

The Mediating Role of Fear of Intimacy between Trait Forgiveness and PTSD for Young Adults

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Abstract

Trait forgiveness is one's tendency to excuse the wrongdoings of others. Research has supported that low forgiveness is related to various forms of negative affect (Berry et al., 2004), whereas high forgiveness may be a protective factor for mental health (e.g., lower symptoms of post-traumatic stress disorder (PTSD)). However, these corpuses are nascent and have yet to examine factors that mediate the relationship between forgiveness and mental health, such as fear of intimacy within intimate relationships. We hypothesize that negative affect, operationalized as fear of intimacy (FOI), will mediate this association, such that FOI will reduce the positive association between forgiveness and PTSD symptoms. Data from this study come from 95 young adults. The main constructs of forgiveness, fear of intimacy, and PTSD were measured by self-report questionnaires. Both FOI ($r = -.439, p < 0.01$) and PTSD ($r = -.207, p = .04$) were inversely related to trait forgiveness. As expected, FOI (indirect effect: $B = -.539, SE = .126, p < .001$) fully mediated the association between PTSD and forgiveness (main effect: $B = -.107, SE = .097, p = .272$). This effect was determined to be significant via the Sobel Test ($z = -2.08, SE = 0.05, p = .04$). These results have implications based on positive psychological theories and PTSD treatment. For instance, clinicians can incorporate these findings to design interventions for clients with PTSD that target reducing FOI and increasing forgiveness during treatment as clients become more secure and emotionally regulated. Furthermore, future research can analyze whether particular types of trauma, such as interpersonal trauma, are more strongly mediated by FOI. If so, interventions can be designed around the theory of specific responsivity: targeting individual differences of clients within interventions in order to develop a more personal and more efficacious treatment plan.

Keywords: Forgiveness, Intimacy, PTSD

1. Introduction

When persons undergo stressful or dangerous situations, numerous mental health concerns may arise. For instance, individuals may develop post-traumatic stress disorder (PTSD) after observing or experiencing an occurrence led to either actual or threatened bodily harm or death¹. PTSD can develop in a variety of social contexts, including, but not limited to, military service, abusive households, and following sexual assault². Due to PTSD's prevalence, particularly amongst veterans, it has become a popular topic of study for clinicians and researchers³. However, some demographics, like young adults, remain an understudied population for PTSD research. Furthermore, there is a dearth of research investigating the association between positive psychological concepts, like forgiveness, and PTSD. Furthermore, understanding mechanisms that explain the association between positive traits, such as forgiveness, and PTSD, have not yet been extensively considered. Bearing these considerations in mind, this study aimed to explain how negative affect, operationalized by fear of intimacy, relates to the association between forgiveness and PTSD

symptoms. This study will explicitly examine how fear of intimacy within romantic relationships specifically may work as a mechanism to reduce one's ability to forgive in light of PTSD symptoms.

1.1 Forgiveness

Trait forgiveness is conceptualized as one's tendency to forgive the wrongdoings of others. Forgiveness results in negative affects being replaced by positive, other-oriented affects⁴. As a component of positive psychology, trait forgiveness remains an understudied element of mental health and healthy dating relationships. Despite this, trait forgiveness is associated with low trait anger, low state hostility, and low state resentment, which all contribute to better personal and dyadic mental health⁵. As a trait, levels of trait forgiveness are a component of an individual's personality, in contrast to state forgiveness which is temporary and context-dependent.

Within the context of dating relationships, former research has primarily focused on dispositional or trait forgiveness. Specifically, dispositional forgiveness has been found to mediate the negative association between unpleasant interpersonal interactions with romantic partners and parents and one's tendency to perpetrate dating abuse⁶. As such, forgiveness seems to be a protective factor against negative interactions, such as intimate partner violence. Furthermore, self-forgiveness (excusing one's own wrongdoings) has been found to be positively related with better mental health outcomes, though other-forgiveness (excusing another's wrongdoings) was not statistically related to mental health outcomes⁷. Forgiveness appears to be beneficial to mental health when looking at both the individual and the romantic couple. For example, forgiveness has also been found to be negatively associated with PTSD symptoms amongst female victims of intimate partner stalking, victims of man-made traumas, and to be mediated by trait anger and negative affect^{8, 9, 10}.

1.2 PTSD

Post-traumatic stress disorder (PTSD) refers to a persistent state of emotional and cognitive stress following an episode of psychological shock, injury, or after a real or perceived life-threatening situation. Characteristic symptoms of PTSD are grouped into four clusters: re-experiencing, avoidance, negative cognitions and moods, and arousal¹. Though most prominently studied amongst veterans of war, PTSD has become a larger concern amongst civilians. Attachment research has previously looked at persons with PTSD and found that attachment anxiety and dependency moderate the association between PTSD symptoms and intimate partner violence, and that anxious attachment was positively associated with PTSD symptoms¹².

Studies have also looked at the cross-section of military veterans who present PTSD symptoms and how they interact with their significant other upon returning from active duty. In a study that investigated how factors like problematic drinking and negative emotionality contributed to PTSD symptoms, problematic drinking was not found to moderate the association between PTSD symptoms and relationship quality, but negative emotionality did mediate the negative association between PTSD symptoms and relationship quality¹². These findings continue to inform the literature on the nature of PTSD symptoms within romantic relationship, along with demonstrating the mediating role that negative affect can have on PTSD symptoms.

1.3 Fear of Intimacy

Fear of intimacy (FOI) is conceptualized as a social phobia and anxiety disorder which results in an individual struggling to develop intimate bonds with others. These difficulties may relate to less sexual escalation, lower entrustment of feelings, and reduced physical contact, among other problems¹³. Fear of intimacy is conceptually bifurcated into two dimensions. One of these dimensions is fear of losing the self, which relates to concerns of how a romantic relationship may change one's behaviors and life schedule. The other dimension is fear of losing the other, which relates to concerns of losing someone whom the individual has become close with¹³.

Despite a lack of research on FOI alongside forgiveness, academics have studied how a similar concept, known as discomfort with intimacy, is associated with PTSD symptoms. Discomfort with intimacy has been determined to mediate the unique contributions of PTSD symptoms on distress in the relationship. These findings suggest a mediating role of FOI on PTSD symptoms and unhealthy dating relationships. As such, understanding the nature of PTSD symptoms when discussing romantic relationships must be understood as a more complex path, where negative emotionality's relating to dating behaviors (i.e., fear of intimacy) may partially or fully explain why and how PTSD symptoms contribute to different elements of dating relationships.

1.4 Hypotheses

Upon reviewing and synthesizing the findings of the extant corpus, I wanted to develop a study that would analyze whether forgiveness would be negatively associated with PTSD symptoms. Furthermore, I hypothesized that FOI would mediate the association between trait forgiveness and PTSD symptoms. Furthermore, if FOI does, indeed, mediate the association between forgiveness and PTSD symptoms, such results would support previous findings of negative affect and anger mediating the association between forgiveness and PTSD symptoms.

2. Methodology

2.1 Participants

The sample size for this study was 95 young adults between the ages of 18 and 25 years. Our sample consisted of 66 females, 27 males, and 2 participants who identified as another gender. Furthermore, our sample consisted of 62 whites, 19 blacks, 5 Asian Americans, 2 LatinX participants, 4 biracial participants, and 2 participants who identified as another race. Lastly, our sample consisted of 66 heterosexual participants, 2 gay men, 13 bisexual participants, 2 asexual participants, 3 pansexual participants, 2 queer participants, and 2 participants who identified as another sexuality. Four participants did not respond to how they identified their sexual orientation. Upon their successful completion of the procedure, all participants were remunerated with \$25 cash.

2.2 Procedure

Participants were recruited from the Greater Cleveland Area through flyers, social media ads, and Research Match through convenience sampling. Participants were also recruited from Cleveland State University, specifically, through the use of the SONA Recruitment platform. Before being accepted as participants, individuals completed a screener, which determined whether the persons were between the ages of 18 and 25. Screened participants completed a semi-structured interview relating to aspects of healthy and unhealthy dating relationships that was audio-recorded and transcribed. Following the interview, participants completed an audio-taped dating history interview to construct a timeline of individual dating experiences. Finally, participants were provided with an Android Tablet® to complete a computer-assisted personal interview. The computer survey captured data on a variety of constructs related to mental health and dating relationships, including attachment styles, trait forgiveness, fear of intimacy, PTSD symptoms, use of social media, and others. For this study, only data from the computer assisted interview (i.e., self-report questionnaires) was analyzed.

2.3 Measures

A demographics survey, which captured data on gender, sexual orientation, race, employment status, education status, and others, was included. Trait forgiveness was captured by the Trait Forgiveness Scale⁴. This 10-item Likert-type scale, where 1 corresponded to “strongly disagree” and 5 corresponded to “strongly agree”, comprised of self-report questions relating to ones tendency to excuse the wrongdoings of others. Items included “I can forgive a friend for almost anything,” and “I am a forgiving person.”⁸ Fear of intimacy was captured by the Fear of Intimacy Scale¹³. This 35-item Likert-type scale, where 1 corresponded to “Not at all like me,” and 5 corresponded to “Extremely like me”, comprised of self-report questions relating to how uncomfortable participants would be in a hypothetical intimate relationship. Items included “I would feel at ease telling (my partner) that I care about him/her,” and “I have shied away from opportunities to be close to someone.”¹⁴ Lastly, PTSD symptoms were captured by the Post-traumatic Stress Disorder Checklist for the DSM-V (PCL-V)¹. This 20-item Likert-type scale, where 0 corresponded to “Not at all,” and 4 corresponded to “Extremely”, comprised of self-report questions which captured dimensions like re-experiencing, avoidance, negative thoughts or emotions, and arousal/reactivity. Items included “Trouble remembering important parts of the stressful experience,” and “Loss of interest in activities that you used to enjoy.”¹⁵

3. Results

Bivariate correlations were calculated to determine the direction and magnitude of the relationships amongst the variables of interest. As seen by Table 1, trait forgiveness was significantly and negatively associated both with a participant's mean PTSD score and with a participant's mean fear of intimacy score.

Table 1. Bivariate Correlations for Forgiveness, PTSD, and FOI

Variable	PTSD	FOI
Trait Forgiveness	-.21*	-.44**
PTSD	-	.24

Note. * $p < .05$, ** $p < .01$, PTSD = mean post-traumatic stress disorder symptoms, FOI = fear of intimacy

A number of potential covariates were analyzed to determine whether they should be included in the regression analysis. However, one-way ANOVAs did not demonstrate a statistically significant association amongst trait forgiveness and either gender, race, sexual orientation, college status, or work status. As such, no covariates were involved in the mediation analyses.

Multiple linear regression analyses were calculated to determine if a mediation effect existed. Based on this analysis, this study has sufficient evidence at the alpha level of .05 to conclude that PTSD is negatively related to trait forgiveness ($B = -.21$, $p = .04$). After demonstrating a negative association between PTSD symptoms and trait forgiveness, FOI was introduced as a mediator. The path between PTSD and trait forgiveness was rendered statistically nonsignificant upon introduction of FOI as a mediator ($B = -.11$, $p = .27$), meaning that FOI fully mediated the negative association between PTSD and trait forgiveness. A Sobel's Test was run to determine whether this mediation effect was statistically significant, and it concluded that this full mediation was statistically significant at an alpha level of .05 Sobel Test ($z = -2.08$, $SE = .05$, $p = .04$).

4. Discussion

The hypotheses that PTSD symptoms would be negatively associated with trait forgiveness and that FOI would mediate the association between PTSD symptoms and trait forgiveness were supported. Such results suggest that those with higher PTSD symptoms tend to have lower forgiveness scores. However, this association must be interpreted with consideration to the fully-mediating property of FOI. PTSD symptoms are positively associated with FOI, meaning that as a person expresses greater degrees of PTSD symptomatology, they will also exhibit greater degrees of FOI. Furthermore, FOI is negatively associated with trait forgiveness, meaning that persons who has less FOI will exhibit greater degrees of trait forgiveness. In other words, persons with higher degrees of PTSD symptoms exhibit greater degrees of FOI, which, in turn, result in lesser degrees of trait forgiveness.

FOI's contributions on explaining the path from PTSD symptoms to trait forgiveness may be explained through attachment theory.¹⁶ Attachment theory differentiates between how persons develop intimate relationships with others based on the nature of a person's relationship with their primary caregivers during childhood.¹⁷ FOI has been found to be positively associated with insecure attachment and mediates how anxious and avoidant attachments are positively associated with suspicious jealousy.¹⁸ Considering FOI's associations with neurotic styles of attachment like anxious, avoidant, and insecure attachment, an explanation for FOI's mediation of PTSD and forgiveness may be that the variance explained by FOI would be subsumed by the broader constructs of attachment styles. This may also explain a portion of the variance within PTSD symptoms and forgiveness over and above that which was explained by FOI. As such, clinicians may want to consider attachment styles of their clients with PTSD when formulating interventions for greater forgiveness.

Furthermore, research indicating that FOI is a path towards positive association with jealousy provides further theoretical credence to FOI being negatively associated with trait forgiveness. Trait forgiveness is conceptualized as the replacement of negative cognitions and affects with positive cognitions and affects in response to another's transgressions.⁹ Suspicious jealousy is conceptualized as a fixation on negative cognitions and affects in response to another's transgressions.¹⁸ As such, it is sensible that FOI would be differentially related to these two constructs.

Alternatively, FOI's mediation may also be explained by the emotional processing theory (EPT) of PTSD.¹⁹ EPT states that fear associated with PTSD are triggered via association derived from stimuli related to escape, avoidance, or dissociation schema.¹⁹ Within this theoretical framework, FOI can be understood as a manifestation of a triggered fear. Perhaps maladaptive rumination on prior victimization of intimate partner violence, domestic abuse as a child by a caregiver, or another source of trauma recapitulates into a fear of becoming intimate with contemporary intimate partners, thus minimizing a person's ability to express trait forgiveness.

4.1 Limitations

In terms of limitations, there are a number of concerns regarding our sample. For instance, all of our participants are young adults (ages 18-25). Though, this was done so by design, our findings are not generalizable outside of this narrow age-range or to all persons. Further, this data collection was also cross-sectional from one metropolitan area, and thus the survey design does not allow this study to demonstrate any causality. Future research should note this study's limitation of collecting data from a general sample. Though such sampling is beneficial for the purposes of external validity and ecological validity, a clinical sample would discover whether the associations that this study observed are maintained within persons with greater degrees of PTSD symptoms. Furthermore, since FOI is a phenomenon studied within romantic relationships, a narrow-level modeling of PTSD symptoms which differentiates PTSD symptoms by the type of trauma experienced (i.e., intimate partner violence) may uncover differences in FOI's explanatory contributions contingent on what type of trauma(s) an individual experienced.

5. Conclusions

This study's central takeaway is that consideration of negative affective constructs like FOI are salient when analyzing and interpreting the potentially transformative quality that PTSD symptoms may have on a person's expression of trait forgiveness. Such insight is pertinent to clinical functions, as it elucidates an inhibitory vector on a person's ability to forgive others if they have underwent significant trauma in the past. More forgiving persons are associated with better physical health due to lower stress, being less at risk for depression and anxiety symptoms, and having more successful intimate relationships.²⁰ By developing interventions which mitigate a person's FOI, mental health care providers can more efficaciously teach forgiveness within their patients for the purposes of better generalized mental health.⁸

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