



RESEARCH PAPER

The Impact of the Forgiveness based Intervention on Mental Health among Elderly living in Shelter Home: A Pre-Post Study

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ABSTRACT

The current study was aimed to examine the effectiveness of Forgiveness Therapy on elderly individuals to enhance their mental wellbeing. Elderly individuals living in shelter homes in Pakistan represent a vulnerable population often subjected to multifaceted psychological challenges, including grudge holding and rumination, which exacerbate psychological distress and interpersonal conflicts. On the contrary, forgiveness intervention has aided in relieving the pain, ruminative behaviour, and giving hope in interpersonal conflicts. Quasi-experimental research design was employed. The sample consisted of a total 7 male elderly individuals, aged between 65 to 70 years, from an old age home, Lahore, Pakistan. Grudge Aspect Measure, Ruminative Response Scale, Enright Forgiveness Inventory - 30 and Self-compassion Scale were used to measure pre and post-test assessment. A standardized forgiveness manual was used to implement forgiveness therapy. The findings revealed that there was a difference in mean scores of rumination ($p < .05$), grudge-holding ($p < .05$), self-compassion ($p < .05$) and forgiveness ($p < .05$). Forgiveness Therapy will help elderly individuals residing in old age homes not only in relieving the pain experienced by their loved ones but also in giving a meaning and hope to live their later years with peace and optimism. For better understanding of therapeutic concepts incorporate different activities within the session and increase the number of sessions beyond eight that facilitates

KEYWORDS	Grudge Holding, Interpersonal Conflicts, Forgiveness Therapy, Rumination, Elderly Individuals, Geriatric
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Introduction

It is reported by Pakistan Bureau of Statistics that precisely, 7% of population of Pakistan is aged above 60 years (Waheed, 2024) and an increased shift of older adults in old age home in Pakistan has been observed despite cultural and religious norms due to urbanization (Hussain & Manzoor, 2015; Waheed, 2024). Around 60% reside due to interpersonal conflicts and neglect from family members (Baral et al., 2012) and face psychological and physical illnesses (Akbar, 2021). Neglect of elderly individuals can lead to serious physical, emotional and social consequences. It can also increase the risk of malnutrition, physical illness, and injury due to lack of proper care. Psychologically, neglect may result in distress and cognitive decline particularly when social interaction is limited (Folorunsho & Okyere, 2025; Murawski et al., 2023). For instance, interpersonal conflict and family abandonment, which then result in stress, loneliness, and frustration, is a common phenomenon experienced by elderly individuals and is pertinent in all societies

(Altendorf et al., 2020; Folorunsho & Okyere, 2025; Bazezew & Neka, 2017). Many elderly individuals struggle with grudge holding and unresolved relationship issues, which when combined with neglect can lead to chronic rumination and emotional distress. Additionally, some individuals when deeply hurt find it difficult to forgive which results in holding a grudge and seeking revenge (*Palgrave Handbook of Positive Peace.*, 2022). The absence of forgiveness, both given and received, further deepens psychological wounds and reflects society's failure to protect its aging people. Although forgiveness intervention has resulted in increase in meaning of life and decrease in rumination and pain in interpersonal transgression (López et al., 2021; Allemand et al., 2013; Krok & Zarzycka, 2021).

Enright (1998) defined forgiveness as the willingness to abandon one's own desire for revenge and negative feelings towards the offender and replace it with compassion and generosity. It has been identified that forgiveness does not mean the person reconciles with the offender and starts trusting him or waits for the offender to ask for forgiveness. There are four phases of forgiveness: uncovering, decision, work, and deepening. The individual uncovers the pain and consequences of the offence in the uncovering phase, whereas the person decides and prepares himself to forgive based on his understanding of forgiveness in the decision phase. In the work phase the person reframes the offence and empathises with the offender which doesn't mean to find excuses of the offence and eventually forgives him by giving a moral gift, and finally in the deepening phase the person finds new hope and meaning in life.

Self-compassion is considered as unconditional positive feelings towards oneself when experiencing difficult situations (Neff, 2003). As suggested by Phillips and Ferguson (2013) self-compassion significantly improves quality of life and inculcates positive ageing attitudes among older adults and Allen et al. (2012) recommended the need for interventions that improve self-compassion among older adults as it improves well-being in later life. Since forgiveness and self-compassion are positively associated (Sakiz & Saricam, 2015), implementing interventions to enhance forgiveness will also increase self-compassion.

Rumination is the thought process of repeatedly thinking about negative emotions (Luo et al., 2025) and it has been observed that older adults ruminate daily about social stressors (family stress due to spouse or adult children & non family stress) and women tend to do more than men (Birditt et al., 2024). Brinker (2013) indicates that ruminative thinking style hinders the psychosocial development of older adults which creates significant clinical concerns. As anger and rumination are negatively associated with forgiveness and self-compassion (Wu et al., 2018), the forgiveness intervention will also reduce ruminative and resentment towards the offender among older adults.

Literature Review

It has been observed that forgiveness therapy is effective in diminishing negative emotions such as rumination and grudge holding, while concurrently enhancing self-compassion and forgiveness across various population.

A meta-analysis was conducted by Baskin and Enright (2004) to determine the efficacy of forgiveness interventions. The therapy was categorized into three approaches such as decision based, process based, individual focused interventions. It was revealed that two approaches-process based and individual focused based interventions were significantly effective in improving emotional well-being and forgiveness as opposed to control group.

Confirming these findings, Akhtar and Barlow (2018) found that forgiveness therapy successfully reduced depression, anxiety and hostility, while simultaneously improving mental health and self-compassion in individuals with a history of trauma. In the same way, Svendsen et al. (2022) concluded that forgiveness and mindfulness based interventions improved self-compassion with forgiveness behaviors and reduced psychological distress, eventually improving quality of life in older adults.

Forgiveness therapy has also been efficient in distinct clinical groups. Such as, Lin et al. (2004) employed forgiveness therapy on substance abusers and discovered that it helped in diminishing anxiety, hostility, and anger and at the same time improving their self-esteem, which is considered as an important precursor of self-compassion. Lopez et al. demonstrated efficacy of forgiveness intervention among older men and women in advancing positive emotions and minimizing negative emotions.

In addition, Rahman et al. (2018) investigated forgiveness therapy in Pakistani adolescents who had experienced abuse and found that it was significantly effective in decreasing anger and increasing forgiveness and hope. The findings highlighted the transcultural efficacy of forgiveness interventions, corroborating its practicality in eastern cultures, including elderly population.

Theoretical framework

The current study is established in Fredrickson's (2004) broaden-build theory of positive emotions which postulates that positive emotions tends to broaden individuals' transient thought-action repository and progressively build enduring personal resources which then stretch psychological, social, cognitive and physical domains, and commit to individual's subjective as well as psychological well-being and resilience. Incongruous, negative emotions which serve to limit focus and encourage inflexible, fight or flight responses, positive emotions facilitate flexible, innovative, and centralizing thinking along with behaviour.

Forgiveness Therapy is grounded within this theoretical contestation by nurturing positive emotions such as catharsis, compassion and empathy which then in turn impede cyclical patterns of negative emotions such as grudge holding and rumination that restrict the focus and also conserve distress. Forgiveness Therapy widens the cognitive and emotional mindset by transferring restrictive patterns to a broader and more accommodating frame of mind. Sustained involvement in forgiveness fosters durable personal resources such as enhanced self-compassion, improved emotional regulation and healthier perspective on family abandonment and interpersonal conflicts.

Theoretical Model

Broaden and Build Theory Model

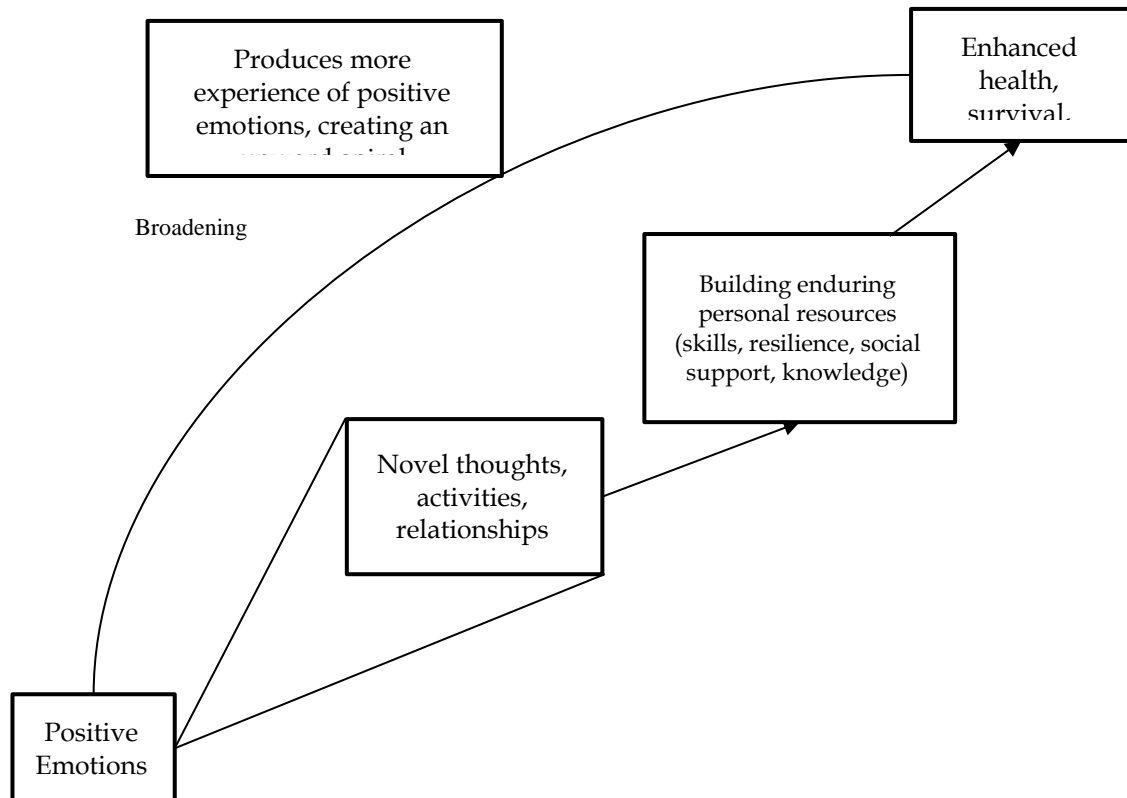


Figure 1 Theoretical Model

According to the reports of World Health Organization (2019), life expectancy is above 70 years and it has become the core concern to ensure not only longevity but also emotional well being in older adults. Approximately 7% of the population is above 60 years in Pakistan, with many facing psychological distress, neglect, psychological and physical illness and interpersonal conflict due to family disownment (Waheed, 2024; Baral et al., 2012). Forgiveness intervention has depicted assurance in enhancing meaning in life and decreasing rumination. Providing that psychological interventions are efficacious in late-life stressors (Maheshwari et al., 2021), this study aims to investigate the efficiency of forgiveness therapy in decreasing grudge holding, rumination and enhancing self-compassion and forgiveness in elder individuals.

Hypotheses

H₀₁: There is a significant decrease in Rumination and Grudge Holding in elderly individuals after administering forgiveness therapy.

H₀₂: There is a significant increase in Self-compassion and Forgiveness in elderly individuals after administering forgiveness therapy.

Material and Methods

Research Design

In an attempt to explore the efficiency “forgiveness therapy (The Journey of Forgiveness: An Educational Plan for Persons at the End of Life)” among elderly individuals living in shelter home, Quasi Experimental Research design had been administered.

Sample and Population

Sample was recruited through purposive sampling. The current study consisted of 7 male elderly individuals.

Inclusion Criteria

In this study, only those elderly individuals were included who were residing in Shelter Homes, were aged between 65 to 70 years, had experienced moderate level of problems on grudge holding and rumination scales, and attained approximately low in forgiveness, self-compassion scales.

Exclusion Criteria

Those elderly individuals who were illiterate, mentally unstable (e.g., dementia, schizophrenia), physically unfit (e.g., blindness, deaf), and living in their own residence were not included.

Demographic Characteristics

Table 1
Socio Demographic Characteristics of the Study Sample (7males)

Participant	Age	Education	Marital Status	No. of Children	Job Status
1	70 years	Graduation	Widower	2	Unemployed
2	65 years	Intermediate	Divorced	5	Retired
3	68 years	Graduation	Widower	3	Unemployed
4	67 years	Middle School	Divorced	2	Unemployed
5	68 years	Matric	Married/Separated	2	Unemployed
6	67 years	Graduation	Married/Separated	4	Employed
7	70 years	Middle School	Married/Separated	7	Unemployed

Assessment Measures

Grudge Aspect Measure

Grudge Aspect Measure is developed by Monsjou (2021) and has three components such as Disdain, Emotional persistence and longevity. Urdu translated version was administered with Cronbach's α .96.

Ruminative Response Scale-Short Version

Urdu translated Ruminative Response Scale (Short Version), with Cronbach's α .82, originally developed by Treynor et al. (2003) comprised of 10 items and two subscales (brooding and reflection).

Enright Forgiveness Inventory – 30

Urdu translated version of Enright Forgiveness Inventory (α = .91) developed by Enright et al. (2021) having 6 domains and 30 items has been used to measure forgiveness.

Self-compassion Scale

Urdu version of Self-Compassion Scale (α = .87) has been used to assess self-compassion among participants, which was originally developed by Neff (2003) and is a 26-items scale having six different aspects.

Procedure

The Board of Studies of Government college University, Lahore, approved the current study. Authorization was gained from the administration of Old Age home to aid therapy sessions. To ensure the privacy and confidentiality of participants, a special permit was warranted to use a separate space. Additionally, to translate the manual into Urdu language, approval was also sought from the author of the manual. Purposive sampling was administered and participants were evaluated on three study scales and only those participants were recruited who exhibited low levels of forgiveness and self-compassion and high levels of grudge holding and rumination. An introductory session was conducted outlining the principles of forgiveness therapy and educational plan devised for individuals at the end of life, along with administration of baseline measures of participants. Intervention was strictly complied with the guidelines outlined in the manual. A total of eight sessions were administered, each session lasting between one hour. Each participant attended individual sessions to ensure a personalized and focused therapeutic approach. Handouts were distributed at the conclusion of each session which were eventually reviewed with the participants. All uncertainties and confusions raised by participants were comprehensively addressed to augment engagement and understanding of the participants.

Informed Consent was attained from the participants prior to their participation and they were granted the right to withdraw if they desired not to continue further with therapy. Participants were ensured about their privacy as well as confidentiality. At the conclusion of intervention, participants were re-assessed on the same study variables to determine their progress. Additionally, the study's objectives and insights into participant's progress were debriefed with them. Collected data was analysed through statistical analysis and results were informed objectively.

Table 2
Session Plan

Session	Description
First	Introduction to the intervention was provided to the participants and they also completed the baseline measures. A general overview of the material to be reviewed in the next seven sessions was also given to the participants. Participants also recalled an incident in which they were being wronged.
Second	Definition of forgiveness and how anger can be unhealthy were discussed with the participants. Reflection questions were addressed at the end of the session. Topic cards related to the session were also distributed.
Third	In this session the work phase of forgiveness was introduced. Participants were encouraged to rethink the situation that has hurt them the most, with a new perspective and asked them to imagine themselves in the place of transgression and how they would have behaved.
Fourth	This session was also focused on the work phase of forgiveness. Empathy and Compassion terms were discussed along with reflection questions. Topic cards related to this phase were also distributed.
Fifth	The aim of this session was softening of heart and how one can stop hurting others unintentionally through one's anger by softening their hearts. Reflection questions were reviewed at the end of the session.
Sixth	Outcome and deepening phase of forgiveness were the main focus of this session. Two principles such as a new purpose in life and not alone in forgiving were addressed with the participants. Topic cards were distributed at the end of the session.
Seventh	In this session, the other two principles such as awareness of decreased suffering and increased well-being and greater gifts were addressed with the participants. The session was concluded after discussing the reflection questions.
Eighth	In the last session, post testing was administered and the purpose of the session was debriefed with the participants.

Results and Discussion

To evaluate the significance of the mean differences in pre-post testing of variables (grudge holding, rumination, forgiveness and self-compassion) Wilcoxon Sign Rank Test has been employed.

Table 3
Wilcoxon Test for Pretest and Posttest Scores of Grudge Holding, Rumination, Forgiveness and Self-Compassion (N=7, df= 6)

Variables	Pretest	Posttest	Z	p
Grudge Holding	110.30	65.71	-2.40	.02*
Rumination	21.14	12.71	-2.20	.03*
Forgiveness	71.43	130.0	-2.40	.02*
Self-Compassion	3.0	3.86	-2.40	.02*

Note. *p<.05

Table 3 indicates that there is a significant variance in the pre-post means of rumination ($p<.05$), grudge-holding($p<.05$), self-compassion ($p<.05$) and forgiveness ($p<.05$). The mean scores of grudges holding ($M = 65.71$) and rumination ($M = 12.14$) were diminished after the therapy and subsequently the mean scores of forgiveness ($M = 130.0$) and self-compassion ($M = 3.86$) were raised after the therapy.

The contemporary study was designed to examine the effectiveness of the forgiveness therapy on grudge holding, rumination, forgiveness and self-compassion among elderly individuals tenanted at old age homes. Quasi Experimental Pre-Post Research Design had been employed to achieve the objectives of the study.

Wilcoxon Sign Rank Test revealed that the mean scores of grudge holding and rumination were diminished whereas mean scores of forgiveness and self-compassion were raised after administering forgiveness therapy and these findings are aligned with prior studies by Witvliet et al., 2001; Worthington et al., 2005; & Elsayed et al., 2024. The data stipulates that unforgiving attitude includes harbouring grudge against the offender whereas forgiving behaviour entails eliminating that grudge against the transgressor. The reduction in grudge holding among participants after administering forgiveness therapy emphasize the efficiency of the intervention.

Moreover, a decrease in mean score of rumination after intervention has also been observed. Previous study depicts that element of forgiveness is escalated by the depletion in rumination (Wu et al., 2018; Uzun & Arslan, 2024) and the present study findings strengthen this relationship as the data reveals an inverse relationship between rumination and forgiveness. The data depicts the progress in self-compassion following intervention, which is accordant with prior studies emphasizing the correlation between forgiveness and self-compassion (Skoda, 2011; Sakiz & Sariçam, 2015; Wibowo & Naini, 2021). Primarily, the results reinforce the concept that forgiveness therapy not only facilitates forgiveness but also encourages self-forgiveness resulting in enhanced self-compassion (Cornish & Wade, 2015; Woodyatt et al., 2017; Maynard et al., 2022). These findings underscore the dual benefits of forgiveness therapy in addressing interpersonal conflicts and advancing self-perception and emotional well-being.

Implications

The findings of the study validate that forgiveness therapy can alter the cognitive patterns of elderly individuals, thus fostering well-being. The results further demonstrate that intervention can empower older individuals to forgive their offender, instilling a sense

of hope and promoting emotional resolution, eventually enabling them to approach their later years with optimism and serenity.

The study has practical implications as training social workers in forgiveness therapy can equip them to aid older adults residing in old age homes who are often depressed and distressed due to past unfair experiences. Additionally, the study provides valuable insights into psychological needs of elderly individuals and underscores the significance of structured instructions and customized precautions while administering therapeutic interventions.

Conclusion

The study involves the administration of forgiveness therapy on seven male older adults aged between 65 to 70 years. Prior to the implementation of intervention, participants were pre-tested on levels of grudge holding, rumination, forgiveness and self-compassion. The therapy consisted of a total eight sessions and afterwards post-testing on study variables was carried out to evaluate the progress. Wilcoxon Sign Rank Test was employed for the data analysis and the findings revealed that forgiveness therapy remarkably diminished grudge holding as well as rumination, while in contrast fostered forgiveness and self-compassion.

Recommendations

The future research should administer this therapy on females residing in old-age homes and to enhance the validity of study, large samples should be recruited. Incorporate different activities within the session and increase the number of sessions beyond eight that facilitates better understanding of therapeutic concepts and provide more opportunities to engage.

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