

# The Relationship between Dimensions of Forgiveness with Mental Health in Mothers of Children with Intellectual and Developmental Disabilities

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## Abstract

The aim of the current study was to predict mental health of the mothers of children with intellectual and developmental disabilities from the magnitude of their forgiveness. To fulfill the stated goal 88 mothers of children with intellectual and developmental disabilities by means of accessible sampling procedure, and Besharat mental health (2009) as well as Enright forgiveness inventories standardized by Ghobari Bonab et al. (2003) was given to them. Analysis of data using Pearson's correlation revealed that among mental health (psychological well-being and psychological distress) and all three dimensions of forgiveness a positive relation was found. In other words, individuals who were higher in forgiveness were more satisfied in their mental health. Multivariate regression also revealed that 23% of variations in psychological well-being by affective and cognition, and 20% of variations in psychological distress by cognition and behavioral component can be accounted by dimensions of their forgiveness. Theoretical implication and practical application of the findings have been delineated in the original paper.

**Keywords:** mental health, dimensions of forgiveness, mothers of children with intellectual and developmental disability

## 1. Introduction

In Special Education Needs major, intellectual and developmental disabilities are considered a type of disability that is identified by significant limitation in both intellectual function and adjustment behaviors which appear in conceptual, social and practical skills. This disability originates before the age of 18 (Schalock et al., 2010). Its prevalence level has reported below 1 percent (Hallahan, Kauffman, & Pullen, 2014). Their families, especially mothers, encounter with serious challenges, due to characteristics, such as cognitive and lingual deficiencies with difficulties in adjustment and reaction to environmental demands where their peers often reach these abilities (Lloyd & Hastings, 2008). Mental health is an important psychological variable that is considered in the different social domains. According to the World Health Organization, it includes not only lack of illness, but also well-being and sound interaction in physical, mental, affective and social states and conditions (WHO, 2006).

In relation to mental health, mothers of children with intellectual and developmental disabilities suffer from much tension and are exposed to mental pathology (damage), because they allocate much more time to care their children, and have lifelong cognitive, social and emotional responsibilities for them (Heller, Hsieh, & Rowitz; 1997; Gupta & Kaur, 2010). There are evidences that families of individuals with special education needs, especially mothers of children with intellectual and developmental disabilities encounter with high level of tension, depression, shame and guilt feeling, anxiety, anger, putting blame on them or others, and a set of these factors affect mental health (Heiman & Berger, 2008; Kauffman & Hallahan, 2011; Kirk, Gallagher, & Coleman, 2014).

Although the challenging behaviors of such children are the important predictive factors in parental stress, there is evidence that existence of these children increases solidarity, tolerance, and intimate relationships in families (Hallahan, Kauffman, & Pullen, 2014). With the appearance of the positive psychology and the focus on individuals' competencies to compare and maintain mental health in special education, are considered concepts,

such as tolerance, spirituality and religious beliefs, and their relationships with how to reveal behaviors, child acceptance and rejection, and regularly with adaptation factors (Werner, 2004; Hallahan & Pullen, 2014).

Forgiveness is an important concept in the positive psychology so that it has been reflected in mental health domain and interpersonal relationships. Historically, it has been studied in the domains of philosophy and theology, and often defined practically at the behavioral and emotional framework and cognitive responses in interpersonal relationships (Enright & Human Development Study Group, 1991). Enright and HDSG (1991) have known forgiveness as an intentional release of suffering from offenders' considerable injustice and benevolent response to him/her, even though offender doesn't deserve forgiveness. In this viewpoint, forgiveness is a frank action and is selected by an offended person.

Thompson and Snyder (2003) has defined forgiveness as "making a new perception on offence action and offender who are converted negative emotions to positive emotions or normal state". On relationship between forgiveness and mental health, research evidence has shown that forgiveness releases the relations of the couples of anger and harmful feelings, and lessens anxiety, negative thoughts and emotions, doubt and loneliness, as well as, a process which is provided to solve interpersonal problems, and mental health augments through removing the existing psychological obstacles in couples' damaged relationships and consequently the mental health of the couples increases (Smedes, 1996; Augsburger, 1981; Robinson, 1988).

Reviewing research literature concerning role of family in Special Education Needs major and the vital role of mother's comparative strategies in solving conflicts between couples and harms in interpersonal relationships have suggested that a role of forgiveness in mental health among mothers of these children has not been investigated. On one dimension, the firm theoretical evidence and the effectiveness of forgiveness construct in assisting the harms stemmed from interpersonal relationships, even intact individuals, the need of the families of children with intellectual and development disabilities (especially mothers) using required and effective strategies to maintain mental health and family survival and help these children through this skill, and on the other hand, research vacuum and necessity has accounted for fulfilling the present study.

## **2. Method**

### *2.1 Statistical Population, Sample, Research Conducting Procedure*

The current study and its design was correlational and statistical population included all Tehran's mothers of children with intellectual and developmental disabilities whose children had been recorded at the school year of 2013-2014. To practically apply the present study, these children's mothers completed Mental Health Scale (Besharat, 2009) and Enright Forgiveness Inventory translated and validated by Ghobari et al. (2002). After required following and removing incomplete questionnaire, the number of 88 questionnaires were analyzed.

### *2.2 Instruments*

#### *2.2.1 Mental Health Scale*

This scale is to assess mental health, including two components, psychological well-being and distress. It consists of 28 items with 5-point Likert on a range of 1 to 5. The Cronbach Alpha coefficient of the psychological well-being and psychological distress subscales was 0.94 and 0.91 for healthy participants, 0.93 and 0.90 for ill participants, respectively, reflecting a good internal consistency (Besharat, 2009).

#### *2.2.2 Enright Forgiveness Inventory*

This questionnaire is to evaluate interpersonal forgiveness. It has 60 items that includes 20 items on cognitive dimension, 20 items on emotional dimension, and, 20 items on behavioral dimension. The internal correlation was 0.80 to 0.87 on the whole dimensions. This suggested that these dimensions assessed a construct. Thus, scores could be collected to examine forgiveness. The emotional dimension was estimated almost 0.68 as a criterion item, 0.64 on behavioral dimension, and 0.60 on cognitive dimension. The total correlation was reported almost 0.68 in comparisons with criterion items. Internal consistency of items was 0.97 using the Cronbach Alpha coefficient. This test translated to [Persian] by Ghobari et al. (2002). The correlation between emotional, behavioral, cognitive dimensions and the criterion item (forgiveness) were estimated 0.63, 0.56, and 0.54, respectively. These dimensions were significant altogether at the 0.01 level, showing that these had a significant correlation with the criterion item. The total score was 0.62 and significant with the criterion item at the 0.01 level.

### 3. Results

To determine the proportion of forgiveness dimensions in predicting mental health, Pearson coefficient correlation was applied which had the following results:

Table 1. Coefficient correlation of forgiveness components with mental health

Variable	emotional	behavioral	cognitive
PW-B	0.41**	0.46**	0.37**
PD	-0.31*	-0.19*	-0.22*

\*= $p < 0.05$  \*\*= $p < 0.01$

As Table 1 shows, the emotional, behavioral, cognitive components of forgiveness have a significant relationship with psychological well-being ( $p < 0.01$ ) and psychological distress ( $p < 0.05$ ) components.

To determine the proportion of forgiveness dimensions in explaining the components of the psychological well-being and psychological distress, concurrent regression was used.

Table 2. ANOVA for determining the proportion of forgiveness dimensions in mental health

Criterion variable	source	Sum of squares	df	Square mean	F	Sig	R <sup>2</sup>
PW-B	Regression	3051.19	3	1017.06	9.46	0.01	0.25
	Residual	9138.05	85	107.51			
	Total	12189.20	88				
PD	Regression	2831.94	3	94.98	7.07	0.01	0.20
	Residual	11355.95	85	13.60			
	Total	14187.89	88				

According to Table 2, regression equation based on the prediction and explanation of psychological well-being ( $F=9.46$ ,  $p < 0.01$ ), and psychological distress ( $F=3.61$ ,  $p < 0.01$ ) is significant through forgiveness components. Now, to determine the proportion of three components, standard coefficients are reported in the following manner:

Table 3. The regression coefficients of mental health based on forgiveness components

Criterion	Predictive	R	R <sup>2</sup>	B	Beta	T	Sig
PW-B	Constant			29.63		6.03	0.01
	Emotional	0.50	0.25	0.09	0.29	2.82	0.01
	Behavioral			0.05	0.20	1.62	0.10
	Cognitive			0.10	0.39	2.98	0.01
PD	Constant			48.81		8.91	0.01
	Emotional	0.45	0.20	-0.06	-0.19	-1.83	0.07
	Behavioral			-0.11	-0.40	-3.13	0.01
	Cognitive			-0.10	-0.40	-2.94	0.01

Table 3 showed that forgiveness dimensions have a multi-correlation with psychological well-being ( $R=0.05$ ,  $p < 0.01$ ) and psychological distress ( $R=0.45$ ,  $p < 0.01$ ) that have explained 25% of psychological well-being variability and variance. In spite of that the standard coefficient of three components has been significant; the emotional, cognitive components have an explanatory role, but the behavioral component hasn't. These

components have explained 20% of psychological distress variability and variance. The behavioral and cognitive components have had an explanatory role, whereas the emotional component hasn't.

#### 4. Discussion

The main aim of the present study was to predict and explain mental health through forgiveness magnitude. The outcomes by correlation coefficient method indicated that the emotional, behavioral, cognitive dimensions of forgiveness have a significant relationship with mental health (psychological well-being and psychological distress). The important thing to explain interpersonal events and a forgiveness role in predicting the crucial factors relevant to mental health, is that interpersonal conflicts are the negative inevitable events where direct the different consequences in terms of how to solve those issues. The inappropriate solution of the interpersonal conflicts likely results in interpersonal tensions, while the opportune and valid solution of these conflicts ends in beneficially conserve interpersonal relationships and enhance psychological distress (McCullough & Worthington, 1999). The individuals who suffer from the interpersonal harms rooted in psychological responses, such as negative perception on offender's effort, avoidance from offender, hostility perception growth, negative mental ruminations; that diminish the probabilities of forgiveness in them. The individuals who also experience the repeated interpersonal conflicts, counteract hostile tendencies, anger, social avoidance, and miss the social support and intimate relationships (McCullough, 2000). The review of research on relationship between forgiveness and mental health supports the present study. Research evidence suggests that forgiveness has a negative relationship with anger, hostility, nervous disorders, phobia and revengeful ruminations, and a positive relationship with adaptation, extroversion, mental health, empathy behaviors (Berry, Worthington, O'Connor, Parrott, & Wade, 2005). In Special Education, couples' satisfaction is one of the critical psychological variables concerning the mothers of children with intellectual and developmental disabilities which plays a major role in their mental health. The children's challenging behaviors have an effect on couples' relationships, satisfaction and mental health (Sobsey, 2004). On psychological distress dimension and its explanation through forgiveness, research evidence indicates that the distress among couples in the marriage relations associates regularly with anger and ruminations rooted from the negative marital relations and perceived harms from each of the committed couples. Under these circumstances, rumination can be concerning anger, depression, low mental and physical health, and low forgiveness tendencies; but on psychological well-being dimension, there is a positive relationship between the forgiveness traits, and the mental and physical health (Berry & Worthington, 2001). Forgiveness releases couples of anger defeat and suffering feelings. It reduces anxiety, and negative thoughts and emotions. In addition, there is firm evidence that the forgiveness strategies are necessary to promote the endurance and tolerance level in the relationship between couples. It directs the merciful couples' typical tendencies, in an exalted manner, for the purpose of giving positive response to eliminate anger and suffer (Smedes, 1996; DiBlasio, 1996). In relation to the emotional, behavioral, cognitive dimensions of forgiveness, and its significance in the recent study, there is a firm theoretical and empirical support; for instance, forgiveness is a behavior that prevents revengeful responses, and replaces peaceful responses, beneficial emotional and cognitive behaviors. It is a multi-dimensional approach so that behavior reflects the emotion and cognition of multi-dimensional forgiveness responses; for example, a person likely distinguishes the reasons of committed guilt by an offender (cognitive), sympathizes with an offender (emotional) and makes an effort to solve a problem (behavioral) (Zechmeister & Romero, 2002). In the present study, although forgiveness could properly anticipate mental health in these children's mothers, the proportion of each of these components has been various in explaining and predicting mental health; its reasons can cover up personality traits, attitudes, religious beliefs, locus of control, and so on. Limitation is a correlation design in the present study, in which it isn't able to more reliably explain the cause-effect relations of outcomes.

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