, t = 6.74, p < .05, 95\% CI = .46, .85$ ); for the medium self-compassion subgroup ( $M = 0.00$ ), the effect of unforgiveness on depression changes was significant ( $b = 0.45, t = 5.91, p < .05, 95\% CI = .30, .61$ ); for the high self-compassion subgroup ( $+1 SD = 12.175$ ), the effect of unforgiveness on depression changes was significant ( $b = 0.25, t = 2.53, p < .05, 95\% CI = .06, .45$ ).

Regarding the slope in Figure 1, it is step for the low self-compassion subgroup, indicating that depression rapidly increased as lack of forgiveness increased; on the other hand, the high self-compassion subgroup showed relatively lower depression slope. These results indicate buffering interactions (in which the moderator weakens the effect of the predictor on the outcome) among three patterns of moderating effect: enhancing, buffering, and antagonistic (Cohen, Cohen, West, & Aiken, 2003). Therefore, the hypothesis was supported.



**Figure 1.** Two-way interaction effect of unforgiveness and self-compassion on depression

## Discussion

The present study aimed to extend previous research on the relationship between lack of forgiveness and depression by exploring the moderating role of self-compassion. Results were consistent with the hypothesis.

The finding indicates that lack of forgiveness is related to depressive symptoms, which indicate psychological maladjustment, although the causal nature of this relationship cannot be established here. It has been suggested that a lack of forgiveness can harm psychiatric adjustment and mental health (Kaminer, Stein, Mbanga, & Zungu-Dirwayi, 2001; Toussaint & Webb, 2005; Worthington, Berry, & Parrott, 2001). Mental health variables mainly include depression based on symptoms of disorders (e.g. depression) or actual disorders (e.g. major depression) in the DSM-IV (Toussaint & Webb, 2005). Many researchers have also agreed that the lack of forgiveness is emotionally harmful, as it is associated with affects such as resentment, bitterness, hostility, hatred, residual anger, fearfulness, and depression (Berry et al., 2005; Chung, 2013; Worthington & Wade, 1999). Fortunately, forgiveness can be developed and promoted through training (e.g. Coyle & Enright, 1997; Lin, Mack, Enright, Krahn, & Baskin, 2004). However, lack of forgiveness should not be overlooked, as there are positive connections to neuroticism, a Big Five personality trait (Berry et al., 2005; Seybold et al., 2001; Walker & Gorsuch, 2002), and stable individual differences based on initial attachment (Burnette, Taylor, Worthington, & Forsyth, 2007; Burnette et al., 2009; Chung, 2014; Chung & Lee, 2014).



The results also indicate that self-compassion moderates the relationship between lack of forgiveness and depressive symptoms. This study found a buffering interaction, in which self-compassion weakens the relationship. Neff (2003) suggested that self-compassion is associated with decreased depression and can be viewed as a useful emotional regulation strategy, in which painful feelings are not avoided but are instead held in awareness with kindness, understanding, and a sense of shared humanity. According to the broaden-and-build theory, positive emotions broaden the range of permissible thought and action, undo mindsets sparked by negative emotions, and promote greater well-being (Fredrickson, 1998, 2004). This theory may shed light on buffering interactions, as self-compassion allows individuals to experience various positive emotions (Neff, 2003). Owing to the establishment of the Center for Mindful Self-Compassion and the use of self-compassion in Focusing-Oriented Arts Therapy (FOAT), self-compassion has also recently been reported to have depression-relieving effects as a healing skill (e.g. Rappaport, 2014; Weiner & Rappaport, 2014).

This study has certain limitations. First, this was a cross-sectional archival study, and as such, a causal pathway could not be established. Future research should consider finding additional alternative paths and the mechanism for explaining forgiveness and self-compassion. A longitudinal assessment to further delineate the direction of the causal relationship is also suggested. Additionally, mediation must be examined; indeed, a possible alternative model would be that self-compassion reduces levels of depression through the mechanism of reduced lack of forgiveness. Investigating this possibility may yield a conceptual model of how the three variables are associated. Second, while the study variables are pan-cultural, the strength and/or dynamics might differ by country and culture. All participants were Korean teachers, and therefore, caution is required when applying the results to other samples. To improve generalizability, studies must gradually include other populations, such as members of varying occupations, cultural backgrounds, and countries. Third, this study utilized a non-clinical sample. Future research needs to examine this model approach with clinical samples, such as those with depressive disorder, and persons who have experienced particular difficulties such as a recent breakup or lawsuit, in addition to non-clinical samples.

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## Notes

1. A minimum of one year of experience is needed for a teacher to be recognized as career track in Korea.
2. To control for the demographic characteristics, continuous variables such as age and years of teaching experience were coded with their actual numerical values, while categorical variables such as gender, marital status, educational background, and types of school were coded as dummy variables (0 or 1). In general, with  $k$  groups, there will be  $k-1$  coded variables. Therefore, one dummy variable was created for gender (as it has two different groups, men and women), one for marital status, two for education background, and four for types of school.
3. These plot cumulative probabilities (values range from 0 to 1), with observed probabilities (cumulative proportion of cases) on the  $X$  axis and expected probabilities given the normal curve on the  $Y$  axis.

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