

# Lack of forgiveness as a predisposing factor to depression: Comparison of lack of forgiveness in depressed, vulnerable to depression and non-vulnerable to depression subjects

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## Abstract

**Introduction:** Despite growing evidence regarding the relationship between depression and lack of forgiveness, and the belief on the negative effect of depression on the ability to forgive, there are still doubts about the causal relationships between them. Therefore, with respect to lack of forgiveness, this study compared depressed patients with general population that are vulnerable and non-vulnerable to depression. This study was conducted to clarify if lack of forgiveness can be accounted for, as a property which can make people be prone to depression.

**Methods:** In this study, 99 participants completed the Transgression Related Interpersonal Motivations Inventory. Among them, 33 were diagnosed with major depressive disorder (23 female and 10 male; mean age = 22.06;  $\pm$ SD = 2.29 years). Also, 66 of the participants were selected among the general population and half of them were vulnerable to depression (19 female and 14 male; mean age = 23.39;  $\pm$ SD = 4.87 years) and the other half were not (20 female and 13 male; mean age = 23.42;  $\pm$ SD = 1.6 years).

**Results:** The results showed a significant difference in the motivation of avoidance and revenge in the three groups ( $F(4, 190) = 27.8, p < .0005$ ; Wilk's  $\Lambda = 0.39$ , partial  $\eta^2 = 0.37$ ). Pairwise comparisons indicated that there is a statistically significant difference between the three groups with regards to revenge motivations ( $p < 0.005$ ); but there was no difference between the depressed and vulnerable subjects.

**Conclusion:** The current study provided reliable evidence that lack of forgiveness may be regarded as a predisposing factor to depression. In this regard, revenge and avoidance motivation can be assumed as anticipating factors to depression, and are also influenced by depressed symptom.

**Keywords:** Causality, Depression, Forgiveness, Risk Factors

## Introduction

In recent years, many studies were conducted on factors that influence people's ability to forgive others in interpersonal transgressions. There is no generally accepted definition for forgiveness; however, one almost agreed and defined forgiveness as a change in the victim's emotional and behavioral reactions towards the transgressor. In this reaction, negative feelings such as anger, are replaced with more positive feelings (e.g. compassion) and the victim does not tend to avoid the offender or take revenge (1-3). Although, differences in opinion still exist, there appears to be some agreements that forgiveness is a complex process with cognitive, emotional, behavioral, interpersonal and motivational aspects (4).

For instance, McCullough and colleagues (5) emphasized on the motivations involved in forgiveness: tendency to avoid the offender (avoidance motivation), and tendency to reciprocate (revenge motivation) in interpersonal transgressions. Therefore, it is believed that forgiveness is a way of dealing with interpersonal conflicts, and is affected by mood (6). It was reported that lack of forgiveness is related to dissatisfaction in general life, psychosomatic symptoms and depression (7-9). Various studies have been conducted on depression and the lack of forgiveness. The results of these studies show that depressed people have some difficulties in forgiving others (10), and on the other hand, unforgiving people are more depressed (11, 12).

Despite these results, causal relationships between depression and forgiveness are controversial issues. There is evidence that depression and even preexisting levels of depression can influence one's ability to forgive others (10) and different explanations have been presented for it. For instance, the roles of mediating factors such as rumination can be pointed out. Depressed people are more likely to ruminate about unpleasant incidents (13). Moreover, preoccupation with the memories of interpersonal transgressions is related to the inability of people to forgive others (14). In spite of these findings on reciprocal relationships between depression and forgiveness, there are findings that indicate that, inability to forgive others is a factor mediating between insecure attachment styles and the symptoms of depression (15). So, the relationship between depression and lack of forgiveness, which is one of the vulnerability elements in depression, is more complicated than it seems at first glance. According to the relationship between forgiveness and insecure attachment style, this question arises: what is the correlation of forgiveness and depression?

It seems possible that these findings are due to the lack of forgiveness which is one of the predisposed factors in depression. One of the methods for investigating hypotheses about predisposing factors in psychiatric disorders is to study individuals who are vulnerable to disorders and compare them with non-vulnerable samples and psychiatric patients.

With respect to lack of forgiveness, this study compared depressed patients with the general population that are vulnerable and non-vulnerable to depression. According to the authors' knowledge, no similar research has been conducted on the lack of forgiveness; observation of the forgiveness effect on the vulnerable people to depression in the society indicates the hypothesis that forgiveness can be the main contributing factor in depression disorders. The study of danger elements and the properties of contributing factors in depression, which is one of the main problems in health issues, and can be accompanied by society and clinical consequences, can be a very effective step in codification of precautionary programs of this disorder (16, 17). The aim of this study is to clarify if the lack of forgiveness is a predisposing factor to depression.

## Methods

The present study applied a Causal-Comparative design. In this study, 152 volunteer subjects filled out questionnaires. All the subjects were Iranian and Persian. The purpose of the

study was explained to all of them and they gave their written consent.

According to Guilford and Frunchter, in a MANOVA with three variables, for large effect size ( $\eta^2=0.5$ ,  $d=1$ ,  $c=0.5$ ) power 0.9;  $\alpha$ : 0.05, 33 subjects per groups are needed (18). Therefore, 99 subjects with criteria for participation in this study were selected. Among them, 33 participants were diagnosed major depressive disorder (23 female and 10 male; mean age = 22.06;  $\pm$ SD = 2.29 years); 66 were chosen from the general population (33 of them were vulnerable to depression (19 female and 14 male; mean age = 23.39;  $\pm$ SD = 4.87 years) and 33 were not (20 female and 13 male, mean age = 23.42;  $\pm$ SD = 1.6 years)). Depressed subjects were chosen among patients admitted into a private psychiatric clinic in Mashhad, Iran between February and August, 2016. Two non-depressed group samples were chosen among the volunteer students.

The depressed sample was determined by a psychiatrist before inclusion. However, all the subjects were given the Structured Clinical Interview for DSM-IV Axis I Disorder (SCID-I) by a clinical psychologist. Moreover, the Beck Depression inventory (BDI-II) scores of all of them were above 21. The undepressed individuals were investigated with SCID-I and BDI (II) to ensure that they were not depressed. Both groups did not meet the criteria of depression or other psychiatric disorders, and their BDI scores were below 9.

Choosing the vulnerable group to depression disorder was done according to two criteria: If at least one of his or her parents had been diagnosed with depression disorder according to the Family History Screen, and if the style of their attachment was comparable with the vulnerability attachment style questionnaire. Evaluation of the invulnerable group showed that none of them were eligible for these criteria. The VASQ scores were above the cut-off point (57) in the vulnerable group unlike the non-vulnerable one, and the results of FSH indicated that their parents (either father or mother) were depressed. After ensuring that the inclusion criteria were met, lack of forgiveness was assessed.

*Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I)* is a comprehensive tool standardized to evaluate the major psychiatric disorders based on DSM-IV definitions and criteria. It is designed for clinical and research purposes, and carried out in one session (19). The validity and reliability of this tool were reported as acceptable in previous studies (20). For instance, Zanarini (21) investigated the reliability of inter-rater diagnoses and reported that kappa was above 0.7 for the majority of them. The Persian version of this questionnaire was codified by Sharifi and his colleagues (22), and the inter-rater reliability was reported as 0.6 for the majority of the diagnoses. The reliability of this tool was also confirmed in Bakhtiari's (23) study, in which the test-retest reliability was 95% within one week. In the current study, this tool was used to screen the depressed participants with respect to the Axis I Disorders.

*Beck Depression Inventory (BDI-II)* was developed by Aron Beck in 1961 with 21 items. It measures the intensity of emotional, affective, motivational, cognitive and physical symptoms of depression. The scores range from 0 to 63, and

those above 9 indicate the symptoms of depression. The internal consistency of the Persian version of this tool was reported as 0.78. Moreover, the split-half and test-retest reliabilities were reported as 0.81 and 0.75, respectively (24). These criteria were used for evaluation of deep depression in questionnaires.

*Family History Screen (FHS)* is an abridged questionnaire used to obtain the psychological history of a lifetime among the first-degree relatives. It collects the information on 15 psychological disorders and suicide. In this study, the depression form of this questionnaire was used. The results indicate the high reliability of this tool in depression, anxiety disorder, and drug abuse and suicide attempts. This tool was used to check the family history on depression (25).

*Vulnerability attachment style questionnaire (VASQ)* is a short questionnaire which evaluates the subject's behavior, feelings and attitudes towards the attachment figures in order to predict the risk of psychiatric disorders, especially depression in the general population. This questionnaire contains 22 questions and the answers are arranged by five-point Likert scale from 'strongly agree' to 'strongly disagree'. The accumulation of scores for all the questions and cut-off point is more than 57, indicating the existence of vulnerable attachment style in the subject. The validity of this test is assessed against Attachment Style Interview (ASD). The ability of this scale to predict depression disorder is hidden in some cases, which is better than other self-reporting scales, and its test-retest reliability is satisfactory (26). The reliability of this scale was confirmed on Iranian samples (6).

*Transgression Related Interpersonal Motivations Inventory (TRIM)* was used to assess the lack of forgiveness. This scale was created on the basis of McCullough and colleagues (5) theoretical model, which was mentioned in primary part, and assessed the motivations of revenge and avoidance towards an offender in everyday interpersonal situations. So, it has two subscales: revenge with 5 items and avoidance with 7 items. The answers are arranged by five-point Likert scale from 'strongly agree' to 'strongly disagree'. This scale has been shown to have adequate reliability and validity. Construct validity has been supported; Internal consistency reliabilities (alpha) for both subscales are in the range of 0.86 to 0.93; and test-retest reliabilities are in the range of 0.44 to

0.65 (5). The results of investigations of the Psychometric Properties of Iranian version, revealed that the Transgression- Related Interpersonal Motivations inventory is a reliable and valuable instrument (6).

Statistical analysis was done by using SPSS software for Windows (version 23). After ensuring the underlying assumptions, one-way MANOVA was used to compare the three groups.

## Results

The main goal of this research was to evaluate the lack of forgiveness between depressed patients, people non-vulnerable to depression, and those vulnerable to depression. The research was conducted in order to answer this question: Can forgiveness be accounted for as one of the predisposing factors in major depression disorder?

So, two variables: motivation of revenge and motivation of avoidance towards an offender were assessed using questionnaires.

Table 1 presents the means and standard deviations of the Transgression Related Interpersonal Motivations scores for the depressed, vulnerable to depression and non-vulnerable to depression samples.

Initial analysis results showed that the gender factor has no effect on the dependent variables, so, the authors gave up controlling the gender. The results of MANOVA one-way showed significant difference in the motivation of avoidance and revenge in the three groups ( $F(4, 190) = 27.8, p < 0.0005$ ; Wilk's  $\Lambda = 0.39$ , partial  $\eta^2 = 0.37$ ).

Due to rejection of the hypothesis of underlying equal variance, the Games and Howell post hoc test was used. With pairwise comparisons, there was a statistically significant difference between the three groups with regards to revenge motivations ( $p < 0.005$ ); but with regards to avoidance motivations, non-vulnerable to depression group was statistically significantly less than vulnerable and depressed groups in revenge motivations ( $p < 0.0005$ ). However, there was no difference between the depressed and vulnerable to depression samples.

Table1. Descriptive statistics of the clinical depressed, vulnerable to depression and non-vulnerable to depression samples.

| Variable Sample                     | TRIM Avoidance Motivation |             | TRIM Revenge Motivations |             |
|-------------------------------------|---------------------------|-------------|--------------------------|-------------|
|                                     | M (SD)                    | 95% CI      | M (SD)                   | 95% CI      |
| Depressed Sample                    | 31.27 (2.37)              | 30.43-32.11 | 19.63 (3.36)             | 18.44-20.82 |
| Vulnerable to Depression Sample     | 29.72 (4.01)              | 28.30-31.15 | 15.12 (6.43)             | 12.84-17.40 |
| Non-vulnerable to Depression Sample | 24.27 (5.74)              | 22.23-26.30 | 8.93 (2.38)              | 8.09-9.78   |

## Discussion

This study aims to answer the following question: Is the lack of forgiveness a predisposing factor to depression?

As mentioned in the introduction, although some researches have shown that depressed patients can forgive others less than non-depressed individuals, it does not seem to be simply attributed to depression symptoms such as depressed mood (6). For this purpose, depressed patients were compared with the general population who were vulnerable to depression and the non-vulnerable

ones with respect to motivations for the lack of forgiveness.

The results indicated that the vulnerable subjects were more likely to take revenge than the non-vulnerable ones, and depression increased the motivation for revenge significantly. Therefore, it can be assumed that revenge motivation is related to vulnerability to depression and is also influenced by the symptoms of depression. These findings are in line with results of a research which showed that forgiveness can be a protecting factor against depression in interpersonal relationships (27). This

protecting effect is the result of two different mechanisms. Forgiveness reduces the tendency for rumination over the offender. The second one is related to the findings of this research. This finding is actually related to the effect of forgiveness on the decrease of retaliation and revenge motivation for the offender (28), which can prevent anti-social behaviors. This approach provides an opportunity for the victim to take the initiative in releasing positive behaviors towards the offender and other people. The victim can also break the defective cycle of events that is accompanied by interpersonal transgressions (29). So, the findings of the recent research are committed to confirming this hypothesis that some degrees of forgiveness in the format of motivation for retaliation exist in the behavior of people with depression disorder as a predisposing factor. But the revenge scores related to patients diagnosed with depression disorder are significantly higher than those of other groups. This finding shows that depression disorder can increase revenge motivation. So, it can be mentioned that revenge is a premorbid feature in major depressive disorder and its intensity is affected by this disorder.

Another notable finding of this research is that, depressed patients were not significantly different from vulnerable individuals in avoidance motivation. A possible explanation of these findings is that the tendency for avoidance in interpersonal transgressions is not influenced by the symptoms of depression and it may be that, avoidance motivation is related to anticipating factors of depression.

It is a widely-held view that depression is the main reason for lack of forgiveness, and can reduce forgiveness selectively (10). Regarding all the three groups, the stepwise increase in motivation for revenge in interpersonal transgressions was consistent with previous studies that indicate a significant relationship between depression and lack of forgiveness (30-34).

This is while the findings of this research show that lack of forgiveness in the form of revenge motivation and avoidance of the offender is widespread among people with depression disorder. So, it cannot be definitely declared that depression is the main reason for lack of forgiveness. Lack of forgiveness is one of the cause of developing depression and the relationship between lack of forgiveness and depression is mutual. Some characteristics of depressed individuals include anger (35), rumination (36, 37), self-blame, feeling of guilt (38), introversion (39, 40) and interference with forgiveness. Un-forgiveness is associated with negative emotions (41) and the experience of more interpersonal transgressions because of the tendency for revenge (29) which can make individuals be prone to depression.

On the other hand, mentally healthy people are more motivated to forgive others. In this study, participants with no vulnerability to depression had the slightest motivation for taking revenge and avoiding the offender. Healthy individuals do not ruminate over interpersonal transgressions. Not being pessimistic, they try to look at the problem from a logical angle. They are more likely to

forgive themselves and others, an ability which keeps them mentally healthy (42).

According to the results of this study, it is suggested that, revenge motivation can be an anticipating factor to depression and also influenced by depression symptoms. Unlike revenge, avoidance motivation may rise a fundamental personality trait that can influence responses of depressed and vulnerable to depression individuals in interpersonal transgression situations.

## Conclusion

Forgiveness has a spiritual concept which is emphasized in all religions. Many studies have been conducted to investigate the relationship between inability to forgive others and mental health. Results indicated that lack of forgiveness may be regarded as a predisposing factor to depression. Depressed people are more likely to take revenge in an encounter with an offender due to their negative and exaggeratory thoughts and ruminations. However, forgiveness can reduce negative effects (e.g. anger and hostility), and possibly enhance vulnerability to depression. Therefore, forgiveness-based psychotherapies may improve the symptoms of depression and reduce vulnerability to it. Given the small number of studies on forgiveness and the effects of forgiveness-based therapies in Iran, it seems necessary to conduct more investigations about forgiveness.

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