

Affective and Social Self-Regulatory Efficacy Beliefs as Determinants of Positive Thinking and Happiness

Gian Vittorio Caprara¹ and Patrizia Steca²

¹University of Rome "La Sapienza," Italy, ²University of Milan "Bicocca", Italy

Abstract. In line with prior work, the present study aimed at examining a conceptual model positing that affective and social self-regulatory efficacy beliefs influence one's cognitive and affective components of subjective well-being, namely, positive thinking and happiness.

Positive thinking corresponds to the latent dimension underlying life satisfaction, self-esteem, and optimism. Happiness, instead, corresponds to the difference between positive and negative affect, as they are experienced in a variety of daily life situations. The study was conducted on 683 Italian adults belonging to six different age groups. The findings of the study corroborated the paths of relations linking the examined variables.

Keywords: [missing, please supply]

In recent years, the importance of research on optimal psychological functioning and positive experience has gained growing recognition by scholars in diverse disciplines who have paid great attention to an understanding of the components and determinants of one's well-being (Seligman, 2003; Seligman & Csikszentmihalyi, 2000; Sheldon & King, 2001).

Indeed, positive psychology has emerged as a new field of inquiry calling for theoretical conceptualizations and practical initiatives aimed at promoting well-being for all people, given the assumption that even problematic aspects of individual experience may be better addressed by acknowledging, strengthening, and promoting potentials, as well as by feeling good.

Among the goals of positive psychology, the one of providing common concepts and measures has become critical in order to integrate findings from diverse research traditions and to provide directions toward improving the quality of people's lives (Diener & Seligman, 2004). In particular, the goal of clarifying the distinctive features of positive experiences and the nature of mental processes making people feel good has crucial importance.

To this end, the concept of subjective well-being (SWB) has been widely investigated in recent decades,

although this concept is not completely new, as it emerged in the late 1950s as a useful means for indicating one's quality of life and, ultimately, for monitoring social change and improving social policy. In particular, the seminal contributions of Andrews and Withey (1976) and Campbell, Converse, and Rodgers (1976) called attention to the fact that, although people live in objectively defined environments, it's their subjectively defined worlds that they respond to, thus giving prominence to SWB as a relevant index of people's life quality.

In the last two decades, much empirical research has been devoted to individuals' SWB and has focused on the quality of life and emotional states characterizing daily transactions, as they are perceived, evaluated, and reported by the person (Diener, 1984, 1994, 2000; Diener, Lucas, & Oishi, 2002; Diener, Suh, Lucas, & Smith, 1999). This has led to the distinction of two main components in the subjective experience of personal well-being. In particular, a first cognitive component corresponds to the individual's evaluation of life satisfaction according to subjectively determined standards, whereas a second, affective, component has been conceptualized as the individual's hedonic balance, that is, a state characterized by a predominance of pleasant (or positive) affective experiences over unpleasant (or negative) af-

fective experiences (Diener, 1984, 1994, 2000; Diener, Suh, Lucas, & Smith, 1999).

Recently, Caprara and colleagues have suggested that the cognitive component should be extended by adding self-esteem and optimism to life satisfaction, and have shown that these three highly correlated variables share a common latent dimension the authors refer to as "positive thinking" (Caprara, Delle Fratte, & Steca, 2002; Caprara & Steca, 2004a, 2004b). While one's life satisfaction refers to an overall evaluation of different life domains, self-esteem corresponds to one's global regard and acceptance for him- or herself (Harter, 1993), and optimism corresponds to one's general evaluative judgment about the future reflecting the belief that good things will be plentiful and bad things scarce (Scheier & Carver, 1992).

A vast literature has documented the relatively high degree of relations among self-esteem, optimism, and life satisfaction, as well as the fact that each of these constructs hold similar patterns of relations with various aspects of individual functioning such as health, job success, and interpersonal relationships (Alicke, 1985; Brown, 1998; Campbell, 1981; Diener & Diener, 1995; Gable & Nezeck, 1998; Lucas, Diener & Suh, 1996; Scheier, Matthews, Owens, Magovern, & Carver, 1990; Schimmack & Diener, 2003).

High self-esteem people are at lower risk for anxiety and depressive symptoms and have better health (Baumeister, 1993; Greenberg et al., 1992). They adopt more efficacious strategies in pursuing their goals, feel more control over life events (Tedeschi & Norman, 1985), and are less prone to give up in the face of adversities (Kernis, 1995).

Likewise, the beneficial effects of a positive orientation toward the future, that is, the core of one's optimism disposition, has been linked to successful outcomes in various life domains, to better physical health and greater longevity (Carver & Scheier, 2002; Maruta, Colligan, Malinchoc, & Offord, 2000; O'Brien Conger, 1991; Peterson et al., 1998; Scheier & Carver, 1985, 1987, 2001), and to more effective coping strategies across the lifespan (Ben-Zur, Rappaport, Ammar, & Uretzky, 2000; Bower, Kemeny, Taylor, & Fahey, 1998; Carver et al., 1993; Reed et al., 1999; Scheier, Matthews, & Owens, 1989; Taylor & Armor, 1996).

Caprara and colleagues named the common latent dimension underlying life satisfaction, self-esteem, and optimism "Positive Thinking," and investigated it in a number of studies, considering age and sex differences. Compared to life satisfaction, self-esteem, and optimism, these studies demonstrated that positive thinking is more stable over time and holds stronger relations with a variety of other indicators of well-being, such as health, psychological well-being, emotional stability, and depression (Caprara & Steca, 2004b).

The relative prevalence of positive emotional experiences over negative ones was first stated as a core dimension of individual well-being and happiness in the pioneering work of Bradburn (1969). Subsequent contributions led to the suggestion that positive and negative affect are independent dimensions and to the term hedonic balance, namely, the difference between positive and negative affects as they are experienced in a variety of daily life situations, as the affective component of SWB (Diener, 2000; Diener & Emmons, 1984; Diener, 2000; Diener, Smith, & Fujita, 1995; Diener, Suh, Lucas, & Smith, 1999; Zevon & Tellegen, 1982).

Both cognitive and affective components of SWB have been extensively studied in the last decades in a variety of social and health disciplines interested in quality of life and individual well-being, while considerable attention has been paid to the variables that may determine or influence them in the diverse conditions of individual's life.

SWB has been linked to heredity (Lykken & Tellegen, 1996), to personality traits (McCrae & Costa, 1994), to situations (Veenhoven, 1991), and to judgmental processes (Schwarz & Strack, 1999).

Despite these advancements, much research is still needed to further clarify the distinctive features of SWB, its components and determinants, and the ways in which these operate across the life span. The present study is part of an ongoing research effort in which an important goal is to examine the role that affective and social self-regulatory efficacy beliefs may exert on positive thinking and happiness.

Affective and Social Self-Regulatory Efficacy Beliefs

The present research has been conceived following the general principles of social cognitive theory. This theory stresses the active and proactive role individuals play in shaping the course of their life (Bandura, 1986, 1997). People are self-regulating agents whose development takes place in transactions within a network of socio-structural and psychosocial influences, where individuals are both producers and products of social systems. Among the mechanisms of individual agency that attest to the functioning of an integrated self-system capable of conferring unity, continuity, and directedness[ok?] to the actions of individuals, none is more pervasively influential than self-efficacy beliefs, namely, individuals' beliefs in their capacity to exert control over the events that affect their lives. Whatever other factors may operate as guides and motivators in people's efforts to reach desired goals and results, they are rooted in the core belief that one has the power to produce effects by one's own ac-



Figure 1. Integrative conceptual model of the influence of self-efficacy beliefs on individuals' psychosocial functioning.

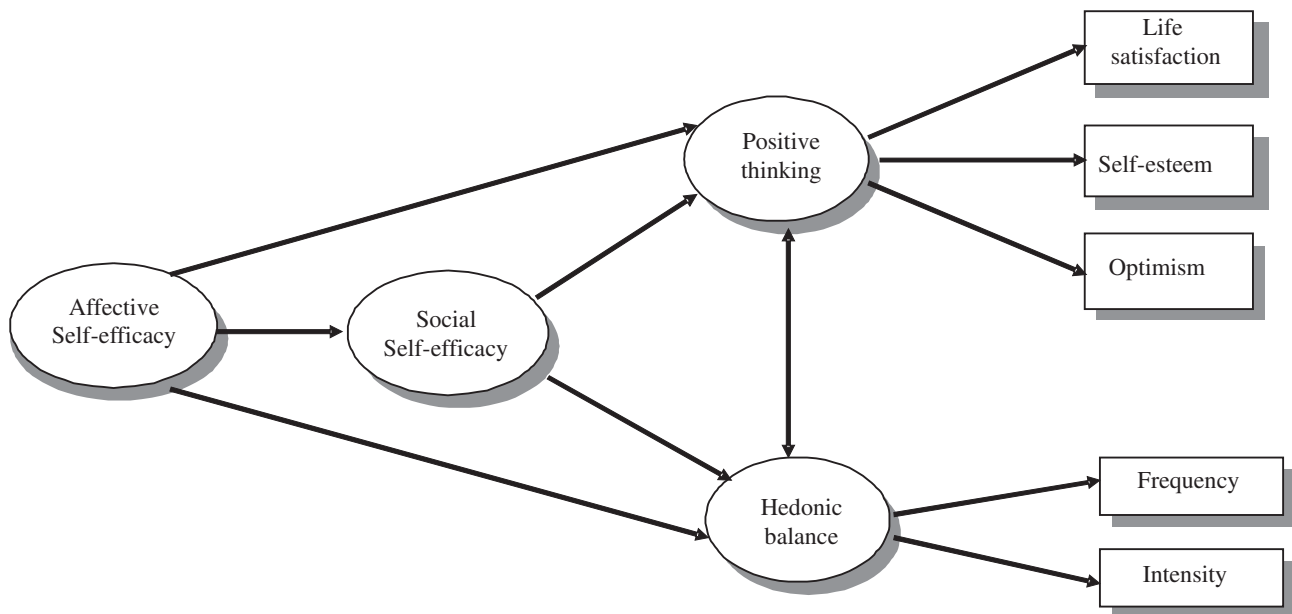


Figure 2. Conceptual model of the paths of influence of affective and interpersonal self-efficacy beliefs on adults' positive thinking and hedonic balance.

tions (Bandura, 1997, 2001). Self-efficacy beliefs directly contribute to decisions, actions, and experiences, as people reflect upon their capacities when deciding whether to undertake challenging activities or to persist in pursuing difficult tasks. The more confident people are in their capacities, the more resilient they are when confronting setbacks and adversities.

Findings from diverse lines of research have documented the influential role of self-efficacy beliefs in various domains of functioning such as learning, work, sports, health, social adjustment, and well-being (for a review, see Bandura, 1997, 2001).

Self-efficacy beliefs reflect highly contextualized knowledge structures supervising appraisal processes that, in turn, guide actions. This view has led to an emphasis on their task specificity and to a multifaceted approach in the study of various expressions across diverse situations. However, self-efficacy beliefs do not operate in isolation from one another and may generalize across activities as people reflect on their experiences across various settings and construct interrelated beliefs about capabilities that pertain to broad domains of functioning and that go beyond specific performances and situations.

Likely, there is a trade off in moving from the study of task- to domain-related self-efficacy beliefs, as one may expect to lose in predictive power while gaining in comprehensiveness.

Yet, this move toward a higher integration is needed in order to understand the interplay of affects, cognitions, and actions accounting for the unity, continuity, and coherence of personality across activities and situations.

To this end, it is crucial to broaden the analysis of self-efficacy beliefs to the regulation of one's affective life and interpersonal relations and to their impact on a variety of subjective states and behavioral tendencies. Caprara (2002) has addressed the role of affective and social self-regulatory efficacy beliefs and suggested a conceptual model in which one's perceived efficacy in handling one's own emotions (including the regulation of negative emotions and the expression of the positive ones) influences one's perceived efficacy in the management of interpersonal and social relations. Furthermore, he also hypothesized that both affect and social regulatory efficacy beliefs act in concert in influencing a variety of aspects of the individual's functioning.

According to such a model (see Figure 1), the more

people that believe in their capability to deal with their own affect effectively, the more they also believe they are able of handling their interpersonal and social relations successfully and the more effectively they perform in diverse contingencies of life. These posited paths of relations have been corroborated in a variety of studies in which the outcomes included a variety of behavioral tendencies, subjective experiences, and syndromes including aggression, prosocialness, depression, shyness, and life satisfaction (Bandura, Caprara, Barbaranelli, Gerbino, & Pastorelli, 2003; Caprara, Steca, Cervone, & Artistico, 2003; Caprara & Steca, 2005).

The lasting impact of both affective and social self-regulatory efficacy on positive thinking and hedonic balance has been corroborated in longitudinal studies with adolescents in which early differences in positive thinking and hedonic balance have been controlled statistically (Caprara & Steca, 2004a).

The aim of the present study was to further corroborate the generalizability of this conceptual model of influences linking affective and social self-regulatory efficacies to positive thinking and happiness in a large population of adults spanning a large range of ages.

Figure 2 summarizes schematically the path of influences hypothesized in the posited structural model.

The affective self-efficacy beliefs, namely perceived self-efficacy to regulate negative affect and to express positive affect, directly influence the perceived social self-efficacy and the two components of SWB: Positive thinking and hedonic balance. Whereas positive thinking corresponds to the latent dimension underlying self-esteem, optimism, and life satisfaction, hedonic balance is conceived as the latent dimension common to the frequency and intensity of the difference between positive and negative affects. Perceived social self-efficacy, in turn, directly influences positive thinking as well as hedonic balance.

Method

Participants

The participants were 340 men and 343 women, recruited in the context of an Italian national research survey conducted by the Interuniversity Center for the Study of Prosocial and Antisocial Motivations (University of Rome).

The participants came from various Italian geographic areas and widely varied in demographic and socioeconomic background. Of the total, 29% were unmarried, 58% were married, 4% were divorced, and 9% were widows or widowers. Education ranged from 5 to 18 years; generally, elderly adults had a lower level of education

than the other age groups, and the level was higher for men than for women.

Participants' ages ranged from 20 to 90 years old; in order to test the hypothesized model across ages, they were divided into six age groups: 20–30 ($n = 117$), mean age = 24.09, (d.s. = 2.62); 31–40 ($n = 114$), mean age = 34.68, (d.s. = 2.93); 41–50 ($n = 113$), mean age = 46.45, (d.s. = 2.95); 51–60 ($n = 115$), mean age = 53.97, (d.s. = 2.68); 61–70 ($n = 112$), mean age = 64.12, (d.s. = 2.76); over 70 ($n = 112$), mean age = 77.27, (d.s. = 5.24).

Measures

Self-Efficacy Beliefs

Affective Self-Regulatory Efficacy Beliefs

Participants' perceived affective self-regulatory efficacy was measured by two scales, aimed at assessing people's capacity to handle negative and positive affect, respectively (Caprara & Gerbino, 2001). In particular, one's perceived self-efficacy to express positive affect was measured by eight items concerning the capability of expressing liking and affection toward others, enthusiasm and enjoyment, and feeling satisfaction at personal accomplishments. Sample items for this scale are: "I can show liking for a person toward whom I am attracted" and "I can feel gratified over achieving what I set out to do." The α coefficients varied from .75 to .85 across the six age groups.

Likewise, one's perceived capability of regulating negative affect was assessed by nine items concerning the capability of managing negative affect in the face of anxiety-arousing threats, anger provocation, rejection, and disrespect, and of controlling worry when things go wrong. Sample items for this scale are: "I can get over irritation quickly for wrongs I have experienced" and "I can calm myself in stressful situations." The α coefficients varied from .73 to .84 across the six age groups.

Social Self-Regulatory Efficacy Beliefs

Participants' perceived social self-regulatory efficacy was measured by 14 items concerning the capability of expressing personal opinions in groups, sharing personal experiences with others, and helping others in being part of one's circle of friends (Caprara, Gerbino, & Delle Fratte, 2001). "I can share an interesting good experience I had with other people" and "I can actively participate to group activities" are sample items for this scale. The α coefficients varied from .85 to .90 across the six age groups.

For each item, participants rated the strength of their beliefs in their capability to manage affects and social

relationships on a 5-point response scale (from perceived incapability to complete capability).

SWB

Life Satisfaction

Subjects' life satisfaction was assessed by using the five-item set of the "Life Satisfaction Scale" (Diener, Emmons, Larsen, & Griffin, 1985). For each item, participants rated the extent to which they felt generally satisfied with life on a 7-point rating scale (from 1 = *strongly disagree* to 7 = *strongly agree*). Sample items for this scale are: "In most ways, my life is close to my ideal" and "The conditions of my life are excellent." The α coefficients varied from .80 to .89 across the six age groups.

Self-Esteem

Participants' self-esteem was measured by 10 items on which the participants indicated the extent to which they felt themselves to possess good qualities, to accept their own characteristics, and to have achieved personal success or experienced failure (Rosenberg, 1965). For each item, ratings were provided on a 4-point scale (from 1 = *strongly disagree* to 4 = *strongly agree*). "I feel that I have a number of good qualities" and "I feel that I'm a person of worth, at least on an equal plane with others" are sample items. The α coefficients varied from .74 to .86 across the six age groups.

Optimism

Subjects' optimism was assessed by using a 10-item set of the "Life Orientation Test" (Scheier & Carver, 1985). In particular, six of the scale's items (four items were "filler") measured subjects' expectations about their future and their general sense of optimism. Participants provided their ratings by using a 5-point scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Sample items for this scale are: "In uncertain times, I usually expect the best" and "I always look on the bright side of things." The α coefficients varied from .72 to .81 across the six age groups.

Happiness/Hedonic Balance

Participants' happiness was assessed by using the PANAS (Watson, Clark, & Tellegen, 1988), a 20-item scale developed to measure two higher-order dimensions of self-rated positive and negative affect. The "Positive Affect" section of the PANAS includes terms such as "active," "attentive," "enthusiastic," and "excited,"

whereas the "Negative Affect" section of the PANAS includes terms such as "afraid," "hostile," and "irritable." Subjects reported the frequency and the intensity in which they have generally experienced each emotion on a 5-point scale, from 1 (*never/not at all*) to 5 (*always/very much*). Reliability coefficients for intensity varied from .75 to .81 for the positive affect and from .82 to .85 for the negative affect across the six age groups; whereas reliability coefficients for frequency varied from .80 to .85 for the positive affect and from .87 to .89 for the negative affect. Frequency and intensity of hedonic balance was evaluated by subtracting the negative affect score from the positive affect score.

Life satisfaction, self-esteem, and optimism were conceived as observed indicators of the latent dimension of positive thinking, whereas hedonic balance corresponded to the latent dimension common to the frequency and intensity of the difference between positive and negative affect scores.

Results

Sex and Age Differences

Table 1 reports the means and standard deviations for the measures of self-efficacy beliefs and of positive thinking and hedonic balance, separately for gender and age groups.

The table also reports the results of a series of analyses of variance that yielded statistically significant gender and age group differences.

Women reported higher perceived capabilities of expressing their positive emotions, whereas men reported higher perceived capability of regulating their negative affects.

Furthermore, a significant gender by age interaction was also found for self-efficacy beliefs in managing negative affect, in that participants' perceived capability on this dimension increased for women and decreased for men across ages. In contrast, no significant gender or age differences were found for social self-efficacy beliefs.

Finally, regarding the dimensions concerning participants' SWB, men reported significantly higher positive thinking and hedonic balance, whereas the oldest participants reported lower hedonic balance than the other age groups.

Correlations Among Variables and Patterns of Influence

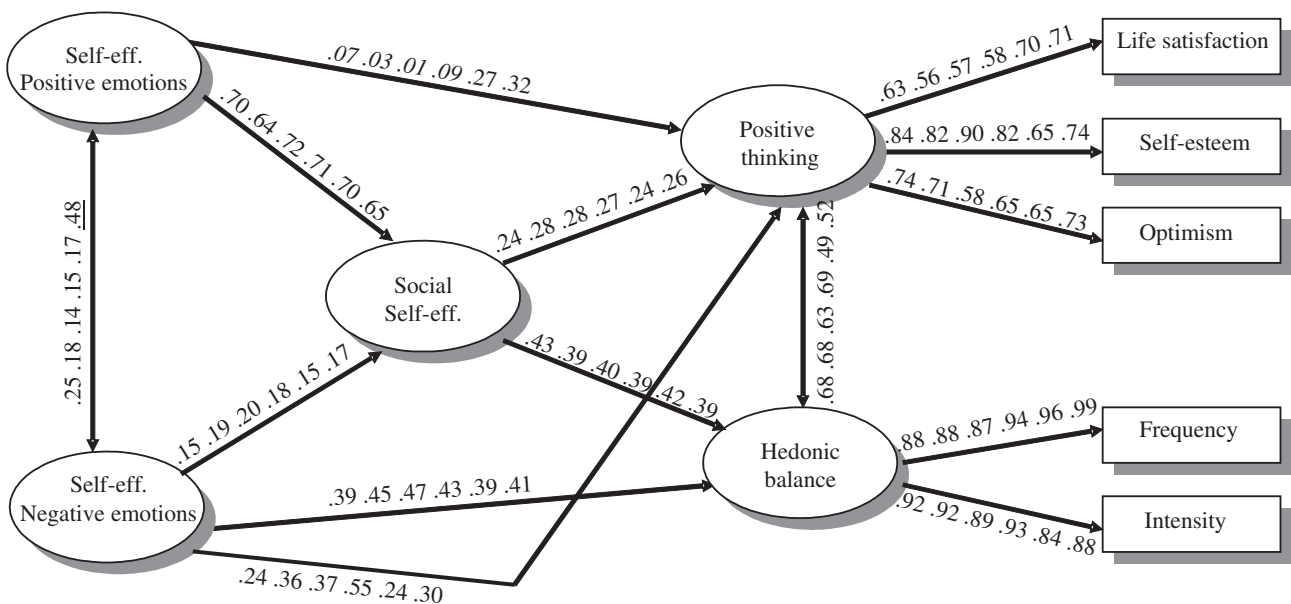
Separately for the six age groups, Table 2 reports the correlations among the measures of self-efficacy beliefs

Table 1. Means and standard deviations of the variables. Results from analyses of variance.

	Age	N	(1)		(2)		(3)		(4)		(5)	
			M	(SD)	M	(SD)	M	(SD)	M	(SD)	M	(SD)
Men	20–30	58	3.55	(.64)	2.97	(.54)	3.41	(.60)	50.74	(10.23)	51.57	(9.16)
	31–40	58	3.62	(.59)	3.04	(.57)	3.26	(.50)	51.90	(8.14)	52.73	(7.95)
	41–50	58	3.43	(.65)	3.21	(.69)	3.33	(.59)	50.20	(8.15)	51.24	(8.39)
	51–60	55	3.60	(.67)	3.16	(.57)	3.40	(.58)	53.08	(7.82)	54.35	(9.35)
	61–70	57	3.67	(.65)	2.98	(.60)	3.34	(.64)	50.53	(6.72)	52.21	(7.71)
	> 70	54	3.60	(.66)	3.03	(.64)	3.28	(.73)	49.90	(8.76)	48.96	(10.14)
Women	20–30	59	3.85	(.45)	2.65	(.46)	3.28	(.54)	48.57	(8.66)	47.77	(7.81)
	31–40	56	3.83	(.62)	2.84	(.69)	3.32	(.63)	47.98	(9.88)	49.54	(11.41)
	41–50	55	3.71	(.60)	2.82	(.62)	3.29	(.66)	50.03	(8.14)	50.71	(9.43)
	51–60	60	3.67	(.69)	2.73	(.64)	3.18	(.64)	48.81	(8.44)	47.34	(9.76)
	61–70	55	3.72	(.67)	3.07	(.67)	3.23	(.66)	49.64	(7.98)	49.07	(8.83)
	> 70	58	3.60	(.70)	2.88	(.75)	3.01	(.73)	48.76	(9.92)	44.80	(10.42)
Sex effect			F = 10.06**		F = 23.86**		F = 6*		F = 9.31*		F = 18.16**	
Age effect			F = 1.10 n.s.		F = 1.77 n.s.		F = 1.34 n.s.		F = .42 n.s.		F = 2.39*	
Sex × Age			F = 1.20 n.s.		F = 2.64*		F = 1.06 n.s.		F = 1.08 n.s.		F = 1.45 n.s.	

(1) Perceived self-efficacy in expressing positive emotions; (2) Perceived self-efficacy in regulating negative emotions; (3) Perceived social self-efficacy; (4) Positive thinking; (5) Hedonic balance.

Note. *df* were (1, 671) for the ANOVA relative to sex, and (5, 671) for the ANOVA relative to age. Scores of positive thinking and hedonic balance are factor scores derived from two factor analyses; they were transformed in *t*-scores. ***p* < .01, **p* < .05, n.s. = not significant



Note: Values refer to six age groups. All the path coefficients are significant, *p* < .05, except those in italic. The underlined values are different from the others.

Figure 3. Empirical model of the paths of influence of affective and interpersonal self-efficacy beliefs on adults' positive thinking and hedonic balance.

and of SWB. High positive correlations were found between affective and social perceived self-efficacy and the magnitude of this relation tended to increase with age. Furthermore, self-esteem, life satisfaction, and optimism, that is, the dimensions comprising SWB, were highly and positively correlated to each other. Finally, positive and statistically significant correlations were also found among self-efficacy beliefs and SWB components and, again, this pattern of correlations increased with participants' age.

We tested the structural model of relations diagrammed in Figure 2 with the EQS program (Bentler, 2001). The structural model was analyzed by using the multiple groups model approach, which simultaneously estimated the same pattern of relations among the variables in the six age groups. In this approach, equivalence among different samples is evaluated by constraints that impose identical estimates for the model's parameters (Byrne, 1994; Scott-Lennox & Scott-Lennox, 1995). In EQS, the plausibility of these equality constraints is examined by the Lagrange Multipliers (LM) test (Bentler, 2001). For each of the constraints specified, the LM test provides evidence that the constraint applies to the populations involved. In the present study, the equality constraints were imposed on path coefficients across the age groups.

Figure 3 reports results from the structural equation modeling analysis. The results confirmed the validity of the proposed model hypothesizing that affective and social self-efficacy beliefs had a positive influence on cognitive and affective components of SWB, and that these influence paths did not vary across age. In particular, relatively high self-efficacy beliefs in one's capability of expressing positive emotions and regulating negative emotions exerted a statistically significant positive influence on social perceived self-efficacy, and this influence was more pronounced in the case of the expression of positive emotions.

In turn, social self-efficacy beliefs exerted a positive influence on positive thinking and hedonic balance, which were strongly intercorrelated. Furthermore, positive thinking and hedonic balance were also influenced by perceived self-efficacy in regulating negative affect.

Finally, positive thinking was also influenced by self-efficacy beliefs in expressing positive emotions, but this influence held only in participants who were older than 60.

Fit indices indicated a good fit between the theoretical and the empirical model: $\chi^2(122) = 146.57$, $p = n.s.$; NNFI = .99; CFI = .99; RMSEA = .02 [.00,.03]. R^2 for the six age groups were: 19%, 29%, 28%, 52%, 33%, 54%, for the positive thinking, and 44%, 46%, 49%, 44%, 41%, 47% for the hedonic balance.

Although the tested model provided a good fit to the

empirical data, an alternative plausible model was also tested in which the direction of causation was reversed. In this alternative model, it was hypothesized that SWB components influenced the different forms of self-efficacy beliefs. Structural equation modeling analyses indicated that this alternative model showed a poorer fit to the data than the proposed model: $\chi^2(127) = 156.58$, $p < .05$; NNFI = .95; CFI = .95; RMSEA = .02 [.01,.03].

Discussion

The findings of this study clearly supported a theoretical model hypothesizing that perceived self-efficacy for affect regulation and for one's management of social relationships influence adults' SWB.

Consistent with previous studies, women perceived a stronger capability in expressing their positive emotions (Caprara, Caprara, & Steca, 2003). In contrast, as to beliefs concerning one's capability of regulating negative emotions, gender differences varied also with participants' age. In particular, while men seem to enter adulthood with a robust sense of personal efficacy for dealing with negative affect (which tends, however, to weaken over time), women improve their sense of personal efficacy in regulating their negative emotional states across the different stages of life.

Also consistent with previous findings (Caprara, Caprara, & Steca, 2003; Caprara & Steca, 2004a, 2004b), men presented higher levels of positive thinking and experienced more frequent and intense positive emotional states, confirming what literature typically reports about men's higher self-acceptance and self-worth (Brody, 1997; Kling, Hide, Showers, & Buswell, 1999) and women's more numerous anxiety and depression diseases (Culbertson, 1997; Feingold, 1994; Frombonne, 1995). Thus, even if women seem much better equipped than men to face aging successfully, in terms of their efficacy beliefs for affect regulation, they continue to experience more negative states and fewer feelings of self-acceptance and self-worth.

Both for men and women, levels of hedonic balance declined across ages, especially in the passage from the 61–70 years age group to the oldest group, which included individuals with a mean age over 77 years. Numerous studies have recently demonstrated how old people may maintain and also improve their emotional functioning (i.e., Levenson, Carstensen, Freisen, & Ekman, 1991; Carstensen, Pasupathi, Mayr, & Nesselroade, 2000) and that a large increase in the experience of negative emotional experience tends to become evident only in the very last ages, when various physical diseases may threaten individuals' general well-being (Kunzmann,

Table 2. Correlations among variables for the six age groups.

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
20–30 years (<i>n</i> = 117)	(1)	–							
	(2)	.02 n.s.	–						
	(3)	.54***	.09 n.s.	–					
	(4)	.16 n.s.	.18 n.s.	.17 n.s.	–				
	(5)	.23*	.25**	.34***	.54***	–			
	(6)	.13 n.s.	.34***	.25**	.49***	.60***	–		
	(7)	.27**	.37***	.39***	.39***	.61***	.54***	–	
	(8)	.33***	.43***		.49***	.38***	.56***	.51***	.82***
31–40 years (<i>n</i> = 114)	(1)	–							
	(2)	.11 n.s.	–						
	(3)	.39***	.21*	–					
	(4)	.16 n.s.	.24**	.20*	–				
	(5)	.16 n.s.	.31**	.30**	.53***	–			
	(6)	.17 n.s.	.31**	.22*	.50***	.57***	–		
	(7)	.23*	.47***	.32**	.44***	.63***	.56***	–	
	(8)	.26**	.43***	.46***	.42***	.62***	.55***	.83***	–
41–50 years (<i>n</i> = 113)	(1)	–							
	(2)	.06 n.s.	–						
	(3)	.56***	.27**	–					
	(4)	.06 n.s.	.08 n.s.	.27**	–				
	(5)	.86 n.s.	.35***	.44***	.44***	–			
	(6)	.17 n.s.	.16 n.s.	.17 n.s.	.33***	.49***	–		
	(7)	.24**	.49***	.42***	.23*	.51***	.33***	–	
	(8)	.30**	.45***	.43***	.26**	.58***	.37***	.75***	–
51–60 years (<i>n</i> = 115)	(1)	–							
	(2)	.24*	–						
	(3)	.53***	.45***	–					
	(4)	.24**	.30**	.17 n.s.	–				
	(5)	.34***	.55***	.38***	.52***	–			
	(6)	.25**	.54***	.31**	.45***	.51***	–		
	(7)	.33**	.54***	.51***	.46***	.69***	.52***	–	
	(8)	.29**	.59***	.50***	.37***	.67***	.55***	.89***	–
61–70 years (<i>n</i> = 112)	(1)	–							
	(2)	.21*	–						
	(3)	.63***	.08 n.s.	–					
	(4)	.31**	.21*	.29**	–				
	(5)	.28**	.19*	.26**	.43***	–			
	(6)	.33***	.20*	.27**	.44***	.41***	–		
	(7)	.41***	.34***	.36***	.39***	.39***	.34***	–	
	(8)	.32**	.37***	.20*	.35***	.36***	.35***	.78***	–
Over 70 years (<i>n</i> = 112)	(1)	–							
	(2)	.38***	–						
	(3)	.63***	.37***	–					
	(4)	.38***	.35***	.40***	–				
	(5)	.38***	.31**	.44***	.55***	–			
	(6)	.49***	.33***	.38***	.57***	.50***	–		
	(7)	.43***	.43***	.53***	.53***	.61***	.54***	–	
	(8)	.42***	.42***	.46***	.47***	.52***	.47***	.87***	–

(1) Perceived self-efficacy in expressing positive emotions; (2) Perceived self-efficacy in regulating negative emotions; (3) Perceived social self-efficacy; (4) Life satisfaction; (5) Self-esteem; (6) Optimism; (7) Hedonic balance frequency; (8) Hedonic balance intensity. ****p* < .001, ***p* < .01, **p* < .05, n.s. = not significant

Little, & Smith, 2000; Smith, Borchelt, Maier, & Jopp, 2002).

Although some variables differed as a function of age, the structural relations linking the variables of interest were mostly the same across the six age groups. In line with the guiding hypotheses and with previous results, a strong sense of efficacy to manage positive and negative emotions positively contributed to adults' self-efficacy beliefs in managing their interpersonal world (Caprara & Steca, 2005).

Furthermore, people's beliefs in their capacity to successfully manage relationships with others significantly influenced their positive thinking, namely, the positive view they have about themselves, their life, and the future, as well as their hedonic balance, which is the relative prevalence of positive over negative affects in daily experiences.

The importance of positive relations for individual well-functioning and well-being has been stressed by various theoretical approaches and testified to in numerous studies. In a review of cross-national studies of the sources of SWB, Diener (2001) found that social relationships represent the only factor that consistently predicted SWB. People's involvement in intimate and satisfying interpersonal relationships has beneficial effects on their emotional and physical well-being throughout the entire course of life (Barnes & Sternberg, 1997; Coe & Lubach, 2001; Hendrick & Hendrick, 1997; Myers, 1999; Reis & Patrick, 1996; Seeman, 2001; Sternberg & Hojjat, 1997; Taylor, Dickerson, & Klein, 2002). Across different cultural and sociodemographic conditions, people consistently report that successful relationships with others represent one of their most important life goals and aspirations (Emmons, 1999, 2003; Hinde, 1997).

Both cognitive and affective components of SWB are positively influenced by adults' perceived capability in regulating their negative emotional states, as previously found for adolescents (Caprara & Steca, 2004a) and in the prediction of adults' life satisfaction (Caprara & Steca, 2005). Only for adults' positive thinking and for the two oldest groups, findings showed a significant influence exerted by the perceived capacity to express positive emotions. Also in the oldest group, the stronger people's beliefs about their capability to express positive affects, the stronger is their parallel capability to regulate negative affects, as previously found (Caprara & Steca, 2005).

In the later ages of life the double parts of affect regulation, namely, the expression of positive affect and the regulation of negative affect, seem to work more synergistically, and the perceived capability to efficaciously express positive emotional states connected to individual and relational experience has a major role in the promotion of a positive thinking style, namely, a good regard

for the various aspects of their life and good expectations about the future.

Findings from the present study support the recent literature on the relevance that positive emotions may have in human functioning and good adaptation. In particular, while the negative effects of negative emotional experiences on health, relationships, and longevity have been well established (Fraser-Smith, Lesperance, & Talajic, 1995; Kawachi, Sparrow, Vokonas, & Weiss; Salovey, 1992; Watson, 2000), it is relatively novel to assign a positive value to the contribution that positive affect and emotional experiences can exert on these outcomes. Fredrickson's (2001) "broaden-and-build" theory suggests that certain positive emotions such as joy, interest, and love can broaden people's momentary thought-action repertoires and build enduring personal resources, not only at the physical and intellectual, but also the social and psychological levels (Ashby, Isen, & Turken, 1999; Aspinwall, 2000; Fredrickson & Branigan, 2002; Fredrickson & Joiner, 2002; Isen, 2002). The experience and expression of positive emotions also promote engagement with others, cooperation among individuals and groups, and positive intimate relationships (Berry & Willingham, 1997; Keltner & Kring, 1998; Watson, Clark, McIntyre, & Hamaker, 1992). Old people's efficacious beliefs in their ability to express and share positive emotions with others sustain the pursuit of their goals and certainly help them in building the satisfying interpersonal relationships that constitute a main source of well-being.

Although it confirmed the hypothesized relations among the variables of interest, the present study may have some limitations. One limitation is the use of self-report data. Nonetheless, both perceived self-efficacy and SWB are phenomena that are necessarily accessible through self-reporting, as they refer to subjective matters reflecting a totally individual and subjective experience. A further limitation is the exclusive use of questionnaire for measuring the variables of interest; we hope further research will test the generalizability of the present findings through the use of other measurement instruments, such as open questions and interviews.

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About the authors

Gian Vittorio Caprara is Full Professor of Personality Psychology at the University of Rome “La Sapienza.” He is the author of over 300 articles and 10 books, mostly related to personality development, assessment, and psychosocial adjustment.

Patrizia Steca is Researcher at the University of Milan “Bicocca,” where she teaches Personality Psychology, and Positive Psychology and Well-being. Her research interests are mainly focused on subjective well-being and happiness across the life span, to which she has devoted various articles.

Address for correspondence

Gian Vittorio Caprara
 Università degli Studi di Roma “La Sapienza”
 Facoltà di Psicologia, 2
 Via dei Marsi, 78
 I-00185 Roma
 Italy
 Tel. +39 06 4991-7532
 Fax +39 06 4469-115
 E-mail gianvittorio.caprara@uniroma1.it
