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The Relationship Among Resilience, Forgiveness, and Anger Expression in Adolescents

Mauren A. Anderson

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THE RELATIONSHIP AMONG RESILIENCE, FORGIVENESS, AND
ANGER EXPRESSION IN ADOLESCENTS

By

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A THESIS

Submitted in Partial Fulfillment of the
Requirements for the Degree of
Doctor of Education
(in Counselor Education)

The Graduate School
The University of Maine
May, 2006

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By Maureen A. Anderson

Thesis Advisor: Dr. Dorothy Breen

An Abstract of the Thesis Presented
in Partial Fulfillment of the Requirements for the
Degree of Doctor of Education
(in Counselor Education)
May, 2006

This study was designed to investigate and describe the relationship among resilience, forgiveness and anger expression in adolescents. The purpose of the study was to explore whether certain adolescent resiliencies significantly related to positive or negative affective, behavioral, or cognitive levels of forgiveness and certain types of anger expression in adolescents. This study also investigated whether there were certain adolescent resiliencies and types of forgiveness that can predict lower levels of negative anger expression in adolescents. This research was built on two conceptual models: Wolin and Wolin's (1993) Challenge Model and the Forgiveness Process Model (Enright & Human Development Study Group, 1991). It was based on a quantitative, single-subject correlational research design. A multiple regression analysis was also used to explore possible effects of resilience and forgiveness on anger expression in adolescents. In addition, two demographic variables, Age and Gender, were examined

for possible effects on anger expression. Data were gathered from a convenience sample sample of 70 students in three Maine public high schools using three separate assessment instruments: the Adolescent Resiliency Attitudes Scale (ARAS), the Adolescent Version of the Enright Forgiveness Inventory (EFI), and the Adolescent Anger Rating Scale (AARS). Correlational analyses were done on the scales and subscales of these surveys. Significant relationships were found between several adolescent resiliencies and forms of forgiveness as well as between some adolescent resiliencies and types of anger expression. The data indicated that Total Resiliency significantly correlated with Total Forgiveness as well as Total Anger. The findings also identified particular adolescent resiliencies that significantly predicted types of anger expression, while forgiveness did not predict types of anger expression. The data revealed that Age and Gender had no significant affect on anger expression. These findings suggest that the constructs of adolescent resilience and forgiveness have commonalities that can influence how adolescents express anger, and further suggest that intervention and prevention programs expand their focus to incorporate forgiveness skills. The findings from this study can provide critical information to counselors, therapists, and other helping professionals working with adolescents, on approaches to designing and implementing therapy modalities or developmental school guidance programs for adolescents.

DEDICATION

In memory of my parents

Jeremiah J. & Mary A. Harrington

and

To all my former students

who taught me the meaning of

resilience and forgiveness.

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Chapter 1

INTRODUCTION

Background

Since the mid 20th century researchers and helping professionals in the field of developmental psychology have become increasingly interested in the construct of resilience, commonly defined as the dynamic processes of successfully adapting to stressful life situations within the context of significant adversity (C. P. Bernard, 1994; Luther & Zigler, 1991; Masten, Best, & Garmezy, 1990; Werner & Smith, 1982, 1992). Researchers who studied cohorts of children and adolescents identified to be at risk of possible psychopathology (i.e. Brooks, 1994; Kirby & Fraser, 1997; Masten & Garmezy, 1985; Unger, 2001; Werner, Bierman, & French, 1971; Werner & Smith, 1977) discovered that many of these children developed without any noteworthy compromise to their mental health. In other words, their positive development did not give way to the adversities they encountered.

These findings prompted further research into studying this subgroup of resilient children (Benard, 1989; Bernard, 1994; Garmezy, 1985, 1987; Osborne, 1990; Rutter, 1979, 1985; Werner & Smith, 1977; 1982, 1989, 1994) in order to understand what factors differentiated this particular population from those who developed various mental health problems. The results of these studies suggest that a large percentage of high-risk children do indeed go on to experience positive emotional well being despite adversities they have encountered. The primary aim of this research study was to explore variables that promote emotional well being within the adolescent population;

more specifically to identify the characteristics of resilience and forgiveness and their influence on how adolescents express anger.

Werner and Smith (1977, 1982) conducted what was to become a groundbreaking study in the area of resilience. The researchers followed the growth and development of a cohort of children on the Hawaiian island of Kauai over the course of 30 years. These children (the initial cohort consisted of participants under the age of 10) had to contend with many cumulative stressors, such as: poverty, inadequate care taking, developmental disabilities, poor school achievement, physical handicaps, and intellectual retardation.

At the conclusion of their study, Werner and Smith (1994) found that 20% of the cohort members acquired some serious behavioral or learning problems at some point within the first 20 years of development. However, the authors also observed some unexpected outcomes of this high-risk group. They state:

Yet, there were others, also *vulnerable*, exposed to poverty, perinatal stress and family instability, reared by parents with little education or serious mental health problems, who remained invincible, and developed into competent and autonomous young adults, who worked well, played well, loved well, and expected well (p. xv).

As a result of these findings, interest in the phenomenon of resilience grew, challenging previous “pathology models” that dominated the psychology landscape throughout much of the 20th century. These models studied how children with significant behavior problems or harmful environments developed in ways that posed major problems for their parents, teachers, and peers. The goal was to take these

children with problems and do something to change them so that they would become fully functioning adults because, according to the pathology model, “only adult outcomes are important” (Roberts, Brown, Johnson, & Reinke, 2002, p. 664).

Consequently, more attention was given to childhood and adolescent pathologies (deficits) rather than assets (strengths). Murphy (1962) criticized this deficit approach to childhood development when she stated, “It is something of a paradox that a nation which has exulted in its rapid expansion and its scientific-technological achievements should have developed in its studies of childhood so vast a “problem literature” (p. 2).

The new paradigm of resilience that resulted from studies such as Werner and Smith’s (1998) led to a strength-based perspective of child development, identifying certain protective factors associated with adaptive rather than maladaptive development when confronted with stressful events. For example, Brooks (1992) named self-esteem as critical to resilience; Segal and Yahres (1988) stated that the resilience factor of encouragement of autonomy was critical and, Mrazek and Mrazek (1987) added hope as a critical factor.

Kagan (1991) examined resiliency from an internal perspective. He stated that genetic makeup and temperament are continuing forces that contribute to the process of becoming resilient: “Whether a child is more or less vulnerable to anxiety, challenges, stress and unfamiliarity, whether the child is inhibited or uninhibited, determines how a child perceives himself or herself, how he or she interacts with others and how he or she addresses adversity” (p. 2).

The prolific research and subsequent findings on resilience has led to a renewed interest in the field of positive psychology. Masten and Reed (2002) stated that:

The interest in positive adaptation evident in the early history of psychology is enjoying a renaissance that was rekindled in part by the study of resilient children in the 1970's and 1980's; now positive psychology is likely to inform theories and applications about resilience to the benefit of society. (p. 85)

Within the field of positive psychology, forgiveness has emerged as a potential solution to the corrosive effects of interpersonal transgressions and thus a facilitator of positive adaptation. The idea that one has been forgiven by God, and therefore, should forgive transgressors, has been a common tenet of Judaism, Islam, Christianity, and Buddhism since the beginning of time (McCullough, Pargament, & Thoresen, 2000). However, it has only been within the last two decades that forgiveness has warranted serious consideration for research by social scientists. Progress has been made in defining, measuring, assessing its value for individual and societal well being, and in designing interventions to promote forgiveness, largely due to the work of such researchers as McCullough and Worthington (1994), Fitzgibbons (1986), Enright and colleagues (e.g. Enright & the Human Development Study Group, 1991, 1994). Also, a major significant event for the empirical study of forgiveness has been the commitment by the John Templeton Foundation to foster "a significant expansion of high-quality scientific research on forgiveness" (Worthington, 1998, p. 194). As a result of funding from this organization, researchers studying the construct of forgiveness are hoping to see a proliferation of scientific inquiries in the future. Worthington (1998) claims that more scientific studies need to be conducted in order to expand the already established, but limited, empirical base of forgiveness research.

The phenomenon of anger has manifested itself since the beginning of mankind simply because it is a very real human emotion. The Roman philosopher Seneca recognized this human aspect of anger nearly two thousand years ago when he stated "Wild beast and all animals, except man, are not subject to anger. For while it is the foe of reason, it is nevertheless born only where reason dwells" (p. 115). In other words, he believed that anger involved a conscious judgment that an injustice or offense had occurred and one made a choice on how to react to these injuries.

In the latter part of the 19th century, Hall (1899) conducted a scientific study on anger. He questioned 2,184 people on their angriest episodes; specifically, he asked them what provoked them, how they responded to the provocation, how they felt later, and did they experience any physical and mental changes. Curiously, the subjects' responses varied from feeling good to feeling sick about their anger. Although Hall was primarily looking for physical reactions in the participants, he discovered that anger responses fell into not only physical reactions but also mental perceptions of insult in varied situations dealing with a variety of other individuals. In fact, the majority of responses dealt with anger-producing incidents that the subjects perceived as unjust. One such subject stated, "The chief causes are contradiction, especially if I am right; slights, especially to my family and friends, even more than myself; to have my veracity questioned; injustice, dislike or hate from those who fear to speak right out..."(p.529)

In a later study, Lewis (1981) suggested that many aggressive teenagers were victims of angry, abusive parents who had inflicted physical injuries upon them. The researcher compared delinquent and non-delinquent teens and discovered that the

former group had significantly more hospital visits, accidents, and injuries than the latter group. Also, Lewis compared imprisoned delinquents with non-imprisoned delinquents and discovered that both groups had approximately the same number of accidents and injuries but they differed according to type. For example, within the imprisoned population, 62.3 % of the male teens had had severe face or head injuries, many of them before the age of two, compared to 44.6% of male delinquents not imprisoned. She went on to state “indeed, a third of the imprisoned boys had been injured in the head severely enough to require skull X-rays, compared to only 13.1% of the less violent boys” (p. 182). Lewis did not purport that there was any one factor that contributed to delinquency or violent behavior. Rather, she contended that there existed a combination of factors (e.g. child abuse, social deprivation, trauma to the central nervous system) that play a role. However, she did say, “our findings suggest a continuum of physical trauma corresponding to increasingly aggressive behavior” (p. 201).

More recent studies of the anger phenomenon have emphasized the interactions between emotion and cognition and the resulting behavior of aggressive and violent behavior. Several researchers (i.e. Averill, 1982; McKellar, 1949; Novaco, 1975) have found anger to oftentimes serve as a precursor to aggression and violence. Furthermore, within the last 20 years, researchers have increasingly identified the adolescent population as the perpetrators of violent crimes (Davis, 2000, 2004; Enright & Fitzgibbons, 2002; Kazdin, 1987). Data from the National Criminal Justice Reference Service (1992) and the Federal Bureau of Investigation (1998) reported that since the 1980’s there has been an extremely high increase in excessive manifestation of anger in

children; 19% of the increase in violent crime between 1983 and 1992 could be attributed to juveniles; the number of juvenile homicide offenders age fifteen and older has almost doubled since 1980; and, the juvenile violent crime arrest rate in the United States has reached it's highest level ever. Davis (2000) reported "juvenile homicides in the course of other crimes increased over 200%, while homicides precipitated by an interpersonal conflict increased by 83%" (p. 9). He further stated "anger appears to have a significant role in predisposition to violence as well as the actual violent behavior" (p. 50).

Interestingly enough, Fitzgibbons (2002) contended that people who forgive can decrease resentment and anger-commonly associated with anxiety, depression, and other emotional disorders. Through his research and clinical work, Fitzgibbons has been able to document evidence that forgiveness is an effective means for resolving excessive anger in various disorders. In his Process Model of Forgiveness Therapy, Fitzgibbons works with his clients to gain insight (which happens to be one of the resiliency skills that will be described later in this chapter) into the injustice /injury they have undergone. Likewise, Enright (in press), in his research and clinical work, has demonstrated that forgiveness is effective in reducing anger while increasing hope and self-esteem in clients who abide by a forgiveness program of intervention.

The Purposes of The Study

The purposes of the study were to investigate and describe among a selected group of adolescents: (a) the relationship between resilience and forgiveness; (b) the relationship between resilience and anger expression; and (c) the influence of resilience and forgiveness on anger expression.

The constructs of resilience and anger have been studied for well over 50 years. Even though forgiveness has been taught in religious and spiritual traditions for thousands of years, in scientific circles it is still relatively new (Worthington, 1998b). Current forgiveness research is broadening into areas such as marriage and family counseling (e.g. DiBlasio, 1998; Worthington, 1998a); interpersonal conflict resolution (e.g. Haley & Strickland, 1986; McCullough, Rachel, Sandage, Worthington, Brown, & Hight, 1998); war refugees suffering trauma (Peddle, 2001); as well as international peace mediation in such places as Israel-Palestine, South Africa and Ireland (Enright, 2004, Tutu, 1998; Worthington, 1998a).

Other studies connect forgiveness with reducing anger (Stuckless & Goranson, 1992; Tangney, Wagner, Hill-Barlow, Marschall, & Gramzow, 1996) and mitigating vengeful responses to perceived transgressions (Holbrook, White, & Hutt, 1995; McCullough, Worthington, & Rachel, 1997; Schmidt, 2003). There have also been studies conducted that suggest linkages between resilience and forgiveness (King, 2000; Peddle, 2001) as well as studies that have explored forgiveness in adolescents (Sarinopolous, 1996; Waltman, Lin, Wee, & Engstrand, 1999). These connections help support the argument for investigating the relationship of resilience and forgiveness to types of anger expression in adolescents.

This study was built on the Challenge Model of Resilience developed by Wolin and Wolin (1993) and the Forgiveness Process Model (Enright & The Human Development Study Group, 1991). Wolin and Wolin distinguish between a Damage Model of human psychology which concentrated on vulnerability, helplessness, and pathologies and a Challenge Model of human psychology which centers on a person's

strengths, the ability to self-repair, and survival. The researchers identify a constellation of seven resiliencies: *insight, independence, relationships, initiative, creativity, humor, and morality*. They further describe these resiliencies within three developmental stages: childhood, adolescence, and adulthood. The Enright and the Human Development Study Group Forgiveness Process Model has 20 elements organized into four phases, which incorporates affective, behavioral, and cognitive aspects of each phase; (a) uncovering phase, (b) decision phase, (c) work phase, and (d) deepening phase. In this model the childhood, adolescent, and adult stages of human development are also addressed.

To meet the purposes of this study, I recruited high school students, ages 14 to 19, from three public high schools in Maine. I then conducted a quantitative, single-subject study in order to examine (a) the relationship between resilience and forgiveness by administering the Adolescent Resiliency Attitudes Scale (ARAS) and the Adolescent Version of the Enright Forgiveness Inventory (EFI) and correlating their subscale and scale scores, (b) the relationship between resilience and anger expression by administering the ARAS and the Adolescent Anger Rating Scale (AARS) and correlating their subscale and scale scores, and (c) the impact of resilience and forgiveness on levels of anger expression by performing multiple regression analyses. Two demographic variables: *age* and *gender* also were included to determine their effects, if any, on adolescent anger expression. The final results of this study will hopefully provide critical information to counselors, therapists, and other helping professionals working with adolescents on approaches to designing and implementing therapeutic modalities or developmental school guidance programs for adolescents.

Goal of the Study

The goal of this study was to examine the relationship among three variables: resilience, forgiveness, and anger expression in adolescents. An investigation was undertaken to discover if adolescent resilience was related to forgiveness; if adolescent resilience was related to different types of anger expression; and if resilient adolescents who have the capacity to forgive express decreased levels of negative anger. A second goal of this study was to determine if age and gender have any effect on anger expression.

The Rationale for the Study

Resilience is a significant concept in the psychology of human strength and adaptation (Flach, 1988, Higgins, 1995; Masten & Reed, 2002; Rutter, 1990). Every life experience encounters pain and distress to some degree and in some form. Benard (1994) believed that all individuals were born with an innate capacity to develop the traits (e.g. social competence, problem-solving strategies, autonomy, a sense of purpose and belief in a bright future) common to resilient survivors. She states "Resilience is not a generic trait that only a few 'superkids' possess...Rather it is our inborn capacity for self-righting and for transformation and change" (p. 3).

Flach (1988) contends that resiliencies are "the strengths humans require to master cycles of disruption and reintegration throughout the life cycle" (p. 2). In other words, how one copes with life stressors can determine positive or negative inter-/intrapersonal developmental outcomes.

Nevertheless, it is important to note that the concept of resilience has its downside, especially with policymakers who see the construct as a type of moral

judgment (e.g. they might say, "What's wrong with you that you didn't learn to be resilient in this environment?") or as an excuse for not implementing intervention or prevention programs because children are allegedly resilient by nature. These policymakers would be the ones who would use resiliency research as an excuse to eliminate funding for vital programs that help children develop the necessary social and cognitive skills in order to succeed in later life. A counter-argument could be made, however, that the monies spent for these early intervention and/or prevention programs would be less costly to the taxpayer than the monies spent to rehabilitate individuals incarcerated for criminal or violent behaviors later on in life; thus, the concept of resiliency should not obviate the need for these programs.

In his research on boys who became violent, Garbarino (1999) contended that resilience is more than just successfully accomplishing overt tasks such as graduating from high school, holding a job, or staying out of jail. Resilience also encompasses certain internal dynamics such as "a positive sense of self, a capacity for intimacy, and a feeling that life is meaningful" (p. 163). These are all qualities that children can learn, if given the opportunity to be taught.

Similarly, Weissbourd (1996) maintained that one should not presume that some children have certain strengths they will carry throughout their lifetime and thus spare them serious pain and suffering. He stated: "The now-popular notion of 'resilient,' or 'invulnerable,' or 'super' children suggests that certain children have attributes that will enable them to weather almost any kind of stress and to bounce back from severe losses and blows" (p. 39). He further contended that sometimes children have certain coping strategies that serve them well in their childhood and adolescent years (e.g. emotionally

distancing from a problem that could cause trauma) but can impair them in later life (i.e. not being able to form healthy relationships).

However, Weissbourd (1996) believed that children who have effective coping and defensive strategies and live in an environment that supports their different and unique developmental phases can stay on track. Garbarino (1999) supported this notion. He saw six conditions that contributed to positive human development: (a) a stable positive emotional relationship, (b) the ability to cope with stress, (c) intelligence, (d) authentic self-esteem, (e) positive social support from persons outside the family, and (f) the ability to incorporate both traditionally male and female characteristics into one's social development. Both researchers emphasize coping strategies as a key condition for positive development as well as healthy prosocial relationships.

Pargament and Rye (1998) stated that coping "involves the steps people take to conserve or transform significance in the face of situations that pose a challenge, threat, or potential harm to the things they care most about" (p. 60). The researchers offer the possibility of forgiveness as a method of transformation.

Forgiveness has the potential to heal unresolved wounds and to restore damaged relationships. According to Baumeister, Exline, and Sommer (1998), at the interpersonal level:

The essence of forgiveness is that it creates the possibility for a relationship to recover from the damage it suffers from one person's transgressions against the other. Forgiveness is thus a potentially powerful prosocial phenomenon. It benefits human social life by helping relationships to heal. (p. 79)

The constructs of resilience and forgiveness have a common bond; the essence of both is the ability to think and act in such a way as to correct negative situations and/or relationships or heal wounds. Wolin and Wolin's (1993) paths to resilience involve ways of dealing with and resolving anger in order to avoid the "victim trap". According to the researchers, resilient survivors are the ones who do not nurse their pain but rather step back and make a mental shift (reframe) from dwelling on the damage done to recognizing the challenges that were met and subsequent outcomes. Thus, resilient people "do not deplete themselves by continuously blaming parents for hurting them because this will only fuel anger and tighten the ties to troubled families" (p. 51).

Enright and Fitzgibbons (2002) state that causes of anger in adolescents primarily stem from parent and/or peer relationships. An adolescent can become angry with the father who does not express his love to his children or affirm his children. Problems in the mother relationship can stem from the youth not receiving enough love or praise, being overly criticized, being made to feel she/he cannot measure up to certain standards, or being emotionally neglected by a mother who is too busy. Rejection from siblings and peers is a significant source of anger because adolescents crave peer acceptance in order to develop positive self-esteem and to protect themselves from loneliness. Any of these unresolved interpersonal conflicts can manifest themselves in negative behaviors such as hostility or violence towards others.

Then again, anger does not necessarily lead to negative behavior. It is not so much that a person becomes angry but more so what the person does with the anger. In other words, it is how the person learns to handle the feelings of anger that matter. Anger can be a helpful emotion that produces acceptable behavioral responses (i.e. speaking up for

or defending oneself) or a destructive emotion that produces hostile, aggressive, or violent behavioral responses. What will determine the difference for a young person are the various internal coping mechanisms he or she develops as well as the positive relationships formed with peers and adults (Davis, 2000, 2004; Larsen, 1992; Paul, 1995; Tavis, 1989). Some sobering statistics from the National Institute of Mental Health (NIMH) (2000) indicate that many young people today are in serious trouble. The NIMH data estimate that almost 21% of U. S. children ages 9 to 17 have a diagnosable mental disorder (i.e. anxiety and depression which are both connected to anger) and that these psychiatric disorders will have risen proportionately by over 50% by the year 2020. Yet, Worthington (1998) believes that there exists a psychoneuroimmunology component to forgiveness that reduces chronic and acute anger. Unresolved anger has been observed to hurt an individual more so than the injurious act that was committed (Brandsma, 1982; Fitzgibbons, 1986). Enright and Fitzgibbons (2002) have found in their clinical experiences that many adolescent patients with behavioral diagnoses of attention deficit/hyperactivity (ADHD) and oppositional defiant disorder (ODD) are able to identify significant amounts of unresolved anger that were denied over an extended period of time. Thus there appears to be value in addressing the adolescent population for resilience and forgiveness research in order to determine whether indeed certain coping strategies along with forgiveness can mitigate the consequences of unresolved anger.

Research Questions

The specific research questions of this study were:

1. What is the relationship between resilience and forgiveness in adolescents? In other words, (a) are there particular subscales in the Adolescent Resiliency Attitudes Scale (ARAS) that significantly correlate with particular subscales in the Enright Forgiveness Inventory (EFI)? and (b) will the Total Resiliency scale in the ARAS significantly correlate with the Total EFI scale?
2. What is the relationship between resilience and anger expression in adolescents? In other words, (a) are there particular subscales in the ARAS that significantly correlate with particular subscales in the Adolescent Anger Rating Scale (AARS)? and (b) will the Total Resiliency scale in the ARAS significantly correlate with the Total Anger scale in the AARS?
3. Can resilience and forgiveness predict levels of anger expression in adolescents? In other words, are there particular subscales in the ARAS and the EFI that will predict types of anger expression as measured by the AARS?

The specific hypotheses designed to test these questions are detailed at the end of chapter three.

Age and Gender

Burney and Kromrey (in press) report that boys score higher than girls on two ARAS subscales that measure negative anger expression: *Instrumental Anger (IA)* and *Reactive Anger (RA)*. Other researchers who have studied the adolescent male population (i.e. Garbarino, 1999; Kindlon & Thompson, 1999; Pollack, 1998) have concurred with this claim as well. Also, Moffitt (1993) stated that throughout

adolescent development there is evidence of a decrease in impulsive anger behavior and an increase in anger control. Therefore, for this analysis, *age* and *gender* will be explored for any effects they may have on adolescent anger expression.

Operational Definitions

The following operational definitions were used for this study:

1. Resilience – the processes of successfully adapting to stressful life situations with certain protective factors moderating the effects of adversity (Bernard, 1989; Masten & Reed, 2002; Werner & Smith, 1992; Wolin & Wolin, 1993). Also, “the active process of self-righting and growth” (Higgins, 1994, p. 1).
2. Forgiveness – a moral response to an injustice (a moral wrong) and a turning to the “good” in the face of this wrongdoing; a merciful restraint from pursuing resentment or revenge when the wrongdoer’s actions deserve such and rather the freely chosen giving of gifts of generosity and love when the wrongdoer does not deserve it (Enright & Fitzgibbons, 2002).
3. Anger – an intense, negative emotion based on both cognitive interpretations and previous experiences (Burney, 2001); “an internal state that includes both feelings and thoughts and an external state when expressed verbally and behaviorally” (Enright & Fitzgibbons, (2002, p. 15); an emotional response to an injustice (Larsen, 1992).

The following operational definitions pertain to the subscales in the ARAS developed by Biscoe and Harris (1994):

4. Insight – the mental ability of asking tough questions and giving honest answers, including identifying the source of the problem and trying to figure out how things work for self and others.

5. Independence – the right to safe boundaries between oneself and significant others, including emotional distancing, and knowing when to separate from bad relationships.
6. Relationships – developing and maintaining intimate and fulfilling ties to other people, including the perceived ability to select healthy partners, to start new relationships, and to maintain healthy relationships.
7. Initiative – the determination to master oneself and one’s environment, including creative problem solving, enjoyment of figuring out how things work, and generating constructive activities.
8. Creativity and humor – related resiliencies of “safe harbors” of the imagination where one can take refuge and rearrange the details of experiences to one’s own liking; the ability to use creativity to forget pain and/or express emotions and to use humor to reduce tension or make a bad situation better.
9. Morality – knowing what is right and wrong and standing up for those beliefs; including being willing to take risks for those beliefs, and finding joy in helping others.
10. General Resiliency Skills – “persistence in working through difficulties, confidence that one can make the most of bad situations and, the belief that one can make things right” (ARAS Score Manual, p. 11).

The following operational definitions pertain to the subscales of the EFI developed by Enright, Rique, and Coyle, (2000):

11. Positive Affect – feeling goodwill, tenderness toward the offender.
12. Negative Affect – feeling repulsion, resentment toward the offender.
13. Positive Behavior – showing friendship toward, being considerate of the offender.
14. Negative Behavior – avoiding, ignoring the offender.

15. Positive Cognition – thinking the offender is a nice person

16. Negative Cognition – thinking the offender is a bad person.

The following operational definitions pertain to the subscales of the AARS developed by Burney (2001):

17. Instrumental Anger – a delayed, possibly covert, goal-related response, such as revenge and/or retaliation that may include threatening and bullying.

18. Reactive Anger – an immediate response to events perceived as negative, threatening, or fear provoking.

19. Anger Control – a proactive cognitive-behavioral anger management response.

Chapter Summary

Resilience is not unique to any one phase of human development. Wolin and Wolin (1993) describe their seven resilience characteristics within three developmental stages: childhood, adolescence, and adulthood. In the *childhood* stage, resiliencies emerge as unformed, non-goal oriented, intuitively motivated behavior. While in the *adolescent* stage, resilient behavior broadens and deepens, becoming a lasting part of the self.

Enright, Santos, and Al-Mabuk (1989) studied forgiveness within the adolescent stage and report two findings. In this study, adolescents seem to be influenced by their peers in their willingness to forgive others. Second, the adolescent cannot always see the best course of action to take when injured by another party. Outside help aids in clarifying the injury and then forgiving the injurer. “It is as if they are not yet convinced within themselves of the value of forgiveness. They need outside confirmation of its value” (p. 107).

There is one commonality that researchers studying the concept of anger agree on-anger is idiosyncratic. There are too many variables that must be taken into account in order to explain this phenomenon (Ax, 1953; Davis, 2004; Hall, 1899; Larsen, 1992; Tavis, 1989). Depending on where a researcher falls on the “nature-nurture” spectrum will determine how they explain this construct. Whatever the explanation might be, one point is certain, our society today has a problem with adolescents who are angry and who do not have the necessary coping mechanisms to manage this emotion. These young people are engaging in increasingly aggressive and violent behavior towards themselves and others.

Studies on the three constructs of resilience, forgiveness, and anger have been ongoing for many years; yet, adolescents are still suffering-physically, emotionally, and mentally. In this study, I examined these three constructs within the adolescent stage of development in order to ascertain if certain resilience characteristics combined with the capacity for forgiveness would predict lower levels of negative anger expression. The results may provide critical information to counselors, therapists, and other helping professionals working with the adolescent population on approaches to designing and implementing therapy modalities or developmental school guidance programs. The data gained from this study are meant to give insight to and expand the conceptualizations of those helping professionals who work with adolescents experiencing anger.

Chapter 2

LITERATURE REVIEW

This selective literature review discusses three main topics: resilience, forgiveness, and anger expression. More specific subtopics are examined. They are: various definitions and theoretical perspectives of resilience and forgiveness, models of resilience and forgiveness, the process of forgiveness, studies of the types of anger expression, and the linkages of resilience and forgiveness to anger expression. These topics and subtopics are explored within the context of adolescent development.

Resilience

The concept of individual resilience in the face of adversity has been documented for centuries through art, literature, and music. The traditional belief among human development researchers and scientists has been that individuals who experience extreme forms of stressors are fated to unhealthy pathological development. However, resilience research has indicated quite the opposite. Indeed, from a positive psychological viewpoint, the notion of resilience emphasizes the processes of how one copes, may even thrive, in the context of significant adversity or risk rather than how one succumbs to damage and resulting pathologies (Beardslee, 2002; Cicchetti & Garnezy, 1993; Garnezy, 1993; Higgins, 1994; Lewis, 2000; Masten & Reed, 2002; Rutter, 1985, 1990; Walsh, 1998; Werner & Smith, 1982, 1989; Wolin & Wolin, 1993).

The History of Resilience

Flach (1988) stated, "history is filled with the biographies of men and women whose greatness was achieved primarily through the resilience with which they met and overcame adversities" (p. xv). He further contended that all individuals today are at

risk mainly due to the instability of the world in which we live but he concluded that the resiliencies one needs in order to cope in this unstable world can be attained through thought and practice. What it takes to understand these coping strategies and how best put them into practice has been the focus of research inquiry for many years.

The research studies of resilience have enjoyed a long and rich history dating to the mid 20th century and these studies are still going strong today. Studies primarily dealing with identifying specific problems and their subsequent outcomes laid the groundwork for examining the concept of resilience (Cicchetti & Garmezy, 1993; Rutter, 1987; Werner & Smith, 1982).

Garmezy (1993) who is considered by many in the field of resilience research to be the “founder of the contemporary research study of resilience” (Rolf, 1999, p. 5), observed resilience in two particular contexts: schizophrenics who, despite a gloom-and-doom prognosis, managed to learn ways of constructive adaptation; and children who seemingly appeared to grow emotionally healthy despite having been neglected and/or abused. The schizophrenics who exhibited healthy adaptive levels of functioning were labeled as having a “reactive” form of the illness (Garmezy, 1970; Rolf, 1999; Zigler & Glick, 1986). Garmezy reported, “They were more competent, they held jobs, they were often married, and when they had a ‘schizophrenic breakdown’, it was a very active kind of manifestation of the disorder usually accompanied by recovery and return to the community” (Rolf, 1999, p.6). Garmezy categorized this reactive type as “schizophreniform”. Trying to better understand what differentiated the adaptive type from the chronic incompetent type of schizophrenics, Garmezy undertook to locate children of school age who appeared to be well adjusted and doing well in school

despite living in highly disturbed and stressful home environments. Finding that such children existed led Garmezy and his colleagues to focus their attention on those individuals who were able to manifest competencies despite a history of high stress experiences (Rolf, 1999).

The pivotal longitudinal study conducted by Werner and Smith (1982, 1989, 1998) examined a cohort of 698 youth born in 1955 on Kauai, Hawaii. These children were born into impoverished circumstances and one-third of them (201) were classified to be “at-risk” due to a combination of stressors (i.e. poor perinatal care, inadequate childcare, developmental disabilities). The researchers’ initial purpose was to observe the growth and development of these at risk children over the course of their first ten years of development. Once the goals of the initial research project had been attained, Werner and Smith decided to continue to follow up with the cohort. Due to such a small attrition rate, they were able to collect data on 90% of the original cohort participants at ages 18, 32, and 40. This time, the investigators were primarily looking at the effects of cumulative stressors (i.e. significant poverty, being raised by parents with little or no formal education, family discord, alcoholism, divorce, or mental retardation) over the course of time. What Werner and Smith discovered was that of the original one-third of the children deemed “at risk” at birth, one-third of those high-risk youth had not developed in a maladaptive manner as a result of exposure to risk. In other words, this population of children became competent, well-functioning young adults. The researchers concluded that there existed a group of vulnerable individuals who, although exposed to cumulative stressors, remained invincible and grew into competent adults due to certain resiliencies (Berger, 1994; Lewis, 2000).

In the early 1980's, clinical psychologist William Beardslee (2002) observed that not all children of depressed parents experienced problems. Because few studies existed that could inform him as to what enabled many of these young patients to survive, and in some cases thrive, he began interviewing those who had done well. From these interviews, Beardslee concluded that these "hardy" children were able to remain strong and perform well despite the serious major adversities they were exposed to. Thus, he defined these unexpected strengths and abilities to overcome obstacles and to gradually master developmental challenges despite the odds as "resiliencies".

In another study conducted in the 1980's, Higgins (1994) interviewed 40 adult subjects who had grown up in extremely stressful home environments and experienced multiple significant stressors (i.e. serious illness in either themselves or their families, low income, parental substance abuse) throughout their childhood and adolescence. More than one-half of the subjects had also suffered from repeated physical and/or sexual abuse. Yet, according to Higgins, all 40 subjects "loved well". In other words, these individuals not only survived through difficult emotional experiences, but they emerged from their difficult circumstances with an active self-righting ability to acknowledge the psychological pain they endured and move on to develop and maintain intimate long lasting relationships. Higgins called these study survivors "resilient adults".

Still other studies which fueled an interest in resiliency were those that examined children exposed to various life struggles such as poverty during the Great Depression of the 1930's (Cicchetti & Garmezy, 1993), children and adults exposed to the trauma of war (Peddle, 2001), and children of divorce (King, 2001). In each study the

researchers reported that the children or adults involved exhibited the abilities to adapt in the face of various adversities and to go on and live healthy productive lives.

What began as research on just the personal attributes (i.e. autonomy, self-esteem) of the “resilient child” later evolved into the awareness of more confounding external factors influencing resilience. For example, personal qualities of the child, various family characteristics, and the impact from the wider community all played a role in the development of this construct (Luther, Cicchetti, & Becker, 2000; Masten & Garmezy, 1985; Werner, 1984; Werner & Smith, 1982, 1992).

As the research was evolving, so was the terminology. Anthony (1974) labeled those who did well despite multiple risks as “invulnerable”. It became apparent, however, that this term held the connotation of a fixed constant, that is, a person could consistently escape risk throughout his or her lifetime. Later researchers (Masten & Garmezy, 1985; Werner & Smith, 1982) clarified that positive adaptation despite exposure to adversity was more of a “developmental progression such that new vulnerabilities and/or strengths often emerge with changing life circumstances” (Luther, Cicchetti, & Becker, 2000, p. 544). Thus the more accurate term “resilient” was adopted.

Resilience and Positive Psychology

The study of resilience has helped to renew the field of positive psychology. According to Masten and Reed (2002), “the interest in positive adaptation evident in the early history of psychology is enjoying a renaissance that was rekindled in part by the study of resilience in children in the 1970’s and 1980’s” (p. 85). The authors further stated that this burgeoning field of positive psychology had the potential to inform

theory, practice, and programs that promoted human competencies and adaptive systems for the successful well being of individuals, families, communities, and societies at large.

Masten (2001) stated that in the early stages of resilience research, children who displayed resilient characteristics were thought to be “invulnerable” or “invincible”- remarkable individuals who possessed extraordinary inner strengths. Yet, Masten and other researchers (e.g. Roberts, Brown, Johnson, & Reinke, 2002; Seligman & Csikszentmihalyi, 2000; Sheldon & King, 2001; Snyder & Lopez, 2002) discovered that resilience was an ordinary and common phenomenon “that results in most cases from the operation of basic human adaptational systems” (Masten, 2001, p. 227) and that as long as those systems were protected, development would be strong. However, if those same systems were damaged and environmental stressors persisted over time, then development would most likely be impaired.

Current research on resilience is overturning many negative assumptions and deficit-focused models about children growing up in disadvantageous and adverse circumstances (Masten, 2001; Masten & Reed, 2002; Seligman, Reivich, Jaycox, Gillham, 1995). Masten related that the most surprising result emerging from the research was the fact that resilience was so ordinary. In other words, resilience was not due to any extraordinary inner abilities but rather stemmed from the “everyday magic” of the ordinary normal resources within children and in the kinds of relationships they maintained.

The area of positive psychology now encompasses not just resilience as a means of adaptation but also optimism (Seligman, 1991), hope (Snyder, Rand, & Sigmon, 2002),

quality of life (King, 2001; Walker & Rosser, 1988), as well as wisdom and happiness (Snyder & Lopez, 2002) to name just a few. Interestingly, positive psychology courses offered in colleges and universities in the United States have increased from zero to 100 within the last five years.. Also, the American Psychological Association has published a positive psychology curriculum for high schools (Murray, 2003).

The groundbreaking work begun in the mid 20th century that looked at children at risk for problems and psychopathologies has evolved into a field of study that is now interested in human adaptation to the environment (Masten & Coatsworth, 1995, 1998). Today the focus increasingly has become one of perceiving competencies of the child and his or her relationships to family, friends, community along with enhancing psychological growth (Roberts, Brown, Johnson, & Reinke, 2002).

Definitions

Resilience has been defined in a variety of ways. I will give a sample of the assortment of diverse meanings given in the literature. Werner and Smith (1982) defined the concept as “the capacity to cope effectively with the internal stresses of their vulnerabilities (such as labile patterns of autonomic reactivity, developmental imbalances, unusual sensitivities) and the external stresses (such as illness, major losses, and dissolution of the family)” (p. 4).

Flach (1988) identified resilience as “the strengths humans require to master cycles of disruption and reintegration throughout the life cycle” (p. 11). He organized a set of resilient attributes that characterized a resilient personality. Some of these included: (a) a sense of self esteem, (b) independent thoughts and actions, (c) the ability to compromise in interactions with others and to establish a network of friends, (d) a high

level of discipline and a sense of responsibility, (e) willingness to explore new ideas, (f) a sense of humor, (g) insight into one's own feelings and those of others, and (h) a commitment to hope and the meaning of life.

Rutter (1987, 1990) interpreted resilience as "a positive pole of ubiquitous phenomenon demonstrating individual differences in people's responses to stress and adversity" (1990, p. 181). He focused much of his resilience studies on protective processes (rather than protective factors) which seemingly safeguarded individuals from various risks of adversity. He stated "the search is not for broadly defined factors but, rather, for the developmental and situational mechanisms involved in protective processes" (p.187).

Likewise, Garmezy (1985) saw resilience as "manifest competence despite exposure to significant stressors" (Rolf, 1999, p. 7) and he believed the term *competence* represented a variety of adaptive behaviors. Garmezy further reiterated that resilience was a combination of psychosocial components and biological predispositions. Consequently, he identified three protective mechanisms related to resilience. They were: (a) dispositional attitudes such as, temperament, intellectual ability, humor, internal locus of control; (b) family cohesion and warmth; and (c) availability and use of external support systems.

Benard (1991) believed that "we are all born with innate resiliency, with the capacity to develop the traits commonly found in resilient survivors: social competence (responsiveness, cultural flexibility, empathy, caring, communication skills, and a sense of humor); problem-solving (planning, help-seeking, critical and creative thinking); autonomy (sense of identity, self-efficacy, self-awareness, task-mastery, and adaptive

distancing from negative messages and conditions); and a sense of purpose and belief in a bright future (goal direction, educational aspirations, optimism, faith, and spiritual connectedness)” (p. 23).

Higgins (1994), who looked at the construct through the eyes of adult survivors of emotional and physical abuse, said resilience was not a compilation of particular traits but rather processes that build over time. She explained the concept as “the active process of self-righting and growth” (p. 1). Her idea of a resilient person was someone who could “love well”, that is, someone who had worked on self-growth and who drew support from others.

Similarly, Grossman and Moore (1994) addressed resilience in connection with adult survivors of childhood sexual abuse but from a feminist point of view. They defined the term as “the capacity of survivors to function well in adult life despite a history of horrendous abuse and often enormous psychological pain, both conscious and unconscious” (p. 71). They further stated that some survivors are able to use certain survival skills (i.e. a high threshold of pain, the capacity to work hard and productively without constantly tending to one’s own needs) that were developed in childhood to perform unusually well in adulthood. In concurrence with Higgins’s (1994) observations, the researchers reported that these survivors all had the ability to make some meaning out of their horrific childhood experiences.

Joseph (1994) conceptualized resilience as “the ability to manage change and adversity” (p. 43). To her, resilient people were productive, that is, they contributed to their own self-development and to the welfare of their communities and the larger social systems. She believed that a positive and secure self-image (one’s attitude about

oneself; one's estimate of how capable, worthwhile, and successful he or she was) was a critical component of resilience. She also identified four characteristics of the resilient child: (a) a proactive rather than a reactive approach to problem solving, (b) the ability to interpret life experiences in a positive and meaningful way, (c) possessing a good natured and easy going disposition which facilitates the child in establishing a close relationship with at least one caring adult, and (d) possessing an internal locus of control defined as the belief that life makes sense and that an individual assumes responsibility for and has control over what happens in their life. Joseph also believed a good school environment-one that has structure, positive role models, and offers praise-had a major impact on enhancing resilience in children.

Benard and Marshall (1997) have offered the definition that "Resiliency is an inside-out process that begins with one person's belief and emanates outward to transform families, classrooms, schools, and communities....it means we shift from a focus on fixing individuals to creating healthy systems" (p.1). Thus, the authors contended that people who cultivate resiliency promote prevention.

Within an educational context, Lewis (2000) characterized resilience as "the process of healthy human development based on and growing out of nurturing relationships that support social, academic, and vocational competence and the capacity to spring back despite exposure to adversity and other environmental stressors" (p. 44) and Linquanti, (1992) saw the construct as those qualities in children who, though exposed to significant stress and adversity in their lives, do not succumb to the school failure, substance abuse, mental health problems, and juvenile delinquency predicted for them. He believed that the presence of protective factors (i.e. a caring and

supportive relationship with at least one caring adult; consistently clear, high expectations communicated to the child; ample opportunities to participate in and contribute meaningfully to one's social environment) in the family, school, and community environments appeared to alter or reverse predicted negative outcomes and fostered the development of resilience over time.

Last, Beardslee (2002) identified resilience as "the emergence over time of unexpected strengths and competencies in those at risk" (p. 65). He saw the capacity of *mutuality*-the well-developed ability to understand self and to enter the world of others and see things from other people's points of view-as a key component of resilience.

A connecting thread runs through these definitions of resilience; namely, that resilience is an ongoing set of interacting processes unique to each individual. It is not a static phenomenon. Egeland, Carlson, and Sroufe (1993) held that resilience was a transactional process that took place within an organized structure. The authors viewed the construct as adaptive functioning across time rather than a response to a single event. Outcomes were influenced by the interaction of genetic, biological, psychological, and sociological factors within the context of environmental support. An individual's early experiences were considered critical in shaping how later experiences were organized. From this framework, resilience was not thought to develop linearly; but, once it was experienced, the individual was better equipped to be resilient in later stress-provoking situations. Other researchers have concurred with Egeland and his colleagues' stance (see e.g. Cowen, Work, & Wyman, 1997; Luther, Cicchetti, & Becker, 2000; Masten, Best, & Garmezy, 1990; Rutter, 1990; Werner, 1994, 1995).

Werner's (1994, 1995) longitudinal research showed that over the span of 30 years, most children who were labeled as resilient maintained high functioning in their everyday lives. Likewise, Cowen, Work, and Wyman (1997) observed stability in adjustment levels in highly stressed inner-city children, even in the midst of continued stress over a period of 1 to 2 years.

Theoretical Perspectives

Informed by Bronfenbrenner's (1977) ecological theory of human development, and Sameroff and Chandler's (1975) transactional perspective, Cicchetti and Lynch (1993) proposed an integrative ecological-transactional model of human development which focused on transactions between the ecological context of the child and his or her development within those contexts. The researchers identified multiple levels of children's ecologies (i.e. culture, neighborhood, and family) and purported that these ecological levels influenced each other and consequently the child's development. In other words, it was the convergence of effects from the various ecological contexts along with the child's previous development that came together to influence the child's developmental outcomes.

Cicchetti and Schneider-Rosen (1986), Cicchetti and Tucker (1994), and Sroufe (1979) offered a third theoretical framework, that of a structural-organizational perspective. This model maintained the belief that active individual choice and self-organization exerted important influences on development and that a person's competencies were continuous and sound over time (Luther, Cicchetti, & Bercker, 2000).

Kumpfer (1999) presented a person-environment interactional process framework of resilience that looked at transactional processes that mediated between a person and his or her surroundings. How a person consciously or unconsciously modified her or his high-risk environment or chose to perceive that environment was considered within this theoretical structure. This model included six major predictors of resilience: “initiating stressors, environmental risk and protective mechanisms, person-environmental transactional processes, internal individual resiliency factors (spiritual, cognitive, behavioral, emotional, and physical), resiliency processes, and the positive outcomes” (p. 215). The paradigm showed that life challenges (stressors) not balanced by external environmental protective processes or internal protective factors within the individual could disrupt a person’s development (Richardson, Neiger, Jenson, & Kumpfer, 1990).

Finally, Ungar (2004) has offered a constructionist perspective of resilience that reflects a postmodern understanding of the construct. Postmodernism views a person’s social reality as constructed through interactions, and one’s sense of reality is dependent on the language used to describe the experiences and effects of those interactions. This paradigm is culturally specific and relativistic. Informed by this viewpoint, Ungar suggested that “resilience is the successful negotiation by individuals for health resources, with success depending for its definition on the reciprocity individuals experience between themselves and the social constructions of well-being that shape their interpretations of their health status” (p. 352). This constructionist viewpoint is based on the theory that resilience is a nonsystemic, nonhierarchical relationship between risk and protective factors (health resources) and that these factorial relationships are “chaotic, complex, relative, and contextual” (p. 344). To

Ungar, risk factors as well as resilience factors are contextually specific and indefinite across populations; thus resilience must be viewed from a phenomenological perspective. The concept of “health” or “well-being”, which Ungar contended resides within all individuals even in the presence of significant harm, will take on a contextually relevant meaning depending on how each person perceives and articulates his or her own idea of what it means to be “healthy” or “well”. This theoretical perspective is a departure from previous ecologically based research, which Ungar argued was inadequate because it did not take into account the culturally and contextually different manifestations of resilience in the individual, family, and community.

Internal Resiliency Factors

Baldwin, Baldwin, Kasser, Zax, Sameroff, and Seifer (1993) stated, “children develop in a dialectical process of meeting challenges, resolving them, and then meeting new ones. If the challenge is too severe, the developmental process breaks down. Resilience is a name for the capacity of the child to meet a challenge and use it for psychological growth” (p. 743). The researchers further contended that even if a child failed at a challenge, if he or she became stronger in the process, then some type of resiliency process was operating.

Resilient children have coping skills and competencies that can minimize stress of negative impact, maintain self-esteem, and gain access to opportunities (Beardslee, 2002; Higgins, 1994; Joseph, 1994; Kumpfer, 1999). In studying resilience, researchers who have compared successful and unsuccessful outcomes in high-risk children have found certain internal characteristics that appear to predict resilience in such

populations as children of mentally ill mothers (Garmezy, 1985), children of depressed mothers (Beardslee, 2002; Conrad & Hammen, 1993; Radke-Yarrow & Brown, 1993), children of poverty (Garmezy, 1991), children of alcoholics (Werner & Smith, 1989, 1992), children addicted to drugs (Newcomb & Bentler, 1990), maltreated socioeconomically disadvantaged children (Cicchetti & Rogosch, 1997), and children exposed to inner city violence and stress (Luther, Doernberger, & Zigler, 1993; Wyman, Cowen, Work & Kerley, 1993). Following is a list of several internal character traits commonly regarded as promoters of resilience:

1. Possessing a normal or high level of intelligence (Anthony, 1987; Garmezy, 1985; Long & Vaillant, 1984; Masten, Best, & Garmezy, 1990; Rolf & Johnson, 1999; Werner & Smith, 1982). This ability fosters high levels of reasoning and problem solving skills that leads to an increase in self-efficacy and self-motivation.
2. Possessing the capacity or skills for bonding to a nurturing caretaker, such as a neighbor, grandmother, or babysitter. (Cicchetti & Rogosch, 1997; Higgins, 1994; Joseph, 1994; Werner & Smith, 1989, 1992). This quality is important for the development of self-worth and relationship forming skills; it enhances positive self-esteem.
3. Having a high level of moral reasoning (Coles, 1989; Jacobs & Wolin, 1991; Kagan, 1984; Selman, 1980). This characteristic of “moral energy” encourages the development of empathy for others as well as internal images or standards of how things ought to be and how they and others should be treated.

4. Having the capacity to make meaning out of painful events in one's life (Grossman & Moore, 1994; Higgins, 1994; Kumpfer, 1999). This quality is helpful for individuals living in distressed environments to understand there is a higher purpose in life that surpasses their present situation.
5. Possessing a sense of humor (Masten, 1991; Werner, 1991; Wolin & Wolin, 1993). This coping ability enables the stressed person to reduce tension and anxiety and to restore perspective. It also aids in establishing and maintaining interpersonal relationships and friendships.
6. Possessing an internal locus of control, hopefulness, and optimism (Luther, 1991; Parker, Cowen, Work, & Wyman, 1990; Rutter, 1986; Werner & Smith, 1982; 1992). This characteristic allows persons to emotionally separate themselves from painful/hurtful situations and to have some influence in their current environment. This individual is more hopeful and optimistic about her or his future and their ability to create positive outcomes for themselves. This quality also gives the individual a sense of powerfulness.
7. Being determined and perseverant in goals and ambitions (Bandura, 1989; Garnezy, 1985; Werner, 1986). This quality relates to the person's cognitive skills and level of intelligence, but goes further since it relates to a purposeful focus and the establishment of goals but, at the same time, recognizing that original plans may change and, consequently, new goals and plans need to be developed.
8. Possessing the capacity for insight and reflection (Bennett, Wolin, Reiss, & Teitlebaum, 1987; Berlin & Davis, 1989; Flach, 1988; Wolin, 1989; Wolin & Wolin, 1993). These characteristics enable individuals to know they are different from and

stronger than their maladaptive parents and to emotionally distance themselves from maladaptive life patterns and seek out successful role models.

The Challenge Model of Human Psychology

For the purposes of this study, I have implemented the Challenge Model of Human Psychology developed by Wolin and Wolin in 1993. The researchers created this model after many years of clinical experience with survivors of troubled families. From their research the Wolins discovered seven strengths, or resiliencies, that were present within this population of clients who were battling adverse situations. The basic tenet of the Challenge Model is that people can learn to self-repair if they choose to change their mind set from that of a damaged victim of past experiences to that of a proud survivor who knows he or she prevailed despite the odds and has developed the capabilities to endure present hardships. The Wolins related that they had seen many survivors who “are like desert flowers that grow healthy and strong in an emotional wasteland. In barren and angry terrain they found nourishment, and frequently their will to prevail becomes the foundation for a decent, caring, and productive adult life” (p. 6).

Wolin and Wolin (1993) also believed that resiliencies have a tendency to group by certain kinds of personality traits. For example, the outgoing, more verbal person would have a different set of resiliencies than the more reflective, introspective type of person. They further emphasized that a survivor’s life is a constant battleground because resiliencies and vulnerabilities are always at play, that is, some life experiences will lift the survivor up and cause them to become more determined to survive while others will knock her or him down due to discouragement. As an example of this interplay, the Wolins perceived the context of the troubled family as either a danger (damage) or an

opportunity (challenge) for the child growing up in a world of abuse, neglect, and/or isolation. They believed, “as a result of the interplay between damage and challenge, the survivor is left with pathologies that do not disappear completely and with resiliencies that limit their damage and promote their growth and well-being” (p. 16).

It was the presence of these two oppositional forces continuously interacting on the lives of adult survivors of alcoholics that formulated the basis for Wolin and Wolin’s (1993) Challenge Model of human psychology. The capacity for inner self-repair that the researchers observed in these adult survivors of alcoholics informed them that strengths do indeed emerge from hardship. As they stated, “Now, in addition to listening empathically and looking at the damage that survivors had suffered in their troubled families, we also searched for their resiliencies and their Survivor’s Pride” (pp. 15-16).

In The Challenge Model, Wolin and Wolin (1993) identified and defined seven interpersonal resiliencies. They are: (a) *insight*-the mental ability of asking tough questions and giving honest answers, including identifying the source of the problem and trying to figure out how things work for self and others; (b) *independence*-the right to safe boundaries between oneself and others, including emotional distancing, and knowing when to separate from bad relationships; (c) *relationships*-developing and maintaining intimate and fulfilling ties to other people, including the perceived ability to select healthy partners, to start new relationships, and to maintain healthy relationships; (d) *initiative*-the determination to master oneself and one’s environment, including creative problem solving, enjoyment of figuring out how things work, and generating constructive activities; (e) *creativity* and (f) *humor*-related resiliencies of

“safe harbors” of imagination where one can take refuge and rearrange the details of experiences to one’s own liking; the ability to use creativity to forget pain and/or express emotions and to use humor to reduce tension or make a bad situation better; and (g) *morality*-knowing what is right and wrong and standing up for those beliefs, including being willing to take risks for those beliefs, and finding joy in helping others.

Adolescent Resilience

According to the cognitive developmental theory of Piaget (1972), adolescence is a period of time in which teenagers begin to formally operationalize their thinking processes. Adolescents have the capacity to think in more abstract terms, that is, the teenager should be able to think about possibilities, consider hypotheses, think ahead, consider the thought process, and think beyond conventional limits. Also, at this stage of development, the teenager has the ability to use abstract verbal concepts (Pruitt, 1999).

Erikson’s (1968) psychosocial theory of development saw the adolescent stage as a critical time for the formation of identity. In other words, young people want to know who they are and what is important in life. He termed this period of time as a “psychological moratorium”—a gap between childhood security and adult autonomy. The Wolins’ (1993) model of human psychology elaborates on these two theories.

The Challenge Model describes the above seven resiliencies within the context of three developmental stages: childhood, adolescence, and adulthood. In the *adolescent* stage, resilient behavior sharpens and becomes more purposeful. Therefore, adolescent: *Insight* is a systematic, well articulated “knowing” or awareness of a problem in their world. *Independence* is an emotional “disengagement” or detachment from troublesome

situations and standing up for oneself. *Relationships* evolve into “recruiting”-the deliberate attempt to engage with adults and peers who are helpful and supportive. The *initiative* component becomes one of “working”, that is, problem solving and other goal-directed behaviors in a wide range of activities. *Creativity* and *humor* both involve “shaping” the imagination by using art and comedy to give aesthetic form to the adolescent’s innermost feelings and thoughts, and *morality* in the adolescent phase becomes “valuing”-principled behavior and decision-making.

Olsson and his colleagues (2002) related, “it is tempting to define adolescent resilience in terms of maintaining emotional well-being in the face of adversity” (p. 3). But such is not always the case. Indeed, these researchers and others (see. e.g. Bradley & Corwyn, 2001; Davey, Eaker, & Walters, 2003; Fergusson & Lynskey, 1996; Grossman et al., 1992; Luther, 1991; Parker, Cowen, Work, & Wyman, 1990; Rouse, 2001) have indicated that adolescents functioning well under extreme difficulties often show higher levels of emotional distress compared to their low stress peers. They concluded that adolescents who are capable of successfully coping, regardless of any emotional distress they may be experiencing, may be demonstrating the highest form of resilience.

Gender Differences

Gender differences with regard to resilience are not as widely discussed as age differences in resilience research because, for the most part, resilience researchers have tended to examine the population of resilient children. Still, Garbarino (1999) and Werner and Smith (1982, 1989, 2001) referred to “healthy androgeny” as a characteristic of both resilient males and females. Werner and Smith (1989) stated,

“Resilient men and women have developed an alternative to the extremes of masculinity and femininity, a blending of the qualities of both. They are both assertive and yielding, instrumental and expressive, concerned for themselves as individuals and caring in their relationships with others, depending on the appropriateness of these attributes in a particular situation” (p. 93). Resilient adolescent males tended to be highly sensitive and caring while resilient adolescent females were resourceful, forceful, and more independent. Similarly, Garbarino reported that resilient boys tended to understand the thoughts and feelings of the women in their lives and were more inclined to take care of them than the non-resilient males he studied.

Summary of Resilience

To summarize, the construct of resilience encompasses a range of experiences, but is commonly understood to represent the exhibition of positive adaptational characteristics in the face of adverse life situations. It is not a static attribute of an individual but a dynamic process that must be understood within the context of each individual’s stress producing experiences. Certain internal and external protective factors moderate the effects of adversity shown to contribute to major risks for the development of psychopathology.

Resilience appears to be the result of the interplay between environmental factors such as having a caring relationship with an adult, growing up in a loving, nurturing family, and being involved in a supportive community network and internal characteristics such as possessing a sense of self-worth and a positive self-perception, good cognitive and reasoning skills, social competence, an easy temperament, and good problem solving skills. According to Higgins (1994) the resilient adolescent is the one

who has the capacity to “relativize their own experiences in the wider social context—to see their own families as only one example of a larger category of ‘human families’” (p. 129). She furthered contended that these adolescents have an increased capacity for perspective-taking and abstraction which allows them to build upon a “selectively internalized” (p. 128) human model of decency for self and others. Crawford (2004) related that adolescents with a resilient mindset are able to honestly appraise themselves and their abilities. They understand their own weaknesses and vulnerabilities, but they also recognize their strengths and talents. They accept the fact that they cannot do everything but there are things they can do and do well. He further reported that resilient youth know the areas of their lives over which they have control and they focus their energy on those aspects rather than on the areas over which they have little, if any, power.

It is important to emphasize that internal or external protective factors alone do not foster resilience; it is the interaction of both over the course of a person’s life. Luther and Cicchetti (2000) cautioned that to perceive resilience as a strictly personal attribute is to “pathologize” the individual who continues to struggle in the face of adversity; it could be seen as a character flaw in the person who can not seem to overcome past stressful events. The researchers have recognized, however, that crucial personal attributes must be present within the resilient individual; they are required in order to lead the individual away from pathology and toward emotional health.

Forgiveness

Compared to the nearly 50 years of research on resilience, the area of forgiveness research is relatively young. McCullough, Pargament, and Thoresen (2000) presented a

history of forgiveness within psychology and social sciences disciplines, divided into two time frames. The first period ranges from 1932 to 1980, which encompassed mostly theoretical publications and some empirical studies endeavoring to gain insight into various aspects of the construct. The second span of time, the last 25 years, has been the period in which more intense consideration has been given to forgiveness evidenced by more theoretical and conceptual treatments being offered, more books and journal articles written on the subject being published, and the development of scales with established psychometric properties of validity and reliability that measure the construct of forgiveness (see. e.g. the Enright Forgiveness Scale, Subkoviak, 1992; the Interpersonal Relationship Resolution Scale, Hargrave & Sells, 1997; the Forgiveness of Self and the Forgiveness of Others scales, Mauger, Perry, Freeman, Grove, McBride, & McKinney, 1992).

Similarly, Enright and North (1998) reported they “found only 110 titles on interpersonal forgiveness’ (p. 4) in a literature review that began with the writings of St. Augustine in the fifth century and ended in 1970 and Worthington (1998a) stated that “before 1985, only five studies investigating forgiveness had been identified. In the thirteen years since then, more than fifty-five scientific studies have been conducted to study forgiveness” (p. 1).

The dearth of prior research on forgiveness may be related to the close connection the concept of forgiveness has to religion (Marty, 1998; Pattison, 1982; Richards, 1988; Rye et al., 2000). Rowe and Halling (1998) have suggested that because of the religious connotation forgiveness has, social and cultural values have ignored or excluded it; yet, Rye and his colleagues (2000) believed that given the fact that scientific research of

forgiveness is relatively new, it would be wise for social scientists to explore the long-standing beliefs of various religions to better understand how religion influences the psychological processes of individuals.

Worthington (1998) believed that the growth of scientific studies on forgiveness might be attributed to certain significant world events, such as the fall of communism and the increase in racial tensions and violent conflicts in such countries as South Africa and Northern Ireland. He also offered the growth in postmodern philosophy as another indication of the interest in forgiveness research.

Although forgiveness research is on the rise, largely due to the commitment by the John Templeton Foundation to expand more scientific research in this area, the investigators themselves agree there is much more work that needs to be done in order to better understand the concepts and theories in which forgiveness is embedded as well as to delineate models and theoretical frameworks for practice and interventions (Enright & North, 1998; McCullough, Pargament, & Thoresen, 2000; Worthington Jr., 1998).

Definitions

Forgiveness is a complex concept and, consequently, individual researchers' conceptualizations of the construct are diverse. Although there is no consensual definition of forgiveness, McCullough, Pargament, and Thoresen, (2000) have stated that most theorists and researchers do agree with Enright and Coyle (1998) that forgiveness should be distinguished from "pardoning", "condoning", "excusing", "forgetting", "denying", and "reconciling". In light of the conceptual diversity of this

construct, I will give a broad-based understanding of forgiveness from the review of definitions developed by various theorists and researchers.

Heider (1958), in his theoretical work on interpersonal relationships, viewed forgiveness as an attributional phenomenon. Within the context of the benefits and harms of experiencing an interpersonal transgression, he described forgiveness as relinquishing the desire for vengeful behavior. He believed this attribute to be an “implicit expression of the victim’s self-worth or an attempt to be faithful to an ethical standard” (p. 5).

Informed by Heider’s work, later researchers used attributional constructs to explore the social-cognitive distinctions of forgiveness (see e.g. Boon & Sulsky, 1997; Darby & Schlenker, 1982; Girard & Mullet, 1997). The findings from these studies indicated that people’s capacity to forgive an offender could be explained by such social-cognitive variables as the offender’s perceived acceptance of responsibility, the offender’s intentions and motives, and the severity of the offense.

Researchers looking at the social-psychological aspect of forgiveness (e.g. McCullough et al., 1998; McCullough, Worthington, & Rachel, 1997) saw the construct as “a basic motivational system that governs people’s responses to interpersonal offenses” (McCullough et al., 1998, p. 1587). Thus the researchers defined forgiveness as a set of changes in one’s personal motivations, that is, the reduction in avoidance and revenge motivation owing to feelings of empathy, the type of relationship between the victim and the offender before the offense occurred, and the offender’s willingness to apologize. McCullough, Worthington, and Rachel (1997) believed empathy to be a key prosocial component for facilitating forgiveness because it facilitates the phenomenon

of perspective taking, which is the ability to take the cognitive perspective of another person.

Pingleton (1989) defined the construct operationally. He stated that forgiveness “recognizes, anticipates, and attempts to mitigate against the *lex talionis*, or law of the talon-the human organism’s universal, almost reflexive propensity for retaliation and retribution in the face of hurt and pain at the hand of another. Thus, forgiveness can be understood as comprising the antithesis of the individual’s natural and predictable response to violation and victimization” (p. 27).

The work conducted by Enright and his associates (Enright and the Human Development Study Group, 1991, 1996; Hebl & Enright, 1993) has produced the most widely acceptable definition of forgiveness in modern literature. Drawing from North’s (1987) view that forgiveness is a “willingness to abandon one’s right to resentment, condemnation, and subtle revenge toward an offender who acts unjustly, while fostering the undeserved qualities of compassion, generosity, and even love toward him or her” (p. 502), Enright (1996) went on to connect forgiveness to the concept of mercy. He and his colleagues (1996) noted four components of forgiveness:

1. The offended person has suffered an unjust, perhaps deep, hurt from another or others,
2. The offended person willingly chooses to forgive. The act is volitional, not grimly obligatory,

3. The offended person's new stance includes affect (overcoming resentment and substituting compassion), cognition (overcoming thoughts of condemnation with thoughts of respect), and behavior (overcoming a tendency toward acts of revenge with acts of good will).

4. Forgiving is primarily one person's response to another. (p. 108)

As a result, the offended person may be in the position to unconditionally offer the gift of mercy to the offender even though the other person's attitude or behavior does not warrant it.

Theoretical Perspectives

According to Pargament, McCullough, and Thoresen (2000) we can hone the significance of forgiveness by incorporating it into existing theoretical and conceptual frameworks. The integration of the construct of forgiveness into already established psychosocial theories and authenticated empirical research can aid in clarifying the concept. Also, existing theories could be enhanced and broadened by the inclusion of forgiveness within their respective constructs. I will review several theoretical frameworks from forgiveness literature to illustrate this point.

The Social-Psychological Theory of Forgiveness. McCullough and his associates (1997, 1998) have put forth a social-psychological view of forgiveness. This model places the construct in the context of a system of basic motivations that influences individual's responses to interpersonal injuries. The researchers list several factors that can determine interpersonal forgiveness. One such factor is of a social-cognitive/affective nature. This determinant is related to the way the injured/offended person thinks and/or feels about the offense and the person who caused it. In other words, the offended

person may feel empathy and/or compassion towards the offender, may make cognitive judgments in regard to the offender's culpability in the offense, may have perceptions of intentionality by the offender and severity of the offense, and may choose to reflect about the offense and the offender in such a way as to cause distress, which in turn, would motivate her or him to avoid or seek revenge toward the offender (North, 1987; Richards, 1988). Another determining factor of forgiveness that Pargament et al. (1998) have offered within this framework involves personality processes such as: agreeableness, levels of reasoning about forgiveness, attitudes towards revenge, ways of responding to anger and, religious beliefs.

The Cognitive Theory of Forgiveness. Enright and colleagues (see Enright, Gassin, & Wu, 1992; Enright & North, 1998; Enright & the Human Development Study Group, 1992; Enright & Zell, 1989) investigated forgiveness from a cognitive framework and, as a result, have produced a rigorous body of theoretical work aimed at understanding the process of forgiveness. From this perspective, forgiveness is seen as a developmental process closely associated with the cognitive and moral constructs outlined by Piaget and Kohlberg. However, Enright made a distinction between his idea of *forgiveness morality* and Kohlberg's concept of *justice morality* in that justice morality was conceived as the solution of equity and fairness; whereas, forgiveness morality was seen as the forgoing of justice (Enright & the Human Development Study Group, 1992). As Enright stated, "a forgiver knows that the wrongdoer has no right to compassion, but it is given nonetheless" (North, 1987, p. 137). Gassin and Enright (1995) expanded the cognitive conceptualization of forgiveness by including an existential theme. They maintained that forgiveness and meaning were indicators of

positive psychological change. In other words, if the offended individual could find meaning in the forgiveness process following the acceptance of pain and before formulating a new life purpose, then the process might be more effective.

The literature acknowledges that forgiveness is a complex and multidimensional phenomenon (Enright, Eastin, Golden, Sarinopoulos, & Freedman, 1992; Gordon, Baucom, & Snyder, 2000). Yet, the theories mentioned above do have several themes in common. First, an offense has to have transpired that has caused emotional and/or physical pain. Second, the offense/injury has caused harm to the relationship between the parties involved. Third, further injury ceases. Fourth, a cognitive process is explored in which the offensive event is understood or reframed within a more complete context. Fifth, a release or letting go of valid thoughts, feelings, and behaviors of retaliation or revenge regarding the event and the offender takes place. Sixth, the relationship is renegotiated (Sells & Hargrave, 1998).

The literature on forgiveness recognizes that this phenomenon has a great deal of influence on individuals' ways of thinking, feeling, and behaving. Models are rooted within ones' cultural worldview and traditional values (Pargament & Rye, 1998). The conceptualization of just what forgiveness means and represents to people is entrenched in the cultural, social, and religiosity of each individual. Thus, it is difficult to comprehend this phenomenon within a theoretical framework. According to Thoresen, Luskin, and Harris (1998) there are still many facets of forgiveness that are worthy of debate; but, through continuing discourse should come an increasing clarity and understanding of varying theoretical models.

The Process Model of Forgiveness

The literature indicates that forgiveness is a complicated developmental process that should be placed within the affective, cognitive and, behavioral domains of human development research (Enright et al., 1992; Gordon et al., 2000). Enright's (e.g. Enright and the Human Development Study Group, 1991, Enright & Coyle, 1998) research and development of theory in the area of forgiveness has been considered to be the catalyst for further interest in this area mainly because it has generated an awareness of the many different facets of forgiveness. For the purposes of this study, I have focused on Enright's model-Enright and the Human Development Study Group's process model of forgiveness (in Enright & Coyle, 1998) because it has particular linkages with resilience and, since it is a developmental process, it addresses the adolescent stage of development. I also chose Enright's model because it aligns with the definition of forgiveness used in this study. The model tries to best capture the processes people employ to forgive others; although, Enright and Coyle (1998) make clear that the model is not meant to be seen as a rigid, step-by-step process but rather "a flexible set of processes with feedback and feed-forward loops, leaving room for much individual variation within the model" (p. 147). The model addresses 20 psychological variables that feature the affective, cognitive, and behavioral components of the forgiveness process. These 20 variables (or units) are broken down into four phases: uncovering, decision, work, and deepening (see Table 1).

Each unit in this model may lead to the next, as the injured person works through the unit. It is possible, however, that a person could skip either a unit or a phase. Each

unit includes a description of the process that is involved (see Enright & Coyle, 1998, pp. 145-147 for a detailed explanation).

The strength of this model lies in the fact that it is flexible and adaptable to the variableness and uniqueness of the individual and to his or her injurious situation. Enright and Coyle (1998) have taken care to emphasize, “we do not wish to imply that all people traverse the processes in the same way. Yes, we presume that forgiveness has certain essential components, but each participant will experience these components in unique ways. The amount of time spent on a given unit, the difficulty in moving through that unit, and how often a person revisits that unit is idiosyncratic” (p. 155). The authors go on to state that there are a variety of factors at play in each individual, such as: the person’s emotional health, their religious beliefs, and, cultural history. In fact, any type of forgiveness intervention or therapy should be integrated into each individual’s own worldviews.

TABLE 2.1
PROCESS MODEL OF FORGIVING ANOTHER

From *The process model of forgiveness* by R. D. Enright and C. T. Coyle. In E. L. Worthington, Jr. (Ed.) *Dimensions of Forgiveness* (1998), Philadelphia, PA: Templeton Foundation Press (pp. 144-145). Copyright 1998 by Robert D. Enright. Reprinted with permission from Dr. Enright.

UNITS	COGNITIVE, BEHAVIORAL, AND AFFECTIVE PHASES <i>UNCOVERING PHASE</i>
1.	Examination of psychological defenses (Kiel, 1986).
2.	Confrontation of anger; the point is to release, not harbor the anger (Trainer, 1981/84).
3.	Admittance of shame, when this is appropriate (Patton, 1985).
4.	Awareness of cathexis (Droll, 1984).
5.	Awareness of cognitive rehearsal of the offense (Droll, 1984).
6.	Insight that the injured party may be comparing self with the injurer (Kiel, 1986).
7.	Realization that oneself may be permanently and adversely changed by the injury (Close,
8.	Insight into a possibly altered "just world" view (Flanigan, 1987).
<i>DECISION PHASE</i>	
9.	A change of heart, conversion, new insights that old resolution strategies are not working (North, 1987).
10.	Willingness to consider forgiveness as an option.
11.	Commitment to forgive the offender (Neblett, 1974).
<i>WORK PHASE</i>	
12.	Reframing, through role taking, who the wrongdoer is by viewing him or her in context (Smith, 1981).
13.	Empathy and compassion toward the offender (Cunningham, 1985; Droll, 1984/85).
14.	Acceptance/absorption of the pain (Bergin, 1988).
15.	Giving a moral gift to the offender (North, 1987).
<i>DEEPENING PHASE</i>	
16.	Finding meaning for oneself and others in the suffering and in the forgiveness process (Frankl, 1950).
17.	Realization that oneself has needed others' forgiveness in the past (Cunningham, 1985).
18.	Insight that one is not alone (universality, support).
19.	Realization that oneself may have a new purpose in life because of the injury.
20.	Awareness of decreased negative affect and, perhaps, increased positive affect, if this begins to emerge, toward the injurer; awareness of internal, emotional release (Smedes, 1984).

The process model has been utilized in several research studies. One such study conducted by Al-Mabuk, Enright, and Cardis (1995), involved college students and their parent(s) who were emotionally absent while the youth was growing up. Parent(s) and children were brought through the entire forgiveness process and results showed improvement in the student's emotional health. Coyle and Enright (1997) used the forgiveness process model as an intervention strategy with 10 adult men who were experiencing feelings of hurt/ambivalence/confusion brought on by a partner's decision to have an abortion. The results of this study indicated that, after the intervention, the participants experienced a significant increase in forgiveness toward the partner and significant decreases in their feelings of anger, anxiety, and grief. And a third study involved female incest survivors. The women went through a 14-month program using the forgiveness process model as an intervention and, at the end of the 14-month period, the participants had improved their emotional health (Freedman & Enright, 1996).

The findings from these studies suggest that a person can be taught and can learn forgiveness and, that by doing so, the person can reap favorable benefits. Enright and Coyle (1998) have indicated that in the studies conducted "there was not one instance in which a group experiencing forgiveness education showed a decline in psychological health. In fact, statistically significant improvement in such variables as hope and self-esteem, as well as significant decreases in anxiety and depression, were more the rule than the exception" (p. 154).

Commonalities of the Challenge Model of Human Psychology and the Process Model of Forgiveness

Data collected from research studies on forgiveness have provided useful information about the ongoing processes of people attempting to forgive another. A substantial amount of these studies have provided evidence that people can indeed reduce levels of perceived hurt and pain and increase feelings of hope and self-worth (Cotterell, 2003; Enright & Fitzgibbons, 2002; Fow, 1996). The studies have underscored personal and interpersonal factors, such as letting go of anger and resentment and developing greater levels of empathy toward the offender by utilizing certain mechanisms involving cognitive skills, insight, and awareness of self and others. Likewise, data from the prolific research on resilience have recognized certain positive personal traits and interpersonal factors that can moderate adverse conditions in a person's life. I have chosen The Challenge Model of Human Psychology and The Process Model of Forgiveness for this study primarily because they identify several factors common to both resilience and forgiveness within a developmental context.

The first interpersonal resilience characteristic Wolin and Wolin (1993) listed in their challenge model is that of insight, which they defined as the ability to identify the source of the problem and to figure out how things work for self and others. It can be a powerful protective factor for the individual depending on how he or she explains events that happened to them. Enright and Coyle (1998) referred to the concept of insight in units 6, 8, 9, and 18 of their process model. In this case, insight is broken down into perspective taking (unit 6), recognition of one's own feelings of cynicism or bitterness (unit 8), awareness of how the injury has impacted the injured person's responses to the injury with then, perhaps, a plan to seek some type of resolution (unit

9) and, realization that the injured person is not alone in experiencing suffering (unit 18).

Another commonality in the two models is that of cognitive functioning. The challenge model includes cognitive abilities of: knowing how to emotionally distance oneself from bad relationships and form healthy ones (Independence and Relationships), how to creatively solve problems (Initiative and Creativity), and how to make morally correct decisions (Morality). It should be noted here that insight is also considered a mental ability in this model. The process model of forgiveness is primarily cognitive in nature. It relies heavily on the injured person's mental capacity to examine his or her defense mechanisms employed to self-protect from the pain (unit 1), to be aware of the emotional energy being expended due to the injury (unit 4), to realize the change(s) the injury has caused (unit 7), to decide whether to consider the option of forgiving the offender (unit 10), to willfully choose to commit to forgiving the offender once the decision has been made (unit 11), to opt to view the offender as a human being thus invoking feelings of empathy and compassion for the offender (unit 13), to realize that forgiveness requires an acceptance/absorption of the pain which, in turn, exemplifies the gift of mercy extended to the offender (unit 15), to recognize that there is an opportunity to find meaning for oneself and others due to the suffering caused by the injury and from that to derive a new purpose in life (units 16, 19), and to realize that, at one time, the offended person may have caused pain to another and needed to have been forgiven (unit 17). And, as the process comes close to completion, the injured person becomes aware of a new sense of freedom or release brought about by the decrease of negative emotions and, hopefully, the increase of positive emotions.

A third likeness between resilience and forgiveness is the belief that each construct can be taught and thus learned. Wolin and Wolin's (1993) clinical work with resilient adult survivors produced strategies that helped the clients successfully find ways to protect themselves and take strength from their struggles. By having each client construct her or his own Resiliency Mandela (a pie-shaped chart identifying the seven resiliency constellations within the developmental stages of childhood, adolescence, and adulthood), the client is able to assess family functioning and how it affected him or her psychologically. The goal in doing this is for the client to become emotionally distant from the pain. Once that goal has been achieved, the client is helped to reframe her or his past. The Wolins defined *reframing* as "uncovering new, hidden themes in old stories...revising an image of yourself as a passive victim to one of an active resistor, looking for ways to protect yourself from harm" (p. 21). The client is then able to counterbalance pain with pride once he or she becomes aware of and acknowledges the steps, no matter how inconsequential they may seem, they took to overcome their problematic family experiences.

The process model of forgiveness also utilizes reframing as a therapeutic tool. Unit 12 in the model encourages the injured person to employ reframing for the purpose of attempting to view the offender in a more complete context rather than just the injury she or he caused. To facilitate this strategy, the injured person is asked to do some cognitive exercises and answer the following questions:

1. What was it like for the person as he or she was growing up? Did the offender come from a home in which there was conflict or even abuse?
2. What was happening in the person's life at the time he or she hurt you?

3. Can you see the person as having worth simply by being a member of the human community? (Enright & Coyle, 1998, p. 146).

The researchers stated that the purpose of these questions was not to condone or excuse the offender but rather to help the offended person view the offender in a much larger context as a vulnerable human being.

Last, the most obvious similarity between resilience and forgiveness is that they are both psychosocial concepts. In other words, each construct involves the affective, cognitive, and behavioral domains of human development.

Adolescent Forgiveness

The literature and empirical research on adolescent forgiveness is sparse. However, several studies addressing this topic and age population have been conducted. Enright, Santos, and Al-Mabuk (1989) carried out a study in which the researchers described and tested a social cognitive developmental model of forgiveness based on Lawrence Kohlberg's stages of moral development. Fifty-nine subjects in grades 4, 7, 10, college, and adulthood participated. The primary goal of the study was to examine the adolescent's understanding of forgiveness within a moral context. The participants responded to questions concerning two moral dilemmas presented to them and their overall forgiveness scores were averaged together. The research provided the following results: first, adolescents seem to be influenced by peers in their willingness to forgive others; second, the adolescent cannot always see the best course of action to take when injured by another party. Outside help aids in clarifying the injury and then forgiving the injurer. "It is as if they [adolescents] are not yet convinced within themselves of the value of forgiveness. They need outside confirmation of its value" (p. 107). The study

also found that age was a significant factor in the understanding of forgiveness, that is, adolescents' reasoning about forgiveness differed from children and young adults. While childhood forgiveness was contingent on revenge/punishment of the injurer and restitution/compensation to the injured and adult forgiveness was related to social harmony and love, adolescent forgiveness was contingent on external agents such as peers or a religious authority who acted as a clarifier and encourager. The researchers concluded, "if adolescents will ever develop a sense of forgiveness that is more internally influenced, they need an atmosphere that consistently challenges them to use forgiveness as a strategy to resolve deep hurts" (p. 108). In addition, the researchers found the effect of gender on forgiveness to be negligible.

Park and Enright (1997) looked at the developmental patterns of understanding forgiveness in 30 junior high and 30 college junior and senior students in South Korea. The goals of this project were to try and observe a developmental progression (from early to late adolescence) in the conceptualization of forgiveness in a non-Western culture, to discover if one's understanding of this construct influenced the degree of experienced forgiveness in a damaged relationship, and to see if one's developmental level of forgiveness correlated to how the adolescent actually solved real life conflicts with friends. The findings of the study indicated that adolescents' understanding of forgiveness seemed to progress from a revengeful type of forgiveness to an internal type. In other words, the junior high school students tended to demand compensation and relied more on peer pressure prior to displaying forgiveness; whereas, the college students demonstrated principals of benevolence in their patterns of forgiveness. The researchers also reported that gender had no effect on the development of forgiveness.

Also, of interest was that culture had no effect on the study findings, that is, the relationship of age and gender to the understanding of forgiveness for the non-Western subjects was consistent with developmental patterns reported by Enright and his colleagues (1989) in the United States sample.

A third study dealt with the propensity to forgive an offense (Girard & Mullet, 1997). The sample consisted of 236 people ages 15 to 96 years-of-age. The participants were asked to consider the effects of several circumstances (harm, severity of consequences, social proximity to the offender, apologies from the offender, and the attitude of others) connected with an offense. The research findings reported that the propensity to forgive increased with age but gender effect was not significant and the adolescent participant's willingness to forgive depended on the attitudes of others. These findings concur with Enright, Santos, and Al-Mabuk's study discussed above. Also, restoration of harmony in the relationship was more important to the adolescents than any of the other age groups sampled.

Summary of Forgiveness

Forgiveness is a complicated, multi-dimensional phenomenon involving an individual's feelings, thoughts, and actions in which negative affect and judgment toward an offender are decreased, not by denying one's right to such affect and judgment, but by regarding the offender with compassion, kindness, and even love (Enright, Gassin, & Wu, 1992; Enright and the Human Development Study Group, 1991). In various religious beliefs, forgiveness is valued as a means of mitigating circumstances in which one person had deeply and intentionally hurt another. It is, most likely, the connotation of religion that forgiveness conveys that may explain why

forgiveness has been largely ignored in psychology until recently (Dorff, 1998; Marty, 1998; McCullough & Worthington, 1995; Pargament & Rye, 1998).

Current research data suggest that forgiveness is widely valued by therapists (Gordon, Baucom, & Snyder, 2000; Malcolm & Greenberg, 2000; Thoresen, Harris, & Luskin, 2000; Worthington, Sandage, & Berry, 2000) as well as the medical profession (Foubister, 2000). Furthermore, forgiveness seems to be related to (a) decreased anger, depression, and anxiety (Enright & Fitzgibbons, 2002; Fitzgibbons, 1986; Gassin, 1994), (b) restoration of one's personal power and self-esteem (Enright, Gassin, & Wu, 1992; Rhode, 1990), (c) improved physical health (Foubister, 2000; Thoresen, Luskin, & Harris, 1998), and (d) improved relationships (Fow, 1996; King, 2001; McCullough & Worthington, 1994; McCullough, Worthington, & Rachal, 1997). McCullough and Worthington (1995) stated, "in modern society, with increasing amounts of stress, anger, violence, and relational discord, forgiveness could prove increasingly valuable for preventing problems and promoting well-being (p. 56).

Forgiveness has also been documented to develop with age (Enright, Santos, & Al-Mabuk, 1989). Therefore any therapeutic modality or school curricula employing forgiveness as a strategic form for healing emotional hurts should consider the psychosocial, cognitive, and moral stages of the individual.

Anger Expression

Anger is a term used in the literature to describe a universal, basic phenomenon no different than hunger, loneliness, or love. Whether anger is inherent or a response to social circumstances is still subject to debate. However, the literature indicates that there is no nature versus nurture battle taking place among researchers with regard to

this phenomenon. Rather, the consensus is that infants are born with different internal, biological styles of emotions and behaviors (temperament) which influence the child's personality, and, in turn, the personality of the child is determined by the combination of what the child's biological makeup is at birth, their level of stress tolerance, and the influences that come from the social environment. In other words, the child's personality results from the *interaction* between inborn characteristics and the child's social setting. Thus, brain organization or chemistry coupled with positive or negative social interactions can produce emotions such as anger within an individual (Davis, 2000, 2004; Lavin & Park, 1999; Paul, 1995; Tavris, 1989). Davis gave the example of the difficult and angry child whose behavior influences the behavior of the parent, which then influences the child. How the parent(s) reacts to the child can either ameliorate or exacerbate the child's emotional condition and behavior.

Anger is understood to be a potential tool for survival, although it can produce grave harm to oneself and others (Diamond, 1996; Fein, 1993; Izard, 1991; Rubin, 1987; Tavris, 1989). Fein (1993) contended that anger is "inherently social and incapable of being divided into exclusively individual or exclusively social components (p. 9). He furthered stated that anger can produce positive or negative outcomes; yet, no matter what the outcomes, they all occur within a social context.

The construct of anger is comprised of several components that researchers generally agree upon. They are: (a) it is present at birth, (b) it consists of thoughts, images, emotions, and physical sensations over which a person may or may not have control, (c) it is typically provoked by an incident regarded as serious and/or personally threatening, and (d) it is a learned behavior acquired in the context of early adaptive or

maladaptive ways of handling anger-provoking experiences (Alschuler & Alschuler, 1984; Averill, 1982; Cotterell, 2003; Diamond, 1996; Fitzgibbons, 1986; Lavin & Park, 1999; Rubin, 1987).

Another component of anger is the costs and benefits that must be considered. When the costs of anger outweigh its benefits then there is a price to be paid (Cotterell, 2003; Rubin, 1987). The costs of anger could be its harmfulness and/or danger to self and others, damage to relationships, poor mental and physical health, and escalation of the anger-provoking event. The possible benefits could be making one more competitive or assertive, achieving a greater insight into one's feelings which in turn could free and make available many other feelings, talents, or potentials within the individual, improving relationships, feeling more successful and happy, and empowering the person to do something constructive.

The Origins of Anger

The literature documents that anger stems primarily from social interactions, that is, the emotional climate in which the child is raised (Bender & Losel, 1997; Coffman & Roark, 1992; Davis, 2004; Diamond, 1996; Fitzgibbons & Enright, 2002; Izard, 1987; Rubin, 1987; Whitesell & Harter, 1996). Numerous studies have reported anger in children disappointed by a parent (Fitzgibbons & Enright, 2002), anger and aggressive behavior in children of divorce (Block, Block, & Gjerde, 1988; Hetherington, 1989; Wallerstein & Blakeslee, 1996), children in foster care who have been abused, neglected, or abandoned (Lavin & Park, 1999), disruptive behavioral disorders in boys whose fathers were substance abusers (Clark et al., 1997), and children of emotionally distant parents (Al-Mabuk, Enright, & Cardis, 1995).

Rubin (1987) described an emotionally healthy family climate as one in which (a) all emotions (especially anger) are given opportunity for expression, (b) emotional expression is appropriate and consistent, (c) one's feelings (especially anger) are easily discernable, (d) no feelings or its expression is labeled "good" or "bad", and (e) there exists an openness and warmth regarding all feelings. On the other hand, an emotionally unhealthy climate is one in which emotional displays are either very shallow, inappropriate, or both; only "acceptable" feelings are permitted to be expressed and then only with caution. According to Rubin, this type of environment can produce an emotionally crippled individual.

Feelings of anger also generate from hurts and disappointments caused by siblings and peers. Children who are angry with their parents may direct their anger towards younger siblings. Children who are regularly rejected or bullied by peers at school can feel lonely and isolated and these feelings could lead to anger, rage, and perhaps violent behavior (Bender & Losel, 1996; Davis, 2000, 2004; Fitzgibbons & Enright, 2002; Whitesell & Harter, 1996).

Types of Anger Expression

Numerous researchers have attempted to not only define anger expression but also classify its types. Over 50 years ago, McKellar (1949) detailed three types of anger: *overt*, *non-overt*, and *delayed*. He defined overt anger as "an immediate and impulsive reaction to a stimulus event, as demonstrated by verbal and/or physical aggression" (p. 149). He believed this type of anger expression was the most common. He identified non-overt anger as a passive manifestation of internalized emotions and delayed anger as planned aggression in which the aggressor methodically schemes revenge on the

anger-provoking individual or circumstances. McKellar further added that these three types of anger could indicate behavioral responses that vary in rate of frequency, intensity, and rate of response.

Likewise, Fitzgibbons and Enright (2002) have offered their classifications of anger expression. They are: *appropriate*, *excessive*, and *misdirected*. According to the researchers, appropriate expression of anger is a healthy assertiveness in order to resolve a particular hurt, excessive expression of anger is an unhealthy manifestation of emotion such as temper tantrums, and misdirected anger expression is a displacement of the emotion, that is, the victim vents his or her anger toward others rather than the particular person or circumstance that provoked the anger. From findings in their clinical studies, Fitzgibbons and Enright have noted, “the most common recipients of misdirected anger are younger siblings, peers, mothers, and teachers” (p. 171).

For the purposes of this study, I will present Burney’s (2001) three classifications of anger expression. The first is *instrumental anger*, which she defined as “a negative emotion that triggers a delayed response resulting in a desired and planned goal of revenge and/or retaliation” (p. 7). She further contended that instrumental anger is internally fueled by ruminating over past anger-provoking events and that the act(s) of revenge are typically malicious in nature. Also, this form of anger aids an individual in achieving a particular goal or outcome. This anger type is the same as McKellar’s (1949) *delayed* type of anger.

The second type of anger expression identified by Burney (2001) is that of *reactive anger*, which she saw as “an immediate angry response to a perceived negative, threatening, or fear-provoking event” (p. 8). This type of anger is usually characterized

by poor cognitive processing, social skills, and anger control as well as retaliatory and impulsive behavior to an anger-producing event. It is similar to McKellar's (1949) *overt* and Fitzgibbons and Enright's (2002) *excessive* types of anger expression.

Burney (2001) labeled the third kind of anger expression as *anger control* defined as "a positive cognitive-behavioral method used to respond to reactive and/or instrumental provocations" (p. 9). It is characterized by average to high levels of cognitive skills and processing. Burney theorized that individuals could be taught strategies to reduce aggressive and violent behavior and enhance anger control during anger-provoking situations. This form of anger mirrors Fitzgibbon and Enright's (2002) *appropriate* type. Similar to McKellar (1949), Burney stated that anger types, especially instrumental and reactive, vary in intensity, timing, and rate of response.

Linkages of Resilience and Forgiveness to Anger Expression

Earlier in this chapter I pointed out several commonalities in the Challenge Model of Human Psychology and the Process Model of Forgiveness. To review, they were: insight, levels of cognitive functioning, and the belief that the constructs of resilience and forgiveness can be taught. Also common is that these constructs are psychosocial in nature. Upon investigation of anger expression, it is evident that linkages exist between resilience, forgiveness, and anger expression. The most obvious similarity is the psychosocial parallel; all three constructs involve emotions, thoughts, and behaviors.

Another likeness is the effect of insight on anger. Research findings indicate that victims of serious injuries who forgave their offenders reported a significant decrease in anger, anxiety, and depression (Al-Mabuk, Enright, & Cardis, 1996; Coyle & Enright, 1997; Fitzgibbons, 1986; Hebl & Enright, 1993; Hope, 1987). By working through the

process of forgiveness and gaining insight into the anger-provoking offender and circumstances, the victim's feelings, thoughts, and behaviors of revenge and/or retaliation were reduced and, in several cases, disappeared.

All three constructs involve a degree of constructive cognitive functioning. The process model of forgiveness relies primarily on the thought processes of insight, awareness, understanding, realization, along with decision-making skills. The challenge model emphasizes the capacity to distance from poor relationships and form healthy ones as well as the ability to problem solve. Burney (2001) contended that the emotionally healthy expression of anger (anger control) involves average-to-high levels of cognitive anger management strategies such as paying attention to and correctly interpreting social cues, processing attributions of environmental cues, and learning to look for positive solutions to problems when provoked to anger.

Lastly, Wolin and Wolin (1993), Enright and Coyle (1997), and Burney (2001) all contended that their respective constructs of resilience, forgiveness, and anger expression can be learned. Researchers in the fields of resilience, forgiveness, and anger have supported this theory of learning. For example, Joseph (1994) offered strategies for developing a child's self-esteem, enhancing resilient personality traits, as well as teaching children how to cope, think constructively, and make good decisions. But, by far, the best illustration is the American Psychological Association's "Road to Resilience" public education campaign that teaches resilience skills to children and helps parents, schools, and communities foster these skills (Kersting, 2003).

Carter and Minirth (1997), Larsen (1992), and Smedes (1996) are just a few of the researchers who have developed programs employing strategies and techniques to

achieve emotional well-being through forgiveness. McCullough and Worthington (1995) outlined two psychoeducational group interventions that ultimately led to decreased feelings of revenge and increased positive feelings toward offenders among young adult participants.

Also, researchers have developed successful anger and aggression control programs for youth (Mundy, 1997), psychotherapeutic procedures for victims suffering anger resulting from trauma (Davenport, 1991), anger management training for anger-prone emotionally disturbed adolescents (Kellner & Bry, 1999), interviewing techniques and intervention methods for foster children and adolescents struggling with depression and anger (Lavin & Parks, 1999), cognitive forgiveness exercises as a form of therapeutic intervention for clinical patients dealing with anger from present or past hurts (Fitzgibbons, 1986), and a cost-benefit analysis technique and intervention program for identifying aggression among psychiatric patients (Cotterell, 2003). The proliferation of intervention programs addressing the issues of bullying and anger management also testifies to the fact that learned negative anger expression can be unlearned and replaced with positive anger expression skills and strategies (see e.g. Brinson, Kottler, & Fisher, 2004; D'Andrea, 2004; Espelage, 2004; MacNeil & Newell, 2004; Newman-Carlson & Horne, 2004).

Adolescent Anger Expression

Davey, Eaker, and Walters (2003) contended that the transition into and out of adolescence is a demanding time for the individual. The researchers related, "more than 80% of adolescents engage in antisocial behavior...It seems that entering, living through, and exiting adolescence all constitutes normative adversity" (p. 348).

Cramerus (1990) believed that adolescent anger occurred from an underlying wish to force others into providing restitution for losses and injuries, not necessarily from a desire to harm them. She saw negative affects (i.e. hostility, resentment, blame, and reproach), the victimization role, and oppositionally defiant behavior as mechanisms for: (a) enabling adolescents to defend themselves against depression and loss, (b) demanding nurturance from others, (c) protecting their unstable inner autonomy, and (d) undoing their humiliation and shame by revenge and reversal. In other words, adolescents who have not received the recognition and nurturance they so strongly desire from parents and others, will resort to various forms of anger expression and aggression to achieve a sense of control or mastery over the responses of these adults whom they perceive as the givers and withholders of worth and significance.

It is such expressions of adolescent anger expression that Burney (2001) has classified. The adolescent who displays *instrumental anger* exhibits a proactive aggression distinguished by threatening and bullying behavior. She claimed that adolescents who show evidence of an advanced form of this type of anger tend to have histories of delinquency and antisocial behaviors such as oppositional defiant disorder (ODD). She further suggested that adolescents who manifest extreme levels of instrumental anger “learn that acts of aggression can achieve social status and material goods both within their peer groups and in other social settings (p. 8).

Adolescents expressing excessive *reactive anger* tend to have a diminished capacity of processing environmental prompts and, consequently, display negative attributions that often lead to impulsivity and hyperactivity. Also, they have a decreased ability to appropriately problem solve situations when they are angry. Generally speaking, they

often have cognitive deficits. Burney (2001) contended that adolescents diagnosed with attention deficit hyperactivity disorder (ADHD) often exhibit this type of anger expression. Third, adolescents who exhibit high levels of *anger control* have the capacity of employing appropriate cognitive-behavioral strategies and techniques necessary to handle anger-provoking people and situations.

Similar to the constructs of resilience and forgiveness, the literature reports that anger expression is a developmental process, more specifically, types of anger expression vary according to a person's ego development (Cramerus, 1990; Huey, & Weisz, 1997; Moffitt, 1993; Recklitis, & Noam, 1999; Schulman, 2002). Research findings indicate that younger adolescents tend to display more negative forms of anger expression than older adolescents who have been found to exhibit a greater capacity of anger control (Boxer, Tisak, & Goldstein, 2004; Burney, 2001; Fabes, Carlo, Kupanoff, & Laible, 1999; Maynard, Paul, 1995; Tisak, & Tisak, 2003).

Gender Differences. Mounting research findings have indicated that the effects of gender are important in understanding the expression of anger and the pattern of behavioral problems that occur as a result of anger provocation primarily because researchers have observed gender differences in how anger is expressed (Kavanagh & Hops, 1994). Across cultures, boys have been found to demonstrate more fighting, impulsivity, and more physical and verbal aggression than girls. Boys also demonstrated more externalizing problems such as hyperactivity and conduct disorders (Boxer, Tisak, & Goldstein, 2004; Burney, 2001; Pollack, 1998; Sibcy, & Clinton, 2004), whereas, girls were more likely to use interpersonal, relational aggression and avoidant coping behaviors (Erdley, 1996; Recklitis & Noam, 1999; Simmons, 2002).

Paul (1995) theorized that our society conditions boys to express their anger more openly than girls and, consequently, adults are more tolerant of boy's outward displays of anger. However, he contended that girls are just as angry as boys but, because of cultural expectations, their expressions of anger are less obvious and more disguised.

Kindlon and Thompson (1999) believed that boys have difficulty in interpreting emotional cues from others and, as a result, are not always aware of what makes them angry. They stated, "Because of their emotional miseducation, boys are often unaware of the source or intensity of their bottled-up anger. As a result they are prone to engage in explosive outbursts or direct violence toward a 'neutral' target—usually a person who is not the real source of the anger" (p. 224). Conversely, Simmons (2002) contended that girls have a hidden culture of aggression in which anger is rarely articulated but of which bullying is a major component. She stated, "unlike boys, who tend to bully acquaintances or strangers, girls frequently attack within tightly knit networks of friends, making aggression harder to identify and intensifying the damage to the victims" (p. 3). In other words, girls suppress their feelings of anger out of fear of isolation and loss of relationships. They believe that if they express feelings of anger to a friend that friend will become an enemy. Consequently, according to Simmons, "she learns to connect with conflict through the discord of others, participating in group acts of aggression where individual ones have been forbidden" (p. 69).

Summary of Anger Expression

Anger involves the mind, the body, and the behavioral actions that people have acquired over the years in coping with stressful events. It is a difficult emotion for the vast majority of people. In recent years clinical psychologists have made great strides in

helping people manage, understand, and direct this phenomenon (Tavris, 1989). Anger itself is not necessarily a problem; anger can be constructive or destructive to oneself and/or others. What is commonly the problem with anger is how it is exhibited, which explains the proliferation of anger management seminars, school curricula on bullying, and various therapeutic modalities. There are costs and benefits that must be weighed when working through anger issues. Individuals must evaluate their own sense of self and self-control, understand the implications, and realize the consequences of anger in their lives. How one chooses to express this very normal and human emotion can determine his or her quality of life.

Chapter Summary

The literature indicates that life stressors such as interpersonal conflicts and perceived injustices can have a negative affect on an individual's emotional, psychological, and physical well-being. Adolescents are particularly vulnerable to societal stressors today as indicated by the data on juvenile crime. Unresolved hurts and injuries occurring over a period of time can cause young people to not only feel anger but to express that anger in an unhealthy, even violent, manner. Resilient characteristics in the adolescent can buffer the adverse affects of these stressors and may decrease negative anger expression. Also, forgiveness is a process that can restore damaged relationships and improve overall well-being by diminishing angry feelings, thoughts, and behaviors as well as restore a sense of hope to the hurt individual. Resilience and forgiveness process models offer strategies to help the injured young person cope with everyday anger-provoking people and events. Therefore, a study which links these two constructs to decreasing negative anger expression in adolescents is warranted.

Chapter 3

METHOD

In this chapter an overview is provided of the study's methodology: research design, participants, instruments, procedure, hypotheses, and data analysis.

Design of the Study

I employed a correlational research design for this study. The investigation was primarily exploratory, since little is known about the relationships among resilience, forgiveness, and anger expression in adolescents. Simple correlations were calculated to describe the relationships among adolescent resilience, forgiveness, and anger expression. Further, multiple regression analysis was conducted with anger expression as the dependent variable and resilience and forgiveness as the independent variables. Age and gender were also included as independent variables in order to explore their influence, if any, on adolescent anger expression. These analyses are described in more detail below.

Participants

Seventy high school students (43 females and 27 males) from three Maine high schools participated in this study. There were 35 participants in school #1, 19 participants in school #2, and 16 participants in school #3. The age range was 14 to 19 years ($M = 16.6$, $SD = 1.40$). All participants completed three surveys: the Adolescent Resiliency Attitudes Scale, the adolescent version of the Enright Forgiveness Inventory, and the Adolescent Anger Rating Scale. Participants also were asked to report their age and gender.

Demographic Data

The three high schools from which I recruited the students are situated in Maine. Three guidance counselors supplied the demographic data for each of their respective schools. I retrieved school drop out rates from the Maine Department of Education website.

School #1 is located in a small rural town in the mid-coast area of the state. The town's economy is principally derived from agriculture, manufacturing, and small businesses. The poverty rate is approximately 12%, which is above the state average of 7%. The high school's enrollment is 186 students with a dropout rate of 2.13% (male) and 0.00% (female) in the 2003-04 school year. Statewide averages were 3.08% (male) and 2.28% (female) for the same time period. The mean SAT scores for the class of 2004 were 492 (math) and 503 (verbal). This compares to state averages of 501 and 505, respectively. Eighty-one percent of graduates have gone on to post-secondary programs. There were no minority students in this school at the time the study was conducted.

School #2 is located in a small town that is primarily a residential community of professional families influenced by the presence of a university and several large businesses, both local and national. It is also in close proximity to a large city (pop. 31,470). Occupations of the high school parents are diverse due to the mix of students who come from five other towns; approximately 30% of the student population comes from these five sending communities. The high school has an enrollment of 400 students with a student population breakdown of approximately: 4% Native American, 1% Asian, and 2% Black and/or Hispanic. Between 70-82% of graduates attend post-secondary programs immediately after graduation. The 2003-04-dropout rate was 0.00% for both

male and female students. Mean SAT scores for the class of 2004 were 511 (math) and 515 (verbal). Eighty-two percent of the class of 2004 ($N = 72$) pursued post-secondary education programs.

School #3 is situated 10 miles from a large city. Thus, the town's composition is a mixture of agriculture, small businesses, as well as professionals who work in the nearby city. The high school services four other smaller rural communities as well as tuitioned students from one small rural community. It has an enrollment of 552 students with a student population make-up of: 0.5% Asian, 1% Native American, 0.5% Hispanic, and 98% Caucasian. It currently has four exchange students in attendance: two from Germany, one from Slovakia, and one from Italy. The dropout rate for the 2003-04 school year was 2.21% (male) and 0.00% (female). SAT results for the class of 2004 were 538 (math) and 532 (verbal). Eighty-four percent of the class of 2004 pursued post-secondary degrees.

Seventy respondents completed the three instruments for this study. One student's survey had to be discarded due to incomplete data. Fifty percent of the respondents were from school #1 ($N = 35$), 27.1 % from school #2 ($N = 19$), and 22.9 % from school #3 ($N = 16$). It should be noted that the lowest compliance of respondents was in the largest school (#3) due to scheduling conflicts and unexpected weather conditions and, conversely, the highest compliance happened to be in the smallest school (#1).

Over 60% (61.4%) of the participants were female and more than one third (38.6 %) were male. The ages of the respondents ranged from 14 to 19 years ($M = 16.58$, $SD = 1.40$). Table 1 illustrates the age range and specific frequency of the participants.

Table 3.1. Age Range and Frequency.

	Frequency	Percent	Valid Percent
Valid 14	8	11.4	11.4
15	9	12.9	12.9
16	12	17.1	17.1
17	17	24.3	24.3
18	23	32.9	32.9
19	1	1.4	1.4
Total	70	100.0	100.0

Instruments

I employed three separate surveys for the study: the Adolescent Resiliency Attitudes Scale (ARAS), the adolescent version of the Enright Forgiveness Inventory (EFI), and the Adolescent Anger Rating Scale (AARS). I chose these particular surveys because each assessed one of the three areas of concern under investigation: resilience, forgiveness, and anger expression in adolescents.

The ARAS (Biscoe & Harris, 1994) is constructed in a self-report format for youth 13 to 18 years of age. The authors made sure that the concepts they were attempting to assess were conveyed at the lowest reading level and in the least complex manner possible. Thus, the ARAS is written at a fourth grade reading level. Its purpose is to assess adolescent resiliencies as defined by Wolin and Wolin (1993). For this reason, the ARAS was an appropriate choice for this study.

The second survey used, the adolescent version of the EFI (Enright, Rique, & Coyle, 2000), was developed in 1990 to measure interpersonal forgiveness. It also is constructed in a self-report format for high school students. The adolescent version of the EFI was a helpful instrument for this study because it measures the affective, cognitive, and

behavioral extent to which an adolescent will forgive another who has hurt (or perceived to have hurt) him or her deeply and unfairly.

The third survey, the AARS (Burney, 2001) is also constructed in a self-report format. It was developed to assess anger and control of anger responses in adolescents ages 11 to 19. It contributes to this study by measuring three different types of anger expression in adolescents.

Adolescent Resiliency Attitudes Scale

Biscoe and Harris (1994) developed three Resiliency Attitudes Scales, which were designed for clients at a residential treatment program for women and children. The three versions of the scale are: the Resiliency Attitudes Scales (RAS) for adults, the Adolescent Resiliency Attitudes Scale (ARAS), and the Children's Resiliency Attitudes Scale (CRAS). The assessment tools "were designed for use with male and female children, adolescents, and adults in any population" (B. Briscoe, personal communication, December, 23, 2002). The instruments were intended to measure resiliencies as identified by Wolin and Wolin (1993) in their book, *The Resilient Self*. For the purposes of this study, I employed only the ARAS.

The Wolins discovered seven types of resiliencies emerging from their clinical research on adults, adolescents, and children: Insight, Independence, Relationships, Initiative, Creativity and Humor (combined), and Morality. These resiliency measures are further divided into skill subscales that contain questions that tap the basic resiliency skills associated with each resilience measure. The developers also included a General Resiliency Skills subscale, which measures persistence in working through difficulties, and a belief that one can survive and make things better. Each resiliency subscale

contains anywhere from seven to twelve items. The survey contains a Total Resiliency score as well. To reduce bias, approximately half of the subscale questions were written so that high resiliency is indicated if the person agrees with the question and half the questions are reversed coded so that, if a person disagrees with the question, high resilience is still indicated.

The ARAS (see Appendix A) is a 67-item instrument and is written at a fourth grade reading level. The 67 items were chosen to tap into the skills that were associated with each resiliency that the Wolins had identified (B. Briscoe, personal communication, February 13, 2005). Briscoe and Harris (1994) extracted the 67 items from clinical research and case studies of adult survivors of troubled families documented by the Wolins. For example, one subscale of the ARAS is Insight--the ability to know and identify the source of a problem. The Wolins described survivors who demonstrated the skill of insight in regard to parents with severe emotional disturbances. The authors reported, "All distinguished themselves clearly from their sick parents. None felt guilty, blamed himself for his parents' difficulties, or lived in fear of repeating history" (p. 79). Item # 2 on the ARAS reads, "I avoid accepting responsibility for other people's problems". An item in the Independence (the ability to end bad relationships) subscale of the ARAS states, "I find other places to go when people in my family are fussing and fighting." This item parallels the Wolins's (1993) discussion of "Jeffrey" who could no longer live at home with his troubled father. He stated, "I took inventory of life with father...and I saw that I was as stuck in a warped sense of loyalty as he was in self-pity. I was going under, closing off every opportunity for my own happiness, and he wasn't changing one iota. ...I decided to get out." (p. 93)

Subscales. The subscales, along with their definitions and concepts from the ARAS manual (Biscoe & Harris, 1994), are as follows:

Insight is the mental habit of asking searching questions and giving honest answers. This subscale includes several concepts: reading signals from other people, identifying the source of the problem, and trying to figure out how things work for self and others. *Independence* is the right to safe boundaries between oneself and significant others. This subscale includes two concepts: emotional distancing and knowing when to separate from bad relationships. *Relationships* is developing and maintaining intimate and fulfilling ties to other people. This subscale includes several concepts: perceived ability to select healthy partners, to start new relationships, and to maintain healthy relationships. *Initiative* is determination to master oneself and one's environment. This subscale includes two concepts: creative problem solving/enjoyment of figuring out how things work and generating constructive activities. *Creativity and Humor* refers to safe harbors of the imagination where one can take refuge and rearrange the details of one's life to his or her own pleasing. This subscale includes several concepts: creativity/divergent thinking, being able to use creativity to forget pain, using creativity to express emotions, and using humor to reduce tension or make a bad situation better. *Morality* is knowing what is right and wrong and being willing to stand up for those beliefs. This subscale includes two concepts: knowing what is right and wrong and being willing to take risks for those beliefs, and finding joy in helping other people. *General Resiliency* assesses persistence at working through difficulties, confidence that one can make the most of bad situations, and the belief that one can make things better.

Validity. Validity refers to “the appropriateness, meaningfulness, and usefulness of specific inferences made from test scores” (Gall, Borg, & Gall, 1996, p. 196). Validity data for the RAS were collected from 97 respondents: 26 female residents of a chemical dependency treatment center, 23 females incarcerated in a correctional center who were also attending an outpatient chemical dependency treatment group, 20 staff members at a residential chemical dependency treatment center, and 28 school counselors. The test manual indicated that the client group scored significantly lower on all resiliency scales than the counselor/staff group with the exception of the Creating to Express Feelings subscale. As for subscale correlations, the manual reported that “the resiliency subscales are moderately correlated with each other and highly correlated with the Total scale score” (p. 15). For example, the correlation between Insight and Independence was $r = .58$, between Relationships and Independence $r = .69$, and between Creativity and Initiative $r = .62$. Total Resiliency correlated with the other subscales as follows: Insight ($r = .74$), Independence ($r = .82$), Relationships ($r = .82$), Initiative ($r = .87$), Creativity ($r = .77$), Morality ($r = .81$), and General Resiliency ($r = .70$).

The RAS was assessed for concurrent validity using the Beck Depression Inventory (BDI) and the Rosenberg Self Esteem Scale (RSES). The BDI and RSES samples comprised 20 females and 15 females, respectively, who resided at a residential chemical dependency treatment center. Biscoe and Harris (1994) reported that three of the RAS subscales significantly correlated with the BDI (Insight, $r = .44$; Independence, $r = -.46$; General Resiliency, $r = -.7$). The authors also reported that women who scored higher on the RSES also scored higher on Creativity Resiliency ($r = .46$), and those scoring higher on General Resiliency and Total Resiliency scored higher on the RSES ($r = .60$).

To examine ARAS validity, Bradley and Corwyn (2001) collected normative data from 365 seventh through eleventh grade students in 13 public schools in a southern US metropolitan area. The subjects were administered the ARAS along with a 28-item survey covering family background and certain adolescent behaviors (e.g., school attendance, grades). Seventh and eighth grade data ($N = 188$) and ninth through eleventh grade data ($N = 177$), were analyzed separately for this study. The majority of seventh and eighth grade students were male (83.7%) as was the majority of ninth through eleventh grade students (70.5%). Bradley and Corwyn's goal was to determine whether the resiliencies assessed by the ARAS helped mitigate the effects of living in high-risk circumstances (i.e., exposure to family conflict and abuse, dangerous neighborhood environments, poverty) and helped ward off antisocial and maladjusted behaviors in which adolescents might engage (e.g., being suspended from school, using addictive substances, and/or engaging in dangerous sexual activities). The researchers theorized that "if the attitudes measured by the ARAS were truly resiliency attitudes, adolescents who scored high on these attitudes would be less likely to show poor developmental outcomes despite being at risk for poor outcomes." (p. 6)

Bradley and Corwyn (2001) reported several significant negative correlations that varied by age. In the seventh and eighth grade sample, significant negative correlations were found as follows: School Suspensions with all ARAS resiliencies except Morality; Smoking Marijuana with Creativity and Humor, General Resiliency, and Total Resiliency; Hard Drugs with Insight, Independence, Initiative, and Total Resiliency; and Sexual Behavior with all the ARAS resiliencies. No significant negative correlations were found with the ARAS resiliencies and Drinking Alcohol. For the ninth through

eleventh grade students, the researchers found the following significant negative correlations: School Suspensions with Independence, Relationships, Initiative, Creativity and Humor, Morality, General Resiliency, and Total Resiliency; Drinking Alcohol with all ARAS resiliencies except Initiative; Sexual Behavior with Insight and Relationships; and Hard Drugs with all ARAS resiliencies. (No specific numerical values were reported by the authors for either group of respondents.)

Bradley and Corwyn (2001) concluded that, in early adolescence, almost all the assessed ARAS resiliencies were associated with the probability of being suspended, using hard drugs, and having sex while drunk. The one exception was Relationships. For older adolescents, they stated the validity of the ARAS was much stronger. In other words, “almost every attitude decreased the likelihood of antisocial and maladjusted behavior for the ninth through eleventh graders who lived in families in demographic risk. Not all were statistically significant, but 51 of 72 possible relations were significant and there were trends for 18 others” (p. 18). The authors further contended “overall this study provides rather strong support as regards the validity of the ARAS as a measure of resiliency attitudes during late adolescence.” (p. 19)

Reliability. Biscoe and Harris (1994) do not provide any information pertaining to the reliability of the ARAS. Therefore, I will estimate the reliability of this instrument, as with the other instruments, based on my sample.

Scoring and Computing Strength Indices. The scoring process for the ARAS begins with the individual responding to each of the 67 items by selecting one of the following five choices: Strongly Disagree, Disagree, Undecided, Agree, and Strongly Agree with point values ranging from 1-5, respectively. Thirty-three of the items must be reversed scored.

Next, the subscale scores and the total resiliency scores are calculated by adding the responses to each item included in the scale. This sum gives the respondent's raw score.

The ARAS manual reported that each Adolescent Resiliency Attitudes subscale score represents a "strength index." Higher scores indicate higher resiliency and lower scores indicate lower resiliency. Biscoe and Harris (1994) devised a formula for computing the strength index for each subscale. The formula consists of taking the sum of the person's total subscale score, dividing it by the total possible points, and then multiplying by 100 to yield a percentage. For example, the total possible points for the Insight subscale is 35. If an individual had a total Insight score of 7, the strength index is computed as follows: $7 \text{ divided by } 35, \text{ multiplied by } 100 = 20\%$. Likewise, a person's Total Resiliency Strength Index would be determined by dividing the sum of the individual's total ARAS score by 335 (total points possible for the ARAS) and then multiplying by 100.

Enright Forgiveness Inventory-Adolescent Version

Enright, Rique, and Coyle (2000) developed the Enright Forgiveness Inventory in 1990 (see Appendix B). Its purpose is to measure interpersonal forgiveness. It is a 60-item self-report inventory that is scored on a six-point Likert scale ranging from Strongly Disagree to Strongly Agree. Higher scores indicate a more forgiving response. Each item is assessed in one of three main subscales: Affect, Behavior, and Cognition. Each of these main subscales is further divided into 10 positive and 10 negative items. Also included is a Total EFI score ranging from 60 (low degree of forgiveness) to 360 (high degree of forgiveness). A five-item pseudo-forgiveness scale is included at the end of the EFI in order to determine construct validity. Enright and his colleagues defined pseudo-forgiveness as a person either denying or condoning an offense. A score of 20 or more on

the pseudo-forgiveness items suggests that the respondent is not engaging in forgiveness as defined by the authors. The pseudo-forgiveness items are scored separately, not as part of the EFI. Also, because the word forgiveness might produce conceptual biases, the authors took the precaution of not using it in the inventory and survey administrators are directed not to use it in verbal instructions.

Respondents are also asked to answer a final question, an independent scale called the 1-Item Forgiveness scale. This question includes the word *forgiveness* and asks the respondents to answer the question, “To what extent have you forgiven the person you rated on the Attitude Scale?” Respondents rate their answer to this question on a 5-point scale ranging from “1 = Not at all” to “5 = Complete Forgiveness”. The 1-Item Forgiveness scale is an independent measure for construct validity. To avoid any bias on the part of the research participants, I chose not to include the 1-Item Forgiveness scale in the EFI. In a personal communication (May 20, 2004), Dr. Enright informed me that it was permissible to not include this question in the survey; its omission would not affect the construct validity of the EFI. Dr. Enright also permitted me to omit two items on the front page of the survey. One item was the question, “Who hurt you?” and the second was, “Please describe what happened when this person hurt you”. I did not consider these items relevant to the purposes of the study and Dr. Enright confirmed that their omission would not affect the construct validity of the inventory.

Subscales. The Affective, Behavior, and Cognition subscales are divided into positive and negative items, which are randomly placed in each subscale. Each subscale section has a total subscale score. The subscales, and definitions of their positive and negative items (Enright, Rique, & Coyle, 2000), are: Positive Affect (PA)—feelings of goodness,

tenderness toward the offender; Negative Affect (NA)—feelings of repulsion, resentment toward the offender; Total Affect (TA)—sum of PA and NA subscale scores; Positive Behavior (PB)—show friendship, be considerate toward the offender; Negative Behavior (NB)—avoid, ignore the offender; Total Behavior (TB)—sum of PB and NB subscale scores; Positive Cognition (PC)—thoughts of “nice person” toward the offender; Negative Cognition (NC)—thoughts of “bad person” toward the offender; and Total Cognition (TC)—sum of PC and NC subscale scores.

Validity. Enright, Rique, and Coyle (2000) presented two types of evidence to support validity of the EFI: construct validity and discriminate validity. The authors stated that all items of the EFI were necessary to furnish construct validity when compared with concurrent measures and to provide discrimination from divergent measures. “In general, a positive, larger, and stronger correlation is expected for comparisons among concurrent measures. On the other hand, negative, smaller, or no relationship is expected for comparisons among divergent measures.” (p. 33)

The construct validity coefficients of the EFI are high (Rique & Enright, 1997). The EFI has a strong, positive, and significant correlation ($r = .79$) with the Wade Forgiveness Scale (WFS), an instrument that measures forgiveness and has similar theoretical constructs (Rique et al., 1999). The normative data were collected from a total of 180 freshmen, sophomore, and junior students in a private high school in the Midwestern US. Respondents included 72 males and 108 females, with an average age of 16.53 years ($SD = 1.00$). The data indicated WFS correlations of $r = .75$ with the Total Affect subscale, $r = .70$ with the Total Behavior subscale, $r = .70$ with the Total Cognition subscale, and $r = .74$ with the Total EFI score (Waltman, Lin, Wee, &

Engstrand, 1999). From these results, the authors concluded that the EFI is a valid gauge of explicit forgiveness.

To assess divergent validity, Subkoviak and colleagues (1995) correlated the EFI with the Spielberger's State-Trait Anxiety Inventory (STAI-Form Y) and the Beck Depression Inventory (BDI) and Sarinopoulos (1996) compared the EFI with the State Anger Scale (SAS). It was expected that the EFI would correlate more strongly and negatively with anxiety, depression, and anger within developmentally appropriate contexts.

Subkoviak and colleagues (1995) collected data from a sample of 394 persons (204 females, 190 males). College students (mean age = 22.1 years) made up half the sample, while the other half consisted of their same-gender parents (mean age = 49.6 years). On the EFI, participants reported having been hurt by either a spouse, a person in a romantic relationship, or a family member. The subjects then completed the STAI-Form Y and the BDI. Findings indicated significant and negative correlations between the EFI and the STAI ($r = -.15$ for the entire population, $r = -.37$ for those hurt by a spouse, and $r = -.53$ for those hurt in a relationship, $p < .01$), and between the EFI and the BDI ($r = -.43$ for those hurt by a family member).

Sarinopoulos (1996) sampled 217 participants ages 17 to 45 to collect data. He compared the EFI Total Scores with the SAS Total Scores and found significant and negative correlations of $r = -.54$ for late adolescents participants, $r = -.55$ for middle adulthood participants, $r = -.60$ for adolescent participants who reported being hurt in a male-female relationship, and $r = -.68$ for adult participants who reported being hurt in a family relationship and conflict between spouses. For the entire sample, $r = -.55$.

Reliability. Test reliability refers to “the consistency, stability, and precision of test scores” (Gall, Borg, & Gall, 1996, p. 197). According to Enright and colleagues (2000), forgiveness is conceptualized as a homogeneous construct involving affect, behavior, and cognition. Therefore, the appropriate reliability estimate for the EFI is Cronbach’s coefficient alpha (α). Reliability data collected in three independent studies (Sarinopoulos, 1996, 1999; Subkoviak et al., 1995) with 180 high school students are as follows: Positive Affect ($\alpha = .95$), Negative Affect ($\alpha = .93$), Total Affect ($\alpha = .96$), Positive Behavior ($\alpha = .95$), Negative Behavior ($\alpha = .93$), Total Behavior ($\alpha = .96$), Positive Cognition ($\alpha = .96$), Negative Cognition ($\alpha = .95$), Total Cognition ($\alpha = .97$), and Total EFI ($\alpha = .98$).

Even though these strong alpha coefficients indicated a homogeneous structure for the EFI, Subkoviak and colleagues (1995) conducted a confirmatory investigation (using the original data from the study described above) for the purpose of clarifying whether the subscales of the EFI were measuring different factors. The researchers employed principal axis factoring, 3 factors extraction (i.e. affect, behavior, and cognition) and oblique rotation. Their findings supported the theory that the EFI’s structure is unidimensional with a strong first factor accounting for 58.7% of the total variance in each sample.

Scoring. Each item on the EFI is rated on a 6-point Likert scale. All Positive Affect, Behavior, and Cognition items are scored as follows: 1 = Strongly Disagree, 2 = Disagree, 3 = Slightly Disagree, 4 = Slightly Agree, 5 = Agree, and 6 = Strongly Agree. Negative Affect, Behavior, and Cognition items are reversed scored (e.g., a 6 on a negative item is scored as a 1). The six subscales are combined to produce a total

forgiveness score ranging from 60 to 360 (20 to 120 per subscale). According to Enright, Rique, and Coyle (2000) the negative item scores reflect the absence of negative affect, negative behavior, and/or negative cognition toward an offender while positive item scores reflect the presence of positive affect, positive behavior, and/or positive cognition toward an offender. The EFI pseudo-forgiveness scale (items 61-65) is used to further evaluate a respondent's perception of the offense and the offender. If the five questions yield a score of 20 or higher (indicating "no problem to begin with"), they are eliminated from the data collection.

Adolescent Anger Rating Scale

Burney (2001) first developed the Adolescent Anger Rating Scale (AARS) in 1994 (see Appendix C). As a self-report measure, its purpose was to assess anger and control of anger responses in adolescents ages 11 to 19. Written at a fourth grade reading level, the AARS assesses three anger related behaviors: Instrumental Anger (IA; 20 items), Reactive Anger (RA; 8 items), and Anger Control (AC; 13 items). Total Anger (TA), a general index of anger expression, is also evaluated. Respondents are asked to reply to 41 statements that begin, "When I am angry, I..." Each of the 41 AARS items falls on a four-point Likert-type scale ranging from 1 (Hardly Ever) to 4 (Very Often).

The AARS manual provided the following information on the conceptualization of the instrument: psychometric properties, clinical and research application, administration, scoring, interpretive guidelines, and conversion tables. The theoretical background for the instrument is cognitive-behavioral with responses to a provoking event described as a product of appraisal and attributions including cue detection and interpretation, experiences and expectations, belief systems, and psychological arousal. Responses to

either type of anger (instrumental or reactive) differ in timing, intensity, and frequency (none specifically measured) and are mitigated by the level of anger control (Burney, 2001).

Subscales. The AARS subscales and definitions (Burney, 2001) are as follows:

Instrumental Anger (IA)—A negative emotion that triggers a delayed response resulting in a desired and planned goal of revenge and/or retaliation that may include threatening and bullying. It is internally motivated by some memory of a past provocation. The revengeful acts of IA are maliciously planned and carried out. Adolescents who exhibit elevated IA styles tend to have histories of delinquency and antisocial behaviors. They may have a DSM-IV diagnosis of Oppositional Defiant Disorder (ODD) or Conduct Disorder (CD).

Reactive Anger (RA)—An immediate angry response to events perceived as negative, threatening, or fear-provoking. Adolescents who demonstrate excessive reactive-type anger have difficulty cognitively processing environmental cues, display negative attributions that lead to impulsive and hyperactive response styles, and demonstrate few positive solutions to problems when they are angry. Also, RA is marked by deficits in cognitive processing, social skills, and anger control. Due to these reactive response styles, such adolescents often resemble those with a DSM-IV diagnosis of Attention Deficit Hyperactive Disorder (ADHD).

Anger Control (AC)—A proactive cognitive-behavioral anger-management response to reactive and/or instrumental provocations. Adolescents who display high levels of AC utilize the cognitive processes and skills necessary to manage anger-related behaviors.

Total Anger—A general index of anger expression using the three scale scores.

Validity. The AARS authors reported evidence regarding content validity, criterion-related validity, and construct validity. The AARS manual reported that norms were obtained on adolescents from inner city, urban, and suburban settings. The sample consisted of 4,187 adolescents divided into middle school (grades 6 to 8, ages 11 to 14) and high school participants (grades 9 to 12, ages 14 to 19) from across the United States. Ethnic representations were identified separately for boys and girls as follows: Caucasian (61.3% and 59.1%), African-American (20.9% and 24.6%), Hispanic (8.2% and 8.0%), Asian (3.5% and 3.3%), Other/Multi-ethnic (4.9% and 4.1%), and undetermined (1.4% and 0.9%). No indication of socioeconomic status was provided.

Content validity relates to the “extent to which items adequately represent a performance domain or construct” (Burney, 2001, p. 29). To achieve content validity for the ARAS, the researcher developed potential test items, employed a panel of eight individuals consisting of one licensed clinical social worker, four school psychologists, one school resource officer, one behavioral specialist, and one university professor. All panel members had experience in test administration and interpretation. With the exception of the university professor, the panel members had experience working with adolescents, who demonstrated high levels of anger and antisocial behaviors, in either intervention programs or anger control groups.

The panel’s initial task was to assess the appropriateness of the test items, examine and rewrite test items when necessary, and identify items they believed ought to be included in the final item pool. Next, the panel members completed an Item Development Questionnaire to assess the relevance and face validity of the AARS. Fifteen non-redundant behaviors for the instrumental anger domain (e.g., threats to do bodily harm,

elaborate destruction of property) and 14 non-redundant behaviors for the reactive anger domain (e.g., fighting, hitting, losing temper) were identified by the review panel. Once this process was completed, individual panel members assigned each item to an appropriate subscale (i.e., instrumental or reactive anger) basing their decisions on the theoretical background and definition of the subscale. As a group, the members then worked to achieve majority consensus of 60% or higher on item assignment. Out of the original 101 test items, 50 did not receive the necessary consensus rating and were thus eliminated, leaving 51 items. The final step to achieve content validity required each panel member to complete a Validation Response Survey. The purpose of this survey was to determine content relevancy, applicability, and practicality of the AARS. All panelists agreed the instrument fulfilled all three requirements (Burney, 2001).

According to the AARS manual, criterion-related validity was achieved by calculating correlations among the AARS scores, the number and types of school disciplinary referrals, and the number of instrumental and reactive anger-type conduct referrals. The AARS manual did not give examples of school disciplinary referrals but did describe instrumental anger-types of conduct referrals as cheating on tests, skipping class, and threatening teachers. Reactive anger-type conduct referrals were listed as fighting, excessive use of profanity, and argumentative defiance against school officials.

Positive correlations were found between IA subscale scores and the number of instrumental anger-type conduct referrals ($r = .18$), and between RA subscale scores and the number of reactive anger-type conduct referrals ($r = .20$). Negative correlations were found between AC subscale scores and the number of school disciplinary referrals

($r = -.31$), the number of instrumental anger-type referrals ($r = -.29$), and the number of reactive anger-type referrals ($r = -.36$), indicating that “the more control an adolescent has over his or her anger, the fewer the number of either general or specific conduct referrals” (Burney, 2001, p. 31). Furthermore, positive correlations were found between Total Anger scale scores and the number of school disciplinary referrals ($r = .27$), the number of instrumental anger-type referrals ($r = .30$), and the number of reactive anger-type referrals ($r = .30$). It should be noted that when reporting these positive and/or negative correlations, the author described them as strong; she does not indicate if the correlations were statistically significant.

A series of exploratory and confirmatory factor analyses were employed to determine construct validity of the revised 51-item version of the AARS. The findings indicated that 10 items were considered to be problematic and were thus eliminated, leaving the final version of the ARAS with 41 items.

For this final version of the ARAS, the developers employed an exploratory factor analysis on the normative data with the primary goal of identifying a conceptualized model. Burney (2001) reported using the principal axis extraction method and applying a scree plot of eigenvalues to identify the number of factors to be retained. Hypothesizing that factors were correlated, Burney extracted factors using oblique rotation. She reported that the unique variance explained by each factor based on an orthogonal rotated factor pattern for 41 items was 27.38% for Factor 1 (IA), 21.72% for Factor 2 (AC), and 15.88% for Factor 3 (RA). She further contended that these results “are consistent with previous research (e.g. Burney & Kromrey, in press) assessing the three-factor structure of the AARS.” (p. 32)

The final factor analyses resulted in the following correlations: $r = .56$ between RA and IA, $r = -.38$ between AC and IA, and $r = -.31$ between AC and RA. The developer did not report the statistical significance of these findings.

Correlations were calculated to assess the convergent validity of the AARS with two subscales of the Conners-Wells Adolescent Self-Report Scales-Long (CASS-L): Anger Control Problems (ACP) and Conduct Problems (CP). As expected, high positive correlations were found between subscales similar in construct ($r = .61$ between RA and ACP and $r = .57$ between IA and CP). Also as expected, lower negative correlations were found between AC and ACP ($r = -.24$) and between AC and CP ($r = -.11$). Again, statistical significance was not reported.

Reliability. Coefficient alpha was used to estimate internal consistency. Alphas ranged from .81 to .92 for the total sample. Alpha coefficients for girls and boys in grades 6-8 and grades 9-12 were consistent with alpha coefficients observed for the total normative sample. The RA subscale obtained lower alpha coefficients across gender and age, with younger girls having the lowest alpha ($\alpha = .80$). The IA subscale obtained the highest values across gender and age, with older boys having the highest alpha ($\alpha = .94$). Item-total correlations ranged from $r_s = .42$ to $.69$ for IA items, $r_s = .37$ to $.63$ for RA items, and $r_s = .34$ to $.65$ for AC items. Test-retest reliability was measured with a two-week interval using 175 respondents. The results showed reliability coefficients ranging from $r_s = .71$ to $.79$.

Scoring. The AARS is designed to be hand scored. It consists of 41 items all beginning with the phrase, ‘When I am angry, I...’ (e.g., “When I am angry, I act without thinking”) The respondents are given four choices: 1 = Hardly Ever (normally do not

behave this way), 2 = Sometimes (behave this way one to three times a month), 3 = Often (behave this way one or more times a week), and 4 = Very Often (behave this way one or more times a day). The top sheet of the instrument can be detached so that the administrator can computer subscale raw scores and a total raw score on the bottom sheet (or profile page) and then convert the raw scores to *T* scores and percentiles by using the test manual's conversion tables. Also included on the profile page is a "suggested interpretation" section that categorizes the *T* score values as follows:

70 or higher—Very high level of Anger.

60-69—Moderately high level of Anger.

41-59—Average level of Anger.

31-40—Moderately low level of Anger.

30 or less—Very low level of Anger.

Age and Gender. Burney (2001) reported that the AARS is responsive to the developmental changes of the adolescent. Therefore, consistent with existing research, the AARS calculated *T* scores and percentiles separately by gender and grade level. The author reported that "younger adolescents tend to demonstrate higher rates of anger reactions, which tend to decrease as they matriculate through middle school. There is a resurgence of increased anger as the adolescent enters high school; anger declines again at higher grade levels" (p. 16). She further stated that, across cultures, boys tend to express more violent forms of anger (i.e. fighting, impulsivity, aggression) than do girls. Also, boys exhibit more behavioral problems, such as hyperactivity and conduct disorders; whereas, girls demonstrate more internalized behaviors, such as depression and mood disorders. Burney summarized that "For adolescents, it is especially important to

understand the effects of gender as they relate to both socialization practices and biological differences.” (p. 35)

Procedure

I recruited students from three high schools in Maine for this study. I chose these particular high schools for two reasons. First, each school utilized a block scheduling system of 80-minute classroom periods. This length of time was conducive to the survey process, which would take approximately 45 minutes from start to finish. Second, I was acquainted with the guidance counselor in each school and each one was familiar with my research study, which expedited my gaining entry into their schools.

I initially contacted the guidance counselors at each high school and then followed up with a meeting with the principal. At this time, the administrators examined the study description, samples of the surveys, and parental consent forms. I then was given written permission to collect my data, after which I had a series of meetings with each counselor to discuss the details of the study.

I worked closely with the counselors over the course of several weeks to ensure that the selected participants represented the four grade levels and the sample was, as much as possible, evenly mixed in gender. Once the participants were chosen, I met with them as a group to introduce myself. From a prepared script (see Appendix D), I explained the study and answered any questions. At this meeting, the counselor distributed to each student an envelope containing a letter to the students (see Appendix E) and a parental consent form (see Appendix F). The students were requested to return the consent forms in sealed envelopes to the counselor within one week. As an incentive, I informed the

students that on the day of the survey, once everyone was done taking the surveys, I would draw a name from a container and that person would receive \$25 in cash.

At the end of the one-week period, I returned to the high schools to collect the returned forms. To ensure confidentiality, I had developed a master list of the student participant's names, assigned a code number to each name, and then assigned a code number to each consent form and survey. I was the only person who had access to this list. I next placed the three coded surveys into a manila envelope. I then wrote the student's name on a post-it note and attached it to the front of the corresponding packet.

Once I was ready to administer the surveys, I met with the guidance counselor to coordinate the day, time, and location for the study. Next, several announcements were given via the school intercom informing those who would be participating the time and location of the study. Participants were also instructed to bring something to read since no one would be allowed to leave the room until all respondents had finished the surveys.

At the first and second schools, I administered the surveys to all the respondents in one sitting. At the third school, due to scheduling, the surveys had to be administered at two separate times. In this particular case, the second group took the surveys immediately after the first. To guarantee integrity of the second group's responses, the counselor and I made sure there was no communication between the two groups.

As the students arrived, they were instructed to locate the packet with their name on it and then remove the post-it note and dispose of it. The guidance counselor was present in the room to quicken this process and also to ensure that each participant was seated at his or her correct place. Before the start of the survey administration, the students were given time to ask any last minute questions. The entire process took anywhere from 30 to 45

minutes from start to finish. As promised, I drew a name from a container and the cash incentives were awarded. The students then dispersed to their classes.

Hypotheses and Analyses

There were 10 hypotheses. Hypotheses 1-6 were tested using simple correlations; hypotheses 7-10 were tested using multiple regression.

Hypothesis 1: There is a positive relationship between particular resiliencies and forms of forgiveness in adolescents. Specifically, (a) high ARAS subscale scores on Insight, Independence, Relationships, Initiative, Creativity and Humor, Morality, and General Resiliency will correspond to high EFI subscale scores on Total Affect, Total Behavior, and Total Cognition; and (b) low ARAS subscale scores on Insight, Independence, Relationships, Initiative, Creativity and Humor, Morality, and General Resiliency will correspond to low EFI subscale scores of Total Affect, Total Behavior, and Total Cognition.

Hypothesis 2: There is a positive relationship between Total Resiliency and Total Forgiveness in adolescents.

Hypothesis 3: There is a positive relationship between the resiliencies of Insight, Independence, Relationships, Initiative, Creativity and Humor, Morality, and General Resilience and Anger Control in adolescents.

Hypothesis 4: There is a negative relationship between particular resiliencies and types of anger expression in adolescents. Specifically, (a) low ARAS subscale scores on Insight, Independence, Relationships, Initiative, Creativity and Humor, Morality, and General Resiliency will correspond to high AARS subscale scores of Instrumental Anger and Reactive Anger; and (b) high ARAS subscale scores on

Insight, Independence, Relationships, Initiative, Creativity and Humor, Morality, and General Resiliency will correlate to low AARS subscale scores of Instrumental Anger and Reactive Anger.

Hypothesis 5: There is a negative relationship between Total Resiliency and Total Anger expression in adolescents.

Hypothesis 6: Levels of forgiveness will negatively predict levels of anger expression in adolescents. In other words, a high Total EFI scale score will predict a low Total Anger scale score on the AARS.

Hypothesis 7: The ARAS subscale scores on Insight, Independence, Relationships, Initiative, Creativity and Humor, Morality, and General Resiliency will independently and positively predict scores on the AARS Anger Control subscale.

Hypothesis 8: The ARAS subscale scores on Insight, Independence, Relationships, Initiative, Creativity and Humor, Morality, and General Resiliency will independently and negatively predict scores on the AARS Instrumental Anger and Reactive Anger subscales.

Hypothesis 9: The EFI subscale scores on Total Affect, Total Behavior, and Total Cognition will independently and positively predict scores on the AARS Anger Control subscale.

Hypothesis 10: The EFI subscale scores on Total Affect, Total Behavior, and Total Cognition will independently and negatively predict scores on the AARS Instrumental Anger and Reactive Anger subscales.

For hypotheses 1-6, I calculated simple correlations between the subscales or scales in question. I employed multiple regression to test hypotheses 7-10. For hypothesis 7, the

independent variables were: Insight, Independence, Relationships, Initiative, Creativity and Humor, Morality, and General Resiliency, and the dependent variable was Anger Control. For hypothesis 8, the independent variables were: Insight, Independence, Relationships, Initiative, Creativity and Humor, Morality, and General Resiliency, and the dependent variables were Instrumental Anger and Reactive Anger. For hypothesis 9, the independent variables were Total Affect, Total Behavior, and Total Cognition and the dependent variable was Anger Control. For hypothesis 10, the independent variables were: Total Affect, Total Behavior, and Total Cognition, and the dependent variables were Instrumental Anger and Reactive Anger. Since my sample included males and females, ages 14 to 19, I also included the variables Age and Gender as independent variables in order to explore their influence, if any, on adolescent anger expression.

Chapter Summary

The research data for this study were collected from students attending three high schools in Maine. I met with guidance counselors and school administrators and then the selected students to explain the study procedures and how I would use the data. I obtained parent or legal guardian consent forms from each person, under the age of 18, who agreed to be part of the study. Students 18 years old or over signed the consent forms themselves. I then collected the data. I maintained respondent confidentiality by coding the surveys and requiring the participants to indicate only age and gender on the surveys. I developed master lists of names with corresponding code numbers; however, I was the only person who had access to these lists. Three instruments were used: the Adolescent Resiliency Attitudes Scale (ARAS), the adolescent version of the Enright Forgiveness Inventory (EFI), and the Adolescent Anger Rating Scale (AARS). Two types of data

analysis were employed: simple correlation and multiple regression. The results of the data analyses are reported in Chapter 4.

Chapter 4

RESULTS

The participants were recruited from three public high schools in Maine. I initially invited a total of 245 students to participate in this study. Of this number, 71 either volunteered (those 18 years of age or older) to participate or were granted permission by a parent or legal guardian. However, one student (a 17-year-old male) was eliminated from the study because of incomplete data, thus yielding a final sample of 70. On the EFI, a pseudo-forgiveness score was obtained from each respondent. If a respondent scored 20 or higher on this portion of the survey, he or she would have been removed from the study. However, this did not occur.

Preliminary Analyses

To assess the psychometric integrity of the three instruments, I examined frequency distributions for each subscale item and for all subscale and scale composites. This analysis revealed several missing values on each instrument. I therefore calculated all subscale and scale composites by computing a mean score. Next, I performed item-total correlations for the three instruments. In cases where I found low correlations, I discarded those items in order to increase internal consistency (Cronbach's coefficient alpha). Appendix G gives a detailed item-correlation analysis of each instrument.

In addition, I examined the distributions of all items, subscales, and scales for outliers and excessive skew. Scatterplots and histograms revealed evidence of both conditions.

Table 4.1: ARAS Subscale Means, Standard Deviations, Reliabilities, and Intercorrelations ($N = 70$).

	INSIGHT	INDEPEND	RELAT'S	INITIATIVE	CREAT/HUR	MORAL	GEN. RES.
INSIGHT ($\alpha = .53$)							
INDEPEND ($\alpha = .57$)	.34**						
RELATION ($\alpha = .72$)	.40***	.18					
INITIATIVE ($\alpha = .66$)	.36**	.31**	.39***				
CREAT/HUM ($\alpha = .70$)	.18	-.03	.47***	.26*			
MORALITY ($\alpha = .63$)	.36**	.30**	.39***	.40***	.23*		
GEN. RESIL. ($\alpha = .81$)	.47***	.36**	.59***	.62***	.31**	.58***	
<i>M</i>	3.62	3.60	3.62	3.67	3.47	3.47	3.59
<i>SD</i>	.56	.57	.60	.51	.68	.49	.62

Note: * $p < .05$, ** $p < .01$, *** $p < .001$ (one-tailed).

ARAS

In the ARAS, I discovered six subscales having low alpha coefficients: Insight, Independence, Relationships, Creativity and Humor, Morality, and General Resiliency. After inspecting the item-total correlations for each of these subscales, I discarded a total of nine items to increase homogeneity within the subscales (see Appendix G). It should be noted that, despite the removal of the selected items, reliability was still low for many of these subscales ($\alpha = .53$ to $.81$).

Intercorrelations of the seven ARAS subscales revealed several low coefficients: Relationships and Independence ($r = .18$), Creativity/Humor and Insight ($r = .18$) as well as several high coefficients: Insight and Relationships ($r = .40, p < .001$), Relationships and Morality ($r = .39, p < .001$). Table 1 shows means, standard deviations, reliability coefficients, and intercorrelations for the ARAS subscales.

EFI

For the EFI, no subscale items needed to be discarded (see Appendix G). However, three students left some items blank: one student did not respond to one item on the Behavior subscale, one student did not respond to one item on the Cognition subscale, and one student did not respond to four items on the Affective subscale, three items on the Behavior subscale, and three items on the Cognition subscale. Since these particular students responded to 80% of the items in each subscale, I made the decision to keep their data.

EFI subscales were uniformly high in reliability, with alphas ranging from $.96$ to $.97$. Intercorrelations of the three EFI subscales showed high coefficients: Affective with Behavior ($r = .83, p < .001$), Affective with Cognition ($r = .74, p < .001$), and Behavior

with Cognition ($r = .86, p < .001$). Table 2 illustrates means, standard deviations, reliability coefficients, and intercorrelations for the EFI subscales.

Table 4.2: EFI Subscale Means, Standard Deviations, Reliabilities, and Intercorrelations ($N = 70$).

	AFFECTIVE	BEHAVIOR	COGNITION
AFFECTIVE ($\alpha = .97$)			
BEHAVIORAL ($\alpha = .96$)	.83***		
COGNITION ($\alpha = .97$)	.74***	.86***	
<i>M</i>	3.23	3.71	4.11
<i>SD</i>	1.33	1.23	1.31

Note: *** $p < .001$ (one-tailed).

AARS

I removed one item in the Instrumental Anger subscale, due to zero variance. I also discarded one item from the Anger Control subscale in order to increase subscale homogeneity. One student did not respond to two items on the Instrumental Anger subscale. However, the instrument developer included a formula¹ in the test manual for prorating subscale raw scores if at least 80% of the subscale items had been completed. There were 20 items in the Instrumental Anger subscale and the student responded to 18 of the items (90%), thus allowing me to include her data. AARS subscales were high in reliability with alphas ranging from .77 to .93.

¹ Prorated subscale raw score = (obtained raw score x number of items on the subscale) ÷ number of items completed.

Intercorrelations of the three subscales revealed high coefficients: Instrumental Anger with Reactive Anger ($r = .56, p < .001$), Instrumental Anger with Anger Control ($r = -.66, p < .001$), and Reactive Anger with Anger Control ($r = -.58, p < .001$). See Table 3 for means, standard deviations, reliability coefficients, and intercorrelations for the AARS subscales.

Table 4.3: AARS Subscale Means, Standard Deviations, Reliabilities, and Intercorrelations ($N = 70$).

	INSTRUMENTAL ANGER	REACTIVE ANGER	ANGER CONTROL
INSTRUMENT ($\alpha = .93$)			
REACTIVE ($\alpha = .85$)	.56***		
ANG. CONT'L ($\alpha = .77$)	-.66***	-.58***	
<i>M</i>	1.30	2.07	2.85
<i>SD</i>	.41	.64	.51

Note: *** $p < .001$ (one tailed).

Hypotheses 1-6: Correlational Analyses

Hypothesis 1: There is a positive relationship between particular resiliencies and forms of forgiveness in adolescents. Specifically, (a) high ARAS subscale scores on Insight, Independence, Relationships, Initiative, Creativity and Humor, Morality, and General Resiliency will correspond to high EFI subscale scores on Total Affect, Total Behavior, and Total Cognition; and (b) low ARAS subscale scores on Insight, Independence, Relationships, Initiative, Creativity and Humor, Morality, and General Resiliency will correspond to low EFI subscale scores of Total Affect, Total Behavior, and Total Cognition.

This hypothesis was supported by the data in the areas of Independence with Affective ($r = .23, p < .05$) and Behavior ($r = .21, p < .05$); Relationships with Affective ($r = .24, p < .05$); Initiative with Cognition ($r = .23, p < .05$); Creativity/Humor with Cognition ($r = .27, p < .05$); and Morality with Affective ($r = .25, p < .05$). High positive correlations were also found: Relationships with Behavior ($r = .30, p < .01$) and Cognition ($r = .29, p < .01$); Morality with Behavior ($r = .34, p < .01$) and Cognition ($r = .31, p < .01$); and General Resiliency with Affective ($r = .34, p < .01$), Behavior ($r = .32, p < .01$), and Cognition ($r = .33, p < .01$). These findings support the assertion that there is a positive relationship between particular adolescent resiliencies and forms of forgiveness (see Table 4).

Table 4.4: Correlations of the ARAS and EFI Subscale Scores ($N = 70$).

	AFFECTIVE	BEHAVIOR	COGNITION
INSIGHT	.13	.05	.09
INDEPEND	.23*	.21*	.17
RELATION'S	.24*	.30**	.29**
INITIATIVE	.06	.09	.23*
CREAT/HUM	.15	.20	.27*
MORALITY	.25*	.34**	.31**
GNERL. RES.	.34**	.32**	.33**

Note: * $p < .05$, ** $p < .01$ (one-tailed).

No significant positive correlations were found between Insight and the three EFI subscales. Additionally, the data revealed no significant positive correlations between

Independence and Cognition, Initiative and either Affective or Behavior, or between Creativity/Humor and either Affective or Behavior.

Hypothesis 2: There is a positive relationship between Total Resiliency and Total Forgiveness in adolescents.

The data supported this hypothesis (see Table 5). The Resiliency Total scale score correlated positively with the Forgiveness Total scale score ($r = .35, p < .01$) confirming that high levels of resiliency correspond to high levels of forgiveness in adolescents and, conversely, low levels of resiliency correspond to low levels of forgiveness in adolescents.

Table 4.5: Correlations of the ARAS Total, EFI Total, and AARS Total Scale Scores ($N = 70$).

	RESILIENCY TOTAL	FORGIVENESS TOTAL
RESILIENCY TOTAL		
FORGIVENESS TOTAL	.35**	
ANGER TOTAL	-.28**	-.13

Note: ** $p < .01$ (one-tailed).

Hypothesis 3: There is a positive relationship between the resiliencies of Insight, Independence, Relationships, Initiative, Creativity and Humor, Morality, and General Resiliency and Anger Control in adolescents.

The findings confirmed this hypothesis. All ARAS subscales scores correlated positively and significantly with the AARS Anger Control subscale score: Insight ($r = .36, p < .01$), Independence ($r = .31, p < .01$), Relationships ($r = .26, p < .05$), Initiative

($r = .21, p < .05$), Creativity/Humor ($r = .23, p < .05$), Morality ($r = .44, p < .001$), and General Resiliency ($r = .48, p < .001$), thus supporting the assertion that there is a significantly positive relationship between the resiliencies of Insight, Independence, Relationships, Initiative, Creativity/ Humor, Morality, and General Resiliency and Anger Control in adolescents (see Table 6).

Hypothesis 4: There is a negative relationship between particular resiliencies and types of anger expression in adolescents. Specifically, (a) low ARAS subscale scores on Insight, Independence, Relationships, Initiative, Creativity and Humor, Morality, and General Resiliency will correspond to high AARS subscale scores of Instrumental Anger and Reactive Anger; and (b) high ARAS subscale scores on Insight, Independence, Relationships, Initiative, Creativity and Humor, Morality, and General Resiliency will correspond to low AARS subscale scores of Instrumental Anger and Reactive Anger.

Significant negative correlations were found between Instrumental Anger and Insight ($r = -.50, p < .001$), Independence ($r = -.32, p < .01$), Relationships ($r = -.26, p < .05$), Morality ($r = -.42, p < .001$) and General Resiliency ($r = -.48, p < .001$). Significant negative correlations were found between Reactive Anger and Insight ($r = -.32, p < .01$), Independence ($r = -.28, p < .01$), Morality ($r = -.40, p < .001$), and General Resiliency ($r = -.47, p < .001$). These findings indicate that there are particular resiliencies (i.e., Insight, Independence, Morality, and General Resiliency) that negatively correspond to both Instrumental Anger and Reactive Anger in adolescents while one resiliency (Relationships) negatively corresponds to just Instrumental Anger. No significant negative correlations were found between Relationships and Reactive Anger, Initiative

with Instrumental Anger and Reactive Anger, and Creativity/Humor with Instrumental Anger and Reactive Anger (Table 6).

Table 4.6: Correlations of ARAS and AARS Subscale Scores ($N = 70$).

	INSTRUMENTAL ANGER	REACTIVE ANGER	ANGER CONTROL
INSIGHT	-.50***	-.32**	.36**
INDEPENDENCE	-.32**	-.28**	.31**
RELATIONSHIPS	-.26*	-.19	.26*
INITIATIVE	-.19	-.16	.21*
CREAT/HUMOR	-.03	-.01	.23*
MORALITY	-.42***	-.40***	.44***
GENERAL RESIL.	-.48***	-.47***	.48***

Note: * $p < .05$, ** $p < .01$, *** $p < .001$ (one-tailed).

Hypothesis 5: There is a negative relationship between Total Resiliency and Total Anger in adolescents.

The data supported this hypothesis (refer back to Table 5). The Resiliency Total scale score had a high negative correlation with the Anger Total scale score ($r = -.30$, $p < .01$) indicating that high levels of resiliency correspond to low levels of anger in adolescents and, conversely, low levels of resiliency corresponds to high levels of anger in adolescents.

Hypothesis 6. Levels of forgiveness will negatively predict levels of anger expression in adolescents. In other words, a high Total EFI scale score will predict a low Total Anger scale score on the AARS.

This hypothesis was not supported by the data (see Table 5). There was no significant negative correlation between the Forgiveness Total scale score and the Anger Total scale score ($r = -.13$).

Significant Correlations That Were Unanticipated

Significant correlations surfaced that I had not hypothesized. For example the EFI Behavior subscale significantly and negatively correlated with the AARS subscales of Instrumental Anger ($r = -.23, p < .05$) and Reactive Anger ($r = -.21, p < .05$) while significantly and positively correlating with Anger Control ($r = .24, p < .05$). The EFI Cognition subscale had a significant negative correlation with Instrumental Anger ($r = -.26, p < .05$) and a significant positive correlation with Anger Control ($r = .28, p < .01$).

The Forgiveness Total scale score positively correlated with two Resiliency subscale scores: Independence ($r = .22, p < .05$) and Creativity/Humor ($r = .22, p < .05$). It highly correlated with Relationships ($r = .29, p < .01$), Morality ($r = .32, p < .01$), and General Resiliency ($r = .36, p < .01$). Further, although the Forgiveness Total scale score failed to correlate with the Total Anger scale score (counter to hypothesis #6), it did significantly correlate with the three Anger subscales: Instrumental Anger ($r = -.23, p < .05$), Reactive Anger ($r = -.22, p < .05$), and Anger Control ($r = .27, p < .05$).

Significant positive correlations emerged between the Resiliency Total scale score and the three Forgiveness subscales: Affective ($r = .30, p < .01$), Behavior ($r = .32, p < .01$), and Cognition ($r = .36, p < .01$). The Resiliency Total scale score also had significant negative correlations with the AARS subscales of Instrumental Anger ($r = -.46, p < .001$) and Reactive Anger ($r = -.38, p < .01$), and a significantly high positive correlation with Anger Control ($r = .49, p < .001$).

Finally, the Total Anger scale score significantly and negatively correlated with the Resiliency subscales of Independence ($r = -.23, p < .05$), Insight ($r = -.33, p < .01$), Morality ($r = -.30, p < .01$), and General Resiliency ($r = -.39, p < .01$). These unanticipated correlations will be discussed further in chapter five.

Hypotheses 7-10: Multiple Regression Analyses

Hypothesis 7: The ARAS subscale scores of Insight, Independence, Relationships, Initiative, Creativity and Humor, Morality, and General Resiliency will independently and positively predict scores on the AARS Anger Control subscale.

The multiple regression analysis between the dependent variable (Anger Control) and the independent variables (Insight, Independence, Relationships, Initiative, Creativity and Humor, Morality, and General Resiliency) revealed that Morality ($\beta = .22, p < .05$) and General Resiliency ($\beta = .38, p < .05$) significantly predicted Anger Control (Table 7).

Table 4.7: Multiple Regression Analysis: Predicting Anger Control From ARAS Subscales ($N = 70$).

	<u>Unstandardized Regression Coefficients (b)</u>		<u>Standardized Regression Coefficients</u>	<i>t</i>
	<i>b</i>	Std. Error	(β)	
(Constant)	.735	.549		1.34
INSIGHT	.128	.112	.141	1.15
INDEPEND	.135	.105	.150	1.29
RELATION'S	-.102	.120	-.120	-.86
INITIATIVE	-.209	.134	-.209	-1.56
CREAT/HUM	.108	.090	.144	1.20
MORALITY	.232	.134	.223	1.73*
GEN'L. RES.	.313	.136	.382	2.29*

Note: * $p < .05$ (one-tailed). $R^2 = .336$, $df = 69$, $F = 4.485$, $p < .001$.

These findings indicate that with each standard deviation increase in Morality, Anger Control increases approximately one fifth of a standard deviation, holding constant Insight, Independence, Relationships, Initiative, Creativity/Humor, and General Resiliency. Likewise, with each standard deviation increase in General Resiliency, Anger Control increases more than one third of a standard deviation, holding constant Insight, Independence, Relationships, Initiative, Creativity/Humor, and Morality. R^2 for the model is .336 indicating that approximately 34% of the variability in Anger Control is explained by Morality and General Resiliency.

Hypothesis 8: The ARAS subscale scores on Insight, Independence, Relationships, Initiative, Creativity and Humor, Morality, and General Resiliency will independently and negatively predict scores on the AARS Instrumental Anger and Reactive Anger subscales.

Only Insight ($\beta = -.34, p < .01$) and General Resiliency ($\beta = -.39, p < .05$) predicted Instrumental Anger. These findings point out that for every standard deviation increase in Insight, Instrumental Anger decreases .34 standard deviations, controlling for Independence, Relationships, Initiative, Creativity and Humor, Morality, and General Resiliency. Similarly, for every standard deviation increase in General Resiliency, Instrumental Anger decreases .39 standard deviations, controlling for Insight, Independence, Relationships, Initiative, Creativity and Humor, and Morality. The findings also revealed that approximately 40% of the variability in Instrumental Anger ($R^2 = .397$) can be explained by Insight and General Resiliency (Table 8).

As for Reactive Anger, only General Resiliency ($\beta = -.51, p < .01$) was a significant predictor. These results indicate that with each standard deviation increase in General

Resiliency, Reactive Anger decreases approximately one half of a standard deviation, holding constant the independent variables of Insight, Independence, Relationships, Initiative, Creativity and Humor, and Morality. R^2 for this model is .325 indicating that a little over 30% of the variability in Reactive Anger can be explained by General Resiliency (Table 9).

Table 4.8: Multiple Regression Analysis: Predicting Instrumental Anger From ARAS Subscales ($N = 70$).

	<u>Unstandardized Regression Coefficients (b)</u>		<u>Standardized Regression Coefficients</u>	<i>t</i>
	<i>b</i>	Std. Error	(β)	
(Constant)	2.875	.425		6.77
INSIGHT	-.249	.086	-.337	-2.88**
INDEPEND	-.059	.081	-.081	-.73
RELATION'S	.036	.093	.052	.39
INITIATIVE	.178	.104	.220	1.72
CREAT/HUM	.065	.070	.106	.93
MORALITY	-.159	.104	-.188	-1.53
GEN'L RES.	-.256	.106	-.385	-2.42*

Note: * $p < .05$, ** $p < .01$ (one-tailed). $R^2 = .397$, $df = 69$, $F = 5.843$, $p < .001$.

Hypothesis 9: The EFI subscale scores on Total Affect, Total Behavior, and Total Cognition will independently and positively predict scores on the AARS Anger Control subscale.

The analysis did not support this hypothesis. The data revealed that none of the three independent variables was statistically significant for Anger Control. Specifically, R^2 for the model was .082, $F = .197$, and $p = .128$ (Table 10).

Table 4.9: Multiple Regression Analysis: Predicting Reactive Anger From ARAS Subscales
($N = 70$).

	<u>Unstandardized Regression Coefficients (b)</u>		<u>Standardized Regression Coefficients (β)</u>	<i>t</i>
	<i>b</i>	Std. Error		
(Constant)	3.805	.698		5.45
INSIGHT	-.145	.142	-.126	-1.02
INDEPEND	-.092	.134	-.081	-.69
RELATION'S	.113	.152	.105	.74
INITIATIVE	.305	.170	.242	1.79
CREAT/HUM	.115	.114	.121	1.00
MORALITY	-.264	.170	-.201	-1.55
GEN'L. RES	-.527	.173	-.512	-3.04**

Note: * $p < .05$, ** $p < .01$ (one-tailed). $R^2 = .325$, $df = 69$, $F = 4.273$, $p < .001$.

Table 4.10: Multiple Regression Analysis: Predicting Anger Control from EFI Subscales
($N = 70$).

	<u>Unstandardized Regression Coefficients (b)</u>		<u>Standardized Regression Coefficients (β)</u>	<i>t</i>
	<i>b</i>	Std. Error		
(Constant)	2.409	.202		11.940
Affective	.037	.080	.096	.459
Behavior	-.037	.121	-.089	-.304
Cognition	.112	.095	.288	1.181

Note: ($R^2 = .082$, $df = 69$, $F = 1.967$, $p = .128$).

Hypothesis 10: The EFI subscale scores on Total Affect, Total Behavior, and Total Cognition will independently and negatively predict scores on the AARS Instrumental Anger and Reactive Anger subscales.

The data did not support this assertion. The findings indicated that none of the three independent EFI variables was statistically significant for Instrumental Anger (Table 11) or Reactive Anger. Similar to Hypothesis 9, neither the R-square nor the regression coefficients (F and p) was statistically significant (Table 12).

Table 4.11: Multiple Regression Analysis: Predicting Instrumental Anger From EFI Subscales ($N = 70$).

	<u>Unstandardized Regression</u>		<u>Standardized Regression</u>	t
	<u>Coefficients (b)</u>		<u>Coefficients</u>	
	b	Std. Error	(β)	
(Constant)	1.644	.165		9.981
Affective	.046	.066	.147	.699
Behavior	-.054	.099	-.159	-.544
Cognition	-.071	.076	-.225	-.919

Note: ($R^2 = .073$, $df = 69$, $F = 1.722$, $p = .171$)

Table 4.12: Multiple Regression Analysis: Predicting Reactive Anger From EFI Subscales ($N = 70$).

	<u>Unstandardized Regression</u>		<u>Standardized Regression</u>	t
	<u>Coefficients (b)</u>		<u>Coefficients</u>	
	b	Std. Error	(β)	
(Constant)	2.491	.259		9.615
Affective	-.027	.400	-.050	-.200
Behavior	.074	.150	.141	.475
Cognition	-.014	.122	-.029	-.119

Note: ($R^2 = .047$, $df = 69$, $F = 1.080$, $p = .364$).

Effects of Gender and Age

I conducted a *t*-test to explore the effects of gender on types of adolescent anger expression. The data revealed that gender (female, $N = 44$, $M = 1.27$, $SD = .47$; male, $N = 26$, $M = 1.35$, $SD = .30$) had no significant effect on Instrumental Anger, $t(68) = -.82$; Reactive Anger, $t(68) = .98$; Anger Control, $t(68) = .60$; or Total Anger, $t(68) = .93$.

To assess the effects of age on types of anger expression, I first employed a one-way analysis of variance (ANOVA) and then followed up with a post-hoc (Tukey's HSD) test to discover any significant mean-differences among age groups. (Before running these analyses, I recoded the one 19-year-old student as an 18-year-old.)

The ANOVA analysis revealed a significant main effect for age on Reactive Anger (see Table 13). However, Tukey's HSD test revealed no statistically significant mean-differences among age groups. The results of the analyses indicated that, although age had an overall statistically significant effect on the reactive-type of anger expression ($F = 2.65$, $p < .05$), no particular age group proved to have significantly more of an effect than any other. This seeming paradox can be explained by the fact that the Tukey HSD is a more conservative test of whether there are statistically significant differences between individual group means. The ANOVA analysis indicated a significant main effect; however, this main effect was not particularly strong ($p = .041$). Consequently, none of the individual age group comparisons reached a level of statistical significance. If the main effect had been stronger, there would not have been such a divergence in outcomes.

Table 4.13: One-Way Analysis of Variance (ANOVA): Summary Table for Age and AARS Subscales ($N = 70$).

		Sum of Squares	df	Mean Square	F	Sig.
Instrumental Anger:	Between Groups	1.395	4	.349	2.164	.083
	Within Groups	10.476	65	.161		
	Total	11.871	69			
Reactive Anger:	Between Groups	4.007	4	1.002	2.650	.041*
	Within Groups	24.575	65	.378		
	Total	28.582	69			
Anger Control:	Between Groups	1.913	4	.478	1.934	.115
	Within Groups	16.075	65	.247		
	Total	17.988	69			
Total Anger:	Between Groups	.491	4	.123	2.412	.058
	Within Groups	3.306	65	.051		
	Total	3.797	69			

Note: * $p < .05$, $R^2 = .098$, Adjusted $R^2 = .085$.

Chapter Summary

I recruited over 200 high school students for the purpose of exploring the relationship among adolescent resiliency, forgiveness, and anger expression. Seventy students from three high schools in Maine completed three surveys: the Adolescent Resiliency Attitudes Scale (ARAS), the adolescent version of the Enright Forgiveness Inventory (EFI), and the Adolescent Anger Rating Scale (AARS). I formulated 10 hypotheses. To test hypotheses 1-6, I employed simple correlation and for hypotheses 7-10, I used multiple regression analyses. The correlational analyses revealed significant relationships between particular resiliencies and forms of forgiveness. For example, Independence, Relationships, and Morality, and General Resiliency significantly related to the Affective form. Independence, Relationships, Morality, and General Resiliency had a significant relationship to the Behavioral form of forgiveness while Relationships, Initiative, Creativity/Humor, Morality, and General Resilience significantly related to the Cognition

form. The data also revealed a significant positive correlation between total levels of resilience and forgiveness.

Significant correlations were also found between particular adolescent resiliencies and types of anger expression. All seven ARAS subscales significantly correlated with Anger Control. Insight, Independence, Morality, and General Resiliency highly correlated with Instrumental Anger and Reactive Anger. Relationships significantly related to Instrumental Anger. The resiliencies of Independence, Insight, Morality, and General Resiliency significantly correlated with Total Anger.

Also, Total Anger significantly correlated with Total Resiliency. However, it did not significantly correlate with Total Forgiveness.

The data revealed other correlations that were not specifically hypothesized. For example, although the data did not support the hypothesis that levels of forgiveness would predict levels of anger expression, the data did reveal that levels of forgiveness significantly correlated with Instrumental Anger, Reactive Anger, and Anger Control.

Morality and General Resiliency were found to significantly predict Anger Control while Insight and General Resiliency significantly predicted Instrumental Anger. General Resiliency was found to significantly predict Reactive Anger. There was no evidence from the data indicating that the Affective, Behavior, or Cognition forms of forgiveness would predict Anger Control, Instrumental Anger, or Reactive Anger.

I also explored the effects of gender and age on types of adolescent anger expression. I employed a simple *t*-test analysis to investigate gender. The data revealed that gender had no significant affect on anger expression. To test the effects of age, I employed one-way analysis of variance (ANOVA). The results indicated age as having a significant

main effect on Reactive Anger. However, a post-hoc test (Tukey's HSD) revealed no statistically significant mean-differences among the age groups. A more in-depth discussion and implications of the results are given in chapter five.

Chapter 5

SUMMARY, INTERPRETATIONS, IMPLICATIONS, AND CONCLUDING REMARKS

Introduction

Resilience has been recognized as an effective personal attribute for mitigating adverse life situations (Bernard & Marshall, 1997; Cicchetti & Garnezy, 1993; Higgins, 1994; Masten & Coatsworth, 1998; Rutter, 1994; Werner & Smith, 1984, 1992, 1994). It is a powerful personal resource that can be utilized by adolescents for developing strategies to navigate through hurtful life situations. It produces strength in those who possess this quality. Research has shown that there are certain benefits of resiliency: the ability to develop critical problem-solving strategies, to form healthy personal relationships despite childhood abuse and, to move forward and out of impoverished living conditions (Higgins, 1994; Rutter, 1994; Werner & Smith, 1992).

Similarly, forgiveness has been acknowledged as a successful means for reducing anger in children, adolescents, and adults (Baumeister, Exline, & Sommer, 1998; Brandsma, 1982; Davenport, 1991; Enright & Fitzgibbons, 2002; Fitzgibbons, 1986). Researchers (e.g., Meninger, 1996; Smedes, 1996) have put forth the positive outcomes that occur when individuals forgive persons who have injured them in some manner. Forgiveness is perceived as true freedom; the injured individual becomes free to pursue a better life—to start anew, not imprisoned by the past. Forgiveness is also the releasing of all negative emotions that past incidents trigger in a person's life and which can lead to a cycle of repetitive abuses. Through this study I have attempted to advance the knowledge about the roles resiliency and forgiveness play in how adolescents express anger.

I employed two conceptual models to guide this study: Wolin and Wolin's (1993) Challenge Model and Enright and the Human Development Study Group's (1991) Forgiveness Process Model. Both resiliency and forgiveness foster positive mental well-being and functioning. Thus they were paired together as positive constructs in order to explore their impact on the types of anger adolescents express. I put forth three research questions. These questions and the related research findings will be discussed in this chapter.

Summary of Findings

Hypotheses 1-6: Correlational Analyses

The correlational analyses I employed identified six resiliencies (i.e., Independence, Relationships, Initiative, Creativity/Humor, Morality, and General Resiliency) that significantly related to at least one form of forgiveness. Of the six, the resiliencies of Relationships, Morality, and General Resiliency significantly and positively correlated with all three forms of forgiveness. More specifically, Relationships and Morality highly correlated with the Behavioral and Cognition forms of forgiveness, while General Resiliency highly correlated with all three forms: Affective, Behavioral, and Cognition (Hypothesis #1). The analyses also revealed that Total Resiliency had a high positive correlation with Total Forgiveness (Hypothesis #2).

The correlational analyses further revealed that all seven resiliencies highly and positively correlated with Anger Control (Hypothesis #3). The resiliencies of Insight, Independence, Morality, and General Resiliency had high significant negative correlations with the instrumental and reactive-type of anger expression (Hypothesis #4). Also, Total Resiliency had a highly significant and negative correlation with Total Anger

expression (Hypothesis #5). I found no significant relationship between Total Forgiveness and Total Anger expression (Hypothesis #6).

Hypotheses 7-10: Multiple Regression Analyses

Multiple regression analyses indicated that Morality and General Resiliency significantly and positively predicted Anger Control, controlling for all other independent variables in the equation (Hypothesis #7). The resiliencies of Insight and General Resiliency significantly and negatively predicted Instrumental Anger while General Resiliency was the only resiliency that significantly and negatively predicted Reactive Anger (Hypothesis #8). In each case, all other independent variables were held constant.

The analyses also revealed that none of the three forms of forgiveness significantly predicted adolescent Anger Control (Hypotheses #9). Furthermore, none of the three forms of forgiveness significantly predicted adolescent Instrumental or Reactive Anger (Hypothesis #10).

Gender and Age

Gender had no significant effect on adolescent anger expression. Further, age was significantly related to Reactive Anger. However, post-hoc analysis failed to reveal any significant heterogeneous comparisons.

Additional Findings

In the course of this investigation, I came across several findings that I had not anticipated. I had postulated Total Resiliency would have a positive relationship with Total Forgiveness, and it did. However, the correlational analyses also revealed that Total Resiliency strongly related to the affective, behavioral, and cognitive forms of

forgiveness. Furthermore, Total Resiliency had a strong association with all three AARS subscales.

I had also hypothesized that the affective, cognitive, and behavioral forms of forgiveness would independently and positively predict Anger Control and also independently and negatively predict Instrumental Anger and Reactive Anger. The data did not support either of these hypotheses. However, the findings did reveal that Behavior had a significantly positive relationship with Anger Control as well as significantly negative relationships with Instrumental Anger and Reactive Anger. Likewise, Cognition significantly and negatively related to Instrumental Anger while significantly and positively relating to Anger Control.

Another unanticipated finding dealt with particular resiliencies and Total Forgiveness. I had explored the relationship between particular resiliencies and forms of forgiveness but not the relationship between particular resiliencies and Total Forgiveness. The analyses indicated that there were certain resiliencies that had significant and positive correlations with Total Forgiveness; namely, Independence, Creativity/Humor, Relationships, Morality, and General Resiliency.

Similarly, I investigated the relationship between particular resiliencies and types of anger expression, but not between particular resiliencies and Total Anger. The data revealed that the resiliencies of Insight, Independence, Morality, and General Resiliency significantly and negatively related to Total Anger.

The most unexpected finding, however, involved Total Forgiveness and the three types of adolescent anger expression. The data revealed no significant correlation

between Total Forgiveness and Total Anger; yet, Total Forgiveness significantly correlated with Instrumental Anger, Reactive Anger, and Anger Control.

Interpretation of Findings

This section will present an interpretation of findings based on the three research questions posed. The first research question sought to determine if there was a relationship between (a) particular adolescent resiliencies and forms of forgiveness and (b) levels of total resiliency and total forgiveness. The second research question was aimed at investigating the relationship between particular adolescent resiliencies and the types of anger adolescents expressed. The third, and final, research question explored if there were particular resiliencies and forms of forgiveness that predicted levels of adolescent anger expression.

Resilience and Forgiveness

The first research question explored the relationship between certain adolescent resiliencies and forms of forgiveness. In chapter one, I had operationalized *resilience* as “the processes of successfully adapting to stressful life situations with certain protective factors moderating the effects of adversity; the active process of self-righting and growth”. *Forgiveness* was defined as “a moral response to an injustice (a moral wrong) in the face of this wrongdoing; a merciful restraint from pursuing resentment or revenge when the wrongdoer’s actions deserve such, and rather, the freely chosen giving of gifts of generosity and love when the wrongdoer does not deserve it”.

The fact that Relationships positively related to forgiveness was not surprising. The ability to form and maintain healthy relationships was a recurring theme in forgiveness studies (see e.g., Asendorpf & Wilpers, 1998; Boon & Sulsky, 1997; McCullough et al.,

1998; McCullough & Witvliet, 2002). McCullough and Witvliet (2002) noted that “people are more willing to forgive in relationships in which they feel satisfied, close, and committed” (p. 450). Similarly, McCullough and his fellow researchers (1998) discovered that not only did relationship closeness aid in forgiving a transgressor but also that forgiveness facilitated the reestablishment of the relationship after the transgression.

The fact that Relationships has a strong association with all forms of forgiveness as well as Total Forgiveness in adolescents would imply that teenagers who are capable of forgiving feelings and thoughts and act in a forgiving manner towards an offender also possess the prosocial ability to develop healthy relationships with peers and adults. Previous research studies (e.g., McCullough, Worthington, & Rachal, 1997; Park & Enright, 1997; Subkoviak et al., 1995) confirm that adolescents who understood the concept of forgiveness were able to initiate restoration of a relationship previously damaged by a serious and unfair conflict with a close friend. Similarly, Girard and Mullet’s (1997) work with adolescents and adults revealed that adolescents with the propensity to forgive did so out of the desire for restoration of harmony in their relationships.

Morality’s strong association with the forms of forgiveness suggests that adolescents who are aware of what is right and wrong also understand that forgiveness is a morally appropriate choice. Having a high level of moral reasoning fosters the development of empathy (Coles, 1989; Hoffman, 1977; Jacobs & Wolin, 1991; Kagan, 1984; Selman, 1980), and empathy towards the wrongdoer is a key component of the Work Phase in the Process Model of Forgiveness as well as Worthington’s (2003) model of reducing unforgiveness on an intrapersonal level.

Schulman (2002) reported that individuals tend to help and protect those with whom they empathize and are less likely to do them harm. Turiel (1983) demonstrated that people as young as three years of age have an intrinsic recognition of the significance of moral rules; that is, they are more accepting of rules about behavior that impacts the feelings of others. Coles's (1986, 1989, 1997) prolific research on children and adolescents found that teenagers show a tenacious moral seriousness; they are more concerned with *why* to behave rather than *how* to behave. Thus, it would seem that adolescents who possess high moral reasoning skills are more apt to perceive a hurtful situation in a moral context, are able to view the event through a lens of empathy and forgiveness, and thus can make a decision based on what they believe is right. These findings concur with Enright and Fitzgibbons's (2002) assertion that "Forgiveness is centered in morality. To be moral does not imply that one must use certain language forms or behaviors to qualify as a moral person, but it does imply that the focus is on relationships and other people, with good intentions toward them" (p. 23).

Similar to Morality, General Resiliency had a strong relationship to the three forms of forgiveness as well as Total Forgiveness. This result implies that adolescents who possess the capacity to forgive are able to understand that something good can come out of even the most hurtful situations; that there is purpose and meaning in situations that cause great pain. This particular resiliency is evident in the Deepening Phase of the Process Model of Forgiveness: (a) finding the meaning for oneself and others in the suffering and (b) realizing that one may have a new purpose in life because of the injury.

The fact that Independence positively related to the affective and behavioral forms of forgiveness and to Total Forgiveness suggests that adolescents, who are able to

emotionally distance themselves from unhealthy and/or hurtful individuals, are also able to feel kindly and behave graciously and/or mercifully towards the hurtful person. They perhaps possess genuine empathy and compassion for the injurer and thus act accordingly or they may have developed an internal locus of control that has enabled them to realize that they are not responsible for the hurtful actions of others. It is also possible that they do not feel guilt about hurtful events over which they had no control.

This finding also suggests that adolescents who are able to emotionally disengage from bad relationships may be in a better position to objectively look at the situation and ultimately perhaps begin to feel sorry for those that caused them pain. Feelings of anger, sadness, or depression would not impede their objectivity. Rather, feelings of sorrow would allow the teenager to get a proper perspective of the injurers and thus allow forgiveness to more easily take place.

The fact that both Initiative and Creativity/Humor significantly corresponded to the cognitive form of forgiveness, while Creativity/Humor significantly related to Total Forgiveness suggests that adolescents who have been hurt by another individual possess the cognitive capability to see the injurer as perhaps someone who has been hurt himself, to find something humorous in the situation, or to release any negative thoughts about the injurer through the media of art, music, dance, or writing (e.g., narratives, poetry, journaling).

Insight was the only resiliency that had no significant relationship to any of the forms of forgiveness or to Total Forgiveness. One possibility for this result is that both resiliency and forgiveness are developmental processes and adolescents may not be emotionally or cognitively capable of clearly understanding the source of the hurtful

situation or the motivation of the person who has hurt them. This finding supports Enright, Santos, and Al-Mabuk's (1989) study of the adolescent forgiver. The researchers concluded that "an adolescent theme of forgiveness emerging in these studies is that the injured party often cannot see the best course of action. Outside help, especially from friends, aids the hurt person in clarifying the problem and then forgiving. One is left with the clinical impression that forgiveness is forthcoming primarily because of that external agent and not because forgiveness is some inner principle" (p. 107).

Total Resiliency strongly related to Total Forgiveness as well as to the affective, behavioral, and cognitive forms of forgiveness suggesting that resilient adolescents tend to be more forgiving. That is, adolescents who are able to successfully adapt to stressful life situations also possess the capacity to feel, think, and act in a forgiving manner toward the individual(s) who has caused them harm. The capacity to forgive offenders could be thought of as a personal strength, or a protective factor, that buffers the adolescent from future stress in their lives.

The resiliencies of Independence, Creativity/Humor, Relationships, Morality, and General Resiliency each positively related to Total Forgiveness. These findings were not anticipated; yet they were significant, intimating that adolescents who are able to distance themselves from an offender and form healthy relationships with other individuals and can find creative ways to release their hurt (i.e. art, music, humor as opposed to retaliation or revenge) are more forgiving. Perhaps they know forgiveness is the right course of action or they realize that something good can come of the experience no matter how painful it may have been for them.

Resilience and Anger Expression

The second research question investigated the relationship between particular adolescent resiliencies and types of anger expression. For the purposes of this study, I had defined *anger expression* as, “an intense, negative emotion based on both cognitive interpretations and previous experiences; an internal state that includes both feelings and thoughts and an external state when expressed verbally and behaviorally; an emotional response to an injustice”.

The fact that Insight, Independence, Morality, and General Resiliency significantly related to Instrumental Anger, Reactive Anger, and Anger Control suggests that adolescents who have the cognitive capacity to identify and interpret the source of a problem, who are able to emotionally distance themselves from the problem, who have a well developed level of moral reasoning, and who believe that something positive can result from the problem also are the adolescents who choose not to retaliate or seek revenge; nor do they act impulsively to negative events. They are more capable of handling negative emotions when confronted with anger-provoking people or unjust events.

These findings are consistent with previous research (e.g., Chandler & Moran, 1990; Garbarino, 1999; Gibbs, 1991; Mundy, 1997; Swaffer & Hollin, 1997; Trevethan & Walker, 1989) pertaining to the cognitive development of aggressive and non-aggressive youth. The researchers found that non-aggressive adolescents displayed a higher level of moral reasoning, autonomy, interpersonal awareness, socialization, and empathy than did the aggressive, antisocial youth. Berkowitz (1977) noted that external cues alone are not enough to trigger angry or aggressive behavior in youth. Rather, he contends, the

individual who is able to make a cognitive appraisal of and give meaning to a hostile situation is the one who is better equipped to properly determine intent and thus able to control his or her reactions.

Additionally, Aspy and colleague's (2004) study examined the relationship between youth assets and certain risk behaviors in middle and high school students. The researchers' findings suggested that youth who can avoid activities that they believe are wrong, who can understand the positive and negative consequences of their behavior, who can make informed decisions regarding future goals, and who have good organizational skills are significantly less likely to resort to an instrumental-type of anger expression such as physical fighting.

The significant positive association between Relationships, Initiative, and Creativity/Humor and Anger Control implies that adolescents who are able to master their environments by determining to select and maintain healthy relationships with peers and adults, who possess the ability to creatively problem-solve, and who can find ways to use humor to reduce tension in bad situations are those that have the cognitive and behavioral capabilities to take proactive measures to manage their negative feelings of anger. The fact that Relationships had a negative association with Instrumental Anger supports the findings that suggest that adolescents who can develop and maintain healthy, fulfilling relationships with others choose not to seek revenge or retaliation towards the person(s) who has provoked them to anger.

The findings that Insight, Independence, Morality, and General Resiliency each negatively related to Total Anger were not anticipated because; however the results were significant. These results imply that adolescents who persistently work through

difficulties until they can identify the source of a problem, then distance themselves from the problem because they know it is the right course of action, are significantly more likely to have low levels of negative anger expression.

These results confirm studies involving the relationship between prosocial behavior and aggression in adolescents (see e.g., Boxer, Tisak, & Goldstein, 2004; Hart & Fegley, 1995) which concluded that adolescents who describe themselves in terms of moral personality traits and goals, who can verbalize theories of personal beliefs as important, and who believe that aggressive behavior is unacceptable are less likely to act in revengeful or retaliatory types of behavior.

The significant relationship between Total Resiliency and the instrumental and reactive-forms of anger as well as Anger Control was not anticipated. However, the finding that Total Resiliency had a strong negative association with Total Anger was expected suggesting that resilient adolescents know how to manage their anger, thus displaying less negative expressions of anger. The reason for this result would seem to be that resilient teenagers have learned how to utilize certain coping strategies that allow them to adapt to stressful and anger-provoking events. They know what will help them successfully navigate through unhealthy, and potentially harmful, situations and they will choose to follow a course of action that will hopefully ensure a positive outcome for themselves and others.

Resilience and Forgiveness as Predictors of Anger Expression

The third research question sought to determine whether specific adolescent resiliencies and forms of forgiveness predicted types of anger expression. Several resiliencies did indeed impact how adolescents expressed anger.

Both Insight and General Resiliency significantly and negatively predicted Instrumental Anger, suggesting that adolescents who are able to understand the cause of problems and believe that something good can emerge from problem situations will most likely be the persons who will tend not to seek revenge or retaliation toward an offender. Perhaps these adolescents feel a level of empathy toward the offending individual or possess a level of self-esteem such that they do not take the anger-provoking problem personally.

Morality and General Resiliency positively influenced Anger Control. This fact could indicate that adolescents who have an understanding of right and wrong and are willing to stand up for those beliefs knowing that the negative situation could turn out to be a positive growth experience for them will be the individuals who have developed a proactive style of managing anger. They may be the adolescents who have a high level of cognitive-behavioral reasoning and problem-solving skills, which enable them to see beneath the surface of a problem and thus realistically clarify unobserved motivating factors at play. Additionally, these adolescents might possibly possess an internal locus of control such that they would not be easily influenced by perceived external negative circumstances.

The fact that General Resiliency was the only resiliency that significantly and negatively predicted Reactive Anger implies that adolescents who persist in working through difficulties until they arrive at an acceptable solution may possess a level of self-efficacy that enables them to be less likely to react impulsively to perceived anger-inciting situations. That is, adolescents who possess high levels of problem-solving strategies and self-control that allow them to process a negative event will more than

likely not immediately react to it because they comprehend consequences of actions and are goal oriented. In other words, if provoked, they would not fight back knowing the consequential cost far outweighs the benefit.

Previous research has concluded that chronically angry youth have not developed proper problem-solving skills. For example, Erdley (1996) stated, “social-cognitive processes are strongly associated with the likelihood of reporting aggressive behavior in response to a specific kind of situation, especially a situation (ambiguous provocation) that is likely to elicit aggression in some individuals” (p. 114).

Additionally, Davis (2004) found that angry youth do not bother to learn how to process an anger-provoking event because they have learned that the use of anger works often enough to produce desired results. From his research findings, Davis has endorsed the instruction of effective problem-solving strategies (such as, an awareness of one’s feelings, the identification of the specific problem, and an evaluation of possible consequences) as a way to help teenagers reduce their anger.

Although, Independence, Relationships, Initiative, and Creativity/Humor each had a significant relationship to Anger Control, none was a significant predictor of adolescent anger expression. Similarly, even though Independence had a strong association with Instrumental Anger, Reactive Anger, and Total Anger, it too was not a significant predictor of adolescent anger expression. These results would suggest that significant associations do not automatically imply cause and effect. That is, one must not assume that because a relationship exists between particular variables that one variable produces the other. In the case of the current findings, it is possible that one, or several of the resiliencies, was approaching a level of significance as a predictor of anger expression.

Other Unexpected Findings

Several unanticipated findings involved the relationship between forgiveness and anger expression. For example, although none of the three forms of forgiveness was a significant predictor of adolescent anger expression, the behavioral and cognitive forms of forgiveness each had significant associations with the instrumental-type of anger expression as well as with Anger Control. These findings suggest that teenagers who are able to consider an offender with kindness or empathy will most likely not seek revenge or retaliation towards that person. The fact that the behavioral form of forgiveness also had a strong relationship to the reactive-type of anger expression is not surprising. The teenager who chooses to act kindly toward an offender would not be the one to physically react toward him or her.

The discovery of Total Forgiveness significantly relating to the three types of anger expression, yet not to Total Anger was perplexing. One explanation for this result could be that Total Forgiveness barely reached a level of significance with the three anger types while approaching a level of significance with Total Anger. The fact that Total Forgiveness did relate to the types of anger expression implies that adolescents who possess the capacity to forgive an injurer are less likely to act out their anger in a negative manner. More than likely, they are able to work through any angry feelings and thoughts in a positive, constructive manner.

Enright and Fitzgibbons's (2002) clinical work with children and adolescents aligns with these findings. The researchers found that the therapeutic use of forgiveness was effective in diminishing the disproportionate amount of anger in their young clients. Once they became aware of their anger and were able to identify the source of previous hurts

and disappointments, adolescents were able to take the necessary steps to alleviate the negative emotions and behaviors. The researchers did point out, however, that some of the clients chose not to give up their anger; they saw the benefits to be gained by holding on to their negative emotions.

Gender and Age

The fact that gender had no noteworthy effect on adolescent anger expression implies that there is no difference in the ways teenage boys and girls express anger. These findings differ with previous research studies (e.g., Crick & Grotpeter, 1995; Lagerspetz & Bjorkqvist, 1994; Park & Slaby, 1983) which argued that boys are more likely to resort to physical and verbal harm toward others; whereas, girls are more apt to engage in verbal types of anger expression, such as damaging another's friendships and excluding others from peer groups.

However, the current study confirms several recent investigations on the role gender plays in adolescent anger expression (see Burney, 2001; El-Sheikh, Buckhalt, & Reiter; 2000; Nunn & Thomas, 1999; Scharf, 2000). For example, Scharf (2000) found few gender differences in anger expression in her study of 129 high school students. She reported that male and female adolescents responded similarly on measures of verbal aggression, anger, and hostility; whereas, males scored higher on physical aggression. Scharf concluded that, in general, aggressive subjects used aggressive strategies to resolve conflicts.

Similar to gender, age had no significant main effect on anger expression suggesting that aggressive types of anger expression do not decrease with age; nor does anger control improve with age. These findings differ from Burney's (2001) research in which

she claimed that throughout their development, adolescent instrumental- and reactive-types of anger expression appeared to decrease and anger control appeared to increase. However, Burney was comparing 7th and 9th graders with 12th graders. The population of the current study was confined to 9 through 12th grades, with almost three quarters (74%) of the subjects comprising ages 16 to 18. Thus, it is not surprising that no significant main effect for age was found.

In summary, the findings from this study indicate that higher levels of resiliency and forgiveness are related to lower levels of negative anger expression and higher levels of anger control in adolescents. Also, certain resiliencies can predict how adolescents express anger. Therefore, adolescents who are resilient and have the capacity to forgive others tend to express anger in less negative ways. Several subscales of the ARAS seem to be particularly significant—Insight, Morality and General Resiliency. These findings imply that adolescents who are able to figure out the root cause of a problem, who understand what is right and wrong, and who persevere through difficult circumstances believing that something good will emerge, tend to be more resilient, more forgiving, and thus better equipped to manage their anger.

Limitations of Study

There were several limitations to this study. With regard to external validity, the convenience sample consisted of 70 students from three high schools in Maine. Thus, sample size and limited ethnic diversity need to be taken into consideration when attempting to generalize the findings to other populations of adolescents, both geographically and ethnically. However, although the Maine areas are unlike such places

as Chicago's Southside or the Bronx, they are no doubt still representative of a large portion of adolescents within the United States.

There were some methodological considerations as well. First, all the data involved self-report surveys. Consequently, the data are valid only to the extent that the self-reports are valid responses of the adolescents' feelings, thoughts, and behaviors. Also, this was a cross-sectional study; thus any causal inferences are severely limited.

The research was a single-test design given on a particular day; therefore there was no knowledge of the level of the independent variables—resiliency and forgiveness—or the dependent variable of anger expression before or after the study. Given the fact that the subjects were adolescents, who often experience emotional and cognitive fluctuations, it is very possible that the same surveys given to the same subjects, either 24 hours before or 24 hours after, would have elicited very different results. Yet, this is true for any cross-sectional study.

The subjects responded to three surveys at one sitting. Two of the surveys (the EFI and the AARS) could have evoked some negative feelings, thus influencing the subjects' responses. The EFI instrument asked the participant to think of the most recent experience of someone who had “unfairly” and “deeply” hurt him or her and then answer each question with that person in mind. It's quite possible that the student had that same person in mind when responding to the AARS survey, thus biasing their responses.

Next there were methodological considerations involving the data collection instruments. On the EFI, several students in the first high school I surveyed did not understand the directions and, consequently, did not answer the questions properly. I happened to notice that these students finished the surveys much earlier than the others,

and upon inspection, I noticed the errors. I then explained the directions to these respondents and they redid the survey. However, it appeared they were rushing to finish so as not to hold up the other students (no one was allowed to leave the room until everyone was finished). I learned from this experience and, consequently, I made sure that I clearly explained the directions to the participants at the second and third sites.

Another methodological consideration was the wording in two of the surveys: the AARS and the ARAS. Several students asked for clarification to the AARS statement, “When I am angry, I will hurt the person who upset me”. The participants were unsure how to interpret “hurt”. The same word on the ARAS caused confusion as well. The statement, “If I love someone, I can put up with them *hurting* me” was not clear to several participants and thus they were not sure how to respond. When asked for clarification, I told the students to interpret the word any way they saw fit.

The internal validity of the ARAS also was considered regarding the Creativity and Humor subscale. This section contained 10 statements, three of which targeted Humor. However, as I previously discussed in chapter four, due to low alpha coefficients within this subscale I had to remove two items (# 45 and #46) in order to increase homogeneity (refer to Appendix G). These two particular items were both within the Humor section of the subscale. As a result, only one statement out of eight queried the subjects on their utilization of humor as a resiliency trait. The others dealt with “creative thinking and imagination” and “creating to express feelings”; consequently, the Creativity/Humor subscale score was more an indication of creativity, not humor. Thus, one cannot assume that the Creativity/Humor resiliency had a valid relationship to either the forms of forgiveness or the types of anger expression. Also, it quite possibly could have had an

effect on adolescent anger expression. It is worthy to note, however, that despite the low reliability for many of the ARAS subscales, both the EFI and the AARS had consistently high reliabilities (refer to Appendix G.)

Implications of the Study

The study's limitations and methodological considerations, notwithstanding, the implications of the findings are suggested to be substantial. In this section I will look at implications for theory, research, and practice.

Theoretical Implications

Virtually all the major theoretical frameworks could utilize some aspect of this study's findings, given the fact that the constructs of adolescent resilience, forgiveness, and anger expression are psycho-social in nature. Three particular theories that could be effective guides for those who work with adolescents are cognitive-behavioral, attachment, and hope.

Cognitive-Behavioral Theory. Within the counseling profession, the prevailing theoretical framework is the cognitive-behavioral (CBT) approach. This paradigm postulates an integrative approach that combines thought-restructuring methods (e.g., self-talk, reframing exercises, imagery) with behavioral change techniques (e.g., relaxation training, deep-breathing exercises, self-management tasks) to produce behavioral, thought, and feeling changes in clients. CBT assumes that individuals are born with the potential for rational thinking, evaluating, analyzing, questioning, doing, practicing, and reevaluating in order to effect positive behavioral change in their lives. Thus, the person who is able to reorganize self-statements is the one who is able to reorganize a corresponding behavior (Corey, 1996; Thompson & Rudolph, 1996). Resiliency and

forgiveness are cognitive-behavioral constructs; both involve certain levels of cognitive awareness, understanding, and insight, which, in turn, affect one's behavioral choices. Thus, it stands to reason, that the significant correlations found between resiliency and forgiveness support current counseling theories that feature a cognitive-behavioral approach.

However, the affective domain must be considered as well, especially when considering the construct of anger. Anger is a strong feeling, which can lead to an escalation of revenge seeking or retaliatory behaviors that will not diminish until the existence of the anger is recognized and dealt with. Indeed, both the Challenge Model and The Process Model of Forgiveness articulate the importance of Insight as a necessary component to reducing anger. This study's findings showed Insight as having a strong relationship with all types of anger expression and Total Anger as well as being a significant predictor of lower Instrumental Anger expression, thus implying that a Cognitive-Affective-Behavioral theoretical approach (e.g., Gestalt Theory) would be very appropriate for those working with angry adolescents.

Two phenomenologically cognitive-behavioral counseling theories these findings confirm are Person-Centered and Existentialism. Both paradigms espouse self-exploration, insight, and awareness leading to empowerment. Thus, a client is encouraged to be open to self and others, to be more accepting of self, others, and surroundings, and to shift from an external to an internal frame of reference (Gladding, 1996; Okun, 2002). *Attachment Theory*. The fact that Relationships significantly related to the three forms of forgiveness and Total Forgiveness as well as notably predicting lower Instrumental Anger and higher Anger Control aligns with the theory of attachment. The focal point of

this theory is on the relationship between an attached person and one or more nurturing attachment figures (i.e., caregivers). According to Bowlby (1958), attachment has a biological, evolutionary basis. It suggests that parents and infants may be biologically programmed to form an attachment; the attachment figure and the attached person each display certain behaviors that aid in the bond-forming process (Ashford, Lecroy, & Lortie, 1997).

Ainsworth and her colleagues (1978) added to the research on attachment. The researchers reported that an infant uses the primary caregiver as a secure base from which to leave to explore the environment and to return to for comfort and security. Additionally, Bretherton (1985) stated that, “although attachment behavior is most noticeable in early childhood, it can be observed throughout the life cycle, especially in stressful situations” (p. 5). In the same vein, Cicchetti and Wagner’s (1990) research findings suggested that a child’s attachment with a primary caregiver is an excellent predictor of later functioning.

Indeed, research has found that adolescents with secure attachments to their parents do better than their peers in terms of behavioral competence and psychological well-being and perform better in school (Hill & Holmbeck, 1986; Jacobson, Edelstein, & Hoffman, 1994; Steinberg & Silverberg, 1986). Furthermore, Smetana, Yau, Restrepo, and Braeges (1991) found that good peer relations are a critical source for personal and social competence development in adolescents, while Pistole and Arricale (2003) reported that securely attached older adolescents displayed less fighting, more effective arguing, and had positive views of self and others.

In fact, the impact of peer rejection and isolation can be pivotal to an adolescent's healthy development. Zeanah, Mammen, and Lieberman (1993) assessed attachment problems in children and young adolescents and determined that certain types of behaviors suggested the presence of an attachment disorder. For example, an unhealthy *reunion* response occurs when the young person fails to reestablish any kind of interaction with an attachment figure from whom they were separated, they either ignore, avoid, or display intense anger or lack of affection toward the other individual.

Likewise, Clinton and Sibcy (2002) claimed that an attachment injury can occur when, in times of stress, one expects a loved one to be emotionally and physically present and, for whatever reason, is not. They stated

An early attachment injury results when someone we love, someone who we think should love us, like a parent, fails to provide our fundamental safety and security needs. In the attachment bond, anything that stands in the way of our ability to access our support figure and threatens our sense of security—whether that threat is real or perceived—has the potential to cause an attachment injury. And such injuries can ignite life's core pains: anger, anxiety, fear, grief, and suffering of various kinds.
(p. 36)

Clinton and Sibcy (2002) further contend that when injuries are prolonged, an “anger of hope” (i.e., an anger of protest designed to reprimand the abandoning caregiver) turns to an “anger of malice”; that is, rage at the attachment figure who has inflicted the injustice upon the attached person. Thus, they conclude that a person's most intense feelings are tied to his or her attachment bonds. Wolin and Wolin (1993) asserted that “resilient survivors attend to the quality of their attachments” (p. 125) by choosing their

relationships wisely. The researchers contended that these survivors had experienced, first hand, how painful childhood relationships can be and, taking those experiences seriously, had determined to live by different rules, to be different from their troubled families.

Hope Theory. Of all the resiliencies, General Resiliency (persistence in working through difficulties, confidence that one can make the most out of bad situations, and the belief that one can make things right) was the one that stood out as having the strongest relationship to forgiveness and anger expression, as well as being a significant predictor of Instrumental Anger, Reactive Anger, and Anger Control. This finding lends itself to the theory of hope.

Hope theory is cognitive in nature and based on the assumption that human behavior is goal oriented. It has been defined as the “fundamental knowledge and feeling that there is a way out of difficulty” (Lynch, 1965, p. 3); the belief that a person can find ways to achieve desired goals and is motivated to use those techniques (Snyder, Rand, & Sigmon, 2002); and a sense that one knows how to get to what he or she wants (Snyder, 2000). Hanna (2002) listed hope as one precursor of change in adolescents. He defined it as “the realistic expectation that change will occur. Hope sees possibility of change, and motivates a person, knowing that change can be accomplished”. (p.3)

There are two basic components to hope theory: the cognitive ability to envision the means to attain a desired goal and the emotional energy (motivation) to work towards it. It emphasizes the individual’s belief in him- or herself and researchers (see Snyder, et al., 1997) have found that hope is positively related to positive affect and negatively to negative affect.

High-hope people embrace positive self-talk phrases, such as, “I can do this” or “I can get from there to here”. They also view obstacles as challenges, have clear goals, are flexible, are able to come up with alternate goals if the original goal(s) is no longer feasible, are able to produce more strategies when confronted with a stressor, are less likely to use avoidance (a negative forgiveness behavior) as a coping mechanism, are less lonely, have more social competence, and enjoy the interactions of others (Snyder, 2000; Snyder, et al., 1997; Snyder, Rand, & Sigmon, 2002; Sympson, 1999).

Implications for Future Research

The findings from this study suggest various topics for future research. The constructs of resiliency and forgiveness offer researchers opportunities for gaining a deeper understanding of how adolescents express anger. This knowledge can, in turn, inform researchers in the development of effective counseling strategies and therapeutic modalities for working with angry teenagers.

This study was a general exploratory investigation of three constructs: resiliency, forgiveness, and anger expression within the context of adolescence. Consequently, future research needs to be more specific. That is, investigators should undertake a deeper examination of the relationship between adolescent resiliency and forgiveness. The findings from this study found that resilient teenagers are more forgiving. Both resiliency and forgiveness are positive forces in a person’s life; consequently, researchers should consider the capacity for forgiveness as a resiliency—a protective factor against adversity. By doing so, then forgiveness ought to be included as an option within counseling modalities that employ strength-based approaches.

Further investigation into the relationship between adolescent resiliency and anger expression is warranted. Resiliency is a positive force in an individual's life. It implies potential for growth, hope, adaptation to adversity, and problem solving. Anger, when expressed in a harmful manner, suggests pain, hurt, and a lack of anger management skills. The findings from this study indicate that the resilient teenager expresses less negative-type anger expression and more anger control. Anger that is not identified and dealt with can lead to aggressive, and potentially violent, behavior. Problems such as verbal and/or physical bullying are becoming serious issues in our schools, resulting in the mounting development and implementation of anti-bullying programs. Four subscales of the ARAS (i.e., General Resiliency, Morality, Independence, and Insight) showed highly significant relationships to lower anger expression. Further investigation into these particular resiliencies may provide an awareness of healthier ways for teenagers to express their anger. This possibility needs further study.

Future investigations of the constructs of resiliency, forgiveness, and anger expression need to focus on younger children. This study's subjects were between the ages of 14 and 19. However, many teenagers, by this time, have already formulated negative feelings and thoughts about self and others and have also established harmful patterns of behavior. Researchers have recognized that resiliency and forgiveness can be learned. Wolin and Wolin (1993) described childhood resiliencies while Enright and his colleagues (1991) outlined the developmental stages of forgiveness, which was based on Piaget's cognitive and Kohlberg's moral developmental stages. Additionally, Alschuler and Alschuler (1984) reported that, from childhood through adolescence, anger results from frustration at not attaining goals or from injured self-esteem. Thus, an in-depth

examination of the etiology and evolution of early childhood resiliency and forgiveness would be a great benefit to school counselors, therapists, or anyone working with young children.

This study was a quantitative, cross-sectional investigation. A longitudinal study with the variables of resiliency, forgiveness, and anger expression could provide greater insight into an adolescent's emotional, cognitive, and behavioral coping processes following a perceived offense. Examining these factors over a period of weeks or months could increase knowledge regarding the methods adolescents use to deal with anger-provoking or hurtful events. It would be interesting to see if different resiliencies, combined with or without different forms of forgiveness, were employed in different situations and with different individuals. It would also be informative to learn if resiliency and forgiveness levels fluctuated before, during, and after anger-provoking events.

Additionally, a qualitative investigation involving participant interviews would reveal richer information regarding the degrees to which adolescents employ certain resiliencies to deal with their anger as well as the methods they employ to express their negative feelings. For example, Initiative and Creativity/Humor were not as significantly related to either forgiveness or anger expression as were the other resiliencies. However, in the interview process, it may be discovered that these resiliencies were indeed utilized in some significant way to aid in their emotional healing. Recognizing this fact could lead to incorporating the creative arts in anger management programs or employing creative strategies, such as bibliotherapy, in therapeutic modalities.

This study did not ask the participants to identify who had hurt them deeply and unfairly. It was never the intent of this investigation to imply that one size fits all; in other words, that particular resiliencies or forms of forgiveness would across-the-board decrease negative anger expression or increase anger control in every anger-provoking situation or with every type of offender adolescents encounter in life. Distinguishing the types of relationships and/or events that were hurtful to teenagers could enrich knowledge of the degree to which resiliency and forgiveness impact adolescent anger expression. For example, adolescents may feel, think, or behave quite differently to the breakup of a romantic relationship than to the divorce of their parents. This knowledge of the roles resiliency and forgiveness play in specific anger-provoking situations and with specific injurious individuals would add to the already established research regarding the ability to right oneself, to make healthy choices, and to adapt.

The participants in this study were predominantly female (61.4%). Both males and females suffer emotionally and must deal with feelings of anger. Kindlon and Thompson (1999) discussed the increasing number of boys at risk for violence, drug and alcohol abuse, and suicide due to the unrecognized feelings of anger, sadness, and loneliness they experience. Simmons (2002) focused on the feelings of rejection, despair, and depression that young girls experience stemming from their need to be accepted by their peers. Another study, with a more evenly distributed number of males and females, would serve to raise awareness regarding resiliency and forgiveness, and how these constructs impact the types of anger expressed by adolescents.

Furthermore, a study of this type should be replicated with larger samples of adolescents drawn from a more diverse population, such as those living in urban areas

and of different ethnic backgrounds. As I previously stated, both resiliency and forgiveness can be learned at an early age; consequently, ameliorating factors (e.g., religion or faith, social, cultural, and/or family belief systems) regarding the concept of forgiveness should be examined. It would be informative to know how much and to what degree adolescents either were taught about forgiveness or saw it modeled.

However, one of two changes needs to be made before this study is replicated. Researchers should either replace the ARAS with a more reliable instrument for measuring adolescent resiliency or reconstruct it in order to increase test reliability and the internal validity of several of the subscales.

Implications for Counseling Professionals

According to Gladding (1996), counseling is “a relatively short-term, interpersonal, theory-based process of helping persons who are basically psychologically healthy to resolve developmental and situational problems” (p. 8). According to this definition, therefore, counselors who work with the adolescent population purpose to help them come to terms with issues that are unique to their developmental stage. Such issues would include aiding the teenager to process, and hopefully heal from, events that produce feelings of anger. One approach to initiating this process is recognizing the anger-provoking event, the person(s) involved, and then tapping into the resilient capabilities within the adolescent that are accessible to relieve and motivate him to resolve a problem. This study provides evidence that there exists within adolescents certain resiliencies and forms of forgiveness in varying levels that are advantageous for teenagers in reducing negative anger expression.

Counselors can utilize the information learned from this study to enhance their treatment of adolescents struggling with anger issues either individually or in groups. It appears that both resiliency and forgiveness help teenagers handle angry feelings, thoughts, and behaviors and promote positive change. Counselors would add to the therapeutic value of interventions by assessing teenagers' resiliencies as well as their willingness to forgive, if there is an injuring person involved. Counseling techniques that aim at increasing resiliencies such as Insight, Independence, Morality, and General Resiliency may be beneficial for the adolescent. Once forgiveness is recognized as a protective factor that enhances resiliency, counselors can integrate the concept into the counseling process. For example, the technique of perspective taking could be employed for the adolescent. That is, the counselor can point out that people cannot change the past; but can change their perspective of the past.

As the construct of forgiveness as a healing intervention grows, with more and more research supporting its efficacy, so too may the pressure to forgive become more pronounced. It is imperative that counselors convey to the teenager that forgiveness is a choice and a process; it takes time. It is equally important that counselors refrain from pressuring angry adolescents into a premature forgiveness process as a method for resolving their angry feelings before they fully comprehend it and are ready for it. Initially, the counselor may need to validate the teenager's anger and then help him or her understand that the feelings are also a process. The negative affects and thoughts they are experiencing at that moment will lessen as they work through the emotions and cognitions.

Counselors may help teenage clients to assess their resiliencies and then assist them in increasing those strengths in order to cope with the challenges they are up against. Working with them to set small, attainable, and realistic goals would encourage them to persevere through hardships. Having them read biographies or watch movies of positive role models who overcame adversity, and yet went on to lead productive lives, would give the adolescent a sense of hopefulness for the future. Instilling in adolescents the benefits of establishing and maintaining healthy boundaries in their relationships would foster a level of insight into their own self worth as well as others.

Since both resiliency and forgiveness can be learned, the counselor could teach each resiliency as a separate unit for discussion within an anger management course, for example. The concept of forgiveness could then be introduced as a possibility for healing the negative emotions and cognitions before the anger becomes a precipitator of aggression. It is not so important that the word, forgiveness, be mentioned; the concept of forgiveness may be all that is necessary. What is important is that teenagers recognize their strengths and limitations, learn to draw upon those strengths in times of injury and pain, make correct choices with the understanding that there are positive as well as negative consequences of actions, and then be at peace with whatever decisions they make.

Something else a counselor could do is to establish a mentoring program especially for teenagers who require more time and energy than the counselor can provide. The community at large can be an excellent resource for counselors. Caring, nurturing adults who embody the resiliencies discussed in this study could be

recruited as mentors to troubled, angry teenagers. This concept may be particularly advantageous in rural communities where mental health services for adolescents are at a premium, or non-existent.

Crockett and Smink (1991) stated that mentoring at-risk youth is one of the fastest growing and frequently used strategies across the nation to help young people. Mentoring programs have also been shown to be significant factors in reducing unexcused school absenteeism and in increasing perceived academic achievement (Rhodes, Grossman, & Resch, 2000).

Concluding Remarks

In this study contributions are made to the understanding of the relationship among resiliency, forgiveness, and anger expression in adolescents. In general terms, resiliency, forgiveness, and anger expression are highly related to each other. In particular, it indicates a strong association between certain adolescent resiliencies and (a) forms of forgiveness and (b) types of anger expression. It also highlights particular resiliencies that are significant predictors of adolescent anger expression. Not only does this study's findings build on the ongoing research on resiliency and the burgeoning work on forgiveness, it shows that both fields of study have strong commonalities that warrant continuing discussion, investigation and theory development, especially regarding their relationship to adolescent anger expression.

The summary findings provide information about the relationship between adolescent resiliency and forgiveness and about certain resiliencies that decrease negative types of anger expression and increase anger control. These data suggest that, among this study's sample of adolescents, resiliency and forgiveness have strong

ties, which influence how adolescents express anger. That is, resilient teenagers are those who are capable of forgiving an offender and are less likely to resort to impulsive, revengeful or retaliatory forms of behavior when provoked to anger; they have learned cognitive-behavioral skills to control those emotions.

Across the literature, the one recurring theme of adolescent resiliency was the presence of a significant, caring, nurturing adult who validated the young person. Aronowitz (2005) stated, “adolescents who felt connected with a caring, competent, and responsible adult were able to envision a positive future for themselves” (p. 202). Likewise, Higgins (1994) reported that, “enormous reparative potential resides in the bread-and-butter basics of caring about the young and listening closely to their lives...that the surrogates of the resilient were generally available for only small amounts of time; yet, their positive impact persisted for life” (p. 324). Higgins’s clients identified some of their “surrogates” as babysitters, teachers, coaches, neighbors, clergy, therapists, and school counselors.

Counselors work to help adolescents manage their emotions often brought on by various life struggles such as divorcing parents, school bullying, and societal pressures to succeed in academics or sports. Often adolescents do not have an adequate support network in place that can help them navigate through adverse life situations. Counselors can be a significant resource for those teenagers by paying attention to the emotional health-giving properties exhibited in resilience and forgiveness. Recognizing the unique strengths in each adolescent, initiating strategies and techniques that enhance those qualities, and cultivating additional assets can, in

all likelihood, create affective, cognitive, and behavioral competency in teenagers as well as offering them hope for a better future.

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APPENDICES

APPENDIX A

ADOLESCENT RESILIENCY ATTITUDES SCALE
(Biscoe, B., & Harris, B. 1994).

We are interested in how you view yourself. Please be as honest as possible when rating each of the statements below. There are no right or wrong answers. In the blank to the left of each statement below, write in the number that best describes how you feel about the statement. Please read each item carefully and rate how strongly you agree or disagree with it using the following scale:

1. "Strongly Disagree", 2. "Disagree", 3. "Undecided", 4. "Agree", 5. "Strongly Agree".

- ___ 4. I try to notice signals from other people that spell trouble.
- ___ 7. I have not learned how to stay out of the way of grown-ups when they are doing or saying things that scare me.
- ___ 12. I find other places to go when people in my family are fussing or fighting.
- ___ 19. I try to figure out why some of my friends are not good for me and then I try to find different friends.
- ___ 24. I am shy around people I do not know.
- ___ 37. I don't think I am creative.
- ___ 40. One way I express my feelings is through my artwork, dance, music, or writing.
- ___ 45. I take everything in life very seriously.
- ___ 48. I like to help other people.
- ___ 56. I do what's right even if I don't win.
- ___ 63. No matter how hard I try, I can't make things right.

APPENDIX B

THE ENRIGHT FORGIVENESS INVENTORY-ADOLESCENT VERSION (Enright, R. D., Rique, J., & Coyle, C. T., 2000).

We are sometimes unfairly hurt by people, whether in family, friendship, school, work, or other situations. We ask you now to think of the most recent experience of someone hurting you unfairly and deeply. For a few moments, visualize in your mind the events of that interaction. Try to see the person and try to experience what happened.

This set of items deals with your current feelings or emotions right now toward the person. Try to assess your actual feeling for the person on each item. For each item please check the appropriate line that best describes our current feeling.

I feel _____ toward him/her. (Place each word in the blank when answering each item).

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
1. warm.	1	2	3	4	5	6
5. hostile	1	2	3	4	5	6
13. cold	1	2	3	4	5	6
17. good	1	2	3	4	5	6

This set of items deals with your current behavior toward the person. Consider how you do act or would act toward the person in answering the questions. For each item please check the appropriate line that best describes your current behavior or probable behavior.

Regarding the person, I do or would _____. (Place each word or phrase in the blank when answering each item).

21. show friendship.	1	2	3	4	5	6
27. treat gently	1	2	3	4	5	6
34. act negatively	1	2	3	4	5	6
37. do a favor	1	2	3	4	5	6

This set of items deals with how you currently think about the person. Think about the kinds of thoughts that occupy your mind right now regarding this particular person. For each item please check the appropriate line that best describes your current thinking.

I think he or she is _____. (Place each word or phrase in the blank when answering each item).

41. wretched	1	2	3	4	5	6
45. worthy of respect	1	2	3	4	5	6
51. nice	1	2	3	4	5	6
53. a bad person	1	2	3	4	5	6

Regarding this person, I _____.

54. wish him/her well	1	2	3	4	5	6
58. condemn him/her	1	2	3	4	5	6

PSEUDO-FORGIVENESS SCALE. Not included in items 1-60.

In thinking through the person and event you just rated, please consider the following final questions:

61. There really was no problem now that I think about it.	1	2	3	4	5	6
64. My feelings were never hurt.	1	2	3	4	5	6

APPENDIX C

ADOLESCENT ANGER RATING SCALE. (Burney, D. M., 2001)

Circle the number that best tells about you when you become angry.

When I am angry, I...	Hardly Ever	Some- times	Often	Very Often
1. Hit right back if someone hits me.	1	2	3	4
3. Try to work the problem out without fighting.	1	2	3	4
11. Have thoughts about starting fires.	1	2	3	4
14. Think about how to make peace with the person who upset me.	1	2	3	4
21. Just can't sit still.	1	2	3	4
25. Pick fights with anyone.	1	2	3	4
29. Can't focus on anything else.	1	2	3	4
33. Avoid people to stay out of trouble.	1	2	3	4
36. Run away from home.	1	2	3	4
40. Break rules.	1	2	3	4

APPENDIX D

PREPARED SCRIPT

Hello Everyone,

My name is Maureen Anderson and I am a student at the University of Maine working toward a doctoral degree in counseling. I am studying what inner qualities help adolescents deal with their thoughts, feelings, and behaviors towards other people. Your school principal have given me permission to come here to gather information for my research.

I want to invite you to be part of this research project. I would like you to help me find out information that may help you, other adolescents, and adults better understand adolescents and the different ways that you respond to certain people and events. I have worked with adolescents for more than 30 years as a teacher, guidance counselor, and principal. An important lesson I have learned in those years is that you are very bright, thoughtful, insightful, and honest young people. You say what you mean and you mean what you say. There is no other group of people who can better talk about adolescents than adolescents themselves. This research project is your opportunity to have a voice for and about your age group.

I will gather information through three different surveys. If you decide to participate in this research project, you will be asked to complete three questionnaires. One survey will ask how you view yourself. For example, you will be asked whether you "strongly disagree", "disagree", "undecided", "agree", or "strongly agree" to the statement, "Often I find myself taking responsibility for other people's problems".

The second survey will ask you how you feel, think, and behave toward someone who has deeply hurt you in the past. You will be asked to recall someone whom you believe unfairly hurt you and then you will be asked whether you "strongly disagree", "disagree", "slightly disagree", "slightly agree", "agree", or "strongly agree" to such statements as, "I feel *warm* toward him or her"; "I do or would *avoid* her or him"; "I think he or she is *awful*".

The third survey will ask you to best describe yourself when you are angry. For example, you will be asked to respond, "hardly ever", "sometimes", "often", "very often", to the question, "When I am angry, I *act without thinking*". All three surveys involve you simply circling your responses; nothing else is required.

It will take approximately 30-45 minutes to complete all the questionnaires. You may skip any question you do not wish to answer. There are no right or wrong answers. If you are not clear about the survey directions, you can ask me or my assistant for help. Your name will not be asked, nor will it be used. In fact, you will be assigned a code number that will appear on all three questionnaires. This will be done so that your answers from each survey can be compared. Your name is not needed to find out the information for this study. However, you will be asked to write your age and gender.

I will give you an envelope containing a student letter, which basically says what I am now telling you, along with a parent/legal guardian consent form. Also inside the envelope is a consent form for anyone 18 years of age or older. Please give this envelope to your parent or legal guardian and have them read the letter and forms. I would like the consent forms returned to your faculty advisor no later than _____ (date) in the envelope, which must be sealed.

Although your parent or legal guardian may grant permission for you to participate in this study, you are under no obligation to do so. On the day of the research project, you will have the opportunity to ask questions about the study and you can then decide whether or not you want to participate.

Every attempt will be made to schedule the survey time during your study halls so as not to disrupt your classes. However, since you represent all four academic levels, it is possible that you may miss all or part of a class. Your teachers will be notified ahead of time as to the day and time of the project so that they can plan their classes accordingly and you will not be penalized for your absence from class.

Your participation is strictly voluntary. I believe your participation in this study will not cause you any risk. You do not have to answer every question and, if answering some of the questions makes you feel uncomfortable, you may withdraw at any time without penalty. If you feel you need to talk to someone about this, you are encouraged to contact your school counselor. I hope that the information you provide on this research project will benefit you by helping you better understand yourselves and how you deal with other people and situations. I also hope that this information will benefit adults by helping them to understand why you feel, think, and behave the ways that you do.

When I have completed this research study, I would like to come back to meet with you and share a summary of the results. So, please give this packet, which is now being passed out, to your parent or legal guardian. Even if your parent or legal guardian does not want you to participate, I would like the consent form returned saying so. The same goes for anyone here who is 18 or older. If your parents/legal guardians have any questions about the study, they can contact me at the telephone numbers listed on the student letter and the consent forms.

Thank you so much for your time; I really appreciate it.

APPENDIX E

STUDENT LETTER

Dear High School Students,

Hello, my name is Maureen Anderson and I am a student at the University of Maine working toward a doctoral degree in counseling. I am studying what inner qualities help adolescents deal with their thoughts, feelings, and behaviors towards other people. I have been granted permission to gather data for my research at your school.

You are invited to take part in my research project to help me find out information that may help adolescents better understand themselves and the different ways they respond to certain people and events. I have worked with adolescents for more than 30 years as a teacher, guidance counselor, and principal. An important lesson I have learned in those years is that adolescents are very bright, thoughtful, insightful, and honest young people. Adolescents say what they mean and mean what they say. There is no group of people who can better talk about adolescents than adolescents themselves. This research project gives you the opportunity to have a voice for and about your age group.

Information will be gathered through three different surveys. If you decide to participate in this research project, you will be asked to complete three questionnaires. One survey will ask how you view yourself. For example, you will be asked whether you “strongly disagree”, “disagree”, “undecided”, “agree”, or “strongly agree” to the statement, “Often I find myself taking responsibility for other people’s problems”.

The second survey will ask how you feel, think, and behave toward someone who has deeply hurt you in the past. You will be asked to recall someone whom you believe unfairly hurt you and then you will be asked whether you “strongly disagree”, “disagree”, “slightly disagree”, “slightly agree”, “agree”, or “strongly agree” to the statements, “I feel *warm* toward him/her”; “I do or would *avoid* her/him”; “I think he or she is *awful*”.

The third survey will ask you to best describe yourself when you are angry. For example, you will be asked to respond, “hardly ever”, “sometimes”, “often”, “very often” to the question, “When I am angry, I *act without thinking*”.

It will take approximately 30-45 minutes to complete all questionnaires. You may skip any question you do not wish to answer. There are no right or wrong answers. Your name will not be asked, nor will it be used; in fact, you will be assigned a code number that will be on all three questionnaires. This will be done so that your answers from each survey can be compared. Your name is not needed to find out the information for this study.

Although your parent or legal guardian may grant permission for you to participate in this project, you are under no obligation to do so. On the day the research project is scheduled to take place, you will have the opportunity to ask questions about this study and you can then decide whether or not to participate.

Every attempt will be made to schedule the survey time during your study hall so as not to disrupt your classes. However, since students from all four class levels will be participating, it is possible that you may miss all or part of a class. Your teachers will be given ample notice of the day and time of the project so they can plan their classes accordingly and you will not be penalized for your absence from class.

Your participation is voluntary. I believe your participation in this study will not cause you any risk; however, if you should feel uncomfortable at any time, you may withdraw from the study. You do not have to answer every question and, if answering some of the questions makes you feel uncomfortable, you may withdraw at any time without penalty. If you feel you need to talk with someone about this, you are encouraged to contact your school counselor. The hope is that the information collected from this research project will benefit adolescents by helping them to better understand themselves and how they deal with other people and situations. Also, the hope is that the information will benefit adults by helping them to better understand why adolescents feel, think, and behave the ways that they do.

Please give this packet of information to your parent or legal guardian.

Thank you for your consideration of this research project. You may contact the following persons if you have any questions about this study.

Maureen A. Anderson
(207) 872-0514 (h)
(207) 581-2608 (w)

Dr. Dorothy Breen
Associate Professor of Counselor Education
Chairperson of this dissertation
(207) 581-2479
5766 Shibles Hall
University of Maine, Orono, ME 04469

APPENDIX F

**PARENT OR LEGAL GUARDIAN CONSENT FORM AND
CONSENT FORM FOR STUDENTS 18 AND OLDER**

Hello, my name is Maureen Anderson and I am a student at the University of Maine working toward a doctoral degree in counseling. I am studying what inner qualities help adolescents deal with their thoughts, feelings, and behaviors toward other people. The high school principal has granted me permission to gather data for my research. Your adolescent is invited to be part of this study. Findings from this research may help adolescents to better understand how to deal with current and future painful situations in life.

Purpose: The overall purpose of this study is to look at adolescents and, in particular, how adolescents see themselves and the different ways that adolescents respond to certain people and events.

Procedure: Your adolescent will be asked to complete three separate surveys. It will take approximately 30-45 minutes to complete the surveys and I appreciate your willingness to allow your adolescent to give this amount of his/her personal time to participate in this project. There are no right or wrong answers to the questions. I am just interested in learning how your adolescent thinks and feels.

One survey will ask how your adolescent views him/herself. For example, she/he will be asked whether they “strongly disagree”, “disagree”, “undecided”, “agree”, or “strongly agree” to the statement, “Often I find myself taking responsibility for other people’s problems”.

The second survey will ask how he/she feels, thinks, and behaves toward someone who hurt them in the past. They will be asked to recall someone whom they believe unfairly hurt them and then they will be asked whether they “strongly disagree”, “disagree”, “slightly disagree”, “slightly agree”, “agree”, or “strongly agree” to the statements, “I feel *warm* toward him/her”; “I do or would *avoid* him/her”; “I think he or she is *awful*”.

The third survey will ask them to best describe themselves when they become angry. For example, he/she will be asked to respond “hardly ever”, “sometimes”, “often”, or “very often” to the question, “When I am angry, I *act without thinking*.”

Every attempt will be made to schedule the survey time during study halls so as to not disrupt your adolescent’s classes. However, since students from all four class levels will be participating, it is possible that he/she will miss all or part of a class. Teachers will be given ample notice of the day and time of the study so they can plan accordingly and your adolescent will not be penalized for his/her absence from class.

Confidentiality: Your adolescent’s name will not be asked, nor will it be used. She/he will only be asked to give their age and gender. They will be assigned a code number,

which will be written on all three surveys. This will be done so that your adolescent's answers from each survey will be compared. Their name is not needed to find out information for this study. Answers to each survey will be strictly confidential. That means that only I, the researcher, will know how students responded. However, if any student indicates that he or she will harm themselves or others, then I will be ethically bound to notify the school counselor. This situation represents one of the few instances when confidentiality can be broken for the protection of the participant.

Your adolescent's participation is voluntary. I believe her/his participation in this project will not cause any uneasiness. Your adolescent does not have to answer every question and, if answering some of the questions makes them feel uncomfortable, they may withdraw at any time without penalty. If they feel they need to talk with someone about this, they are encouraged to contact their guidance counselor.

Benefits and Risks: There are potential benefits or risks to your adolescent for being part of this project. Benefits might include a better understanding of ways to cope or deal with hurtful people and/or situations they have experienced or could experience in the future. It may help them gain ideas into their own thoughts, feelings, and behaviors as well as others with whom they interact; or, there may be no direct benefits to your adolescent. The risks might include some distress as a result of recalling someone who offended your adolescent. Any time a person goes back over a hurtful event he/she may open wounds as they reflect on specific thoughts, feelings, and behaviors. If this should happen, your adolescent has the option of withdrawing from the study at any point and his/her data will be destroyed.

The information from this study will be published in my dissertation and used in my conference presentations. All materials will be identified with code numbers rather than names in order to ensure privacy and completed surveys will be stored securely in my locked file cabinet for five years, after which they will be destroyed. However, I will delete the master list that links the names to the data at the end of the study.

When the research study is completed, I will schedule a meeting at the high school to discuss my summary of the research results. You and your adolescent, along with other interested parents and faculty, will be invited to attend. No individual results will be given out.

If you have any questions about this research project, you may contact me at (207) 872-0514 or Maureen_Anderson@umit.maine.edu. For your information, the Faculty Advisor of my dissertation is Dr. Dorothy Breen, College of Education and Human Development, University of Maine; (207) 581-2479 or Dorothy_Breen@umt.maine.edu. If you have any questions about your adolescent's rights as a research participant, please contact Gayle Anderson, Assistant to the Protection of Human Subjects Review Board at (207) 581-1498 or Gayle_Anderson@umit.maine.edu.

Thank you for your consideration.

Maureen A. Anderson, Doctoral candidate and researcher

ID# _____

PLEASE CHECK THE APPROPRIATE LINE BELOW AND RETURN THIS FORM IN THE ENVELOPE PROVIDED. PLEASE MAKE SURE TO SEAL THE ENVELOPE.

THE ENVELOPE IS TO BE RETURNED NO LATER THAN

_____.

_____ No, I do not want my adolescent to participate in this research project.

_____ Yes, I have read and understand the informed consent letter for my adolescent and I agree to allow _____
(please print name of adolescent)
to participate in this study.

Contact Information: If you have any questions or concerns, please contact me at (207) 872-0514 or email me at Maureen_Anderson@umit.maine.edu For your information, the Faculty Advisor for my dissertation is Dr. Dorothy Breen, the College of Education and Human Development, University of Maine: (207) 581- 2479 or Dorothy_Breen@umit.maine.edu

Name of Parent or Legal Guardian (Please Print)

Signature of Parent or Legal Guardian

Date

Informed Consent of a Student 18 or older.

I have read and understand the informed consent letter and I agree to participate in this research project. I understand that my participation in this study is strictly voluntary and I can stop answering questions at any time.

Name of Participant (Please print)

Signature of Participant

Date _____

APPENDIX G

ITEM-CORRELATION TOTAL ANALYSES
 (The original Cronbach alpha value is given next to each subscale)

Table G.1: Adolescent Resiliency Attitudes Scale**Insight ($\alpha = .49$)****Item-Total Statistics**

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
ARASIS1	20.8286	9.535	.388	.180	.380
ARASIS2	21.7571	10.360	.202	.119	.461
ARASIS3	21.7429	11.295	.052	.198	.527
ARASIS4	21.0143	11.232	.128	.135	.488
ARASIS5	20.7714	9.831	.233	.120	.448
ARASIS6	21.4857	9.065	.347	.167	.388
ARASIS7	20.7714	10.034	.294	.174	.421

Note: Item 3 was removed, yielding $\alpha = .53$.**Independence ($\alpha = .54$)****Item-Total Statistics**

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
ARASID8	29.0286	16.173	.344	.209	.471
ARASID9	28.8714	17.824	.275	.211	.498
ARASID10	28.8571	17.023	.369	.215	.468
ARASID11	27.8714	20.085	.146	.208	.533
ARASID12	28.9429	18.489	.184	.124	.527
ARASID13	28.8000	20.539	.016	.088	.568
ARASID14	28.7429	15.817	.398	.351	.450
ARASID15	28.4286	19.031	.149	.222	.536
ARASID16	29.8857	17.784	.267	.246	.501

Note: Item 13 was removed, yielding $\alpha = .57$.

Relationships ($\alpha = .65$)**Item-Total Statistics**

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
ARASRE17	30.7000	22.271	.346	.272	.615
ARASRE18	31.8571	23.458	.154	.340	.659
ARASRE19	31.2571	25.875	-.040	.208	.695
ARASRE20	30.1000	20.613	.461	.311	.587
ARASRE21	30.2000	21.988	.425	.636	.600
ARASRE22	31.2714	22.809	.246	.176	.636
ARASRE23	30.1429	22.501	.401	.485	.607
ARASRE24	31.1714	20.956	.339	.204	.617
ARASRE25	29.9857	21.782	.604	.571	.579
ARASRE26	30.4714	22.456	.392	.250	.608

Note: Items 18 and 19 were removed, yielding $\alpha = .72$.

Initiative ($\alpha = .66$)**Item-Total Statistics**

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
ARASIN27	33.3429	21.765	.278	.305	.648
ARASIN28	32.2286	21.976	.449	.339	.618
ARASIN29	33.2429	21.346	.393	.300	.623
ARASIN30	32.6286	22.005	.382	.344	.627
ARASIN31	32.6000	24.186	.212	.266	.656
ARASIN32	34.1143	22.943	.172	.210	.670
ARASIN33	33.6000	22.012	.182	.159	.677
ARASIN34	32.8429	20.772	.493	.358	.604
ARASIN35	32.9286	20.241	.463	.335	.606
ARASIN36	32.7714	22.585	.338	.419	.636

Note: No items were removed.

Creativity and Humor ($\alpha = .67$)**Item-Total Statistics**

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
ARASCH37	31.7571	26.273	.554	.424	.607
ARASCH38	31.9857	28.478	.326	.435	.650
ARASCH39	33.0571	26.171	.446	.426	.625
ARASCH40	32.2143	26.895	.375	.401	.640
ARASCH41	32.3143	25.784	.518	.330	.610
ARASCH42	32.4714	27.180	.353	.539	.645
ARASCH43	31.6714	30.282	.205	.463	.671
ARASCH44	32.5143	27.964	.300	.301	.656
ARASCH45	31.9857	30.652	.150	.289	.681
ARASCH46	31.4571	32.368	.067	.151	.686

Note: Items 45 and 46 were removed yielding, $\alpha = .70$

Morality ($\alpha = .50$)**Item-Total Statistics**

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
ARASML48	33.0000	18.464	.276	.252	.457
ARASML49	32.9143	18.804	.184	.318	.478
ARASML50	34.2000	17.670	.206	.253	.473
ARASML51	33.7857	16.664	.396	.338	.413
ARASML52	34.8857	20.422	-.038	.133	.540
ARASML53	34.7857	18.316	.211	.286	.471
ARASML54	33.5143	20.080	.073	.171	.502
ARASML55	33.7286	18.983	.120	.266	.497
ARASML56	33.5000	17.036	.464	.412	.407
ARASML57	34.0143	16.217	.236	.379	.465
ARASML58	33.8143	19.052	.134	.148	.492

Note: Items 52 and 54 were removed, yielding $\alpha = .63$.

General Resiliency ($\alpha = .79$)**Item-Total Statistics**

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
ARASGR59	28.9571	21.462	.608	.438	.747
ARASGR60	28.7000	23.662	.411	.338	.773
ARASGR61	29.1714	22.927	.421	.330	.772
ARASGR62	29.1857	21.023	.634	.514	.742
ARASGR63	29.2714	20.751	.554	.406	.753
ARASGR64	28.7143	24.961	.156	.272	.808
ARASGR65	30.2143	23.127	.345	.175	.783
ARASGR66	29.4857	21.529	.591	.412	.749
ARASGR67	29.5000	21.007	.573	.412	.750

Note: Item 64 was removed, yielding $\alpha = .81$.

Table G.2: Enright Forgiveness Inventory**Affective ($\alpha = .97$)**

Item-Total Statistics					
	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
EFI.A.1	61.7391	642.519	.854	.864	.971
EFI.A.2	61.7681	655.151	.822	.836	.971
EFI.A.3	61.6232	646.003	.845	.867	.971
EFI.A.4	61.9275	641.480	.870	.870	.970
EFI.A.5	61.2464	659.865	.674	.732	.972
EFI.A.6	61.8116	649.067	.838	.823	.971
EFI.A.7	61.8986	651.769	.792	.781	.971
EFI.A.8	60.9420	653.791	.685	.644	.972
EFI.A.9	61.2319	652.475	.755	.743	.972
EFI.A.10	61.3623	651.382	.745	.794	.972
EFI.A.11	61.6957	652.715	.787	.774	.971
EFI.A.12	62.0145	651.779	.737	.726	.972
EFI.A.13	61.7391	645.549	.830	.803	.971
EFI.A.14	61.5652	637.896	.864	.837	.970
EFI.A.15	61.6232	649.915	.795	.820	.971
EFI.A.16	61.4058	653.098	.729	.749	.972
EFI.A.17	61.7971	643.723	.900	.897	.970
EFI.A.18	61.3768	657.444	.636	.720	.973
EFI.A.19	61.6232	640.679	.863	.884	.970
EFI.A.20	61.3043	641.715	.791	.817	.971

Note: No items were removed.

Behavior ($\alpha = .96$)**Item-Total Statistics**

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
EFI.B.21	70.3768	537.650	.827	.833	.957
EFI.B.22	70.4638	542.105	.733	.776	.958
EFI.B.23	70.3043	539.803	.808	.881	.957
EFI.B.24	69.7826	549.202	.760	.816	.958
EFI.B.25	70.3478	541.377	.829	.830	.957
EFI.B.26	69.3768	562.797	.546	.723	.960
EFI.B.27	70.6377	540.470	.843	.810	.957
EFI.B.28	70.2319	554.504	.720	.737	.958
EFI.B.29	70.1884	561.714	.531	.600	.961
EFI.B.30	70.6377	553.205	.700	.692	.959
EFI.B.31	69.9275	556.686	.654	.574	.959
EFI.B.32	70.4058	551.009	.636	.625	.960
EFI.B.33	70.1159	542.722	.766	.745	.958
EFI.B.34	70.0435	543.072	.791	.843	.957
EFI.B.35	70.2464	540.541	.829	.868	.957
EFI.B.36	70.0870	542.963	.757	.790	.958
EFI.B.37	70.7681	537.710	.846	.890	.957
EFI.B.38	69.6377	565.940	.466	.379	.962
EFI.B.39	69.9420	551.526	.743	.696	.958
EFI.B.40	70.2754	544.320	.732	.706	.958

Note: No items were removed.

Cognition ($\alpha = .97$)**Item-Total Statistics**

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
EFL.C.41	78.2500	606.340	.814	.873	.970
EFL.C.42	77.8824	609.359	.790	.838	.970
EFL.C.43	78.0588	607.549	.781	.836	.970
EFL.C.44	78.7059	605.644	.829	.843	.969
EFL.C.45	78.5882	604.216	.792	.787	.970
EFL.C.46	78.0588	609.399	.816	.824	.970
EFL.C.47	78.6471	599.157	.839	.789	.969
EFL.C.48	77.6029	612.780	.764	.700	.970
EFL.C.49	78.0735	611.830	.723	.749	.971
EFL.C.50	78.4559	602.431	.825	.886	.969
EFL.C.51	78.8676	603.669	.830	.868	.969
EFL.C.52	77.9853	619.089	.698	.728	.971
EFL.C.53	77.7206	603.548	.841	.795	.969
EFL.C.54	77.8382	604.376	.835	.849	.969
EFL.C.55	78.5735	609.890	.726	.676	.971
EFL.C.56	78.7500	608.668	.756	.817	.970
EFL.C.57	77.7941	610.435	.828	.933	.969
EFL.C.58	78.1176	637.777	.473	.430	.973
EFL.C.59	77.9118	607.992	.842	.914	.969
EFL.C.60	77.7059	612.091	.818	.883	.970

Note: No items were removed.

Table G.3: Adolescent Anger Rating Scale**Instrumental Anger ($\alpha = .93$)****Item-Total Statistics**

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
AARSIA02	23.2353	56.929	.541	.	.927
AARSIA04	23.2500	55.534	.738	.	.922
AARSIA05	23.1912	58.127	.386	.	.932
AARSIA08	23.5588	61.594	.289	.	.930
AARSIA10	23.6912	59.142	.759	.	.924
AARSIA11	23.5441	57.297	.602	.	.925
AARSIA12	23.5735	57.114	.695	.	.923
AARSIA16	23.5294	58.133	.728	.	.923
AARSIA18	23.3971	56.810	.704	.	.923
AARSIA22	23.3971	57.825	.542	.	.926
AARSIA24	23.4559	56.998	.674	.	.923
AARSIA25	23.5735	59.323	.522	.	.926
AARSIA26	23.5882	57.440	.667	.	.924
AARSIA28	23.6176	57.971	.661	.	.924
AARSIA34	23.3971	54.870	.773	.	.921
AARSIA36	23.5000	56.552	.637	.	.924
AARSIA38	23.5294	56.611	.795	.	.921
AARSIA39	23.5882	57.440	.702	.	.923
AARSIA41	22.8824	55.598	.562	.	.927

Note: No items were removed.

Reactive Anger ($\alpha = .85$)**Item-Total Statistics**

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
AARSRA6	14.3571	19.972	.735	.588	.810
AARSRA15	14.4571	20.223	.630	.519	.822
AARSRA17	14.0857	20.282	.545	.400	.834
AARSRA19	14.8286	20.173	.700	.604	.814
AARSRA21	14.1143	22.393	.345	.313	.858
AARSRA29	14.6286	22.411	.483	.342	.840
AARSRA32	15.0429	19.810	.722	.663	.811
AARSRA35	14.3857	20.675	.549	.411	.833

Note: No items were removed.

Anger Control ($\alpha = .77$)**Item-Total Statistics**

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Squared Multiple Correlation	Cronbach's Alpha if Item Deleted
AARSAC1	33.5362	32.046	.542	.463	.738
AARSAC3	33.6812	31.279	.638	.540	.729
AARSAC7	33.8116	34.038	.422	.357	.752
AARSAC9	33.5797	32.806	.478	.431	.745
AARSAC13	33.3478	33.436	.292	.315	.767
AARSAC14	33.6232	33.562	.427	.438	.751
AARSAC20	34.2319	32.298	.518	.482	.741
AARSAC23	34.1449	35.185	.175	.412	.778
AARSAC27	33.7971	32.370	.421	.443	.751
AARSAC30	34.1594	33.518	.317	.378	.763
AARSAC33	34.1449	37.596	.012	.135	.788
AARSAC37	33.9420	32.291	.564	.417	.737
AARSAC40	33.3043	34.009	.444	.321	.750

Note: Item 33 was removed, yielding $\alpha = .79$.

BIOGRAPHY OF THE AUTHOR

Maureen A. Anderson was born in Providence, Rhode Island on September 2, 1944. After attending elementary and secondary schools in Providence, she enrolled at Rhode Island College in Providence, RI. She was awarded a Bachelor's degree in Secondary Education in June of 1966.

From 1966, until her retirement in 1996, Maureen served in the positions of junior high, middle school and senior high mathematics teacher and guidance counselor as well as a K-12 principal in Connecticut, Rhode Island, Massachusetts, Georgia and Maine. In 1976 she earned a Master of Education degree in Counselor Education from Rhode Island College.

In January 1997, Maureen became a full time graduate student at the University of Maine at Orono earning a Certificate of Advanced Studies degree in Counselor Education. In January 2001 she joined the Counselor Education program as an adjunct instructor.

In 1992 Maureen was inducted into "Who's Who in American Education". She was also awarded the Outstanding Teacher of the Year Award by the Elementary School Teachers of America Association in 1972. In 2005, she was named to the Manchester Who's Who Registry of Executives and Professionals.

Maureen is a member of several professional organizations: the American Counseling Association (ACA), the American Association of Christian Counselors (AACC), the Maine School Counselor Association (MESCA), the Maine Counseling Association (MeCA), the Association for Counselor Education and Supervision (ACES) and the North Atlantic Region of ACES (NARACES). She is also a member of Phi Kappa Phi

National Honor Society and Pi Lambda Theta International Honor Society and Professional Association in Education.

Maureen is also a national conference speaker. She has presented her research at various conferences for counselors in Utah, Missouri, and Maine. Maureen lives in China, Maine and is married to Dr. J. Stephen Anderson. She has two married sons, Liam (to Becky) and Owen (to Lian), and one granddaughter, Ellie Isabel.

In September 1999, Maureen became a full time doctoral student at the University of Maine at Orono. Maureen is a candidate for the Doctor of Education degree in Counselor Education from the University of Maine in May 2006.