



## RELATIONSHIP BETWEEN FORGIVENESS, HEALTH AND WELL-BEING OF BETRAYED RELATIONAL PARTNERS AMONG UNIVERSITY STUDENTS IN IBADAN AND ILORIN, NIGERIA

**MOJOYINOLA, J.K.**

*Department of Social Work,*

*Faculty of Education*

*University of Ibadan, Nigeria*

*Mobile Number: +2348034670349*

*E-mail Address: jkmojoyinola@yahoo.com.*

### ABSTRACT

*The study investigated the relationship between forgiveness, health and well-being of betrayed relational partners among University students. The descriptive survey research design of the ex-post facto type was adopted for the study. The purposive sampling technique was used in selecting the participants used for the study. Participants were 221 university students, made up of 71 male and 150 female partners who had been betrayed by their husband, wife, girl-friend, boy-friend, fiance and fiancé. A questionnaire; "Betrayed Partner's Forgiveness, Health and Well-being Questionnaire" (BPFHAWBQ) was used to collect data for the study. Two hypotheses were tested, using independent t-test and zero order correlation. The study revealed that there was a significant difference in level of forgiveness of male and female betrayed relational partners. Also, there were significant relationships between forgiveness and two of the dependent variables (health and spiritual well-being). However, forgiveness had no significant relationship with three of the dependent variables (physical, psychological and social well-being). Based on the above findings, it was recommended, that the betrayed relational partners should release or practice forgiveness regularly to remain healthy, and experience a high level of well-being.*

**Keywords:** *Forgiveness, Health, Well-being, Betrayed Relational Partners, University students.*

### INTRODUCTION

Health is a state of physical, mental and social well-being (Cape and Dobson, 1974). According to Payne and Hahn (2000), health refers to the virtual absence of disease and ability to live a long life. It is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO, 1948). Ahmed, Kolker and Coelho (1979) defined health as a multidimensional process involving the well-being of the whole person in the context of his environment. Hence, health includes physical, emotional, social, environmental, occupational and spiritual dimensions (Payne and Hahn, 2000).

The National Accounts of Well-being (2009) defined well-being as the dynamic process that gives people a sense of how their lives are going, through the interaction between their circumstances, activities, and psychological resources or "mental capital".

Well-being is a condition of holistic health in all its dimensions: physical, cognate, emotional, social, physical and spiritual (INEE, 2010). It is a general term for the condition of an individual or group, for example, their social, economic, psychological, spiritual or medical state. A high level of well-being means in some sense that the individual's or group's condition is positive, while low well-being is associated with negative happenings. In a betrayed relationship both the health and well-being of the betrayed partner could be negatively affected. It imperative therefore, that the betrayed partner should try to forgive whoever that has betrayed him or her to remain healthy and enjoy a high level of well-being.

Forgiveness is a psychological concept, and as such may be trait or state forgiveness. According to Worthington (2005) trait forgiveness involve a tendency to offer,



feel, or seek changes from negative to positive cognitions, behaviours and affect pertaining to offenders that include oneself, others and God. State forgiveness involve a process of offering, feeling, or seeking a change from negative to positive cognitions, behaviours, and affect pertaining to specific offenses that are perceived to be perpetrated by oneself, others, or God. Forgiveness is in internal process undertaken by the victim (Worthington Sandage, and Berry, 2000), which does not require retribution (Rosenak and Haraden, 1992), restitution (Wahking 1992), reconciliation or a return to vulnerability by the victim, yet reserves the right to retain accountability from the offender (Enright et al 1998).

Forgiveness is distinct from other ways of dealing with personal insult or injury (Sutton, 2014). It is not condoning, excusing, exonerating, justifying or pardoning an offender (Enright, 2001; Worthington, Witvliet, Pietrini and Miller, 2004). Also, forgiveness is not reconciling a damaged relationship or restoring offenders to their former status (Sutton, 2010). It is a process of removing an unpleasant and durable complex mental state called unforgiveness (Enright, 2001; Worthington, 2006). Unforgiveness incorporates a complex negative emotions, negative thoughts, negative motivations, and avoidance behaviour focused on the offender and the transgression. According to Sutton (2014), the negative emotions are primarily feelings of anger, bitterness and resentment but also include fear of future harm. The negative thoughts reflect memories of what a person said or did. Things people say or do and a variety of other stimuli can trigger mental images that evoke the troublesome memories. The negative motivations are often focused on revenge, or hoping for justice. Avoidance patterns can include evading thoughts about the person or event as well as actual behavioural avoidance of the offender. This complex of unforgiveness is akin to the ordinary ideas people have about holding a grudge or nursing a grudge. Unforgiveness focuses on the past and keeps people bound to living in the past.

The process of forgiveness frees a person to focus on the present and the future (Sutton, 2014). Forgiveness appears to operate on at least two levels, namely; a cognitive decision to forgive and an emotional release of the negative emotions (Worthington, 2006). As people make progress in forgiveness, they let go of the desire to gain revenge and no longer insist on justice being done before they grant forgiveness. However, a disparity can arise when people make a cognitive decision to forgive the offender, but still experience unpleasant or even angry feelings.

The Macquarie Dictionary (1991) defined the term "to betray" as: to deliver up to an enemy, to be disloyal or unfaithful, to deceive a mislead, to reveal secrets to seduce and desert, and to disappoint the hopes or expectations of another person. Betrayal occurs in an established relationship where partners are involved with, and to an extent, trust one another.

Betrayal means that one party in a relationship acts in a way that favours his or her own interests at the expense of the other party's interest (Fitness, 2001). In one sense, this behaviour implies that the betrayer regards his or her needs as more important than the needs of the partner or the relationship. In a deeper sense, betrayer sends an ominous signal about how little the betrayer cares about or values his or her relationship with the betrayed partner. According to Gaylin (1984), when those on whom we depend for love and support betray our trust, the feeling is like a stab at the heart that leaves us feeling unsafe, diminished and alone. Psychologically, then, betrayal may be conceived as a profound form of interpersonal rejection with potentially serious consequences for the healthy functioning of the betrayed individual.



The present study therefore, aims at determining the relationship between forgiveness, health and well-being of betrayed relational partners with a view to helping them remain healthy.

### **Review of Relevant studies**

Theoretically, any kind of relational transgression may be appraised by relationship partners as a betrayal, depending on the extent to which relational expectations and trust have been involved (Fitness, 2001). In general, however, the most commonly reported acts of explicit betrayal involve sexual and emotional infidelity, lies, and deception (Fitness and Matthew, 1998; Hansen, Jones, and Fletcher, 1990; Jones and Burdette, 1994).

Sexual infidelity, in particular is regarded by many as the epitome of marital betrayal; and with good reasons (Fitness, 2001). For example, Betzig (1989) found that sexual infidelity is a significantly more common cause of marital dissolution than any other factor except sterility in eighty-eight (88) societies. Similarly, Pittman and Wagers (1995) observed that, in their clinical experience, more than 90% of divorces in established first marriages have involved in sexual infidelity. The discovery that a spouse or romantic partner has been unfaithful strikes a devastating blow to an individual's sense of self-worth and needs for commitment and emotional security (Charney and Parnass, 1995). However, an even more tormenting aspect to infidelity derives the degree of deception that typically accompanies it. Hence, many regard deception in any relational context as the ultimate betrayal.

Studies have shown the various ways in which relational partners deceive one another, from simple non-disclosure, to half-truths and white lies, to full-scale falsification and outright lies (Depaulo and Kashy, 1998; Metts, 1994 and Peterson, 1996). Metts(1989) found that the predominant motives for spouses' deception was actually to avoid hurting their partners, or to help maintain their self-esteem. Similarly, in a study of relational deception, Barbee, Cunningham, Duren and Yankeelov (1996) found 70% of the participants admitted they had lied to their current partner at least once; between, 78% of these respondents also claimed their lies were motivated by a desire to protect their partners. Whether or not an act of betrayal involves lies, deception, or infidelity, one important aspect of the experience that intensifies its severity and painfulness is humiliation, or the perception that one has been shamed and treated with disrespect, especially in public (Metts, 1994).

A number of studies have examined the role of humiliation in exacerbating interpersonal conflict in different context. For example, Fitness and Fletcher (1993) found that being mock or publicly shamed by one's spouse evoked strong feelings of hatred for him or her. Several researchers have also noted the link between perceived humiliation and physical violence in marital dating relationships (Dutton and Browning, 1988; Foo and Margolin, 1995). According to Miller (1993), humiliation involves the perception that one has been treated as contemptible, or exposed as an inferior or ridiculous person. The horror of humiliation, then, drives not simply from its assault on a person's self-esteem, but also from the perceived loss of social status of evoke. Similarly, the humiliation of being discarded by one's partner for someone more physically attractive compounds the pain of betrayal and rejection.

There are different emotional reactions to being betrayed by a relational partner. According to Morrison and Robinson(1997), the initial discovery and experience of betrayal goes beyond the mere cognitive awareness that a violation has occurred, rather, the feeling of violation is registered at a deep, visceral level. Other researchers have also noted that pain and hurt are amongst the first and most acute emotional reactions to the



awareness that one has been betrayed (Leary, Springer, Hegel, Ansell and Evans, 1998; Vangelisti and Sprague, 1998).

Fehr and Baldwin, (1996) found students rated betrayal of trust as the most intensely anger-provoking type of relational transgression. Another emotion that may be experienced in response the betrayal is hatred. For example, Fitness and Fletcher (1993) found that humiliation and appraisals of powerlessness were important elicitors of hatred for an offending spouse. Moreover, betrayals that have involved sexual or emotional infidelity are likely to evoke the highly complex emotional syndrome known as jealousy, comprising elements such as fear of rejection, anger, and sadness (Sharpsteen, 1991).

Different emotional reactions engendered by betrayals motivate different kinds of behaviours, and so play a major role in how the interpersonal betrayal script progresses. For instance, anger typically tends to motivate confrontation and engagement with the offending party whereas hate tends to motivate avoidance or emotional withdrawal (Fitness and Fletcher, 1993, Fridja, Kinpers, and Terschure, 1989). Jealousy, with its complex blends of emotions, may motivate a variety of behaviours, from anxious clinging, to depressed rumination and brooding, to angry confrontation or revenge (Sharpsteen, 1991). Researchers have noted the often serious concomitants and consequences of chronic or intense jealousy, including, hostility, resentment, alienation, withdrawal, and even murder (Daly and Wilson, 1988; Van Sommers, 1988). There is no doubt that when the betrayed partners continuously expressing some or all of the above negative emotions, their health and well-being may be adversely affected. To be able to remain healthy in this crisis situation they need to practice or release forgiveness.

Forgiveness has been considered the way to holistic well-being (Athwaria and Srivastava (2016)). Well-being in this regard is a comprehensive term for the psychological, physical, social or economic state of an individual or group (Scott, Diane and Schouten 2014; Diener, 2009). Toussaint, Williams, Musick and Everson (2001) in their study revealed that in the elderly people, forgiveness was associated with fewer negative health symptoms. They found that people over 45 years of age who had forgiven others reported greater satisfaction with their lives and were less likely to report symptoms of psychological distress, such as feelings of nervousness, and sadness. The anticipation is that physical health will be negatively affected if people are chronically unforgiving and positively affected if they practice regular forgiveness. They also found that self-forgiveness was related to physical health for young and middle age adults.

The act of forgiving had been found to reduce hostility and anger (Bono and McCullough, 2004). Miller, Smith, Tunner, Guijarro, and Hallet (1996) reported that forgiveness is associated with decrease in coronary problems and results in lower rate of premature deaths. A study by Lawler-Row and Piferi, (2006) looked at seniors and found forgiveness related to levels of stress, well-being and depression. Seybold, Hill, Neumann and Chi (2001) observed that those high on forgiveness were healthier, showing lower anxiety, anger, depression, lower hematocrit, and white blood counts. Moreover, these persons also had lower inclination towards alcohol and cigarette use (Lawler, Younger, Piferi, Jobe, Edmondson, and Jones, 2005), a more direct evidence of association between forgiveness and health. They also found that level of forgiveness was linked to successful aging, which included the mastery of the environment, relationships with others, purpose in life, and personal growth and acceptance.

Studies have shown that relative to individuals who harbour grudges, individuals who forgive transgressions tend to experience enhanced psychological and physical well-being (Whitvliet, Ludwig and Vander Laan, 2001; Worthington and Scherer, 2004; Worthington, Witvliet, Pietrini, and Miller, 2007), especially in close, committed relationships (Karremans, Van Lange, Ouwerkerk and Kluwer, 2003).



Forgiveness predicts healthy physiological functioning, including lower systolic and diastolic blood pressure (Lawler, Younger, Piferi, Billington, Jobe, Edmondson and Jones, 2003). An experimental study by Hannon, Finkel, Kumashiro and Rusbult (2011), revealed that victim conciliatory behaviour predicted reduced blood pressure in all analyses, whereas perpetrator conciliatory behaviour did so in none. They concluded that the association of victim conciliatory behaviour with victim and perpetrator blood pressure suggests that people who hold grudges against their spouses may be at risk of impaired cardiovascular health over time. Indeed, victim grudge holding (vs forgiveness) may be an important mechanism by which partners in high-conflict (vs low-conflict) marriages exhibit poorer health outcomes (Gottman and Levensen, 1992).

In two longitudinal studies, McCullough, Bono, and Root (2007) investigated the association between interpersonal forgiveness and psychological well-being. Cross-sectional and prospective multilevel analyses demonstrated that increases in forgiveness were related to within-persons increases in psychological well-being. They also found, that forgiveness was more strongly linked to well-being for people who reported being closer and more committed to their partners before the transgression and for people who reported that their partners apologized and made amends for their transgression.

Religious belief and practice has been linked to health and well-being through its provision of meaning and purpose in life seen as critical psychological elements of individual happiness that buffer against the condition of anomie (Perkin, 2009). For example, Perkin (2009) in a study explored the association among religiosity, the practice/experience of forgiveness, and measures of well-being in a large sample of non-clinical, university educated, and relative adults at threetime points over a ten year span. The study revealed that religiosity is highest among those who forgive others quickly and do so without resentment or need for apology. It also revealed that those completely forgiving others show the least psychological distress, poor/fair health and unhappiness.

Spousal psychological abuse represents a painful betrayal of trust, leading to serious negative psychological outcomes for the abused partner (Dutton and Painter, 1993; Sackett and Saunders, 1999). To reduce such negative outcomes, Reed and Enright (2006) investigated the effects of forgiveness therapy on depression, anxiety and post-traumatic stress for women after spousal abuse. They found that participants in forgiveness therapy (FT) experienced significantly greater improvement than alternative treatment (AT) participants in depression, trait anxiety, post-traumatic stress symptoms, self-esteem, forgiveness, environmental mastery, and finding meaning in suffering, with gains maintained at follow up. They observed forgiveness therapy has implications for the long term recovery of post-relationship emotionally abused women.

Patton (2013) examined the contribution of forgiveness to psychological and relational well-being in adults who experienced romantic relational betrayal. They found that three fourths of the participants stated having been betrayed by someone they loved romantically via sexual infidelity, desertion, deceit, outside relationships and emotional abuse. They found that respondents reported the ability to move on, personal well-being and improved health as benefits of forgiveness.

Leach and Lark (2004) found spiritual well-being and spiritual transcendence were positively correlated with trait forgiveness of others, after controlling for Big Five personality traits. Strelan, Action and Patric (2009) investigated spirituality, forgiveness and well-being in a sample of Australian churchgoers. They found that dispositional forgiveness was positively correlated with spiritual well-being and also mediated the negative relationship between disappointment with God and spiritual well-being.

Rye, Folck, Heim, Olszewski and Traina (2004) in their study, examined the relationship between forgiveness of an ex-spouse and post-divorce adjustment. They



found that forgiveness was related to several measures of mental health after controlling for the effects of demographic/background variables. They also found that forgiveness is positively correlated with existential well-being. Furthermore, research has found that forgiveness of one's ex-spouse is negatively correlated with anxiety and positively correlated with well-being (Ashleman, 1997).

### **Hypotheses**

**Ho<sub>1</sub>:** There is no significant difference in level of forgiveness of male and female betrayed relational partners.

**Ho<sub>2</sub>:** There is no significant relationship between forgiveness, state of health, physical, psychological, social and spiritual well-beings of betrayed relational partners.

### **METHODOLOGY**

**Design -** The descriptive survey research design of the ex-postfacto type was used in carrying out the study.

**Study Area -** The study was carried out, in the Department of Social Work, Faculty of Social Science, University of Ilorin and in the Department of Social Work, Faculty of Education, University of Ibadan.

**Sample -** 140 undergraduates and 110 postgraduates students were purposively selected and used as sample for the study. These students are those who had been betrayed by their married partners or romantic partners

**Instrument -** A single instrument tagged "Betrayed Partner's Forgiveness, Health and Well-being Questionnaire (BPFHAWBQ)" was used to collect data for the study. The instrument contained 58 items divided into four sections, namely sections A, B, C, D. Section A contains 8 items measuring demographic variables, such as sex, age, level of education, religion, occupation, level of income, marital status and nature of betrayal. Section B contains 12 items measuring level of forgiveness of the betrayed relational partner. The items were isolated from Mark, Dawn, Chad, Brandon, Todd and Benjamin (2001) Forgiveness scale. This subscale yielded an alpha value of 0.82. Section C contains 9 items measuring the state of Health of Betrayed Relational Partner. The items were adopted from Spitzer, Janet, Williams, and Kroenk (2003) Patient Health Questionnaire. For this study, the scale yielded a Cronbach alpha value of 0.80. Section D contains items measuring state of well-being of Betrayed Relational Partner. It is made up of 6 items measuring physical well-being; 5 items measuring social well-being and 6 items measuring psychological or emotional well-being. The items were drawn from FACIT (2010) Questionnaire. Each subscale yielded the following alpha value, Physical well = 0.78, Social well-being = 0.76 and Psychological/Emotional well-being = 0.80.

The last subscale contains 12 items measuring spiritual well-being. These were adopted from Daaleman and Frey (2004) Spirituality Index of Well-Being. It yielded an alpha value of 0.81.

### **Procedure**

The consent of the participants was obtained before they were asked to participate in the study. The inclusion criterion was based on personal experience of being betrayed by a married partner or romantic partner. The questionnaires were personally administered to 250 respondents who met this criterion. Four research assistants that were trained for this purpose helped in the administration of the questionnaire. The



questionnaires were left with them for two weeks for proper completion. At the end of the second week, 221 copies of the questionnaire that were properly completed were used for data analysis.

## RESULTS

### Analysis of respondents' characteristics –

The respondents' characteristics were analysed using frequency counts and simple percentages. The results obtained from the test revealed that 71(32.1%) of the respondents were males, while 150(67.9%) of them were females. The results also revealed that 48(21.7%) of the respondents were less than 20 years old; 134 (60.6%) were aged 21-30 years, 29(13.1%) were aged 31-40 years, and 10(4.5) were aged 41-50 years. This implies that majority of the respondents were between 21 and 30 years. The results revealed further that 156(70.6%) of the respondents were Christians, while 63(28.5%) of them were Moslems, and the remaining 2(0.9%) of the respondents were Traditionalists.

In term of education of the respondents, the results revealed that 30(13.6%) of the respondents were at the postgraduate Diploma level, 90(40.7%) of them were at Master Degree level, while the remaining 101(45.7%) of the respondents were at the Bachelor Degree level in Social Work. Furthermore, the results showed that 172(77.8%) of the respondents were single, 46(20.8%) of them are married, 1(0.5%) is divorced, and 2(0.9%) of them were separated.

Lastly, 94(43.0%) of the respondents were betrayed by lie, 41(18.6%) by deceit, 15(6.8%) by sexual infidelity, 25(11.3%) by emotional abuse, 9(4.1%) by physical abuse, 12(5.4%) by verbal abuse, 6(2.7%) by sexual abuse, and 18(8.1%) by other means.

### Analysis of Research hypotheses

**Ho<sub>1</sub>:** There is no significant difference in level of forgiveness of male and female betrayed relational partners.

The hypothesis was tested, using independent t-test. The results obtained from the test are summarized in table 1 below.

**Table 1: Independent t-test showing the difference in level of forgiveness of male and female betrayed relational partners**

Level of forgiveness of betrayed relational partners	N	Mean	Standard Deviation	Crit-t	Cal-t	df	P
Male	71	27.6901	4.8184	1.96	2.539	219	Sig.
Female	150	29.4667	4.8752				

Table 1 above showed that there was a significant difference in level of forgiveness of male and female betrayed relational partners (crit-t = 1.96, cal-t = 2.539, df = 219, p<05). The result does not give support to the hypothesis. The hypothesis is therefore rejected and the alternative hypothesis is accepted.

**Ho<sub>2</sub>:** There is no significant relationship between forgiveness, state of health, physical, psychological, social and spiritual well-beings of Betrayed Relational Partners. The hypothesis was tested using zero order correlation. The results obtained from the test are summarized in table 2 below.



**Table 2: Zero order Correlation (MATRIX Table) showing the relationship between Level of Forgiveness, State of Health, Physical, Social, Psychological, and Spiritual Well-beings of Betrayed Partners.**

	Level of forgiveness	State of Health	Physical Well-being	Social Well being	Psychological Wellbeing	Spiritual Well being	Mean	S.D
Level of forgiveness	1						28.8959	4.9169
State of Health	.160 .017	1					16.5204	5.6356
Physical well being	.090 .182	.299 .000	1				9.5158	3.6477
Social well being	-.054 .421	-.081 .232	.168 .012	1			11.8552	4.2722
Psychological well being	.119 .078	.350 .000	.299 .000	.103 .125	1		10.1176	3.4634
Spiritual well being	.139 .039	.302 .000	.266 .000	.005 .943	.313 .000	1	20.1674	7.7309

Table 2 above showed that there was a significant relationship between Level of Forgiveness of and State of Health of Betrayed Partners, ( $r = .160, p(.017) < .05$ ). The result does not give support to the hypothesis. The hypothesis is therefore rejected, and alternative hypothesis is accepted. Also, the above table revealed that there was no significant relationship between Level of Forgiveness and Physical Well-being of Betrayed Partners, ( $r = .090, p(.182) > .05$ ). The result gives support to the hypothesis. Hence, the hypothesis is accepted and alternative hypothesis is rejected. Furthermore table 2 revealed that there was no significant relationship between Level of Forgiveness and Social Well-being of Betrayed Partners, ( $r = -.054, p(.421) > .05$ ). The result gives support to the hypothesis. Therefore, the hypothesis is accepted and alternative hypothesis is rejected. Similarly, the above table showed that there was no significant relationship between Level of Forgiveness and Psychological Well-being of Betrayed Partners, ( $r = .119, p(.078) > .05$ ). The result gives support to the hypothesis. The hypothesis is therefore accepted and alternative hypothesis is rejected. Finally, table 2 above showed that there was a significant relationship between Level of Forgiveness and Spiritual Well-being of Betrayed Partners, ( $r = .139, p(.039) < .05$ ). The result does not give support to the hypothesis. Therefore the hypothesis is rejected and the alternative hypothesis is accepted.

## DISCUSSION

The result obtained from testing the first hypothesis showed that there was a significant difference in level of forgiveness of male and male betrayed relational partners. As it is indicated in table 1, the level of forgiveness of the female betrayed relational partners was greater than those of their male counterparts. The result corroborates the finding of Meskó and Láng (2013) that as compared to a former girlfriend, women reported less intensive negative emotional reactions, and more forgiveness, if their partner betrayed them with a prostitute. The result contradicts the finding of Toussaint and Webb (2005) that there was no gender difference in level of forgiveness of betrayed relational partners.

The results of the second hypothesis showed that there was a significant relationship between forgiveness and health of betrayed relational partners. This implies that forgiveness contributed to their health positively. The result gives support to the finding of Rye et al (2004) that forgiveness was related to the mental health of betrayed



partners. Also, the finding is consistent with the finding of Toussaint et al (2001) that forgiveness was associated with fewer negative health symptoms in the elderly. The finding is in line with the finding of Seybold, Hill, Neumann and Chi (2001) that those high on forgiveness were healthier, showing lower anxiety, anger, depression, lower hemoglobin, and white blood counts. Furthermore, the above finding gives support to the finding of Patton (2013) that respondents reported improved health as benefits of forgiveness. The finding is in line with the finding of Lawler, et al (2003) that forgiveness predicts healthy physiological functioning, including lower systolic and diastolic blood pressure.

The result of the second hypothesis also revealed that there was no significant relationship between forgiveness and physical well-being of the betrayed relational partners. Though, the result was not significant, it showed positive relationship between the two variables. This suggests that forgiveness enhanced the betrayed partners' physical well-being. The above finding gives support to the finding of Whitvliet et al (2001); and Worthington et al (2007) that relative to individuals who harbour grudges, individuals who forgive transgressions tend to experience enhanced physical well-being. Similarly, the finding is consistent with the finding of Bono and McCullough (2004) that forgiving reduces hostility and anger.

Furthermore, the result obtained from testing the second hypothesis indicated no significant relationship between forgiveness and psychological well-being of the betrayed relational partners. Though, the result was not significant, it showed positive relationship between the two variables. This implies that forgiveness enhanced the psychological well-being of the betrayed relational partners.

The finding corroborates the finding of McCullough, Bono and Root (2007) that increases in forgiveness were related to within person increases in psychological well-being. The above finding also supports the finding of McCullough, Paragment and Thoresen, (2000) that forgiveness is associated with an increase in psychological well-being.

In terms of social well-being of the betrayed relational partners, the result of the second hypothesis, showed no significant relationship between forgiveness and social well-being of the betrayed relational partners. However, there was a negative relationship between them. This implies that the degrees or levels of forgiveness of the betrayed relational partners were very low and these negatively affected their social well-being. The result is not in tandem with the finding of Lawler et al (2005) that level of forgiveness was linked to the mastery of the environment and relationships with others. It also contradicts the finding of McCullough et al (2000) that forgiveness is linked to well-being through the restoration of positive social relationships and hostility reduction.

The result of the second hypothesis also showed that there was a significant relationship between forgiveness and spiritual well-being. The finding suggests that the betrayed partners' forgiveness assisted them in experiencing increased spiritual well-being. The result gives support to the finding of Leach and Lark (2004) that spiritual well-being and spiritual transcendence were positively correlated with trait forgiveness of others. Also, the result is consistent with the finding of Strelan, Action and Patric (2009) that dispositional forgiveness was positively correlated with spiritual well-being and also mediated the negative relationship between disappointment with God and spiritual well-being. Furthermore, the result corroborates the finding of Rye et al (2004) that forgiveness was positively correlated with existential well-being.

The results obtained from testing the research hypotheses indicated that forgiveness exerted positive and negative influences on health and well-being. The above findings have useful implications for the betrayed partners or whoever that is hurt, wronged



or disappointed. The first useful implication is that they need to engage in constant practice of forgiveness to remain healthy. Other useful implications are that they need to avoid bringing anger and bitterness into every relationship and new experience. They should consider value of forgiveness and its importance in their live at a given time, and actively choose to forgive the person who offended them. All these will go a long way in enhancing their health and well-being.



### **Conclusion**

Forgiveness is a complex intrapersonal process of regulating negative emotion and, potentially generating benevolent or pro-social attitudes toward an offender. Generally, forgiveness is a decision to let go of resentment and thoughts of revenge. Therefore, letting go of grudges and bitterness can make way for happiness, health and peace. In view of this, the study investigated how forgiveness contributed to health and well-being of betrayed relational partners. Findings from the study revealed both negative and positive influences that forgiveness exerted on health and well-being of participants.

It can therefore, be summarily concluded that when individuals that are betrayed, hurt, wronged or offended in one way or the other release forgiveness or engage themselves in regular practice of forgiveness, they will experience good health (e.g. lower blood pressure, less anxiety, stress, and hostility, fewer symptoms of depression, improved health etc) higher self-esteem, and greater well-being (physical, psycho-social and spiritual well-being).

**REFERENCES**

- Ahmed, P.I., Kolker, A., and Coelho, G.V. (1979). Toward a New Definition of Health. An overview. In P.I. Ahmed, and G.N. Coelho (Eds) *Toward a New Definition of Health* New York; Plenum.
- Ashleman, K. (1997). Forgiveness as a resilience factor in divorced families. Paper presented at the biennial meeting of the society for Research in Child Development. Washington, DC.
- Athwaria, S. and Strivastava, A.K. (2016). Forgiveness: The way to Holistic Well-being. *The International Journal of Indian Psychology* 3, 4(67): 29-37.
- Barbee, A., Cunningham, M., Druen, P. and Yankeelov, P. (1996). Loss of Passion, intimacy and commitment: A conceptual framework for relationship researchers. *Journal of Personal and Interpersonal Loss*. 1, 93-108.
- Betzig, L. (1989). Causes of conjugal dissolution: A cross cultural study. *Current Anthropology* 30, 654-676.
- Bono, G., & McCullough, M.E. (2004). Religion, forgiveness and adjustment in older adults. In K.W. Schaie, N. Krause & A. Booth (Eds.). *Religious influences on health and well-being in the elderly* (pp. 163-186). New York: Springer.
- Cape, B.C. and Dobson, P. (1974). *Bailliere's Nurses Dictionary* London: Bailliere Tindall.
- Charney, I. and Pavnass, S. (1995). The Impact of extramarital relationships on the continuation of marriage. *Journal of Sex and Marital Therapy* 21, 100-115.
- Daaleman, T.P. & Frey, B.B. (2004). The Spirituality Index of Well-Being. A new instrument for health-related quality of life research. *Annals of Family Medicine*, 2, 499-503.
- Daly, M. and Wilson, M. (1988). *Homicide* New York: Aldine deGruyter.
- Depaulo, B. and Kashy, D. (1998). Everyday lies in casual and close relationships. *Journal of Personality and Social Psychology*. 74, 63-79.
- Diener, E. (2009). *The Science of Well-being*. New York: Springer.
- Dutton, D. and Browning, J. (1988). Concern for power, fear of intimacy, and adverse stimuli for wife abuse. In G. Hotaling, D. Finkelhor, J. Kirpatrick, and M. Straus (Eds.) *Family abuse and its consequences: New direction in research* (pp. 163-175). Newbury: Sage.
- Dutton, D.G. and Painter, S. (1993). The battered woman syndrome: Effects of severity and intermittency of abuse. *American Journal of Orthopsychiatry* 63, 614-621.
- Enright, R.D. (2001). *Forgiveness is a choice: A step-by-step process for resolving anger and restoring hope*. Washington, DC: American Psychological Association.
- Fehr, B. and Baldwin, M. (1996). Prototype and script analyses of laypeople's knowledge of anger. In G.J.O. Fletcher, and J. Fitness (Eds). *Knowledge structures in close relationships: A social psychological approach* (pp. 219-245) New Jersey: Lawrence Erlbaum.
- Fitness, J. (2001). Betrayed, Rejection, Revenge, and Forgiveness: An Interpersonal Script Approach. In Leary, M. (Ed) *Interpersonal Rejection* (pp. 73-103). New York: Oxford University press.
- Fitness, J. and Fletcher, G.J.O. (1993). Love, hate, anger, and jealousy in close relationships: A prototype and cognitive appraisal analysis. *Journal of personality and Social Psychology* 65, 942-958.
- Fitness, J. and Matthews, S. (1998). *Emotions, Emotional intelligence and Forgiveness in Marriage*. Paper presented at the 9<sup>th</sup> International Conference on Personal Relationships, Sartoga Springs.
- Foo, L. and Margohn, G. (1995). A multivariate investigation of dating aggression. *Journal of Family Violence* 10, 351-377.



- Gaylin, W. (1984). *The rage within. Anger in Modern Life*. New York: Simon and Schuster.
- Gottman, J.M. and Levenson, R.W. (1992). Marital Processes predictive of later dissolution. Behaviour, physiology, and health. *Journal of Personality and Social Psychology*. 63, 221-233.
- Hannon, P.A., Finkel, E.J., Kumashiro, M. and Rusbult, C.E. (2011). The soothing effects of forgiveness on victims' and perpetrators blood pressure. *Journal of the International Association for Relationship Research*. 1-11.
- Hansen, R., Jones, W., and Fletcher, W. (1990). Troubled relationships in later life: Implications for support. *Journal of Social and Personal Relationships*. 7, 451-463.
- INNE (2010). *Definition of Well-being*. Available at [www.toolkit.inesite.org](http://www.toolkit.inesite.org)
- Jones, W. and Burdette, M.P. (1994). Betrayal. In A.L. Weber and J.H. Harvey (Eds) Perspectives on close relationships (pp. 243-262) Boston: Allyn and Bacon.
- Karrenmans, J.C., Van Lange, P.A.M, Ouwerkerk, J.W. and Kluwer, E.S. (2003). When forgiving enhances psychological well-being: the role of Interpersonal commitment. *Journal of Personality and Social Psychology* 84, 1011-1026.
- Lawler, K.A., Younger, J.W., Piferi, R.I., Jobe, R.L., Edmondson, K.A. and Jones, W.H. (2005). The unique effects of forgiveness on health: An explosion of Pathways. *Journal of Behavioural Medicine* 28, 157-167.
- Lawler, K.A., Younger, J.W., Piferi, R.L., Billington, E., Jobe, R., Edmondson, K. and Jones, W.H. (2003). A change of heart; cardiovascular correlates of forgiveness in response to interpersonal conflict. *Journal of Behavioural Medicine* 26, 373-393.
- Lawler-Row, K.A. and Piferi, R.L. (2006). The Forgiving Personality: Describing a life well lived? *Personality and Individual Differences*. 41, 1009-1020.
- Leach, M.M. and Lark, R. (2004). Does spirituality add to Personality in the study of trait forgiveness? *Personality and Individual Differences* 37, 147-156.
- Leary, M., Springer, C., Megel, L., Ansell, E. and Evans, K. (1998). The causes, phenomenology, and consequences of hurt feelings. *Journal of Personality and Social Psychology* 74, 1225-1237.
- Mark, S.R., Dawn, M., Chad, D.F., Brandon, T.O., Todd, A.H. and Benjamin, P. (2001). Evaluation of the psychometric properties of two forgiveness scales. *Current psychology* 20 (3) 260-277.
- McCullough, M, Paragment, K. and Thoresen, C. (2000). The Psychology of Forgiveness; History, Conceptual Issues and Overview. The M.E. McCullough, K.I. Paragment and C.E. Thoresen (Eds) Forgiveness, Theory, Research and Practice (pp 1-4). New York: Guilford Press.
- McCullough, N.E., Bono, G. and Root, L.M. (2007). Rumination, emotion and forgiveness: Three longitudinal studies. *Journal of Personality and Social Psychology* 92, 490-505.
- Meskó, N, and Láng, A. (2013). Women Evaluate their partners' betrayal: Emotional Reactions, forgiveness, perceived threats of Infidelity. In E. Farkos (ed) *Acta Szekszardiensium/Scientific Publications*. TOM XV (pp 49-59) Szekszard: Illyés Gyula Faculty, University of Pécs.
- Metts, S. (1989). An Exploratory investigation of deception in close relationships. *Journal of Social and Personal Relationships* 6, 159-179.
- Metts, S. (1994). Relational Transgressions. In W. Cupach and B. Spitzberg (Eds). *The dark side of interpersonal communication* (pp. 217-239). New Jersey: Erlbaum.
- Miller, T.Q., Smith, T.W., Turner, C.W., Gujjarro, M.L., Hallet, A.J. (1996). A meta-analytic review of research on hostility and physical health. *Psychological Bulletin*. 5, 421-423.
- Miller, W.I. (1993). *Humiliation* Ithaca: Cornell University Press.



Morrison, E.W. and Robinson, S.L. (1997). When employees feel betrayed: A model of how psychological contract violation develops. *Academy of Management Review* 22, 226-256.

National Accounts of Well-being (2009). Definition of Well-being. Available at [www.nationalaccounts.org](http://www.nationalaccounts.org)

Patton, B. (2013). The Role of Forgiveness in Mediating Feelings of Betrayal within Older Adult Romantic Relationships. *Graduate Research and Scholarly Projects (GRASP)* 0, 16-17.

Payne, W.A. and Hahn, D.B. (2000). *Understanding Your Health* Boston; McGraw-Hill.

Perkins, H.W. (2009). *Forgiveness, Religious Commitment and Well-being in Adulthood: A Life stage and cohort Assessment*. Paper presented at the 2009 congress of the International Association for the Psychology of Religion, 23-27 August 2009 – Vienna-Australia.

Petterson, C. (1996). Deception in Intimate relationships. *International Journal of Psychology* 31, 279-288.

Pittman, F.S. and Wangers, S. (1995). Crises of Infidelity. In N. Jacobson and A.S. Gurman (Eds) *Clinical handbook of couple therapy* (pp. 295-316 New York: Guilford Press.

Reed, G.L. and Enright, R.D. (2006). The Effects of Forgiveness Therapy on Depression, Anxiety and Posttraumatic Stress for Women After Spousal Emotional Abuse. *Journal of Consulting and Clinical Psychology*. 74(5): 920-929.

Rosenak, C.M. and Harnden, G.M. (1992). Forgiveness in the psychotherapeutic process: Clinical applications. *Journal of Psychology and Christianity* 11, 188-197.

Rye, M.S., Folck, C.D., Heim, T.A., Olszewski, B.T. and Traina, E. (2004). Forgiveness of an Ex-spouse: How Does It Relate to Mental Health Following a Divorce? *Journal of Divorce and Remarriage* 41(314): 31-51.

Sackett, L.A. and Saunders D.G. (1999). The Impact of different forms of psychological abuse on battered women.

Sandage, S.J., Hill, P.C. and Vang, H.C. (2003). Toward a multicultural positive psychology: Indigenous forgiveness and Hmong culture *Counselling Psychology* 31, 564-592.

Scott, K., Diane, M.M. and Schouten, J.W. (2014). Marketing and the New Materialism. *Journal of Macromarketing* 34, 282-290.

Seybold, K.S., Hill, P.C., Neumann, J.K., Chi, D.S. (2001). Physiological and psychological correlates of forgiveness. *Journal of Psychology and Christianity*. 20: 250-59.

Sharpsteen, D. (1991). The organization of Jealousy knowledge: Romantic Jealousy as a blended emotion. In P. Salovey (Ed) *The Psychology of Jealousy and Envy* (pp. 31-51).

Spitzer, R.L., Janet, B.W., Williams, D. and Kroenke, K. (2003). The Patient Health Questionnaire (HQ-9). *Medical care* 11, 1284-1292.

Strelan, P., Acton, C. and Patric, K. (2009). Disappointment with God and Well-being: The mediating influences of relationship quality and dispositional forgiveness. *Counselling and Values* 53, 202-213.

Sutton, G. (2014). Psychology of Forgiveness: An overview of Recent Research Linking Psychology Science and Christian Spirituality Encounter. *Journal of Pentecostal Ministry* 11, 1-9.

Sutton, G.W. (2010). The Psychology of forgiveness, reconciliation and restoration: Integrating traditional and Pentecostal theological perspectives with Psychology. In M.W. Mittelstadt and G.W. Sutton (Eds). *Forgiveness, reconciliation and restoration: Multidisciplinary studies from a Pentecostal Perspective* (pp. 125-144). Eugene, OR: Pickwick Publication.

The Macquarie Dictionary (1991) (2<sup>nd</sup>ed.). Sydney: The Macquarie Library Pty Ltd.



Toussaint, L.L., Williams, D.R., Music, M.A., and Eversen, S.A. (2001). Forgiveness and health; Age differences in a U.S. probability sample. *Journal of Adult Development* 8, 249-257.

Toussaint, L. and Webb, J. (2005). Gender Difference in the Relationship between empathy and forgiveness. *Journal of Social Psychology* 145 (6) 673-685.

Van Sommers, P. (1988) *Jealousy: What is it and who feels it?* London: Penguin Books.

Vangelisti, A. and Sprague, R. (1998). Guilt and Hurt: Similarities, distinctions, and conversational strategies. In P. Anderson and L. Guerro (Eds.) *Handbook of Communication and emotion: Research, theory, application and contentexts* (pp. 123-154 New York: Academic Press.

Wahking, H. (1992). Spiritual growth through grace and forgiveness. *Journal of Psychology and Christianity* 11, 198-206.

Witvliet, C.V.O, Ludwig, T.E. and Vander Loan, K.L. (2001). Granting forgiveness or harboring grudges: Implications for emotion, physiology and health. *Psychological Science*. 12, 117-123.

WHO (1948). *Definition of Health*. Available at [www.who.int/features/mental/health](http://www.who.int/features/mental/health).

Worthington, E.L. Jr., (2005). *Handbook of Forgiveness* New York: Taylor and Francis Group, LLC.

Worthington, E.L. Jr., (2006). *Forgiveness and Reconciliation: Theory and application*. New York: Brunner-Routledge.

Worthington, E.L. Jr., and Scherer, M. (2004). Forgiveness is an emotion-focused coping strategy that can reduce health risks and promote health resilience: Theory, review and hypothesis. *Psychology and Health* 19, 385-425.

Worthington, E.L. Jr., Sandage, S.J. and Berry, J.W. (2000). Group Interventions to promote forgiveness. What researchers and clinicians sought to know? In M.E. McCullough, K.I., Paragment and C.E., Thoresen (Eds). *Forgiveness: Theory research and practice* (pp. 228-253). New York: Guilford press.

Worthington, E.L. Jr., Witvliet, V.O., Pietrim, P., Miller, A.J. (2007). Forgiveness, health and well-being: A review of evidence for emotional versus decisional forgiveness, dispositional forgiveness, and reduced forgiveness. *Journal of behavioural medicine*. 30, 291-302.