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Predictors of self forgiveness in older adults

Deanne L. Swanson

PREDICTORS OF SELF FORGIVENESS IN OLDER ADULTS

A dissertation presented by Deanne L. Swanson, M. Ed.

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The dissertation of Deanne L. Swanson was reviewed and approved* by the following:

Barbara F. Okun, PhD
Professor
Department of Counseling and Applied Educational Psychology
Chair of Dissertation Committee

Deborah Greenwald, PhD
Associate Professor
Department of Counseling and Applied Educational Psychology

Chieh Li, EdD
Associate Professor
Department of Counseling and Applied Educational Psychology

*Signatures are on file in the Graduate School.

Abstract

The primary purpose of this study was to examine whether or not there is a predictive relationship between life satisfaction, positive affect, negative affect (these three variables widely accepted as determinants of subjective well-being), and acceptance of the past with self forgiveness in older adults. Participants were 101 adults over the age of 65. The sample was derived from members of a continuing education program for older adults in the northeastern United States and from independently living residents at a senior community. Participants completed the Heartland Forgiveness Scale: Forgiveness of Self Subscale (HFS: SF), the Positive and Negative Affect Schedule (PANAS), the Satisfaction with Life Scale (SWLS) the Accepting the Past Scale (ACPAST), and a Demographic Worksheet. Hierarchical regression analyses revealed significant relationships between life satisfaction, positive affect, negative affect, acceptance of the past, Caucasian ethnicity, Native American ethnicity, and the marital status of "divorced" with self forgiveness. Subsequent stepwise regression of life satisfaction, positive affect, negative affect, acceptance of the past, Caucasian ethnicity, Native American ethnicity, and "divorced" on self forgiveness revealed that only positive affect, accepting the past, and being divorced retained significance ($p <. 05$) as predictors of self forgiveness with accepting the past accounting for the most variance (R^2 Change $= .420$). Implications of the results of this study are discussed as are interventions and suggestions for future research.

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Dedication

This dissertation is dedicated to my father, whose unending love and support has helped me through this process and throughout my life more than he knows. I love you dad. And just think, now you can stop asking me when I'll be graduating!

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CHAPTER I

Those over the age of 65 represent the most rapidly growing demographic today in the U.S. (U.S Census Bureau, 1996). This rate of expansion is expected to accelerate as those born in the two decades following WWII age and as advances in medical care allow for longer life expectancy. Moreover, life expectancy is expected to increase from the current 75.9 years to 77.6 years in 2005 to 82.6 years in 2050 with more people living over the age of 65 than under (U.S. Census Bureau, 1996).

A significant problem, however, is posed with regard to the opportunity available to study the needs of this population. One obstacle is the lack of sufficient funding for research through institutions such as the National Institute on Aging (NIA) and the Agency for Healthcare Research and Quality (AHRQ) (American Geriatric Society Core Writing Group of the Task Force on the future of Geriatric Medicine, 2005).

The growth of the older adult population is also impacting families of older adults (Riley & Bowen, 2005). The decrease in the mortality rate, and the increased need for longer term care and support means that more families take on the added responsibility of caring for older relatives. Those in middle adulthood are now more often facing the need to balance care of an aging parent with that of their own children (Brody, 1985). It is estimated that 22 million families include a caregiver for an older family member (National Alliance for Caregiving and the American Association of Retired Persons, 1997). The impact on these caregivers can be costly and often include compromises in personal time, career development, and financial responsibility (Riley & Bowen, 2005).

However, research into geriatrics has provided positive insights into the concept of aging in America. Successful aging has been defined as "the low probability of disease and disease related process, high cognitive and physical functional capacity, and active engagement with life" (Rowe & Kahn, 1997, p. 433). Older adults vary in their assessment of successful aging. In the Study of Adult Development at Harvard University, for example, Vaillant, (2002) distinguished participants on a continuum of happy-well to sad-sick. Those who reported feeling happy-well described an increased quality of life as well as adaptive coping abilities in conflict resolution and the ability to maintain a positive stance towards even adverse life circumstances. Sad-sick individuals reported feeling unhappy in their with regard to life satisfaction. Thus for the happy-well, aging was experienced as a positive process (2002). These results indicate that older adults are not simply a homogenous group destined for physical and cognitive decline (Seeman, 1994; Bowling, 2007). Rather, the aging process is unique to each individual.

There is evidence that there are older adults who struggle to cope with the life challenges presented in old age (Blazer, 1994; Djernes, 2006; Nelson, Clary, Leon, & Schneider, 2004). One area of concern is the prevalence of depression. Depression has been estimated to affect between 1% and 16% of the community dwelling population (Djernes, 2006; Kyomen & Gottlieb, 2003) over the age of 65. Further evidence suggests that older adults may suffer from milder depressive symptoms, yet these may go undiagnosed (Koenig & Blazer, 1996; Lawrence, Davidoff, & Berlow, 2003). Blazer (1994) found that mild depressive symptoms are estimated to affect up to 15% of community dwelling older adults. This possible underdiagnosis has been

attributed to the tendency for older adults to attribute depressive symptoms such as fatigue, changes in sleep pattern or appetite to co-occurring medical illness (Lawrence et al., 2003). However, it has also been attributed to older adults' inclination to seek treatment for symptoms from their primary care physicians, versus mental health specialists (Menchetti, Cevenini, Ronchi, Quartesan, & Berardi, 2005). Additionally, Rabins (1996) found that diagnosis of depression in older adults is complicated by misattribution of symptoms to normal aging.

Depression has a significant impact on life satisfaction. Seidlitz, Conwell, Duberstein, Cox, and Denning (2001) found that older adults at risk for suicide attempts reported lower levels of the positive emotions of joy and warmth, and higher levels of anger, hostility, and guilt. Depression is also associated with poorer adjustment to physical illness in older adults (Ruo et al., 2003). For example, patients with coronary heart disease who experienced depressive symptoms also reported more symptom burden (including more physical limitations), poorer self-reported health status, and decreased quality of life (Ruo et al., 2003). Thus, understanding the impact of negative emotional states on adjustment to aging is critical in the exploration of the factors associated with subjective well being of older adults.

Subjective well being is commonly seen as indicative of successful aging in older adults (Diener, 1984; Diener, Oishi & Lucas, 2003; Lucas, Diener, & Suh, 1996; Okun, Olding, & Cohn, 1990; Ryff & Keyes, 1995). Subjective well-being is a broad concept that includes the cognitive determination of life satisfaction, inclusive of the lifespan, and the presence of positive affect, a mood state that influences the judgment of life satisfaction (Diener, Suh, Lucas, & Smith, 1999). Life satisfaction

includes the appraisal that life is meaningful (Haber, 2006; Santor & Zuroff, 1994). It is the subjective judgment that positive aspects of life outweigh the negative aspects (Okun & Stock, 1987).

Successful aging has also been defined as the healthy emotional adjustment an individual makes to life circumstances (Bowling, 2007; Vaillant, 2002). One such adjustment involves the ability to accept one's personal past (Erikson, 1980; Ryff, 1989; Rylands & Rickwood, 2001; Santor & Zuroff, 1994). Defined as the internalization and re-integration of past experiences (Santor & Zuroff, 1994), acceptance of the past enables older adults to emotionally let go of long held self directed grudges in order to gain a sense of self acceptance.

The ability for an individual to forgive one-self for transgressions or poor choices in life is associated with positive re-evaluation of life decisions, which is linked with a sense of well being (Enright and the Human Development Study Group, 1996; Ingersoll-Dayton & Krause, 2005; Mauger et al., 1992; Romero et al., 2006). This can be particularly relevant to older adults in that this reflection leads to the re-evaluation of unresolved conflicts, resulting in the ability to gain a sense of serenity with the self (Butler, 1963). It is a conscious process of self exploration that involves the acknowledgment of harm done to another, and ultimately, the self via self punishment, the acceptance of personal responsibility for regretted actions, and a reconciliation with self (Hall & Fincham, 2005).

This study examines the relationships between self forgiveness, cognitive (life satisfaction) and emotional (experiencing a higher degree of positive affect over negative affect) components of subjective well being, and accepting the past in older

adults. This chapter provides the background for this study, definition of terms, hypotheses garnered from the research, and a brief description of the study.

Statement of the Problem

Theoretical Framework

This study is based on Erikson's (1980) lifespan theory of psychosocial development. The intent of this study is not to empirically validate this theory, but to utilize it as a guide in conceptualizing late life adjustment.

Erikson's theory of psychosocial development includes eight stages during the lifespan. It is based on the premise that "anything that grows has a ground plan" (1980, p. 53). In individuals, as this plan unfolds, various developmental crises need to be resolved, and each part has its time in the life cycle to come forth. Progression through these stages moves the individual towards an "increased sense of inner unity" (1980, p. 52).

Erikson proposes that individuals have antithetical experiences in each stage that constitutes each psychosocial crisis (Erikson & Erikson, 1997). The eighth and final stage, proposed as the stage which older adults face, is characterized by the conflict between *integrity* and *despair*. Integrity, according to Erikson (1980) is "the acceptance of one's one and only life cycle and of people who have become significant to it as something that had to be and that, by necessity, permitted no substitutions" (p. 104). Thus, important factors in the ability to resolve this life stage include the ability to accept responsibility for one's choices in life and the ability to accept who one has turned out to be. Despair is characterized by the feeling that the remaining life is too short and that there is not enough time to find pathways to a life

of integrity. What can result is a sense of helplessness and withdrawal from life (Erikson & Erikson, 1997). People in this stage can engage in either unhealthy rumination about the past, or can engage in life review in order to garner new meanings from negative life experiences (Haber, 2006). Life review is a process by which one evaluates memories, positive and negative, that are personally meaningful. This review, with reflection on negative memories, can enable individuals to cope with past conflicts and perceived failures and to re-narrate these in a more neutral or positive light (Haber, 2006). The life review process includes aspects of self forgiveness in that the healthy reconceptualization of negative life events can enable an individual to atone for feelings of guilt and resolve inner conflict (Butler & Lewis, 1982; Tomer, 1994).

Self Forgiveness

Self forgiveness is identified as the conscious movement away from self-disdain towards a more self-accepting view (Hall & Fincham, 2005). In the process of self forgiveness, the proclivity to self punishment for the past is given up (2005). The motivation for change is an outgrowth of the desire to address the discomfort of the negative emotions that accompany self hatred, namely self directed resentment and anger (Enright et al.,1996).

The inability to self forgive is associated with negative emotional outcomes. It is linked with anxiety and depression (Maltby, Macaskill, & Day, 2001; Mauger, et al., 1992) and guilt (Strelan, 2007; Walker & Gorsuch, 2002; Zechmeister & Romero, 2002). Further, self forgiveness has been inversely linked to angry memories and negative rumination (Barber, Maltby, & Macaskill, 2005). Thus it appears that those

who are unable to forgive themselves might be prone to a more negative emotional stance towards life, therefore impacting perceptions of life satisfaction.

Only one study to date has explored the impact of self forgiveness in older adults. Results linked the ability of older adults to self forgive for their pasts with positive emotional outcomes such as a sense of relief and well-being, while many of those who were not able to self forgive reported feeling persistent guilt (Ingersoll-Dayton & Krause, 2005). Those who struggled with self forgiveness had difficulty in the cognitive reframing of negative events from the past and struggled to incorporate the negative feelings towards the self for past actions into their present self schemas.

Accepting the Past

Although the research has not been robust, the inability to accept the past has shown to be a significant predictor of depression in older adults, while the ability to accept the past is associated with self acceptance (Rylands & Rickwood, 2001; Santor & Zuroff, 1994). Feelings of regret can result from the inability to absolve one-self from the negative feelings surrounding past life events (Torges, Stewart, & Minor-Rubino, 2005). Regret is defined as the cognitive and emotional reaction to unfulfilled goals (Staudinger, 2001). Regret reduces the ability to let go of goals that are no longer viable, thus using up cognitive resources that could otherwise be available for the development of newer, more meaningful goals (2001). Lingering feelings regarding past life decisions have shown to result in depressive symptoms and negative rumination (Lecci, Okun, & Karoly, 1994; Santor & Zuroff, 1994) and decreased life satisfaction (Jokisaari, 2004; Lecci et al., 1994; Torges, et al., 2005).

Life review theory speaks to the process of the re-examination of ourselves in terms of past life events and involves the conscious process of self evaluation in relation to these events (Haight, Michel, & Hendrix, 2000). The goal of the life review is the re-integration of the past. The life review process has been shown to be positively correlated with decreased depressive symptoms in older adults (Serrano, Latorre, Gatz, & Montares, 1994).

Torges et al. (2005) suggest that "the acknowledgment of regret may be painful and may, if not accompanied by any counterbalancing action to make changes or internal process of 'coming to terms,' lead to negative outcomes such as despair." (p. 152). It can be surmised that self forgiveness may provide such a counterbalance such that it enables the release of anger and disgust towards the self for wrongs that one has committed (Barber et al, 2005). The letting go of negative self attributes and control over these events may leave older adults in a position to embrace new goals and healthier self perceptions. Thus, it can be argued that reconciliation with and forgiveness of the self for life choices may play a primary role in late life psychological adjustment and subjective well-being.

Life Satisfaction

Many researchers consider life satisfaction as the cognitive assessment of the quality of overall life (Campbell, Converse & Rogers, 1976; Diener, 1984; Stock, Okun, & Benin, 1986). The assessment of life satisfaction was traditionally thought to be influenced by external, or objective factors (Diener, 1984; Diener et al., 1999). External factors are defined as situational and demographic influences on life satisfaction (Diener, 1984; Diener et al., 1999). Associations between external

variables, including gender, income, race, education, and marital status have been found, however, these associations are only moderate at best (Andrews & Withey, 1976; Bradburn, 1969; Campbell et al., 1976; Wilson, 1967).

Most important for older adults, life satisfaction has been shown to be relatively stable over time, thus older adults report experiencing just as much life satisfaction as younger people (Diener & Suh, 1998; George, Okun, & Landeman, 1985; Inglehart, 1990; Myers & Diener, 1995). In a study conducted on 1.1 million people in 45 nations, temporal stability coefficients for life satisfaction ranged from 0.5 to 0.7 (Magnus & Diener, 1991). Diener and Suh (1998) surveyed 60,000 adults from forty nations and found a slightly upward trend in life satisfaction for ages twenty to eighty years. This counterintuitive finding has been termed "the paradox of well-being (Baltes & Baltes, 1990). In this paradox, the presence of well being is evident despite objective difficulties and sociodemographic/contextual risk factors that would intuitively predict unhappiness. Hence, it would appear that other factors influence the perception of life satisfaction.

Internal factors also influence life satisfaction (Diener, 1984; Diener et al., 1999). These are defined as individual cognitive and emotional processes that determine an internal state of life satisfaction (Diener, Lucas, Oishi, & Suh, 2002), such as the predisposition to experience life events in positive or negative ways (Brief, Butcher, George, & Link, 1993; Diener et al., 1999). For example, personality has been linked to the subjective determination of life satisfaction, with consistent associations made between extraversion and wellness and neuroticism and low reported levels of wellness (Costa & McRae, 1980; DeNeve & Cooper, 1998).

Positive moods are also associated with life satisfaction and foster adjustment to aging. Positive moods have been shown to have a protective effect for older adults (Bless, 2001; Folkman & Moscowitz, 2000; Fredrickson, Tugade, Waugh, & Larkin, 2003; Waldinger & Isaacowitz, 2006). For example, Bless (2001) found that individuals in positive mood states process information differently and more adaptively than those in negative mood states. Moreover, happier people tend to rely on their generally positive approach to life in the evaluation of life events, even in the most adverse of situations (Bless, 2001; Fredrickson, 2001). This enables them to view their circumstances in a broader context that allows for the possibility for positive and meaningful outcomes (Bless, 2001; Fredrickson, 2001). Further, Fredrickson (1998; 2001) identified that this process had a carry over effect to subsequent situations, thus allowing people to broaden and build their positive emotional resources in times of stress.

Positive and Negative Affect

High positive affect and low negative affect have been considered the emotional component of subjective well-being (Diener, 1984; Liang, 1985; Stock, Okun, & Benin, 1986). Negative affect is considered the extent to which an individual experiences generally negative emotions such as anger, fear, guilt or disgust (Watson, Clark, & Tellegen, 1988; Watson, 2005). Conversely, positive affect is indicative of predominantly positive emotions such as joy, confidence, and interest (2005). Persons with a high degree of positive affect or a high degree of negative affect have alternatively been described in the literature as happy versus unhappy people (Mroczek & Kolarz, 1998; Seligman, 2007; Stock et al., 1986). Stock et al (1986)

describe happiness as "the net positive affect over negative affect appropriately weighed by intensity and assessed over all life domains" (p. 96).

Negative moods have been associated with poor adjustment to aging. For example, thought suppression, resulting in negative rumination, is linked to ineffective coping and interferes with meaningful goal attainment (Erskine, Kravilashvili, & Kernboot, 2005; Wenzlaff, R. M., 2002; Yoshizumi & Murase, 2007), while suppression of anger is associated with decreased number of relationships and a perceived lack of social support (Palfai & Hart, 1997; Thomas, 1991). Negative moods can also be detrimental to the physical well-being of older adults. Pre-existing non-major depressive syndromes have been shown to adversely affect aging and have been associated with the development of Alzheimer's disease (Speck et al., 1995), elevated risk for multiple diseases including arthritis, diabetes, kidney/liver disease, ulcers, and stomach problems, and increased risk of chronic inflammation (Graham et al., 2006). Particularly relevant to older adults are findings that implicate negative thoughts of the past and regrets over past life decisions as associated with depressive symptoms and health problems (Wrosch, Bauer, & Scheier, 2005).

For older adults, positive moods have been shown to provide a protective factor with regard to physical illness (Ostir, Markides, Peek, & Goodwin, 2001). Further, positive moods have been linked to decreased risk of physical frailty (Ostir, Ottenbacher, & Markides, 2004), and increased longevity (Danner, Snowden, & Friesen, 2001; Lyrra, Tormakangas, Read, Rantanen, & Berg, 2006) in older adults. Thus, positive affect is important for maintaining mental and physical health.

Summary

Understanding the role that self forgiveness may play in the adjustment to aging is important in the study of the determinants of subjective well-being of older adults. Evidence suggests that self forgiveness may impact the overall positive stance towards life by undoing the negative self perceptions that some may harbor as a result of life regrets. Thus, self forgiveness may also impact the personal evaluation of the past in that it may enable individual to let go of the lingering emotional consequences of continual self punishment.

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Purpose of the Study

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Because of the rapid growth of the elderly population, there is a need for increased understanding of the factors related to positive adjustment in late life. The literature shows evidence of a predictive relationship between subjective well-being, as measured by degree of life satisfaction and the preponderance of positive affect over negative affect, and self forgiveness and accepting the past and self forgiveness. However, because the literature has not been robust, little is understood regarding these associations. Thus, the present study is designed to explore whether or not a predictive relationship exists between these traits in older adults. Self forgiveness is considered an outcome variable, while life satisfaction, positive affect, negative affect, and accepting the past are considered predictor variables. It is hypothesized that elderly individuals who report higher levels of life satisfaction, higher levels of positive affect, lower levels of negative affect, and a higher degree of acceptance of past life choices would demonstrate the ability to self forgive.

Definition of Terms

Older Adults. Late adulthood, or old age, refers to individuals ages 65 and above (D'Mello, 2003). Further, the U. S. census bureau defines older adults as persons over the age of 65 (U. S. Census Bureau, 1996). Based on this, as well as the theoretical rationale presented by Erikson (1980), this definition is accepted for this study.

Forgiveness of Self. This study adopts the definition of self forgiveness proposed by Enright and the Human Development Study Group (1996). Self forgiveness is "a willingness to abandon self resentment in the face of one's acknowledged and objective wrong, while fostering compassion, generosity, and love towards one's self" (p. 112). In the process of self forgiveness, the individual acknowledges negative feelings towards the self for past wrongdoing, but gives up the emotional self punishment that can result from these feelings and, instead, embraces self acceptance for the past (1996).

Accepting the Past. For the purpose of this study, accepting the past is defined as "the internal representation of one's past as satisfying" (Santor & Zuroff, 1994, p. 297). Accepting of the past does not preclude negative life experiences. Rather, it is an evaluation and re-integration of positive and negative life events into a generally positive view of the past (1994). Individuals who accept the past identify life as satisfying and view it from a more positive perspective (Santor & Zuroff, 1994; Rylands & Rickwood, 2001). Alternatively, those who fail to accept their pasts show less life satisfaction (Torges et al., 2005).

Life Satisfaction. Life satisfaction is considered the global cognitive assessment of SWB that is influenced by mood states (Diener, Emmons, Larsen, & Griffin, 1985; Okun & Stock, 1987). This cognitive assessment is also impacted by a comparison of satisfaction with present life circumstances and the standard with which one has set for oneself (Okun & Stock, 1987). The measure of life satisfaction is a global assessment of wellness that subsumes personal judgment of the areas in life in which an individual derives meaning (Diener et al., 1985). For the purpose of this study, a measure that allows people to express a general sense of life satisfaction is accepted.

Positive Affect and Negative Affect. Positive and negative affect are considered the emotional dimensions of SWB (Diener, 1984; Diener et al., 1999). NA is conceptualized as "a general dimension of subjective distress and unpleasurable engagement" (Watson et al., 1988, p. 1063). A high degree of negative affect includes a broad range of emotions such as fear, anxiety, hostility, guilt, and disgust. Low negative affect corresponds with a sense of calmness and serenity (Watson et al., 1988). Positive affect is defined as "the extent to which a person feels enthusiastic, active, and alert."(p. 1063). High levels of positive affect are associated with high energy, enthusiasm, unimpeded concentration, and pleasurable engagement. Low levels of positive affect include such characteristics as sadness and lethargy (1988).

Evidence suggests that positive and negative affect are largely independent of one another, especially when the focus of affective dominance is temporally defined (Diener & Emmons, 1985; Diener, Smith, & Fujita, 1995; Watson et al., 1988, Watson & Clark, 1997). In-the-moment measures of positive and negative affect

indicate that they are inversely related: however, as the temporal timeframe expands (weeks and beyond), they take on independence. For example, in reports of momentary affective states, an individual will more likely identify a positive versus a negative state, but in more general timeframes, they will be more apt to describe emotionality in terms of frequency of one affective state versus the other (Diener et al., 1985; Watson et al., 1988). For this study, the emotional component of subjective well being is identified as generally moderate to high levels of positive affect accompanied by overall lower levels of negative affect over a general timeframe.

Overview of the Present Study

This research examines whether or not there is a predictive relationship between life satisfaction, positive and negative affect, and acceptance of the past with self forgiveness in older adults. Given the evidence that self forgiveness is influential in the determination of wellness in older adults, it is expected that self forgiveness would be associated with positive late life adjustment. Therefore, this study's hypothesis is:

> *Higher levels of self reported life satisfaction, a preponderance of positive affect over negative affect, and higher levels of acceptance of the past will predict the ability to self forgive in a population of older adults.*

The objective of this research is to ascertain the degree of the relationship between subjective well-being (inclusive of life satisfaction and positive over negative affect) and acceptance of the past with the ability to be self forgiving. There is no empirical data to date that examines the relationship between these variables collectively. Therefore, a purpose of this study is to address this void in the research

and to increase understanding as to whether or not older adults who report higher

subjective well-being and acceptance of the past tend to be more self forgiving. A

population of adults over the age of 65 in the northeastern United States will be

compared in their responses on surveys designed to measure life satisfaction, the

preponderance of positive affect over negative affect, and acceptance of the past with

responses on a measure designed to ascertain degree of self forgiveness. It is

anticipated that the data derived from this study will answer the hypothesis, and will

provide professionals who work with older adults information that may help to

determine interventions that promote psychological wellness.

CHAPTER II:

LITERATURE REVIEW

Self Forgiveness

Theoretical Overview

Self forgiveness has received little attention in the psychology literature, and even sparser attention with regard to older adults. Empirical enquiry has focused on interpersonal forgiveness and began earnestly some twenty five years ago (McCullough, Sandage, & Worthington, 1997). Forgiveness has been defined as a willingness to abandon the right to resentment, negative judgment, and indifferent behavior towards the offender (Enright and the Human Development Study Group, 1991). Enright et al (1996) believes it also includes the fostering of undeserved compassion and generosity, if not love, towards the offender. Forgiveness is considered a process of painful self exploration and is distinguished from condoning, or from pardoning a regretted behavior (Freedman & Enright, 1996). Condoning implies that the forgiver has taken the stance that no real offense occurred and that s/he has not been harmed. Conversely, self forgiveness implies that the forgiver has acknowledged the harm and decides to take responsibility for his/her actions in order to resolve the emotional discomfort that has resulted. Pardoning implies that the forgiver has acknowledged the wrong, yet has chosen to disregard it (1996).

Forgiveness has been described as including interpersonal and intrapsychic processes (Zechmeister & Romero, 2002). The interpersonal process is identified as the outward relinquishment of resentment towards the offender and is observed in behavior (for example, acknowledging forgiveness to another). The intrapsychic

process is characterized by the motivation to give up the right to retaliation and to replace it with conciliatory cognitive and emotional responses. In other words, forgiveness requires not only the outward declaration to abandon ill will, but also the abandonment of ill will. Baumeister, Exline, and Sommer (1998) describe that true forgiveness requires both to be present where as false forgiveness is likely inclusive of only the interpersonal behaviors, with the forgiver still harboring negative emotions towards the offender.

The Process of Forgiveness

Some researchers have attempted to put forth process models to explain how people forgive (Benson, 1992; Brandsma, 1982; Enright et al., 1996; Walker & Gorsuch, 2004; Worthington, 1998). However, a review of these models shows a lack of consensus regarding the evolution of forgiveness (Strelan & Covic, 2006). For example, Enright and the Human Development Study Group (1991) developed a model that describes a *pre-forgiving phase* characterized by denial and rumination of harm, a *decision phase*, during which the commitment to forgiveness is realized, a *work phase* characterized by attempts to gain a more positive perception of the offender in order to develop compassion and empathy, and an *outcome phase* in which deeper meaning of the transgression, via personal introspection, is realized. Strelan & Covic (2006) identify that there is some agreement amongst theorists that these stages occur during the forgiveness process. For example, Fitzgibbons (1986) model begins with initial feelings of hurt and anger, followed by the negative consequences of such lingering feelings, leading to a decision to forgive, and empathy for the offender. However, there is a lack of consensus with regard to the factors

associated with progression through these stages (cognitive, behavioral, and affective). For example, Worthington's (1998) model identifies that the development of empathy comes before the willingness to commit to forgiveness. Still other models (Benson, 1992; Brandsma, 1982) include a religious component to the stages of forgiveness and reiterate the importance of God's forgiveness as part of the process.

An additional criticism of the process models revolves around the lack of rigorous empirical validation (Strelan & Covic, 2006). Some researchers have tended to suggest that the same progression of forgiveness occurs in self forgiveness, with the only difference begin that the forgiver is also the offender (Enright et al., 1991; Hall & Fincham, 2005). However, as indicated, there is no empirical research to support this claim.

Self forgiveness is viewed as a motivational shift away from avoidance of emotions such a guilt and regret for negative life circumstances, towards the motivation to act benevolently towards one's self despite these circumstances (Hall & Fincham, 2005). In other words, there is an acknowledgement of an offense and recognition of one's responsibility for the offense. This shift is necessary in order for self punishment to be relinquished and self love to emerge (2005). The desire for change results from the willingness to address the discomfort that lingering resentment and anger has caused (Enright et al., 1996).

Self Forgiveness Research: An Overview

The empirical exploration of self forgiveness is relatively new, however, the literature that does exist lends support to the argument that self forgiveness is important in the determination of wellness. A line of research that permeates this

literature is the negative implications for the inability to be self-forgiving. For older

adults, this may be particularly detrimental, given that the pressure of time to come to

terms with life regrets may create a sense of urgency in the establishment of self

acceptance (Haber, 2006).

   The inability to self-forgive is associated with intropunitive feelings (Maltby,

Day, & Barber, 2004, Mauger et al., 1992; Ross, Kendall, Matters, Wrobel, & Rye,

2004). Maltby, Macaskill, and Day (2001) identified a positive association between

failure to engage in self forgiveness with increased depression and anxiety, a finding

supported by other research (Maltby, et al., 2004; Mauger, et al., 1992; Ross et al.,

2004; Walker & Gorsuch, 2002). Studies that have explored negative coping styles

and personality have come to similar conclusions. For example, Ross et al. (2004)

found that neuroticism was significantly inversely related to self forgiveness, while

Maltby et al (2004) found that those who were unable to forgive themselves for past

negative life events were less optimistic and less outgoing. Further, individuals who

are unable to self forgive are characterized as emotionally fragile, and prone to guilt

and regret (Ross, et al., 2004). These negative feelings led to social withdrawal. Other

evidence supports the notion that those who were unable to forgive themselves harbor

some internal resentment and feelings of unworthiness in social relationships,

perpetuating a sense of isolation (Day & Maltby, 2005).

   Other emotional barriers to self forgiveness have also been identified,

including anger and rumination. Barber et al. (2005) found that angry memories

accounted for significant variance in those who were unable to forgive themselves for

transgressions. Results further indicated that those who resist self forgiveness hold on

to angry memories, tend to ruminate, and still harbor resentment towards themselves over their mistakes even after many years. Thus they maintain a stance of self punishment.

One study identified that self forgiveness may have protective factors in the development of negative emotions. In a study of breast cancer patients, Romero et al. (2006) found that self forgiveness was positively associated with a decrease in mood disturbance, an increase in positive emotions, and an improvement in overall quality of life.

Self Forgiveness in Older Adults

Only one study to date has explored self forgiveness in older adults (Ingersoll-Dayton, & Krause, 2005). In this qualitative study of 129 African American and White subjects over the age of 65, Ingersoll, et al (2005) found that self forgiveness led to self acceptance. Important for these older individuals was the reconciliation between ideal self schemas (what we wish ourselves to be) and real schemas (who we really are). Reminiscent of Erikson's (1980) task of the development of ego integrity, well-being for these individuals depended on the degree to which they were able to reconcile these images. Participants in this study who were able to forgive themselves for their pasts experienced a sense of emotional relief that led to reconciliation with the self, self acceptance, and an unwillingness to engage in further self punishment.

Summary

In the current literature, process models of forgiveness offer little evidence as to the cognitive, affective, and behavioral steps an individual progresses through to the end point of forgiveness. Thus it is not clear exactly *how* people forgive. The

characteristics of those who are more likely to be self forgiving are more clearly understood, however, the paucity of research begs for further enquiry. Regardless, the characterization of the individual who is able to self forgive is one that includes lower levels of depression and anxiety, characteristic of negative affect, less willingness to hold on to anger towards the self for wrongdoings, a decrease in rumination about these negative circumstances, and willingness to experience personal responsibility for one's actions. Particularly pertinent to older adults, self forgiveness may be associated with the ability to undo past regrets and, in turn, improve the cognitive and emotional assessment of life satisfaction.

Ego Integrity and the Role of Accepting the Past

As a theoretical proposition, a task of late life is engagement in a process of re-evaluation and reintegration of the life cycle (Erikson, Erikson, & Kivnick, 1986). Acceptance of one's life as meaningful leads to a sense of personal integrity that enables a person to experience emotional wellness (Butler, 1963; Erikson, 1980; Santor & Zuroff, 1994). For older adults, acceptance of the past can be seen as a means of finding this understanding in the present in order that to gain a sense of serenity from reflections of the past (Butler, 1963).

It is hypothesized that accepting the past is a core component of the development of ego integrity (Erikson, 1980; Ryff & Heincke, 1983; Santor & Zuroff, 1994). It is defined as "the ongoing process of internalization and integration of past experiences into a general representation of the past" (Santor & Zuroff, 1994, p. 297). Those who accept the past give it a positive evaluation, while those who do not, feel disappointed and regretful.

There have been few studies that have explored accepting the past as one construct in Erikson's 8th stage of development. There appear to be negative outcomes, however, for individuals who are unable to accept the past. For example, Santor and Zuroff (1994) found that failing to accept the past was related to depressive symptoms in those who reported high negative affect, making a link between past regrets and negative mood states. In a similar study of 73 older adults from a retirement community in urban Australia, participants who reported high negative affect and low positive affect had difficulty in accepting the past (Rylands & Rickwood, 2001).

While empirical inquiry on accepting the past as a core construct of ego integrity is still in its infancy, life review and regret approximate the conceptualization of accepting the past and are explored here in terms of their influence on adjustment to aging.

Life Review

Life review was initially conceptualized by Butler (1963) and is defined as "a naturally occurring, universal mental process characterized by the progressive return to consciousness of past experiences and, particularly, the resurgence of unresolved conflicts; simultaneously, and normally, these reviewed experiences and conflicts can be surveyed and re-integrated" (p. 66). Butler (1963) further believed that this process of re-integration, initiated by the realization of mortality, led to a sense of self acceptance and serenity. Butler (1963) distinguished life review from reminiscence, which is considered the process of recalling the past without necessarily including the component of re-evaluation found in the life review.

To date, the universality of the life review has not been validated. Merriam (1993) found that up to 48% of older adults reported that they have never consciously engaged in the life review process. At the same time, empirical inquiry into the effect of life review therapy with older adults lends support to Butler's (1963) original assertion that this process of reflection has emotional benefits (Haight et al., 2000; Bohlmeijer, Smit, & Cuijpers, 2003; Taft & Nehrke, 1990). Life review therapy is a structured process that includes continual self evaluation and the reframing of negative life events into a more neutral or positive light (Haight et al., 2000). Primarily, this inquiry has focused on the impact of life review on depressive symptoms in at-risk older adults. For example, life review therapy was shown to decrease depression in institutionalized older adults (Fry, 1983; Haight et al., 2000; Serrano et al., 2004). In a meta-analysis that included both life review and reminiscence studies, both types of interventions contributed to a significant decrease in depressive symptoms of participants (Bohlmeijer et al., 2003). Still, further research into reminiscence reveals that individuals who describe themselves as aging successfully do not tend to ruminate over negative life events but instead tend to utilize their personal reflections to reconcile themselves with the past (Wong & Watt, 1991).

Butler (1963) suggested that the life review process is associated with emotional pain brought on by negative feelings for past life actions and inactions. Coleman (1999) argued that this process speaks to the need for self forgiveness because, inherent in the process, is the willingness to confront one's own faults and imperfections in order to accept the truth about oneself.

Regret

The inability to accept the past implies regret. Regret is considered the cognitive/emotional reaction to past unfulfilled dreams and can lead to a life path that is incongruent with current values (Staudinger, 2001). Regret can be relatively benign (regretting a choice made on a dinner menu at a restaurant), but other regrets in our lives can have a more malignant feel (regretting the poor relationship one has had with one's children). It is these latter types of regret that can cause a disquieted spirit in old age (2001). Jokisaari, (2004) explored the relationship between regrets related to the inability to achieve unattained goals and subjective well being in older adults. Results showed that self-rated regrets were associated with depressive symptoms. Other research supports the conclusion that holding on to unattainable goals is linked to depressive symptoms (Jokisaari, 2004), poorer emotional adjustment to aging (Lecci et al., 1994), and decreased quality of life (Wrosch et al., 2005).

Older adults face decreased opportunities to undo past regrets; however, the impact of regrets can be lessened by positive adaptive behaviors (Carver & Scheier, 1990; 1998). Kahneman (1973) suggested that individuals who are able to disengage from the process of fulfilling unattainable goals may have a reserve of cognitive resources that can be instrumental in the pursuit of more meaningful goals. Wrosch & Heckhausen (2002) found that older adults who reported lower regret intensity were also able to adjust their perceptions about their personal responsibility and control for the regret. Thus, instead of trying to change the conditions that lead to the regretted event, these older adults were able to change their perceptions of their role in the

event. This lowered level of internal control tended to have a protective influence in the adjustment to aging.

Summary

In summary, the existing literature illustrates the link between a decreased ability to accept the past and negative affect, an indicator of depression. It lends support to the importance of the resolution of past negative life events in later life for positive psychological functioning.

Self forgiveness may be an adaptive tool with which individuals can understand and accept their past behaviors in order to gain a sense of meaning and satisfaction from adverse life situations. Older adults are particularly vulnerable since the perception of limited time leaves less opportunity to resolve past conflicts that might compromise wellness.

Subjective Well Being: Life Satisfaction and Positive and Negative Affect

Subjective well being is defined as the combination of the cognitive assessment of overall life satisfaction as well as the emotional assessment of wellness, namely, the preponderance of positive affect over negative affect (Diener et al., 1999; Myers & Diener, 1995; Okun & Stock, 1987). Diener et al. (1999) referred to happiness as the laypersons way of defining subjective well-being and life satisfaction. People experience an abundance of well being when they feel many pleasant emotions and few unpleasant emotions. These emotions, in turn, influence the cognitive assessment of life satisfaction (Diener, 1984). A review of subjective well being, thus includes a general overview of life satisfaction, followed by an

overview of positive and negative mood states and the impact of these states on health and well being.

Life Satisfaction: Overview

Most U.S. residents rate happiness as very important (Deiner, Suh, Smith, & Schao, 1995). In a National Opinion Research Center survey, 3 in 10 Americans reported that they were very happy, while 6 in 10 stated that they were pretty happy (Myers, 2000). Only 1 in 10 indicated that they were not happy at all. A review of the literature on life satisfaction reveals that it is temporally stable (Diener, 1994; Magnus & Diener, 1991), does not differ between men and women (Diener & Suh, 1998; Haring, Stock, & Okun, 1984; Lucas & Gohm, 2000), and is stable across races (Stock, Okun, Haring, & Witter, 1985).

Age does not appear to be a significant predictor of life satisfaction (George et al. 1985; Lawton, Kleban, & Dean, 1993). In fact, people generally report that no time in life is more satisfying than any other time (Carstensen, Pasupathi, Mayr, & Nesselroade, 2000; Diener & Suh, 1998; Hamarat, Thompson, Steele, Methany, & Simons, 2002; Heckhausen & Schultz, 1995; Myers & Deiner, 1995). For example, in a survey of 169, 776 subjects from 16 nations, satisfaction with life was consistent across age group ranging from 15-24 to 65 and older, with each group reporting satisfaction levels of over 70% (Inglehart, 1990). George et al. (1985) similarly found that self reports of life satisfaction were not directly effected by age in a national cross-section sample of 3,900 adults over the age of 18. Hamarat, et al. (2002) found that reports of life satisfaction were consistent across three age groups (45-64, 65-74, 75 and older) in a study exploring the association between perceived coping resources

and life satisfaction. The evidence that older adults report similar levels of life satisfaction to their younger counterparts has been termed "the paradox of well being" (Baltes & Baltes, 1990), in which subjective well being is evident despite objective difficulties and sociodemographic/contextual risk factors that would intuitively predict unhappiness. For older adults, these include physical and cognitive decline, and decreased social supports (1990). Yet, despite these declines, it appears that older adults can derive just as much satisfaction from their lives as their younger individuals do.

External Predictors of Life Satisfaction

Studies exploring the factors associated with life satisfaction have distinguished roughly two perspectives: external and internal predictors (Diener, 1984; Diener et al., 2002). In early studies life satisfaction predictors, it was assumed that sociodemographic variables explained the individual differences in life satisfaction. These have included age, socioeconomic status, and marital status (Campbell, Converse, & Rogers, 1976; Mroczek & Kolarz, 1998) and other factors such as youth, health, high education, and money as indicators of the well being (Deiner et al., 1999). However, this is not necessarily the case. For example, Diener et al. (1999) found that objective health was not linked to life satisfaction. Instead, life satisfaction was predicted by the subjective determination of health. Level of income has been associated with life satisfaction, but evidence suggests that only very low levels of money have a substantial impact on the assessment of life satisfaction (Biswas-Diener & Diener, 2001; Diener, 1984; Myers & Diener, 1995; Diener, Diener, & Diener, 1995; Inglehart, 1990; Lykken, 1999). Studies of cultural

differences have shown that, in general, individuals in wealthier nations report higher

levels of subjective well-being than do those in underdeveloped countries (Biswas-

Diener & Diener, 2001; Diener et al., 1995). It is hypothesized that this trend occurs

due to the poorer living condition in which many individuals in underdeveloped

countries live and to the human rights violations under which they more likely suffer

(Diener et al., 1995). Income is generally more strongly associated with life

satisfaction only to the extent that basic needs such as food, clothing, and shelter are

met. Once these necessities are met, the influence of income on subjective well-being

tends to become less important (Inglehart, 1990; Lykken, 1999). Researchers suggest

that a possible reason for this may be that higher order needs (such as love, social

connectedness, and meaningfulness) are likely not as influenced by money than are

the human needs for survival (Diener, 1984; Myers & Diener, 1995; Diener et al.,

1995). Myers (2000) suggested that "money provides diminishing returns on

happiness" (p. 59) once individuals are comfortable. Even extreme wealth does not

appear to impact the assessment of life satisfaction significantly (Brickman, Coates,

& Janoff-Bulman, 1978; Myers & Diener, 1995). Diener, Horwitz, & Emmons (1985)

studied happiness and wealth in America and found that even the wealthiest of

Americans or only slightly happier than the other Americans. Further, 37% of the

wealthy in this study reported less happiness than other Americans.

Although studies have shown an association between external factors and life

satisfaction, these associations are only moderate at best and together account for no

more than 8% to 15% of the variance in life satisfaction and happiness (Diener et al.,

1999). For example, Campbell et al. (1976) found that income, fund of friends, faith,

intelligence, education together accounted for only 15% of the variance of happiness. Conclusions can be drawn that there are other factors that influence life satisfaction.

Internal Predictors of Life Satisfaction

Other research into life satisfaction has suggested that people are predisposed to experience life events in positive or negative ways, based on more trait-like factors (Diener, 1984). For example, the personality variables of extraversion and neuroticism are related to happiness and well-being. Neuroticism is characterized as a chronic state of emotional instability (Costa & Widiger, 1995) Those who are described as neurotic are susceptible to psychological distress such as is caused by anxiety, hostility, depression, and impulsivity. Characteristically, neuroticism is defined by low frustration tolerance and maladaptive coping (Digman, 1990; Eysenck & Eysenck, 1975; Goldberg, 1992; McCrae & Costa, 1987). Thus, neuroticism is similar to the conceptualization of NA. Conversely, extraversion is associated with more positive outcomes such as sociability, optimism, and the desire to seek out new experiences (Digman, 1990; Goldberg, 1992; McCrae & Costa, 1987), and is, therefore, similar to PA. McCrea and Costa (1991) found that extraversion had a strong relationship with subjective well being while neuroticism had a strong inverse relationship with subjective well being. DeNeve and Cooper (1998) similarly found that neuroticism is associated with negative emotional states, while extraversion and agreeableness (characterized as good natured, trusting, forgiving, and altruistic) are consistently associated with positive mood states. Thus, life satisfaction is influenced by positive and negative mood states.

The Impact of Emotions on Adjustment

Individuals who, by self report, indicate that they are better adjusted to life appear to share common strategies for coping with adverse life circumstances (DeNeve & Cooper, 1998). For example, optimistic people, defined as those who expect generally positive outcomes in life, display adaptive strategies in the face of positive and negative events (Carver & Scheier, 2005; Seligman, 1991). Further, they expect positive outcomes in the future (Carver & Scheier, 2005; Seligman, 1991). Pessimistic people tend to focus on more negative aspects of life situations (Seidlitz & Diener, 1993). They also spend more time dwelling negatively on themselves and their problems, (Lyubomirsky, Tucker, Caldwell, & Berg, 1999). Optimistic people are characterized as having more positive biases in the face of victories and defeats and tend to perceive and frame life circumstances in positive ways (Seidlitz & Diener, 1993. Thus, happy people interpret life events in ways that maintain and promote happiness, while unhappy people interpret life events in ways that seem to reinforce negative self concepts (Lyubomirsky & Nolen-Hoekstra, 1993). Happy people do not ignore negative life events, rather, they tend to observe them in a positive and adaptive manner (Lyubomirsky & Tucker, 1998).

Affect States: An Overview

Psychology has largely been focused on emotional healing and, therefore, there has been a proclivity to identify illness and treatment in order to alleviate distress (Seligman & Csikszentmihalyi, 2000). Electronic searches on the subject have shown that the number of studies of negative emotions dominate those of positive emotions 14-1 (Myers, 2000). As a result, less is understood regarding the

effects of positive emotions than negative emotions on coping and life adjustment.

However, strides in positive psychology have sought to fill this void in the research

and have focused on human strength and the factors associated with it, which include

love, perseverance, originality, and forgiveness, as a means of understanding factors

that foster effective coping (Seligman & Csikszentmihalyi, 2000).

Research suggests that people experiencing more generalized positive mood

states differ in the way they process information about life events (Bless, 2001; Bless,

Mackie, & Schwartz, 1992; Fredrickson, 1998; Wegener, Petty, & Smith, 1995;

Schwartz & Clore, 1983) and how they cope with stressful life events (Danner et al.,

2001; Folkman & Moscowitz, 2000; Tugade, Fredrickson, & Barrett, 2004). Thus, a

review of the literature of the influence of negative and positive affect on coping

provides an opportunity to increase understanding of the detrimental and/or beneficial

effects that mood states have on adjustment.

Negative Affect

Negative mood states are implicated in a number of adverse life circumstances

for older adults, including outcomes for physical illness, effective coping in times of

stress, acceptance of past mistakes, and self forgiveness. Even mild to moderate

symptoms of depression appear to have a negative impact on health and wellness

outcomes (Woehr & Goldstein, 2003).

Rovner and Casten (2002) studied decline in vision and reported that those

who increasingly lost the ability to see lost the ability to engage in typical activities of

daily living, and more enjoyable activities such as the pursuit of hobbies or social

activity. Further, individuals who had lost the ability to engage in valued activity due

to increased vision loss reported higher levels of affective suffering and distress. In this study, physical illness compromised functional ability, therefore blocking people from engaging in more pleasurable activities of life, thus impacting life satisfaction. Goodwin, Cox, and Clara (2006) found that neuroticism elevated the risk for multiple diseases, including arthritis, diabetes, kidney/liver disease, ulcers, and stomach problems in a population of adults between the ages of 15 and 54. It can be surmised that this effect holds for individuals in later years of life as well. Graham et al. (2006) explored the link between hostility, pain, and inflammation in older adults. Results indicated that pain and, to a lesser degree, hostility were associated with increased levels of CRP and IL-6, indicators of inflammation.

Some researchers have found an association between pre-existing nonmajor depressive syndromes and the risk of cognitive impairment. Speck et al. (1995) evaluated the relationship between depression and the onset of Alzheimer's disease in a community based sample of older adults. Findings indicated that the risk for Alzheimer's disease increased in those who developed depressive symptoms more than ten years prior to the onset of the Alzheimer's symptoms. Raskind (1998) found similar results, in that depression at any time in the patient's history was a risk factor for later development of Alzheimer's. Meyers (1998) found that up to 55% of older adults with depression developed dementia syndromes, termed depression-related cognitive impairment.

Negative mood states are linked to other non-medical deleterious effects on older adults. For example, thought suppression, defined as the purposeful avoidance of negative emotions associated with specific thoughts or events, has shown an

association with ineffective coping (Erskine et al., 2005; Wenzlaff, R. M., 2002; Yoshizumi & Murase, 2007). In these studies, thought suppression had a rebound effect and increased attention to negative memories. For example, Erskine et al. (2005) explored the link between thought suppression in young and old adults and found that it was associated with negative rumination, neuroticism, and trait anxiety. Inhibition of anger has been associated with decreased social relationships (Thomas, 1991). Palfai and Hart (1997) found that anger suppression was associated with perceived lack of social support, lowered self esteem support, and belongingness. Further results showed that those who persistently suppressed anger were more likely to withdraw, resulting in increased social isolation.

The inability to self forgive is associated with negative moods. Research has shown that individuals who cannot engage in the process of self forgiveness are unable to let go of angry memories about the transgression they committed towards another or themselves (Barber, et al., 2005). Additionally, these individuals tend to ruminate over their mistakes (Barber, et al., 2005). Lack of self forgiveness is also associated with neurotic coping style, characterized as rife with anxiety, worry, or moodiness (Walker and Gorsuch, 2002; Maltby et al., 2001). The inability to self forgive has also been implicated in the tendency to socially withdraw from others (Day & Maltby, 2005). It is hypothesized that this is due to feelings of unworthiness for social relationships.

Thus, self forgiveness may be a mechanism by which older adults can absolve themselves of the negative emotions related to past transgressions in order to embrace more positive self conceptualizations.

Positive Affect

Happy people experience positive moods and emotions most of the time (Diener, Larson, Levine, & Emmons, 1985; Myers & Diener, 1995). One possible reason for this may be that happy people are more sensitive to rewards in the environment and are more likely to approach the environment (Diener et al., 1985; Lyubomirsky, King, & Diener, 2005). Hence, their active engagement with the world may predispose them to more positive experiences.

Larson and Diener (1985) found that feeling pleasant emotions much of the time and infrequently experiencing negative emotions, even if positive emotions are only mild, is enough for a sense of well being and happiness. Intense emotions, even in the happiest of people are rare (Diener, Sandvik, & Pavot, 1991). This suggests that intense positive emotions are not necessary for happiness and well being: indeed, Diener et al. (1991) found that intensity of emotion is a weaker predictor of happiness. Thus, even moderate levels of positive emotions are indicative of well being.

Research suggests that people experiencing more generalized positive mood states differ in the way they process information about life events (Bless, 2001; Bless et al., 1992; Fredrickson, 1998; Wegener et al., 1995; Schwartz & Clore, 1983). Happy people tend to view life situations, including negative life events, from an overall perspective that is more positive which provides an adaptive, more flexible way of thinking during stressful situations, while unhappy people tend to become mired in the circumstances when negative events arise, thus hampering creativity in coping (Bless, 2001; Fredrickson, 1998, 2001). Isen, Daubman, and Nowicki (1987)

found that induction of positive affect improved creative thinking on performance

tasks. Isen and Daubman (1984) found that people experiencing more positive affect

tended to categorize information in a more inclusive way, and were able to see greater

interconnections amongst their thoughts. Bless et al. (1996) postulated that the

positive perspective of happy people allows for the enrichment of information at hand

and can allow for a broader context with which to explore possibilities for outcomes

even in adverse situations (Bless, et al., 1996). Studies by Bless et al. (1996) and

Bless et al. (1992) concluded that happy individuals tended to be more efficient in

processing information inconsistent with their positive perspectives on life and tended

to remain motivated in their processing strategies despite the counterattitudinal

message. Thus they did not ignore negative circumstances. Rather, they incorporated

these circumstances into their overall derivation of meaning from the negative

situation.

Happy people have healthier coping strategies in times of stress (Danner et

al., 2001; Folkman & Moscowitz, 2000; Tugade et al., 2004). Fredrickson (2001)

suggests positive emotions may loosen the hold of, or undo altogether, negative

emotions. For example, Fredrickson & Levenson (1998) found that positive emotions

reversed the effects of negative emotions and stress in the development of

cardiovascular disease. Wadlinger and Isaacowitz (2006) found that individuals in

positive mood states showed more breadth of attention in particular situations; they

tended to focus on positive and neutral information and divert their attention away

from negative information. In a study of caregivers who lost partners to AIDS,

caregivers with positive appraisals of caregiving were more inclined to make self and

future oriented plans and report greater psychological well-being during bereavement and at a 12 month follow up (Stein, Folkman, Trabasso, & Richards, 1997). Still further research lends support to the stress buffering effect of positive emotions. For example, Ong, Bergeman, Bisconti, & Wallace (2006) found that positive emotions strengthened stress resistance and tended to protect individuals against prolonged stress recovery.

Positive mood states are linked to good physical health and longevity in older adults (Danner et al., 2001; Fredrickson, 2003, Scheier & Carver, 1992; Lyra, Tormakangas, Read, Rantanen, & Berg, 2006). Ostir, Ottenbacher, and Markides (2004) examined longitudinal association between positive emotions and onset of frailty for 1558 non-frail older Mexican Americans over the age of sixty five. Results indicated that the incidence of frailty increased by 7.9% in seven years, but that higher level of positive emotions was found to lower the risk of frailty by 3%. Ostir, Markides, Peek, & Goodwin (2001) studied the association between positive and negative affect and the incidence of stroke among a community-dwelling population of Caucasian and African American men and women ($n = 2478$) and found that increased self reported negative affect was associated with increased risk of stroke within a 6-year period for men and women of both races (although for women this relationship did not reach significance), while increased positive affect was significantly inversely linked to decreased risk of stroke across the population. Danner et al. (2001) studied the association between happiness and longevity amongst nuns ($n =180$) and found that 90% of those who experienced a more

positive perspective in life were alive at age 85, while only 34% of those who

reported little optimism were still alive at 85.

It can be hypothesized that self forgiveness allows people to let go of the

negative feelings that impact healthy emotional adjustment. It can also be

hypothesized that self forgiveness also allows individuals to embrace a more positive

self perspective that fosters a sense of well-being and integrity for choices that were

made in the past. By letting go of the harsh self judgment and adopting a more

forgiving perspective, older adults can release the burden of the negative self image

that may preclude them from living a healthy life in the present. Research evidence

suggests that when people forgive themselves, they experience a decrease in

depressive symptoms, anxiety, and distrust of others (Macaskill, et al., 2002), and an

increase in socializing (Hall & Fincham, 2005).

Summary

In older adults, adjustment to end of life issues, such as acceptance of the past,

takes on a more pervasive meaning. Older adults may experience a sense that time is

running out and feel increased pressure to come to terms with past life decisions that

continue to affect adjustment in old age. To derive a sense of well-being in the

present implies a willingness to adapt to any regrets carried into adulthood and late

life.

Self forgiveness may provide an avenue for which to understand subjective

well- being and psychosocial adjustment in older adults. The shift in self-perception,

from self-deprication towards a perspective of self directed compassion and

understanding, that people experience when they are self-forgiving may help them

avoid the lingering consequence of self punishment, and may, in turn, improve their quality of life. Based on the existing literature, it appears that self forgiveness is associated with satisfaction with life, and higher levels of positive affect, and can provide a buffering effect against negative coping in older adults. Further study, however, is warranted.

A review of the literature has illustrated that there is a need for more empirical research with regard to understanding the role of self-forgiveness in the cognitive and emotional determination of subjective well-being and the ability to accept the past in older adults. Exploring the importance of self-forgiveness would inform the development of interventions designed to help older adults to cope with their unique experiences in the latter stages of life. These might include life review therapies, which are designed to help individuals re-evaluate the past and atone for past life choices. Although no research has been done to ascertain the prominence of self forgiveness in the life review process, it can be surmised that self forgiveness is a likely component given that life review provides an opportunity for self reconciliation.

The present study was designed to address the question of whether or not there is a significant relationship between subjective well-being and accepting the past with self forgiveness in older adults. Based on a review of the literature, it was expected that there would be a significant relationship between these traits. These relationships were explored through the use of objective measures of these traits. Further description of these measures is presented in the next chapter.

One population of older adults in the northeast United States was examined in this study. The results of the research are not generalizable to the overall population of older adults in the United States because the population was a sample of convenience and their demographic characteristics may not be representative of those in the overall population. However, this does not diminish the importance of this study in furthering the understanding of subjective well-being, accepting the past, and self forgiveness in older adults. Rather, this study was viewed as preliminary research with the anticipation that other studies will follow.

CHAPTER III

RESEARCH METHODS AND DESIGN

Scientific and Research Methods

There is little known about the associations between self-forgiveness and subjective well-being and acceptance of the past in older adults. In particular, no studies have explored the association in older adults between self forgiveness and life satisfaction, positive and negative affect, and acceptance of the past in older adults.

Purpose

The literature suggests that there is a relationship between life satisfaction and self-forgiveness, a preponderance of positive affect over negative affect and self forgiveness, and the ability to accept the past and self forgiveness.

Hypothesis

The research hypothesis for this study is the following:

Higher levels of self reported life satisfaction, preponderance of positive affect over negative affect, and acceptance of the past will predict the ability to self forgive in a population of older adults.

Methods

Participants

The participants in this study included a convenience sample of adults 65 and older. A convenience sample is comprised of participants who meet a particular criteria set by the researcher (in the case of this study, the criteria is age) (Mitchell & Jolley, 2004) and who are available, but not necessarily a representative sample.

Limitations of the use of a convenience sample will be discussed at the end of this chapter.

The participants surveyed in this study were derived from a population of older adults in a county in the state of Pennsylvania. Participants were recruited from two sites. The first site was a continuing education program for adults over the age of 18. The program is a non-profit, volunteer organization that provides continuing educational and social opportunities for members. The second site was a senior community, located in the same region. Participants were independently living residents of the senior community. There was a certain degree of overlap between these two sites; many residents of the senior community are also members of the continuing education program. Based on membership of the continuing education program and the number of independently living residents at the senior community (148), a sample size of 100 participants was derived as an adequate representation of these populations.

Procedure

The participants from the continuing education program were recruited from the membership database. Telephone contact was made with the director of the program to ensure approval to use the membership database pending acceptance of this research proposal. A general overview of the study was given as was the expectations of participation. The director contacted the member listserv as a means of obtaining the sample population. Members contacted the director if they are interested in participating in the study, and names and addresses were forwarded to the principle researcher. In addition, the principal researcher attended an membership

meeting and presented information about the study to program members, stressing that participation was voluntary. Members were directed to email the director of the continuing education program or the principal researcher if they were interested in participating. As incentive for participation, the researcher offered to review this study's findings with the population, and will meet with the program director regarding further volunteer activity of the principle researcher. This may include opportunities such as discussion forums.

The senior community participants were recruited through their weekly community meeting. Telephone contact was made to the director of social services for the senior community, prior to this meeting, to ensure approval for recruitment. The principal researcher attended this meeting and presented a general overview of the study, which included a review of expectations of participation. The researcher offered to review this study's findings with the population during a discussion forum.

A copy of each of the measures, the demographic worksheet, and informed consent was submitted to the Institutional Review Board at Northeastern University along with a description of the study's purpose and procedures and statistical treatment for approval. Prior to participation in this study, all respondents were told that participation in this study was completely voluntary and that they may withdraw at any time. In this process of informed consent, their rights as participants were explained to them, and they were additionally informed that there were no consequences should they choose to withdraw from the study. It was emphasized to them that the information they provided on the questionnaires will be completely anonymous.

Participants from the continuing education program were mailed the packet of information containing the informed consent (Appendix 6), a demographic worksheet, four brief measures (ranging from 5 – 20 items), and a self addressed stamped envelope. Participants were instructed to return the packets to the principle investigator in the enclosed self addressed stamped envelope. The senior community members who were interested in participating in the study were provided with the same packet of information that the continuing education program participants received, but with a revised consent form (Appendix 7). For the senior community members, however, the packets were available to them following the community's weekly meeting. Participants were instructed to return the packets to the principle investigator in the enclosed self addressed stamped envelope. All information sheets and measures were completed with paper-and-pencil or pen. The order of instrument presentation was randomized to decrease the chance for error due to participant bias.

Instrumentation

The following measures were included in each participant's packet:

***Demographic Worksheet* (Appendix 1).** Developed by the researcher, the purpose of this survey is to ascertain characteristics of the population to be studied in terms of age, gender, marital status, education level, and ethnicity.

Heartland Forgiveness Scale (HFS): Forgiveness of Self Subscale (HFS: FS) (Appendix 2). The HFS; FS was chosen for this study after a review of the two most frequently used measures of self forgiveness published in peer review journals. Mauger et al. (1992) were the first to create a scale for self forgiveness, The Forgiveness of Others and Forgiveness of Self Scales. However, a potential limitation

of the Mauger et al. (1992) scale is the authors' use of religious based statements ("If

I hear a sermon, I usually think about things that I have done wrong") as part of the

measurement of self forgiveness. Consequently, this conceptualization includes

references to Biblical notions of sin and redemption, thus possibly compromising the

scales generalizability.

Thompson et al (2005) developed the Heartland Forgiveness Scale to measure

forgiveness of others, self, and situations. The authors assert that self forgiveness is

the motivational process that enables the forgiver to alter his/her emotional stance

towards the self. From this perspective, self forgiveness is a transformation in

emotional valence from negative to either neutral or positive (Thompson et al., 2005).

The HFS was tested on a large non-clinical sample that also included a non-student

contingent and scores have repeatedly demonstrated acceptable reliability in this and

other studies (Thompson et al., 2005; Barber et al., 2005; Maltby et al., 2004; Day &

Maltby, 2005; Strelan, 2007)

There are three subscales included in the instrument: Forgiveness of Self

(HFS: FS), Forgiveness of Others, and Situational Forgiveness. In this study, the

HFS: FS subscale was used.

Originally designed as a 90 item scale (prior to factor analysis), the HFS is a

self-report measure that contains 18 items grouped into the 3 subscales. Each subscale

consists of 6 items. Items 1-6 are designed to measure forgiveness of self, items 7-12

are designed to measure forgiveness of others, and items 13-18 are designed to

measure forgiveness of situations (for example, death of a spouse, or incapacitation

due to injury). Respondents indicate the extent to which an item is true or false based

on four verbal anchors included in a 7-point scale. These anchors are; (1) *almost always false of me*, (3) *more often false of me*, (5) *more often true of me*, and (7) *almost always true of me*. Nine of the items are negatively worded (3 on each subscale) and are reversed scored. Sample items include "I hold grudges against myself for negative things I've done," and "With time, I am understanding of myself for mistakes I've made." The HFS subscale scores and total score are calculated by adding the values given for each item. A low score indicates low degree of forgiveness and a high score indicates high degree of forgiveness. Each subscale has a low score of 6 and a high score of 42, while the overall scale has a low score of 18 and a high score of 126.

The HFS was tested on student and nonstudent populations; descriptive statistics were presented for the full scale and for each subscale (Thompson et al, 2005). The student population was 1111 students from a public, Midwestern university. This population was subdivided for the validity studies. The nonstudent population was recruited via random selection in a large mid-western city ($n = 123$). Descriptive statistics for the overall HFS included a mean score of 91.68, an SD of 15.28 and a Cronbach's alpha of .86. The HFS: FS had a mean of 30.99, and SD of 6.17 and Cronbach's alpha was .75. For the nonstudent population, Cronbach's alpha was .87, with a mean of 94.14 for the HFS scale (SD = 15.24), and 31.89 for the HFS: FS subscale (SD = 5.75). Test-retest reliabilities within the nonstudent population ($n = 57$), following a nine month period, were $r = .78$ (HFS), and r = .69 (HFS: FS) (*p< .001*).

Convergent validity with other measures of forgiveness was tested on part of the student sample ($n = 504$). Specifically, HFS: FS was significantly correlated with the self forgiveness subscales of these measures, correlations ranging from $r = .33$ to .61 ($p< .001$). Thus, it can be concluded that the HFS: FS items and the items on the other self forgiveness subscales are measuring a similar underlying construct

Further discriminant validity studies with these student populations yielded predicted findings. The HFS scores positively correlated with scores from other measures of related constructs ($p<.001$). Compared to a measure of cognitive flexibility, the HFS: FS correlated $r = .45$. Measured with positive affect (via use of the PANAS positive affect scale; Watson, et al., 1988), the HFS: FS correlated at $r = .35$ with positive affect. Finally, in comparison to a measure of distractibility, the HFS: FS correlation was $r = .27$. There was a negative correlation between the HFS: FS and instruments that measured negative emotions. These included rumination (HFS: FS, $r = -.28$, $p<. 001$), negative affect (as measured by the PANAS; HFS: FS, $r = -.44$, p, .001), vengeance (HFS: FS, $r = -.10$), and hostile automatic thoughts (HFS: FS, $r = -10$).

The HFS was also tested with the Marlowe-Crowne Social Desirability Scale (MCSDS) (Crowne & Marlowe, 1960) which detects respondents' tendencies to present themselves in a favorable light. The total HFS scale items had a significant positive correlation ($r =.27$, $p < .001$), indicating that respondents might not be answering truthfully on the HFS. Because the Marlow Crown Social Desirability Scale indicates a tendency for respondents to answer in a socially favorable way

versus in a manner that reflects true feelings, validity of the measure can be threatened.

The HFS is in the public domain. No permission is needed to include this scale in this study.

***Positive and Negative Affect Schedule (PANAS)* (Appendix 3).** As discussed in Chapter 2, research into the affective component of subjective well being has converged on the constructs of positive and negative affect as appropriate descriptors of positive and negative mood states. Most important has been the discovery that these constructs are relatively independent and thus need to be studied via a two factor structure that allows for delineation of high and low positive affect, and high and low negative affect (Diener et al, 1999).

There have been a large number of multi-item self reports to measure these constructs, and most have been validated in a number of studies (Diener, 1984; Diener et al., 1999). Two of the more prominent of these include the Affect Balance Scale (Bradburn, 1969) and the Positive and Negative Affect Schedule (PANAS) (Watson, et al., 1988).

There have been a number of concerns regarding the Affect Balance Scale (Diener, 1984). These include a ceiling effect for positive affect and a floor effect for negative affect, because affect balance is determined by subtracting negative affect responses from positive affect responses to obtain the overall affect balance (Kim & Mueller, 2000). Additionally, the dichotomous "yes-no" format does not allow for measurement of the underlying construct of feelings as continuous, therefore, it does not provide information regarding degree of feelings. Finally, it measures one single

occurrence of feelings, therefore it does not reflect frequency of emotion states. Kim and Mueller (2000) further describe that it also does not allow for the exploration of concurrent positive and negative mood states, but instead, combines these scores to establish an overall affect balance. The PANAS provides researchers with the ability to independently ascertain degrees of positive and negative mood states, from low to high (Watson et al., 1988).

The PANAS (Watson et al., 1988) is a widely used instrument for assessing affect. It is designed to measure the two dominant dimensions of affect, positive and negative affect. It consists of two subscales; the PANAS: PA (a measure of degree of positive affect), and the PANAS: NA (a measure of the degree of negative affect). A strength of the PANAS is the various temporal timeframes with which directions can be given, allowing exploration of the preponderance of positive or negative affect in the moment, or on a more general timeframe. The general timeframe is relevant to the assessment of overall subjective well being

The PANAS has been used within a variety of clinical and non-clinical populations and the scores have consistently demonstrated good validity and reliability (Kercher, 1992; Lang & Hackhausen, 2001; Watson, et al., 1988).

PANAS respondents are presented with 20 terms representing mood states. They are asked to rate the extent to which they feel each mood state on a 5-point Likert type scale. These mood state terms include *interested, excited, upset, guilty, hostile*, and *nervous*. Time instructions include *Moment*, *Today, Past Few Days*, *Week*, *Past Few Weeks*, *Year*, and *General*. Higher scores on each of the subscales indicate a higher degree to which the respondent experiences PA and NA

respectively. For the purpose of this study, time instructions for *General* will be given to participants because this study seeks to investigate affectivity over the lifespan.

The scales were developed as a simpler means of measuring these two constructs, and were based on 60 descriptors of mood tone. These descriptors were grouped into 20 categories identified through principal component analysis (Zevon & Tellegen, 1982). Further reliability analysis yielded 10 items for each PA and NA scale.

The PANAS original two-factor structure is generally supported for older populations (Kercher, 1992; Lang & Hackhausen, 2001; Watson et al., 1988) however, some conflicting data exist. For example, Beck et al. (2003) studied the differentiation of anxiety and depression in older adults (60-80 years of age) in a study of those with generalized anxiety disorder, and found that a three-factor model best fit their population *(p<.001)*. These included one factor that encompassed all of the PA items (accounting for 27.17% of the variance), a second factor (NA-1) that included 8 items from the NA scales studies, and reflected anxiety and anger (accounting for 20.15% of the variance), and a third factor composed of the last two items of the NA scale (NA-2) that reflected shame and guilt, accounting for 7.86% of the variance. Hence emotions of NA were not on a continuum, supporting the notion of one factor. Rather, for this older population, they appeared to be split into two factors. Loadings for all items of their primary factors was equal to or greater than .40, and none loaded substantially on the other factors (none greater than .30).

The original validation study utilized a sample of undergraduate students with additional validation conducted with university employees. This latter group

specifically focused on temporal indicators of *Past Few Weeks* (*n*= 164), and *Past Few Days* (*n*= 50) (Watson, et al., 1988). In addition, 53 adults not affiliated with the university were also part of this sample and were given time instructions on the timeframe of *Today*. Cronbach's alpha reliabilities for each temporal domain were high (.86 to .90 for PA, and .84 to .87 for NA). Additionally, the correlation between the PANAS: PA items and PANAS: NA items were low, ranging from *r* = -.12 to -.23, thus the scales only share a very small variance. Test-retest reliabilities (*n*=101) demonstrated that reliability remained acceptable (PANAS: PA, *r* = .68; PANAS: NA, *r* = .71) and no significant differences were found for each of the timeframes compared *(p< .002)*.

      With populations of older adults, scores on the PANAS have demonstrated good reliability. In a series of studies conducted exploring variables related to successful aging in the Berlin Aging Study (*n*= 516), Cronbach's alphas were .78 for the PANAS: PA, and .81 for the PANAS: NA (Baltes & Baltes, 1990). Additionally, Patrick, Cottrell, and Barnes (2001) utilized the PANAS with a population of 180 older men and women living in Northern Appalachia, with a mean age of 73.6 years, and obtained a mean of 19.4 and a SD of 2.9. Cronbach's alpha was .77. In a study of 883 participants, aged 65 to 98, randomly drawn from six municipalities in the Netherlands, Steverink and Lindenberg (2006) obtained internal consistency coefficients of .83 for the PANAS: PA, and .85 for the PANAS: NA.

      The principle investigator received approval to use this instrument for the purpose of this study (Appendix 8).

Satisfaction with Life Scale (SWLS) **(Appendix 4).** The measurement of life satisfaction has largely been via self reports. Initially, single item quality of life scales were used, but criticisms of these scales included Andrews & Withey's (1976) findings that scores on the single item self reports tended to be skewed to the positive, and Diener's (1984) concern for acquiescence, since the item is always scored in the same direction (1984).

Life satisfaction has subsequently been measured through multiple item instruments. Scales developed for the geriatric population include the Philadelphia Geriatric Center Morale Scale (Lawton, 1975) and the Life Satisfaction Index (Neugarten, Havinghurst, and Tobin, 1961). These have been criticized, however, because they appear to tap into the affective determinants of life satisfaction (Diener et al., 1985).

The SWLS was designed as a measure of the cognitive judgment of global life satisfaction (Diener 1984). It was developed based on the assumption that life satisfaction is a cognitive-judgmental process and is a "global assessment of a person's quality of life according to chosen criteria" (Shin & Johnson, 1978, p. 478). As an assessment of this cognitive aspect of life satisfaction, the initial scale consisted of 48 self-report items. A factor analysis identified three underlying factors: positive affect, negative affect, and life satisfaction. Items that were identified as affective in nature were eliminated as were items of life satisfaction that had loadings of greater than .60.

The SWLS consists of five items scored on a seven-point, Likert scale (with 1 meaning "*Strongly Disagree*," and 7 meaning "*Strongly Agree*") (Deiner et al, 1985).

Sample items include "I am satisfied with my life," and "In most ways my life is close to my ideal." Total scores range from 5 to 35, 5 indicating low satisfaction and 35 indicating high satisfaction.

The SWLS was originally tested on an undergraduate population from introductory psychology classes at the University of Illinois ($n = 176$). A two month test-retest coefficient was .82 and coefficient alpha was .87, with a mean of 23.5, and SD of 6.43 (significance level was not provided). Further initial validation included an elderly sample of fifty-three participants (average age 75 years) from Champaign-Urbana, Illinois. Here the mean was 25.8 and Cronbach's alpha was .68. The authors concluded that internal consistency remained acceptable at .81, .63, .61, .75, and .66 for each of the five items. Steverink et al (2006) additionally obtained an overall internal consistency coefficient of the scale scores at .85.

The SWLS has been used extensively in populations across the lifespan (McCullough Emmons, & Tsang, 2002; Karramens, Van Lange, Ouwerkerk, & Kluwar, 2003; Smith, Sim, Scharf, & Phillipson, 2004; Steverink & Lindenberg, 2006) and the scores have consistently demonstrated acceptable reliability.

The SWLS is in the public domain. No permission is needed to include this scale in this study.

Accepting the Past Scale (ACPAST) (**Appendix 5**). The ACPAST is the only instrument that has been utilized to measure this specific construct of ego integrity. Ryff and Heincke (1983) developed a scale of ego integrity (EGO) that was designed to measure a broader definition of ego integrity, however the ACPAST provides a more specific focus on one construct of ego integrity (Santor & Zuroff, 1994). In a

study that utilized both instruments, the ACPAST proved to be a better predicator of depressive symptoms in older adults (1994).

The ACPAST is based on the assumption that "a core component of ego integrity involves the internal representation of the past as acceptable and satisfactory" (Santor & Zuroff, 1994, p. 296). It involves an ongoing process of the reintegration of past events; however, it does not negate the importance of negative life experiences as part of this process. Rather, these negative experiences are seen as part of the general representation of the past that do not compromise self worth.

The ACPAST is one of two subscales that make up the Accepting and Reminiscing About the Past Scales (ACPAST and REM respectively) (Santor & Zuroff, 1994). The REM subscale was designed for the purpose of providing discriminant validity between the ability to accept the past and the ability to only think about the past, or reminisce (which may include positive or negative appraisals). Originally designed to predict depressive symptoms in older adults, the ACPAST consists of 16 items which respondents are asked to reflect upon in identifying feelings about the past. It consists of nine negatively worded items (that are reverse scored) and seven positively worded items. Examples of items include, "There are some disappointments in life that I will never be able to accept," and "I look back on the things I've done with a sense of satisfaction." Respondents are asked to identify the degree to which they agree or disagree with each statement on a 7 point Likert scale. There are 5 verbal anchors ranging from *Strongly Disagree* to *Strongly Agree*. Higher scores indicate greater ability to accept the past.

The ACPAST was tested on a nonstudent population of retired employees from McGill University, ages 55 and older ($n = 84$) (Santor & Zuroff, 1994). Validity studies assessed ACPAST with respect to age, sex, physical symptoms, an existing measure of ego integrity, and negative affect. These variables were considered predictors of depressive symptoms, as measured by the Center for Epidemiologic Studies Depression Scale (CES-D) (Radloff, 1977). Additionally, the scale was correlated with the Marlowe-Crowne Social Desirability Scale (Crowne & Marlowe, 1960). Items that correlated more than .20 with social desirability (or correlated more strongly with the other content scale) were eliminated. Absolute values of item-total correlations for the ACPAST scale ranged from .26 to .69 (*p< .001)*, indicating that the correlations were highly significant. Cronbach's alpha was .86.

Further assessing validity, the ACPAST items demonstrated a strong correlation with the ego integrity measure ($r = .71$, *P< .001).* In addition, it correlated strongly with the PANAS: NA Scale ($r = -.62$, *P<. 001*) and the CES-D Scale ($r = -53$, *p< .001*) indicating its credibility in identifying depressive symptoms. Additional hierarchical regression analysis explored the relationship between NA and accepting the past as predictors of depressive symptoms. Results indicated that for respondents with reported low negative affect, accepting the past was not a strong predictor of depressive symptoms (zero order correlation coefficient between ACPAST and depressive symptoms reported at $r = -.35$, $p < .03$), while persons with reported high negative affect indicated that accepting the past was an important predictor of depressive symptoms (zero order correlation coefficient reported at $r = -.53$, $p < .001$). Conclusions drawn are that accepting the past is predictive of depressive

symptoms, but is moderated by high or low NA. The ACPAST items were

uncorrelated with the Marlowe-Crowne scale ($r = .08$) indicating that respondents

were unlikely to be influenced by social-desirability in giving favorable responses

(Santor & Zuroff, 1994).

Discriminant validity was assessed by comparing the ACPAST with the REM

Scale. Results indicated that the scales were not correlated (REM) ($r = .17$, $p < .11$),

thus reflecting the difference between the ability to accept the past, and the

willingness to merely think about the past (Santor & Zuroff, 1994).

Validity of ACPAST was further demonstrated on a population of older adult

female ($n = 73$) residents of a retirement village in Canberra, Australia (Rylands &

Rickwood, 2001). Again, accepting the past was considered a predictor variable

amongst other established predictors of depression in the elderly including age, social

support, physical dependency, and positive and negative affectivity. Cronbach's alpha

was .86, indicating strong internal consistency. Further descriptive statistics were

provided and based on type of accommodation. The mean for the self-care residents,

defined as relatively independent, was 32.98, with an SD of 7.91, and the mean for

hostel residents, defined as those requiring assistance with activities of daily living,

was 36.92, with an SD of 4.17.

The ACPAST is in the public domain. No permission is needed to include this

scale in this study.

Data Analysis

The hypothesis in this study will be examined via regression analysis.

Higher levels of self reported life satisfaction, positive affect over negative affect, and acceptance of the past will have a predictive relationship with the ability to self forgive in a population of older adults.

This study is designed to explore the relationship between life satisfaction (LS), the preponderance of positive affect (PA) over negative affect (NA), and accepting the past (ACPAST) with self forgiveness (SF). The statistical analysis chosen for this study is multiple regression. Multiple regression allows for the analysis of the predicted performance on the dependent variable (for this study; SF) via the known values of the independent variables (for this study; LS, PA, NA, and ACPAST) (Hair, Anderson, Tatham, & Black, 1998; Hatch & Lazaraton, 1991). Operationalizing each variable utilizing the scales employed are as follows: a higher score on the HFS: SF will indicate a higher degree of self forgiveness, a higher score of the SWLS will indicate higher life satisfaction, a higher score on the PANAS: NA will indicate a higher degree of negative affect, a higher score on the PANAS: PA will indicate a higher degree of positive affect, and a higher score on the ACPAST will indicate a higher inability to accept of the past. All of these instruments are unidimensional and present scores that are linear.

Limitations

A limitation in this study is that data were derived from a convenience sample. Convenience sampling does not allow the researcher to confirm that the sample will be representative of the overall population of older adults, because there is no randomization of participants (Michell & Jolley, 2004). Therefore, generalizability of this study will be bounded by the study sample.

The different recruitment procedures for the two sites used to obtain the sample offers yet another limitation to this study. Ideally, standardizing this procedure for all participants would decrease the threat to internal validity by uniformly presenting all information and materials. Not doing so adds the risk of undue influence by external factors on administration. This can increase the possibility of standardization error due to this non-uniformity. Further, collecting data from multiple sites also compromises the internal validity of the study because the differing environmental influences on participants cannot be controlled for.

Another limitation of this study relates to self report surveys. The respondent bias inherent is a participant's desire to perceive him/herself in a more positive light than is the reality (Mitchell & Jolley, 2004). Hence, some respondents may not have answered the self reports truthfully, therefore increasing the possibility of measurement error. To reduce this possibility of error, random presentation of the instruments was implemented as previously described. In addition, anonymity was assured, which can also reduce the social desirability bias.

CHAPTER IV

RESULTS

The primary purpose of this study was to examine whether or not there is a predictive relationship between life satisfaction, positive affect, negative affect, and acceptance of the past with self forgiveness in older adults. This study's hypothesis was:

> *Higher levels of self reported life satisfaction, a preponderance of positive affect over negative affect, and higher levels of acceptance of the past will predict the ability to self forgive in a population of older adults.*

The study included four instruments: the Positive and Negative Affect Schedule (PANAS) (Watson et al., 1988), the Acceptance of the Past Scale (ACPAST) (Santor & Zuroff, 1994), the Satisfaction With Life Scale (SWLS) (Diener et al., 1985), and the Heartland Forgiveness Scale: Self Forgiveness Subscale (HFS: FS) (Thompson et al., 2005). The participants were older adults derived from two populations. The first was a population of older adults enrolled in a continuing education program, the second population was comprised of independently living residents of a senior community. A total of 135 packets of questionnaires were distributed with a response rate of 74.8% (101 participants completed all of the questionnaires).

Demographics Profile

All 101 participants responded to demographic items including age, sex, marital status, education level, ethnicity, religious orientation, and perceived physical health (Table 4.1). The sample was diverse in age range (65-100). The mean age was

$M = 81.21$ ($SD= 7.38$), thus the majority of the older adults ranged between the ages

of 74 and 89. Approximately twenty-four percent of participants were over the age of

87.

Table 4.1

Demographics Profile

Variable	n	Valid Percent
Sex (female)	72	71.3
Marital Status		
Married	45	44.6
Widowed	46	45.5
Divorced	8	8
Single	2	2
Education		
High School Graduate	7	6.9
College Graduate	35	34.7
Post College Graduate	59	58.4
Ethnicity		
Caucasian	99	98
Asian American	1	1
Native American	1	1
Religious Orientation		
Christian	39	38.6
Jewish	6	5.9
Spiritual/Not Religiously Affiliated	9	8.9
Other	24	23.8
Unitarian	10	
Quaker	5	
Agnostic	1	
Atheist	6	
Perceived Health		
Poor	23	23
Fair	66	65.3
Good	12	11.9

Summary Statistics for Variables in Regression Analysis

The purpose of this study was to examine the relationship between positive affect and self forgiveness, negative affect and self forgiveness, acceptance of the past and self forgiveness, and satisfaction with life and self forgiveness. The means and standard deviations for each of the scales are provided in Table 4.2. The range of scores for self forgiveness (HFS: FS) are 6 (less likely to self forgive) to 42 (more likely to self forgive). The mean score for self forgiveness was 33.19, $SD = 5.84$, indicating that this sample was more likely to be self forgiving. The mean for scores of positive affect and negative affect (PANAS: PA and PANAS: NA) were 36.81 ($SD = 5.58$) and 14.57 ($SD = 4.22$) respectively. Scores for each scale range between 10 and 50. The results of this study indicated that the sample tended to exhibit more *general* positive affect (between "moderate" and "quite a bit") then negative affect ($M = 14.57$, $SD = 4.22$) for which the sample indicated they felt negative affect "very slightly/not at all" to "a little." The participants also indicated a moderate to higher levels of overall satisfaction with life (SWLS) ($M = 27.52$, $SD = 5.38$), endorsing statements of life satisfaction they "slightly" agreed with to those they "strongly" agreed with. The sample also tended to be more accepting of the past (ACPAST). The mean score was 93.94 ($SD = 12.43$) meaning that the sample tended to score between the verbal anchors of "agree" to "strongly agree" with statements indicating acceptance of the past.

Based on the previously established reliability of the instruments used in this study, the scores appear to be acceptable and trustworthy for further analysis.

Given that the literature identifies a relationship between positive affect, negative affect, acceptance of the past, and life satisfaction with self forgiveness, further investigation is merited to ascertain if any of these independent variables are predictive of self forgiveness.

Table 4:2

Descriptive Summary Statistics for Independent Variables (n = 101)

Scale	*Mean*	*S D*	Actual Range Low	High
PANAS				
Positive Affect	36.81	5.58	21	50
Negative Affect	14.57	4.22	10	32
SWLS	27.52	5.38	5	35
ACPAST	93.94	12.43	43	112
HFS: FS	33.19	5.84	11	42

Summary of Analyses

Linear regression was used to determine whether each independent variable (positive affect, negative affect, acceptance of the past, and satisfaction with life) explained some degree of variance in the dependent variable, self forgiveness. Table 4.3 shows each of these regressions. Subsequent to the linear regression, hierarchical stepwise regression used to determine whether or not any of the demographic variables in this study explained some degree of variance in the associations between each independent variable and self forgiveness. Finally, stepwise regression was calculated to

determine which of the predictor variables identified in the linear and hierarchical

regressions explained the most variance on self forgiveness.

Table 4.3

Significance Levels of Predictor Variables on Self Forgiveness

Predictor Variable	b	SEb	t-score	R^2
PANAS: PA	.499	.036	5.392	.227
PANAS: NA	-.553	.127	-4.344	.160
ACPAST	.305	.036	8.459	.420
SWLS	.432	.100	4.310	.158

Self forgiveness: dependent variable
Each model significant at p = .0001

Regression Analyses for Independent Variables

Positive Affect and Self Forgiveness

A simple linear regression was calculated predicting participants degree of self

forgiveness based on their levels of self-reported positive affect ($R^2 = .227$, $p < .0001$).

This model indicates a weak relationship between positive affect and self forgiveness,

with positive affect accounting for 23% of the variance in self forgiveness.

Hierarchical regression was calculated predicting participants self forgiveness

scores based on positive affect, age, sex, marital status, education, ethnicity, religion, and

perceived health. Positive affect (PANAS: PA) was entered first in the equation, the

results of which was significant ($F = 29.073$; $df = 1, 99$; $R^2 = .227$; $Adj R^2 = .219$; $p <$

.0001) and presented in the linear regression model (Table 4.3). When the demographic

variables were each subsequently entered into the equation, the regression equations were not significant ($p > .05$).

Negative Affect and Self Forgiveness

A simple linear regression was calculated predicting participants degree of self forgiveness based on their levels of self-reported negative affect ($R^2 = .160, p < .0001$). This model indicates a weak relationship between negative affect and self forgiveness, with negative affect accounting for 16% of the variance in self forgiveness.

Hierarchical regression was calculated predicting participants self forgiveness scores based on negative affect, age, sex, marital status, education, ethnicity, religion, and perceived health. The fully saturated model was significant ($F = 2.924$; $df = 13, 87$; $R^2 = .304$; $Adj\ R^2 = .200$; $p = .001$). Negative affect (PANAS: NA) was entered first in the equation, the result of which was significant ($p < .0001$) and presented in the linear regression model (Table 4.3). When the demographic variables were subsequently entered into the equation, none were significant in the model ($p > .05$) except for Caucasian ethnicity (ETH – Cauc) ($p = .009$) and Native American ethnicity (ETH – NatAm) ($p = .013$). In addition, there was a tendency towards significance for age early in the regression model ($p = .052, .058$). Thus, ETH - Cauc, ETH - NatAm, and age were retained for further analysis to determine best model fit (Table 4.4).

Table 4.4

Reduced Hierarchical Regression Model for HFS: FS Regressed on PANAS: NA, ETH –

Cauc, ETH – Nat Am, and Age

Variable	b	SE	t-score	p
Intercept	40.106	7.462	5.375	.000
PANAS: NA	-.515	.122	-4.211	.000
ETH – Cauc	13.871	5.212	2.661	.009
ETH – NatAm	19.267	7.300	2.639	.010
Age	-.162	.071	-2.282	.025

Model Significance: $F = 8.256$; $df = 4, 96$; $R^2 = .256$; Adj $R^2 = .225$; $p < .0001$

In the final regression model, negative affect, Caucasian and Native American

ethnicity, and age retained significance ($p < .05$). The model was significant at $p < .0001$.

This model indicates a relatively weak relationship between negative affect, Caucasian

and Native American ethnicity, and age with self forgiveness ($R^2 = .256$), accounting for

26% of the variance in self forgiveness.

Accepting the Past and Self Forgiveness

A simple linear regression was calculated predicting participants degree of self

forgiveness based on their levels of self-reported acceptance of the past ($R^2 = .420$, $p <$

.0001). This model indicates a moderate relationship between acceptance of the past and

self forgiveness, with acceptance of the past accounting for 42% of the variance in self

forgiveness.

Hierarchical regression was calculated predicting participants self forgiveness scores based on acceptance of the past, age, sex, marital status, education, ethnicity, religion, and perceived health. Acceptance of the past (ACPAST) was entered first in the equation, the results of which was significant ($p < .0001$) and presented in the linear regression model (Table 4.3). When the demographic variables were subsequently entered into the equation, none were significant in the model ($p > .05$) except for the marital status – divorced (MS – Divorced) ($p = .034$). Age was significant early in the regression model ($p = .047$), thus, MS – Divorced and age were retained for further analysis. When these variables were entered into the next regression, age was no longer significant ($p > .05$). In the final regression model, acceptance of the past and marital status-divorced retained significance ($p < .05$). The model was significant at $p < .0001$. This model indicates a moderate relationship between acceptance of the past, marital status-divorced ($R^2 = .473$) and self forgiveness, accounting for 47% of the variance in self forgiveness. The reduced regression model is represented in Table 4.5.

Table 4.5

Reduced Hierarchical Regression Model for HFS: FS Regressed on ACPAST, and MS -

Divorced

Variable	b	SE	t-score	p
Intercept	3.192	3.298	.968	.336
ACPAST	.315	.035	9.091	.000
MS-Divorced	4.986	1.588	3.140	.002

Model Significance: F = 43.912; *df* = 2, 986; R^2 = .473; Adj R^2 = .462; *p* < .0001

Satisfaction with Life and Self Forgiveness

A simple linear regression was calculated predicting participants' degree of self

forgiveness based on their levels of self-reported life satisfaction (R^2 = .158, *p* < .0001).

This model indicates a weak relationship between satisfaction with life and self

forgiveness with satisfaction with life accounting for 16% of the variance in self

forgiveness.

Hierarchical regression was calculated predicting participants' self forgiveness

scores based on satisfaction with life, age, sex, marital status, education, ethnicity,

religion, and perceived health. Life satisfaction (SWLS) was entered first in the equation,

the results of which was significant (*p* < .0001) and presented in the linear regression

model (Table 4.3). When the demographic variables were each subsequently entered into

the equation, none were significant in the model (*p* > .05) except for Caucasian ethnicity

(ETH – Cauc, *p* = .05) and marital status-divorced (MS – Divorced, *p* = .41). Thus, ETH

- Cauc and MS - Divorced were retained for further analysis to determine best model fit. However, when these variables were entered into the final regression equation, ETH - Cauc did not retain significance ($p > .05$). This best fit model was significant ($F = 13.317$; $df = 2, 98$; $R^2 = .214$; Adj $R^2 = .198$; $p < .0001$) and is presented in Table 4.6.

Table 4.6

Reduced Hierarchical Regression Model for HFS: FS Regressed on SWLS, and MS - Divorced

Variable	b	SE	t-score	p
Intercept	19.709	2.795	7.051	.000
SWLS	.475	.099	4.812	.000
MS-Divorced	5.157	1.957	2.635	.010

Model Significance: F = 13.317; df = 2, 98; R^2 = .214; Adj R^2 = .198; p < .0001

        In the final regression model, SWLS and MS - Divorced retained significance (p <.05). This model was significant at $p < .0001$. This model indicates a relatively weak relationship between satisfaction with life, MS – Divorced with self forgiveness ($R^2 = .214$), accounting for 21% of the variance in self forgiveness.

Stepwise Regression for Independent Variables and Significant Demographic Variables: Test of the Hypothesis

        Stepwise regression was calculated to identify which of the significant independent variables accounted for the most variance for self forgiveness. Table 4.7 provides a correlation matrix for all significant variables.

Table 4.7

Correlation Table for Stepwise Regression: ACPAST, PANAS: NA, PANAS: PA, SWLS, ETH – CAUC, ETH – NA, AGE, AND HFS: FS SCORES (n = 101)

	HFS: FS	ACPAST	PANAS: NA	PANAS: PA	SWLS	ETH – CAUC	ETH – NA	AGE
HFS: FS								
ACPAST	**.648****							
PANAS: NA	**-.400****	**-.461****						
PANAS: PA	**.476****	**.487****	**-.213***					
SWLS	**.397****	**.652****	**-.259****	**.511****				
ETH – CAUC	.078	.195	.003	.110	.080			
ETH – NA	.244	.138	-.037	.075	.102	**-.704****		
AGE	**-.210***	-.091	.080	**-.349****	-.138	.112	-.044	

** Correlation is significant at *p* < .01
  * Correlation significant at *p* < .05

Results of the stepwise regression indicate that higher values on the ACPAST were associated with higher values of self forgiveness (*partial r* = .577), thus, those who were more accepting of their past tended to be more self forgiving. ACPAST accounted for 42% of the variance on self forgiveness, the dependent variable. Results of the regression also indicate that higher values on the PANAS: PA were associated with self forgiveness (*partial r* = .229) and explained 3% of the variance on self forgiveness. The regression results indicate that being divorced (MS – Divorced) was also related to higher levels of self forgiveness (*partial r* = .292). The marital status of divorced accounted for 5% of the variance on self forgiveness. These variables together accounted for 49% of the variance on self forgiveness (*Adj R*^{2} = .485). The reduced stepwise regression model is presented in Table 4.8.

Table 4.8.

Reduced Stepwise Regression Model for HFS: FS Regressed on ACPAST, PANAS: PA, and MS – Divorced

Variable	b	SE b	β	Part r	Partial r	R^2 Change	t-score	p
Intercept	.016	3.506					.005	.996
ACPAST	.271	.039	.576	.499	.577	.420	6.952	.000
MS - Divorced	4.696	1.559	.218	.216	.292	.047	3.012	.003
PANAS: PA	.200	.086	.191	.166	.229	.034	2.318	.023

Model Significance: F = 32.372; *df* = 3, 9; R^2 = .500; *Adj. R*^{2} = .485; *p* < .0001

Data Analysis: Conclusions

The results of the stepwise regression offer partial support for the hypothesis of this study:

Higher levels of self reported life satisfaction, a preponderance of positive affect over negative affect, and higher levels of acceptance of the past will predict the ability to self forgive in a population of older adults.

Higher levels of accepting the past and positive affect were significantly associated with higher levels of self forgiveness. However, satisfaction with life and negative affect were not statistically significant. Further, the marital status of "divorced" was significantly associated with self forgiveness.

CHAPTER V

DISCUSSION

The goal of this study was to examine whether or not there is a significant correlation between subjective well-being, which is inclusive of life satisfaction and a preponderance of positive affect over negative affect, and acceptance of the past, with self forgiveness in a population of older adults living in the northeast United States. Specifically, the hypothesis was:

> *Higher levels of self reported life satisfaction, a preponderance of positive affect over negative affect, and higher levels of acceptance of the past will predict the ability to self forgive in a population of older adults.*

Findings of this study reveal that the hypothesis is only partially supported; those who were accepting of their pasts and experienced an overall positive affect were self forgiving. However, life satisfaction and negative affect were not associated with self forgiveness. Findings also reveal that participants in this study who were divorced were self forgiving, an unanticipated outcome. The following is a more thorough discussion about the findings and implications of this study. Limitations of the study as well as suggestions for future research will also be discussed.

Findings and Implications

The results of this study revealed, as expected from prior research, an association between positive affect, accepting the past, and self forgiveness.

Positive Affect

The association between positive affect and self forgiveness in this study supports prior research that identifies healthy outcomes of a positive frame of mind. People who

report higher levels of happiness have a more adaptive response to stress and tend to have

a more flexible perspective with which to explore both negative and positive situations

(Bless et al., 1996). This positivity has been shown to foster more effective coping in

times of stress (Danner et al, 2001; Folkman & Moscowitz, 2000; Tugade et al, 2004) and

to buffer negativity (Ong et al, 2006).

The older adults in this study reported high levels of positive affect. In light of the

prior research into positive moods (as discussed), it can be speculated that the positive

outlook these individuals reported allowed for the inclusion of a self forgiving attitude.

For self forgiveness to occur, the individual must be willing to let go of self directed

anger and resentment in order to re-evaluate regretted transgressions and allow for a more

self accepting perspective (Hall & Fincham, 2005). If, as Bless (2001) and Frederickson

(1998; 2001) found, a positive outlook leads to more adaptive and flexible thinking,

perhaps these individuals were more likely to identify and embrace a kinder and more

self forgiving attitude.

An alternative explanation is offered, however, to explain the association between

positive affect and self forgiveness in this study. This explanation suggests that the

association between these variables could be because of a co-linear relationship. It is

possible that these two variables share some association with another, unknown construct

that may be common to both positive affect and self forgiveness. For example,

benevolence towards the self is identified as important in the process of self forgiveness

(Hall & Fincham, 2005). It may be possible that the increased flexibility in thinking,

characteristic of happy people (Bless et al, 1996) may also be fostered via benevolence.

Further, it may be argued that simply having a more cheerful disposition may make

people more likely to be happy and more self forgiving, regardless of flexibility in thinking. Therefore, it cannot be ruled out that an unknown factor such as benevolence does not account for some of the association between positive affect and self forgiveness.

Accepting the Past

The robust relationship between accepting the past and self forgiveness in this study offers support of Erikson's (1980) theory of lifespan development, specifically, the last stage of *integrity versus despair*. Those who tend to experience integrity, it is hypothesized, are able to accept responsibility for their choices in life and are able to adopt a positive stance of self acceptance. Inherent in this process is the need to reconcile with the self so as not to continue a pattern of self punishment (Haber, 2006). Further, this finding offers support for the life review process (Butler, 1963) as well as the importance of resolving the negative emotional impact of past regrets (Carver & Scheier, 1990; 1998; Jokisaari, 2004; Wrosch & Heckhausen, 2002).

Life Satisfaction and Negative Affect

In this study, it was assumed that higher levels of life satisfaction and lower levels of negative affect would be associated with self forgiveness, based on research into variables associated with life satisfaction, including the influence of positive and negative mood states on life satisfaction (Costa & Widiger, 1995; Diener, 1984; Digman, 1990; Goldberg, 1992; McCrae & Costa, 1987), and the association between mood states and self forgiveness (Day & Maltby, 2005; Maltby et al, 2004; Ross et al, 2004; Wrobel & Rye, 2004).

Life Satisfaction

The assumption that life satisfaction may be associated with self forgiveness makes sense, since a positive appraisal of life may foster a self accepting attitude. The results of this study, however, did not support this assumption. This was an unexpected, but not a unique finding. Little is known about the relationship between life satisfaction and self forgiveness. However, there is evidence of a small or non-significant relationship between forgiveness of others and life satisfaction (McCullough, Bellah, Kilpatrick, and Johnson, 2001). For example, McCullough et al (2001) assessed the relationship between vengefulness with forgiveness (of another), rumination, well-being (as measured by the SWLS), and personality and found that change in level of forgiveness was uncorrelated with life satisfaction. Similarly, Sastre, Vinsonneau, Neto, Girard, and Mullet (2003) also found a nonsignificant relationship between life satisfaction and forgiveness of others and suggested that these results reflected the possibility that forgiveness is more offense-specific and may not have a strong impact on the global assessment of life satisfaction.

Given these findings, however, assumptions about the relationship between self forgiveness and life satisfaction should be made with caution. Firstly, as indicated, much of the prior research on forgiveness and life satisfaction has focused on forgiveness of others. Moreover, there has been no prior research on the relationship between forgiveness of others and self forgiveness; much of the research into self forgiveness has relied on an agreed upon belief that the processes of forgiveness of others and self forgiveness are the same. To date, there has been no empirical research to support this claim. Thus, to rely on literature on the association between life satisfaction and

forgiveness of others as evidence for a similar association with self forgiveness may be misleading.

Negative Affect

An assumption was made in this study that negative affect would be associated with self forgiveness based on prior research. Although inquiry into self forgiveness is in its infancy, there is empirical support of an association between the inability to self forgive and negative emotional outcomes including residual intropunitive feelings (Maltby et al, 2004; Mauger et al, 1992; Ross et al, 2004), increased depression and anxiety (Maltby et al, 2002). Related research has tended to identify an association between self forgiveness and some types of negative affect, such as anger and rumination (Barber et al., 2005) and neurotic coping style (Maltby et al., 2001; Walker & Gorsuch, 2002). Still other related studies on negative coping styles reveal the damaging impact of thought suppression, which an individual may engage in to avoid painful feelings (Erskine et al, 2005; Wenzslaff, 2002; Yoshizumi & Murase, 2007) and anger suppression, which has been linked to social isolation (Palfai & Hart, 1997).

It would seem possible, then, that individuals who have a negative frame of reference would be less likely to be self forgiving, since self forgiveness requires a willingness to demonstrate compassion towards the self and a commitment to letting go of negative emotions associated with the event. Barber et al (2005) found that for self forgiveness to occur, an individual must be willing to relinquish self directed anger. This makes sense given that true self forgiveness necessitates the willing to relinquish negative emotions towards the self (Hall & Fincham, 2005).

In this study, negative affect was not associated with self forgiveness. One possible reason for this could be as a result of sampling error. The sample of this study was a convenience sample and was unevenly distributed in terms of sex (71% female), ethnicity (98% Caucasian), religious orientation (39% Christian, 6% Jewish, 9% Spiritual, 24% inclusive of Unitarian, Quaker, Atheist, and Agnostic), and level of education (93% college graduate/post college graduate). This uneven distribution can result in sample bias (although the sample did mirror the overall population of the rural area from which the sample was derived), the impact of which may mean that there is an underestimate of the true value of the relationship between negative affect and self forgiveness. Perhaps a more stratified sample would have helped to balance the demographics more making it less susceptible to this type of bias.

One further explanation for the lack of association between self forgiveness with negative affect and life satisfaction could be because of a co-linear association between negative affect and life satisfaction. For example, recall that low negative affect can reflect a sense of calm in an individual (Watson, et al., 1988). It can be speculated that individuals who report that they are satisfied with their lives may also experience this sense of calm. It can be further speculated that other variables may pull for this sense of calm in both low negative affect and life satisfaction, such as, for example, religious or spiritual beliefs. Thus, it cannot be ruled out that these two variables may share some association with another, as yet unknown, construct. If this is the case, and there was a significant interaction between negative affect and life satisfaction with this variable, it may account for why negative affect and life satisfaction moved in the same direction in the regression equation and why they had a similar non-significant effect on the model.

Divorce and Self Forgiveness in Older Adults

It was unexpected to find that divorce was associated with self forgiveness. Because of the paucity of research into self forgiveness in older adults, it can only be speculated as to why being divorced tended to predict self forgiveness in this population. One possible explanation relates to life review process outcomes. It is possible that the pain of divorce and its aftermath foster insight and self acceptance gained through this introspection at an earlier stage in life. In addition, divorced individuals may experience a sense of pride in their decision to divorce and their ability to cope with the divorce and thus, subsequently, may be more willing to self forgive.   It is also possible that some of these individuals may be in denial about their residual feelings and falsely report self forgiveness. It would be worthwhile exploring the relationship between these variables further.

Study Limitations

Sampling and Standardization

A limitation of this study is the possible sampling bias, mentioned above. Since the data were derived from a convenience sample, the results of the study may not be generalizable beyond this rural northeast population. The lack of demographic diversity previously indicated is an example of such a bias. For example, although some demographic variables, such as sex, religious orientation, and level of education, were not predictive of self forgiveness in this study, the association between one or more of these variables to self forgiveness may be susceptible to sampling error due to the relative homogeneity in these demographics. As a result, the relationship between one or more of these variables to self forgiveness may not be an accurate estimate of the true value of

these relationships and, thus, not generalizable to the overall population of older adults. Further, the majority of individuals in this sample lived within a senior community, and it is possible that the culture of this community influenced responses (this issue will be addressed further in the discussion of future research). A stratified random sample of the overall community of older adults in this geographical area would lessen the impact of sampling bias.

Standardization may have also contributed to random error. In this study, there were two standardization procedures, one for the participants from the continuing education program, the other for the participants from the senior community. The effect this can have on the data is an increase in the influence of external factors on administration, as well as a risk of inconsistent interpretation of results, threatening internal validity. One such external factor to consider for this study is the influence of the socio-cultural context in which the participants lived. For example, the senior community had a strong social program that many of the independently living residents were very active in. It can be speculated that those living in the senior community tended to be more interactive with their peers, due to the structured social environment, than those living in the overall community. Thus, this social program may have encouraged more extraverted behaviors. Recall that extraversion is a personality characteristic associated with well-being (Costa & McCrae, 1980; DeNeve & Cooper, 1998). Ideally, one method of standardization would be the most effective in reducing this type of error (Mitchell & Jolly, 2004).

Construct Validity

Positive and negative affect, and life satisfaction are widely studied and generally agreed upon as the affective and cognitive assessments of subjective well-being in older adults (Diener et al., 1999; Myers & Diener, 1995; Okun & Stock, 1987). Further, the Positive and Negative Affect Schedule (PANAS) and the Satisfaction with Life Scale (SWLS) have been widely used across various populations and across multiple cultures, consistently showing acceptable reliability. Thus the external validity of this study is less threatened by the use of these instruments. The same confidence, however, cannot be given with regard to the constructs of self forgiveness and accepting the past.

One problem with self forgiveness has been that, although there is an agreed upon definition of self forgiveness, the processes leading up to and involved in self forgiveness are unknown. Various contradictory process models have been put forth (Enright et al., 1996; Strelan & Covic, 2006; Worthington, 1998). As a result, it remains unclear as to the cognitive, behavioral, and affective factors that facilitate growth through this process, although this study sheds light on some of these factors.

The Heartland Forgiveness Scale: Self Forgiveness Subscale (HFS: FS) was chosen to measure self forgiveness because it is the most widely used instrument of dispositional forgiveness. It was also chosen for its brevity. Although it has shown consistently acceptable reliability, the instrument was not empirically validated for use with older adults, nor has it been utilized with older adults, thus limiting its generalizability to this population. Further, some of the participants were confused by the wording of some of the items. For example, the item "I don't stop criticizing myself for negative things I've felt, thought, said, or done" was critiqued by some as complicated in

wording. Some participants placed multiple question marks next to the item. It is possible that this frustration could have influenced how some participants scored the item.

Accepting the past has been considered one aspect of ego integrity, a phenomena associated with positive late life adjustment in Erikson's (1980) theory of lifespan development (1980; Ryff & Heincke, 1983; Santor & Zuroff, 1994). One problem, however, has been that empirical inquiry into accepting the past as a core construct of ego integrity is limited to two studies (Santor & Zuroff, 1994). The Accepting the Past Scale (ACPAST) was chosen because it was the only instrument of its kind that measured accepting the past. It is a relatively new instrument and was tested on a population of retirees (ages 55 and older); however, the sample size was relatively small ($n = 84$) (Santor & Zuroff, 1994). It was also tested on one other population of older adults, but with an even smaller sample size (Rylands & Rickwood, 2001). Further studies are needed to ascertain its external validity and its effectiveness with more diverse populations. Participants in this study did not indicate any difficulty in interpreting any of the items.

Conclusions: Future Research and Clinical Implications

Findings of the present study provide partial support for the hypothesis; that accepting the past and positive affect are important aspects for self-forgiveness in older adults. Insights offered from this study contribute to the literature on self forgiveness, helping to lay the foundation for future research and clinical intervention.

Prior research on subjective well-being in older adults does not support the importance of sociodemographic variables in predicting emotional wellness in late life (Diener, et al, 1999), in contrast to the findings of this study with regard to the

significance of being divorced. Previous literature does support, however, the importance of certain personality variables for emotional wellness, such as extraversion, which is associated with optimism (Digman 1990; McCrea & Costa, 1991; Goldberg, 1992) and agreeableness, characterized by an altruistic and forgiving nature (DeNeve & Cooper, 1998). Baltes and Baltes (1990) coined the term "the paradox of well-being" to describe the phenomena that positive adjustment is evident in older adults despite objective difficulties and sociodemographic risk factors such as disease, lack of social supports, and cognitive decline that might incline us to believe that older adults experience the aging process from a negative perspective. This paradox of well-being and studies of personality lend support to the accepted notion that well-being is not based on objective factors, but on the subjective interpretation of these factors and their saliency in one's life, based partly on one's positive or negative emotional outlook on life and the aging process.

Overall, more research on self forgiveness in older adults is warranted given the evidence that the ability to be self forgiving may decrease negative emotions such as depression and anxiety (Ross et al., 2004; Maltby, et al., 2004; Mauger et al., 1992; Walker & Gorsuch, 2002) and increase self acceptance (Ingersoll-Dayton, & Krause, 2005). This is only one of a few studies to explore self forgiveness in older adults. It is essential to expand this literature in light of the fact that the population of adults 65 and over is growing rapidly (U.S. Census Bureau, 1996) and needs for services are going to grow along with the population expansion. Service needs can be informed by research. Specifically, it would be useful to replicate this study to other older adult populations to increase the generalizability of the findings and reduce the chance of random error. At

present, it cannot be ascertained if accepting the past, positive affect, and being divorced are factors that predict self-forgiveness in older adults beyond this sample. Larger and more diverse samples would help to assure adequate representation of the overall population, thus reducing systematic bias. Moreover, exploring self forgiveness in older adults within diverse socio-cultural contexts could illuminate any influences that culturally derived meanings of aging and self forgiveness may have on our understanding of the subjective interpretation of these processes.

To expand on the previous discussion, it would also be useful to explore predictors of self forgiveness further within specific populations of older adults. To approach this type of research qualitatively would add richness to research as individual life histories, beliefs, and other narratives are explored. Focusing on a specific population can allow for more in depth understanding of the characteristics of the population that might shed light on why some populations may be more forgiving than others.

It would be useful to expand on the research into the effectiveness of life review therapy. Prior research on outcomes of life review therapy include a decrease in depressive symptoms in older adults (Bohlmeijier et al., 2003; Fry, 1983; Haight et al., 2000; Serrano, et al., 2004), and an increase in the opportunity for self reconciliation via personal introspection (Wong & Watt, 1991). A review and reframe of these memories into a more neutral or positive light allows for a more compassionate and forgiving view of the self. This would be particularly important for older adults who have less time and less opportunity to address and/or make amends for regretted events, decisions, and/or behaviors.

It may also be beneficial to explore the relationship between life review therapy and self-forgiveness. This could be done via pre-test post-test treatment, and also via a more qualitative approach that would provide individual life narratives. These narratives would add a personal dimension to empirical research and could shed light on cultural influences of self forgiveness. Similar studies using comparative groups might also foster understanding of cultural differences or similarities in self forgiveness.

To set a stronger foundation for research into self forgiveness, identifying and understanding the differences/similarities between self forgiveness and forgiveness of others would be useful in providing a stronger framework from which to explore these two constructs. Up to now, as discussed, there has been a reliance on "agreed upon" definitions of self forgiveness but no empirical study on how the process of self forgiveness may look or how it may differ from that of forgiveness of others. Most studies have focused on outcomes of self forgiveness/lack of self forgiveness, but less so on what emotional, cognitive, and/or behavioral processes may foster self forgiveness. This study has examined some of the possible emotional and cognitive components of self forgiveness including positive affect, negative affect, life satisfaction, and acceptance of the past. Results indicate that a positive outlook and a willingness to accept one's past may be important for the self forgiveness process to begin.

For clinicians, nurturing self forgiveness in older adult clients may be an appropriate intervention for those struggling with adjustment to late life. It would be important for clinicians to become educated on the process of self forgiveness in order to ascertain the possibility of its effectiveness as a therapeutic strategy. More importantly though, awareness of the power of self forgiveness would allow clinicians to help older

adult clients foster a sense of self directed compassion with which to reflect on life. Ingersoll-Dayton & Krause (2005) argue that self forgiveness can allow for the reconciliation of what we wish ourselves to be and who we really are. Forgiving one 's self and releasing long held emotional pain can lead to such self acceptance and can promote a sense of comfort in the knowledge that life was lived to the best of one's ability.

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Appendix 1

Demographics Worksheet

<u>Directions:</u>   Please answer all of the following questions:

___Age

___Sex

___ Marital Status: 1 (Single, never married)
                              2 (Married)
                              3 (Widowed)
                              4 (Divorced)

___ Education Level: 1 (less than 12 years)
                              2 (high school graduate)
                              3 (college graduate)
                              4 (post graduate)

___ Ethnicity: 1 (Caucasian)
                              2 (African American)
                              3 (Latino/Latina American)
                              4 (Pacific Islander)
                              5 (Asian American)
                              6 (Other:_____)

___ Religious Orientation: 1 (Christian)
                              2 (Jewish)
                              3 (Muslim)
                              4 (Buddhist)
                              5 Spiritual, but not affiliated with a religious group)
                              6 (Other: _____)

___ Perceived Physical Health Status:
                              1 (Excellent)
                              2 (Good)
                              3 (Fair)
                              4 (Poor)

Appendix 2

Heartland Forgiveness Scale:
Forgiveness of Self Subscale

Directions: In the course of our lives negative things may occur because of our own actions, the actions. For some time after these events, we may have negative thoughts or feelings about ourselves. Think about how you *typically* respond to such negative events. Next to each of the following items, write the number (from the 7-point scale below) that best describes how you *typically* respond to the type of negative situation described. There are no right or wrong answers. Please be as open as possible in your answers.

1	2	3	4	5	6	7
Almost always false of me		More often false of me		More often true of me		Almost Always true of me

___ 1. Although I feel badly at first when I mess up, over time I can give myself some slack.

___ 2. I hold grudges against myself for negative things I've done.

___ 3. Learning from bad things that I've done helps me get over hem.

___ 4. It is really hard for me to accept myself once I've messed up.

___ 5. With time, I am understanding of myself for mistakes I've made.

___ 6. I don't stop criticizing myself for negative things I've felt, thought, said, or done.

Appendix 3

The PANAS

This scale consists of a number of words that describe different feelings and emotions. Read each item and then mark the appropriate answer in the space next to that word. Indicate to what extent you *generally* feel this way. Use the following scale to record your answers.

1	2	3	4	5
very slightly or not at all	a little	moderately	quite a bit	extremely

____interested	____irritable
____distressed	____alert
____excited	____ashamed
____upset	____inspired
____strong	____nervous
____guilty	____determined
____scared	____attentive
____hostile	____jittery
____enthusiastic	____active
____proud	____afraid

Appendix 4

Satisfaction With Life Scale

Below are five statements with which you may agree or disagree. Using the 1-7 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding. The 7-point scale is as follows:

1 = strongly disagree
2 = disagree
3 = slightly disagree
4 = neither agree or disagree
5 = slightly agree
6 = agree
7 = strongly agree

__   1.   In most ways my life is close to ideal.
__   2.   The conditions of my life are excellent.
__   3.   I am satisfied with my life.
__   4.   So far I have gotten the important things I want in life.
__   5.   If I could live my life over, I would change almost nothing.

Appendix 5
Accepting the Past Scale

Here are some statements regarding the way you may feel about your past. Read each of the following statements and tell us whether you agree or disagree *and* to what extent. If you *strongly agree*, indicate "7" in the space provided next to the statement; if you *strongly disagree*, indicate "1" in the space provided next to the statement. If you are *uncertain or don't know*, indicate "4" in the space provided next to the statement. Use whatever number is correct for the way that you feel. Think about each of the questions carefully before answering.

1	2	3	4	5	6	7
Strongly Disagree		Disagree		Not certain/ Don't know		Agree		Strongly Agree

1.   Thinking about my past brings more pain than pleasure.   ____

2.   I feel comfortable talking about things I've done in the past.   ____

3.   Sometimes I have the feeling that I've never had the chance to live.   ____

4.   There are things from my past that I will have to set right, before I will be truly
        happy.   ____

5.   All in all, I am comfortable with the choices I've made in the past.   ____

6.   There are some disappointments in life that I will never be able to accept.   ____

7.   Some personal experiences from earlier on are still too difficult to think
        about.   ____

8.   Generally, I feel contented with the way my life has turned out.   ____

9.   There are things about my life that I have difficulty accepting.   ____

10.   I have not led a very meaningful life.   ____

11.   I look back on the things I've done with a sense of satisfaction.   ____

12.   There are things from my past that frighten me.   ____

13.   When I look back on my past, I have feeling of fulfillment.   ____

14.   I still feel angry about certain childhood experiences.   ____

15.   I don't worry abut things that happened a long time ago.   ____

16.   I generally feel contented with what I have done so far in my life.   ____

Appendix 6
Informed Consent

Dear Prospective Participant:

I am a doctoral student studying counseling psychology at Northeastern University in Boston, MA and I am writing to request your participation in a study examining the relationship between self forgiveness and well-being in older adults. I have had a long-standing interest in the quality of life of older adults and I have seen this interest continue to evolve in response to this growing population. I am hoping that my study contributes to the understanding of late life adjustment and that it is useful in informing interventions and therapeutic activity designed to foster wellness. Your participation in this study will be of great assistance in the process of furthering this understanding.

If you decide to participate, you will be asked to complete a series of five questionnaires in this packet. The first questionnaire is designed to gather demographic information. The second questionnaire will present statements regarding how you respond to negative life situations (6 statements). The third will present statements regarding how generally you view your life (5 statements). The fourth questionnaire will present statements about different emotions and feelings (20 statements). The fifth questionnaire will present statements about how you feel about your past (16 statements). For each questionnaire you will be asked to assign a number to each statement. It should take roughly 30-45 minutes to complete the entire packet. Once you have completed these questionnaires, you will be asked to mail them back to me in the self addressed stamped envelope provided.

Anyone aged 65 and above who is enrolled in the OLLI program is a candidate for this questionnaire packet.

Your part in this study will be handled in a confidential manner. To assist in this process, each packet of questionnaires will be coded with a number. I also ask that you do not provide any identifying information when you respond. Any reports or publications based on this research will use only the conclusions of the group as a whole and will not identify you or any other individual as having been part of this study.

The decision to participate in this research project is yours. You are under no obligation to take part. The potential risk of participating in this study is that you may feel some discomfort answering some personal questions. If you decide to participate, please allow yourself to skip any questions that may cause discomfort.

(cont.)

The benefits of this research are potentially significant in furthering an understanding of issues related to wellness in older adults. Any information that you provide will be of assistance in this process.

Thank you so much for your time and support.

Sincerely,

Deanne L. Swanson, M. Ed.
Doctoral Candidate in Counseling Psychology
Northeastern University, Boston, Massachusetts
Dissertation Supervisor: Barbara K. Okun, Ph. D.

Appendix 7

Northeastern University: Department of Counseling and Applied Educational Psychology
Name of Investigator: Deanne L. Swanson, M. Ed., L.P.C.
Title of Project: *Predictors of Self Forgiveness in Older Adults*

Request to Participate in Research:

I would like to invite you to take part in a research project. The purpose of this research is to contribute to the understanding of positive late life adjustment. It is hoped that this research will be useful in informing interventions and therapeutic activity designed to foster wellness in older adults.

You must be at least 65 years old to be in this research project.

If you decide to participate, you will be asked to complete a series of five questionnaires in this packet. For each questionnaire you will be asked to assign a number to each statement. It should take roughly 30-45 minutes to complete the entire packet. Once you have completed these questionnaires, you will be asked to mail them back to me in the self addressed stamped envelope provided.

The potential risk of participating in this study is that you may feel some discomfort answering some personal questions. If you decide to participate, please allow yourself to skip any questions that may cause discomfort.

There are no direct benefits to you for participating in the study. However, your participation in this study will be of great assistance in furthering the understanding of issues related to late life adjustment and wellness in older adults.

Your part in this study is confidential. This means that no one but the researchers will know if you took part in this study. To assist in this process, each packet of questionnaires will be coded with a number. I also ask that you do not provide any identifying information when you respond. Any reports or publications based on this research will use only the conclusions of the group as a whole and will not identify you or any other individual as having been part of this study.

The decision to participate in this research project is yours. You are under no obligation to take part. If you have any questions about this study, please feel free to call: Deanne L. Swanson, M. Ed., 1700 Bristol Avenue, # 624, State College, PA 16803 tel: 814-574-2939, or Barbara Okun, PhD, 203 Lake Hall, Northeastern University, Boston, MA 02115 tel: 617-373-5150.

(cont)

If you have any questions about your rights in this research, you may contact Nan Regina, Division of Research Integrity, 413 Lake Hall, Northeastern University, Boston, MA 02115 tel: 617-373-7570. You may call anonymously if you wish.

You may keep this form for yourself.

Thank you,

Deanne L. Swanson, M. Ed., L. P. C.

Appendix 8

Dear Deanne,

I appreciate your interest in the PANAS, and I am pleased to grant you permission to use the PANAS in your dissertation research. Please note that to use the PANAS, you need both our permission and the permission of the American Psychological Association (APA), which is the official copyright holder of the instrument. Because I am copying this email to APA, however, you do not have to request permission separately from APA; this single e-mail constitutes official approval from both parties.

We make the PANAS available without charge for non-commercial use. We do require that all printed versions of the PANAS include a full citation and copyright information. Thus, any printed copies should state:

"From "Development and validation of brief measures of positive and negative affect: The PANAS scales," by D. Watson, L. A. Clark, and A. Tellegen, 1988, Journal of Personality and Social Psychology, 54, 1063-1070. Copyright   1988 by the American Psychological Association. Reproduced with permission."

Good luck with your dissertation research.

Sincerely,

David Watson

At 7:54 PM -0400 4/11/07, dlspsych@aol.com wrote:
Dr. Watson,

I am a doctoral candidate in counseling psychology at Northeastern University and I am seeking permission to use the PANAS scale in my dissertation research.

The dissertation title is:
The Influence of Self Forgiveness on Accepting the Past and the Subjective Well Being of Older Adults

Please let me know if you need any additional information. My committee chair is Barbara Okun, PhD.

Sincerely,
Deanne L. Swanson
dlspsych@aol.com