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Hurt and Psychological Health in Close Relationships

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Hurt and Psychological Health in Close Relationships

To love at all is to be vulnerable. Love anything, and your heart will certainly be wrung and possibly broken.

– C.S. Lewis, *The Four Loves*

Experiencing hurt is an inevitable part of being in a close relationship. The depth of feeling and emotion that come from loving another brings with it in equal measure the potential for pain and anguish. This conundrum is arguably the most frequently explored theme in art, literature and religious thought. Despite the pain that inexorably follows love, the vast majority of individuals in Western culture continue to invest themselves in love, marriage, and family (Gallup, 2006). The happiness associated with loving relationships such as marriage is substantial and is well documented in psychological research. On the other hand, the hurt associated with love is also substantial and its sequelae have also been documented. This hurt borne of love often goes beyond temporary feelings of sadness or disappointment and is linked to psychological distress.

The first section of the chapter examines the relationship between experiencing hurt in close relationships and mental health. We discuss experienced hurt in relation to chronic and discrete transgressions, and provide prototypes to illustrate how reactions to each type of event may be related to psychological health. In the second section, we propose a conceptual model, in which forgiveness mediates the relationship between hurtful events and mental health. We also explore some potential moderators that may influence the forgiveness process. Finally, we make suggestions for future research.

Close Relationships and Mental Health: The Best of Times... the Worst of Times

Close relationships are a blessing and a burden when it comes to mental health and well-being. Marital status is one of the most powerful demographic predictors of mental health. Empirical research consistently shows that married individuals enjoy better mental health than persons in all other types of close relationships (e.g., dating and cohabiting relationships). In fact

marital status is a better predictor of mental health than other key demographic factors such as socioeconomic status, level of education, age, ethnicity, or childhood background (e.g., Gove, Hughes, & Style, 1983). In comparison to their unmarried counterparts, married individuals experience less depression (Beach, Fincham, & Katz, 1998) and more happiness and general mental well-being (for a review see Waite & Gallagher, 2000). Recently, Simon (2002) using longitudinal data from a large nationally representative sample showed that the transition to marriage is associated with increases in mental health and that transitions out of marriage are associated with declines in mental health. In sum, across clinical and non-clinical samples and across a wide range of variables and indices of mental health, the well-being associated with marital status is well documented (Gotlib & McCabe, 1990).

The above conclusion needs to be interpreted in the light of two observations. First, many studies confuse the ideas of happiness/satisfaction with mental health and it therefore behooves us to distinguish between them. Second, although initial studies on the link between marital status and mental health looked mostly at demographic factors, research has moved beyond simply looking at marital status and has found that the quality of relationships moderates the association between marital status and mental health. Specifically, individuals in supportive, satisfying relationships are most likely to experience mental health benefits, whereas those in low quality, conflictual relationships are less likely to experience the beneficial effects of close relationships and are, in some instances, at increased risk for mental health problems. Thus, problematic relationships with spouses are among the most powerful predictors of personal distress (Dohrenwend, Krasnoff, Askenasy, & Dohrenwend, 1978) and recent longitudinal data provides evidence for the well-established association between marital discord and the onset of clinical levels of psychopathology (Overbeek et al., 2006). Several studies document an association between marital distress and psychopathology across various inpatient and outpatient populations (e.g., Bauserman et al., 1995; Coyne, Thompson, & Palmer, 2002) and with specific disorders, including depression (e.g., Horwitz, McLaughlin, & White, 1998; Whisman & Bruce, 1999),

mood disorders (e.g., Bauserman, Arias, & Craighead, 1995), anxiety disorders (Chambless et al., 2002), and substance use disorders (e.g., Fals-Stewart, Birchler, & O'Farrell, 1999; O'Farrell & Birchler, 1987). Thus, the hurt that can be experienced in marriage and other close relationships is significant and can exert significant influence on the mental health of those involved (Whisman & Uebelacker, 2006).

Hurt in close relationships: Hurt is not hurt is not hurt.

One of the difficulties in trying to understand the association between hurt experienced in relationships and mental health arises from the complex nature of “hurt” in close relationships. Hurt in close relationships can appear in many different forms and degrees resulting from what might be considered small offences such as a thoughtless criticism to more serious offences such as infidelity or abuse. Leary et al. (1998) suggest that the common theme of all hurtful experiences within close relationships is relational devaluation. In intimate relationships, the victim often feels that the transgressor does not regard the relationship as important, close, or valuable as a result of the transgression. Note the dual referent implicit in this idea; hurt refers both to a characteristic of experience and to a feature of events and consequent inferences about relationship devaluation are likely a function of both elements. Whatever, the precise referent, the degree and impact of hurt experienced can be moderated by a panoply of different factors such as the victim's attributions (Leary et al., 1998), degree of familiarity with the transgressor (Snapp & Leary, 2001), and the relational history between partners (Overbeek et al., 2006). Therefore, operationalizing hurt in a way that captures its inherent complexity (as a potential emotion, characteristic of an event and inference about the relationship) is difficult. Researchers have approached this problem from different perspectives using studies ranging from teasing (Kowalski, 2000), to being excluded (Macdonald & Leary, 2005), to infidelity (Hall & Fincham, 2006). Despite the manifest variability, however, researchers have implicitly tended to focus on hurt as a feature of events.

What mechanism mediates the relationship between hurt experienced in relationships and psychopathology? The assumption found in most studies is that personal vulnerabilities (diatheses), in combination with the stress associated with marital problems, leads to the onset of psychopathology. In other words a *diathesis-stress* model is assumed. Recognition of this assumption is helpful in understanding experienced hurt in that it ceases to be the sole property of individuals or events but a function both of the individual (specifically his/her vulnerabilities) and the stressors (potentially hurtful events) to which he or she is exposed. As regards the latter, a useful way of conceptualizing stressors is to distinguish chronic from discrete stressors. Chronic stressors represent “persistent or recurrent demands which require readjustments over prolonged periods of time,” whereas discrete stressors represent, “acute changes which require major behavioral readjustments within a relatively short period of time,” (Thoits, 1995, p.54). These distinctions have been found to moderate outcomes across a wide range of variables such as physical and mental health (for a review, see Thoits, 1995). Although researchers have examined the impact of chronic and discrete stressors in the context of other negative life events, or as external factors that may influence a marriage (Neff & Karney, 2004), to our knowledge no one has applied that distinction to the study of hurt experienced within romantic relationships. We will therefore examine the literature on the impact of chronic and discrete hurtful events on the mental health and well-being of individuals in close relationships.

Rather than reviewing all possible “hurts,” we consider serious transgressions that represent a prototype of either chronic or discrete hurtful events. In the stress literature, researchers have struggled to develop well demarcated boundaries for chronic and discrete social stressors (Coyne & Downey, 1991), and similar dilemmas present themselves in applying this distinction to hurtful events within close relationships. Nonetheless we believe that the distinction serves a useful heuristic function. Although it is impossible to perfectly capture and categorize the protean nature of hurtful events, it is possible to understand a prototypic example which captures much of the complexity of a type of transgression.

This prototype approach has been advanced in attempting to understand other psychological concepts. For example, Lilienfeld and Marino (1995; 1999) suggest that mental disorders have inherently fuzzy boundaries and that they are best codified in a system that takes a prototype approach. This is a logical and realistic approach to developing a categorical system for psychological constructs if that system seeks to map on to reality. For if our goal is to “carve nature at the joints”, we may come to the frustrating realization that nature’s joints are not as neatly defined as we wish them to be. Consequently, we propose that our understanding of hurtful events can be advanced by identifying and understanding prototypes of transgressions. As an exemplar of a chronic transgression, we have chosen alcohol abuse, and for a discrete transgression we consider infidelity. Although choosing any prototype of a hurtful event has its advantages and disadvantages (e.g. it is clearly possible that each of these transgressions could in some instances represent the opposite of its current chronic or discrete categorization, e.g., for infidelity, an ongoing affair), these prototypes were chosen because they have been extensively studied and have been robustly linked to divorce. This is a crucial consideration because divorce represents an important and objective consequence of hurtful transgressions. In most instances, relationship dissolution represents the final response to a serious hurt, therefore, understanding the hurtful event that leads to relationships dissolution can provide insight into the relative impact of chronic versus discrete hurtful events in relationships as they are exemplified by infidelity and alcohol abuse respectively.

Infidelity as a Prototypic Discrete Hurtful Event

Infidelity is a source of deep relational distress. Although it is possible for an affair to last for years, its modal duration is much shorter (six months, e.g., Allen et al., 2001) and there are many instances of “one night stands.” We chose infidelity as a prototype of a discrete hurt because the revelation of an affair tends to occur all at once, rather than in a continuous fashion (one either knows for sure that their significant other is having an affair, or they don’t). It should be noted that there are surely instances where one partner continues to engage in an ongoing

affair with the other's full knowledge and clearly such a situation would be correctly termed a chronic hurtful event rather than a discrete event. This speaks to the limitations of choosing a prototype approach to classifying psychological constructs; however, science is generally interested in understanding the rule before exploring the inevitable exceptions to the rule. Notice that in the present case what makes the hurt discrete is not the duration or frequency of the hurtful actions. Rather, it is defined by the tendency of the victim's sure knowledge of the infidelity to occur in a discrete ("all or none") manner and, more importantly, for the transgression to cease upon the victim partner's discovery of it thereby giving it the appearance of a "discrete event" in contrast to an on-going situation.

Research has established that the typical response to hurt in the form of infidelity includes feelings of betrayal, rejection, abandonment, devastation, loneliness, shame, jealousy, anger, isolation, and, humiliation as well as loss of self-esteem (e.g., Schneider, 2003). Even though more than 90% of the general public agreed that it is "always" or "almost always" wrong to be unfaithful to one's romantic partner (Smith, 1994), the bulk of scientific research suggests that the prevalence of infidelity is quite high. Over the course of marriage, approximately 25% of men and 15% of women report having had sex with someone other than their spouse (Laumann, Gagnon, Michael, & Michaels, 1994; Wiederman, 1997), a number that soars to 65-75% of persons in a serious dating relationship (Shackelford et al., 2000). Considering its high prevalence rate, its consequences, and its typically isolated nature, infidelity is a promising prototype of discrete hurt within romantic relationships.

Discrete Hurts as a Cause of Mental Health Problems and/or Relational Distress

Infidelity exacts a toll on the mental health and well being of the partners of those who are unfaithful. Cano and O'Leary (2000) found that women who experienced marital stressors that involved humiliation or devaluation (e.g., husband's infidelity) were six times more likely to be diagnosed with major depression. And Gordon and colleagues (2004) noted that the discovery

of extramarital sex often resulted in interpersonal reactions resembling the posttraumatic stress symptoms seen in the victims of catastrophic events.

In addition to its impact on mental health, data suggest that infidelity is the number one cause of divorce (e.g., Amato & Previti, 2003), and often precipitates domestic abuse (Daly & Wilson, 1988). For example, infidelity is cited as the most frequent cause of wife battery and wife killing in the United States (Buss, 1994; Daly & Wilson, 1988). Such consequences of infidelity are obviously significant but the direction of effects in the association between infidelity and psychopathology has not been unequivocally established. We therefore turn to consider discrete hurts as a consequence rather than cause of mental health problems.

Discrete Hurts as a Consequence of Mental Health Problems and/or Relational Distress

Several scholars believe that infidelity may also be a consequence rather than simply a cause of personal and relational distress. For example, it has been hypothesized that individuals engage in extramarital sexual relationships to boost their self-esteem (e.g., Sheppard et al., 1995) and Atwood and Seifer (1997) found that individuals reported entering into affairs at a time when they felt emotionally vulnerable. Not surprisingly a common assumption among therapists is that psychological distress puts partners at risk for infidelity (e.g., Buunk & van Driel, 1989).

As regards relationship characteristics, low satisfaction has been linked to discrete hurts such as infidelity (Prins, Buunk, & Van Yperpen, 1993). It is a truism that illicit liaisons are not usually formed in the midst of happy unions. In fact, infidelity primarily occurs when relationship quality is low (Buss & Shackelford, 1997; Treas & Giesen, 2000; Waite & Joyner, 2001), which may indicate that discrete hurt in the form of infidelity is a consequence of previously experienced hurt which is reflected in relational distress. For example, persons who report their relationships as “not too happy” are four times more likely to engage in infidelity than those who characterize them as “very happy” (Atkins, Jacobson, & Baucom, 2001). Additionally, Prins, Buunk, and Van Yperpen (1993) also found that people in unhappy relationships expressed a greater desire for extramarital sex, as well as an increased involvement in such relationships.

Further, Previti and Amato (2004) found that most individuals form extramarital relations only after seriously considering a divorce. In a similar vein, extramarital sex is more common among individuals who report that marital sexual intercourse is low in frequency or quality (Buss & Shackelford, 1997; Lui, 2000; Treas & Giesen, 2000). Low frequency or quality of sexual intercourse may be a sign that one or both partners are experiencing unresolved hurt feelings. Finally, marital conflict is linked to higher susceptibility to an extramarital affair (Buss & Shackelford, 1997). Thus, research suggests that it may be a history of prior experienced hurt that has contributed to a distressed relationship that predicts increased probability of the discrete hurt of infidelity within romantic relationships.

Most likely, there are bidirectional effects between infidelity and mental health problems and/or relational distress. Understanding discrete hurts such as infidelity is important because if infidelity is primarily a cause of psychological distress, then future intervention research should focus on how to reduce its prevalence directly. However, if infidelity is primarily a consequence of mental health problems or prior relational hurt, prevention efforts are better focused on promoting individual and relational adjustment.

In light of the conceptual and practical importance of determining direction of effects, Hall and Fincham (2007) conducted the first prospective, longitudinal study investigating infidelity, psychological distress, and relationship functioning. Using a sample of persons from exclusive dating relationships they found that infidelity and psychological distress were, as expected, concurrently related. However, infidelity did not predict subsequent psychological distress, a finding that could reflect the fact that the study focused on perpetrators, rather than victims, of infidelity, or that persons in dating relationships experience less distress in the aftermath of infidelity than individuals in more committed relationships (i.e., married individuals). However, they did find that initial levels of psychological distress predicted later infidelity. Thus, it appears that psychological distress might be a precursor of infidelity.

Alcohol Abuse as a Prototypic Chronic Hurtful Event

Alcohol abuse is a relatively common problem in the United States and is a source of serious hurt in close relationships (see Marshal, 2003). The abuser's drinking may precipitate a host of problems for the drinker's romantic partner (both acts of commission and of omission) and continuing to drink in full knowledge of these problems constitutes a chronic hurt for the non-abusing partner. Recent research suggests that that approximately one third of those requiring marital counseling reported alcohol abuse problems in the relationship (e.g., Halford & Osgarby, 1993; Malet et al., 2003). Alcohol abuse can often become a vicious cycle of perpetuating hurt in a marriage: a non-abusing spouse may attempt to reduce the partner's drinking through periodic aversive means like nagging, threatening, and criticizing; these aversive techniques are usually ineffective and most often perpetuate existing marital conflict patterns (Thomas & Ager, 1993) and further alcohol abuse (Halford, Bouma, Kelly, & Young, 1999). Thus, through this and other means, the alcohol abuse problem is perpetuated and becomes a chronic hurt in the relationship. Note also that continued engagement in the hurtful event in the face of partner objections serves to support the inference that the relationship is indeed devalued.

Chronic Hurt as a Cause of Mental Health Problems and/or Relational Distress

The chronic hurt represented by alcohol abuse may create many stressors such as financial problems, embarrassing incidents, poor parenting, job problems, verbal and physical abuse, and poor sexual functioning. These stressors, often accompanied by repeatedly broken promises to change, usually exact a heavy toll on both the non-abusing partner and the relationship. As regards individual functioning, it has been shown that being married to an alcohol abuser is not only a risk factor for mental health problems but is also a danger to physical health in that (a) more frequent and more severe domestic violence is related to the use of alcohol (Fals-Stewart, 2003) and (b) male alcohol abusers are more likely than non-abusers to engage in unprotected extramarital sex (often with high risk populations like prostitutes or other substance abusers) and to then engage in unprotected sex with their spouse without informing her of his extramarital activity (Hall, Fals-Stewart & Fincham, in press).

Needless to say, alcohol abuse is likely to create an atmosphere of mistrust and anger as well as reduced positive shared activities between spouses (O'Farrell & Bayog, 1986). Some studies have also shown that alcohol use predicts subsequent marital dissatisfaction (Locke & Newcomb, 2003). This may be due in part to the fact that couples in which one partner is a problem are often characterized by high rates of negative affect expression, withdrawal during conflict, few supportive and constructive responses (Jacob & Leonard, 1992), and frequent and intense arguments (Blankfield & Maritz, 1990). In addition, heavy drinking interferes with a family's everyday functioning as it distracts spouses from their responsibilities. These and other findings may explain why Amato and Previti (2003) found that problematic drinking is the third most commonly cited reason for divorce.

Chronic Hurts as a Consequence of Mental Health Problems and/or Relational Distress

Chronic hurts like alcohol abuse when manifest at sufficiently high levels are themselves considered to be mental health problems. Alcohol abuse (requiring a pattern of maladaptive drinking leading to clinically significant impairment) and alcohol dependence (which requires a more intense pattern of use and impairment marked by an increased need for alcohol) are both included in the Diagnostic and Statistical Manual of Mental Disorders. In addition, these disorders are frequently comorbid with other disorders and it is widely acknowledged that people can use alcohol to self-medicate as a way of coping with stressors and/or psychopathology. In light of such observations it is perhaps axiomatic that this particular exemplar of a chronic hurt – alcohol abuse – can reflect a pre-existing mental health problem. But it is not ipso facto a poor exemplar. Mental health problems can and do impair judgment and so it is not far fetched to imagine that persistent engagement in a behavior that is hurtful to the partner may reflect the actor's maladjustment/mental health.

Marital problems have been shown to stimulate excessive drinking (Davis, Berenson, Steinglass, & Davis, 1974) and are predictive of a poor prognosis in programs that treat alcohol problems (Billings & Moos, 1983). Also, conflict in marriage has been identified as a cause of

relapse by abstinent alcoholics in a retrospective study (Maisto, O'Farrell, Connors, McKay, & Pelcovits, 1988), and has been identified as a risk for relapse in prospective studies (Maisto, McKay, & O'Farrell, 1998; O'Farrell, Hooley, Fals-Stewart, & Cutter). In a follow-up study, Whisman, Uebelacker, and Bruce (2006) report that compared with satisfied spouses, individuals dissatisfied with marriage were 3.7 times more likely to report alcohol use disorders. These findings seem to indicate a chronic transgression like alcohol abuse may be perpetuated by other types of relational hurt. In this regard, alcohol abuse appears to be no different from other chronic hurts.

The Impact of Discrete Versus Chronic Hurtful Events

Does the impact of hurtful transgressions differ based on their discrete versus chronic nature? At a conceptual level, we have noted that chronic transgressions, especially when perpetrated over partner objections, have the potential to make it very difficult to overlook devaluation of the relationship and thereby potentially deepen the hurt experienced. In contrast, discrete hurts as one time events may be more easily attributed to a lapse in judgment. Whether this difference matters when fundamental relationship rules are violated (as in the case of infidelity) is open to question. Such uncertainties cannot easily be resolved by appeal to extant data as shown by our preceding review; however, the characterization of hurtful events as discrete or chronic appears to moderate the impact of these transgressions on mental health outcomes.

There is some support for the idea that discrete transgressions may have a more immediate impact on mental health than the enduring, yet expected chronic transgression. As previously mentioned, Gordon and colleagues (2004) found that the discovery of an affair often resulted in interpersonal reactions resembling the posttraumatic stress symptoms. As such, discrete transgressions like infidelity may be more predictive of mental health problems given that Amato and Previti (2003) found extramarital sex to be the number one cause of divorce, an outcome associated with decreases in mental health (Simon, 2002). In fact, the impact of extramarital sex on divorce was more than twice as large as any other cited reason for divorce in their study.

However, whether a serious, discrete hurtful event such as infidelity continues to have a larger impact on mental health over time than a chronic transgression is doubtful. It is conceivable that the victim of a chronic transgression may come to view themselves as responsible, in part, for the hurt they experience by staying in the relationship and this could end up exacting a toll on their mental health at some point. In contrast, the victim of a serious acute hurtful event might, by virtue of being able to dissociate him or herself from playing any role in causing the hurt experienced, be able to more quickly recover from its impact. In any event, the precise nature of the discrete and chronic transgressions might be important, as illustrated by considering our two chosen exemplars. The question of which type of hurtful event has more impact on mental health is somewhat confounded in the case of our examples by the fact that alcohol abuse predicts infidelity (Atkins et al., in press). Despite this fact, research clearly suggests that it is the act of infidelity itself that creates hurt sufficient to initiate the largest number of divorces (Amato & Previti, 2003).

Difficulty in distinguishing discrete from chronic events is not new and has been confronted in the stress literature which can provide guidance in applying this distinction to transgressions (e.g., Cohen et al., 1995). Notwithstanding the challenges it entails, conceptualizing transgressions into these two categories seems to be a useful and intuitive way to organize future research on the topic of hurt in close relationships.

Forgiveness: Moving Beyond Hurt

Because of the inevitability of experiencing hurt in close relationships, it is important to know what can be done to attenuate the impact of hurt on the mental health of those in close relationships. One transformative process that has great potential to help individuals recover from the damage caused by hurtful events in close relationships is forgiveness (Fincham, Stanley & Beach, 2007). Forgiveness provides one critical means whereby couples can move past vengeful and hurt feelings following a transgression. In fact, it is widely believed that forgiveness can be instrumental for couples in dealing with existing difficulties and preventing of future problems

(e.g., Worthington & DiBlasio, 1990), and several researchers and clinicians believe that forgiveness is the cornerstone of successful marriage (e.g., Worthington, 1994).

In the current section we explore the meaning of forgiveness and how it may be utilized to address hurt feelings experienced in relationships. We then propose a model in which forgiveness mediates the relationship between hurtful events and mental health. In addition, we discuss the relationship between hurtful events and forgiveness in terms of several factors that may moderate this relationship, including severity of transgression, self-esteem, rumination, and attribution. Finally, we review some of the literature that demonstrates a link between forgiveness and mental health and discuss how forgiveness may be a mediator in this model.

What is Forgiveness?

First, it is important to clarify what is meant by forgiveness. A number of definitions have been offered to capture this concept including (a) a motivational transformation in which the desire to seek revenge and to avoid contact with the transgressor is lessened (McCullough et al., 1998); (b) the cancellation of a debt (Exline, & Baumeister, 2000); (c) an altruistic gift (e.g., Enright, Freedman, & Rique, 1998); or (d) an “intraindividual, prosocial change toward a perceived transgressor that is situated within a specific interpersonal context” (McCullough, Pargament, and Thoresen, 2000, p. 9). Although forgiving is usually recognized as a positive act, there are a number of misconceptions about forgiveness that portray it as being undesirable. For example, some lay persons perceive forgiving as sign of weakness (Kearns & Fincham, 2004). Instead, forgiving requires strength in that it requires the victim to acknowledge the poor treatment and to overcome subsequent negative feelings. Others perceive forgiveness as potentially dangerous since it could make the victim vulnerable to further mistreatment (Kearns & Fincham, 2004). This perspective portrays forgiveness as condoning a negative behavior, essentially giving permission to the transgressor to repeat the hurtful behavior. However, forgiving is not inconsistent with a clear communication of hurt and prevention of future hurt from the transgressor.

How Can Forgiveness Help an Individual to Overcome a Hurtful Event?

As noted, hurtful events are complex and each individual may react in a different manner to a particular hurtful event. Nonetheless, it seems that forgiveness may help an individual to overcome, at least in part, the pain of a transgression despite its severity or chronic nature. Much of the literature on this subject focuses on the marital relationship; however, the principles discussed may also be applicable to other close relationships.

Several empirically tested models have been developed to assist individuals in working through the pain of a hurtful event toward forgiveness. For example, Gordon et al. (2000) developed a model that appears most appropriate for those couples that have undergone an “interpersonal trauma” like infidelity. Gordon and colleagues pose a three-stage model that begins with coping with the impact of the offense, then finding meaning for the transgression, and finally, moving forward with a new set of beliefs about the relationship. They found couples that followed these steps had less marital distress and increased forgiveness following an affair (Gordon et al., 2004).

Similarly, Enright and Fitzgibbons (2000) suggest a four-phase model. In the first phase, termed the “uncovering phase,” an individual focuses on exploring the hurt that he/she has experienced. In the next, “decision phase,” an individual commits to attempting to forgive the offender. In the third, “work phase” focus is shifted to the transgressor in an attempt to gain understanding and insight. Finally, in the “deepening phase” the individual moves toward resolution by becoming aware that he or she is not alone, has been the recipient of others’ forgiveness, and discovers meaning and purpose in the forgiveness process. The forgiveness process described here may be utilized as a tool for processing and resolving a hurtful event.

These are two examples of empirically tested methods by which individuals may work through a hurtful event and achieve forgiveness. They contain several important principles that may be applied by all individuals that have experienced hurtful events in order to attain forgiveness.

Forgiveness as a Mediator of Hurtful Events and Psychological Health: A Conceptual Model

We earlier reviewed some of the literature that demonstrates a link between hurtful events and psychological health, and we have shown how forgiveness may be applied in overcoming the effects of a hurtful event. Below, we illustrate these relationships with a conceptual model and suggest some factors that may moderate the relationship between hurtful events and forgiveness.

Insert Figure 1 about here

Hurtful Event: Chronic vs. Discrete

Both discrete and chronic transgressions possess qualities that present unique obstacles to forgiveness. Prior occurrence or history of hurt is an important factor that influences the forgiveness process in close relationships. In the case of chronic transgressions, forgiveness may not pertain only to a particular transgression, but rather to an accumulation of prior, equivalent acts. The transgressed party may be frequently reminded of the initial hurt by a partner's similar behavior that could be perceived as the same transgression.

Conversely, while a discrete transgression may not carry as much baggage, it also has the potential to influence an individual's achieved forgiveness. For example, discrete transgressions are often more severe by nature and are often unanticipated, likely altering the level of forgiveness achieved.. Finally, it is worth noting an added complexity for both types of events: specifically, the transgressed party's past experience with similar or the same transgression in other close relationships can also factor into the interpretation of the current transgression.

As previously noted, discrete transgressions may become habitual, such as the case with many online cybersex romances (Schneider, 2003), or certain chronic transgressions may reach a level of severity more typical of discrete transgressions. Nonetheless, the type of hurtful event, whether discrete or chronic, likely influences forgiveness. In addition, we would expect the relative contributions of each moderator to be different based on whether the event is chronic or discrete.

Possible Moderators of Hurtful Events and Forgiveness

Experts agree that forgiveness is a challenging but necessary part of the healing process for major relationship transgressions such as infidelity (Gordon & Baucom, 1999), and appears to be important for less hurtful events also. A number of barriers to forgiveness moderate the inclination to forgive discrete and chronic transgressions. These potential moderators include the severity of the transgression, the self-esteem of the victim, the type of hurtful event (chronic versus discrete), rumination, and attribution.

Level of Severity. Severe transgressions tend to affect a victim's life more profoundly and may have more enduring consequences and therefore may be harder to forgive. Not surprisingly, the severity of a partner transgression is negatively related to forgiveness (e.g., Boon & Sulsky, 1997). More specifically, Fincham, Jackson, and Beach (2005) found that both subjective and objective ratings of severity predicted forgiveness. In the case of the infidelity, the severity of the transgression may be partially related to the identity of the extramarital lover. For instance, Cann and Baucom (2004) found that when sexual infidelity took place with a former partner, both men and women thought of the injury as more severe and found it more difficult to forgive.

Similarly, the type of infidelity seems to impact its level of severity. Respondents in Thompson's (1984) study ranked affairs that were classified as both emotional and sexual as being the most harmful and emotion-only affairs as being the least harmful. In such a case, a spouse may have a much easier time forgiving the partner for having an emotional affair, whereas, if intercourse were involved it would likely be much more difficult for him or her to forgive the partner. The length of the affair and the manner in which it is disclosed—whether accidentally (or intentionally) discovered by the noninvolved spouse or confessed—are also factors that determine the severity of the transgression. Although it is now well documented that more severe transgressions are harder to forgive (see Fincham, Jackson & Beach, 2005) additional research is needed to determine the exact impact of severity on forgiveness.

Self-Esteem. Transgressions usually communicate relational devaluation that injures the transgressed individual's self-image. Balswick and Balswick (1999) noted that that a typical response of someone with an unfaithful partner was to be torn by questions of self-doubt and inadequacy and to wonder whether he or she was attractive and adequate as a sex partner. Accordingly, the degree to which the transgressed party feels devalued may be related to the forgiveness process. Fincham (2000) hypothesized that forgiveness for an individual with low self-esteem may not be as difficult to achieve because the harm may be seen as consistent with the victim's view of what he or she deserves. Similarly, because individuals with high self-esteem may not be as susceptible to emotional injury, they also may have an easier time forgiving. However, a person with intermediate levels of self-esteem may struggle the most to forgive because the hurt may be more keenly felt by such an individual. This hypothesis should be tested in future studies in order to determine the role of self-esteem in as it relates to forgiveness in general, and specifically as it relates to self-esteem altering discrete transgressions like infidelity.

Rumination. People who frequently think about a transgression are less likely to forgive and as rumination lessens over time, people become more forgiving (McCullough et al., 1998). Thus, the amount of time an individual spends ruminating about a hurtful event will likely moderate that person's forgiveness of the perpetrator. Kachadourian, Fincham, and Davila (2005) found that ambivalence towards one's spouse was negatively related to forgiveness only when husband or wife thought frequently about his/her partner's transgression. In light of these findings, chronic transgressions may be more difficult to forgive because continued, repeated offenses may keep a transgression at the forefront of the injured party's mind and not allow for enough time between incidents for decreased rumination, which facilitates forgiveness.

Conversely, the abrupt and unexpected nature of a discrete transgression may catch an individual by surprise and leave them feeling like the rug has been pulled out from underneath them. This unexpectedness may impact the victim differently than the predictable offenses that comprise a chronic transgression. For instance, Riskind (1997) has proposed that injurious events

that seem to rapidly change, grow, or escalate, are often far more disturbing than injurious events of equal magnitude that do not have a rapid rate of change. These types of events create a sense of “looming vulnerability”, as Riskind terms it, that increases the probability of experiencing anxiety in the future (Riskind, 1997). Consequently, the nature of discrete transgressions may actually trigger more rumination than an expected chronic transgression and this idea should be explored by future research. This is a good example of the type of difference in the moderating variables we would expect based on the nature of the transgression (discrete or chronic).

Attribution. There is empirical evidence to show that the way in which the offended party cognitively processes the transgression influences forgiveness (e.g., Boon & Sulsky, 1997). Forgiveness varies as a function of judgments of responsibility, blame, and perceived intentionality. Some data show that attributing more responsibility and blame to the offending partner makes forgiveness more difficult to achieve (Fincham & Beach, 2001). In a similar vein, Fincham and colleagues (2002) found that more benign attributions both directly and indirectly predicted forgiveness by decreasing emotional reactions to the transgression and by increasing empathy. In the case of the chronic transgression of alcohol abuse, a partner’s attribution of responsibility could significantly influence forgiveness. For example, a wife may think, ‘My husband drinks because drinking runs in his family,’ or she may think ‘My husband drinks because he’s irresponsible and doesn’t care about me or the kids.’ Clearly, the former attribution would be much more likely to facilitate forgiveness than the latter.

As regards intentionality, Vangelisti and Young (2000) found that intentional hurt was linked to more hostility making the forgiveness process more difficult. Perceived intentionality is likely to influence an individual’s likelihood of forgiving a transgression. ‘He hit me because he’s drunk and isn’t in control,’ as opposed to ‘He hit me because he despises me and thinks I’m worthless,’ is an example of how perceived intentionality may influence forgiveness in a case of domestic abuse. These four moderators are likely to interact with the hurtful event (be it chronic or discrete) to alter the course of achieved forgiveness.

Forgiveness and Psychological Health

Forgiveness is associated with positive mental health outcomes in numerous studies. Mauger et al. (1992) found that forgiveness of self and others was inversely related to indicators of psychopathology, and Touissant et al. (2001) showed that forgiveness of others was inversely related to psychological distress. Moreover, forgiveness interventions improve existential well-being, and lower levels of anxiety, depression and anger (Freedman & Enright, 1996; Rye & Pargament, 2002). Although each of the above moderators would likely impact the degree to which full forgiveness is achieved, we suggest that some amount of forgiveness is likely to reduce the negative effects of a hurtful event on an individual's mental health.

Barron and Kenney (1986) suggest that for mediation to take place an independent variable must be significantly correlated to the dependent variable and to the mediator variable. The mediator variable (forgiveness) must be significantly correlated with both the independent (hurtful event) and dependent variables (psychological health). In the present case, we have cited several studies that demonstrate such relationships and propose that, conceptually, forgiveness should fully mediate the relationship between hurtful events and mental health. Future research could profitably test the associations specified in the proposed model.

Appreciation of the potential benefits of forgiveness for mental health should not blind us to the possibility that under certain conditions forgiving might be detrimental to the forgiver's well-being. This might be the case, for example, in physically or emotionally abusive relationships and might also occur in the case of serial infidelity or repeated transgressions whatever their specific nature. Finally, forgiveness borne of felt obligation (e.g., to conform to the tenets of the forgiver's religious beliefs) or of social pressure is unlikely to promote well-being. In any event, delineating the conditions under which forgiveness is unrelated or negatively related to mental health is among the important tasks for future research.

Future directions

Our examination of the literature relevant to experienced hurt and psychological health in close relationships prompts us to call for additional research on the heuristic value of the discrete/chronic distinction as well as the role of forgiveness as a potential mediator between hurt and psychological health. In addition we focus on two linchpins for advancing understanding in this domain, theory development and greater methodological sophistication.

Discrete Versus Chronic Paradigm

Although the distinction between chronic and discrete events is neither new nor always cut-and-dry, it has been found to moderate outcomes across a wide range of variables, including physical and mental health (Thoits, 1995). However, this paradigm has not yet been applied to the study of hurtful events in close relationships and future research could be beneficial to researchers and therapists alike. For example, it can be hypothesized that habituation processes, if found, are limited to chronic transgressions whereas sensitization may occur in relation to both chronic and discrete hurts. Increased attention to this paradigm also has the potential to improve the sensitivity and effectiveness of interventions that address hurt experienced in response to a transgression.

The Role of Forgiveness

Although there is a documented link between forgiveness and mental health and evidence to show how forgiveness may be utilized in overcoming hurt experienced following a transgression, the role of forgiveness in mediating the effects of hurtful events on psychological health is vastly understudied. Our conceptual model provides several questions that ought to be addressed by future research. For example, how might severity, rumination, attribution, and victim self-esteem impact the hypothesized mediating role accorded forgiveness when it comes to mental health? To what extent does the specific level of achieved forgiveness impact psychological health? And how might discrete versus chronic hurtful events differentially affect an individual's level of achieved forgiveness? These are a few of the many questions that need to be addressed by future research.

Nothing as practical as good theory

Although numerous studies have investigated the association between hurt experienced in close relationships and psychopathology, there is little theory pertaining to this association, an omission that begs for attention. As noted, an assumption in the literature is that stress associated with hurtful events in close relationships interacts with a pre-existing vulnerability or diathesis for a given mental health problem resulting in elevated clinical symptoms. This assumption is a useful point of departure as future research could begin by examining whether a stress/diathesis model is the best way of conceptualizing the relationship between hurt in relationships and psychopathology.

As mentioned previously, however, it is possible that the direction of effects is in the opposite direction and that individuals with preexisting psychopathology create contexts propitious to getting hurt by intimate others. This observation points to the possibility of adapting Hammen's (2006) stress generation theory of depression to study the association between hurt in relationships and mental health. The perspective offered by this theory points to the need to examine the extent to which transgression victims play a role in facilitating future transgressions from partners, an issue that has not yet received attention. The obvious points of contact with existing theoretical frameworks bode well for the future of this applied research area as "There is nothing so practical as a good theory" (Lewin, 1951, p. 169).

Good theory is not enough: The need for greater methodological sophistication

Two characteristics of extant research on transgressions in close relationships necessarily limit its contribution to understanding the relation between hurt and psychological well being in such relationships. The first is the almost exclusive reliance on self report (for exceptions see Battle & Miller, 2005; Fincham et al., 2005). This is important because it inevitably means that measures of hurt and psychological well-being are confounded (e.g., when self report is used both could reflect the respondent's level of neuroticism or negative affectivity, a variable that has independently been related to both experienced hurt and indicators of psychological distress, such

as depression). A further consequence is that it is not possible to tease apart contexts in which the partner transgression is dependent, either wholly or partly, on the respondent's behavior. Such concerns in the study of depression led the sociologist, George Brown (Brown & Harris, 1978), to develop an interview-based contextual threat method for assessing stressors. Hammen (1991), building on this approach, has developed episodic and chronic stress assessments that could be easily used in future research on transgressions thereby yielding objective, observer-based ratings of hurt. The potential advances promised by doing so make this a recommendation that merits immediate attention.

The second characteristic of extant research that limits its contribution is the emphasis on concurrent relations at the expense of prospective, longitudinal studies. Two observations are worth making in this regard. First, the finding that marital conflict is inversely related to marital satisfaction but positively related to future marital satisfaction (see Fincham & Beach, 1999), points to the danger of extrapolation from concurrent to longitudinal relations. Second, given the widely accepted premise that causes precede effects, longitudinal studies provide stronger data for causal inferences. This is particularly important in a field where practical and ethical considerations limit experimental manipulation of the construct under study (hurt). The need for prospective longitudinal studies on hurt in close relationships and psychological distress to examine direction of effects is imperative.

Consideration of the temporal dimension of experienced hurt also highlights the fact that we know nothing about the natural course of hurt in close relationships and points to a further research need. The emergence of growth curve modeling in recent years provides the necessary tool to fulfill this need and initial steps in this direction have been taken (see McCullough, Fincham, & Tsang, 2003; Tsang, McCullough & Fincham, 2006). One might reasonably expect the distinction between discrete and chronic transgressions to moderate the trajectory of hurt. However, the nature of any impact on the trajectory is unclear as we do not know whether chronic

transgressions lead to habituation or sensitization to the hurt. Again this is an empirical question that cries out for data.

Summary and Conclusion

We have traversed a great deal of ground in this chapter. Starting with the observation that relationship status is associated with mental health we went on to identify relationship well-being as a critical moderator of this relationship. Central to relationship well-being is hurt and how partners deal with the inevitable hurt experienced in close relationships. After making explicit the diathesis-stress model that informs research in this area, we distinguished discrete from chronic transgressions and went on to explore its implication for the association between hurt and mental health in close relationships.

Next, we demonstrated the plausibility of forgiveness as a mediator of hurtful events and psychological health. We also explored self-esteem, severity of transgression, type (chronic vs. discrete), attribution, and rumination as potential moderators of the relationship between hurtful events and forgiveness. The chapter then concluded by calling for more theory and outlining several methodological changes needed in future research on hurt and mental health in close relationships.

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Figure 1: Forgiveness as a Mediator of Hurtful Events and Psychological Well-being

