



Parenting a Child with Learning Disabilities: Mothers' Self-Forgiveness, Well-Being, and Parental Behaviors

Giorgia Finardi¹ · F. Giorgia Paleari¹  · Frank D. Fincham²

Accepted: 21 July 2022
© The Author(s) 2022

Abstract

Parenting a child with learning disabilities (LDs) can not only be a fulfilling experience, but also a challenging one which can increase parenting stress as well as impair parenting self-efficacy, parental psychological well-being and interactions with the child. Informed by the parenting three-term causal model and the parenting stress model, the present research explored whether self-forgiveness was inversely associated to these undesirable outcomes in mothers of a child with specific LDs. Mothers' self-forgiveness for perceived failures in dealing with the child's disabilities was expected to be associated with their psychological well-being and their parental behaviors and relation with the child, both directly and indirectly through parenting stress and parenting self-efficacy. The hypothesized direct and indirect associations were assumed to be moderated by partner support. Data were obtained cross-sectionally from 92 mothers (M age = 43) of children (M age = 12) with diagnosed specific LDs. Self-forgiveness, conceived as a bi-dimensional construct, related to greater psychological well-being and to more accepting and less rejecting behaviors toward the child. For the negative dimension of self-forgiveness, these relations were mediated by parenting stress and parenting self-efficacy, whereas for the positive dimension of self-forgiveness the hypothesized mediational model was supported only for mothers who reported poor support from their partner. The implications for programs designed for parents of children with LDs are noted and several avenues for future research are described.

Keywords Self-forgiveness · Parenting · Learning disabilities · Well-being · Mother-child relations

Highlights

- Studies examining the role of self-forgiveness for parenting failures are missing.
- We show that self-forgiveness may be beneficial for mothers of children with specific LDs.
- Self-forgiveness is associated with greater well-being and more accepting behaviors toward the child.
- The above relations are mediated by parenting stress and parenting self-efficacy.

Raising a child with disabilities can be a joyful, fulfilling and enriching experience. Systematic reviews of qualitative research and meta-analyses (see for example, Green et al., 2013; Hastings, 2016; Lalvani & Polvere, 2013) indicate that parents of children with disabilities report deriving important benefits from their atypical parenting experiences

(e.g., personal growth, sense of purpose, family closeness). At the same time parents, especially mothers, experience the rearing of a child with impairments as exhausting and distressing, capable of threatening not only their self-image as skilful caregivers, but also their psychological well-being and their interactions with the child (Green et al., 2013; Lee, 2013).

The three-term causal model (Bornstein et al., 2018) posits that parenting practices and their effects on child adjustment are affected by parenting cognitions such as the appraisal of one's competence in the parenting role. In addition, the parenting stress model (Abidin, 1992) assumes that parenting practices and parent-child relations are affected also by parenting stress.

✉ F. Giorgia Paleari
francesca-giorgia.paleari@unibg.it

¹ Department of Human and Social Sciences, University of Bergamo, Bergamo, Italy

² Family Institute, Florida State University, Tallahassee, USA

Informed by these theoretical frameworks, the present research explores whether self-forgiveness, a variable which is becoming the subject of a growing interest in psychology, is inversely associated with the above-mentioned undesirable outcomes in mothers of a child with specific learning disabilities (LDs). In doing so, it also examines whether the associations of self-forgiveness are moderated by perceived support provided by the father of the child.

Parenting a Child with Learning Disabilities and its Effects on Well-being and Interactions with the Child

Parenting is a challenging task under any circumstances, but it becomes even more challenging when a child is diagnosed with LDs. LDs constitute a heterogeneous group of intellectual and developmental disabilities manifested by significant difficulties in the acquisition and use of listening, speaking, reading, writing, reasoning, and/or mathematical abilities (National Joint Committee on Learning Disabilities, 2016). These difficulties are thought to be due to central nervous system dysfunction and are often accompanied by secondary emotional, behavior, and social problems (e.g., impulsivity, hyperactive-inattentive behaviors, emotional regulation difficulties, social withdrawal, aggression toward others and oneself, experienced loneliness) (Blumsack et al., 1997; Dyson, 2003; Greenham, 1999; Grolnick & Ryan, 1990; La Greca & Stone, 1990; Margalit, 1998; Toro et al., 1990).

Since parents are in an ideal position to support their children's learning by offering one-on-one attention and making immediate modifications when needed (Leach & Siddall, 1990), parents of children with LDs are often involved in tutoring their child's learning activities and in delivering interventions at home in order to improve their academic performance (e.g., Donawa, 1995; Persampieri et al., 2006). The academic support provided to their children on a daily basis often represents a considerable burden for parents, increases as the child grows, and can lead parents to feel distressed and ineffective in assisting their children (Rapus-Pavel et al., 2018; Roll-Pettersson & Mattson (2007)).

Properly understanding and managing the emotional, behavioural, and learning demands of a child with LDs is a difficult and exhausting task, which puts the parents at risk for higher stress, anxiety and depression, and more dysfunctional parent-child interactions (Antshel & Joseph, 2006; Carotenuto et al., 2017; Lardieri et al., 2000). This is particularly true for mothers who typically provide most of the care to children with or without disabilities (Carlson et al., 2016; Harden, 2005; Karande & Kulkarni, 2009; Olsson & Hwang, 2006; Raley et al., 2012). Compared to

mothers of typically developing children, mothers of children with an intellectual and developmental disability usually report poorer psychological well-being and physical health (for reviews see Lee, 2013; Masefield et al. (2000); Miodrag et al., 2015; Miodrag & Hodapp, 2010). They also enact more negative and less positive parental behaviors; in particular they express more negative affect, interfering control, disapproval, and hostility, and less regard, warmth, and affection toward the child (Blacher et al., 2013; Fenning et al., 2014; Green et al., 2014).

Given that parenting practices, parent-child relations, and parents' well-being have important implications for the child's development and adjustment (Bornstein, 2015; Pinquart, 2017; Nomaguchi & Milkie, 2020; van Wel et al. (2000)), it is essential to understand factors predicting them. Three variables that can affect well-being and parent-child relations of mothers having a child with LDs, but whose unique effects have never been investigated before in this kind of population, are parenting self-efficacy, parenting stress, and self-forgiveness for parenting failures.

Parenting Self-efficacy and its Effects on Well-Being and Parent-Child Interactions

According to the three-term causal model (parenting cognitions → parenting practices → child adjustment; Bornstein et al., 2018), parenting practices as well as their effects on child adjustment are affected by parenting cognitions like attributions, satisfaction, and knowledge related to parenting (for a discussion of this model in the context of parenting a child with disabilities see Johnston & Ohan, 2005). Substantial research shows that parents' beliefs about themselves and their own parenting impact their behaviors and functioning. Among these beliefs, parenting self-efficacy, broadly defined as an individual's appraisal of his or her competence in the parenting role (Coleman & Karraker, 2000), seems to be a key predictor. A number of reviews on parental self-efficacy outcomes for parents and child from the community (Albanese et al., 2019; Coleman & Karraker, 1998; Jones & Prinz, 2005) document that parents lower in parenting self-efficacy subsequently show less effective parenting, less positive parent-child relationships, and worse psychological functioning. In particular, mothers who perceive themselves as inefficacious in their parental role tend to be less empathic and responsive, more punitive, and more depressed (e.g., de Haan et al., 2009; Meunier et al. (2011); Montgomery, 2009; O'Neil et al. (2009)).

The effects of parents' efficacy beliefs on their parenting practices and functioning have also been documented in a few studies on families having a child with developmental disabilities like ADHD and autism (e.g., Hastings & Brown, 2002; Johnston & Ohan, 2005), but, as far as we know, no

research has investigated them in families having a child with LDs. Similar to parents raising children having other kinds of developmental and intellectual disabilities, parents of children with LDs are likely to question their parental competence and ability to effectively handle their child's problems and to improve his/her condition. There is indeed evidence that parents of children with LDs often feel helpless, inadequate and ill prepared to cope with their child's disability (Shechtman & Gilat, 2005). Given that caring is a central component of a mother's social role (Carlson et al., 2016), perceived inadequacy in that domain may have a greater impact on mothers and their interactions with the child compared to fathers. Consistent with this line of reasoning, Hastings and Brown (2002) found that parental self-efficacy mediated the effects of behavior problems of children with autism on their mothers' (but not fathers') depression and anxiety. However, evidence linking parenting self-efficacy to parental well-being and parent-child interactions in mothers of children with LDs is lacking.

Parenting Stress and its Effects on Well-Being and Parent-Child Interactions

Parenting stress is defined as "aversive feelings that are associated with the demands of the parenting role" (Deater-Deckard (1998), p.314). According to Abidin's (1992) parenting stress model, parental behaviors and parent-child relations are negatively affected by parenting stress. Empirical data support this viewpoint as parents who are highly distressed in their parenting role have more difficulties in being sensitive to their child's needs, are more likely to respond with over- or under-involvement, and to have more negative and coercive parent-child interactions (Crnic et al., 2005; McKay et al., 1996, Moes & Frea, 2000). Parenting stress has also been identified as a predictor of caregivers' psychological well-being. In families having children with a variety of developmental disabilities, high levels of parenting stress during childhood are related to poorer relationships between parents and their adolescents and to poorer parental mental health (Enea & Rusu, 2020; Mitchell & Hauser-Cram (2010)).

Compared to parents of typically developing children, parents of children with LDs experience higher levels of stress in domains related to child caring and lower satisfaction with their parental role (e.g., Antshel & Joseph, 2006; Bonifacci et al., 2014, 2015; Carotenuto et al., 2017; Shechtman & Gilat, 2005; Smith, 2000). Overall, it seems that the child's behavior problems and difficulties in properly managing them are more important correlates of parental stress than the child's cognitive functioning, especially in middle childhood (e.g., Hassall & Rose, 2005; Hauser-Cram et al., 2001; Neece et al., 2012). Despite this

evidence, the relations of parenting distress with parental well-being and quality of parent-child interactions has yet to be explored in mothers of children with LDs.

Parenting stress is related to parenting self-efficacy, but the causal direction of this link is unclear due to the heavy reliance on cross-sectional data (Jones & Prinz, 2005). Even the existing longitudinal research on the topic does not help to disentangle which of the two variables plays the antecedent role: some evidence shows that parenting self-efficacy predicts subsequent parenting stress (e.g., Harper et al., 2013), whereas other data indicate the opposite (e.g., Yap et al., 2019), thereby suggesting a possible bidirectional causal relation.

Self-Forgiveness and its Outcomes

Since parenting self-efficacy and parenting stress have significant impacts on parental behaviors and functioning as well as, indirectly, on children's development and adjustment, research investigating their psychological antecedents has potentially important clinical implications for training interventions aimed at strengthening parenting self-efficacy and diminishing parenting distress (Beresford et al., 2012; McIntyre, 2008; Sanders, 2012; Todd et al., 2014).

One possible antecedent of self-efficacy and stress, which has never been analyzed in relation to parenting, is self-forgiveness, a "coping strategy to deal with stresses that result from personal failure, guilt/shame, or general incongruence between personal values and actual behavior" (Toussaint, Webb & Hirsch, 2017, p. 88; see also Davis et al., 2015). Self-forgiveness involves reducing self-resentment, self-condemning attitudes, and negative emotions directed at the self (such as guilt and regret) as well as increasing benevolence and compassion toward the self, restoring a positive self-image, and regaining a sense of self-worth and self-trust by learning and growing from one's own mistakes or shortcomings (Enright and the Human Development Study Group (1996); Hall & Fincham, 2005; Pelucchi et al., 2013; Woodyatt, 2017; Woodyatt & Wenzel, 2013).

Even though no study has investigated self-forgiveness for parenting outcomes, self-forgiveness may relieve parenting stress since it entails relief from negative emotions like guilt, regret or disappointment associated with perceived parenting mistakes. Parents' narratives about their child's LDs are replete with self-blame and guilt, especially in regard to perceived bad parenting or ineffective oversight of the child's mental health (Johnson et al., 2006; Padelidou & Chideridou, 2013), and guilt feelings are a key component of stress experienced when parenting children with disabilities (Wiener et al., 2016). Consistent with our argument that self-forgiveness may alleviate parental stress,

studies using community samples show that state and trait self-forgiveness are negatively related to psychological distress (Cornish et al., 2018; Fincham & May, 2019; Liao & Wei, 2015; Toussaint et al., 2001; Webb, Hirsch, Visser, & Brewer, 2013; Webb, Phillips, Bumgarner, & Conway-Williams, 2013).

Self-forgiveness may also help parents to restore a positive self-image as a capable caregiver. Indeed, genuine self-forgiveness leads to “humble self-respect” (Dillon, 2001, p.83), that reaffirms self-value and self-trust by integrating perceived wrongdoings into a more complex view of the self. According to the Dual-Process Model of Self-Forgiveness (Griffin et al., 2015), self-forgiveness is a moral repair strategy that restores self-image by replacing self-condemning emotions with self-affirming ones. Self-forgiveness implies personal growth, which positively affects self-efficacy (Toback et al., 2016). Consistent with this view, trait self-forgiveness has recently been shown to be positively associated with global self-efficacy (Gençoğlu et al., 2018; Kravchuk, 2021).

By helping persons who feel responsible for failures to alleviate distress resulting from negative emotions as well as to positively reframe negative beliefs directed at the self, self-forgiveness plays an important role in positively predicting persons’ well-being and relations with others. State and trait self-forgiveness are indeed precursors of increased physical and mental health (Davis et al., 2015; Toussaint, Webb & Hirsch, 2017). Accordingly, in a recent study on grieving parents, self-forgiveness was found to be a strong predictor of their psychological adjustment after loss of a child (Záhorcova et al., 2019). A few studies also documented a positive association between self-forgiveness and relationship satisfaction in close relationships (Davis et al., 2015; Massengale et al., 2017), thereby suggesting self-forgiveness may help to protect these relations. In particular, two studies show that self-forgiveness for wrongdoings committed against a relationship partner was associated with greater relationship satisfaction reported by both partners (Pelucchi et al., 2013, 2015). The association was stronger for the negative dimension of self-forgiveness, entailing criticism and resentment toward the self, than for the positive dimension comprising benevolence and compassion toward the self.

The Moderating Role of Partner Support

Like self-forgiveness, social support can positively predict the self-image and well-being of parents raising a child with LDs. Experiencing a supportive social environment enhances self-efficacy and relieves stress when parenting a child with disabilities (e.g., Lu et al., 2021; Smith et al., 2001). Specifically, social support perceived by parents of children with intellectual

and developmental disabilities help them to be resilient: it reduces their parental distress, improves perceived parent-child relations and has a positive impact on their mental well-being (e.g., Falk et al., 2014; Peer & Hillman, 2014).

Parents can not only obtain support outside the family (e.g., from physicians, teachers, social services, community networks), but also within the family. Romantic partner support has been shown to have positive effects on mental illness and general well-being, especially for full-time parents (e.g., Acitelli & Antonucci, 1994; Beam et al., 2011; Bodenmann et al., 2011; Feder et al., 2019). Some studies show that having a positive and supportive partner leads mothers of children with intellectual disabilities to experience less caring distress over time as well as higher perceived parenting efficacy and well-being (Ekas et al., 2010; Kersh et al., 2006; Wieland & Baker, 2010).

In light of the above evidence, as well as of the positive correlation found between self-forgiveness and social support in a variety of at-risk population (e.g., Jacinto, 2010; Webb et al., 2011; Weinberg, 2013), it is reasonable to expect that self-forgiveness interacts with partner support in relating to beneficial outcomes for parents of a child with LDs. In fact, as long as receiving support increases one’s sense of personal mastery and efficacy in parenting and induces a less distressing interpretation of the child’s disability due to the perceived availability of valuable resources other than the self, these positive effects are likely to amplify and strengthen the positive outcomes deriving from self-forgiveness.

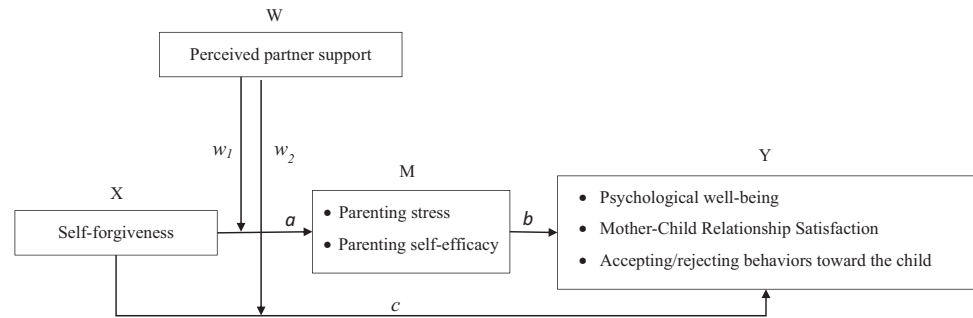
Study Overview

Our study examines cross-sectionally the relations between self-forgiveness, parenting self-efficacy and stress, and well-being and interaction outcomes for mothers involved in rearing and providing learning assistance to a child with specific LDs. We explored these relations in mothers only because mothers of children with disabilities typically provide most of the care and are at higher risk of low quality of life compared to fathers (Harden, 2005; Karande & Kulkarni, 2009; Olsson & Hwang, 2006).

Figure 1 depicts the assumed relations among the variables of interest.

Consistent with the three-term causal model of parenting (Bornstein et al., 2018), the parenting stress model (Abidin, 1992) and the literature previously reviewed that conceptualizes self-forgiveness as a response to failures having beneficial effects both at the individual and relational level (Davis et al., 2015; Massengale et al., 2017; Pelucchi et al., 2013, 2015; Toussaint, Webb & Hirsch, 2017), we predicted that the more mothers forgave themselves for perceived mistakes related to rearing their child the greater their psychological well-being and satisfaction with mother-

Fig. 1 Conceptual Model
Delineating the Relationships
Among the Variables of Interest



child relations, and the more accepting, rather than rejecting, behaviors toward the child (path *c*).

We also predicted that the above positive relations would be partially mediated by parenting stress and parenting self-efficacy experienced when providing learning assistance to the child: more self-forgiveness would be associated with greater parenting self-efficacy and less parenting stress among mothers (path *a*), which in turn would be associated with greater psychological well-being, greater mother-child relationship satisfaction, and more accepting and less rejecting behaviors toward the child (path *b*). These hypotheses are in line with self-forgiveness theory and research, which show that self-forgiveness helps to reaffirm a positive self-image and to relieve distress resulting from self-blame and remorse deriving from failures and mistakes (e.g. Cornish et al., 2018; Fincham & May, 2019; Griffin et al., 2015; Woodyatt, 2017). They are also consistent with a body of research, inspired by Bornstein et al.'s (2018) three-term model of parenting and Abidin's (1992) model of parenting stress, indicating that high parenting self-efficacy and low parenting stress positively affects parents' well-being, parent-child relations, and parental behaviors (Albanese et al., 2019; Crnic et al., 2005; McKay et al., 1996, Moes & Frea, 2000).

Finally, relying on the social support literature (Ekas et al., 2010; Kersh et al., 2006; Wieland & Baker, 2010), we hypothesized that the positive relationships of self-forgiveness with parenting self-efficacy, parenting stress, and psychological well-being, parent-child relationship satisfaction and accepting rather than rejecting behaviors toward the child might be stronger for mothers experiencing higher levels of partner support. In other words, we expected that partner support might exert a moderating effect with respect to those relationships (see w_1 and w_2).

Method

Participants and Procedure

Ninety-two mothers living in Northern Italy who were parenting a biological child with a diagnosed specific LD

participated in the study. They were recruited through facilities specializing in diagnosis and rehabilitation of LDs ($N = 25$), the provincial division of the Italian Dyslexia Association ($N = 20$), and public schools ($N = 47$). At the time of data collection, most of the mothers (83%) were receiving behavioural parent training, individually or together with the child's father.

Mothers were on average 43.29 years old ($SD = 6.79$); most of them had a high school (56.5%) or a university (27.2%) education, were married to the child's father or cohabited with him (84.8%; 13% lived alone with their children and the remaining cohabited with a different partner from the father) and had 2 children (55.4%; $M = 2.0$; $SD = 0.74$). In most cases, only one of their children was diagnosed with LDs (83.9%); if more children received the same diagnosis, mothers provided data related to the child attending the facility through which they had been contacted.

The child with disabilities to whom they referred was a female in 54.3% of cases, averaged 12.2 years of age ($SD = 3.05$), and received a specific LD diagnosis about 3 years before (age at diagnosis: $M = 9.01$, $SD = 2.24$). The diagnosis was made through detailed and validated tests (*ACMT Tests*, Cornoldi et al., 2002; *BDE-2*, Biancardi et al., 2016; *BVSCO-2*, Tressoldi et al., 2012; *DDE-2*, Sartori et al., 2007; *Prove MT-3 Clinica*, Cornoldi & Carretti, (2016))¹. LDs of children were classified as severe, given that their skills were, in at least two tests evaluating the same abilities, 2 SD below the mean observed in peers having the same education level. As commonly happens in Italy, LDs were diagnosed from the third year of primary school (i.e., at 8 years). The children had no other comorbid diagnoses, such as ADHD, epilepsy or other neurodevelopmental and psychological disorders.

Maternal and child age, and time since diagnosis did not correlate significantly with any of the variables investigated.

¹ Specifically, reading speed and accuracy and text comprehension were measured through *DDE-2* and *Prove MT-3 Clinica*; writing skills were assessed by *BVSCO-2* and *BDE-2*; math and problem-solving skills were assessed through *ACMT Tests* and *BDE-2*.

However, child sex correlated weakly, but significantly, with maternal parenting.

All participants were treated according to the ethical guidelines established by the Italian Psychological Association (AIP, 2015). Consistent with local legislation and institutional requirements, formal approval of the study by an ethics panel was not required. After providing written informed consent to take part in the study, all participants received an anonymous paper-and-pencil questionnaire which they were asked to complete individually at home and return within one week.

Measures

The questionnaire included instruments measuring self-forgiveness for perceived mistakes or faults in dealing with their child's disability, stress and self-efficacy experienced while providing learning assistance to the child, psychological well-being, mother-child relationship satisfaction and accepting vs rejecting behaviors toward the child. Mothers married or cohabiting with the child's father ($N = 78$) also completed a measure assessing the support received from him.

Self-Forgiveness

Given the lack of measures assessing self-forgiveness in relation to parental errors, self-forgiveness for mistakes and failures in dealing with the child's disability was assessed with an eight-item measure including 3 ad-hoc items and 5 items adapted from the trait self-forgiveness subscale of the Heartland Forgiveness Scale (Thompson and Synder (2003)).

Sample items include: "If I consider what I did wrong in dealing with my child's disability, it is really hard for me to accept myself", "(...), I am angry with myself", "(...), learning from mistakes that I've done helps me get over them", "(...), with time I am understanding of myself". Items were anchored at 1 (*strongly disagree*) and 5 (*strongly agree*). An exploratory factor analysis (method: principal axis factoring; rotation: varimax) revealed two underlying orthogonal factors, one negative and one positive. The negative dimension, which comprised 4 items captured self-resentment and a negative self-view and accounted for the 18.1% of the variance with factor loadings ranging from 0.39 to 0.71. The positive dimension, assessing self-benevolence, self-compassion, and self-growth, accounted for the 14.8% of the variance with factor loadings ranging from 0.43 to 0.60. To overcome the long-established fact that coefficient alpha is very sensitive to scale length, several authors recommend using the mean inter-item correlation as a much clearer measure of internal consistency (e.g., Nunnally & Bernstein, 1994; Streiner, 2003). An average inter-item correlation falling in the range between 0.15 and 0.50 is commonly judged as optimal (Clark and

Watson, 1995). The dimensions obtained in this study demonstrated good internal consistency, especially when measured through mean inter-item correlation which, unlike Cronbach's alpha, is not sensitive to scale length (Cronbach's alpha = 0.65 and 0.61; Mean-inter item correlation = 0.37 and 0.29 for the negative and positive dimension respectively). A composite score for each self-forgiveness dimension was obtained by averaging the items.

Parenting stress and Parenting self-efficacy

Stress and self-efficacy experienced while providing learning assistance to the child were assessed with an adapted version of the Caring stress and Ability to care subscales of the Italian version of the Adult Carer Quality of Life Questionnaire (AC-QoL) (Negri et al., 2017; Joseph et al., 2012). The AC-QoL questionnaire is a 40-item instrument that measures the overall quality of life for adult carers through eight subscales consisting of 5-items each. The Caring stress subscale assesses mental and physical stress resulting from caring, such as exhaustion and depression (e.g., "I feel worn out as a result of caring", "I feel depressed due to caring"), whereas the Ability to care subscale measures the extent to which the carer perceives him/herself as able to provide care, how the carer copes with the caring role and feels about his/her competency to care (e.g. "I am satisfied with my performance as a carer", "I can take care of the needs of the person I am caring for"). In both subscales participants indicated on a 4-point Likert-type scale ranging from 0 (*never*) to 3 (*always*) the frequency with which they felt or experienced what was reported by each item in the last two weeks. In our study, the two subscales were adapted to measure stress and self-efficacy the subjects experienced when providing learning assistance to their child with disabilities. A composite score for each subscale was obtained by averaging all items, with higher scores indicating higher stress and higher self-efficacy (Cronbach's alpha = 0.76 and 0.82; Mean-inter item correlation = 0.43 and 0.39 for Parenting stress and Parenting self-efficacy, respectively).

Psychological Well-Being

Psychological well-being experienced in the last month was measured using the Psychological General Well-Being Index (PGWBI; Chassany et al., 2004; Dupuy, 1984), which has been validated and used in many countries, including Italy (Grossi et al., 2002). The scale comprises 22 polytomous items with scores ranging from 0 to 5 and covering 6 underlying domains: anxiety (5 items, e.g. "Have you been anxious, worried, or upset during the past month?"), depressed mood (3 items, e.g. "Did you feel depressed during the past month?"), positive well-being (4

items, e.g. “How have you been feeling in general during the past month?”), self-control (3 items, e.g. “Have you been in firm control of your behavior, thoughts, emotions or feelings during the past month?”), general health (3 items, e.g. “How often were you bothered by any illness, bodily disorder, aches or pains during the past month?”) and vitality (4 items, e.g. “How much energy, pep, or vitality did you have or feel during the past month?”). As the subscales are internally consistent, the 22 items have been frequently used to form an overall index for general well-being. A composite score for each subscale as well as for the overall index was obtained by summing the items, with higher scores indicating greater psychological well-being (Cronbach’s $\alpha = 0.92$ for the overall index and ranging from 0.72 to 0.83 for all subscales with the exception of General health = 0.54; Mean-inter item correlation = 0.32 for the overall index and ranging from 0.30 to 0.50 for all subscales with the exception of the Self-control = 0.60).

Relationship Satisfaction

Mother-child relation satisfaction was measured using the 3-item Relationship Satisfaction subscale of the Perceived Relationship Quality Component Inventory (Fletcher, Simpson & Thomas, 2000). Mothers were asked to answer each item (e.g., “How satisfied are you with your relationship?”) on a Likert scale ranging from *not at all* (1) to *extremely* (10). A composite score was obtained by averaging the three items, with higher scores indicating greater satisfaction with the relationship with the child (Cronbach’s $\alpha = 0.98$; Mean-inter item correlation = 0.94).

Maternal Behaviors

The mother’s behaviors toward the child were measured using the short parent version of the Parental Acceptance-Rejection Questionnaire (Parent PARQ; Rohner, 2005). The questionnaire consists of 24 items measuring parental acceptance and parental rejection. Acceptance reflects behaviors expressing warmth or affection rather than hostility or aggression toward the child (e.g. “I say unkind things to my child” (reverse scored), “I make my child feel wanted and needed”), whereas rejection reflects parental behaviors expressing indifference, neglect or undifferentiated rejection toward the child (e.g. “I am too busy to answer my child’s questions”, “I let my child know (s)he is not wanted”) (see García-Pérez et al., 2017). Response scales were anchored at 1 (*never or almost never*) and 4 (*every day*). A composite score for each dimension was obtained by averaging the items, with higher scores indicating greater acceptance/rejection (Cronbach’s $\alpha = 0.79$ and 0.65; Mean-inter item correlation = 0.16 and 0.17 for acceptance and rejection, respectively).

Partner support

Perceived support from the child’s married or cohabiting father was assessed using a support scale (Palleari et al., 2009; Palleari et al., 2002) comprising 14 mirror items, 7 for support given and 7 for support received within the relationship. Since in the present study we are interested in the support received from the partner, only the latter 7 items were used (e.g., “When I need it, my partner helps me,” “My partner approves what I do”). Mothers rated their degree of agreement with each item on a 5-point Likert-type scale ranging from 1 (*very strong disagreement*) to 5 (*very strong agreement*). A composite score was obtained by averaging the items, with higher scores indicating greater support received from the partner (Cronbach’s $\alpha = 0.90$; Mean-inter item correlation = 0.43).

Data Analysis

The PROCESS 3.3 macro (Hayes, 2017) for SPSS (version 21) with 5000 bootstraps was used to examine the hypothesized mediational and conditional effects. Bootstrapping addresses the limitations of approaches proposed by Baron and Kenny (1986) and Sobel (1982), yielding results that are more accurate and less affected by data distribution and sample size (Hayes, 2009; Preacher & Hayes, 2008).

Specifically, we used Model 4 to estimate the direct and indirect effects of each self-forgiveness dimension on outcome variables (psychological well-being, mother-child relation satisfaction and behaviors toward the child) via both stress and self-efficacy experienced when caring for the child. In each estimated mediation model, a self-forgiveness dimension was entered as independent variable (X), parenting stress and parenting self-efficacy were entered as simultaneous mediators (Ms), and one of our outcome variables was entered as dependent variable (Y). Specifically, for psychological well-being we alternatively entered as dependent variable the overall index and each of its dimensions, and for maternal behaviors we alternatively entered its accepting and rejecting dimensions.

We used Model 8 to test whether the direct and indirect effects of self-forgiveness dimensions on outcome variables (psychological well-being, mother-child relation satisfaction or behaviors toward the child) were moderated (or conditioned) by partner support. In particular, Model 8 estimates any indirect effect of self-forgiveness (X) by the perceived partner support (W) on outcome variables (Y) through parenting stress and parenting self-efficacy (Ms) by considering the interaction effect of X and W on Y, the interaction effect of X and W on M, and the main effect of M on Y (see Fig. 1). As before, each maternal behavior dimension, each psychological well-being dimension and its overall index were alternatively entered as dependent variables.

Table 1 Descriptives and Pearson's correlations among the variables (N = 92, except for Partner support where N = 78)

| | M | SD | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|------------------------------|-------|-------|-------|-------|--------|----------|---------|---------|---------|---------|----------|----------|-------|--------|----------|----------|
| 1. SF- negative dimension | 1.89 | 0.74 | -0.15 | 0.23* | -0.26* | -0.37*** | -0.35** | -0.19 | -0.34** | -0.27** | -0.23* | -0.40*** | 0.09 | -0.24* | 0.21* | -0.39*** |
| 2. - positive dimension | 3.83 | 0.84 | | 0.01 | 0.08 | 0.27* | 0.22* | 0.22* | 0.17 | 0.26* | 0.25* | 0.23* | -0.00 | -0.07 | -0.20 | 0.07 |
| 3. Parenting stress | 0.64 | 0.50 | | | -0.08 | -0.44*** | -0.34** | -0.36** | -0.35** | -0.31** | -0.37*** | -0.43*** | -0.04 | -0.23* | 0.13 | -0.02 |
| 4. Parenting self-efficacy | 1.91 | 0.58 | | | | -0.30** | 0.22* | 0.18 | 0.30** | 0.18 | 0.22* | 0.34** | 0.11 | 0.29** | -0.26** | 0.28* |
| 5. PW - overall index | 78.76 | 15.10 | | | | 0.91*** | 0.83*** | 0.83*** | 0.88*** | 0.59*** | 0.81*** | 0.30** | 0.09 | 0.21* | -0.21* | 0.07 |
| 6. - anxiety ^a | 17.58 | 3.54 | | | | | 0.72*** | 0.72*** | 0.73*** | 0.77*** | 0.44*** | 0.66*** | 0.08 | 0.20 | -0.18 | -0.01 |
| 7. - depression ^a | 12.17 | 2.56 | | | | | | 0.57*** | 0.57*** | 0.79*** | 0.45*** | 0.62*** | 0.13 | 0.27** | -0.22* | -0.01 |
| 8. - positive well-being | 12.52 | 3.76 | | | | | | | 0.68*** | 0.68*** | 0.32** | 0.59*** | 0.02 | 0.07 | -0.11 | 0.13 |
| 9. - self-control | 11.25 | 3.59 | | | | | | | | 0.44*** | 0.44*** | 0.61*** | 0.02 | 0.14 | -0.17 | 0.01 |
| 10. - general health | 11.23 | 2.32 | | | | | | | | | | 0.54*** | 0.04 | 0.24* | -0.19 | 0.06 |
| 11. - vitality | 9.71 | 2.49 | | | | | | | | | | | 0.16 | 0.20 | -0.21* | 0.21 |
| 12. Mother-Child RS | 7.19 | 2.62 | | | | | | | | | | | | 0.06 | -0.03 | 0.11 |
| 13. Child Accepting B | 3.44 | 0.34 | | | | | | | | | | | | | -0.66*** | 0.14 |
| 14. Child Rejecting B | 2.75 | 0.25 | | | | | | | | | | | | | | |
| 15. Partner Support | 4.11 | 0.66 | | | | | | | | | | | | | | |

SF Self-Forgiveness, PW Psychological Well-being, RS Relationship Satisfaction, B Behaviors

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

^aHigher scores indicate greater well-being (i.e. lower anxiety and depression)

All analyses were performed controlling for the self-forgiveness dimension other than the one entered as the independent variable and standardizing all variables prior to model estimation so as to be able to compare effects across different predictors.

Results

Preliminary Considerations

Descriptive statistics and correlations among the variables are displayed in Table 1.

Self-forgiveness, parenting stress and parenting self-efficacy significantly correlated in the expected manner with well-being and behaviors dimensions, but not with mother-child relationship satisfaction that was therefore excluded from subsequent analyses. Contrary to the hypothesis according to which both forgiveness dimensions would have significantly correlated to parenting stress and parenting self-efficacy, only the negative dimension of self-forgiveness was significantly related to them.

Partner support was significantly associated with parenting self-efficacy, but not with parenting stress.

Mediational Analyses

The mediational analyses showed that parenting stress and parenting self-efficacy did not mediate the links between the positive dimension of self-forgiveness and psychological well-being or behaviors toward the child. In fact, when controlling for the negative dimension of self-forgiveness, the positive dimension was positively related to overall psychological well-being (and more specifically to depression, self-control, general health, and vitality dimensions) only directly (see Path *a* or *c* and Paths *ab* for the positive dimension of self-forgiveness in Table 2).

In contrast, when controlling for the positive dimension of self-forgiveness, the negative dimension was associated with the outcome variables not only directly, but also indirectly through parenting stress and parenting self-efficacy (see Path *a* or *c* and Paths *ab* for the negative dimension of self-forgiveness in Table 2). In fact, 26% of the total effect linking the negative dimension of self-forgiveness to overall psychological well-being was accounted for by the mediation via stress and 15% of this total effect by the mediation via self-efficacy. Examining the various dimensions of well-being, we found partial mediation for anxiety, positive well-being and vitality via both parenting stress and parenting self-efficacy, as the direct effect (path *c*) remained significant, and total mediation for depression, self-control, and general health via parenting stress as the direct effect (path *c*) was

Table 2 Direct, indirect (through Parenting stress and Parenting self-efficacy), and total effects of Self-forgiveness on outcome variables (N = 92)

| Predictors | Self-Forgiveness - positive dimension | | | Self-Forgiveness - negative dimension | | | Parenting stress | | Parenting self-efficacy | | R ² adj |
|---------------------------|---------------------------------------|------------------------------|--------------------------|---------------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-------------------------|-------------|--------------------|
| | Path a or c | Path ab via Parenting stress | Paths c + ab | Path a or c | Path ab via Parenting stress | Paths c + ab | Path b | Path b | Path b | | |
| Parenting stress | 0.05 [-0.16, 0.25] | - | - | 0.24 [0.03, 0.44] | - | - | - | - | - | 0.05 | |
| Parenting self-efficacy | 0.04 [-0.16, 0.24] | - | - | -0.26 [-0.43, -0.05] | - | - | - | - | - | 0.05 | |
| PW - overall index | 0.22 [0.05, 0.40] | -0.02 [-0.10, 0.06] | 0.21 [0.02, 0.31] | -0.21 [-0.39, -0.02] | -0.09 [-0.20, -0.02] | -0.35 [-0.54, -0.15] | -0.38 [-0.56, -0.21] | 0.20 [0.02, 0.38] | 0.33 | | |
| - anxiety ^a | 0.17 [-0.01, 0.36] | -0.01 [-0.08, 0.04] | 0.01 [-0.02, 0.07] | -0.23 [-0.42, -0.03] | -0.07 [-0.17, -0.01] | -0.33 [-0.53, -0.13] | -0.28 [-0.47, -0.09] | 0.12 [-0.07, 0.31] | 0.20 | | |
| - depression ^a | 0.20 [0.01, 0.39] | -0.02 [-0.09, 0.05] | 0.00 [-0.02, 0.08] | -0.05 [-0.26, 0.15] | -0.08 [-0.18, -0.02] | -0.16 [-0.37, 0.04] | -0.34 [-0.54, -0.15] | 0.12 [-0.03, 0.32] | 0.16 | | |
| - positive well-being | 0.12 [-0.06, 0.31] | -0.01 [-0.08, 0.04] | 0.01 [-0.03, 0.08] | -0.20 [-0.40, -0.01] | -0.07 [-0.17, -0.01] | -0.33 [-0.53, -0.12] | -0.29 [-0.48, -0.10] | 0.21 [0.02, 0.40] | 0.22 | | |
| - self-control | 0.23 [0.04, 0.42] | -0.01 [-0.08, 0.04] | 0.00 [-0.02, 0.07] | -0.15 [-0.36, 0.05] | -0.06 [-0.17, -0.01] | -0.24 [-0.44, -0.04] | -0.27 [-0.47, -0.08] | 0.10 [-0.09, 0.30] | 0.17 | | |
| - general health | 0.23 [0.04, 0.42] | -0.02 [-0.10, 0.05] | 0.01 [-0.03, 0.08] | -0.08 [-0.28, 0.12] | -0.08 [-0.18, -0.02] | -0.20 [-0.41, 0.00] | -0.34 [-0.54, -0.15] | 0.15 [-0.04, 0.35] | 0.20 | | |
| - vitality | 0.18 [0.01, 0.35] | -0.02 [-0.09, 0.06] | 0.01 [-0.04, 0.08] | -0.23 [-0.42, -0.05] | -0.09 [-0.20, -0.02] | -0.38 [-0.57, -0.18] | -0.36 [-0.54, -0.19] | 0.24 [0.07, 0.42] | 0.34 | | |
| Child Accepting B | -0.11 [-0.31, 0.09] | -0.01 [-0.06, 0.02] | 0.01 [-0.04, 0.08] | -0.16 [-0.37, 0.05] | -0.04 [-0.11, -0.01] | -0.26 [-0.47, -0.05] | -0.17 [-0.37, 0.03] | 0.24 [0.04, 0.45] | 0.12 | | |
| Child Rejecting B | 0.02 [-0.19, 0.22] | 0.00 [-0.01, 0.04] | -0.01 [-0.08, 0.03] | 0.15 [-0.07, 0.37] | 0.02 [-0.01, 0.07] | 0.22 [0.01, 0.43] | 0.08 [-0.13, 29] | -0.22 [-0.43, -0.01] | 0.06 | | |

Standardized coefficients (β) are reported out of parentheses and 95% CI derived from bootstrap resample among parentheses. Significant results are typed in bold

Separate analyses were carried out for each of the outcomes listed in the table. For psychological well-being, we alternatively entered as outcome variable the overall index and each of its dimensions; for maternal behaviors we alternatively entered its accepting and rejecting dimensions

PW Psychological Well-being, B Behaviors

^aHigher scores indicate greater well-being (i.e. lower anxiety and depression)

nonsignificant. The negative dimension of forgiveness was also indirectly related to child accepting and rejecting behaviors via parenting self-efficacy (proportion of variance explained by the indirect effect was 24% and 25%, respectively) and to child accepting behaviors via caring stress (proportion of variance, 15%). The total effects on outcome variables were generally stronger for the negative dimension of self-forgiveness than for the positive dimension (see Paths c + ab in Table 2).

When we introduced child sex as a further covariate in our regression analyses, regression coefficient remained significant and did not change in strength, indicating that our results were unaffected by child sex.

In summary, the mediational analyses showed that the more the mothers were unforgiving toward themselves (negative dimension of self-forgiveness) the lower their psychological well-being. They also reported displaying more rejecting and fewer accepting behaviors towards their child. These negative outcomes were at least partly explained by the fact that mothers who were unforgiving towards the self, experienced more stress and felt less able to provide care to their child. In contrast, mothers' self-forgiveness (positive dimension) was unrelated to their stress and self-efficacy and therefore was associated with their psychological well-being only directly. Contrary to our prediction that both forgiveness dimensions would be related to behaviors toward the child through the mediation of parenting stress and self-efficacy, self-forgiveness (positive dimension) was unrelated to behaviors toward the child when controlling for parenting stress and parenting self-efficacy.

Conditional Process Analyses

Conditional process analyses were carried out with mothers married or cohabiting with the child's father (N = 78) to determine whether the direct and indirect effects of self-forgiveness on outcome variables were moderated by partner support. The only significant conditional effects found are reported in Table 3, together with the simple effects estimated at lower (1 SD below M), medium (M), and higher levels (1 SD above M) of partner support.

The analyses revealed that partner support moderated the association of the positive dimension of self-forgiveness with parenting self-efficacy and, consequently, the indirect associations of the positive dimension of self-forgiveness with psychological well-being and with behaviors toward the child. For mothers who perceived lower partner support (1 SD below M), the positive dimension of self-forgiveness had significant indirect effects, through parenting self-efficacy, on their psychological well-being and on their behaviors toward the child (see Table 3). The more these mothers were forgiving toward themselves, the more they felt able to provide learning assistance to their child, which

Table 3 Significant conditional direct and indirect effects of Self-forgiveness dimensions on outcome variables, and simple effects at low, medium, and high level of Partner support (N = 78)

| Estimated conditional effect | Conditional effect value | R ² _{adj} | Levels of Partner support | | |
|--|-----------------------------|-------------------------------|-----------------------------|-----------------------------|-----------------------------|
| | | | Low (M = 3.45) | Middle (M = 4.12) | High (M = 4.77) |
| Positive SF → Parenting self-efficacy | -0.36 [-0.60, -0.12] | 0.15 | 0.57 [0.13, 1.01] | 0.21 [-0.05, 0.47] | -0.15 [-0.38, 0.09] |
| Positive SF → Parenting self-efficacy → PW – overall index | -0.10 [-0.25, -0.03] | 0.32 | 0.16 [0.03, 0.45] | 0.06 [-0.01, 0.21] | -0.04 [-0.14, 0.01] |
| Positive SF → Parenting self-efficacy → PW – positive well-being | -0.11 [-0.27, -0.03] | 0.21 | 0.19 [0.03, 0.48] | 0.07 [-0.01, 0.23] | -0.05 [-0.16, 0.01] |
| Positive SF → Parenting self-efficacy → PW –general health | -0.10 [-0.29, -0.01] | 0.29 | 0.15 [0.01, 0.51] | 0.06 [-0.01, 0.22] | -0.04 [-0.15, 0.01] |
| Positive SF → Parenting self-efficacy → PW –vitality | -0.10 [-0.29, -0.01] | 0.39 | 0.16 [0.01, 0.47] | 0.06 [-0.01, 0.22] | -0.04 [-0.14, 0.01] |
| Positive SF → Parenting self-efficacy → Child Accepting B | -0.10 [-0.28, -0.02] | 0.12 | 0.16 [0.02, 0.48] | 0.06 [-0.01, 0.22] | -0.04 [-0.15, 0.01] |
| Positive SF → Parenting self-efficacy → Child Rejecting B | 0.11 [0.02, 0.33] | 0.04 | -0.17 [-0.56, -0.02] | -0.07 [-0.26, 0.00] | 0.04 [0.00, 0.19] |
| Negative SF → PW –vitality | -0.24 [-0.43, -0.04] | 0.39 | 0.01 [-0.26, 0.29] | -0.22 [-0.43, -0.02] | -0.46 [-0.75, -0.17] |

Standardized coefficients (β) are reported out of parentheses and 95% CI derived from bootstrap resample among parentheses. Significant results are typed in bold

SF self-forgiveness, PW Psychological Well-being, B Behaviors

in turn was positively related to more accepting and less rejecting behaviors toward the child and to greater psychological well-being (especially in terms of positive well-being, general health, and vitality). However, contrary to our expectation that forgiveness would have a stronger association with outcome variables at higher levels of partner support, we found no significant indirect effects among mothers with higher (1 SD above M) or moderate (M) levels of perceived support from the partner (see Table 3). Also, no direct links between the positive dimension of self-forgiveness and outcome variables were moderated by partner support for these mothers.

In contrast, the indirect links between the negative dimension of self-forgiveness and outcome variables were not moderated by the level of support received from the partner. Only the direct link between the negative dimension of self-forgiveness and the vitality dimension of well-being was moderated by partner support (see Table 3): the more the mothers were unforgiving toward themselves the less they experienced vitality, but only if they received high or average levels of support from the partner.

As before, our findings were unaffected by child sex.

Discussion

Most extant research shows that alongside positive aspects of raising a child with intellectual and developmental disabilities, parents report difficulties and failures. The latter can challenge their image of themselves as capable

caregivers, increase stress experienced when parenting, and impair their well-being and their interactions with the child, especially in the absence of protective factors helping them to be resilient (Peer & Hillman, 2014). These undesirable outcomes are more frequently observed in mothers, who fulfill the primary caregiver role, than in fathers (Miodrag & Hodapp, 2010; Hastings & Brown, 2002; Karande & Kulkarni, 2009).

In order to expand knowledge of factors predicting well-being and parental behaviors for mothers of children with disabilities, the present research investigated whether self-forgiveness for failures and mistakes mothers feel responsible for in caring for a child with specific LDs is associated to their well-being and parental behaviors. Relying on parenting models (Bornstein et al., 2018; Abidin, 1992) and existing research on self-forgiveness outcomes (Toussaint, Webb, & Hirsch, 2017), our study provides initial evidence that mothers' self-forgiveness is associated with greater psychological well-being and more accepting and less rejecting parental behaviors through the mediation of parenting stress and parenting self-efficacy.

Consistent with our initial assumptions, we found that maternal self-forgiveness was significantly related to greater psychological well-being and to more affectionate and less hostile or indifferent parental behaviors. Specifically, the positive dimension of self-forgiveness, reflecting self-benevolence, self-compassion, and self-growth, was significantly associated with greater self-control and better general health. In contrast, the negative dimension, representing resentment and a negative self-view, was

significantly associated with lower positive well-being, lower self-control, lower vitality, greater anxiety, more frequent rejecting behaviors and less frequent accepting behaviors toward the child. In line with these findings, existing research on community samples suggests that greater self-forgiveness for regretted interpersonal actions leads over time to higher self-esteem, lower general psychological distress, and more empathic attitudes (Cornish & Wade, 2015; Woodyatt & Wenzel, 2013). Similarly, self-compassion helps people to reduce impulsivity and to practice important health-promoting behaviors (e.g., Adams & Leary, 2007; Morley et al., 2016; Sirois, 2015; Webb & Forman, 2013). In contrast, resentful and condemning thoughts and feelings are often accompanied by blame and ruminative tendencies (e.g., Wohl et al., 2008; McCullough et al., 2007) that foster maladaptive outcomes, including greater anger, lower self-esteem, lower relationship satisfaction and life satisfaction (Baumeister et al., 1994; Newman & Nezelek, 2019; Pearson et al., 2010). Also, in parents of children with intellectual and developmental disabilities greater trait guilt is significantly associated with lower subjective happiness (Findler et al., 2016), whereas trait self-compassion is linked to positive mental health outcomes (Robinson et al. (2018)).

Overall, our study showed that the negative dimension of self-forgiveness was more strongly related to well-being and parental behaviors than the positive dimension. This finding mirrors previous research on personal and relational outcomes of self-forgiveness and interpersonal forgiveness (e.g., Gordon et al., 2009; Pelucchi et al., 2013, 2015; Paleari et al., 2009), which documented stronger effects for the negative than for the positive dimension of forgiveness. Some scholars have argued (e.g., Rozin & Royzman, 2001) that, from an evolutionary perspective, being able to recognize and control negative emotions and/or situations is more adaptive than being able to recognize and control positive ones.

In a similar vein, the negative, but not the positive, dimension of forgiveness was significantly related to parenting stress and parenting self-efficacy of mothers caring for a child with LDs. As predicted on the basis of Abidin's (1992) parenting stress model and Bornstein et al.'s (2018) three-term causal model of parenting, parenting stress and parenting self-efficacy were related to psychological well-being and parental behaviors in mothers, even when controlling for self-forgiveness levels. Therefore, our hypothesis that parenting self-efficacy and stress would mediate the association between self-forgiveness and well-being or parental behaviors was supported for the unforgiveness dimension. As some scholars have recently shown (Moreira & Canavarro, 2018; Stillar et al., 2016), a ruminative and self-critical style of thinking makes parents particularly vulnerable to parenting stress and to low perceived self-efficacy in caring for the child.

Results from conditional process analyses nonetheless indicate that the presence of self-forgiveness can actually be significantly related to greater parenting self-efficacy and, indirectly, to better psychological well-being and parental behaviors, but only when mothers perceive themselves to be poorly supported by their partner (and father of the child). Thus, contrary to our prediction, self-forgiveness did not interact synergistically with social support in relating to mothers' positive self-image and well-being. Rather, self-forgiveness seems to have played a compensatory role: when levels of support received from the partner are not high enough to help mothers restore a positive self-image as a caregiver, self-forgiveness appears to compensate by promoting a more positive self-view. Conversely, no significant interaction was found between the association of self-forgiveness and of partner support with stress related to child caring, perhaps because receiving support can have positive and/or negative effects on the recipient's stress. In fact, a number of studies show that receiving emotional support from one's partner can lead to increased, rather than decreased, stress. This occurs because it can lead the recipient to feel indebted and dependent or to doubt his/her ability in managing the stressor (Gleason et al., 2008; Shrout et al., 2006). Reviewing their multimethod program of research, McClure et al. (2013) documented that support has beneficial or detrimental effects depending on a complex configuration of individual, relational, and contextual factors such as the perceived responsiveness of the support act, the degree to which support is matched to the recipient's desires, and the level of stress and nature of the stressor. Because mothers of children with LDs are exposed to multiple enduring stressors, many of which go beyond their relationship with the child and are difficult to control (e.g. economic strains, social stigma and exclusion), it is possible that partner support may contribute to restore mothers' positive self-image, but not to reduce their stress and improve their overall well-being. Consistent with this reasoning, in the present study we found that partner support was significantly associated with mothers' parenting self-efficacy, but not with their parenting stress or overall well-being.

Although the present results are promising, several limitations need to be born in mind when interpreting the findings. First, the study is exploratory and descriptive in nature and its finding have limited generalizability, as they are based on a relatively small sample of well-educated mothers who were not selected randomly, were for a large majority receiving behavioral parent training, and whose child had no behavioral disorders or comorbidities. This last condition is quite uncommon, given that LDs frequently occur with other neurodevelopmental disorders, which are likely to further impact parental well-being and parent-child relations. Also, the failure to assess mother

psychopathology (and in particular mother LDs) means that it cannot be ruled out as a cause of the present results. Second, the correlational data obtained do not provide information on direction of effects. To explore direction of effects among the variables it will be important to collect longitudinal data as well as control for covariates related to the caregiving situation (e.g., socio-economic status, working condition and family structure). Third, plausible alternative models might exist that include further moderating effects or intervening variables. For example, with a larger sample one could test whether social support has a moderating effect not only with respect to direct and indirect outcomes of self-forgiveness, but also with respect to parenting self-efficacy or parenting distress outcomes. Further, the relation between self-forgiveness and health could be mediated by health-enhancing psychosocial variables like hope and optimism, which share with forgiveness the common goal of striving for a better future and a flexible approach to coping with problems (Toussaint, Barry, Angus, Bornfriend, & Markman, 2017). In fact, dispositional optimism has been shown to mitigate the negative impact of youth developmental and behavior disorders on mothers' well-being (Blacher and Baker (2019)). Fourth, even though the state forgiveness measure used has the merit of being multidimensional and shows good convergent validity, its internal consistency can be improved. In the absence of such improvement, measurement errors should be taken into account through statistical techniques, like structural equation modeling, which could not be used in our study due to sample size. Fifth, the reliance on self-reports in this study may have generated common method biases which future research should overcome by using multiple-informant measures (e.g., observational data for parental behaviors).

Despite these shortcomings, our study is the first to show that self-forgiveness might have beneficial outcomes for the well-being and parental behaviors of mothers caring for a child with specific LDs. This evidence helps extend the literature on strategies and resources that parents can rely on to effectively cope with their children's intellectual and/or developmental disabilities and become resilient. This literature has mainly focused on the beneficial effects of optimism, social support and coping strategies such as planful problem-solving and positive reappraisal (Peer & Hillman, 2014), whereas the implications of self-forgiveness, a response which helps to reduce self-blame and restore self-worth after perceived failures, have not been investigated. Furthermore, self-forgiveness researchers have very rarely explored the effects of self-forgiveness on parents experiencing guilt or feelings of remorse (for an exception related to the loss of a child see Záhorcová et al., 2019). Finally, the study expands evidence on the key role of parenting stress and lower parenting self-efficacy in

worsening parents' well-being and behaviors towards the child, by examining them in a sample of mothers of children with LDs (Abidin, 1992; Albanese et al., 2019; Jones & Prinz, 2005).

Our study also has interesting practical implications. Parents of children with LDs are at higher risk for parenting stress, poor parenting self-efficacy, and poor overall functioning, which in turn negatively impact their children's outcomes, such as their academic, social-emotional and behavioral adjustment (Carotenuto et al., 2017; Dyson, 2003; Lardieri et al., 2000; Shechtman & Gilat, 2005; Smith, 2000). It is therefore of practical importance to identify and understand the factors promoting parental self-efficacy and well-being as this information could inform interventions for parents of children with LDs. Parenting interventions based on cognitive-behavioral models, like *Riding the Rapids* (Beresford et al., 2012; Todd et al., 2014) that was specifically developed for parents of children with LDs, and *Triple P-Positive Parenting Program* (Sanders, 2012) and *Incredible Years* (McIntyre, 2008), which were adapted for them, have been shown to reduce parenting stress and self-blame and improve self-efficacy through modules teaching attributions retraining or mood and stress management. In light of our results as well as studies documenting the efficacy of self-forgiveness treatment (Cornish et al., 2017; Jacinto & Edwards, 2011), an additional module on self-forgiveness promotion might be profitably included in interventions to relieve parenting stress and foster parenting self-efficacy.

Although the present findings do not provide definitive support for incorporating self-forgiveness into programs provided for parents of children with specific LDs, they point to the utility of gathering further data on the role of self-forgiveness in promoting parental well-being. Future studies might for example determine whether similar results emerge when assessing forgiveness at the dispositional level. Given that well-being is usually more strongly associated with trait than state forgiveness (Davis et al., 2015; Toussaint, Webb & Hirsch, 2017), one can expect even stronger beneficial effects for self-forgiveness when measured at the dispositional level. Also, considering that psychological well-being is commonly defined as a combination of feeling good (or hedonia) and functioning effectively (or eudaimonia) (Huppert, 2009), future research might explore whether self-forgiveness is equally effective in promoting both components of parental well-being. Given that this study did not assess child behaviors and adjustment, future research might also examine whether mothers' self-forgiveness relates to their child's outcomes cross-sectionally and longitudinally.

It would also be helpful to replicate the present findings on more heterogeneous samples of parents, including both fathers and mothers, LGBTQ parents or single parents of

children with different types of disabilities and comorbidities or without disabilities. Parent's sense of inadequacy and failure may vary greatly depending on the specific financial, physical, and psychological burdens their child's unique profile of disabilities poses to them. In this regard there is evidence that parents of children with multiple disorders, who are required to complete more difficult caregiving tasks associated with higher frequencies of difficult child behavior, experience higher levels of parental stress (Plant & Sanders, 2007). Given that fathers are becoming progressively more involved in child care and tend to cope with their child's disabilities differently from mothers (Al-Yagon, 2015), efforts to recruit and include fathers in research would add important information on interparental functioning and gender specificity in rearing a child with disabilities. In addition, considering the financial and psychological strains experienced by single parents and the specific discriminations and misconceptions suffered by LGBTQ parents of children with disabilities (Cigno & Burke, 1997; Gibson, 2018; Parish et al., 2012), the extent to which self-forgiveness has positive outcomes even in these further challenging situations merits future investigation. Finally, including community samples of fathers and mothers would also assist in determining whether self-forgiveness may have positive outcomes even for parents of children in less challenging circumstances.

In conclusion, this study made a significant contribution to the literature on mothering a child with LDs by providing initial support regarding the potential beneficial outcomes of mothers' self-forgiveness. In particular, the present findings indicate that, when measured in terms of lack of self-resentment and of a negative self-view, higher self-forgiveness for mothering failures relates to less parenting stress and more parenting self-efficacy, which in turn are associated with higher well-being and more accepting and less rejecting parental behaviors. When measured in terms of self-benevolence and a positive self-view, self-forgiveness relates to higher well-being and more accepting and less rejecting parental behaviors via parenting self-efficacy only for mothers who reported poor support from their partner.

Funding Open access funding provided by Università degli studi di Bergamo within the CRUI-CARE Agreement.

Compliance with Ethical Standards

Conflict of Interest The authors declare no competing interests.

Ethical Approval All procedures performed in the study were in accordance with the ethical standards of the institutional research committee (Regolamento di ateneo per l'integrità e l'etica della ricerca (University regulations for the integrity and ethics of research) - Emanato con D.R. (issued by Chancellor's Decree) Rep. n. 387/2016

prot. n. 80496/I/3 del 18.7.2016 e Rep. n. 431/2016 prot. n. 95147/I/3 del 30.8.2016) and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Informed Consent Informed consent was obtained from all individual participants included in the study.

Publisher's note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

Open Access This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons license, and indicate if changes were made. The images or other third party material in this article are included in the article's Creative Commons license, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons license and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this license, visit <http://creativecommons.org/licenses/by/4.0/>.

References

- Abidin, R. R. (1992). The determinants of parenting behavior. *Journal of Clinical Child Psychology*, 21(4), 407–412. https://doi.org/10.1207/s15374424jccp2104_12.
- Acitelli, L. K., & Antonucci, T. C. (1994). Gender differences in the link between marital support and satisfaction in older couples. *Journal of Personality and Social Psychology*, 67(4), 688–698. <https://doi.org/10.1037/0022-3514.67.4.688>.
- Adams, C. E., & Leary, M. R. (2007). Promoting self-compassionate attitudes toward eating among restrictive and guilty eaters. *Journal of Social & Clinical Psychology*, 26(10), 1120–1144. <https://doi.org/10.1521/jscp.2007.26.10.1120>.
- AIP (2015). *Code of ethics of the Italian psychological association*. Available online at: <http://www.aipass.org/node/11560>.
- Albanese, A. M., Russo, G. R., & Geller, P. A. (2019). The role of parental self-efficacy in parent and child wellbeing: A systematic review of associated outcomes. *Child Care, Health & Development*, 45(3), 333–363. <https://doi.org/10.1111/cch.12661>.
- Al-Yagon, M. (2015). Fathers and mothers of children with learning disabilities: Links between emotional and coping resources. *Learning Disability Quarterly*, 38(2), 112–128. <https://doi.org/10.1177/0731948713520556>.
- Antshel, K. M., & Joseph, G. (2006). Maternal stress in nonverbal learning disorder. *Journal of Learning Disabilities*, 39(3), 194–205. <https://doi.org/10.1177/00222194060390030101>.
- Baron, R. M., & Kenny, D. (1986). The moderator-mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of Personality and Social Psychology*, 51, 1173–1182. <https://doi.org/10.1037/0022-3514.51.6.1173>.
- Baumeister, R. F., Stillwell, A. M., & Heatherton, T. F. (1994). Guilt: An interpersonal approach. *Psychological Bulletin*, 115, 243–267. <https://doi.org/10.1037/0033-2909.115.2.243>.
- Beam, C. R., Horn, E. E., Hunt, S. K., Emery, R. E., Turkheimer, E., & Martin, N. (2011). Revisiting the effect of marital support on depressive symptoms in mothers and fathers: A genetically

- informed study. *Journal of Family Psychology*, 25(3), 336–344. <https://doi.org/10.1037/a0023758>.
- Beresford, B., Stuttard, L., Clarke, S., Maddison, J. & Beecham, J. (2012). *Managing behaviour and sleep problems in disabled children: An investigation into the effectiveness and costs of parent-training interventions*. London: Department for Education.
- Biancardi A., Bachmann C. & Nicoletti C. (2016). *BDE2 – Batteria Discalculia Evolutiva - Test per la diagnosi dei disturbi dell'elaborazione numerica e del calcolo in età evolutiva*. Hoepli.
- Blacher, J., & Baker, B. L. (2019). Collateral Effects of Youth Disruptive Behavior Disorders on Mothers' Psychological Distress: Adolescents with Autism Spectrum Disorder, Intellectual Disability, or Typical Development. *Journal of Autism and Developmental Disorders*, 49(7), 2810–2821. <https://doi.org/10.1007/s10803-017-3347-2>.
- Blacher, J., Baker, B. L., & Kaladjian, A. (2013). Syndrome specificity and mother-child interactions: examining positive and negative parenting across contexts and time. *Journal of Autism and Developmental Disorders*, 43(4), 761–774. <https://doi.org/10.1007/s10803-012-1605-x>.
- Blumsack, J., Lewandowski, L., & Waterman, B. (1997). Neurodevelopmental precursors to learning disabilities: a preliminary report from a parent survey. *Journal of Learning Disabilities*, 30(2), 228–237. <https://doi.org/10.1177/002221949703000211>.
- Bodenmann, G., Meuwly, N., & Kayser, K. (2011). Two conceptualizations of dyadic coping and their potential for predicting relationship quality and individual well-being: A comparison. *European Psychologist*, 16, 255–266. <https://doi.org/10.1027/1016-9040/a000068>.
- Bonifacci, P., Montuschi, M., Lami, L., & Snowling, M. J. (2014). Parents of children with dyslexia: Cognitive, emotional and behavioural profile. *Dyslexia*, 20, 175–190. <https://doi.org/10.1002/dys.1469>.
- Bonifacci, P., Storti, M., Tobia, V., & Suardi, A. (2015). Specific learning disorder: A look inside children's and parent's psychological well-being and relationships. *Journal of Learning Disabilities*, 49(5), 532–545. <https://doi.org/10.1177/0022219414566681>.
- Bornstein, M. H. (2015). Children's parents. In M. H. Bornstein, T. Leventhal, & R. M. Lerner (Eds.), *Handbook of child psychology and developmental science: Educational settings and processes* (pp. 55–132). John Wiley & Sons, Inc.
- Bornstein, M. H., Putnick, D. L., & Suwalsky, J. (2018). Parenting cognitions → parenting practices → child adjustment? The standard model. *Development and psychopathology*, 30(2), 399–416. <https://doi.org/10.1017/S0954579417000931>.
- Carlson, D., Hanson, S., & Fitzroy, A. (2016). The division of child care, sexual intimacy, and relationship quality in couples. *Gender & Society*, 30(3), 442–466. <https://doi.org/10.1177/0891243215626709>.
- Carotenuto, M., Messina, A., Monda, V., Precenzano, F., Iacono, D., Verrotti, A., & Esposito, M. (2017). Maternal stress and coping strategies in developmental dyslexia: An Italian multicenter study. *Frontiers in Psychiatry*, 8, 295. <https://doi.org/10.3389/fpsy.2017.00295>.
- Chassany, O., Dimenas, E., Dubois, D., & Wu, A. (2004). *The Psychological General Well-Being Index (PGWBI) User Manual*. Lyon: MAPI Research Institute.
- Cigno, K., & Burke, P. (1997). Single mothers of children with learning disabilities: An undervalued group. *Journal of Interprofessional Care*, 11(2), 177–186. <https://doi.org/10.3109/13561829709014909>.
- Clark, L. A., & Watson, D. (1995). Constructing validity: Basic issues in objective scale development. *Psychological Assessment*, 7, 309–319. <https://doi.org/10.1037/1040-3590.7.3.309>.
- Coleman, P. K., & Karraker, K. H. (1998). Self-efficacy and parenting quality: Findings and future applications. *Developmental Review*, 18(1), 47–85. <https://doi.org/10.1006/drev.1997.0448>.
- Coleman, P. K., & Karraker, K. H. (2000). Parenting self-efficacy among mothers of school-age children: Conceptualization, measurement, and correlates. *Family Relations: An Interdisciplinary Journal of Applied Family Studies*, 49(1), 13–24. <https://doi.org/10.1111/j.1741-3729.2000.00013.x>.
- Cornish, M. A., & Wade, N. G. (2015). Working through past wrongdoing: Examination of a self-forgiveness counseling intervention. *Journal of Counseling Psychology*, 62(3), 521–528. <https://doi.org/10.1037/cou0000080>.
- Cornish, M. A., Wade, N. G., & Cikara, A. (2017). Self-forgiveness in individual psychotherapy: Therapeutic models and counseling outcomes. In L. Woodyatt, E. L. Worthington, Jr., M. Wenzel, & B. J. Griffin (Eds.), *Handbook of the psychology of self-forgiveness* (p. 163–177). Springer International Publishing. https://doi.org/10.1007/978-3-319-60573-9_12.
- Cornish, M. A., Woodyatt, L., Graham, M., Conroy, A., & Townsden, J. (2018). Self-forgiveness, self-exoneration, and self-condemnation: Individual differences associated with three patterns of responding to interpersonal offenses. *Personality and Individual Differences*, 129, 43–53. <https://doi.org/10.1016/j.paid.2018.03.003>.
- Cornoldi C. & Carretti B. (2016). *Prove MT-3 Clinica*. Firenze, Giunti-Organizzazioni Speciali.
- Cornoldi C., Lucangeli D. & Bellina M. (2002). *AC-MT –Test di Valutazione delle abilità di calcolo e soluzione di problemi*. Erickson.
- Crnic, K. A., Gaze, C., & Hoffman, C. (2005). Cumulative parenting stress across the preschool period: relations to maternal parenting and child behaviour at age 5. *Infant and Child Development Special Issue: Parenting Stress and Children's Development*, 14, 117–132. <https://doi.org/10.1002/icd.384>.
- Davis, D. E., Ho, M. Y., Griffin, B. J., Bell, C., Hook, J. N., Van Tongeren, D. R., & Westbrook, C. J. (2015). Forgiving the self and physical and mental health correlates: A meta-analytic review. *Journal of Counseling Psychology*, 62(2), 329–5. <https://doi.org/10.1037/cou0000063>.
- Deater-Deckard, K. (1998). Parenting stress and child adjustment: Some old hypotheses and new questions. *Clinical Psychology: Science and Practice*, 5(3), 314–332. <https://doi.org/10.1111/j.1468-2850.1998.tb00152.x>.
- de Haan, A. D., Prinzie, P., & Deković, M. (2009). Mothers' and fathers' personality and parenting: The mediating role of sense of competence. *Developmental Psychology*, 45(6), 1695–1707. <https://doi.org/10.1037/a0016121>.
- Dillon, R. S. (2001). Self-Forgiveness and self-Respect. *Ethics*, 112(1), 53–83. <https://doi.org/10.1086/339140>.
- Dyson, L. L. (2003). Children with learning disabilities within the family context: A comparison with siblings in global self-concept, academic self-perception, and social competence. *Learning Disabilities Research & Practice*, 18(1), 1–9. <https://doi.org/10.1111/1540-5826.00053>.
- Donawa, W. (1995). Growing up dyslexic: A parent's view. *Journal of Learning Disabilities*, 28, 324–328. <https://doi.org/10.1177/002221949502800602>.
- Dupuy, H. J. (1984). The Psychological General Well-Being (PGWB) Index. In N. Wenger (ED.). *Assessment of quality of life in clinical trials of cardiovascular therapies* (pp. 170-183). New York: Le Jacq.
- Ekas, N. V., Lickenbrock, D. M., & Whitman, T. L. (2010). Optimism, social support, and well-being in mothers of children with autism spectrum disorder. *Journal of Autism and Developmental Disorders*, 40, 1274–1284. <https://doi.org/10.1007/s10803-010-0986-y>.
- Enea, V., & Rusu, D. (2020). Raising a Child with Autism Spectrum Disorder: A Systematic Review of the Literature Investigating Parenting Stress. *Journal of Mental Health Research in*

- Intellectual Disabilities*, 13, 283–321. <https://doi.org/10.1080/19315864.2020.1822962>.
- Enright, R. D., the Human Development Study Group. (1996). Counseling within the forgiveness triad: On forgiving, receiving forgiveness, and self-forgiveness. *Counseling and Values*, 40, 107–126. <https://doi.org/10.1002/j.2161-007X.1996.tb00844.x>.
- Falk, N. H., Norris, K., & Quinn, M. G. (2014). The Factors Predicting Stress, Anxiety and Depression in the Parents of Children with Autism. *Journal of Autism and Developmental Disorders*, 44, 3185–3203. <https://doi.org/10.1007/s10803-014-2189-4>.
- Feder, K. A., Heatherington, L., Mojtabai, R., & Eaton, W. W. (2019). Perceived marital support and incident mental illness: Evidence from the National Comorbidity Survey. *Journal of Marital and Family Therapy*, 45(4), 668–683. <https://doi.org/10.1111/jmft.12343>.
- Fenning, R. M., Baker, J. K., Baker, B. L., & Crnic, K. A. (2014). Parent-child interaction over time in families of young children with borderline intellectual functioning. *Journal of Family Psychology*, 28(3), 326–335. <https://doi.org/10.1037/a0036537>.
- Fincham, F. D., & May, R. W. (2019). Self-forgiveness and well-being: Does divine forgiveness matter? *The Journal of Positive Psychology*, 14, 854–859. <https://doi.org/10.1080/17439760.2019.1579361>.
- Findler, L., Klein Jacoby, A., & Gabis, L. (2016). Subjective happiness among mothers of children with disabilities: The role of stress, attachment, guilt and social support. *Research in Developmental Disabilities*, 55, 44–54. <https://doi.org/10.1016/j.ridd.2016.03.006>.
- Fletcher, G. J. O., Simpson, J. A., & Thomas, G. (2000). The measurement of perceived relationship quality components: A confirmatory factor analytic approach. *Personality and Social Psychology Bulletin*, 26(3), 340–354. <https://doi.org/10.1177/0146167200265007>.
- García-Pérez, O., Inda-Caro, M., & Torío-López, S. (2017). New validity evidence of the Parent PARQ/Control scale of Parental Educational Styles. *Psicothema*, 29(2), 247–253. <https://doi.org/10.7334/psicothema2016.219>.
- Gençoğlu, C., Şahin, E., & Topkaya, N. (2018). General self-efficacy and forgiveness of self, others, and situations as predictors of depression, anxiety, and stress in university students. *Educational Sciences: Theory & Practice*, 18(3), 605–626. <https://doi.org/10.12738/estp.2018.3.0128>.
- Gibson, M. F. (2018). Predator, pet lesbian, or just the nanny? LGBTQ parents of children with disabilities describe categorization. *Journal of Homosexuality*, 65(7), 860–883. <https://doi.org/10.1080/00918369.2017.1364565>.
- Gleason, M. E. J., Iida, M., Shrout, P. E., & Bolger, N. (2008). Receiving support as a mixed blessing: Evidence for dual effects of support on psychological outcomes. *Journal of Personality and Social Psychology*, 94(5), 824–838. <https://doi.org/10.1037/0022-3514.94.5.824>.
- Green, S., Caplan, B., & Baker, B. (2014). Maternal supportive and interfering control as predictors of adaptive and social development in children with and without developmental delays. *Journal of intellectual disability research: JIDR*, 58(8), 691–703. <https://doi.org/10.1111/jir.12064>.
- Green, S., Darling, R., & Wilbers, L. (2013). Has the parent experience changed over time? A meta-analysis of qualitative studies of parents of children with disabilities from 1960 to 2012. *Disability and Intersecting Statuses (Research in Social Science and Disability)*, 7, 97–168. [https://doi.org/10.1108/S1479-3547\(2013\)0000007007](https://doi.org/10.1108/S1479-3547(2013)0000007007).
- Greenham, S. L. (1999). Learning Disabilities and Psychosocial Adjustment: A Critical Review. *Child Neuropsychology*, 5(3), 171–196. <https://doi.org/10.1076/chin.5.3.171.7335>.
- Griffin, B. J., Worthington, Jr., E. L., Lavelock, C. R., Greer, C. L., Yin Lin, Davis, Don, E., & Hook, J. N. (2015). Efficacy of a Self-Forgiveness Workbook: A randomized controlled trial with interpersonal offenders. *Journal of Counseling Psychology*, 62(2), 124–136. <https://doi.org/10.1037/cou0000060>.
- Gordon, K. C., Hughes, F. M., Tomcik, N. D., Dixon, L. J., & Litzinger, S. C. (2009). Widening spheres of impact: The role of forgiveness in marital and family functioning. *Journal of Family Psychology*, 23(1), 1–13. <https://doi.org/10.1037/a0014354>.
- Grolnick, W. S., & Ryan, R. M. (1990). Self-perceptions, motivation, and adjustment in children with learning disabilities: A multiple group comparison study. *Journal of Learning Disabilities*, 23, 177–184. <https://doi.org/10.1177/002221949002300308>.
- Grossi, E., Mosconi, P., Groth, N., Niero, M. & Apolone, G. (2002). *Il Questionario Psicologica General Well-Being*. Edizioni “Mario Negri”, Versione Italiana. Milano.
- Harden, J. (2005). Parenting a young person with mental health problems: Temporal disruption and reconstruction. *Sociology of Health & Illness*, 27(3), 351–371. <https://doi.org/10.1111/j.1467-9566.2005.00446.x>.
- Hall, J. H., & Fincham, F. D. (2005). Self-forgiveness: The stepchild of forgiveness research. *Journal of Social and Clinical Psychology*, 24(5), 621–637. <https://doi.org/10.1521/jscp.2005.24.5.621>.
- Harper, F. W. K., Peterson, A. M., Uphold, H., Albrecht, T. L., Taub, J. W., Orom, H., Phipps, S., & Penner, L. A. (2013). Longitudinal study of parent caregiving self-efficacy and parent stress reactions with pediatric cancer treatment procedures. *Psycho-Oncology*, 22, 1658–1664. <https://doi.org/10.1002/pon.3199>.
- Hassall, R., & Rose, J. (2005). Parental cognitions and adaptation to the demands of caring for a child with an intellectual disability: A review of the literature and implications for clinical interventions. *Behavioural and Cognitive Psychotherapy*, 33(1), 71–88. <https://doi.org/10.1017/S135246580400178X>.
- Hastings, R. P. (2016). Do children with intellectual and developmental disabilities have a negative impact on other family members? The case for rejecting a negative narrative. In R. M. Hodapp & D. J. Fidler (Eds.), *International review of research in developmental disabilities: Fifty years of research in intellectual and developmental disabilities*. (Vol. 50, pp. 165–194). San Diego, CA: Elsevier Academic Press. <https://doi.org/10.1016/bs.iridd.2016.05.002>.
- Hastings, R. P., & Brown, T. (2002). Behavior problems of children with autism, parental self-efficacy, and mental health. *American Journal of Mental Retardation: AJMR*, 107(3), 222–232. [https://doi.org/10.1352/0895-8017\(2002\)107<0222:BPOCWA>2.0.CO;2](https://doi.org/10.1352/0895-8017(2002)107<0222:BPOCWA>2.0.CO;2).
- Hauser-Cram, P., Warfield, M. E., Shonkoff, J. P., Krauss, M. W., Sayer, A., & Upshur, C. C. (2001). Children with disabilities: A longitudinal study of child development and parent well-being. *Monographs of the Society for Research in Child Development*, 66(3), 1–131. <https://doi.org/10.1111/1540-5834.00151>.
- Hayes, A. F. (2009). Beyond Baron and Kenny: Statistical mediation analysis in the new millennium. *Communication Monograph*, 76, 408–420. <https://doi.org/10.1080/03637750903310360>.
- Hayes, A. F. (2017). Introduction to mediation, moderation, and conditional process analysis. Second edition. A regression-based approach. New York: The Guilford Press.
- Huppert, F. A. (2009). Psychological well-being: Evidence regarding its causes and consequences. *Applied Psychology: Health and Well-Being*, 1(2), 137–164. <https://doi.org/10.1111/j.1758-0854.2009.01008.x>.
- Jacinto, G. A. (2010). The self-forgiveness process of caregivers after the death of care-receivers diagnosed with Alzheimer's disease. *Journal of Social Service Research*, 36(1), 24–36. <https://doi.org/10.1080/01488370903333538>.

- Jacinto, G. A., & Edwards, B. L. (2011). Therapeutic stages of forgiveness and self-forgiveness. *Journal of Human Behavior in the Social Environment*, 21, 423–437. <https://doi.org/10.1080/15433714.2011.531215>.
- Johnson, R. F., O'Reilly, M., & Vostanis, P. (2006). Caring for children with learning disabilities who present problem behaviours: a maternal perspective. *Journal of Child Health Care*, 10(3), 188–198. <https://doi.org/10.1177/136749350606648>.
- Johnston, C., & Ohan, J. L. (2005). The Importance of Parental Attributions in Families of Children with Attention-Deficit/Hyperactivity and Disruptive Behavior Disorders. *Clinical Child and Family Psychology Review*, 8(3), 167–182. <https://doi.org/10.1007/s10567-005-6663-6>.
- Jones, T. L., & Prinz, R. J. (2005). Potential roles of parental self-efficacy in parent and child adjustment: a review. *Clinical psychology review*, 25(3), 341–363. <https://doi.org/10.1016/j.cpr.2004.12.004>.
- Joseph, S., Becker, S., & Elwick, H. (2012). Adult carers quality of life questionnaire (ACQoL): Development of an evidence based tool. *Mental Health Review Journal*, 17, 57–69. <https://doi.org/10.1080/09638288.2017.1423519>.
- Karande, S., & Kulkarni, S. (2009). Quality of life of parents of children with newly diagnosed specific learning disability. *Journal of Postgraduate Medicine*, 55(2), 97–103. <https://doi.org/10.4103/0022-3859.52839>.
- Kersh, J., Hedvat, T. T., Hauser-Cram, P., & Warfield, M. E. (2006). The contribution of marital quality to the well-being of parents of children with developmental disabilities. *Journal of Intellectual Disability Research*, 50(12), 883–893. <https://doi.org/10.1111/j.1365-2788.2006.00906.x>.
- Kravchuk, S. (2021). Willingness to Forgive Oneself and Others as a Way of Personal Growth of University Students. *Revista Romaneasca Pentru Educatie Multidimensionala*, 13(3), 262–279. <https://doi.org/10.18662/rem/13.3/451>.
- La Greca, A. M., & Stone, W. L. (1990). LD status and achievement: confounding variables in the study of children's social status, self-esteem, and behavioral functioning. *Journal of Learning Disabilities*, 23, 483–490. <https://doi.org/10.1177/002221949002300806>.
- Lalvani, P., & Polvere, L. (2013). Historical perspectives on studying families of children with disabilities: A case for critical research. *Disability Studies Quarterly*, 33(3). <https://doi.org/10.18061/dsq.v33i3.3209>
- Lardieri, L. A., Blacher, J., & Swanson, H. L. (2000). Sibling relationships and parent stress in families of children with and without learning disabilities. *Learning Disability Quarterly*, 23(2), 105–116. <https://doi.org/10.2307/1511140>.
- Leach, D. J., & Siddall, S. W. (1990). Parental involvement in the teaching of reading: a comparison of hearing reading, paired reading, pause, prompt, praise, and direct instruction methods. *British journal of educational psychology*, 60, 349–355. <https://doi.org/10.1111/j.2044-8279.1990.tb00951.x>.
- Liao, K. Y.-H., & Wei, M. (2015). Insecure attachment and depressive symptoms: Forgiveness of self and others as moderators. *Personal Relationships*, 22(2), 216–229. <https://doi.org/10.1111/per.12075>.
- Lee, J. (2013). Maternal stress, well-being, and impaired sleep in mothers of children with developmental disabilities: A literature review. *Research in Developmental Disabilities*, 34(11), 4255–4273. <https://doi.org/10.1016/j.ridd.2013.09.008>.
- Lu, M., Chen, J., He, W., Pang, F., & Zou, Y. (2021). Association between perceived social support of parents and emotional/behavioral problems in children with ASD: A chain mediation model. *Research in developmental disabilities*, 113, 103933. <https://doi.org/10.1016/j.ridd.2021.103933>.
- Masefield, S. C., Prady, S. L., Sheldon, T. A., Small, N., Jarvis, S., & Pickett, K. E. (2000). The caregiver health effects of caring for young children with developmental disabilities: A Meta-analysis. *Maternal and Child Health Journal*, 24, 561–574. <https://doi.org/10.1007/s10995-020-02896-5>.
- Margalit, M. (1998). Loneliness and coherence among preschool children with learning disabilities. *Journal of Learning Disabilities*, 31(2), 173–180. <https://doi.org/10.1177/002221949803100207>.
- Massengale, M., Choe, E., & Davis, D. E. (2017). Self-forgiveness and personal and relational well-being. In L. Woodyatt, E. L. Worthington Jr., M. Wenzel, & B. J. Griffin (Eds.), *Handbook of the psychology of self-forgiveness* (pp. 101–113). New York: Springer.
- McClure, M. J., Xu, J. H., Craw, J. P., Lane, S. P., Bolger, N., & Shrout, P. E. (2013). Understanding the costs of support transactions in daily life. *Journal of Personality*, 82, 563–574. <https://doi.org/10.1111/jopy.12061>.
- McCullough, M. E., Bono, G., & Root, L. M. (2007). Rumination, emotion, and forgiveness: Three longitudinal studies. *Journal of Personality and Social Psychology*, 92(3), 490–505. <https://doi.org/10.1037/0022-3514.92.3.490>.
- McIntyre, L. L. (2008). Parent training for young children with developmental disabilities: Randomised controlled trial. *American Journal on Mental Retardation*, 113(5), 356–368. <https://doi.org/10.1352/2008.113:356-368>.
- McKay, J. M., Pickens, J., & Stewart, A. L. (1996). Inventoried and observed stress in parent-child interactions. *Current Psychology*, 15, 223–234. <https://doi.org/10.1007/BF02686879>.
- Meunier, J. C., Roskam, I., & Browne, D. T. (2011). Relations between parenting and child behavior: Exploring the child's personality and parental self-efficacy as third variables. *International Journal of Behavioral Development*, 35, 246–259. <https://doi.org/10.1177/0165025410382950>.
- Miodrag, N., Burke, M., Tanner-Smith, E., & Hodapp, R. M. (2015). Adverse health in parents. *Journal of Intellectual Disability Research*, 59, 257–271. <https://doi.org/10.1111/jir.12135>.
- Miodrag, N., & Hodapp, R. (2010). Chronic stress and health among parents of children with intellectual and developmental disabilities. *Current Opinion in Psychiatry*, 23(5), 407–411. <https://doi.org/10.1097/YCO.0b013e32833a8796>.
- Mitchell, D. B., & Hauser-Cram, P. (2010). Early childhood predictors of mothers' and fathers' relationships with adolescents with developmental disabilities. *Journal of Intellectual Disability Research*, 54, 487–500. <https://doi.org/10.1111/j.1365-2788.2010.01268.x>.
- Moes, D. R., & Frea, W. D. (2000). Using family context to inform intervention planning for the treatment of a child with autism. *Journal of Positive Behavior Interventions*, 2(1), 40–46. <https://doi.org/10.1177/10983007000200106>.
- Montgomery, B. S. (2009). Affect, self-efficacy, and responsive caregiving in mothers: A model of infant care. (69), *ProQuest Information & Learning*, US. Retrieved from <http://ezproxy2.library.drexel.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=psyh&AN=2009-99120-089&site=ehost-live> Available from EBSCOhost psyhdatabase.
- Moreira, H., & Canavaro, M. C. (2018). The association between self-critical rumination and parenting stress: The mediating role of mindful parenting. *Journal of Child & Family Studies*, 27(7), 2265–2275. <https://doi.org/10.1007/s10826-018-1072-x>.
- Morley, R. M., Terranova, V. A., Cunningham, S. N., & Kraft, G. (2016). Self-Compassion and Predictors of Criminality. *Journal of Aggression, Maltreatment & Trauma*, 25(5), 503–517. <https://doi.org/10.1080/10926771.2015.1107170>.
- National Joint Committee on Learning Disabilities (2016). *Definition of Learning Disabilities*. <https://njcld.files.wordpress.com/2018/10/ld-definition.pdf>
- Neece, C. L., Green, S. A., & Baker, B. L. (2012). Parenting stress and child behavior problems: A transactional relationship across time.

- American Journal on Intellectual and Developmental Disabilities*, 117, 48–66. <https://doi.org/10.1352/1944-7558-117.1.48>.
- Negri, L., Piazza, G., Sartori, R. D. G., Cocchi, M. G., & Delle Fave, A. (2017). The Adult Carer Quality of Life Questionnaire (ACQoL): comparison with measures of burden and well-being, and Italian validation. *Disability and Rehabilitation*, 10, 1–10. <https://doi.org/10.1080/09638288.2017.1423519>.
- Nunnally, J. C., & Bernstein, I. H. (1994). *Psychometric theory* (3rd ed.). New York, NY: McGraw-Hill.
- Newman, D. B., & Nezlek, J. B. (2019). Private self-consciousness in daily life: Relationships between rumination and reflection and well-being and meaning in daily life. *Personality & Individual Differences*, 136, 184–189. <https://doi.org/10.1016/j.paid.2017.06.039>.
- Nomaguchi, K., & Milkie, M. A. (2020). Parenthood and Well-Being: A Decade in Review. *Journal of Marriage and the Family*, 82(1), 198–223. <https://doi.org/10.1111/jomf.12646>.
- Olsson, M. B., & Hwang, C. P. (2006). Well-being, involvement in paid work and division of child-care in parents of children with intellectual disabilities in Sweden. *Journal of Intellectual Disability Research*, 50(12), 963–969. <https://doi.org/10.1111/j.1365-2788.2006.00930.x>.
- O'Neil, J., Wilson, M. N., Shaw, D. S., & Dishion, T. J. (2009). The relationship between parental efficacy and depressive symptoms in a diverse sample of low income mothers. *Journal of Child and Family Studies*, 18(6), 643–652. <https://doi.org/10.1007/s10826-009-9265-y>.
- Padeliadou, S., & Chideridou, A. (2013). Being a parent and not a teacher: The case of specific learning disabilities. *International Journal about Parents in Education*, 7(2), 91–99.
- Paleari, F. G., Regalia, C., & Fincham, F. D. (2009). Measuring offence-specific forgiveness in marriage: The Marital Offence-Specific Forgiveness Scale (MOFS). *Psychological Assessment*, 21(2), 194–209. <https://doi.org/10.1037/a0016068>.
- Paleari, F. G., Rosnati, R., & Lanz, M. (2002). Il supporto nelle relazioni familiari e il benessere dei giovani adulti: Differenze di prospettiva. *Ricerche di Psicologia*, 25(4), 39–56.
- Parish, S. L., Rose, R. A., Swaine, J. G., Dababnah, S., & Mayra, E. T. (2012). Financial well-being of single, working-age mothers of children with developmental disabilities. *American Journal on Intellectual and Developmental Disabilities*, 117(5), 400–412. <https://doi.org/10.1352/1944-7558-117.5.400>.
- Pearson, K. A., Watkins, E. R., Kuyken, W., & Mullan, E. G. (2010). The psychosocial context of depressive rumination: Ruminative brooding predicts diminished relationship satisfaction in individuals with a history of past major depression. *British Journal of Clinical Psychology*, 49(2), 275–280. <https://doi.org/10.1348/014466509X480553>.
- Peer, J. W., & Hillman, S. B. (2014). Stress and resilience for parents of children with intellectual and developmental disabilities: A review of key factors and recommendations for practitioners. *Journal of Policy and Practice in Intellectual Disabilities*, 11(2), 92–98. <https://doi.org/10.1111/jppi.12072>.
- Pelucchi, S., Paleari, F. G., Regalia, C., & Fincham, F. D. (2013). Self-forgiveness in romantic relationships. *It matters to both of us. Journal of Family Psychology*, 27(4), 541–549. <https://doi.org/10.1037/a0032897>.
- Pelucchi, S., Paleari, F. G., Regalia, C., & Fincham, F. D. (2015). Self-forgiveness in romantic relationships: 2. *Impact on interpersonal forgiveness, Family Science*, 6(1), 181–190. <https://doi.org/10.1080/19424620.2015.1082048>.
- Persampieri, M., Gortmaker, V., Daly, III, E. J., Sheridan, S. M., & McCurdy, M. (2006). Promoting parent use of empirically supported reading interventions: two experimental investigations of child outcomes. *Behavioral Interventions*, 21(1), 31–57. <https://doi.org/10.1002/bin.210>.
- Pinquart, M. (2017). Associations of parenting dimensions and styles with externalizing problems of children and adolescents: An updated meta-analysis. *Developmental Psychology*, 53(5), 873–932. <https://doi.org/10.1037/dev0000295>.
- Plant, K. M., & Sanders, M. R. (2007). Predictors of caregiver stress in families of preschool-aged children with developmental disabilities. *Journal of Intellectual Disability Research*, 51(2), 109–124. <https://doi.org/10.1111/j.1365-2788.2006.00829.x>.
- Preacher, K. J., & Hayes, A. F. (2008). Asymptotic and resampling strategies for assessing and comparing indirect effects in multiple mediator models. *Behavior Research Methods*, 40, 879–891. <https://doi.org/10.3758/BRM.40.3.879>.
- Raley, S., Bianchi, S. M., & Wang, W. (2012). When do fathers care? Mothers' economic contribution and fathers' involvement in childcare. *American Journal of Sociology*, 117(5), 1422–1459. <https://doi.org/10.1086/663354>.
- Rapus-Pavel, J., Vitalic, H. S., & Rejec, T. (2018). Schoolwork of adolescents with dyslexia: Comparison of adolescents', mothers' and teachers' perspectives. *International Journal of Special Education*, 33(2), 264–278.
- Robinson, S., Hastings, R. P., Weiss, J. A., Pagavathsing, J., & Lunsby, Y. (2018). Self-compassion and psychological distress in parents of young people and adults with intellectual and developmental disabilities. *Journal of Applied Research in Intellectual Disabilities*, 31(3), 454–458. <https://doi.org/10.1111/jar.12423>.
- Rohner, R. P. (2005). Parental Acceptance-Rejection Questionnaire (PARQ): Test manual. In R. P. Rohner & A. Khaleque (Eds.) *Handbook for the study of parental acceptance and rejection*, 4th ed. (pp. 43–106). Storrs, CT: Rohner Research Publications. <https://doi.org/10.9707/2307-0919.1055>.
- Roll-Pettersson, L., & Mattson, E. H. (2007). Perspectives of mothers of children with dyslectic difficulties concerning their encounters with school: a Swedish example. *European Journal of Special Needs Education*, 22(4), 409–423. <https://doi.org/10.1080/08856250701650011>.
- Rozin, P., & Royzman, E. B. (2001). Negativity bias, negativity dominance, and contagion. *Personality and Social Psychology Review*, 5, 296–320. https://doi.org/10.1207/S15327957PSPR0504_2.
- Sanders, M. R. (2012). Development, evaluation, and multinational dissemination of the triple P-Positive Parenting Program. *Annual review of clinical psychology*, 8, 345–379. <https://doi.org/10.1146/annurev-clinpsy-032511-143104>.
- Sartori G., Job R., & Tressoldi P. E. (2007). *DDE 2 - Batteria per la Valutazione della Dislessia e della Disortografia Evolutiva-2*. Firenze, Giunti-Organizzazioni Speciali.
- Shechtman, Z., & Gilat, I. (2005). The effectiveness of counseling groups in reducing stress of parents of children with learning disabilities. *Group Dynamics: Theory, Research, and Practice*, 9(4), 275–286. <https://doi.org/10.1037/1089-2699.9.4.275>.
- Shrout, P. E., Herman, C. M., & Bolger, N. (2006). The costs and benefits of practical and emotional support on adjustment: A daily diary study of couples experiencing acute stress. *Personal Relationships*, 13(1), 115–134. <https://doi.org/10.1111/j.1475-6811.2006.00108>.
- Smith, G. L. (2000). *Parent involvement and satisfaction in the education of children with specific learning disabilities*. Unpublished doctoral dissertation, University of California, Riverside.
- Smith, T. B., Oliver, M. N. I., & Innocenti, M. S. (2001). Parenting stress in families of children with disabilities. *American Journal of Orthopsychiatry*, 71(2), 257–261. <https://doi.org/10.1037/0002-9432.71.2.257>.
- Sirois, F. M. (2015). A self-regulation resource model of self-compassion and health behavior intentions in emerging adults.

- Preventive Medicine Reports*, 2, 218–222. <https://doi.org/10.1016/j.pmedr.2015.03.006>.
- Sobel, M. (1982). Asymptotic Confidence Intervals for Indirect Effects in Structural Equation Models. *Sociological Methodology*, 13, 290–312. <https://doi.org/10.2307/270723>.
- Stillar, A., Strahan, E., Nash, P., Files, N., Scarborough, J., Mayman, S., Henderson, K., Gusella, J., Connors, L., Orr, E. S., Marchand, P., Dolhanty, J., & Lafrance Robinson, A. (2016). The influence of carer fear and self-blame when supporting a loved one with an eating disorder. *Eating Disorders*, 24(2), 173–185. <https://doi.org/10.1080/10640266.2015.1133210>.
- Streiner, D. L. (2003). Starting at the beginning: An introduction to coefficient alpha and internal consistency. *Journal of Personality Assessment*, 80(1), 99–103. https://doi.org/10.1207/S15327752JPA8001_18.
- Thompson, L. Y. & Snyder, C. R. (2003). Measuring forgiveness. In Shane J. Lopez & C. R. Snyder (Eds.), *Positive psychological assessment: A handbook of models and measures*, 301–312. Washington, DC, US: American Psychological Association.
- Toback, R. L., Graham-Bermann, S. A., & Patel, P. D. (2016). Outcomes of a character strengths-based intervention on self-esteem and self-efficacy of psychiatrically hospitalized youths. *Psychiatric Services*, 67(5), 574–577. <https://doi.org/10.1176/appi.ps.201500021>.
- Todd, S., Bromley, J., & Mellor, C. (2014). *Riding the rapids: Living with autism or disability*. Manchester: Central Manchester University Hospitals NHS Foundation Trust
- Toro, P. A., Weissberg, R. P., Guare, J., & Liebenstein, N. L. (1990). A comparison of children with and without learning disabilities on social problem-solving skill, school behavior, and family background. *Journal of Learning Disabilities*, 23(2), 115–120. <https://doi.org/10.1177/002221949002300207>.
- Toussaint, L., Barry, M., Angus, D., Bornfriend, L., & Markman, M. (2017). Self-forgiveness is associated with reduced psychological distress in cancer patients and unmatched caregivers: Hope and self-blame as mediating mechanisms. *Journal of Psychosocial Oncology*, 35(5), 544–560. <https://doi.org/10.1080/07347332.2017.1309615>.
- Toussaint, L. L., Webb, J. R., & Hirsch, J. K. (2017). Self-Forgiveness and Health: A Stress-and-Coping Model, in L. Woodyatt, E. L. Worthington, Jr., M. Wenzel, & B. J. Griffin (Eds.), *Handbook of the psychology of self-forgiveness* (Chapter 7). New York, NY: Springer.
- Toussaint, L. L., Williams, D. R., Musick, M. A., & Everson, S. A. (2001). Forgiveness and health: Age differences in a U.S. probability sample. *Journal of Adult Development*, 8(4), 249 <https://doi.org/10.1023/A:1011394629736>.
- Tressoldi P., Cornoldi C. e Re A. M. (2012). *BVSCO-2. Batteria per la Valutazione della Scrittura e della Competenza Ortografica – 2*. Firenze, Giunti-Organizzazioni Speciali.
- van Wel, F., Linssen, H., & Abma, R. (2000). The parental bond and the well-being of adolescents and young adults. *Journal of Youth and Adolescence*, 29(3), 307–318. <https://doi.org/10.1023/A:1005195624757>.
- Webb, J. B., & Forman, M. J. (2013). Evaluating the indirect effect of self-compassion on binge eating severity through cognitive–affective self-regulatory pathways. *Eating Behaviors*, 14, 224–228. <https://doi.org/10.1016/j.eatbeh.2012.12.005>.
- Webb, J., Hirsch, J., Visser, P., & Brewer, K. (2013). Forgiveness and health: assessing the mediating effect of health behavior, social support, and interpersonal functioning. *Journal of Psychology*, 147(5), 391–414. <https://doi.org/10.1080/00223980.2012.700964>.
- Webb, J., Phillips, T. D., Bumgarner, D., & Conway-Williams, E. (2013). Forgiveness, mindfulness, and health. *Mindfulness*, 4(3), 235–245. <https://doi.org/10.1007/s12671-012-0119-0>.
- Webb, J. R., Robinson, E. A. R., & Brower, K. J. (2011). Mental health, not social support, mediates the forgiveness-alcohol outcome relationship. *Psychology of Addictive Behaviors*, 25(3), 462–473. <https://doi.org/10.1037/a0022502>.
- Weinberg, M. (2013). The bidirectional dyadic association between tendency to forgive, self-esteem, social support, and PTSD symptoms among terror-attack survivors and their spouses. *Journal of Traumatic Stress*, 26, 744–752. <https://doi.org/10.1002/jts.21864>.
- Wieland, N., & Baker, B. L. (2010). The role of marital quality and spousal support in behaviour problems of children with and without intellectual disability. *Journal of Intellectual Disability Research*, 54(7), 620–633. <https://doi.org/10.1111/j.1365-2788.2010.01293.x>.
- Wiener, J., Biondic, D., Grimbois, T., & Herbert, M. (2016). Parenting Stress of Parents of Adolescents with Attention-Deficit Hyperactivity Disorder. *Journal of Abnormal Child Psychology*, 44(3), 561–574. <https://doi.org/10.1007/s10802-015-0050-7>.
- Wohl, M. J. A., DeShea, L., & Wakinney, R. L. (2008). Looking within: Measuring state self-forgiveness and its relationship to psychological well-being. *Canadian Journal of Behavioural Science / Revue canadienne des sciences du comportement*, 40(1), 1–10. <https://doi.org/10.1037/0008-400x.40.1.1.1>.
- Woodyatt, L. (2017). *Handbook of the psychology of self-forgiveness*. Cham: Springer.
- Woodyatt, L., & Wenzel, M. (2013). Self-Forgiveness and restoration of an offender following an interpersonal transgression. *Journal of Social & Clinical Psychology*, 32(2), 225–259. <https://doi.org/10.1521/jscp.2013.32.2.225>.
- Yap, D. F., Nasir, N., Tan, K., & Lau, L. (2019). Variables which predict maternal self-efficacy: A hierarchical linear regression analysis. *Journal of Applied Research in Intellectual Disabilities: JARID*, 32(4), 841–848. <https://doi.org/10.1111/jar.12575>.
- Záhorcová, L., Halama, P., & Enright, R. D. (2019). Forgiveness as a factor of adjustment in bereaved parents. *Journal of Loss and Trauma*, 25(2), 188–203. <https://doi.org/10.1080/15325024.2019.1664786>.