



Divine, interpersonal and self-forgiveness: Independently related to depressive symptoms?

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ABSTRACT

Interpersonal forgiveness, self-forgiveness and divine forgiveness have all been related to depressive symptoms. But does each type of forgiveness account for unique variance in depression? Two studies examine this question. Study 1 ($n = 574$) showed that each form of forgiveness was related to concurrent depressive symptoms independently of the other two. The magnitude of the association was highest for self-forgiveness, followed by interpersonal forgiveness and then divine forgiveness. Study 2 ($n = 446$) provides a conceptual replication and extension of Study 1. Although all three types of forgiveness again accounted for unique variance in concurrent depressive symptoms, only interpersonal and self-forgiveness predicted depressive symptoms 10 weeks later. To help understand these findings the features of each type of forgiveness are re-examined. Several limitations of the studies and paths for future research are outlined.

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“No future without forgiveness” (Tutu, 1999)

Research on forgiveness has flourished in the 21st century with some 1,395 peer reviewed articles including the term ‘forgive’ or ‘forgiveness’ in their title according to PsychInfo (17 May 2019). Indeed, the second edition of the Handbook of Forgiveness is about to appear (Worthington & Wade, *in press*). Although previously labelled the ‘stepchild of forgiveness research’ (Hall & Fincham, 2005), a handbook on the psychology of self-forgiveness has also recently emerged (Woodyatt, Worthington, Wenzel, & Griffin, 2017). These circumstances are particularly noteworthy given that 5 scientific studies on forgiveness were conducted prior to 1985 and that only 55 appeared in the following 13 years (Worthington, 1998). This early relative lack of research on forgiveness has been attributed to its identification with theology (Fitzgibbons, 1986).

Although many factors are likely responsible for the growth of forgiveness research in the 21st century, one that stands out is the belief that forgiveness is propitious to mental health. Research subsequently supported this belief as demonstrated in impressive meta-analyses of basic research (Fehr, Gelfand, & Nag, 2010; Riek & Mania, 2012) and research on forgiveness interventions (Wade, Hoyt, Kidwell, & Worthington, 2014). For example, Riek and Mania (2012) found that across 22 studies involving 4,510 participants forgiveness correlated with depressive symptoms, $r = -.26$. In a similar vein Wade et al. (2014) found that even though forgiveness interventions did not

target depressive symptoms, levels of depression decreased among participants receiving such interventions compared to those who received no treatment (effect size, $\Delta_+ = .34$, studies = 10). As regards self-forgiveness, a recent meta-analysis found a strong association between this form of forgiveness and depressive symptoms (effect size, $r = -.48$; $N = 10,874$, 36 studies, Davis et al., 2015).

Notably absent from the above observations about research on forgiveness is reference to a third type of forgiveness, divine forgiveness or forgiveness by God. Early on, McCullough and Worthington (1999) encouraged forgiveness researchers to pay attention to the religious roots of forgiveness noting that “basic research on forgiveness could probably be enriched considerably by examining the ways that religious traditions, beliefs, and rituals ... influence the common, earthly aspect of forgiveness” (p. 1143). Although this advice is honored more in the breach than observance, it remains relevant today given that the majority of the world’s population profess a religious faith. The emphasis on divine forgiveness in the world’s longstanding religions (Lundberg, 2010) further highlights the need to embrace fully the study of this type of forgiveness. Because religious beliefs are central to so many people’s lives and may influence their everyday actions, it is unlikely that we will understand the role of forgiveness in human behavior without considering divine forgiveness.

Research on divine forgiveness is not altogether absent from the literature (e.g., Akl & Mullet, 2010; Hirsch, Webb, & Jeglic, 2012; Toussaint, Williams, Musick, & Everson-Rose, 2008). However, careful examination shows that it has not given rise to a systematic body of research possibly because forgiveness by God is often not the central topic studied. Rather, divine forgiveness tends to be an issue that is included among numerous variables assessed. Perhaps not surprisingly, divine forgiveness often is measured using a single item (typically, 'I know God forgives me,' see Griffin, Lavelock, & Worthington, 2014) that assesses a belief and therefore might reflect religious orthodoxy rather than the respondent's experience of divine forgiveness (Toussaint, Owen, & Cheadle, 2012).

Notwithstanding the above observations, there is some evidence to suggest that divine forgiveness, like interpersonal and self-forgiveness, may relate to well-being. For example, Toussaint et al. (2008) found that in a probability sample of U.S. adults feeling forgiven by God was associated with decreased odds of depression for women (for similar findings see Lawler-Row, 2010). Similarly, Krause and Ellison (2003) found that feeling forgiven by God was associated with lower levels of depressed affect among older adults and among college students feeling forgiven by God was associated with decreased levels of inward anger and suicidal behavior (Hirsch et al., 2012). Finally, experiencing divine forgiveness is associated with the use of words signifying positive emotion and gratitude (Abernathy et al., 2016).

It can be seen that interpersonal forgiveness, self-forgiveness and, to a lesser extent, divine forgiveness have all been found to be related to depressive symptoms. This raises the obvious question of whether they do so independently. This question is emphasized by the argument that being forgiven by God is likely to facilitate self-forgiveness. Buttressing this argument are six studies that provide initial evidence to show that divine forgiveness is indeed related to self-forgiveness (Fincham & May, *in press*; Fincham, May, & Carlos-Chavez, *in press*; Hall & Fincham, 2008; Krause, 2015, 2017; McConnell & Dixon, 2012). Fincham et al. (*in press*) found that earlier divine forgiveness predicted later self-forgiveness but not vice versa suggesting that the direction of effects are unidirectional. Whether the effects are unidirectional or not it appears that divine forgiveness and self-forgiveness share common variance.

Similar arguments to those just offered apply to divine forgiveness and interpersonal forgiveness among humans. Indeed, the two types of forgiveness are explicitly linked in major faith traditions. For example, in the Christian

tradition the fifth petition of the Lord's prayer reads, "And forgive us our debts, as we also have forgiven our debtors (Matthew 6:12). In a similar vein in the Qur'an we read, 'Those who spend (freely), whether in prosperity or in adversity, who restrain anger, and forgive (the offences of) people – for God loves those who do good.' (Surah 3:134). In both traditions, God forgives human wrongdoing, serves as a model of how to forgive, loves those who forgive others' wrongdoings, and portray forgiveness among humans as a moral imperative. From this perspective, one might expect divine forgiveness and interpersonal forgiveness to share common variance, an expectation that is supported by extant data. For example, divine forgiveness is related to greater interpersonal forgiveness in older adults (Krause & Ellison, 2003; Lawler-Row, 2010) and in college students (e.g., Hirsch et al., 2012). In a sample that varied widely in age (18–84 years), Akl and Mullet (2010) found that divine forgiveness related to memories of forgiveness in families.

The question of whether divine forgiveness adds anything to our understanding of the robust relationship documented between forgiveness (both interpersonal and self-forgiveness) and well-being is therefore important in light of both the conceptual arguments offered as well as empirical evidence linking divine forgiveness and human forms of forgiveness. Because it is the case that 'different types of forgiveness have largely been examined in isolation from each other' (Krause, 2015, p. 129) we do not offer any explicit hypotheses. Instead, this study addresses the question of whether each type of forgiveness accounts for variance in an indicator of well-being, depression, over and beyond that of the other two.

Study 1

Participants and procedure

Participants ($n = 574$) were college students recruited from courses that met university liberal studies requirements. Most were from human and social sciences where the majority of the students in these departments and colleges are female. Participants were given the opportunity to earn a small amount of extra credit by completing an online survey that had been approved by the university's Institutional Review Board. Of the participants, 540 (94.1%) were female, with 394 (68.6%) identifying as Caucasian, 64 (11.1%) as African-American, 80 (13.9%) as Latino, 21 (3.7%) as Asian, 3 (.5%) as Native American, 6 (1.0%) as Middle Eastern and 6 declined to provide ethnic/racial information. The mean age of participants was 20.02 ($SD = 2.01$) years.

Measures

Religion

Two items assessed religious participation and the centrality of religion in the participant's life, respectively. The first asked about frequency of participation in religious services, 'How often do you attend religious/spiritual services or meetings' and was answered on a four-point scale (1 = 'Never, almost never' to 4 = 'One or more times a week'). The second asked about the importance of religion in the respondent's life, 'How important is religion/spirituality in your life,' again answered on a four-point scale (1 = 'Not important' to 4 = 'Very important'). The two items were strongly correlated ($r = .78$) and hence they were combined to yield a single index with higher scores reflecting greater religiosity.

Forgiveness by God

Divine forgiveness was assessed using three items. One item asked how often the respondent felt forgiven by God using a four-point scale ranging from 'never' to 'many times.' Participants also expressed their agreement (1 = 'strongly disagree' to 4 = 'strongly agree') with the statements, 'When I do something wrong, God is quick to forgive me,' and 'I am certain that God forgives me when I seek His forgiveness.' The three items showed adequate internal consistency reliability ($\alpha = .74$). Higher scores reflected greater perceived forgiveness by God.

Self-forgiveness

Self-forgiveness was assessed using 4 items. Example items included, 'It is really hard for me to accept myself after I have hurt someone else,' 'I have a tendency to hold grudges toward myself'. These 4 items yielded a satisfactory coefficient alpha in the present sample, .79, and in an independent sample correlated .50 with the self-forgiveness subscale of the Heartland Forgiveness Scale (Thompson et al., 2005). Higher scores reflected greater self-forgiveness.

Interpersonal forgiveness

Forgiveness of others was assessed using the Tendency to Forgive Scale (TTF; Brown, 2003). The TTF consists of four items (e.g., 'I tend to get over it quickly when someone hurts my feelings') that were answered on Likert-type scales anchored by 1 (strongly disagree) and 5 (strongly agree). Higher scores reflected greater forgiveness. Coefficient alpha in the present sample was .64.

Depressive symptoms

Depressive symptoms were measured using the 10-item Center for Epidemiologic Studies Depression Scale (CES-D; Santor & Coyne, 1997). The CES-D has

been widely used to measure depressive symptoms in nonclinical samples. The CES-D has participants respond to a list of ways they may have felt or behaved during the previous week (0 = rarely or none of the time, 3 = most or all of the time). Items include 'I felt depressed,' 'I felt fearful,' and 'I was happy.' Responses were summed into an overall score with a possible range of 0–30. Some items were reverse coded, such that higher responses indicate more depressive symptoms. Coefficient alpha in the current sample was .81

Results and discussion

The means, standard deviations and correlations among the study variables appear in Table 1. All three measures of forgiveness are inversely related to depressive symptoms with the associations for self-forgiveness and interpersonal forgiveness being twice the size of that for divine forgiveness. Both self-forgiveness, $z = -3.21$, $p < .01$, and interpersonal forgiveness, $z = -2.01$, $p < .05$, had significantly higher correlations with depressive symptoms than divine forgiveness.

Does each type of forgiveness account for unique variance in depressive symptoms?

To address whether each of the three types of forgiveness account for variance in depressive symptoms over and above that of the other two types, all three forgiveness indices were entered in to a regression equation where depressive symptoms served as the dependent variable. In this analysis, divine forgiveness, $\beta = -.12$, $p < .01$, self-forgiveness, $\beta = -.27$, $p < .001$, and interpersonal forgiveness $\beta = -.17$, $p < .001$, all accounted for unique variance in depressive symptoms. To examine whether the result obtained for divine forgiveness might simply reflect religiosity, this variable was added as a predictor variable in the regression equation. None of the results changed.

This study advances research on forgiveness as it is among the first to examine all three forms of forgiveness in a single study. The present results are consistent with past research in showing that all three types of forgiveness are related to an indicator of mental health,

Table 1. Means, standards deviations and correlations among study variables.

Variable	1	2	3	4	5
1. Divine Forgiveness		.06 _{ns}	.08	.52	-.13
2. Self-Forgiveness			.27	-.06 _{ns}	-.31
3. Interpersonal forgiveness				.09	-.26
4. Religiosity					-.08
5. Depressive symptoms					
Mean	3.30	2.72	2.94	2.57	18.80
Standard Deviation	.79	.82	.68	1.01	5.07

ns = nonsignificant. All other correlations are significant at $p < .03$.

depressive symptoms. Moreover, they show that this association does not simply reflect level of religiosity. It demonstrates that even though the three types of forgiveness share common variance, they all account for unique variance in depressive symptoms. This suggests that independent investigation of the well-being correlates of forgiveness, as has occurred in the literature, has not yielded spurious findings, at least in the sense that the correlates of one type of forgiveness do not simply reflect associations for a different type of forgiveness. Notwithstanding the encouraging findings of the present study, it warrants replication to determine whether the results obtained are robust.

Study 2

Study 2 comprises a conceptual replication and extension of Study 1. It is a conceptual replication in that different measures of self-forgiveness, interpersonal forgiveness and depressive symptoms are used. The study is also an extension of Study 1 because the temporal relations between forgiveness and depressive symptoms are examined. This is important to do because one cannot assume that the concurrent and temporal correlates of forgiveness will be the same.

Participants and procedure

Participants ($n=446$) were college students recruited from courses that met university liberal studies requirements. Most were from human and social sciences where the majority of the students in these departments and colleges are female. Of the participants, 413 (92.6%) were female, with 290 (64.9%) identifying as Caucasian, 64 (14.3%) as African-American, 60 (13.4%) as Latino, 15 (3.7%) as Asian, 12 (2.7%) as 'other' and 5 declined to provide ethnic/racial information. The mean age of participants was 20.28 ($SD = 2.02$) years.

Measures

Religion

The two items used in Study 1 were administered. However, the item 'How often do you attend religious/spiritual services or meetings' was answered on an 8-point scale (0 = 'Never' to 7 = 'About once a day'). Similarly, the item 'How important is religion/spirituality in your life,' was answered on an 8-point scale (1 = 'Not at all' to 8 = 'Extremely important'). In the present study, they again correlated highly ($r = .73$). They were therefore combined to yield a single index with higher scores reflecting greater religiosity.

Forgiveness by God

Divine forgiveness was assessed in a similar manner to that used in Study 1 by again using three items. An attempt was made to improve the internal consistency of the measure ('I am certain that God forgives me when I seek His forgiveness,' 'Knowing that I am forgiven for my sins gives me the strength to face my faults and be a better person,' 'How often have you felt that God forgives you?'). In the present sample, coefficient alpha ($\alpha = .89$) was higher than in Study 1. Higher scores reflected greater perceived forgiveness by God.

Self-forgiveness

Self-forgiveness was assessed using 6 items (e.g., 'I feel badly at first when I hurt someone else but I am soon able to forgive myself', 'It is really hard for me to accept myself after I have hurt someone else'). These items yielded a satisfactory coefficient alpha in the present sample (.72) and in an independent sample correlated .64 with the self-forgiveness subscale of the Heartland Forgiveness Scale (Thompson et al., 2005). Higher scores reflected greater self-forgiveness.

Interpersonal forgiveness

Forgiveness of others was assessed using the subscale of the Heartland Forgiveness Scale (Thompson et al., 2005) that assesses interpersonal forgiveness. This scale comprises six items (e.g., "Although others have hurt me in the past, I have eventually been able to see them as good people). In the present sample, coefficient alpha was .79. Higher scores reflected greater forgiveness.

Depressive symptoms

Depressive symptoms were assessed at two different time points; during the initial survey and then 10 weeks later. We used the depression subscale of the widely used Depression, Anxiety and Stress Scales (DASS – 21, Lovibond & Lovibond, 1995). The depression subscale measures dysphoric mood states, including self-depreciation, lack of interest/involvement, hopelessness, and anhedonia. Respondents were asked to indicate how much each item applied to them over the past week (e.g., 'I felt down-hearted and blue'). They indicated their response on a 4-point scales (0 = did not apply to me at all, 3 = applied to me very much, or most of the time). Cronbach's alpha in the present study was .90 at Time 1 and .91 at Time 2.

Results and discussion

The means, standard deviations and correlations among the study variables appear in Table 2. As in Study 1, all three measures of forgiveness showed statistically

Table 2. Means, standards deviations and correlations among study variables.

Variable	1	2	3	4	5	6
1. Divine Forgiveness		.10	.19	.65	-.21	-.13
2. Self-Forgiveness			.10	.08 _{ns}	-.39	-.30
3. Interpersonal forgiveness				.09 _{ns}	-.18	-.32
4. Religiosity					-.16	-.09 _{ns}
5. T1 Depressive symptoms						.52
6. T2 Depressive symptoms						
Mean	7.68	17.32	30.23	8.19	3.04	3.04
Standard Deviation	2.34	4.01	6.0	3.80	3.86	3.93

ns = nonsignificant. All other correlations are significant at $p < .05$.

significant inverse correlations with concurrent depressive symptoms. Self-forgiveness correlated more strongly with depressive symptoms than divine forgiveness, $z = -3.0$, $p < .01$, and also more highly than interpersonal forgiveness, $z = -3.49$, $p < .01$. As regards longitudinal relations, similar findings were obtained in that all three forgiveness measures correlated with later depressive symptoms. However, both self-forgiveness, $z = -2.15$, $p < .05$, and interpersonal forgiveness, $z = -2.31$, $p < .05$, correlated more highly with later depressive symptoms than divine forgiveness.

A regression analysis was performed in which the three forgiveness measures were used to predict concurrent levels of depressive symptoms. Replicating the findings of Study 1, divine forgiveness, $\beta = -.15$, $p < .001$, self-forgiveness, $\beta = -.37$, $p < .001$, and interpersonal forgiveness, $\beta = -.13$, $p < .01$, all accounted for unique variance in depressive symptoms. Adding the measure of religiosity to the equation did not alter these significant findings.

To examine the temporal relations between types of forgiveness and depressive symptoms a second regression equation was examined. All three forgiveness indices were entered, along with initial levels of depressive symptoms, into a regression equation where later depressive symptoms served as the dependent variable. As expected initial levels of depression were significantly related to later depressive symptoms, $\beta = .44$, $p < .001$, along with self-forgiveness, $\beta = -.11$, $p < .05$, and interpersonal forgiveness $\beta = -.22$, $p < .01$.

The present study provided a conceptual replication of the findings obtained in Study 1 as divine, interpersonal and self-forgiveness again related independently to concurrent levels of depressive symptoms. As in Study 1, the strongest association was for self-forgiveness, which was significantly higher than that obtained for divine forgiveness. Although there was a temporal relation between all three types of forgiveness and depressive symptoms at the bivariate level, only interpersonal forgiveness and self-forgiveness accounted for unique variance in later depressive symptoms after initial levels of depression had been taken into account.

General discussion

Because interpersonal forgiveness, self-forgiveness and divine forgiveness tend to be investigated independently of each other, the present studies examined whether they each contributed to unique variance in a well-being index, depressive symptoms, that has documented associations with all three types of forgiveness. It is perhaps not surprising that across two studies each form of forgiveness did indeed account for unique variance in concurrent depressive symptoms. The reason why one might expect this to be the case is suggested by re-examination of the forgiveness types. Interpersonal and self-forgiveness both involve the granting of forgiveness but each has a different referent and reflect different underlying processes.

Wrongs perpetrated by others against the self, result in hurt that gives rise to immediate fear (of being hurt again), anger or both. Motivation to avoid the source of the harm, or even a desire to retaliate or seek revenge, is common and must be overcome in the forgiveness process. This process is likely dependent on self-esteem (to recognize that one deserves better treatment), ability to regulate emotion (to overcome negative affect), and perhaps optimism (to envision a better future that might include reconciliation). These processes contrast with the low self-esteem, emotional dysregulation and pessimism that characterize depression and may account for the robust association between interpersonal forgiveness and depression.

Turning to wrongs requiring self-forgiveness, negative evaluation of one's hurtful behavior, guilt, and negative evaluation of the self, shame, are central (Hall & Fincham, 2005). Not surprisingly, self-forgiveness is inversely related to guilt (e.g., Zechmeister & Romero, 2002) and shame (e.g., Ranganathan & Todorov, 2010). Because 'Shame and guilt are not only frequently associated with depressive affect in everyday life but also with depression as a clinically relevant disorder,' (Orth, Berking, & Burkhardt, 2006, p. 1608), it follows that there should be a particularly strong relationship between self-forgiveness and depression, something that was found in the present studies. Indeed, the magnitude of the self-forgiveness-depressive symptoms association was the largest in both studies and differed significantly from that obtained for interpersonal forgiveness (Study 2) and divine forgiveness (Studies 1 and 2).

The relatively weak association between divine forgiveness and depressive symptoms may arise for two reasons. First, rather than involving the granting of forgiveness divine forgiveness entails seeking forgiveness. Intrinsic to depression is a negative view of the self that likely impedes efforts to seek forgiveness. Second, forgiveness is granted by a supernatural entity whose mental

representation can vary widely. From early research (e.g., Spilka, Armatas, & Nussbaum, 1964) to contemporary research (e.g., Johnson, Okun, & Cohen, 2015) on mental representation of God, two broad conceptions have been found: a kindly or benevolent God (e.g., 'forgiving,' 'loving,' 'merciful') and a wrathful or authoritarian God (e.g., 'critical,' 'punishing,' 'stern'). For those who see God primarily as the former, the experience of feeling forgiven by God may be relatively rare leading to a restricted range of responding and thereby attenuating any correlation with depression. On the other hand, some persons who primarily view God as benevolent (forgiving) may experience greater forgiveness but could attribute this to the nature of God rather than to anything about themselves. Taken together, both these considerations might account for the relatively lower association with depressive symptoms. If correct, this argument suggests that the correlates of divine forgiveness will be understood more fully only when mental representations of the divine are taken in to account.

Notwithstanding the intriguing results reported, several limitations require consideration when interpreting them. First, the samples studied were primarily Christian and whether such findings will emerge for other religious belief systems, especially non-Abrahamic faiths (e.g., Hinduism, Shinto), is unknown. Second, the samples are limited to a specific developmental period, emerging adulthood, and therefore cannot be generalized to adults or older persons. Third, even though a strength of these findings is that they were replicated across different operationalizations of each of the three types of forgiveness, it cannot be assumed that findings will remain similar across all measures of forgiveness, especially those that reflect state forgiveness which was not evaluated in the present research. Finally, the need for a psychometrically rigorous measure of divine forgiveness is needed in future research.

Despite the above concerns, the present findings have a great deal of heuristic value. They highlight the need for systematic research on a third form of forgiveness, divine forgiveness, and are among the first to integrate investigation all three forms of forgiveness. It is clear that continuing to overlook the religious roots of the construct of forgiveness will yield an incomplete understanding of how forgiveness influences human behavior, especially for the large majority of the world population that profess a religious faith. It is hoped that the present results will stimulate greater interest in doing so.

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References

- Abernathy, A. D., van Oyen-Witvliet, C., Kurian, K. R., Brown, S., Ub, M., Rioce, B., & Rold, L. (2016). Varieties of religious experience: A study of closeness to God, struggle, transformation, and confession-forgiveness in communal worship. *Journal of Psychology and Christianity, 35*, 9–21.
- Akl, M., & Mullet, E. (2010). Forgivingness: Relationships with conceptualizations of divine forgiveness and childhood memories. *International Journal for the Psychology of Religion, 20*, 187–200.
- Brown, R. P. (2003). Measuring individual differences in the tendency to forgive: Construct validity and links with depression. *Personality and Social Psychology Bulletin, 29*, 759–771. doi:10.1177/0146167203029006008
- Davis, D. E., Ho, M. Y., Griffin, B. J., Bell, C., Hook, J. N., Van Tongeren, D. R., ... Westbrook, C. J. (2015). Forgiving the self and physical and mental health correlates: A meta-analytic review. *Journal of Counseling Psychology, 62*, 329–335.
- Fehr, R., Gelfand, M. J., & Nag, M. (2010). The road to forgiveness: A meta-analytic synthesis of its situational and dispositional correlates. *Psychological Bulletin, 136*, 894–914.
- Fincham, F. D., & May, R. W. (in press). Self-forgiveness and well-being: Does divine forgiveness matter? *Journal of Positive Psychology*.
- Fincham, F. D., May, R. W., & Carlos Chavez, F. L. (in press). Does being religious lead to greater self-forgiveness? *Journal of Positive Psychology*.
- Fitzgibbons, R. P. (1986). The cognitive and emotive uses of forgiveness in the treatment of anger. *Psychotherapy: Theory, Research, Practice, Training, 23*, 629–633.
- Griffin, B. J., Lavelock, C. R., & Worthington, E. L. (2014). On earth as it is in heaven: Healing through forgiveness. *Journal of Psychology and Theology, 42*, 252–259.
- Hall, J. H., & Fincham, F. D. (2005). Self-forgiveness: The stepchild of forgiveness research. *Journal of Social and Clinical Psychology, 24*, 621–637.
- Hall, J. H., & Fincham, F. D. (2008). The temporal course of self-forgiveness. *Journal of Social and Clinical Psychology, 27*, 171–198.
- Hirsch, J. K., Webb, J. R., & Jeglic, E. L. (2012). Forgiveness as a moderator of the association between anger expression and suicidal behavior. *Mental Health, Religion & Culture, 15*, 279–300.
- Johnson, K. A., Okun, M. A., & Cohen, A. B. (2015). The mind of the Lord: Measuring authoritarian and benevolent God representations. *Psychology of Religion and Spirituality, 7*, 227–238.
- Krause, N. (2015). Trust in God, forgiveness by God, and death anxiety. *Omega: Journal of Death and Dying, 72*, 20–41.
- Krause, N. (2017). Religious involvement and self-forgiveness. *Mental Health, Religion & Culture, 20*, 128–142.
- Krause, N., & Ellison, C. G. (2003). Forgiveness by God, forgiveness of others, and psychological well-being in later life. *Journal of Psychology and Theology, 42*, 77–94. Retrieved from <http://www.jstor.org/stable/1387986>

- Lawler-Row, K. A. (2010). Forgiveness as a mediator of the religiosity-health relationship. *Psychology Of Religion and Spirituality*, 2, 1–16. doi:10.1037/a0017584
- Lovibond, P. F., & Lovibond, S. H. (1995). The structure of negative emotional states: Comparison of the depression anxiety stress scales (DASS) with the Beck depression and anxiety inventories. *Behaviour Research and Therapy*, 33, 335–343.
- Lundberg, C. D. (2010). *Unifying truths of the world's religions*. New Fairfield, CT: Heavenlight Press.
- McConnell, J. M., & Dixon, D. N. (2012). Perceived forgiveness from God and self-forgiveness. *Journal of Psychology and Christianity*, 31, 31–39.
- McCullough, M. E., & Worthington, E. L. (1999). Religion and the forgiving personality. *Journal of Personality*, 67, 1141–1164.
- Orth, U., Berking, M., & Burkhardt, S. (2006). Self-conscious emotions and depression: Rumination explains why shame but not guilt is maladaptive. *Personality and Social Psychology Bulletin*, 32, 1608–1619.
- Ranganathan, A. R., & Todorov, N. (2010). Personality and self-forgiveness: The roles of shame, guilt, empathy and conciliatory behavior. *Journal of Social and Clinical Psychology*, 29, 1–22.
- Riek, B. M., & Mania, E. W. (2012). The antecedents and consequences of interpersonal forgiveness: A meta-analytic review. *Personal Relationships*, 19, 304–325.
- Santor, D. A., & Coyne, J. C. (1997). Shortening the CES-D to improve its ability to detect cases of depression. *Psychological Assessment*, 9, 233–243. doi:10.1037/1040-3590.9.3.233
- Spilka, B., Armatas, P., & Nussbaum, J. (1964). The concept of God: A factor-analytic approach. *Review of Religious Research*, 6, 28–36.
- Thompson, L. Y., Snyder, C. R., Hoffman, L., Michael, S. T., Rasmussen, H. N., Billings, L. S., et al. (2005). Dispositional forgiveness of self, others, and situations. *Journal of Personality*, 73, 313–359.
- Toussaint, L., Williams, D., Musick, M., & Everson-Rose, S. (2008). The association of forgiveness and 12-month prevalence of major depressive episode: Gender differences in a probability sample of U.S. adults. *Mental Health, Religion and Culture*, 11, 485–500.
- Toussaint, L. L., Owen, A. D., & Cheadle, A. (2012). Forgive to live: Forgiveness, health, and longevity. *Journal of Behavioral Medicine*, 35, 375–386.
- Tutu, D. M. (1999). *No future without forgiveness*. New York: Doubleday.
- Wade, N. G., Hoyt, W. T., Kidwell, J. E. M., & Worthington, E. L., Jr. (2014). Efficacy of psychotherapeutic interventions to promote forgiveness: A meta-analysis. *Journal of Consulting and Clinical Psychology*, 82, 154–170.
- Woodyatt, L., Worthington, E. L., Wenzel, M., & Griffin, B. J. (Eds.). (2017). *Handbook of the psychology of self-forgiveness*. Cham, Switzerland: Springer Nature.
- Worthington, E. L. (1998). Introduction. In E. L. Worthington (Ed.), *Dimensions of forgiveness: Psychological research and theological perspectives* (pp. 1–5). Philadelphia, PA: Templeton Press.
- Worthington, E. L., & Wade, N. G. (Eds.). (in press). *Handbook of forgiveness* (2nd ed.). New York: Routledge.
- Zechmeister, J. S., & Romero, C. (2002). Victim and offender accounts of interpersonal conflict: Autobiographical narratives of forgiveness and unforgiveness. *Journal of Personality and Social Psychology*, 82, 675–686.