

Periodic Research

Subjective and Psychological Well Being as related to Dispositional and Motivational Forgiveness among Adolescents

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Abstract

The study was intended to examine the relationship of subjective and social well-being with dispositional and motivational forgiveness. A sample of 100 adolescents was taken from different engineering colleges of Jaipur. Heartland Forgiveness Scale, TRIM-12, Satisfaction with Life Scale, PANAS-X were administered on these subjects. The result indicated that dispositional and motivational forgiveness affected subjective and psychological well-being of adolescents.

Keywords: Subjective well-being, psychological well-being, Dispositional forgiveness, Motivational forgiveness.

Introduction

Helping young people avoid and overcome emotional problems in the wake of violence is one of the most important challenges for psychologists and social scientists. Moreover, promoting healthy development is as important as preventing problems and serves the same end more effectively. Forgiveness has a crucial role in attaining health and overall development, as it is an important healing mechanism which helps an individual to cope with guilt, injustice, grief and loss; supports to reenergize hearts and rebuilds life because revenge from self or others is not the permanent answer.

Traditionally, learning and practicing forgiveness has been directed as per religious and philosophical contexts only. However, in the last few decades, forgiveness has gained attention from psychologists, social and medical scientists. More so, with the recent development of the Positive Psychology movement, forgiveness is being recognized as a positive human attribute. Forgiveness is also being associated with counseling and psychotherapeutic interventions.

Conceptually, forgiveness is the mental, emotional and/or spiritual process of ceasing to feel resentment or anger against another person for a perceived offence, difference or mistake or ceasing to demand punishment or restitution (American Psychological Association, 2006). Although, there is no common definition, forgiveness is defined as a conscious choice to move away from pain, hurt, resentment and revenge that arises from an injustice, hurt, offence or betrayal. It can reduce the force these feelings and emotions otherwise have and thereby contributing to emotional, mental and physical well being.

Enright, et al. (1998) considered forgiveness as "a willingness to abandon one's right to resentment, negative judgment, and indifferent behavior toward one who unjustly injured, while fostering the underserved qualities of compassion, generosity, and even love toward him/her".

McCullough & Witvliet (2002) claim that for better understanding it is helpful to distinguish among the three senses in which the term "forgiveness" can be used: Forgiveness can be defined as a response, as a personality disposition, and as a characteristic of social units, at the level of the psychological functioning of a transgression recipient. Specifically, forgiveness as a response can be defined as a suite of transgression related motivational changes toward a transgressor in which revenge and avoidance related motivations subside, and motivations toward benevolence or goodwill increase or re-emerge. As a personality



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disposition, forgiveness reflects a trait-like tendency to forgive other across a variety of interpersonal transgressions. As a quality of social units, forgiveness may understand as an attribute similar to intimacy trust or commitment. Forgiveness has received a lot of attention in the past two decades. Theories and researches have begun to shed light on several dimensions of forgiveness. Darby & Schlenker (1982) were the first researcher to notice age related trends in forgiveness. Consistent with them, other researchers have found that people appear generally to become more forgiving as they age (Enright et al., 1989, Girard & Mullet, 1997; Mullet & Girard, 2000; Mullet et al., 1998; Park & Enright, 1997;

Review of Literature

Subkoviak et al., 1995; Enright et al., 1989; Enright & Human development Study group, 1994) hypothesized that reasoning about forgiveness develops along the same trajectory as does Kohlbergian moral reasoning (Kohlberg, 1976).

In general forgiveness is correlated positively with mental health and wellbeing. In a study Hathaway & McKinley (1943) found that low scores on forgiveness were strongly related to depression, anger, anxiety and low self-esteem. Results of varied researches on forgiveness, mental health, physical health and well being suggest that they are positively correlated. When people adopt forgiving response, they accrue psychophysiological benefits.

Although researches in west are addressing various characteristics correlates, process and measures of forgiveness, it has not received much attention in India. There are very few studies done on Indian population. In a study Temoshok and Chandra (2000) interviewed persons with HIV/AIDS (PLWHA) & their families with specific focus on forgiveness. They reported that 45 percent of the family members felt that they would never be able to forgive the PLWHA for acquiring the infection and PLWHA, particularly woman after reported being unable to forgive their family member for the situations that led to their infection lower levels of forgiveness were associated with higher levels of depression and anger while higher levels of forgiveness were correlated with psychological well-being. Suchday et al. (2006) measured forgiveness, rumination, stress and physical health in Indian college students and compared their responses to that of a US sample result indicated that forgiveness was negatively correlated with rumination and perceived stress. Forgiveness was predictive of perceived stress but not physical symptoms, while rumination was predictive of both perceived stress and physical symptoms.

Major scientific discoveries in mental health have been pioneered in forgiveness studies. For those who achieved forgiveness, anxiety and depression, along with improved self-esteem and hope, were improved (Ingersoll-Dayton, Campbell, & Hwa-Ha, 2011).

Toussaint and colleagues (2014) studied a comparison of 735 fibromyalgia patients with healthy versus depressive styles. Healthy, depressive, reactive, and low affect are four styles of relative positive affect (PA) and negative affect (NA) levels.

As anticipated, a healthy affect balance style was less prevalent in fibromyalgia patients, at about 12%. Those with a depressive affect balance style were about 51.8%, and 4.4 % a reactive affect balance style. This was consistent with the researcher's hypothesis that a depressive affect balance style was more likely to have worse outcomes across the domains of higher levels of pain, stiffness, sleep disturbance and dyscognition, greater fatigue, higher levels of depression and anxiety (Toussaint, Vincent, McAllister, Oh, & Hassett, 2014).

Forgiveness is currently being assessed with growing interest as an essential tool in coping with chronic pain (Offenbacher, Dezutter, Vallejo, & Toussaint, 2015). Emotional regulation is more useful for situations not amenable to change, while problem-focused coping is more effective in changeable situations. The authors suggest an important connection between social stress,

Raj and colleagues (2016) explored the experiences of adults who practice forgiveness, specifically, the indicators of forgiveness, the childhood antecedents, and the benefits of forgiving behavior. The themes emerged show that the childhood antecedents of forgiveness are parental influences and early childhood experiences. The indicators of forgiving behavior include positive emotional state, empathy and perspective taking, and religiosity. The themes identified are enhanced sense of well-being, improved self-acceptance, and competence to deal with challenges. Forgiveness enhanced physical and psychological well-being. The findings of the study have several implications for religious leaders, teachers, parents, mental health professionals, and trainers.

Forgiveness is a character strength and process that, when practiced, is associated with improved psychological well-being, physical health outcomes, and longevity. Forgiveness can serve as a protective factor that buffers against poor health and psychological consequences. Common misconceptions about forgiveness can serve as barriers to the desire to cultivate this protective strength, as forgiveness is often conflated with permissiveness, and perceived as permission for a transgressor to engage in hurtful conduct. The benefits of forgiveness, however, are most significant for the individual who has been transgressed, rather than the transgressor. Failing to forgive, or unforgiveness, is the practice of engaging in ruminative thoughts of anger, vengeance, hate, and resentment that have unproductive outcomes for the ruminator, such as increased anxiety, depression, elevated blood pressure, vascular resistance, decreased immune response, and worse outcomes in coronary artery disease. Practicing forgiveness enables the transgressed individual to reduce their engagement in rumination thus reducing their experience of anger, resentment, and hate. Forgiveness, then, is a pathway to psychological well-being and health outcomes (Norman, 2017).

Scientists at Radboud University in the Netherlands conducted several studies to see if mindfulness, or paying attention on purpose with an

open and accepting attitude, is related to our ability to forgive. As anticipated, people who meditated reported being more mindful, but meditator (no longer how long they had been practicing) were not necessarily more forgiving than non-meditators. It was a person's "mindful disposition," or tendency to be inherently mindful, that was most strongly linked to a forgiving attitude (Bullock, 2019)

Review of literature suggests dearth of forgiveness related researches on non-western population specifically India. Although forgiveness has shown to be beneficial for physical health psychological wellbeing and desirable relationship outcomes as per the western literature this need to be studied in India, thus the present study aims to study subjective and psychological wellbeing as related to dispositional and motivational forgiveness among adolescents.

Objectives of the Study

The major objectives of the study are as follows:

1. To study dispositional forgiveness in relation to subjective wellbeing of adolescents.
2. To assess dispositional forgiveness in relation to Psychological wellbeing of adolescents.
3. To explore the relationship of motivational forgiveness and subjective wellbeing of adolescents.
4. To study the relationship of motivational forgiveness and Psychological wellbeing of adolescents.

Hypotheses

1. Dispositional forgiveness will be significantly related to subjective wellbeing of adolescents.
2. Dispositional forgiveness will be significantly related to Psychological wellbeing of adolescents.
3. Motivational forgiveness will be significantly related to subjective wellbeing of adolescents.
4. Motivational forgiveness will be significantly related to Psychological wellbeing of adolescents.

Method

Sample the sample for the present study was comprised of 100 adolescents (50 males and 50 females) between 10 to 24 years of age selected randomly from various reputed colleges in Jaipur city.

Tests and tools

The following tests were employed in the present study:

Heartland Forgiveness Scale

This scale is constructed by Thompson and Snyder (2003). It was used to measure Dispositional forgiveness. It is an 18-item self-report measure of forgiveness. It consists of three subscales, with six items on each scale, measuring forgiveness of self, forgiveness of others, and forgiveness of situations.

Transgression

Related Interpersonal Motivation Scale (TRIM-12). This scale is developed by McCullough et al. (1998) it is used to measure forgiveness as a response. It is an 12-item self-report measure of forgiveness. It consists of two subscales: avoidance motivation and revenge motivation.

Satisfaction with Life Scale: Satisfaction with life scale is developed by Diener et al. (1985) in order to assess

satisfaction with people's lives as a whole. There are five statements, against which the subjects have to indicate their agreement level ranging from 1 to 7, (1- strongly disagrees to 7- strongly agree). Maximum score is 35.

Positive and Negative Affect Schedule

Expanded form: (PANAS-X): This Scale is developed by Watson and Clark (1994). It comprises sixty specific mood-related adjectives rated on five-point scales.

Psychological Well Being Scale

The scale is developed by Ryff and Keyes (1995) scale of Psychological Well Being with six dimensions: Autonomy, Environmental mastery, purpose in life, self acceptance, personal relations with others and personal growth.

Analysis

Data yielded from different psychological tests were computed and analyzed.

Results and Discussion

The major concern for this investigation was to study dispositional and motivational forgiveness in relation to subjective and Psychological wellbeing of adolescents.

The results revealed that all the dimensions of dispositional forgiveness i.e. Forgiveness of self, others and situation significantly related to subjective & psychological well being. Correlations indicated that forgiveness of self was positively related with satisfaction with life, positive affect (.252*) and almost all dimensions of Psychological wellbeing namely environmental mastery, self acceptance, personal growth, purpose in life (.279**). Forgiveness of others was found to have significant relationship with satisfaction with life (.239*), Positive affect (.202*).

Environmental mastery (.384**), self acceptance (.361**), personal growth (.273), purpose in life (.289**). Forgiveness of situation was also found to be positively related with satisfaction with life, positive affect (.369**) and almost all dimensions of Psychological wellbeing namely Autonomy (.368**), Environmental mastery (.427**), personal growth (.459**), purpose in life (.484**), self acceptance (.559**). All the three were found to be significantly negatively related with negative affect dimension of subjective wellbeing.

Further, the results showed the significant correlation between the two dimensions of Motivational Forgiveness namely avoidance motivation and revenge motivation and subjective and Psychological well being. Correlations indicated that avoidance motivation is significantly related to positive affect (-.420) and satisfaction with life and nearly all dimensions of psychological well being namely, autonomy, environmental mastery, personal growth, purpose of life, self-acceptance. Revenge motivation was found to have significant relationship with positive affect, satisfaction with life, and with all the dimensions of psychological well being namely environmental mastery (-.367**), personal growth (-.362**), self acceptance (-.315**), purpose in life (-.306**), autonomy. Both dimensions of motivational forgiveness i.e. avoidance motivation and revenge motivation were found to be significantly related (.104

for avoidance motivation and .311 for revenge motivation) to negative affect dimensions of subjective well being.

The present study clearly indicates the role of forgiveness in bringing health and wellbeing. Forgiveness is perhaps one of the most powerful instruments in resolving conflicts, ceasing negative emotions & thoughts of guilt and rumination and thereby attaining peace and wellbeing. Gangdev (2009) recognizing the benefits of forgiveness asked for more research especially in the psychiatric settings.

There are number of researches reporting concern of adolescents health and wellbeing as adolescents are vulnerable by the virtue of normal developmental process, family / peer / environmental influences and, life style pattern they choose with the finding of present study and many more in the past, efforts can be made to inculcate forgiveness tendency in adolescents to bring reduction in undesirable behaviors (Violence, aggression, hostility, bullying etc) and thereby improving their health & wellbeing. Intervention researches also demonstrated the benefits of incorporating forgiveness into psychological treatment. The need of the hour is to

develop training and Intervention programmes fostering forgiveness among adolescents and thereby bridging gaps created by imperfect relations.

Conclusion

Thus the findings of the present study seem to suggest that forgiveness, when practiced, is associated with improved subjective and psychological well-being outcomes. It can lead to decreased anger, anxiety and stress as well as enhance well-being, including peace of mind. In addition, increased forgiveness can be helpful for enhancing existing interpersonal relationships. Moreover, present findings - in line with the previous studies, demonstrated that forgiveness is positively associated with positive affects and life satisfaction and negatively associated with emotional distress and negative affective states such as hostility, anger, sadness, anxiety, guilt and fear. Furthermore, consistent with earlier researches, forgiveness is found positively correlated with psychological well-being. Persons high on forgiveness parameters are high on all the dimensions of psychological well-being namely autonomy, environmental mastery, personal growth, positive relation with others, purpose in life and self-acceptance.

Table – Inter Correlation Table for the total sample (n=100)

	AM	RM	SELF	OTH.	SIT.	GPE	GNE	SLS	A	EM	PG	PR	PL	SA
AM	1	.178	-.114	-.037	.080	-.42	.104	.021	.085	.037	-.108	.061	-.073	-.034
RM	.178	1	-.134	-.175	-.164	-.157	.311 (**)	-.058	-.238(*)	-.367(**)	-.362(**)	-.055	-.306(**)	-.315(**)
SELF	-.114	-.134	1	.169	.059	.252(*)	-.220(*)	.115	-.139	.172	.161	-.005	.279(**)	.171
OTH	-.037	-.175	.169	1	.503 (**)	.202(*)	-.270(**)	.239(*)	.164	.384(**)	.273(**)	.011	.289(**)	.361(**)
SIT	.080	-.164	.059	.503(**)	1	.369(**)	-.452(**)	.192	.368(**)	.427(**)	.459(**)	.127	.484(**)	.559(**)
GPE	-.042	-.157	.252(*)	.202(*)	.369(**)	1	-.392(**)	.184	.263(**)	.328(**)	.293(**)	.004	.362(**)	.388(**)
GNE	.104	.311(**)	.220(*)	-.270(**)	-.452(**)	-.392(**)	1	-.059	-.356(**)	-.375(**)	-.279(**)	-.164	-.500(**)	-.426(**)
SLS	.021	-.058	.115	.239(*)	.192	.184	-.059	1	-.010	.148	-.014	-.013	-.020	.303(**)
A	.085	-.238(*)	-.139	.164	.368(**)	.263(**)	-.356(**)	-.010	1	.464(**)	.373(**)	.082	.380(**)	.383(**)
EM	.037	-.367(**)	.172	.384(**)	.427(**)	.328(**)	-.375(**)	.148	.464(**)	1	.423(**)	-.013	.497(**)	.515(**)
PG	-.108	-.362(**)	.161	.273(**)	.459(**)	.293(**)	-.279(**)	-.014	.373(**)	.423(**)	1	.107	.586(**)	.404(**)
PR	.061	-.055	-.005	.011	.127	.004	-.164	-.013	.082	-.013	.107	1	.060	.480(**)
PL	-.073	-.306(**)	.279(**)	.289(**)	.484(**)	.362(**)	-.500(**)	-.020	.380(**)	.497(**)	.586(**)	.060	1	.554(**)
SA	-.034	-.315(**)	.171	.361(**)	.559(**)	.388(**)	-.426(**)	.303(**)	.383(**)	.515(**)	.404(**)	.480(**)	.554(**)	1

* Correlation is significant at the .05 level (2-tailed).

** Correlation is significant at the 0.01 level (2-tailed).

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