

Adolescents' Forgiveness Style And Mental Health

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ABSTRACT: The study investigated the role of forgiveness style as determinants on the development of positive mental health among adolescent students of School of St. Joseph the Worker, Echague, Isabela, Philippines. The tools used in gathering the necessary data were the Transgression-Related Interpersonal Motivation (McCullough, Root, Cohen, 2006), and the Mental Health Continuum – Short Form (Keyes, 2009). The research utilized the descriptive method of research that revealed the following results: respondents show benevolence as their forgiveness style and are moderately mentally healthy. Moreover, there appeared to be significant differences between the respondents' forgiveness style and mental health when they are grouped according to their demographic profile (age, year level, sex and economic status). Lastly, the result reveals that benevolence as a forgiveness style yields significant relationship with mental health. The result of the present study may serve as basis in developing programs that promote mental health.

Keywords: forgiveness, forgiveness style, revenge, avoidance, benevolence, mental health, flourishing, languishing

1 INTRODUCTION

Researcher have produced substantial literature on the biological and psychological changes that happens during adolescence, these comprises the social and cultural influences that shape adolescents' lives in vital ways. These changes partake on various stages during the adolescent period, distinctly observable in each level; in early adolescent (approximately 11 to 13 years old) tremendous physical growth and changes on abstract thinking and moral reasoning happens; subsequently, in middle adolescent, about 14 to 18 years old, these physical changes slow down for girls and continues for boys. Abstract thinking and wider cognitive development is manifested; lastly, during late adolescence (19 to 21 years old) physical development comes to maturity, examination of inner experiences and firmer sense of identity is strengthened, making each individual ready for adulthood. In the Philippines, adolescence is characterized as a time of challenge and turmoil, by which changes takes place and adjustment has to happen. The Filipino youth shows comfort at identifying themselves as individuals with unique characteristics. With all the challenges and responsibilities, they had to endure, they perceive resilience — a unique Filipino quality — as the motivator and tolerance towards extenuating life circumstances [1]. Lapena, Tarroja, Tirazona & (2009) stated that experiences of Filipino youth are seen as developmentally similar to the experiences of their peers in other parts of the world, although undoubtedly, the distinct environmental issues and extreme economic problem that directly affects the adolescents in the Philippines makes their experiences somewhat separate from majority of the adolescents around the world [2]. The Philippines, with a culture that emphasizes resilience and humor amidst pain and personal suffering makes it all more difficult to talk about mental illness out in the open. With all the challenges that these Filipino adolescents has to face, it is of the essence to discuss their well-being specifically their mental health. World Health Organization defined health as a state of complete physical, mental, and social well-being and not merely the

absence of disease or infirmity. This definition suggests that mental health — as component of the overall health on an individual — is as important as physical health. The Mental Health Act of 2017 affirms the basic right of all Filipinos to mental health as well as the fundamental rights of people who require mental health services [3], it aims to create inclusiveness and to break the stigma on mental health that has been built over the years. In an attempt to understand the components and constructs that could improve ones' mental health, researchers began studies focusing on the benefits of constructs like forgiveness. This psychological construct forms the heart of the study. Documented literature shows various psychological research on forgiveness, from the development of reason on forgiveness and its application to counseling and psychotherapy to the religious contours and evidences on the association of forgiveness with measures of mental health, physiological functioning, and physical health [4,5].

Worthington, Berry, & Parrott (2001) suggest that the constructive association between forgiveness and mental health operate through direct and indirect mechanisms. Direct effect may function through rumination and distinct resultant negative emotion, such as anger or resentment while indirect effect may operate through mediating association with distinct link through interpersonal functioning and social support [6]. Related studies and literature present concrete and substantial effects of forgiveness on the overall mental health of a person. Forgiveness can help repair interpersonal relationships, promote pro-social motives, enhance social skills, and bring individuals positive psychological, emotional, and social results [7]. Leever (2006) suggested that despite early practice of forgiveness among adolescents, it does not reciprocate that these adolescents fully understand the whole concept of forgiveness, hence requiring profound development of their knowledge of forgiveness. Recent studies on forgiveness among adolescents produced potential approach of coping with negative peer experiences such as bullying and victimization [8]. According to Worthington and Scherer (2004), forgiveness is a coping response employed in response to interpersonal transgression, subsequently it is positively associated with conflict resolution, advice and support seeking strategies, and negatively associated with revenge seeking [9].

Worthington's (2005) *The Handbook of Forgiveness*, concisely provided correlation evidences between forgiveness and mental health suggesting that forgiveness likely promote mental health indirectly, through variables such as social support and healthy behavior [10]. Understanding the role of

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forgiveness in protecting one's mental health will allow us to identify the great impact that it could bring to a person's overall health. It could contribute to the field of psychology and mental health assistance in putting together a framework that could eradicate the prevalence of mental illnesses in today's society. Associating forgiveness style clearly posit to emphasize the importance of focusing not only the side of the spectrum. Mental health and mental illness are not extremes of one continuum but distinct continua. Both end of the model suggests one continuum indicating level of mental health, while the other refers to the presence or absence of mental illness [11]. Does adolescent with mental health problems still experiences happiness? Despite the struggle of experiencing mental health problems, do they feel hopeful that things will eventually get better? Among adolescents, few may have had mental health problems triggered by traumatic and unpleasant experiences, were they able to forgive? These are but a few of the questions that this research study may answer. Understanding mental health through the positive psychological perspective will create a broader standpoint on how society will recognize mental health. These results may break stigmas on the idea of mental health in developing countries like the Philippines and most importantly new programs and framework may be developed in order to address the issue regarding mental health. Forgiveness, the principal component of the present study, albeit being often associated with numerous variables, can also be linked to mental health as its predictor. As presented above, forgiveness serves a vital role in the developmental milestone of an individual that greatly contributes to aspects like interpersonal, academic, and health in general. Hence, this study scrutinizes the relevance of both constructs to the mental health of adolescents from School of St. Joseph the Worker, Echague, Isabela, Philippines.

THEORETICAL FRAMEWORK

The forgiveness process model, encompasses four phases: Uncovering, Decision, Work and Deepening. The Uncovering phase allows the individual to identify the psychological injury he or she experienced and recognizes his or her own subsequent anger, shame, and possibly distorted thinking. In the decision phase, the person makes the attempt to more deeply understand what forgiveness is and is not. In the Work phase, the person strives to understand the wrongdoer's perspective and may develop compassion and empathy toward that offender. In the Deepening phase, the one who forgives acknowledges human vulnerability by reflecting on his or her own past offenses. He or she may begin to find new meaning in what happened, making deeper sense out of the experience [4].

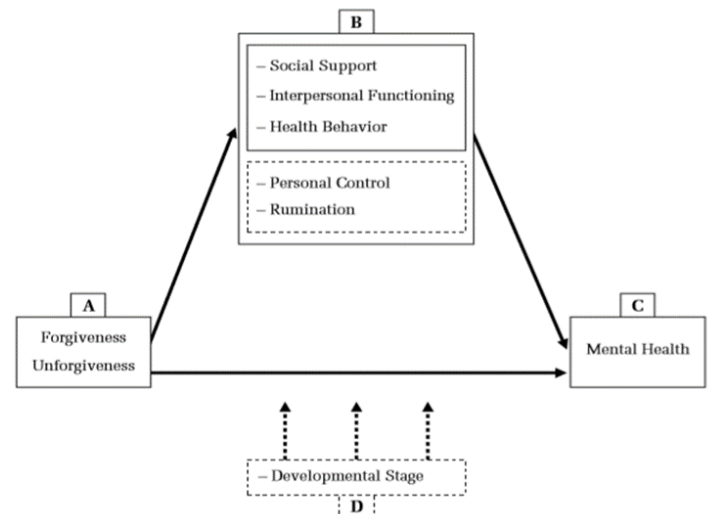
Figure 1: The forgiveness process model by R. Enright, J. Knutson, A. Holter, C. Knutson, & P. Twomey



Researchers provided sufficient literature on how forgiveness is beneficial in treating problems that are psychogenic in nature, it aids psychological healing through positive changes in affect, it improves physical and mental health, restores a victim's sense of personal power, helps bring about reconciliation between the offended and offender and

promotes hope for the resolution of real-world intergroup conflicts (American Psychological Association, 2006). In Worthington, Berry & Parrott (2001) model of forgiveness presented in Figure 2 depicts the interplay between forgiveness and health as involving both direct and indirect relationships. Worthington et al. (2001) outline a model of forgiveness and general health, but because of the comprehensive nature of the model, Toussaint and Webb (2005) believe it to be equally applicable to issues of mental health as well. In addition to this, additional insight regarding these relationships is gained through understanding underlying developmental and attributional processes of forgiveness. The direct effect of forgiveness (Figure may be described in terms of unforgiveness, through rumination, and involving the emotions of resentment, bitterness, hatred, hostility, residual anger, and fear. When left unaddressed, negative emotions can lead to significant mental health problems. Ways to address unforgiveness includes retaliation, revenge, justice, denial, and forgiveness [6]. Indirect effect of forgiveness involves its promotion of mental health, through variables such as social support, interpersonal functioning, and health behavior. These mediating variables are commonly associated with improved mental health, Worthington (2001) posted that forgiveness is positively related to these mediating variables that in turn are positively related to mental health [6]

Figure 2: Effect of Forgiveness on Mental Health by Worthington, Berry & Parrott (2001)



Forgiveness plays a vital role in the present study. This construct and its relationship to mental health creates a hypothesis which built the present research topic, with its common goal of providing literature on how forgiveness serves as determinants of positive mental health.

1.1. STATEMENT OF THE PROBLEM

The study looked into the significance of adolescents' forgiveness style to their mental health. Assessing as to how flourishing, moderately mentally healthy and languishing level of mental health are affected by the respondents' forgiveness style. The research sought to answer the following questions: a) What is the profile of the respondents as to their age, year level, sex, and economic status (measure through their parents' monthly income)?; b) What is the forgiveness style of the respondents?; c) What is the respondents' level of mental health?; d) What is the significant difference between the

respondents forgiveness styles and level mental health when they are grouped according to their profile?; and, e) What is the significant relationship between the forgiveness style and their level of mental health?

2. METHODOLOGY

2.1. DESIGN

The descriptive-quantitative method of research was utilized by the researcher. Data like the profile variable of the participants as well as interpreting the individual results of the instruments were quantified through descriptive statistics. Inferential statistics was used to test the hypotheses posted by the researcher. Hence, the study utilized both the descriptive and quantitative methods of research in describing, analyzing and providing results that are necessary for the study.

2.2. RESPONDENTS

The respondents of the study were the 282 adolescent students from School of Saint Joseph the Worker, Echague, Isabela, Philippines aged 12 to 19. There were 1,050 total number of students in the institution. These students were grades seven to twelve (7-12). Proportional allocation of sample was used to equally allocate the number of respondents for each grade level and section. The respondents were picked randomly after the allocation.

2.3 INSTRUMENT

The instrument that the researcher utilized to gather data comprises three (3) sections.

Part I: Informed Consent and Profile of the Respondents

The first part includes the informed consent of the study and deals with the respondents' demographic profile which includes the respondents' name, age, year and economic status. In gathering the family's economic status of the respondents, the Philippine Statistics Authority standard brackets of Income Classes in the Income Distribution, Income Thresholds and Sizes of Income Classes were utilized.

Part II: Forgiveness Style of the Respondents

The second part of the research tool is the Transgression-Related Interpersonal Motivation (TRIM-18) questionnaire to assess the forgiveness style of the respondents. The TRIM-18 developed by McCullough, Root & Cohen (2006) comprises 3 subscale that corresponds to 3 types of forgiveness style. The seven-item Avoidance subscale measures motivation to avoid a transgressor; the five-item Revenge subscale measures motivation to seek revenge; and a six-item subscale for measuring benevolence motivation [12]. Both the Avoidance and Revenge subscales showed high internal consistency ($\alpha \geq .85$), moderate test-retest stability (e.g., 8-week test-retest $rs \approx .50$), and evidence of construct validity [5]. The Transgression-Related Interpersonal Motivation (TRIM-18) follows a 5-point Likert-type scale (1 = strongly disagree to 5 = strongly agree). The following descriptive equivalent for TRIM-18 was utilized; 1.0-1.49 = strongly disagree, 1.50-2.49 = mildly disagree, 2.50-3.49 = agree, 3.50-4.49 = mildly agree, and 4.50-5.0 = strongly agree. The Transgression-Related Interpersonal Motivation (TRIM-18) scale, weights range, and descriptive equivalent are as follows:

Scale	Range	Descriptive Equivalent
5	4.51-5.00	Strongly Agree
4	3.51-4.50	Mildly Agree
3	2.51-3.50	Agree
2	1.51-2.50	Mildly Disagree
1	1.00-1.50	Strongly Disagree

To identify the respondents' forgiveness style on each subscale, add up the items that corresponds to the subscale; items 2, 5, 7, 10, 11, 15, and 18 corresponds to Avoidance Motivations, items 1, 4, 9, 13, and 17 measures Revenge Motivations and items 3, 6, 8, 12, 14 and 16 identifies the responses in Benevolence Motivation.

Part III: Mental Health Level of the Respondents

The Mental Health Continuum – Short Form (MHC-SF), 14 items, 6-point Likert scale that assess the spectrum of well-being and positive functioning. The MHC-SF provides a comprehensive assessment by measuring emotional, psychological, and social well-being. The tool is derived from the long form (MHC-LF), which consisted of seven items measuring emotional well-being, six 3-item scales (or 18 items total) that measured the six dimensions of Ryff's (1989) model of psychological well-being, and five 3-item scales (or 15 items total) that measure the five dimensions of Keyes' (1998) model of social well-being. The measure of emotional well-being in the MHC-LF included six items measuring the frequency of positive affect that was derived, in part, from Bradburn's (1969) affect balance scale, and a single item of the quality of life overall based on Cantril's (1965) self-anchoring items. The estimates of internal consistency reliability for each of the three sets of measures – emotional, psychological, and social well-being – in the MHC short and long forms have all been high ($> .80$). The MHC-LF form measures of social and psychological well-being have been validated and used in hundreds of studies over the past two decades, and their use as a measure of overall positive mental health was first introduced by Keyes (2002) and recently summarized by Keyes (2007) [13, 14, 15]. The MHC-SF scales' descriptive equivalent measures how the respondents have been feeling during the past month that yields on how positive their well-being and mental health is. As presented in table 6, the descriptive equivalent for responses is as follows; 0 – Never, 1 – Once or Twice, 2 – About once a week, 3 – 2 or 3 times a week, 4 – Almost every day and 5 –Every day. The descriptive equivalent for Mental Health Continuum – Short Form Scale are as follows:

Scale	Descriptive Equivalent
0	Never
1	Once or Twice
2	About once a week
3	2 or 3 times a week
4	Almost every day
5	Every day

In individually analyzing the participants' responses on MHC-SF, a diagnosis of flourishing is made if someone feels 1 of the 3 hedonic well-being symptoms (items 1-3) "every day" or "almost every day" and feels 6 of the 11 positive functioning symptoms (items 4-13) "every day" and "almost every day" in the past month. Languishing is the diagnosis when someone feels 1 of the 3 hedonic well-being symptoms (items 1-3) "never" or once or twice" and feels 6 of the 11 positive

functioning symptoms (items 4-8 are indicators of social well-being and 9-14 are indicators of psychological well-being) “never” or “once or twice” in the past month. Individuals who are neither “languishing” nor “flourishing” are then coded as “moderately mentally healthy”. The Mental Health Continuum – Short Form Scale’s individual diagnosis for respondents’ scores are as follows:

Clusters	Items
Cluster 1: Hedonic – Emotional Well-Being	Items 1-3
Cluster 2: Eudaimonic – Social Well-being	Items 4-8
	<ul style="list-style-type: none"> Item 4 – Social Contribution Item 5 – Social Integration Item 6 – Social Actualization (i.e. Social Growth) Item 7 – Social Acceptance Item 8 – Social Coherence (i.e. social Interest)
Cluster 3: Eudaimonic – Psychological Well-being	Items 9-14
	<ul style="list-style-type: none"> Self-Acceptance Environmental Mastery Positive Relations with Others Personal Growth Autonomy Purpose in Life

Moreover, the categorical scoring and criteria in identifying the level of mental health of the respondents as well as the descriptive equivalent and weight ranges of Mental Health Continuum – Short Form Scale are as follows;

Descriptive Equivalent	Criteria for cluster 1	Criteria for cluster 2 & 3
Flourishing	Must at least have 1 “everyday” or “almost every day” response	Must at least have 6 “everyday” or “almost every day” response
Moderately Mentally Healthy	Meets criteria for both flourishing and languishing	
Languishing	Must at least have 1 “never” and “once or twice” responses	Must at least have 6 “never” and “once or twice” responses
Descriptive Equivalent	Ranges	
Flourishing	4.40 – 6.00	
Moderately Mentally Healthy	2.70 – 4.39	
Languishing	1.00 – 2.69	

The short form of MHC has shown excellent internal consistency (>.80) and discriminant validity in adolescents (ages 12-18) and adults. The 4-week test-retest reliability estimates for the long form scales ranging from .57 for the overall psychological well-being domain, .64 for the overall emotional well-being domain, to .71 for the overall social well-being domain [14]. The test-retest reliability of the MHC-SF over three successive month period averaged .68 and the 9-month test-retest was .65 [13, 14]. Lastly, the hedonic perspectives capture the positive spectrum of mental health.

2.4. DATA GATHERING PROCEDURE

Various steps were followed in conducting the study. It underwent several phases of data gathering procedures. Before the gathering of data, the research coordinated and secured permission from the school principal of School of Saint Joseph the Worker. Upon approval, the researcher coordinated with the advisers of the identified respondents of the study as to their vacant time for the administration of the survey questionnaires. In the aim of gathering a reliable and valid data, the researcher personally administered and explained statements in the survey questionnaires in case respondents fail to internalize.

2.5. DATA ANALYSIS

The results gathered were consolidated, analyzed and interpreted through the Statistical Package for Social Sciences (SPSS) software employing descriptive statistics such as frequency and percentages to describe the profile of the

respondents as to their age, year level, sex and economic status. Weighted mean was also used to determine the respondents’ forgiveness styles and their level of mental health while inferential statistics was also utilized to test the significant differences and significant relationship of variables under study. Specifically, One-way ANOVA was used to assess the differences between age, year level and economic status; as to sex, t-test was applied. Furthermore, to assess the relationship between the respondents’ forgiveness style and mental health, Chi-square was utilized. Lastly, Kruskal Wallis and Mann Whitney U was used on the latter part of the study to visualize the differences between the respondents’ responses on the research instrument.

3. RESULTS AND DISCUSSION

The data gathered was measured and analyzed using descriptive statistics to quantify and describe the forgiveness style and the level of mental health of the respondents. In identifying the difference of forgiveness style and level of mental health among the respondents when grouped according to their profile, One-way ANOVA and t-test were used. Subsequently, in testing the relationship between the respondent’s forgiveness style and level of mental health, Chi-square was utilized. This section presents the results and the analysis of the data.

Table 1
Mean-Computed on the Forgiveness Style of the Respondents

TRANSGRESSION-RELATED INTERPERSONAL MOTIVATION	MEAN	DESCRIPTIVE EQUIVALENT
Revenge		
1. I’ll make him/her pay.	2.45	Mildly Disagree
2. I wish that something bad would happen to him/her.	2.05	Mildly Disagree
3. I want him/her to get what he/she deserves.	3.55	Mildly Agree
4. I am going to get even.	2.88	Agree
5. I want to see him/her hurt and miserable.	2.26	Mildly Disagree
TOTAL	2.64	Agree
Avoidance		
6. I am trying to keep as much distance between us as possible	3.28	Agree
7. I am living as if he/she doesn’t exist, isn’t around	2.76	Agree
8. I don’t trust him/her.	3.00	Agree
9. I am finding it difficult to act warmly toward him/her.	3.16	Agree
10. I am avoiding him/her.	2.98	Agree
11. I cut off the relationship with him/her.	2.76	Agree
12. I withdraw from him/her.	2.72	Agree
TOTAL	2.95	Agree
Benevolence		
13. Even though his/her actions hurt me, I have goodwill for him/her.	3.58	Mildly Agree
14. I want us to bury the hatchet and move forward with our relationship	3.24	Agree
15. Despite what he/she did, I want us to have a positive relationship again.	3.38	Agree
16. Although he/she hurt me, I am putting the hurts aside so we can resume our relationship.	2.99	Agree
17. I have given up my hurt and resentment.	3.11	Agree
18. I have released my anger so I can work on restoring our relationship to health.	3.23	Agree
TOTAL	3.25	Agree
GRAND MEAN	2.94	Agree

Gathered using the Transgression-Related Interpersonal Motivation questionnaire, the data shows that the respondents *mildly disagreed* on most items under revenge such as; “I’ll make him/her pay”, “I wish that something bad would happen to him/her”, and “I want to see him/her hurt and miserable”; in addition, respondents *agreed* with “I am going to get even” and surprisingly, responds *mildly agreed* with “I want him/her to get what he/she deserves” with higher weighted mean of 3.55 among other items yielding a grand mean of 2.64 which indicates that the respondents *agreed* that revenge is a way of forgiving. However, it is important to highlight as presented by

the data gathered that inflicting pain and doing something to get even towards the offender in not something the respondents strongly agree with. This implies that the respondents wanted the offender to get what he or she deserves but not get things done by themselves. As for Avoidance, the respondents agreed (Grand Mean = 2.95) that they would try to keep themselves away from the offender and live as if he/she does not exist. Subsequently, the respondents also agreed that they will no longer trust nor act warmly towards the offender. This implies that avoiding the offender is a vital component among adolescent during the forgiveness process. Lastly, on measures of Benevolence as way of forgiving, the respondents agreed on most items that suggests compassion and understanding towards the offender which comprises aims of rekindling their relationship towards the offender by letting go of the anger to work towards restoring the relationship and burying down the hatchet and moving forward. The respondents also agreed that they would give up the hurt and resentment they feel. Interestingly, item number 13 under benevolence yields a higher weighted mean of 3.58 which corresponds to "*Even though his/her actions hurt me, I have goodwill for him/her*". This implies that kindness, understanding and goodwill towards the offender has higher and stronger influence on adolescents' forgiveness style compared to weighted mean under measures of *Revenge* and *Avoidance*. Perhaps one factor that contributes to this is the respondents' exposure to Christian teaching as the locale of the study is a Catholic School. Religion, Theology and Values Education (subjects that is not exclusively integrated to Catholic Education Curriculum) is an integrative approach of understanding human nature that covers various concept highlighting the teachings of Jesus Christ on life, self, and forgiveness are being taught from grade level to senior high school level which builds up the students' foundation on morality and humanity. All in all, the results provide a substantive data that the respondents have a positive forgiveness attitude at a young age. This result supports the data provided by Enright (2007) suggesting that elementary students exposed to forgiveness education has a positive outlook on forgiveness that subsequently reduces levels of anger compared to those who did not undergo such program [16]. Over the years, researchers have posted hypothesis that revenge factor has stronger influence among younger adolescents' forgiveness process yet producing data that it is otherwise — showing that willingness to avenge and willingness to forgive forms two different separate factors, even among young adolescents (Girard & Mullet, 2012; Enright, 1991). This result can be supported by Kohlberg's Moral Development Theory in which adolescents under conventional morality turn to internalize the moral standards of valued adult role models (McLeod, 2013). In conventional morality among adolescents, forgiveness style relies primarily on maintaining *good interpersonal relationships* and *maintaining the social order* which interpolates both *Avoidance* and most importantly *Benevolence* (Cohen, 2004; McLeod, 2013). Moreover, the basis of this deeper understanding of morality that links into forgiveness primarily depend on how the children/adolescents adopt their parents' moral standards as well as how they integrate judgments of situations on understanding of social order, law, justice and duty [17].

Table 2

Mean-Computed on the Mental Health Level of the Respondents

MENTAL HEALTH CONTINUUM – SHORT FORM	MEAN	DESCRIPTIVE EQUIVALENT
HEDONIC – EMOTIONAL WELL BEING		
1. Happy	4.62	Flourishing
2. Interested in life	4.74	Flourishing
3. Satisfied with life	4.69	Flourishing
TOTAL	4.68	Flourishing
EUDAIMONIC – SOCIAL WELL-BEING		
4. That you had something important to contribute to society.	3.91	Moderately Mentally Healthy
5. That you belonged to a community (like a social group, your school, or your neighborhood)	4.15	Moderately Mentally Healthy
6. That our society is a good place, or is becoming a better place, for all people.	4.16	Moderately Mentally Healthy
7. That people are basically good.	4.19	Moderately Mentally Healthy
8. That the way our society works made sense to you.	4.05	Moderately Mentally Healthy
TOTAL	4.09	Moderately Mentally Healthy
EUDAIMONIC – PSYCHOLOGICAL WELL-BEING		
9. That you liked most parts of your personality.	4.33	Moderately Mentally Healthy
10. Good at managing the responsibilities of your daily life.	4.47	Flourishing
11. That you had warm and trusting relationship with others.	4.39	Moderately Mentally Healthy
12. That you had experiences that challenged you to grow and become a better person.	4.63	Flourishing
13. Confident to think or express your own ideas and opinions.	4.32	Moderately Mentally Healthy
14. That your life has a sense of direction or meaning to it.	4.61	Flourishing
TOTAL	4.45	Moderately Mentally Healthy
GRAND MEAN	4.37	Moderately Mentally Healthy

As presented on Table 2, collectively, the respondents obtained a 4.37 grand mean with the descriptive equivalent of Moderately Mentally Healthy as their overall mental health. Interestingly, when analyzed by cluster, the respondents generally scored higher with a mean score of 4.68 which they are "flourishing" in the Hedonic or Emotional Well-being cluster. This implies that over the past months, the respondent thrives and experiences happiness, interest and satisfaction towards their life. Emotional well-being is a sense of happiness and a general satisfaction with life and oneself. This result supports the supposition of Filipino youth resiliency [18, 1, 2] and the concept of positivity among young adolescent in the Philippines despite exposure to economic disadvantage [2]. Moreover, the natural openness to seek assistance among Filipino adolescents from people they established trust with such as parents, teachers and close friends is a major factor in which they develop positive emotional well-being [18, 1, 2]. In addition to this, David & Palladino (2004) elaborate that difference in emotions result from differences in how people perceive or interpret their environment, people may feel happy because they got something they anticipated, fear because they expect that they deserve to be reprimanded, angry because they were crossed, and so forth [19]. Hence, an individuals' emotional well-being is mainly affected by the condition of their environment. A study on emotional maturity and general well-being among adolescent suggest that emotional maturity contributes to better emotional instability. This occurrence predicts a higher level of general well-being and mental health [20]. This implies that emotional well-being is a huge determinant of a holistic health mentality. Furthermore, in Eudaimonic - Social Well-being cluster, the result shows that the respondents' general attitude yields a descriptive equivalent of *moderately mentally healthy*. This implies that the respondents have moderate to low positive attitude towards their personal contribution and belongingness in a society as well as perception on the goodness of human and society. This occurrence can be explained by considering the state of adolescents on the human developmental

process, the level of belongingness in this period is crucial as they are already expected to acquire skills and behavior that adults has, while still in the process of actually transitioning from childhood to adulthood, this supports the stages of psychosocial development theory of Erik Erikson indicating that adolescents goal is to achieve the basic virtue of *fidelity* amidst the psychosocial crisis of Identity vs Role Confusion [21]. Furthermore Erikson (1963) deduced that the adolescent mind is essentially a moratorium, a psychosocial stage between childhood and adulthood, and between the morality learned by the child, and the ethics to be developed by the adult. Despite being a crucial part of development, achieving this may or may not establish a sound and well-developed belongingness in social group. Focal persons involved during the development of belongingness among adolescents includes parents, teachers, peers and other groups that they directly interact with [22]. Hence, the current research producing a result on adolescent social well-being having said to be moderate highly aligns to the basic theoretical foundation of adolescent and human development. This result strengthens the assumption that adolescents is on the process of developing their social well-being that builds up their mental health holistically. Subsequently, in Eudaimonic – Psychological Well-being, the respondents yield a descriptive equivalent of *flourishing* as seen in items stated as “*Good at managing the responsibilities of your daily life*”, “*That you had experiences that challenged you to grow and become a better person*” and “*That your life has a sense of direction or meaning to it*”, this implies that the respondents have had positive attitude towards experiences that challenged their personal growth as well as their perception on their life’s direction over that past months. On the other hand, the data shows that the respondents’ responses on most of the items under psychological well-being has descriptive equivalent of *moderately mentally healthy*, this includes their perception towards the component of their personality, the quality of their relationship towards other people as well confidence to express their ideas and opinions. Aligned to this result is a data provided in 2015 stating that majority of school adolescents aged 12 to 18 from Pakistan were perceived to have moderate level of Psychological Well-being while a local research suggests that the Filipino adolescents, regardless of gender feel optimistic in realizing their potential. This emphasis on possibilities of growth and existence of positivity by Perez (2012) is observable to the present study as the result shows that when it comes to self-assessment, the respondents would collectively respond to have moderate mental health suggesting possibility of growth; while on statement suggesting impact of experience and its repercussions as well as outlook on future and meaning of life, the respondents would respond rather certain in positive manner [23, 24].

Table 3
Difference Between the Respondents' Forgiveness Style and Mental Health When They Are Grouped According to Age, Year Level, Sex and Economic Status

INDICATORS	Age		Year Level		Sex		Economic Status	
	f-value	p-value	f-value	p-value	t-value	p-value	f-value	p-value
Forgiveness Style	1.21 ^{ns}	0.29	0.57 ^{ns}	0.71	2.39*	0.02	0.26 ^{ns}	0.93
Mental Health	2.90*	0.00	3.06*	0.01	2.55*	0.01	1.37 ^{ns}	0.23

Table 3 presents the difference between the respondents’ forgiveness style and mental health when they are grouped

according to age. The data revealed that there is no significant difference between forgiveness style when the respondents are grouped according to age with an f-value 1.21 at 0.29 p-value. The findings imply that regardless of the respondents’ age, their forgiveness style was reported to be identical. On the other hand, mental health yields a significant difference of 2.90 f-value at 0.00 p-value. This implies that there is a disparity on the respondents’ level of mental health when grouped as to early and middle adolescent. This result suggests that middle adolescents have higher level on emotional well-being subscale on MHC-SF compared to those of from early adolescent as they are more likely to have better understanding of happiness and satisfaction in life and lower unrealistic expectations [1]. Related studies reported higher level of emotional well-being among older individuals compared with younger people [25]. This occurrence is more likely explained on the continuous development that occurs during the adolescent period. Adolescence is a unique and formative time, while most adolescent have good mental health – multiple physical, emotional, and social changes, are factors that may largely contribute on the development of their mental health. Moreover, having said that middle adolescent has higher level of mental health compared to those from early adolescent are greatly affected by the fact that it is the transitional life period towards adulthood. Furthermore, active social engagement that occurs during middle to late adolescent greatly contributes to the development of a more firm and crystalized mental health [26]. Subsequently, on year level, the data on Table 3 presents the difference between the respondents’ forgiveness style and mental health when they are grouped according to year level. Forgiveness style (f-value = 0.57 at 0.71 p-value) do not yield any significant difference when they are grouped according to year level, hence, students from the different year level has similar way as to how they forgive people or situation that transgressed them. However, mental health yields an f-value of 3.06 at 0.01 p-value. This implies that the responses on the MHC-SF differs when grouped according to year level. This result is observed on items “*That you had something important to contribute to society*” and “*That our society is a good place, or is becoming a better place for all people*” under the Social Well-being cluster as well as on items “*Good at managing the responsibilities of your daily life*” and “*Confident to think or express your own ideas and opinions*” of the Psychological Well-being cluster. The result shows that students from Grade 9 and 8 are more likely to have higher level of social and psychological well-being compared to the other year level. These results further validate the earlier data on the difference between the mental health when grouped according to age. Majority of the respondents from Grade 9 were under middle adolescents which highly strengthens the assumption that those on early stages of middle adolescents are more likely to have healthier level of mental health compared to other age groups. This results highly supports the statement of World Health Organization (2018) on the complexities of adolescents as part of the society, suggesting that to fully understand adolescents you have to look into the different sub-transitions instead of focusing on it holistically as transitional period [27]. Furthermore, this result is aligned to the statement Carandang, Demerre, & Manotoc (2018) on the adolescence as a period of continuous development not only physically but also emotionally, socially and psychologically [18]. Furthermore, Table 3 further presents the significant difference

between the respondents' forgiveness style and mental health when they are grouped according to sex. On forgiveness style, the data presents that there is a significant difference between the respondents' forgiveness style with a t-value of 2.393 at p-value 0.025. This implies that sex group differences on forgiveness style is observable. Mann-Whitney U Test were utilized to cross-validate and visualize how male and female differs on forgiving. The cross validation shows that male respondents are more likely to go through process of forgiveness with revenge compared to female respondents with slight differences in mean rank. In contradiction, female respondents' practices benevolence more actively than male respondents. Lastly, both groups go through avoidance in which Worthington and Toussaint (2015) agreed with by stating that during the process of forgiving, one may experience unforgiveness by denying the existence of the offender and his actions. It is important to note that neither one group nor the other has higher or lower forgiveness level as both groups manifest the universality of forgiveness albeit differs on how they construe and practice it [28]. Related researchers have associated sex/gender on forgiveness and often settles into a rather confusing conclusion; and that female are more forgiving than men. In a similar study conducted by Julie Juola Exline between 1998 through 2005, gender differences consistently show that there is no significant difference between the levels of forgiveness on males and females but on their ways of forgiving [29]. Exline further explained that men tend to be more vengeful in baseline (without intervention), but when asked to recall similar offenses of their own subsides the feeling of vengeance, while women did not show much difference in their levels of vengeance. Exline argues that men who have been taught to from childhood to put themselves "in the shoes of others" and emphasize with them while women having taught from an early age to be more emphatic and lean toward relationship building do not emphasize the vengeful side of justice to the degree that men do. Moreover, Exline's supposition on this occurrence of yielding a significant difference on both groups boils down to the fact that both genders tend to be more forgiving when they see themselves as someone capable of committing a similar action to the offenders. Exline concluded by visualizing that offenses are easier to forgive to the extent that they seem small and understandable when an individual perceives themselves as similar or close to the offender [30]. On mental health, the data show that a significant difference when grouped according to sex has been reported with t-value of significance is 2.55 at 0.01 p-value. This implies that female respondents are more likely to have great difference on mental health than those of from the male respondents. To visualize how gender differs on levels of mental health Mann Whitney U Test were used for the purpose of cross-validation. The data show that female respondents tend to have lower level of mental health on various items on measures of Emotional Well-being, Social Well-being, and Psychological Well-being. It argues that females are less likely to experience happiness under emotional well-being; as well as think and feel that they have something important to contribute to the society and that society works fairly for them. Lastly, the result shows that they are less likely to feel that they are good at managing the responsibilities of their daily life. Various related literature show that both male and female can be affected by mental health problem in equal measures, but researchers often

present data showing that females are more susceptible in having mental health problems than male. According to WHO, gender is a crucial determinant of mental health and mental illness. Gender determines the differential power and control men and women have over the socioeconomic determinants of their mental health and lives [31]. Aligned to this is a study conducted by Van Droogenbroeck, Spruyt & Keppens (2018) showing that females reported higher psychological distress, anxiety and depression than male respondents from adolescents. Moreover, experiences of abuse and inequality are large contributors of mental health problems among female while substance abuse, aggression and gambling are more likely to trigger mental disorders among men [32]. Statistically, women are twice likely to experience anxiety disorders as men and one in four women will require treatment for depression at some time, compared with one in 10 ratios among men [18, 32]. Eating disorders on the other hand are more common in women than men, with young women most likely to develop one while post-traumatic stress disorder affects women worldwide by being largely exposed to more sexual violence. The risk of developing PTSD after any traumatic event is 20.4% for women and 8.1% for men [33]. In a review of literature on gender gap on mental health problems a 2014 survey highlights higher rates of common mental health problems being found among younger women aged 16 – 24 compared to their male peers. In 1993, young women of this age group are twice likely to have symptoms of common mental health problem at 19.2% compared to young men at 8.4%. Data presented that this occurrence increased by 2014 showing that susceptibility to symptoms are nearly thrice more common in young women (26.0%) than men (9.1%) (Mental Health Foundation, 2016). On the other hand, a local research assessing the gender difference of psychological well-being presents a significant result suggesting that both male and female participants had a feeling of continued development, and perceive themselves as growing and expanding [23]. Lastly, on the significant difference between the respondents' forgiveness style and mental health when they are grouped according to their economic status, the data gathered show no significant difference between the respondents' forgiveness style and mental health when grouped according to their family's economic status evident in 0.26 (Forgiveness) at 0.93 p-value, 1.37 (Mental Health) at 0.23 p-value. This result mean that regardless of the economic status, respondents' share the same view on their forgiveness and mental health status. Forgiveness, and mental health — despite lack of studies associating socioeconomic status on constructs like, forgiveness style and mental health, this occurrence highlights and further argues the assumptions on the cultural influence of Filipino resiliency on psychological constructs that contributes to adolescents' overall mental health [18]. The general objective of the study is to test the hypothesis whether forgiveness style is determinants of mental health. The data gathered produced substantial result as to how these prosocial variables could build-up ones healthy mentally. This section presents the relationship between the respondents' forgiveness style and level of mental health.

Table 4
Relationship between the Respondents' Forgiveness Style and their Level of Mental Health

Indicators	χ^2 -value	p-value
Revenge	0.23 ^{ns}	0.23
Avoidance	0.53 ^{ns}	0.53
Benevolence	17.63*	0.01

As presented on Table 4, there is significant relationship between the respondents' forgiveness style and their level of mental health, specifically on measures of benevolence with a Chi-square value of 17.63 at 0.01 p-value. This implies the person's ability to forgive with munificence, compassion and goodwill strongly predicts a person's healthy mentality. Aside from benefits such as preserving interpersonal relationships and enhancement of social skills that supports the result of this study the most significant is the fact that forgiveness leads to better physical and mental benefit. In Worthington's (2001) forgiveness model, it is postulated, and later proven that forgiveness most likely promote mental health indirectly but observable through compassion, positive interpersonal functioning and healthy behavior [35, 36, 37, 38]. Furthermore, in the module of forgiveness by the American Psychological Association (2008), it is indicated that the major benefit of forgiveness is that it improves physical and mental health. Fincham, Beach and Davila (2006) stated that when interpersonal transgression occur in a relationships they elicit strong negative feelings and have the potential to disrupt the relationship, which would subsequently disrupt ones' way of thinking and functioning. Conflict resolution through forgiveness is integral to a successful relationship, hence forgiveness would lessen the susceptibility of a person in going through such situation. Moreover, Fincham, Beach, and Davila (2006) supposition that "forgiveness is not the absence of unforgiveness just as health is not the absence of illness" supports the initial idea of Worthington and Toussaint (2015) that forgiveness is a process and that it wouldn't come down to it all at once, it could go through the need for revenge, avoidance or benevolence in no precise order but will eventually lead down to forgiveness. The present study, as supported by the empirical literature on the possible clinical application of forgiveness, concludes that forgiveness conjectures the development of mental health [36].

4. CONCLUSION AND RECOMMENDATION

It has been found out that the respondents' forgiveness style incorporates both revenge and avoidance but mainly focuses on the practice of forgiveness through benevolence which means they value more the relationship rather than holding on to grudges. This, perhaps, was due to their exposure to Catholic teaching which greatly influenced their perception and practice of forgiveness with empathy and compassion. In addition, the respondents overall mental health level is Moderately Mentally Healthy which indicates normal to high level of mental health. Thus, Forgiveness through Benevolence directly predicts healthy mental status.

Based on the conclusion, the following are recommended:

Faculty.

- Integration of classroom scenarios that could improve the student's forgiveness style must be designed and implemented to immediately address the students'

weak forgiveness style for sound developmental transition.

School Guidance Counselor and School Administrator.

- A constant assessment and updating of the mental health status of the students must be practiced.
- A program focusing on the improvement of forgiveness among adolescent (if non-existent, must be established) must be implemented and periodically assessed.
- Mental health support must be well disseminated and practiced. For example; gender education must be emphasized to strengthen the implementation of mental health and forgiveness program as to how differences on views, practices and stands affects the development of these constructs.
- To consider undergoing trainings and seminars to update and be equipped in promoting a healthy school environment.

Parents and Guardians.

- It is deemed suggested for parents and guardians to involve themselves on programs established by the institution in improving the students' mental health.
- As direct responder to their child's needs, they should be well-equipped on the importance of mental health, interventions towards mental health problem as well as the availability of resources that promotes a healthy mentality.

Psychologist, Psychometrician, Psychology Practitioners.

- The researcher highly recommends that the regular involvement of psychology professionals with programs and advocacies concerning mental health must be actively conducted and coordinated with nearby schools in promoting and steering interventions, trainings, and seminars on prosociality and mental health.

Department of Social Welfare and Development

- It is deemed important for social workers, health workers and government officials to strengthen the existing programs to include the promotion of mental health in a larger scale of our society, including small and remote communities, schools and universities, workplace, etc.
- Collaboration with Non-Government Organization (NGO) and other private association implementing and advocating mental health must be established for a more effective, well-designed programs providing assistance to people with mental health needs.

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