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Forgiveness and early maladaptive schemas and trauma among women with an alcohol-use disorder parent

Przebaczenie a wczesne nieadaptacyjne schematy i trauma wśród kobiet posiadających rodzica z zaburzeniami używania alkoholu

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Abstract

Introduction: The aim of the research was to ascertain whether early maladaptive schemas (EMS) and trauma are important predictors of the disposition to forgive and whether it is possible to distinguish types of women with parents diagnosed with alcohol-use disorder (AUD) characterised by a specific configuration of the disposition to forgive, intensification of EMS and a sense of trauma.

Material and methods: The study group included women with a parent with AUD (N = 150) aged 20-35 years (M = 28.58, SD = 4.91). Heartland Forgiveness Scale, Young Schema Questionnaire and Childhood Trauma Questionnaire were used.

Streszczenie

Wprowadzenie: Celem badań było sprawdzenie, czy wczesne nieadaptacyjne schematy (EMS) i trauma stanowią istotne predyktory dyspozycji do przebaczenia oraz czy możliwe jest wyodrębnienie typów kobiet posiadających rodziców z diagnozą zaburzeń używania alkoholu (AUD) cechujących się specyficzną konfiguracją dyspozycji do przebaczenia, nasilenia EMS oraz poczucia traumy.

Materiał i metody: W badaniu wzięło udział 150 kobiet w wieku 20–35 lat (M = 28,58, SD = 4,91) posiadających rodzica z AUD. Użyto Skalę Przebaczenia Heartland, Kwestionariusz Schematów Younga oraz Kwestionariusz Traumy Wczesnodziecięcej.

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Results: EMS and a sense of trauma turned out to be important predictors of dispositional forgiveness. Two types of women were also distinguished, differing in their disposition to forgive, the intensity of EMS and the sense of trauma.

Discussion: The obtained results are consistent with those of studies that proved trauma is a significant predictor of forgiveness.

Conclusions: Women with a higher severity of EMS and a sense of trauma were characterised by a lower readiness to forgive in various situational contexts.

Keywords: Trauma, Early maladaptive schemas, Women, Forgiveness, ACoA (Adult Children of Alcoholics).

Wyniki: EMS i poczucie traumy okazały się istotnymi predyktorami dyspozycji do przebaczenia. Wyodrębniono także dwa typy kobiet różniących się dyspozycją do przebaczenia, nasileniem EMS i poczucia traumy.

Omówienie: Uzyskane wyniki są zgodne z rezultatami badań, w których udowodniono, że poczucie traumy jest istotnym predyktorem przebaczenia.

Wnioski: Kobiety cechujące się wyższym nasileniem EMS i poczucia traumy charakteryzowały się niższą gotowością do udzielania przebaczenia w różnych sytuacjach.

Słowa kluczowe: trauma, wczesne nieadaptacyjne schematy, kobiety, przebaczenie, DDA (Dorosłe Dzieci Alkoholików).

Introduction

Up to 43% of young Americans grow up in families with an alcohol problem. According to the data of the State Agency for the Prevention of Alcohol-Related Problems (PARPA), alcohol consumption in Poland has been steadily increasing in recent years and, according to the OECD report in 2021, up to 5% of adult Poles were alcohol dependent [1]. The results of the research suggest that a significant proportion of people who grew up in a family with an alcohol use disorder (AUD) problem may be exposed to experiencing difficulties in social functioning and exhibit many psychopathological symptoms [2-6]. Currently, it is emphasised that although this group is heterogeneous in terms of the occurrence of psychopathological symptoms, its members are more likely to experience severe symptoms of anxiety disorders, depressive disorders, PTSD, somatic disorders, personality disorders and difficulties in social functioning [7, 8].

Growing up in a family with AUD is associated with experiencing violence of various kinds as well as neglect [9], which may interfere with the harmonious development of the child and contribute to the emergence of early maladaptive schemas (EMS) [10]. EMS are defined as fixed, dysfunctional ways of thinking that are shaped in the early stages of development and are modified and evolve throughout life [11]. EMS consist of affective and cognitive elements as well as physical sensations. They are a reference point for creating patterns of relationships with other people and the world together with the attitude toward oneself [11]. Young [12] assumed that needs are primary in relation to the structure of the self and listed four that he considered to be the most important for the proper development and shaping of adaptive schemas: 1) secure pattern of attachment to others (in this need, he also included a sense of safety, care, acceptance and nurturance); 2) competence, sense of identity, autonomy; 3) freedom to express valid needs and emotional states and 4) self-control and realistic limits [13]. When the basic needs of a child are not met in relationships with significant persons, EMS may develop. Their formation involves biological processes, including neuronal ones, which are responsible for conditioning anxiety. According to Young's theory [14], one of the experiences affecting the development of EMS is trauma. Based on LeDoux's theory [15], it can be assumed that remembering traumatic experiences at the conscious level takes place with the participation of the hippocampus and related areas of the cerebral cortex. In turn, at the unconscious level, trauma is remembered mainly by the amygdala. In the event of a recurrence of a difficult situation, both systems are activated. Therefore, in a difficult situation, schemas are activated without the participation of awareness and more complex information processing mechanisms [10, 12, 15]. LeDuox [15] suggests that unconscious memories are permanent. LeDoux's hypotheses [15] were used by Young [12] to explain the durability and rigidity

of early maladaptive schemas. A child raised in a family with AUD may be exposed to long-term or chronic failure to meet their important developmental needs, which leads to the consolidation of maladaptive and rigid functioning patterns [14]. These, in turn, can lead to significant disturbances on the levels of mental health, relationships with others and undertaking developmental tasks [14]. Traumatic experiences can contribute to persisting in the sense of harm and inhibition of development if not forgiven. It has been proven that forgiving a parent with AUD is a way to restore homeostasis and provides an opportunity to regain health [16].

In the theory of Thompson *et al.* [17], dispositional forgiveness is recognised as a relatively constant readiness to change negative feelings towards the transgressor or the transgression into neutral or positive ones. Thompson [17] emphasised that a person can also hurt themselves or be hurt by a situation that is out of control. Within forgiveness of the situation, a forgiving God is also considered. The process of forgiveness is a transformation from a negative to a neutral or positive response that, according to Thompson [17], consists of all the emotions, feelings and thoughts towards the transgressor. What is also important in this change is the strength of reaction e.g., weakening the strength of negative reactions. Reducing the strength of the response is associated with minimising rumination regarding harm. Studies show that the ability to forgive is related to mental health [18]. The results of the few studies undertaken in this area indicate that forgiveness may be a factor treating many mental difficulties of people with parents with AUD [19].

The aim of our study was to check whether EMS and trauma are important predictors of disposition to forgive and whether it is possible to identify various types of women whose parents have been diagnosed with AUD and who are characterised by a specific configuration of the disposition to forgive, intensification of EMS and trauma.

Taking into consideration that being raised by a parent with AUD may lead to the development of EMS [10] and expose one to experiencing various types of violence [20], and thus contribute to maintaining a sense of harm [16], it was assumed that EMS and trauma will be important predictors of the disposition to forgive. In addition, assuming that forgiveness is associated with mental health [18], it was taken as given that women with a higher disposition to forgive will also present a lower level of EMS and a lower level of trauma.

Material and methods

Participants and procedure

The applied research procedure was approved by the appropriate institutional review board. The study group included women of 20-35 years of age (M = 28.58, SD = 4.91) who had a parent with AUD (N = 150). The characteristics of the examined group in terms of marital status, place of residence, education, and professional activity are presented in Table I. Study participants were volunteers recruited through an advertisement on social media in Poland. The test was carried out using the paper-pencil method. Informed consent

Table I. Breakdown of the women surveyed by marital status, place of residence, education and occupation (N = 150)

Variables	Surveyed women (N = 150), n (%)
Marital status	
Single	37 (24.83)
In an informal relationship	51 (34.22)
Married	49 (32.88)
Divorced/separated	11 (7.38)
Widow	1 (0.67)
Place of residence	
The countryside	34 (22.81)
Town of up to 25,000 inhabitants	16 (10.73)
Town of up to 100,000 inhabitants	17 (11.40)
City of up to 400,000 inhabitants	60 (40.26)
City of over 400,000 inhabitants	22 (14.76)
Education	
Elementary	4 (2.66)
Vocational	6 (4.00)
Secondary	44 (29.33)
Higher	96 (64.00)
Occupation	
Unemployed	15 (10.06)
School/university student	33 (22.14)
Blue-collar worker	16 (10.73)
White-collar worker	68 (45.63)
Self-employed	17 (11.40)

was obtained from all individual participants included in the study.

Analyses were conducted in SPSS.27.

Measures

Heartland Forgiveness Scale (HFS) [17, 21] by L.Y. Thompson, C.R. Snyder, L. Hoffman is a scale constructed on the basis of a cognitive understanding of dispositional forgiveness as a complex response to the transgressor, which includes both positive and negative components. The scale also measures forgiveness from the positive and negative side for each factor. The positive aspect concerns positive reactions in situations of transgression and the negative one includes self-depreciating negative reactions. The HFS is a 58-item-self-report measure with seven-option answering format (1 = *almost always untrue*, 7 = *almost always true*). Higher scores in each subscale reflect a higher tendency to forgive in a given aspect. The possible result is in the range of 18-126 points for the whole scale with 9-63 for the positive and negative aspects of forgiveness. Cronbach's α coefficient in our study was 0.70-0.71.

Young Schema Questionnaire (YSQ-S3) [22, 23] is a tool developed to obtain a result for domains/areas and 18 early maladaptive schemas. The statements refer to the respondent's beliefs about themselves, relationships with others and the world. The questionnaire was based on the theory of early maladaptive schemas of Young [12] and the experiences of clinicians who work with people with personality disorders, and its source was repeated responses of patients regarding functioning in relation to significant others, who were most often their parents. The YSQ-S3 is a 90-item self-report measure with a six-option answering format (1 = *completely untrue of me*, 6 = *describes me perfectly*). The possible outcome is in the range of 5-30 for each schema and in the range of 90-540 for the overall score. The higher the score, the greater the severity of a given early non-adaptive schema or their sum. The internal consistency of the questionnaire in this study was from α = 0.88 to α = 0.97.

Childhood Trauma Questionnaire (CTQ) [24] by D.P. Bernstein & L. Fink is used to assess childhood traumas grouped into five areas: emotional abuse, physical abuse, sexual abuse, physical neglect and emotional neglect. The CTQ is a 28-item self-report measure with a six-option answering format (1 = *completely untrue*, 6 = *describes me almost perfectly*). The higher the score in each of the scales (in the range of 5-25 points), the more intense the trauma. Trauma severity index is the sum of the scores obtained in each scale. The Cronbach α was 0.72 in this study for the overall score and ranged from 0.71 to 0.79 for subscales.

■ Results

The average level of analysed variables in the examined group of women is included in Table II. As regards EMS, the highest results were recorded for *Approval Seeking*, *Self-Sacrifice*, *Unrelenting Standards* and *Abandonment*. The surveyed women also presented a higher disposition to have positive feelings for the transgressor in a situation of transgression (positive aspect of forgiveness) than women whose parents were not alcohol dependent. These women showed a moderately high sense of emotional abuse, neglect and physical self-neglect.

In our research, we assumed that early maladaptive schemas (EMS) and trauma would allow us to predict the intensity of dispositional forgiveness and its dimensions. A forward selection regression analysis was performed to verify this hypothesis. The results of regression models are presented in Table III.

Early maladaptive schemas and trauma are important predictors of dispositional forgiveness and its negative and positive dimensions in 35, 30 and 33% respectively. In this model that allows for predicting the level of a general disposition to forgive, the role of independent predictors was performed by the following schemas: *Insufficient Self-Control* and *Abandonment*. In turn, the *Insufficient Self-Control* and *Emotional Neglect* schemas independently predicted the intensification of the negative dimension of forgiveness. For the positive dimension of forgiveness, the function of independent predictors was performed by the *Insufficient Self-Control* and *Abandonment* schemas.

We also assumed that it was possible to identify various types of women surveyed, taking into account the dimensions of the disposition to forgive, EMS and trauma. For this purpose, *k*-means cluster analysis was carried out. Two clusters were identified (Table IV).

The first cluster ($n = 68$) was comprised of women who presented a lower disposition to forgive, a higher intensity of EMS and of trauma. Women with a higher disposition to forgive, a lower level

Table II. Mean level of analysed variables (*N* = 150)

Variables	Women with an addicted parent (*N* = 150)					
	M	*SD*	*Min*	*Max*	Skewness	Kurtosis
Dispositional forgiveness						
Dispositional forgiveness	78.34	14.29	25	120	–0.17	1.87
Negative dimension	38.24	6.75	13	57	–0.33	1.88
Positive dimension	39.89	7.64	12	65	–0.16	1.66
Early maladaptive schemas						
Early maladaptive schemas (overall score)	270.23	79.97	127	474	0.31	–0.53
Emotional deprivation (ED)	13.12	7.02	5	30	0.58	–0.65
Abandonment (AB)	17.00	7.39	5	30	0.19	–1.07
Mistrust/abuse (MA)	15.36	6.61	5	30	0.34	–0.78
Social isolation (SI)	15.92	7.25	5	30	0.30	–0.99
Defectiveness/shame (DS)	11.76	6.91	5	30	0.86	–0.45
Failure to achieve (FA)	14.61	7.24	5	30	0.40	–0.97
Dependence/incompetence (DI)	12.49	5.96	5	30	0.91	0.42
Vulnerability to harm or illness (VU)	14.43	6.57	5	30	0.35	–0.87
Enmeshment/undeveloped self (EM)	10.55	5.12	5	30	1.00	0.84
Subjugation (SB)	13.80	5.98	5	30	0.62	–0.15
Self-sacrifice (SS)	18.62	5.80	5	30	–0.10	0.70
Emotional inhibition (EI)	14.41	6.48	5	30	0.32	–0.93
Unrelenting standards (US)	17.82	5.61	5	30	–0.10	–0.52
Entitlement (ET)	14.66	4.96	5	30	0.40	0.08
Insufficient self-control (IS)	16.57	6.31	5	30	0.22	–0.64
Approval seeking (AS)	18.29	6.05	5	30	–0.08	–0.72
Negativity/pessimism (NP)	16.96	6.78	5	30	0.10	–0.91
Punitiveness (PU)	13.88	5.65	5	30	0.51	–0.33
Sense of trauma						
Early childhood trauma	48.91	14.35	14	84	–0.27	–0.65
Emotional abuse	15.11	5.52	5	25	0.02	–0.86
Physical abuse	10.36	4.28	5	25	0.68	0.52
Sexual abuse	9.58	4.41	5	25	0.59	–0.39
Emotional neglect	17.95	6.01	5	25	–0.37	–1.19
Physical neglect	12.79	2.37	5	21	0.06	1.58

of EMS and of trauma were included in the second cluster (n = 82). The only area in which there was no difference between both clusters was the experienced *Physical Neglect*.

■ Discussion

The aim of the conducted research was to check in a group of women whose parent had a diagnosis of AUD whether EMS and trauma are important predictors of the disposition to forgive. In addition, it was checked whether it was possible to distinguish different types of women with parents diagnosed with AUD characterised by a specific configuration of the intensity of dispositions to forgive, EMS and trauma.

In the cited studies, people growing up in families with alcohol problems achieved the highest intensity in terms of *Approval Seeking, Pessimism/Negativeness, Insufficient Self-Control* and *Unrelenting Standards* schemas. This result is consistent with the results of research conducted by Chod-

Table III. The role of EMS and trauma for dispositional forgiveness and its dimensions in a group of adult women whose parents exhibited AUD (N = 150)

Variables	Standardized coefficients		Non-standardized coefficients	
	β	*SE*	β	*SE*
Dispositional forgiveness				
Insufficient self-control	–0.33	0.08	–0.73	0.18
Abandonment	–0.24	0.09	–0.45	0.16
Sexual abuse	0.10	0.08	0.32	0.27
Physical neglect	–0.11	0.07	–0.63	0.40
Emotional neglect	0.16	0.09	0.36	0.20
Pessimism	–0.12	0.09	–0.25	0.19
$F_{(14.135)}$ = 12.43; p < 0.001; corrected R^2 = 0.35				
Negative dimension of forgiveness				
Insufficient self-control	–0.27	0.09	–0.28	0.09
Abandonment	–0.15	0.10	–0.13	0.08
Emotional neglect	0.19	0.08	0.20	0.09
Physical neglect	–0.15	0.07	–0.40	0.20
Pessimism	–0.14	0.10	–0.13	0.09
Enmeshment	–0.12	0.08	–0.14	0.10
Emotional abuse	0.13	0.09	0.15	0.11
Emotional deprivation	–0.10	0.10	–0.09	0.09
$F_{(14.135)}$ = 8.15; p < 0.001; corrected R^2 = 0.30				
Positive dimension of forgiveness				
Insufficient self-control	–0.25	0.09	–0.29	0.11
Abandonment	–0.21	0.09	–0.20	0.09
Sexual abuse	0.14	0.09	0.23	0.14
Emotional deprivation	–0.14	0.09	–0.14	0.10
Emotional neglect	0.13	0.09	0.15	0.10
Physical neglect	–0.12	0.07	–0.35	0.22
Dependence/incompetence	–0.11	0.10	–0.13	0.12
Physical abuse	0.08	0.07	0.13	0.12
$F_{(14.135)}$ = 9.30; p < 0.001; corrected R^2 = 0.33				

β – *beta coefficient; SE – standard error*

kiewicz and Kasprzak [25]. Despite many studies on people growing up in families with alcohol problem, the means of verifying the calculation of the non-adaptive problem in this group is practically unexplored.

Chodkiewicz and Kasprzak [25] argue that the intensity of these schemas in people from families with alcohol supervision is the same as the descriptions of this group by e.g. Woititz [26] and Brown and Wegscheider-Cruse [27]. In the descriptions of these people, attention was paid to the provision of social care and the enemy of the emotional environment in the family, which results from the constant search for confirmation of one's self-worth in the environment [28]. In fact, self-esteem is not separate from the individual, and its source is found in others' approval and acceptance. Young [29] wrote that people with a high intensity of the *Approval Seeking* schema have difficulty developing an independent, strong self as their sense of self-worth is dependent on the messages they receive from their environment. A consequence can be a resignation to being authentic, experiencing satisfaction from one's choices or increased sen-

Table IV. Characteristics of cluster 1 and cluster 2 taking into account the level of disposition to forgive, EMS and trauma (N = 150)

	Cluster 1 (n = 68)		Cluster 2 (n = 82)		*F* statistic
	M	*SD*	*M*	*SD*	
Negative dimension of forgiveness	35.86	6.33	40.17	6.02	16.77***
Positive dimension of forgiveness	36.94	7.31	42.27	6.82	20.56***
Emotional deprivation (ED)	18.20	6.23	9.01	4.33	111.12***
Abandonment (AB)	22.44	5.94	12.60	5.07	119.71***
Mistrust/abuse	20.42	5.51	11.42	4.32	120.43***
Social isolation (SI)	21.49	5.72	11.43	4.64	141.40***
Defectiveness/shame (DS)	17.16	6.38	7.04	3.15	148.65***
Failure (FA)	19.69	6.15	10.51	5.05	100.85***
Dependence/incompetence (DI)	16.39	5.68	9.30	3.82	82.83***
Vulnerability (VU)	19.31	5.19	10.48	4.52	123.57***
Enmeshment (EM)	13.29	5.71	8.34	3.11	45.53***
Subjugation (SB)	18.09	5.02	10.33	3.96	111.82***
Self-sacrifice (SS)	20.63	5.75	17.11	5.30	15.13**
Emotional inhibition (EI)	18.60	5.59	11.04	4.94	77.09***
Unrelenting standards (US)	19.89	4.94	16.15	5.53	18.61***
Entitlement (ET)	16.43	5.26	13.32	4.15	17.29***
Insufficient self-control (IS)	20.67	5.15	13.26	5.08	78.43***
Approval seeking (AS)	21.70	5.30	15.53	5.03	52.57***
Negativity/pessimism (NP)	22.05	5.08	12.85	4.90	129.85***
Punitiveness (PU)	16.68	4.76	11.62	4.29	37.11***
Emotional abuse	17.77	4.88	12.93	4.91	34.46***
Physical abuse	11.23	5.25	9.65	4.91	5.24*
Sexual abuse	10.31	2.67	8.98	3.92	3.39*
Emotional neglect	20.32	6.83	16.03	5.82	21.97***
Physical neglect	12.76	7.54	12.84	3.92	0.05

** $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$*

sitivity to rejection signals. In many families in alcoholic care, the child may not receive as much emotional support, reinforcement and attention as required. According to Young and other research [29], the *Approval Seeking* schema is often a method of compensating for another primary maladaptive schema in the case of people who, for example, display *Abandonment/Relationship Instability*. It seems that subjects with families in alcoholic care compensate for their fear of rejection by seeking approval and recognition. At the same time, the feeling of being abandoned can be linked to the conviction that one is not worthy of love shaping the belief that loved ones are bound to leave.

Another particularly intensified schema in the study group was *Self-Sacrifice*, which improved with greater attention to meeting other people's needs than to one's own. What happens is the tendency to use the need for help is visible in families with the alcoholic phenomenon of parentification [30]. It is important that the *Self-Sacrifice* scheme is most often shaped in the relationship with parent who is defined as weak because of the need for help, immaturity, the appearance of a function requiring support, illness or disease. The result obtained in the *Self-Sacrifice* scheme is consistent with the results of other studies [31-34] conducted in other non-clinical studies. Dorota Mącik [30] believes that the reason may lie in the specificity of Polish population as well as the socio-cultural transformation of 1989 and the intensification of individualistic tendencies. She quoted research

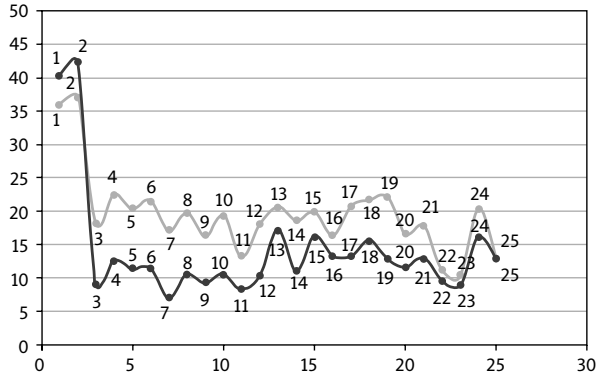

Figure 1. Forgiveness, early maladaptive schemas and trauma in particular clusters identified in a group of women with a parent with AUD

1 – N Scale; 2 – P Scale; 3 – Emotional Deprivation; 4 – Abandonment; 5 – Mistrust; 6 – Social Isolation; 7 – Defectiveness; 8 – Failure; 9 – Dependency; 10 – Vulnerability to harm; 11 – Enmeshment; 12 – Subjugation; 13 – Self-Sacrifice; 14 – Emotional Inhibition; 15 – Unrelenting Standards; 16 – Entitlement; 17 – Insufficient Self-Control; 18 – Approval Seeking; 19 – Pessimism; 20 – Punitiveness; 21 – Emotional Abuse; 22 – Physical Abuse; 23 – Sexual Abuse; 24 – Emotional Neglect; 25 – Physical Neglect

results indicating that the higher intensity of the *Self-Sacrifice* scheme applies to younger people and these were also included in the study.

Respondents from families with alcohol problems also manifested a higher intensity of the *Excessive Requirements/Excessive Criticism* schema. These individuals seem perfectionistic, striving to meet excessively high internalised expectations. Meeting these demands usually proves impossible so this is accompanied by constant emotional tension. Placing high demands on oneself in many spheres of professional and social life results not only in psychological rigidity, but also in criticism of others. This is consistent with Woititz's [26] explanation, wherein adults who had an addicted parent not infrequently present black and white, particularly strict, even categorical and inflexible thinking. This is the result of growing up in an unfavourable environment and negative communication based on criticism and harshness. According to Woititz [26], these individuals are constantly trying to earn their parents' approval and prove themselves worthy of their parents' love during childhood.

In line with our expectations, EMS and the sense of trauma schemes *Insufficient Self-Control* and *Abandonment/Lack of Stability* and *Emotional Neglect* turned out to be significant predictors of dispositional forgiveness and its negative and positive dimensions. There are no studies addressing this topic in the ACoA group. However, in explaining this result, one can refer to Young's assumptions [12].

Insufficient Self-Control, which is one of the EMS, is a significant predictor of the disposition to forgive. Children with this schema often experienced *Emotional Neglect* by their caregivers. One coping mechanism is to impose high expectations on yourself [12]. Perhaps, therefore, women with *Insufficient Self-Sacrifice* felt compelled to forgive their drinking parent, especially since they also scored high on self-sacrifice. Similarly, the *Abandonment/Instability* schema may be associated with the fear of losing the relationship and involve an attempt to maintain it despite the injuries suffered.

It has been revealed that *Emotional Neglect* is a significant predictor of dispositional forgiveness – the reduction of negative reactions towards the offender. This is in line with the results of research, which have proven that people who were exposed to adverse experiences in childhood – especially those experiencing relational trauma – are more empathetic in adulthood and try to understand the others' behaviour and attitudes [34]. In the context of the obtained results, the construct of false forgiveness seems worth recalling. Some of the researchers [35, 36] distinguished true from false forgiveness (pseudo-forgiveness), which is most often an expression of psychopathology within the personality. When forgiveness works in the service of psychopathology, it is significantly distorted by the individual's conscious or unconscious motivational processes. There are several types of patterns that accompany false forgiveness including condescension resulting from narcissistic traits; denial – the person granting forgiveness does not confront his own negative emotions towards the offender; reactive formation – forcing a positive attitude and emotions that suppress real, negative emotions and attitude towards the hurting person; annulment – the forgiving person tries to negate the trauma by giving forgiveness so that forgiveness loses its relational character and becomes an act of illusory liberation from the wound suffered; neurotic dependence – a person with a neurotic personality structure gives false forgiveness in order to maintain a pathological masochistic relationship; symbiosis – an individual who has not achieved stable representations of themselves and objects in the course of development grants forgiveness, feeling

a deep fear of being abandoned by loved ones and manipulative controlling – a person ostensibly forgoes seeking confession of the wrongdoer's guilt or hides their own guilt by forcing others to admit their hurt [36].

Adopting this perspective, it can be understood that a higher intensity of forgiveness in some of the surveyed women may take the form of a mechanism supporting early non-adaptive schemas like *Abandonment/Instability*. However, this conclusion requires further research.

In turn, in the second more numerous cluster, a higher disposition to grant forgiveness coexisted with a lower intensity of EMS and a lower sense of trauma. Our results are consistent with earlier reports. In the study carried out so far, it was shown that there is a significant negative relationship between early maladaptive schemas and dispositional forgiveness [37]. The greater the intensity of early maladaptive schemas, the lower the personal readiness to forgive other people. This is confirmed by theory – EMS are understood as rigid patterns of beliefs about oneself and relationships with other people [15]. Karatzias [11] proved that the experience of trauma in an interpersonal relationship increases the level of exhibited EMS and is also related to a lower readiness to grant forgiveness.

The obtained results are also consistent with the results of studies which proved that the sense of trauma is an important predictor of forgiveness [38]. The results of a study conducted in a group of young Americans who had grown up in a family with an alcohol problem indicate that forgiveness is a way to recover – both physically and mentally; it also increases the intensity of spiritual well-being [16]. The results of other studies indicated that forgiveness is generally related to mental health [18], higher spiritual well-being, optimism, hope, gratitude [17, 39-41] and even better physical health [42].

Forgiveness according to Thompson [17] is understood as transcending rigid patterns within the roles of the transgressor and the transgressed and changing the perception of the situation of transgression. The change may be twofold: firstly, it may concern the reduction of negative emotions and attitudes towards the transgressor, and thus the reduction of unforgiveness; secondly, it may be associated with the increase of positive emotions in a situation of transgression. If we accept such an understanding – both of EMS and forgiveness – it seems highly probable that people with a high intensity of schemas, and thus rigid and non-adaptive ways of perceiving reality, will find it difficult to overcome the schema and ascribe a new meaning to the harm suffered. Making changes in the perception of oneself and the transgressor may also be difficult for an individual with a high intensity of early maladaptive schemas.

There are **several limitations** to the current study. The studied women most often had alcohol dependent fathers. A few had a dependent mother or both parents. In view of the above, it is impossible to generalise the results to the entire population in families with alcohol related problems. Our research model did not take into account protective factors like subjective resources or social support, nor did it assess the quality of the relationship with the parent with AUD and without AUD. The inclusion of these variables may be interesting for future studies.

Conclusions

Our study demonstrated that the sense of trauma experienced during childhood and EMS are important predictors of the disposition to forgive in a group of adult women with parents diagnosed with AUD. Moreover, different types of women can be distinguished on the basis of their intensity of dispositions to forgive, early maladaptive patterns and trauma. The obtained research results may not only deepen the knowledge about the functioning of women whose parents had an AUD diagnosis, but also be used in psychotherapeutic activities. Work on deepening the disposition to forgive may be associated with more adaptive functioning, reducing the intensity of early maladaptive schemas and better mental health.

Conflict of interest/Konflikt interesów

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Ethics/Etyka

The work described in this article has been carried out in accordance with the Code of Ethics of the World Medical Association (Declaration of Helsinki) on medical research involving human subjects, Uniform Requirements for manuscripts submitted to biomedical journals and the ethical principles defined in the Farmington Consensus of 1997.

Treści przedstawione w pracy są zgodne z zasadami Deklaracji Helsińskiej odnoszącymi się do badań z udziałem ludzi, ujednoliconymi wymaganiami dla czasopism biomedycznych oraz z zasadami etycznymi określonymi w Porozumieniu z Farmington w 1997 roku.

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