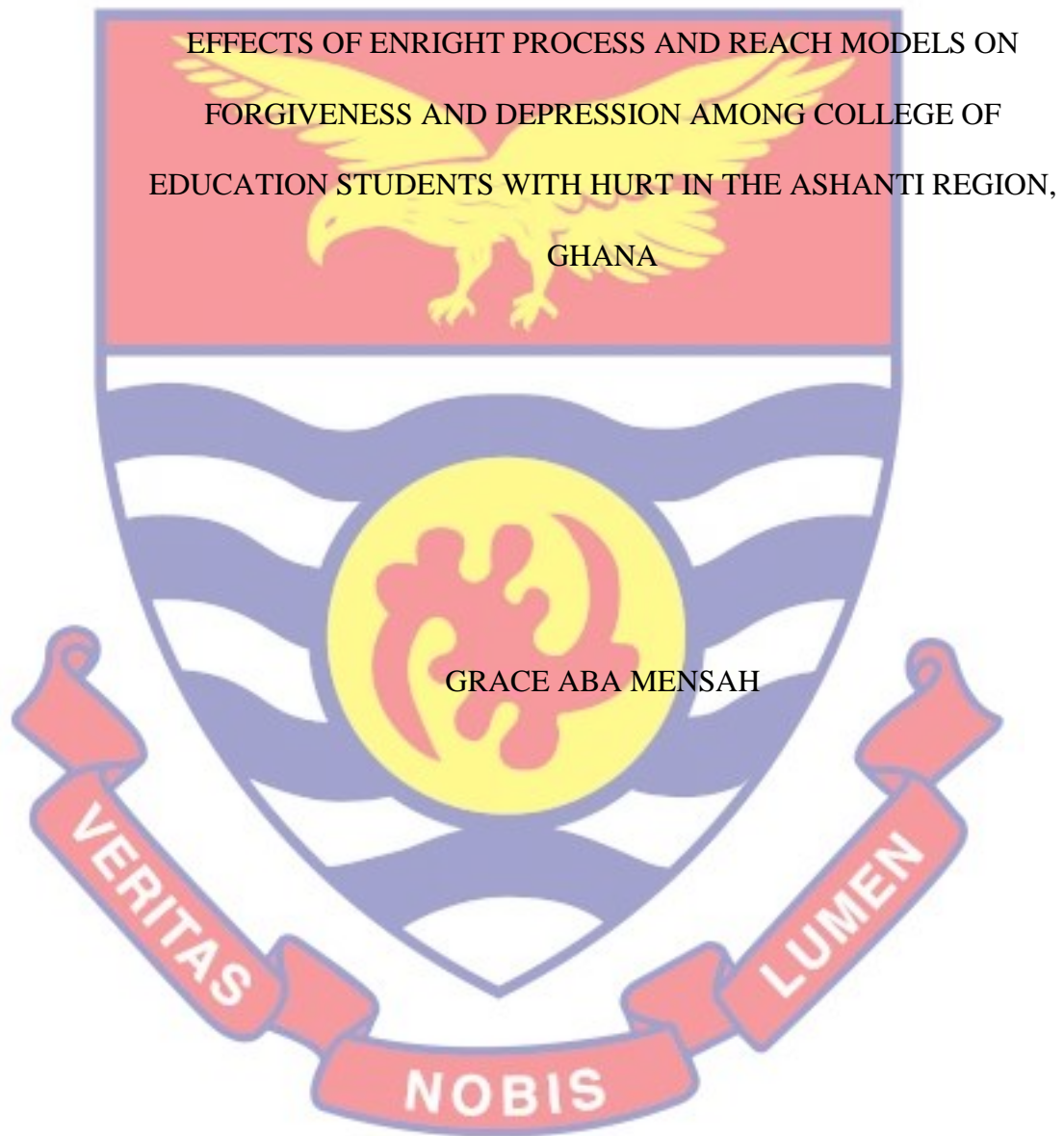


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EFFECTS OF ENRIGHT PROCESS AND REACH MODELS ON
FORGIVENESS AND DEPRESSION AMONG COLLEGE OF
EDUCATION STUDENTS IN THE ASHANTI REGION, GHANA

BY

GRACE ABA MENSAH

Thesis submitted to the Department of Guidance and Counselling of the
Faculty of Educational Foundations, College of Education Studies, University
of Cape Coast, in partial fulfilment of the requirements for the award of
Doctor of Philosophy Degree in Guidance and Counselling

NOVEMBER 2021

DECLARATION

Candidates' Declaration

I hereby declare that this thesis is the result of my own original research and that no part of it has been presented for another degree in this university or elsewhere.

Candidate's Signature..... Date:.....
Name:.....

Supervisors' Declaration

We hereby declare that the preparation and presentation of the thesis were supervised in accordance with the guidelines on supervision of thesis laid down by the University of Cape Coast.

Principal Supervisor's Signature..... Date:.....
Name:.....

Co-Supervisor's Signature..... Date:.....
Name:

ABSTRACT

The study explored the effects of Enright process and REACH models on forgiveness and depression among college of education students in the Ashanti Region, Ghana, and to establish the difference in depression of the participants in the experimental and control groups. It was also designed to examine the effects of the Enright process and REACH models on forgiveness and depression on the basis of gender and age among participants in the experimental and control groups. Two research questions and six hypotheses were formulated. The quasi-experimental, pre-test, post-test control group design was used to guide the conduct of the study. The population of the study comprised all second year college of education students in the three selected colleges. The sample was made up of 60 participants who were assigned to three groups; two experimental groups and one control group. Each group had 20 participants (10 males and 10 females). Simple random sampling was used in selecting students who qualified for the study. Questionnaire and interview guide were used to collect data from the students. Data were analysed using one-way analysis of covariance and two-way analysis of covariance (ANCOVA). Interview responses were analysed under specific themes. The results established that both the Enright process and REACH models were effective for enhancing forgiveness and reducing levels of depression among college of education students. Recommendations were that counsellors should endeavour to use the Enright process and REACH models in forgiveness interventions to improve the forgiveness level and reduce depression among students. Counsellors can also use the two models without taking gender and age into consideration since the models are age and gender neutral.

KEY WORDS

Depression

Enright process model

Forgiveness

Forgiveness counselling

REACH model

Transgressor



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DEDICATION

This thesis is dedicated to my husband Mr Isaac Mensah, and children

Deborah, Jonathan, Christlove and Grace



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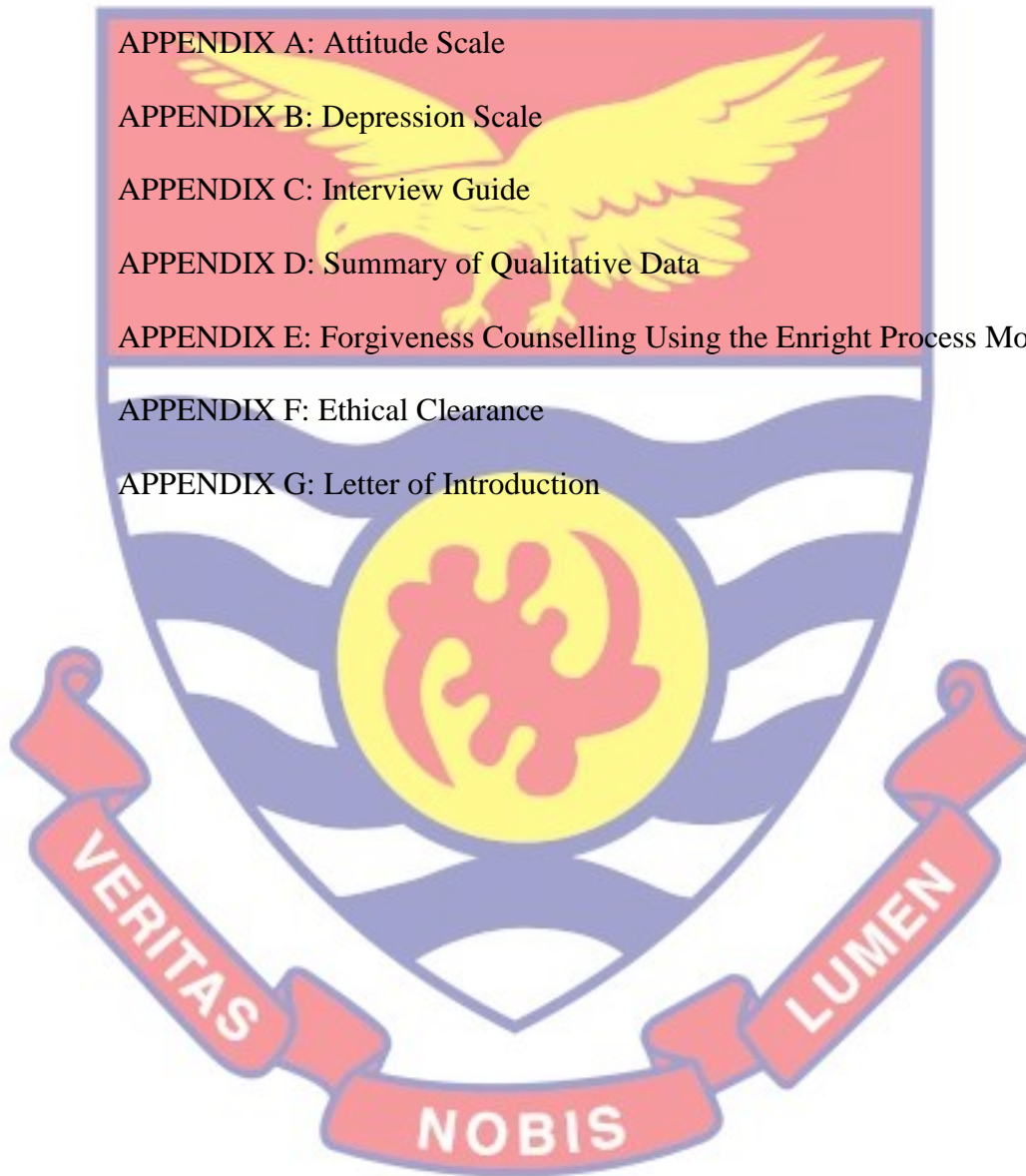
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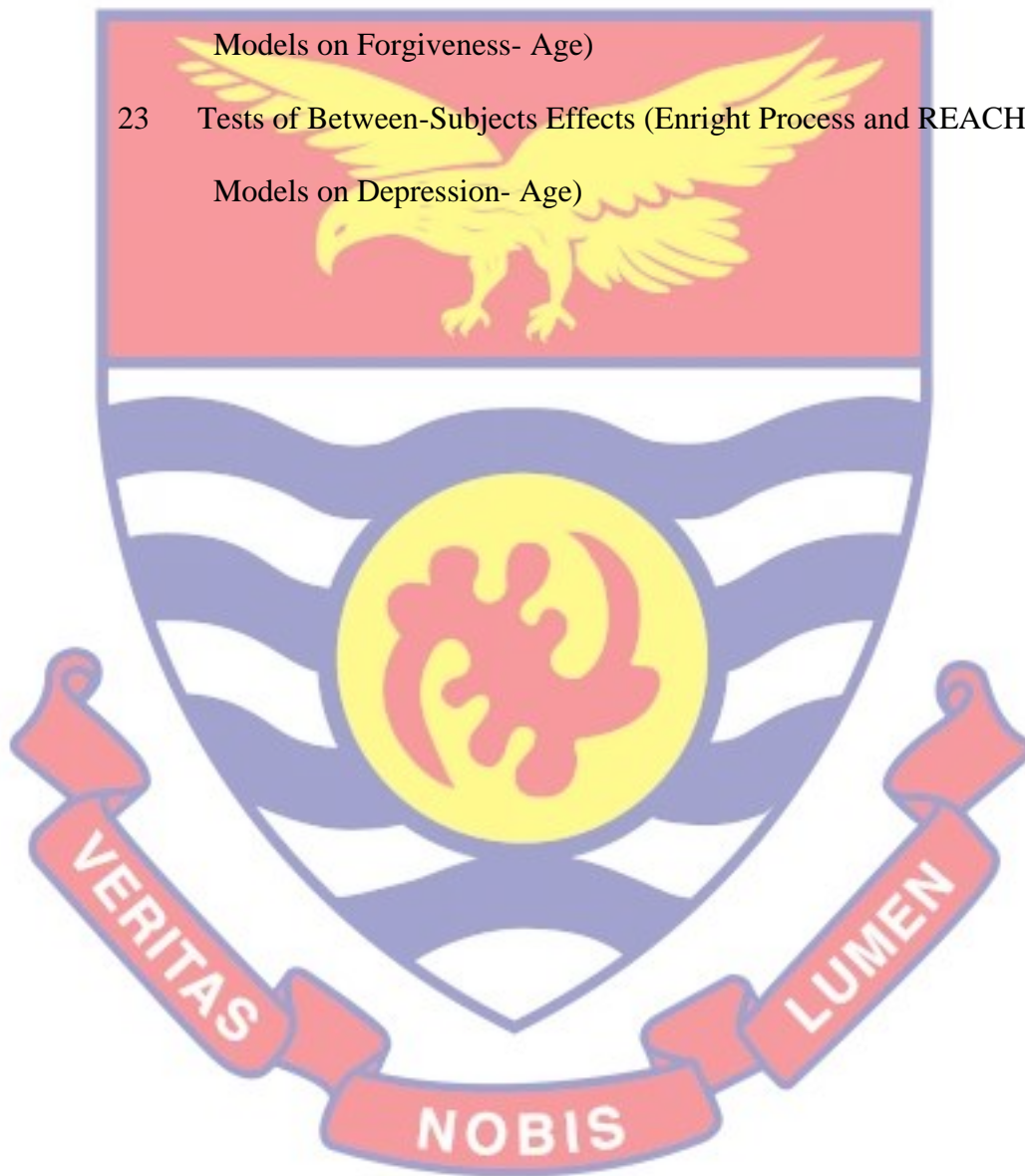
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CHAPTER ONE

INTRODUCTION

Background to the Study

It is part of normal life to be offended by another individual. These inter-personal offenses could range from minor ones with minimal effects to more significant offenses with consequences to the victim. However, most injuries result from every day act of violence which includes bullying, child abuse, elder abuse and violence against intimate partner (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002). Interpersonal hurt offenses can also occur even within healthy relationships due to violations of norms or rules such as, individuals feeling unrecognised as a result of rejection (DiBlasio, 1998). Conflicts, offenses, and wrongdoings are inevitable in close relations, with the reason that no two persons' attitude, interest and conduct are perfectly in synch all time. Conflicts and interpersonal transgressions are a major source of undesirable emotional state which have the potential to interrupt a relationship (Krug, et al. 2002; Fincham, 2000). Nyarko, and Punamäki, (2017) revealed for instance that most victims of war, are being vulnerable to severe trauma and injustice, which may have effect on their readiness to forgive. The management of these encounters lead to diverse outcomes. Incorrect management can result into further relational trauma however, appropriate management can help maintain expressive societal associations and improvement of mental wellbeing (Krug, et al. 2002)

Concealing of chronic anger, hatred and aggression could also lead to mental and physical health problems (Chida, & Steptoe, 2009; Goldman & Wade, 2012). Therapists and researchers have for some time now begun to

promote forgiveness therapy as a way of assisting victims to cope with interpersonal conflict (Landry, Rachal & Rosenthal, 2005). Compared to other alternatives, forgiveness is associated with reduced negative affect (Worthington & Scherer, 2004). To forgive the enemies and perpetrators is regarded as imperative for reconciliation and peace building (Nyarko, & Punamäki, 2017). Some empirical researches also indicated that failure to forgive is correlated to problems of psychological wellbeing like depressions (Maltby, Macaskill, & Day, 2001).

Opinions concerning the precise nature of forgiveness differ, as various researchers/scholars define forgiveness differently. Forgiveness has strongly been associated with religious belief, and it is a central doctrine in many religions (Exline, Worthington, Hill, & McCullough, 2003). Forgiveness values are present in almost all the world's religions sacred text. The concept of forgiveness is clearly taught in Christian, Islamic, and traditional religions.

In the Christian context, Jesus Christ during his crucifixion made a noteworthy expression in Luke 23:35. Jesus proclaimed, "Father forgive them for they do not know what they are doing". When Jesus taught the disciples how to pray in Luke 11:4, he made forgiveness the cornerstone of their relationship with God. We must forgive those who have offended us because God has forgiven our sins. You haven't grasped the importance of forgiveness by remaining unforgiving. The majority of Christian theologians concentrate on divine forgiveness (Strelan & Covic, 2006). The study of human forgiveness, according to Patton (2000) and Worthington (2005), cannot be separated from the study of divine forgiveness, and because forgiveness

involves human thinking, feeling, and behaving, it requires both psychological and theological theory.

Within the Islamic religion for example forgiveness is theorized as “closing an account.” Within the Islamic faith, forgiveness is essential for both life beyond death and happiness in this world. "Believers should forgive and cover from each other," God says in the Quran. “Do you object to God forgiving you”? (An-Nur -22). It is commonly held that in order to be forgiven by God, one must forgive others. Because God responds to their shortcomings in the same way, believers are urged to be empathic and tolerant toward others' flaws.

In traditional religion, tribes have traditions and ceremonies in dealing with forgiveness, these ceremonies are done to pay for damage the transgressor might have caused the offended. During the ceremony the offender is given the chance to ask for forgiveness, then both parties embrace themselves and after that eat together as a sign of unity, (Lidman, 2014). It is traditionally believed that forgiven one another heals and unites families, friends and communities, (Lidman, 2014). According to Osei-Tutu, Dzokoto, Oti-Boadi, Belgrave and Appiah-Danquah (2019), the process of granting forgiveness among Ghanaian married couple for example is partly influenced by Ghanaian culture thus it emphasises on bodily expressions and gestures (e.g., “kneeling”), implications for this practice is to improve marital relationships and this may also be applied in many relationships. Worthington (2006) opined that there is an agreement among all the religions in one aspect, that, forgiveness is beneficial to all individuals.

Thompson, Snyder, Hoffman, Michael, Rasmussen, Billings and Roberts (2005) stated that some individuals consider forgiveness being a fundamental attribute which has ability to free a person from undesirable relationship to the source that transgress against an individual. The victim might decide to forgive his/her partner in order to sustain desirable association afterwards wrongdoing. In the words of Finkel, Rusbult, Kumashiro, Hannon, (2002) and Osei-Tutu et al. (2019), the conducts of forgiveness are regarded as reflections of optimistic response to the relationships whiles not involving oneself in a response which might cause a destruction in relationship.

Forgiveness is considered as an individual's action to offer mercy compassion, and empathy towards an offender which means the offender forgiven of the offence committed (Waltman, Russell, Coyle, Enright, Holter, & Swoboda, 2009). On behalf of the victim, forgiveness can happen with or without apologies from the wrongdoer. Forgiveness that is genuine, demands empathy, compassion, and love for the perpetrator, as well as a readiness to relinquish the right to vengeance, anger, and apathy (McCullough, Pargament & Thoresen, 2000). Forgiveness is also regarded as a way for sufferers of heinous acts to integrate knowledges they have into the daily life (McCullough et al. 2000).

Forgiveness is a cognitive, affective, and behavioural process by which an individual shows an adverse attitude of unforgiveness and adopts a good attitude towards the wrongdoer (Worthington, 2005). It is obvious that forgiveness is crucial as a possible means of resolving conflict in relationships. According to Neto, Pinto, and Mullet (2007), intergroup forgiveness is required among people who were affected personally by numerous battles

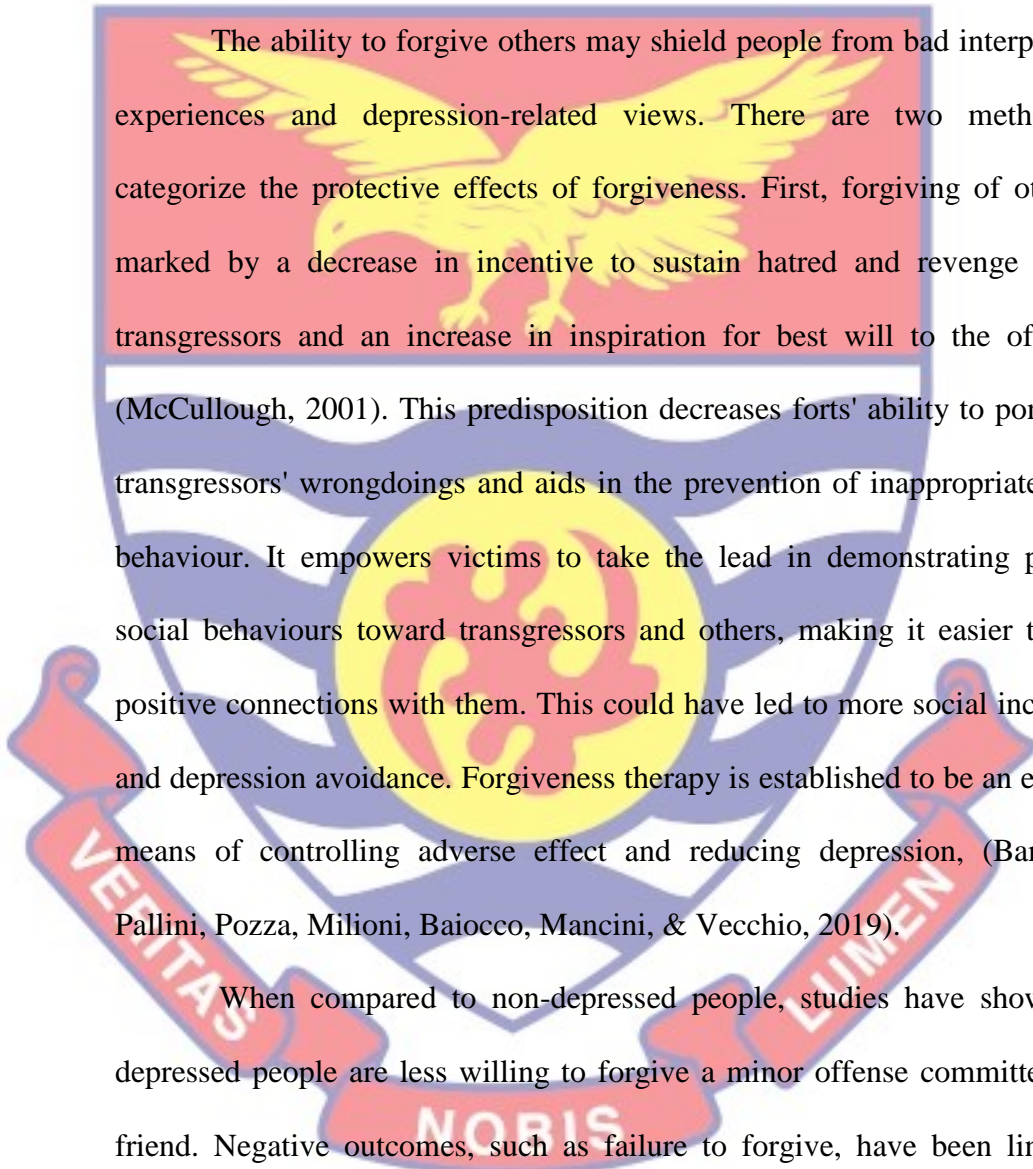
afflicting their countries so that victims can forgive wrongdoers. Forgiveness has been theorised to avert fresh conflicts, promote reconciliation, and foster peace among groups and individuals (Worthington, Nonterah, Utsey, Griffin, Carneal, Cairo, & Germer 2019).

Many researches have shown that individuals who are forgiving vary significantly from individuals who are not forgiving on many personality traits. People who are more forgiving are reported to be less ruminative, less self-absorbed, less unfair, and more compassionate than those who are less forgiving. When victims encounter offender who is positive, directed feelings like compassion, as well as sensitive motivations for forgiving other individual, might be expected (Worthington, 2006).

Clinical interviews with persons who have undergone the treatment of forgiveness revealed that forgiveness brings peace and releases an individual from hate and dislike, and also results into basic variations in the thought and change the undesirable thought to a constructive thought (Fayyaz, & Besharat, 2011). Forgiveness can also make the wrongdoer to be more ashamed of his behaviour and puts away hurting people, eventually bring about spiritual and moral growth. Therapy of forgiveness furthermore permits persons that were hurt to decide on right responses to unfairness and profound injury that are both permitting and efficient in reducing negative psychological consequences of emotive hurt (Reed, & Enright, 2006).

According to Thompson, Snyder, Hoffman, Michael, Rasmussen, Billings and Roberts (2005), forgiveness means not holding a grudge against another person. It also means responding kindly, even affectionately, to a transgressor (Enright & Fitzgibbons, 2000; Worthington, 2001). Researches

have revealed that forgiveness has psychological and physical benefits for those who suffer, whereas keeping grudges does not. For example, forgiving aids in the recovery of victims from emotional trauma, enhances positive affect, and lowers depression (Karremans, VanLange, Ouwerkerk, & Kluwer, 2003).



The ability to forgive others may shield people from bad interpersonal experiences and depression-related views. There are two methods to categorize the protective effects of forgiveness. First, forgiving of others is marked by a decrease in incentive to sustain hatred and revenge against transgressors and an increase in inspiration for best will to the offenders (McCullough, 2001). This predisposition decreases victims' ability to ponder on transgressors' wrongdoings and aids in the prevention of inappropriate social behaviour. It empowers victims to take the lead in demonstrating positive social behaviours toward transgressors and others, making it easier to form positive connections with them. This could have led to more social incentives and depression avoidance. Forgiveness therapy is established to be an efficient means of controlling adverse effect and reducing depression, (Barcaccia, Pallini, Pozza, Milioni, Baiocco, Mancini, & Vecchio, 2019).

When compared to non-depressed people, studies have shown that depressed people are less willing to forgive a minor offense committed by a friend. Negative outcomes, such as failure to forgive, have been linked to indicators of poor mental health, such as depression and anxiety, according to empirical study on forgiveness and mental health (Karremans, et al., 2003; Maltby et al., 2001). In the words of Kaminer, Stein, Mbanga and Zungu-Dirwayi (2001), being unforgiving while an appropriate moral response to

being wronged, increases the risk of psychiatric morbidity. Their findings revealed that persons with low forgiveness had much higher rates of depression and other anxiety disorders than those with great forgiveness (Chung, 2013). Failure to forgive has been linked to despair and anxiety, as well as a lack of social support and coping skills, according to Maltby et al., (2001). Forgiving attitudes, on the other hand, are linked to lower levels of anxiety and sadness. Again, studies have revealed the effects of forgiveness on blood pressure regulation, cardiovascular disease reduction, anxiety, depression, and psychosomatic illnesses, as well as its overall impact on mental health (Spiers, 2004).

Individuals, who forgive, do not focus much on wrongdoer's personality, and this attitude affects the mental and physical health of such persons (Berry, Worthington, O'Connor, & Wade, 2005). Psychological well-being is defined as a state of well-being in which each individual realizes his or her full potential, is able to cope with the rigors of daily life, is able to work successfully and productively, and contributes to her or his community (World Health Organization, 2014). The importance of forgiveness for facilitating interaction and peaceful coexistence at intrapersonal and intergroup level is undisputable. The development of increasingly controversial societies and cultures makes forgiveness ever more significant (Macaskill, 2005).

With regards of forgiveness health benefits, they're said to come from direct and indirect sources. Direct consequence of unforgiveness on mental well-being is being defined in term of ruminations linked to resentment, bitterness, hatred, hostility, rage, and fear, and has been referred to as "unforgiveness." A dispositional issue to forgive people and oneself is being

demonstrated to generate higher degrees of sadness/depression, which supports this theory (Witvliet, Phipps, Feldman, & Beckham, 2004; Toussaint, & Webb, 2005; Wade, Hoyt, Kidwell, & Worthington, 2014). Researches have constantly indicated that unforgiving people are more depressed than people who forgive others (Brown & Phillips, 2005; Maltby, Macaskill, & Day, 2001). Ascenzo, and Collard, (2018) reported, females with greater level of depression demonstrated lower levels of forgiveness.

Higher forgiveness levels have been linked to improved mental and physical health, including reduced anxiety, anger, stress, and depression. Indirectly, forgiveness has been shown to benefit mental health by mediating variables like social support, interpersonal functioning, and health behaviour (Toussaint, & Webb, 2005). Forgiving others definitely protects people against the negative effect of anger, hatred and revenge and prevents them from becoming depressed. High form of forgiving is related to low level of depression across all ages (Burnette, Davis, Green, Worthington & Bradfield, 2009) and with high level of well-being (Toussaint, & Webb, 2005). Increment in forgiveness may lead to a decrease in depressing manifestations (Akhtar, & Barlow, 2018) and (Pozza, & Dèttore, 2014) also hypothesised that forgiveness may reduce depression.

Counselling professionals use different coping methods with their clients, including forgiveness therapy as a problem-solving strategy (Pargament, Koenig & Perez, 2000; Enright and the Human Development study group 1991). Counselling and therapy are primarily concerned with assisting clients in overcoming adverse repercussions of relational injuries (Macaskill, 2005).

Several studies have looked into how forgiveness programs improve the mental health of teenage and adult populations who have undergone interpersonal trauma or violence. Almost every experimental investigation has looked at the effects of forgiveness therapy on psychological functioning and mental health disorders such as depression, anxiety, and stress. Other aspects of happiness, such as marital satisfaction, thankfulness, positive affect, self-esteem, hope, and spiritual well-being (Lundahl, Taylor, Stevenson, & Daniel, 2008), have only been investigated in a few cases. Using a process of forgiveness model in counselling has proven to be effective in aiding forgiveness (Baskin & Enright, (2004).

The Enright process model is a model of forgiveness process that brings about slow alteration in responses of an individual who is offended towards the transgressor. The model places emphasis on changing feeling, thoughts, and behaviour towards those who have been hurtful. The process model of forgiveness is made up of a set of affective, behavioural, and cognitive that progress through stages, where individuals engaged in forgiveness process are encouraged to begin by making small changes such as refraining from making negative comments about the offender (Ingersoll-Dayton, Campbell & Ha 2008).

Ingersoll-Dayton, Campbell and Ha (2008) stressed on the fact that the Enright therapeutic model has showed a great promise for men and women. The steps in process models of forgiveness differ, but they may always be classed as either intrapersonal or interpersonal forgiveness. Recognizing the wrongdoing, deciding to forgive, and responding cognitively, emotionally, and behaviourally are the stages of the Enright process model.

The REACH model developed by Worthington (2001) has also proved to be efficacious in resolving intrapersonal or interpersonal forgiveness. The REACH model of forgiveness is a psychoeducational and cognitive-behavioural approach of forgiveness which produce a sequence of emotional, cognitive, and behavioural experiences which result in calm openness to resolve intrapersonal or interpersonal forgiveness. REACH is an acronym which: **R** (Recall); **E** (Empathy); **A** (Altruistic); **C** (commitment) and **H** (hold) (Worthington 2001)

There have been several researches which investigated the effectiveness of the REACH forgiveness program, which have proved that the model is effective in helping individuals with hurt (Worthington 2020). REACH involve a five-step forgiveness approach. Firstly, partakers **recall** the hurt (R). Secondly, they develop **empathy** for the offender (E). Thirdly, partakers consider forgiving as an **altruistic** gift for the offender (A). Fourthly, they make a **commitment** to forgive (C). Finally, they **hold** onto forgiveness in times of difficulty (H) (Wade, Hoyt, Kidwell, & Worthington, 2014). Toussaint, Worthington, Cheadle, Marigoudar, Kamble, and Büssing, (2020) opined that the REACH forgiveness model is a flexibility model which can be modified to meet the wants of different categories.

Specially, culturally modified REACH forgiveness programs have been found to consistently reducing unforgiveness and increasing forgiveness and empathy. Occasionally culturally modifying the method has strengthened it (Kurniati, Dwiwardani, Worthington, Widyarini, Citra, & Widhiarso, 2020), but at other times, it has made no difference (Osei-Tutu, Osafo, Anum, Appiah-Danquah, Worthington, Chen, & Nonterah, 2020).

Lopez, Serrano, Gimenez and Noriega (2021) confirmed that Enright's and Worthington's models of forgiveness intervention methods are being utilised in the majority of forgiveness interventions study and this have worked for individuals of different ages and gender to forgive earlier hurt or unfairness. Similarly (Worthington, 1998) also posits that most extensively utilized forgiveness therapies are the Enright and REACH programs.

Against this background, this study will find out whether the use of the Process model and the REACH model can increase forgiveness and consequently reduce depression among college of education students with hurt. The study will again find the influence of personal variables such as gender and age on forgiveness and depression when using the process and REACH models of forgiveness among college of education students with hurt.

Statement of the Problem

College of Education students in Ghana are faced with many challenges such as issues of sexual harassments and abuse, theft, intimate relationship problems, family issues, and abuse of power by both tutors and authorities against students. All these and many others are transgressions against students for which forgiveness may be beneficial. Nevertheless, certain students may perceive the transgressions committed as too outrageous for forgiveness. It is imperative to acknowledge that most of the interpersonal and intrapersonal hurts from relationships causes bitterness which may lead to depression among students. Again, the increase in suicide, bullying, anxiety and depression among students underscore the importance of promoting forgiveness in school (Freedman, & Enright, 2019). These issues highlight the

relevance of forgiveness research among college of education students in an effort to avert wrongdoings.

Studies have revealed that forgiveness is connected to psychological health consequences like depression and major psychiatric illnesses, as well as with few physical well-being signs and low mortality rate. If unforgiveness is harboured and undesirable feelings are maintained, particularly after a wrongdoing, that negative feelings destroy people's psychological and physical well-being. Possessing unpleasant emotions is akin to knowingly ingesting a poison. Lack of forgiveness among the abused or those who have been mistreated in various ways could be a significant predictor of mental risk (Norman, 2017, Kaminer, Stein, Mbanga, & Zungu-Dirwayi, 2001). Failure to forgive has been linked to depression and anxiety, as well as a lack of social support and coping skills (Maltby et al., 2001), whereas forgiving attitudes are linked to reduced anxiety and depression (Norman, 2017, Spiers, 2004). According to studies, forgiveness therapy has a fundamental association with the reduction of anxiety and sadness, as well as an increase in self-confidence (Lin, Mack, Enright, Krahn, & Baskin, 2004; Rye, Pargament, Pan, Yingling, Shogren, & Ito, 2005). The therapy directly addresses chronic bitterness, which can lead to depression, anxiety, and other negative psychological results (Enright & Fitzgibbons, 2000), and it has been proven in one study to alleviate the negative emotional repercussions of hurt (Enright & Fitzgibbons, 2000).

Individuals seek counselling and psychotherapy to resolve unresolved problems regarding interpersonal offenses in the hopes of being freed of the stress of unforgiving attitudes and feelings. Unforgiveness therapy was created as a way of dealing with the stress and problems that come with it (Enright,

2001). This proposes that there is an association between forgiveness and psychological variable such as depression.

Forgiveness explains how we deal with transgressions and offenses personally and socially. It touches our mental health and well-being. It reaches into our relationships. Some theoreticians, clinicians, and basic scientists (Finkel, Rusbult, Kumashiro, & Hannon, 2002) have emphasized the interpersonal aspects of forgiving. The potential benefits of forgiveness are put together in four areas: physical, mental, relational, and spiritual health. This suggest that unforgiveness might also affect people's physical health. According to Witvliet, Ludwig and Vander Laan, (2001), the stress of unforgiveness can lead an individual feels hostile towards the wrongdoers. A person who is regularly unforgiving may have cardiovascular or immune system difficulties, as well as mental health issues (Witvliet, et al.).

Psychological research indicates that for many people much of the time, forgiveness provides psychological and mental health benefits. According to Toussaint, Williams, Musick, and Everson, (2001), forgiveness has been found to be related to better mental health, increased hope, and self-esteem. Many models and guidelines have been proposed to help clinicians, counsellors and therapists for forgiveness interventions. The different interventions have been shown to be successful in reducing such negative psychological outcomes such as depression (Baskin & Enright, 2004). Forgiveness has also played a role in healing hurts at a group level the situation where there is the absence of forgiveness intervention among students, the increase in interpersonal unforgiveness might lead to psychological problem like depression (Baskin & Enright, 2004).

In the Western world like USA, UK and Western Europe, adequate attention has been given to forgiveness studies (Worthington & Cowden, 2017). Worthington, Nonterah, Utsey, Griffin, Carneal, Cairo, and Germer, (2019), reported that forgiveness research in Africa is in its infancy therefore, more can be done in the area of forgiveness research. They suggested that research on basic social and personality topics within local African contexts are greatly needed. Worthington and Cowden, (2017), also established that several significant matters concerning forgiveness are not being addressed in Africa. They added that a lot of articles on forgiveness in Africa were authored wholly by researchers that live outside of Africa. Hence suggested for more representative approach to forgiveness research, by many local African researchers which could bring an African lens to bear on the study of forgiveness. In this research agenda, they expect to make an impact on the field of forgiveness studies in Africa. Worthington, (2005, p. 571) again mentioned that “We can know more on forgiveness as we invest in the scientific study of the construct”.

Considering Africa, not much attention has been given to forgiveness studies among students, this is because the few studies on forgiveness which were conducted in conjunction with “foreigners” in Africa mostly focus on countries that have experienced wars and conflicts like South Africa and Rwanda (Worthington, et al., 2019). For instance: Neto, Pinto, and Mullet, (2007) did a study in East Timor and Angola, on intergroup forgiveness among victims of wars and conflicts and reported that victims were ready to forgive their transgressors; unconditional forgiveness, reconciliation sentiment, and mental health among victims of genocide in Rwanda, this study

also concluded that forgiveness improve mental health (Mukashema, & Mullet, 2013); forgiveness and remorse in the context of gross human right violation in South Africa, (Gobodo-Madikizela, 2002). She established that transgressors remorse for the offence against the victim promote forgiveness; psychological standing and forgiving amongst survivor of human rights exploitations. Kaminer, Stein, Mbanga, and Zungu-Dirwayi, (2001) and Worthington and Cowden (2017) on their part said the psychology of forgiveness and its importance in South Africa also stressed the importance of forgiveness in promoting mental health of victims, are just few of them. Again, none of these African writers made use of Enright process and REACH models of forgiveness in their study though, Worthington, Nonterah, Utsey, Griffin, Carneal, Cairo, and Germer, (2019) and Worthington and Cowden (2017), suggested that, the efficacious nature of intervention such as REACH Process model and forgiveness intervention would produce result since they have regularly been tailored to reflect religious or cultural factors.

Similarly, in Ghana not much consideration has been given to forgiveness studies especially using the Enright process and REACH models. The first known forgiveness intervention studies in Ghana was conducted in the Eastern Region of Ghana among Colleges of Education students by Barimah (2019) using only Enright process model and reported that the model was effective in increasing forgiveness level of participants. Besides, his study was purely a quantitative study and therefore, did not involve qualitative data. Again, Osei-Tutu et al. recently compared a prevailing and cultural adapted intervention head-to-head and found out that the model they used was efficacious in improving forgiveness. This they said is the number one

intervention tried and tested in an African context focused only on Christian women in Greater Accra Region, and not on College of Education students. Moreover, they used only the REACH model and not both models as is being considered in this in this study. My checks in literature indicate that the Process and REACH models of forgiveness have not been used to promote forgiveness among students in colleges of education in the Ashanti Region. From all indication not much has been done on forgiveness study in Ghana. Therefore, my research seeks to fill the gaps in the literature using the Enright process and REACH models of forgiveness to find out their effects on forgiveness and depression among students of college of education in the Ashanti Region, Ghana. Another purpose was to explore from a qualitative perspective, consequence of the interventions on forgiveness and depression among college of education students with hurt. Again, the research was to discover the effect of gender and age on forgiveness and depression when Enright process and REACH models of forgiveness are used among college students.

Purpose of the Study

The main purpose of this study is to examine the effects of the Enright process model and REACH model on forgiveness and depression among college of education students with hurt in the Ashanti Region of Ghana.

Objectives of the study

The objectives of the study were to:

1. Determine the effects of the Enright process model and REACH model on forgiveness.

2. Establish the difference in depression of the participants in the experimental and control groups.
3. Examine the effect of the Enright process model and REACH model on forgiveness on the basis of gender.
4. Establish the difference in depression among participants in the experimental and control groups with regard to gender.
5. Find out the effect of the Enright process model and REACH model on forgiveness on the basis of age among participants who are offended.
6. Ascertain the difference in depression among participants in the experimental and control groups with regard to age.

Research Questions

1. What are the effects of the intervention on College of Education students who experienced hurts?
2. What are the effects of the intervention on College of Education students who experienced hurts on the basis of gender?

Hypotheses

H_01 : There is no statistically significant effect of the Enright process model and REACH model on forgiveness among participants.

H_{A1} : There is a statistically significant effect of the Enright process model and REACH model on forgiveness among participants.

H_02 : There is no statistically significant difference in depression mean score among participants in the experimental and control groups.

H_{A2} : There is a statistically significant difference in depression mean score among participants in the experimental and control groups.

H_{03} : There is no statistically significant effect of the Enright process model and REACH model on forgiveness on the basis of gender among participants.

H_{A3} : There is a statistically significant effect of the Enright process model and REACH model on forgiveness on the basis of gender among participants.

H_{04} : There is no statistically significant difference in depression mean score among participants in the experimental and control groups with regard to gender.

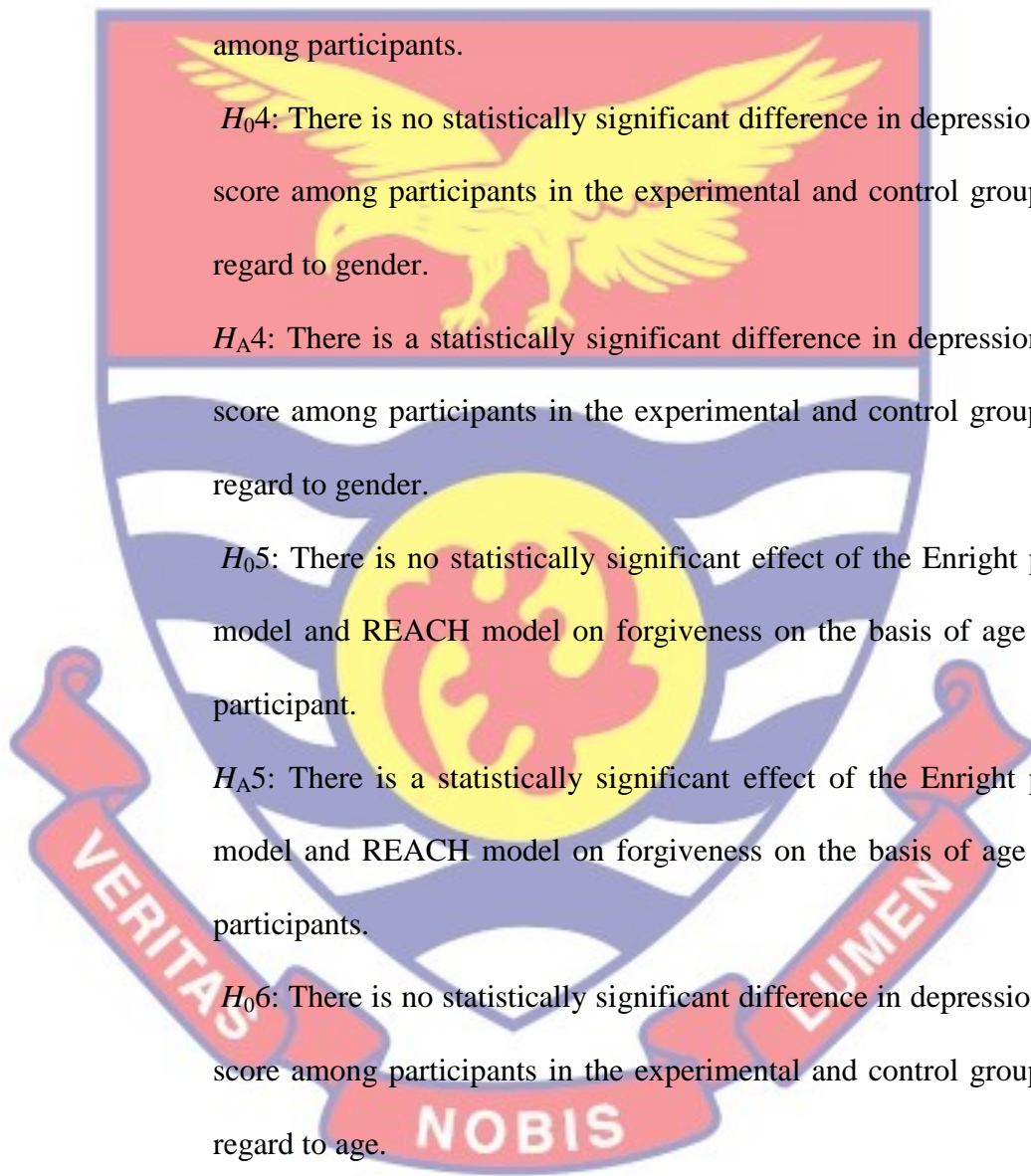
H_{A4} : There is a statistically significant difference in depression mean score among participants in the experimental and control groups with regard to gender.

H_{05} : There is no statistically significant effect of the Enright process model and REACH model on forgiveness on the basis of age among participant.

H_{A5} : There is a statistically significant effect of the Enright process model and REACH model on forgiveness on the basis of age among participants.

H_{06} : There is no statistically significant difference in depression mean score among participants in the experimental and control groups with regard to age.

H_{A6} : There is a statistically significant difference in depression mean score among participants in the experimental and control groups with regard to age.



Significance of the Study

The outcomes of this study are projected to be useful to psychologists, counsellors, researchers, and students in several ways. Counsellors and psychologists would benefit greatly from the research since it may offer useful information on good techniques to them that could be used for individual and group counselling. For example, the various interventional models could be used to assist people who are hurt to overcome the negative effect of forgiveness. The counsellors and psychologists' understanding of forgiveness interventions is one way to help people forgive. The study would reduce the gap between research and the clinical use of forgiveness in mental health fields.

Furthermore, the study would add to and improve existing works on the variables investigated that is forgiveness and depression. This will empower forthcoming investigators to get materials for referencing to carry out study similar to this work. Thus, the outcomes of the research can be served as related literature to forthcoming investigators exploring matters relating to forgiveness in relationships.

Finally, the study would also benefit the students. The investigation would make available information to students on how to deal with hurt that come as a result of betrayal of their loved ones. A deep comprehension of forgiving can be resulted in a more thoughtful forgiveness experiences for the client. By participating in the study, students would become more knowledgeable about the numerous benefits of forgiveness and would, therefore, be motivated to forgive their transgressors. Students who did not participate in the study would also benefit from the information from the

study, to assist them to manage hurt and forgive their offenders. Forgiveness research demonstrate that the healing effects of forgiveness extend beyond personal happiness, health, and well-being, to a deeper sense of coherence, wholeness, and integration of the self (Emmons, 2000). A deep comprehension of forgiveness intervention and how it could alter an individual and other people may improve the capability for forgiveness (Worthington, & Schere 2004).

Delimitations of the Study

The study covered colleges of education in the Ashanti Region of Ghana only. It further focused on level 200 students only. The reason is that it has been found that student who have spent few years at the tertiary level such as the second year students face challenges with respect to managing mental health problems. Experts suggest that the increase in suicide, anxiety and depression among students especially students who have spent few years in the school underscore the importance of promoting forgiveness in school (Freedman, & Enright, 2019). For most of the second year students in one way or the other have had campus experiences from the first year that if they are not helped may lead to serious mental health problems. The study was limited to finding out the effects of the Enright process model and REACH model on forgiveness and depression among students of college of education in the Ashanti Region of Ghana only.

Also, the study covered only second year students of college of education in the Ashanti Region of Ghana who have experienced transgressions, such as rape, sexual harassment, bullying, physical attack and hurts arising from abuse of power by tutors and college authorities.

Furthermore, only depression among the psychological variables was considered. Other psychological variables such as anger, stress, loneliness, anxiety, reduced self-esteem and guilt were not considered in this research.

This study was purposely delimited to three colleges of education which are all located in the Ashanti Region of Ghana. Also, colleges of education in the Ashanti Region of Ghana were chosen for this study because anecdotal reports indicate that many students nurture interpersonal hurts which may lead to psychological problems. Baskin and Enright, (2004) said the situation where, there is an absence of forgiveness intervention among students, the increase in interpersonal unforgiveness may lead to psychological problem such as depression.

Limitations of the Study

The quasi-experimental design utilised in the study is associated with a number of weaknesses which cannot be completely eliminated. The study is therefore, affected by these weaknesses. Ideally, a true experimental design should have been used to maximise the benefit of intervention. The study is also limited by the fact that an already existing difference among the groups for instance some inherent characteristics that cannot be controlled by the investigator, may influence the findings of this study. The study is again limited by the small sample size. This is because the sample size is not considered to be representative enough to be able to generalise the results meanwhile small sample size also has the potential to produce false-positive results.

Definition of Terms

Forgiveness: Is defined as the humble forgoing of hateful thoughts and vengeful fantasies in the face of a moral wrongdoing, the undeserved cancellation of the debt caused by the interpersonal injustice and a willingness to offer undeserved love toward an offender.

Depression: It is a mood disorder that causes a persistent feeling of sadness and loss of interest. A score above 16 on the depression mood scale is indicative of depression.

Forgiveness counselling: It is defined as the purposeful, intentional approach used in a professional therapeutic setting to help a client to forgive an interpersonal transgressor.

Unforgiveness: Is defined as a combination of cold negative, emotions such as resentment, bitterness, hatred, hostility, anger, and fear along with the motivated avoidance of or retaliation against a transgressor who has violated a personal boundary". A score below 210 on the forgiveness inventory is indicative of unforgiveness.

Transgressor: Is the individual who commits offense against another person.

Transgressions: Are offenses that are committed against other people such as friends, family relation and many more.

Organisation of the Study

This study was organised into five chapters. The first chapter dealt with the introduction and background to the study, the statement of problem, purpose of the study, research objectives, hypotheses, research questions, significance of the study, delimitations, limitations of the study, operational definition of terms and organisation of the study. The second chapter also

reviewed literature in three perspectives, namely; theoretical, conceptual and empirical perspectives. Chapter three dealt with the methodologies in terms of area of study, research paradigm, research design, population, sample and sampling procedure, research instrumentation, pilot testing, data collection procedure and data analysis procedure. The fourth chapter dealt with results and discussion of the findings and the chapter five covered the summary, conclusions and recommendations.



CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter reviewed the conceptual, theoretical and empirical literature related to the study. The following were the breakdown of this chapter; conceptual review, theoretical framework, and empirical studies.

Theoretical Framework

Two theories guided the study: psychological and personality theories.

Psychological Theory

The psychological theory is accredited to McCullough, Worthington and Rachal (1997). The theory is grounded on empathy and transgression, generous attribution and appraisals. Empathy has been defined as the vicarious experience of another person's emotional state, and by others as a distinct feeling characterized by compassion, sensitivity, and sympathy, according to McCullough (2001). Empathy as an emotional state has a strong link to a victim's willingness to forgive a transgressor for a specific wrongdoing. People's willingness to forgive mistakes was found to be substantially connected with their empathy level for the transgression (McCullough et al., 1997).

Empathy explains the reason why some social-psychological variables influence forgiveness. For instance, the victims' probability to forgive clearly is almost totally intermediated by the effect of the victims' empathy for the transgressor due to effect of transgressor's apologies (McCullough et al., 1997). Whenever the transgressors apologise, they indirectly express some degree of fallibility and vulnerability, which might cause victims to feel

empathetic, in that way motivating them to choose to forgive the transgressor instead of holding on to the offense (McCullough, 2001). When persuaded experimentally, empathy for the transgressor has been proven to be the sole psychological component that facilitates forgiveness (McCullough et al., 1997). Empathy enhances forgiveness, according to research on psychological interventions aimed at helping clients forgive specific misdeeds (McCullough, 2001).

Again, the degree to which people forgive a particular transgression is the extent by which the victims make attributions and appraisal concerning the wrongdoing and wrongdoer (McCullough, 2001). People who are able to forgive their wrongdoers appraise them as more likable and therefore, accept their descriptions for the wrongdoings as more adequate and truthful. Couples that have a habit to forgive their partners also have a tendency of attributing less concern to their partners for their undesirable behaviour more than those who do not tend to forgive their partners (McCullough).

Rumination about a specific transgression is associated with the degree to which the person forgives. The extent to which individuals minimise their contemplations concerning a specific wrongdoing over times is a very good predictor of how much improvement they would make to forgive their transgressors. As much individuals reflect about offences, the high the level of retaliation and avoidance motivation (McCullough, 2001). Sufferers who continue to reflect on a specific wrong doing always make considerably minimal improvement to forgive the transgressor (McCullough). In conclusion, the theory stipulates that forgiveness is based on the one's ability to experience empathy for a transgressor, and the attributions and appraisals.

Personality Theory

This is an integrated theory which was propounded by Worthington (2006) with its components as personality, spirituality and stress-and-coping. The theory gives much attention to forgiveness, the significant of personality and its effect on the dispositions to forgive. Forgiveness is being investigated as an attribute known as forgivingness, a temperament towards kindness instead of annoyance and hatred and to live in accord with other individuals (Emmons, 2000). Forgiveness is correlated to a higher order of personality factors such as those in the Five factors (Big Five) personality taxonomy, namely, openness to experience, conscientiousness, extraversion, agreeableness and neuroticism (McCrae & Costa as cited in McCullough, 2001).

It is not difficult to recognize an individual's personality features and how he or she will normally respond to the environment (McAdams & Pals, 2006). The ability to forgive is significantly linked to two dimensions: agreeableness and emotional stability (McCullough, 2001). Altruism, empathy, caring, and generosity are all attributes that can be found in people who are agreeable. According to McCullough, trait theorists and researchers rated agreeable people highly on descriptors such as 'forgiving' and low on descriptors such as 'vengeful'. Highly agreeable people tend to succeed in the interpersonal realm than less agreeable people do.

Obstacles to forgiveness include narcissism, neurotic defenses, emotional non-disclosure, and an inability or unwillingness to empathize (Strelan & Covic, 2006). According to studies, the interpersonal dimension of personality is associated with forgiveness, although the intrapersonal

dimensions are not. Anger, rumination, and anxiety are all negative traits that are associated with forgiving. As a result, traits including agreeableness, altruism, generosity, and appreciation are positively associated with forgiveness (Neto & Mullet, 2004).

Personality theorists believe that “emotional stability” is a personality dimension that includes low defencelessness/vulnerability to experience undesirable emotions and the individual who is emotionally stable tends not to be irritable or excessively sensitive. Numerous researches demonstrated that an individual who is emotionally stable scores higher on measure of dispositions to forgive than those who are not. (McCullough, 2001).

Spirituality and religiousness are disposition dimensions which might be connected to the personality to forgive. According to McCullough (2001), an individual who views himself/herself to be more religious or spiritual has a tendency to value forgiveness than an individual who considers himself/herself less religious (McCullough, 2001). Forgiveness and spirituality are related (McCullough Pargament, & Thoresen, 2000). Spirituality and forgiveness are linked (McCullough Pargament, & Thoresen, 2000). Forgiveness is viewed as a profoundly spiritual experience and process in the greater framework of life (Patton, 2000). For example, Christians believe forgiveness is at the heart of their faith, and that change and transition from unforgiveness to forgiveness is attainable and true (Rye et al. as cited in Browne, 2009).

The link between unforgiveness, forgiveness, stress, coping, and health should be investigated, according to Worthington and Scherer (2004). They proposed four theories to explain the relationship between unforgiveness,

emotional forgiveness, and health: first unforgiveness is stressful; second, there are numerous coping techniques that can help reduce unforgiveness; third, forgiveness is one approach to lessen unforgiveness; and fourth, forgiveness as a coping strategy is linked to health. Assimilation, accommodating, approaching, prosocial, asocial, effortful, and involuntary coping were all categories in stress-and-coping theory of Worthington. He viewed forgiveness process as a means of stress management (Worthington, 2006).

A transgression is viewed as a stressor that triggers a chain of physiological, cognitive, motivational, behavioural, event emotional responses (Worthington, 2006). As a result, unforgiveness is a response to interpersonal wrongdoing. People deal with unforgiving feelings associated with interpersonal transgressions by concentrating on the problem or the surrounding emotions (Worthington). Negative emotions are replaced with positive emotions through emotional forgiveness (Worthington). This concept is consistent with the Lazarus and Folkman model of emotion-focused coping, which Worthington claimed could result in decisional forgiveness. Emotion-focused coping focuses on dealing with an individual's emotions in the after a traumatic experience. Distancing oneself from a distressing circumstance, denying its occurrence or impact, for example. Worthington claims that this can lead to decisional forgiveness. Problem-focused coping, thus, a strategy where one deals directly with the worrying situation by trying to minimise its influence, or to find alternative solution may also result in emotional forgiveness.

Assimilating coping is the process of discovering an existing means of coping, whereas accommodating coping is the process of finding a new way to cope, according to Worthington (2006). Approach coping is concerned with the problem, whereas avoidance coping is concerned with withdrawing from problems, prosocial coping is concerned with seeking support, antisocial coping is concerned with opposing a person, and asocial coping is concerned with cognitive reconstruction. Finally, voluntary coping is automatic, whereas effortful coping demands energy. When it comes to interpersonal offenses, people adopt problem-focused, emotion-focused, and future-oriented techniques (Worthington). For Strelan and Covic(2006) and Worthington and Scherer (2004), forgiveness is similar to coping and it is made up of the following concepts: (a) the forgiveness process is a reaction to stress,(b) primary and secondary appraisal are responses to transgressions and continue throughout the process, (c) coping strategies provide a framework to explain what people do when they forgive and how they do it, (d) forgiveness and coping can be useful tools when facing difficult situations in the future, (e) forgiveness and coping are both intra-and interpersonal processes and (f) forgiveness processes and coping are rarely linear as positive and negative responses co-occur as individual spirals toward psychological equilibrium. Individual's disposition to forgive is a function of one's inherent traits and the mode and manner one will cope with stress as well as one's religiousness and spirituality.

Theoretical framework provided a compacted base for this work. McCullough, Rachal and Worthington concepts empathy, attributions and appraisal had been used in this work. For example, partakers in the

counselling groups developed empathy for their offenders after finding meaning in suffering. Thus, participants understood that forgiving the wrongdoer always make you stronger psychologically. Besides, Sufferers who continue to reflect on a specific wrong doing always make considerably minimal improvement to forgive the transgressor. Therefore, making attributions and appraisal concerning the wrongdoer help them forgive. Portion of this research is likewise rooted in the theory of personality. In the process of intervention participants were taken through the process of empathizing with the offender, considering being generous to the offender by given altruist gift to the transgressor to demonstrate forgiveness. The learning process also encouraged members to think about how they feel when they receive divine forgiveness and consider how their offenders also seek forgiveness. Participant were taught how they can forgive by committing themselves to forgiveness and holding on to it. Considering the forgiveness process in this study it can be concluded that this study is supported by both psychological theory and personality theory.

Conceptual Review

This section was divided into sub-sections thus; Concepts of forgiveness and depression.

Meaning of forgiveness: The definition of concept “forgiveness” is not constant with normal usage and therefore there are different understanding of its meaning, importance, effectiveness, needfulness and processes. There is absence of understanding, consensuses, and common view concerning forgiveness amongst professionals of counselling as well as unprofessional (Macaskill, 2005). A study conducted by Osei-Tutu, Dzokoto, Oti-Boadi,

Belgrave, and Appiah-Danquah (2019), revealed various conceptualizations of forgiveness by Ghanaian married individuals as follows: Elimination of undesirable feelings; relations restoration; forgetting; revenge, punishment, retaliation or avoidance; refraining from making future references to the offense and reducing the wrongdoing. There is substantial difference in participant strong cognitive framework of forgiveness. Nonetheless, scholars in many ways have multiple conceptualizations of forgiveness (Macaskill).

In the words of Worthington and Scherer (2004), forgiveness is viewed as an emotion-focused coping mechanism that can help people cope with negative psychological and emotional experiences (such as unforgiveness) brought on by inter-personal conflicts and anxiety. Forgiveness is a reasonable process to release negative effect of emotions so as to maintain relations among people (Younger, Piferi, Jobe, & Lawler, 2004)). Other scholars also explained “forgiveness” relative to motivation. In the words of McCullough, Worthington and Rachal (1997), to forgive is a given changes of motivation whereby a person becomes; demotivated to react against the other who offended him/her; decreased motivation to disassociate from the wrongdoer and rather motivated increasingly by reunion and good will for the offending partner, in spite of the offenders’ cruel actions.

In their attempt to explain the term forgiveness, Fincham, Paleari, and Regalia (2002) said, it is a revolution by which motivation or willingness to pursue vengeance and also to avoid relating with the offender is reduced and the dull relationship towards the offender is improved. Forgiveness is also described as a choice to forget the displeasure grounded on emotion, cognition, and behaviour and to develop more optimistic affection for the

wrongdoer, being it empathy, kindness, compassionate, or pity (Enright & Fitzgibbons, 2002).

Nathaniel, Wade, Donna, Bailey and Shaffer (2005) posit the term forgiveness as a capability to perceive other people in a real term (both good deed and bad deed) and also to grip these individuals responsible for natural consequence, but still having empathy, sympathy, or some mark of positive feeling for the offender. Thus, replacing the bitter, enduring feeling of vindictiveness which resulted from hurts with optimistic emotions of good will towards the wrongdoer. It has been postulated by Toussaint, Williams, Musick, and Everson, (2001) that forgiveness of one-self includes releasing of undesirable effect and self-blames connected with the previous offence, mistake, or regret; Forgiveness of others involve forgiving individuals for their wrong doings; The thought that a person's faults have been forgiven by God is known as "feeling pardoned by God." Proactive forgiveness entails starting the procedure of both giving and receiving forgiveness. Forgiveness is one of the various coping strategies that people might utilize, though it has been suggested as one of the healthiest solutions for dealing with adversity (Worthington & Scherer, 2004).

What is not Forgiveness: While there has been some disagreement about the definition of forgiveness, there is greater consensus regarding what forgiveness is not. Many Social Scientists recognise that forgiveness and reconciliation are not the same. The term "reconciliation" is a dyadic process with the goal of restoring relationships and establishing mutual trust (Brown, 2003). Forgiveness does not require the restoration of a relationship, especially when involvement in the relationship poses a risk of future harm. For example,

domestic violence victim may decide to forgive while refusing to preserve an association with a person who may cause future harm (Fincham, 2000). This assertion suggests that it might be likely to experience whole compassion/forgiveness without the presence of reconciliation. Enright (2001) argued that as an action of clemency, forgiveness arises individualistically from the regretful behaviour of the wrongdoer. The term “reconciliation” is viewed as a procedure of two partners trying to resolve their misunderstandings. Forgiveness is regarded as a compassionate unrestricted act which is controlled exclusively by the wounded. It is the way whereby a person who is hurt, breakdown the feelings of hatred with the wrongdoer.

Davenport (1991) clarified the matter, differentiating “forgiveness from capitulation” and argued that is a forgiveness that was not contingent on the abuser's remorseful behaviour. Davenport noted, however, that while the client may choose to forgive their offenders, they nevertheless would insists on behavioural variation and common reverence rather than succumb to persistence abuses. Furthermore, forgiveness is not the same as pardoning that could only be approved by a representative of a community, like a judge. Forgiveness differs from condoning, because condoning eliminates the crime and henceforth makes forgiveness unnecessary. In contrast, forgiveness involves recognizing that an injury occurred. Forgiveness is distinguished from excusing, which involves a belief that a wrongdoing has been committed but was acceptable by circumstance (e.g., transporting a person to the hospital with car without asking permission). In contrast, forgiveness allows for the recognition that an unfairness or injustice was committed (Enright & Fitzgibbons, 2002).

More so, forgiveness is not the same as forgetfulness which suggests that the remembrance of the wrongdoing is no longer in awareness. Forgiveness is more than not reasoning about the wrongdoing. Instead, forgiveness allows a victim to remember the misbehaviour in a way that reduces pain (Enright, 2001). Forgiveness should be differentiated from

derail that includes a reluctance or not willing to notice the hurt. In order to forgive, there must first be recognition that a hurtful act has occurred. It is possible to forgive and still pursue justice through the legal system (Enright). Forgiveness and legal pardon are not the same, as forgiveness is not associated with the “legal system”. This is because forgiveness is an individual affair, by which a harmed individual may forgive an offender even though the system of justice takes its path. Consequently, “forgiveness” is not a means to meet the demands of justice.

Types of forgiveness: In the words of McCullough, Pargament and Thoresen (2000), forgiving is a pro-social response to a crime that minimizes the inspirations to do away with retaliation and to promote a more generous motive toward the wrongdoer. Exline, Worthington, Hill, and McCullough (2003) defined two categories of forgiveness, both of which are intrapersonal: decisional forgiveness and emotional forgiveness. Decisional forgiveness refers to a lack of retribution and instead seeing the perpetrator as a valuable person rather than a target. Emotional forgiveness is the emotional replacement of unforgiving sentiments with good other-oriented emotions (e.g. empathy, sympathy, compassion, love) (e.g., resentment, bitterness, hostility, hatred, wrath, fear). When deciding to stop a relationship with an offender, the decision to forgive may not be accompanied by immediate emotional

forgiveness. Simply removing negative emotions is all that is required for complete emotional forgiveness. Complete emotional forgiveness includes simply removing undesirable emotions. Victims who value or desire to stay in a relationship must be eliminate offender's negative feeling and positive emotion must be added until a net positive relational affective tone is established (Worthington, 2005).

Redemptive forgiveness is a religious concept that encompasses forgiveness therapy. To begin with, it binds the heavenly forgiveness to the forgiving of mankind (Akl & Mullet, 2010). Second, it emphasizes careful theological thinking on forgiving by combining conceptions of “divine forgiveness” with decisive concern, such as God's kingdom.

The seven categories of forgiveness were also postulated by Walrond-Skinner, as noted in Lijo (2018). These are the following:

Instantaneous forgiveness granted too soon: This kind of forgiveness isn't real; it's marked by forgetting or rejecting the wrongdoings.

Arrested forgiveness: In this case, forgiveness between the hurt and the perpetrator is refused. Conditional forgiveness: The acceptance of forgiveness under some conditions like apology, acceptance, and change in unacceptable behaviour;

Pseudo or mutual forgiveness: The process in which immature forgiveness is given or accepted in the necessity to restore the pre-conflict relation;

Collusive forgiveness: The process of avoiding conflict or opposition even when there is an unsolved severe injustice;

Repetitious forgiveness: The successive, but incomplete attempts to stop relational transgression;

Authentic process forgiveness: The unconditional, self-regarding, altruistic, pro-social motive to avoid revenge for the good of self and the offender.

Lijo (2018) cited Enright, Santos, and Al-Mabuk mentioned that, on their part they proposed six types of forgiveness which are:

Revengeful forgiveness: Forgiveness after revenge;

Restitutive forgiveness: To relieve guilt after restoring the relationship;

Exceptional forgiveness: Granted under social pressure;

Lawful Exceptional forgiveness; granted after considering a moral code or authority;

Forgiveness for Social harmony: Granted to promote the established social harmony and Peace;

Forgiveness as an act and expression of unconditional love.

Benefits of forgiveness: According to Maltby, Macaskill and Day (2001), there are numerous researches which demonstrate that the act of forgiveness brings important mental, physical, emotional, relational, spiritual health and behavioural benefits. People who fail to forgive as they are offended by other individuals are at danger to have bad or poor relations for they are less probable to be pardoned/forgiven and also to forgive others. In a psychometric study of Maltby, Macaskill and Day (2001), they concluded that women and men who scored higher on the failure to forgive themselves displayed a higher level of neuroticism, depression and anxiety as measured by the General Health Questionnaire. Karrenmans and Van Lange (2004) stated that forgiving has been studied as a significant contributing factor to psychological health and physical health. Emotional forgiveness can help to reduce the harmful effects of negative emotions including anger, tension, hostility, resentment,

and bitterness. Forgiveness, according to Enright (2001), is "an antidote to dysfunctional anger and chronic bitterness" (p71). It is beneficial to us to forgive—mentally, physically, intellectually, and spiritually—because forgiveness has been shown to boost overall health.

Forgiveness could be beneficial in preventing problems and promoting happiness (McCullough & Worthington, 1994). They stressed that psychologists and counsellors recognize the need of forgiveness in relationships. As a result, forgiving may be beneficial in reducing the harmful effects of interpersonal injury on one's health, well-being, and social relationships. This indicates that forgiveness by the individual who is hurt stands the chance of benefiting from improved physical and mental health.

Clinicians recommended that to address forgiveness in therapy, has the potential to offer specific benefits to clients, for instance, (Nathaniel, Wade, Donna, & Shaffer, 2005) opined that forgiveness may free the client from the controls which previous events had exercised over them, and that it may reduce their predisposition to project angry feeling onto other individuals in future relations. Again, some authors recommended that forgiveness can help to restore broken relationship and also heal inner emotive wound (Worthington & DiBlasio cited in Nathaniel, et.al, 2005). Forgiveness restores harmony to relationship (romantic) in which transgression arose. Individuals are more probable to offer forgiveness to their cohorts if they are dedicated and pleased with the relations (Nathaniel, et.al). From their survey of some clinical social workers, they found that the majority of them believed that forgiveness was particularly helpful with relationship issues, such as grief and loss, the guilt and self-recrimination associated with chemical reliance.

Individuals with cardiovascular conditions such as coronary disease and hypertension are likely to benefit from various interventions of forgiveness. An individual who does not frequently forgive another might have experienced cardiovascular or immune system disorder than the individual who is more forgiving. Anger and resentment can complicate chronic pain, in examination of individual battling with long-lasting low back pain. It was discovered that anger, affective pain and sensory pain were more among the unforgiving than the forgiving. Forgiveness intervention, may be of benefit to individuals with traumatic brain injuries. People with such injuries can blame other individuals since many people who have “traumatic brain injury” were hurt by other people (Worthington, 2006).

Forgiveness might affect people’s health physically. A result from national survey was published by Toussaint, Williams, Musick, and Everson (2001) and the result suggested that in aged persons, forgiveness is connected with less negative symptoms of health. The expectations are physical well-being would be affected adversely if individuals are persistently not forgiving and affected in positive way if they regularly forgive others.

Forgiveness appears rationally to be linked to interactive health problems at the surface. Unforgiveness or forgiveness may be connected to worse or better health relations. Forgiving may be connected with enhanced spiritual well-being. It has been linked to religious experience for long and has predominantly been related to divine forgiveness in the framework of Christianity and with returns to God’s path or to teshuvah in the worldview of Jews. Nevertheless, to grant, experience and express forgiveness may or may not yield more harmonious and peaceful viewpoint and lead to spiritual peace

for individuals who are not even religious. Therefore, an improvement of nonreligious spirituality may be one of the importance of forgiveness. Forgiveness can be very beneficial in preventing problems and promoting people's well-being. Thus, it enhances the feeling of welfare which is very beneficial to a satisfying life and more individuals approve of that (Raj,

Elizabeth & Pardmakumari, 2016). The authors asserted that when persons forgive wrongdoers, there is a feeling of problem that has been removed and the individual turns to experience more optimistic feelings and this leads to improved sense of welfare.

The positive outcome of forgiveness also includes the enhanced feeling of self-acceptance. Self-acceptance through self-reflection aids people in recognizing and correcting their mistakes, allowing them to enjoy more serenity. Acceptance, respect, and forgiveness are essential in the lives of those who forgive in order to be at peace with themselves. This mindset enables individuals to progress in life. To reach peace, they must then let go of grievances against themselves or others (Worthington, 2001).

To practice forgiveness may earn such benefits that, the people develop strength and improves the talents to effectively deal with challenges of life. Practicing forgiveness may also assist persons to develop capability to assess the problematic interpersonal situations more realistically and utilize effective coping strategies. This involves accepting responsibility for solving the problem, seeking accurate information about problem, developing action strategies in solving the problem, and having a positive opinion of one's ability in solving problems. Hence, forgiveness can lead to enhanced

psychological and physical welfare and to a deepening of relationship with the” wrongdoer (Raj et al. 2016).

Forgiveness contributes greatly to the individual’s personal growth (Toussaint, et al, 2001). The individual becomes much opened, less stiff, and passionately steady, develops general relation fulfilment, and achieved sense of purpose and meanings in life. Indeed, forgiveness may improve general health.

Forgiveness Models

The models that are proposed by therapists to promote forgiveness interventions are discussed as follows:

Process Model of Forgiveness (Enright, 2001): This model is based on the assumption that forgiveness is a process that entails gradual change in reactions to the offending person. The model places emphasis on changing feeling, thoughts, and behaviour towards those who have been hurtful. The process model of forgiveness is made up of a set of affective, behavioural, and cognitive that progress through stages, where individuals engaged in forgiveness process are encouraged to begin by making small changes such as refraining from making negative comments about the offender. That small change may lead to behavioural change which may be accompanied with change in thought and feeling about the hurtful individual (Ingersoll-Dyaton, Cambell & Ha, 2008). As stated by Freedman and Enright (2015), “As a moral response to injustice and deep hurt, forgiveness focuses on more than just decreasing anger and increasing self-esteem” (p. 5). Because forgiveness, is an ethical virtue, it includes extending good will and mercy towards the offender.

This occurs after admitting that one was hurt and expressing one's feelings related to being hurt. Again, learning to see the wrongdoer as a person who deserves respect, as well as better understand the offender despite his/her hurtful actions (Freedman & Enright, 2019). According to McCullough and Worthington (1994), process model of forgiveness can be generally categorised as effective for solving intra-personal or inter-personal conflict.

Enright model has 20 units or steps which involve four key phases. These are: uncovering phase, decision phase, work phase, and deepening phase. First stage or phase of forgiveness includes the victim's uncovering of the wrong and the evaluation of their aggressive feeling toward the offenders. This involved identifying psychological defences, recognizing and expressing annoyance over the transgression, and also acknowledging and evaluating the psychological harm brought about by the transgression. Thus, to consider forgiveness there should be a hurt or damage to one-self which is recognized. The harm can happen directly to the individuals or it can happen through secondary mechanisms by the perception of one's self being hurt because of injury done to a family or friend (Akhtar & Barlow, 2018).

Secondly, individual explores understanding of forgiving, considers the likelihood of forgiving being a response, following pledge for forgiveness (Akhtar & Barlow, 2018). During this phase, the person who is hurt surrenders her/his right to retaliation. Individual makes a truthful assessment of their past coping strategies and determine whether the strategies adopted have helped him/her to experience peace and joy. If not, then the decision is made to consider forgiveness as an option.

Thirdly, the work phase requires mental reframe which is viewing the wrongdoer clearly to develop empathy and kindness for him/her and to accept agony felt (Akhtar & Barlow, 2018). It is a period during which the victim attempts to acquire understanding and compassion for the offender, accept the pain, and give the offender a gift. This understanding process is known as "reframing." Reframing is the victim's attempt to detach the perpetrator from the crime and see him or her through new eyes. In the third phase, the victim works to accept the offense's suffering, to hurt and lament instead of passing the pain on to others. The victim then gives the offender a physical or emotional gift, such as a note, a kind remark, or a forgiveness proclamation (Enright, 2001).

Finally, at deeping phase, the victim discovers meaning in the forgiving process, the significance of their suffering, the purpose of their lives, and the liberation forgiveness can provide. Victims through the process learn to face the future with the confidence that they can survive whatever life throws at them (Enright, 2001). The model recommended that people who are involved in the act of forgiving should start by recognising a single individual who is being cruel, and then apply to one individual the skills of forgiveness and later generalise to others who have been hurtful. Forgiveness, in relation to the model, includes a number of skills that can be learnt. Enright also recommended the usage of journals during the act of forgiving and provided many questions which people may utilize for reflections (Ingersoll-Dayton, Campbell, & Ha, 2008). The process model is linked with important short-term and long-term improvements in depression, anger, self-esteem as well as increase in forgiveness towards a focal person and towards others in general. It

is also associated with short-term improvement in health functioning such as coronary heart diseases (Ingersoll-Dayton et al., 2008). The model is effective for an individual and a group-based intervention.

Pyramid (REACH) Model of Forgiveness (Worthington, 1998, 2001): This is a one-to-eight-hour psychoeducational and cognitive-behavioural model.

The approach was created to produce a sequence of “emotional, cognitive, and behavioural” experiences which result in calm openness.

Worthington (1998) proposed a forgiveness pyramid that posits empathy, humility, and commitment as three fundamental components of forgiveness. Empathy for each other's predicament is seen to be important in establishing a softer climate between couples, allowing them to risk forgiven themselves. Humbleness for each of the partners advances the procedure by demanding, the offended individual recognizes that he or she isn't faultless by remembering time he upsets the wrong individual. Worthington, conjectures that the acknowledgement of a man inadequacy and an individual's own inadequacies bring the understanding that forgiving, which set free wrongdoer from his hatred, annoyance, or vengeance, should be the right thing that must be done; consequently, forgiving is viewed as a normal answer to compassion and humbleness (Worthington, 1998, p. 64).

Worthington's pyramid model later became known as the REACH pyramid model. REACH is an abbreviation used for a five-step forgiveness procedure. The pyramid model of forgiveness is made up of five-step intervention process. Firstly, hurt person have to recall the injury (R) by admitting a wrongdoing and assessing the injury state. Secondly, the individual develops empathy for the offender (E), hence the intervention focus

on encouraging each partner to empathize with the other person's condition. Writing a letter from the other person's perspective or explaining the hurtful events in a session from the other's perspective are examples of interventions. Thirdly, both parties asked to "give an altruistic gift of forgiveness" (A), whereby partners reflect on moments if they require and grant forgiving, as well as the influence forgiveness has had on them. This encounter may help you develop humility by allowing you to see that you are not flawless. It encourages awareness of individual partner's pain, as well as a desire to help them by forgiving them.

When counsellor considers that the participants encountered sufficient sympathy, and consequently advanced adequate humbleness in taking the step, the fourth step in the paradigm which is for the partners to verbally commit themselves to forgive (C) is initiated. In the final step (H), the companions are given encouragement to find means in which they can hold on to forgiveness, in times of difficulty since it is unavoidable that past pains would be recalled (Worthington, 2001). Three emotional experiences are said to be necessary for the model's effectiveness: empathy, humility, and commitment.

The REACH model provides information to members on how unforgiving harmfully affect their physical, mental and emotional health. The interventional procedure places emphasis on helping participants in what ways to recognise, admit and acknowledged their moods of annoyance, hurts, and or vengeance. The REACH model is effective in changing attitudes and emotions expressed towards the offender as the model is associated with decrease in revenge and increase forgiveness. Lijo (2018) suggested that the model is effective for helping couples or partners to resolve interpersonal offense.

Model of Recovery from a Marital Betrayal by Gorden and Baucom:

Gorden and Baucom (cite in Gorden, 2003) introduced a process model that they describe as a model of recovery from a marital betrayal that is composed of three stages to help couples that are hurt by their partners, Gorden (2003).

Stage 1: “impact, stage 2: definition and stages 3: moving on. Each of the stages have specific cognitive, behavioural, and affective component. In stage 1, impact, the couple primarily respond to the shock of the betrayal, and the couple cognitively addresses the need for forgiveness and recognizes violated standards. Cognitively, the couple also evaluates disrupted assumptions about the world and people and their attributions concerning the intent to harm.

The emotional component of this stage includes emotional fluctuation (shock, repression, and denial) and intense effect (hurt, anger, shame, guilt, depression, and anxiety). The behavioural factors that can influence the couple’s progression through the impact stage are question and discussions about the betrayal (for example: rumination, interrogation, punishing the partner and retaliation).

The purpose of stage 2 definition is for the pair to understand why disloyalty happened and what it means for the relations (Gorden, 2003). The pair attempts to put the incident in context, change attributions, and restore understanding on a cognitive level. This stage's emotional focus is on recovering control and legitimizing emotions. This stage's behavioural characteristics involve the couple focusing on their own and their partners' reactions. Encouraging behaviour(s) aimed to making one spouse seem more necessary and desire to the other partner are examples of behaviours that the

couple should be aware of. Importantly, in order to progress to another stage, the partners must first create a different understanding of their relationship.

Moving on is the final stage, which needs the couple to deemphasise the earlier disloyalty and deep annoyance and get past skewed cognitions and the cycle of retribution.

Forgiveness model by Shults and Sandage (2003): Another process forgiveness model provided by Shults and Sandage (2003) was a 3-step process. The target is first convinced to cry because of the infraction. A "psychological and spiritual practice of acknowledging and feeling the emotional suffering generated by an interpersonal disagreement" is what lament is defined as (Shults & Sandage, 2003, p. 93). The lamentations allow the hurt to consider seriously the negative effect of the wrongdoing likewise involves in uncertainty and interrogation of the maker that permitted the situations to occur. Furthermore, lamentations allow victim in experiencing and expressing anguish and hopelessness. Sorrowful/lamenting is when compassion in psychotherapy or counselling relationships is critical. Once the use of forgiveness in psychotherapy comes, Schweitzer (2010) emphasized the importance of hearing with tact. As the therapist pays attention and offers a fresh association knowledge and basis for the hurt to utilise to process his unpleasant experience, forgiveness is achieved. As a result, (Schweitzer, 2010) offered the following suggestions: (a) be non-judgmental, (b) practice active listening, and (c) utilize questioning to form interpretations.

Second part of Shults and Sandage's (2003) forgiveness model is to encourage empathy on the victim's part, towards the wrongdoer. Here empathy is engrossed on the ability of the victim to perceive the wrongdoer in

her or his own individual situation. This is the idea of liberation. That is, the victim begins to comprehend the relation context for her or his relations with the victim - the friendship that leads to victimization – as well as a comprehension of the offender's context which also leads to victimization.

Empathy allows the victim to recognize that wrongdoers are victims as well, and that they are likely to be victimised by others as a result of their own victimisation. Empathy is also a relationship between divine and human forgiveness (Shults & Sandage,).

The extending of narrative horizons is the third and last aspect of forgiveness. That is, as the victim regrets the incident and expresses compassion for the abuser, she or he begins to practice forgiveness. The idea of being a forgiving person is fostered through the specific exercise of clemency in a specific scenario. By expanding the narrative frontiers within a particular transgression and behaviour of forgiving to acting and being a forgiving individual, the victims start to go into a narrative trajectory of being a forgiving individual. To put it another way, the injured starts to exemplify the virtue of forgiveness.

Hargrave's (1994) model: Family therapy sessions are highly conducive to forgiveness treatments (Hargrave, 1994). Forgiveness is crucial in the process of sustaining freedom in relationship. The forgiveness process is divided into two groups in Hargrave's model that is “exoneration and forgiveness.” Exonerations contain two positions; understanding and insight which, according to him, empowers the victim of injustice to relieve the burden of guilt from the perpetrator of the wrongdoing. The ability to notice and change the damaging tendencies that perpetuate unjust re-enactments requires insight.

Comprehension permits for acknowledgement of the restrictions of the victimiser without eliminating responsibilities of theirs (Sells & Hargrave, 1998).

Second of Hargrave's categories is forgiveness. It consists last two positions: allowing recompense and obvious action of forgiving. The victim gives a chance to the offender to behave in a restorative way in the association by involving in truthful acts by providing an option for reparation. The open disclosure of earlier damaging behaviour, as well as the demonstration of alternative relational patterns, are all part of the obvious actions to forgive. Hargrave, different from various model, hasn't viewed forgiveness as a series of steps. Instead, he sees it as reciprocal contact among the 4 positions as a gradual efforts for forgiveness and re-establish friends. Relational ethics is at the centre of the model. Hargrave created this as a family therapy that is intended to help couples resolve marital disputes (Lijo, 2018).

Decision-based forgiveness model: Forgiveness is a procedure which takes time and emotive preparedness, according to the evolving literature (e.g., Enright & Human Developmental Study Group, 1991). For some, according to DisBlao (1998), this may be a slow process. He then tried out a method for speeding up the process and putting it to use in therapy. People, he claims, appear to have the ability to forgive swiftly when emotions are high or a need is urgent. As a result, forgiveness was defined in such a way that people might choose whether or not to forgive (DisBlao, 1998).

The mental/cognitive let go of anger, bitterness, and the craving for retribution is defined as decision-based forgiveness. It isn't, however, constantly the end of emotive sorrow and suffering. Although cognitive

functions are dynamically connected with emotional states, emotions do not have to control them (DisBlao, 1998). The essence of forgiveness, according to Baskin and Enright (2004) (citing philosopher Neblett), is the decision to forgive, as well as the pronouncement "I forgive you." Several crucial things happen when someone decides to forgive and declares it. First and foremost, the forgiver has passed a critical boundary. He or she has transitioned from resentment to not allowing resentment to control the interactions. Though the forgiver might be feeling resentful still, the forgiver decides not to let it govern him or her.

Secondly, the forgiveness choice and statement demonstrate that the forgiver is fully aware of his or her new status. In other words, the "forgiver isn't letting go of animosity because he or she took a memory-loss drug or just waited for time to pass. Instead, the decision is a watershed moment in terms of who the forgiver is (I am one who forgives), who the forgiven is (He/she is deserving of respect), and what their relationship might look like as a result of the decision. As a result, the focus on forgiveness as a choice places the construct squarely in the cognitive domain.

Victims become empowered in the decision-based paradigm while they adopt mental/cognitive decisions that foster agreement in relationships of theirs, inner peace, and, for client believing and tranquillity by God. When forgiveness is discussed in therapy, it is frequently vaguely explained and considered as a continuous process. Hurt and pain can take a long time to heal, but making the choice to seek for forgiveness encourages recovery. A treatment which begins by forgiveness has the potential to foster goodwill among individuals as well as inner tranquillity. This permits treatment to

progress without being hampered by abusiveness and offences, allowing the client to work through difficulties as offended, rage, communication breakdowns, intimacy breakdowns, dysfunctional behaviours, and so on. A victim should not forgive out of surrender and utter contempt for his or her own self-integrity. A forgiveness-based therapy should aim to maintain the victim's and offender's self-respect while also acting to halt and/or prevent the incident from happening again (DisBlao, 1998).

McCullough, Worthington, and Rachal (1997) proposed the choice model as a method for building both cognitive and affective empathy. The authors' model consists of nine distinct components. The participants first built a rapport with the intervener, and then each analyse the traumatic incident and his or her attitude to it. To better comprehend empathy, the third phase involved employing vignettes and conversation. The fourth course was a didactic one in which the instructor explained the connection between compassion for an offender and finally forgiving them. Fifth, through written and spoken exercises, the participants engaged in cognitive reframing, focusing on the wrongdoer's state of psychology and overall lifetime circumstances. The respondents have been requested to remember times that they had to ask others for forgiveness. The respondents were urged to view the wrongdoer's behaviour in light of its situational factors during the examination of attribution errors that followed. Following that, there was a focus on the offender's needs and how forgiveness could improve the offender's well-being. Finally, the differences between repentance and reconciliation were examined, as well as ways for generalizing what had been learned.

Cognitive developmental model (1991): Based on Kohlberg's theory of moral growth, Enright and the Human Development Study Group created the initial model (Baharudin, Amat, Jailani & Sumari, 2011). The stages of Kohlberg moral development according to Spidell and Liberman (as cited in McCullough, Pargament & Thoresen, 2000) are: Firstly, heteronomous

morality, which entails I trust that authorities should decide on justices. Secondly, individualism, which involves, I had a feeling of mutuality that explains justice for me. As a result, if you assist me, I must assist you. Also, there are mutual interpersonal expectations, which I believe should be decided by group consensus. Fourth, there is the societal structure and conscience, in which societal laws serve as guidelines for justice. Furthermore, the social compact, in which people have a range of viewpoints while adhering to the ideals and regulations of their organization.

Finally, there is a universal ethical concept based on the preservation of all people's individual rights. There are six stages of forgiveness, one of which is *revengeful forgiveness*, which argues that forgiveness is only possible after retaliation equal to the person's sorrow. *Restitutive forgiveness* is the act of extending forgiveness in order to absolve oneself of guilt or to reclaim what has been lost. *Lawful expectational forgiveness*, forgiving occurs as a result of social pressure. To forgive because one adheres to an ethical rule like spiritual convictions, is known as lawful expectational forgiveness. For the sake of *societal agreement*, forgiving is extended as a way of lowering societal tension and maintaining harmony. Hurtful deeds do not change a lover's commitment to forgiveness as an act of love. Forgiveness keeps the door open to reconciliation.

The first two stages involve a misrepresentation of forgiveness when justice and forgiveness are being confused. Here, clemency can only happen after the offender has been exposed to vengeance or fitting punishment. The two central stages suggest that forgiveness is promoted by the societal pressure from significant others and forgiving and fairness are no longer in confusion state.

The fifth phase proposes that an individual wishes to forgive if the harmony of the society is re-established by the action of liberality. The final phase shows that an individual pardons unreservedly since it promotes a true logic of love. The model submits that as persons advance cognitive skills, they become more able to accept the viewpoints of other individuals.

These models highlight a fundamental variance. The first two models are process-based, while the rest are decision making-based models. This means forgiveness can be process-based and decision-based. This study will be carried out using only the process-based models. This decision is based on the efficacy of the process-based models in counselling interventions. When comparing process-based models to control groups in counselling interventions for forgiveness and other emotional health measures like depression, anxiety, self-esteem, and anger, the process-based group interventions showed significantly greater effects than the decision-based group interventions (Baskin & Enright, 2004).

Concept of Depression

Meaning of depression: Depression is a complex condition that expresses itself in diverse ways in different individuals and is accompanied by a widespread range of signs. It's a state of mind marked by a continuous sense of sadness and a lack of interest. Depression has an impact on how a person's

senses, reasons, and acts, and can result in a diversity of emotive and physical difficulties. One may find it difficult to carry out typical everyday day activity, and one might sense as if life is not worth living (American Psychiatric Association, 2013). Unlike a normal mood fluctuation, depression is a severe psychological disorder characterized by emotional, motivational, behavioural, cognitive, and physical symptoms that prohibit people from doing even the most basic of daily tasks (American Psychiatric Association, 2013).

According to Rowe (2003), depression is a self-constructed prison comprised of a complex network of ideas about ourselves, others, and life in general. Rowe claims that the depressed believe in "real, absolute, and immutable truths" (p. 17), such as that one is evil and worthless and should never forgive others or herself, that other people should be feared and envied, that life is unbearable but death is worse, that things have always been bad and will only get worse in the future, and that getting angry is unacceptable. Leader (2009) claims that depression is a clinically and culturally created bodily disorder, and that lamentation and melancholia are the genuine moods or experience which "depressed people" have. It must be done with loss, which isn't limited to death or separation, but may also include things like circumstances, ideas, items, and a way of being in general. Leader (2009) explained the distinction between grief and melancholia by stating that in mourning, we weep for the deceased, whereas in melancholia, we die with them.

The frequency and harshness of signs, as well as the extent of functional impairments, indicate the severity of depression (either unipolar or bipolar depression). Depression goes by various emotional, physical, cognitive

and behavioural signs. Emotions of insufficiency and desperateness; sleeps disturbance; weight changes; weariness; anxiety or slowness in moving and thoughts; and ideas of suicide are just a few examples (Nieuwenhuijsen, Verbeek, Neumeyer-Gromen, Verhoeven, Bültmann, & Faber, 2020).

In addition to the symptoms, it's possible that people will have trouble concentrating and making judgments. "Working memory", "attention", "executive functioning", and "processing speed" are all affected by these "cognitive symptoms." Trouble in concentration is frequently emphasised as principally projecting in depressed people, (American Psychiatric Association, 2013). Indeed, difficulty concentrating and difficulty making decisions, are being recognized with patient as some of the most wearisome indicators of depression.

Depression is frequently episodic, with period of complete or part sign remission. Full remission or a reduction in symptoms is linked to improved functioning and a lower risk of relapse. Partial remission with some symptoms persisting is a common concern following treatment. These are sometimes referred to as "ongoing" or "remaining" symptoms. Sleeplessness, a lack of focus, difficulties making decisions, and a depressed mood are all common symptoms (American Psychiatric Association, 2013).

It's crucial to distinguish between bipolar and unipolar depression because the symptoms of both are different. Excessive sleeping and high levels of daytime exhaustion, increase in appetite and weight gains are common signs of bipolar depression. People who suffer from unipolar depression, on the other hand, have a habit of waking up frequently throughout the night, and in some cases, early in the morning. Although some people with

unipolar depression gain weight and have an increased appetite, it is more common for them to lose appetite and weight. In bipolar depression, anxiety signs are significantly more frequent. According to Cuellar, Johnson, and Winters (2005), worry illnesses like obsessive-compulsive disorder, panic disorder, and social anxiety disorder affect halve to two-third of individuals who have bipolar depressions.

Conceptual Framework of the Study

The investigator's understanding of how numerous factors in her/his research interact is referred to as the 'conceptual framework'. As a result, it specifies the variables that must be included in the research study. It serves as the researcher's 'road plan' for carrying out the investigation (Regoniel, 2015). A conceptual framework, according to Miles and Huberman (1994), is a visual or written product that explains the essential components to be studied, the key factors, concepts, or variables and the hypothesized relationships among them, either graphically or in narrative form. It refers to the researcher's genuine thoughts and views concerning the phenomenon under investigation. The intervention models (the Process and REACH models), forgiveness, and depression and also individual characteristics like age and gender are identified as variables in this study.

The models are serving by means of the independent variables whereas forgiveness and depression, are the dependent variables. The personal variables namely age and gender, are moderating variables. Baskin and Enright (2004) proposed adopting a process model of forgiveness in counselling has the capacity to decrease depression, and improves mental health and increase the willingness to forgive. The REACH model has also

proved to be effective in helping individuals with hurt to forgive the offender (Worthington, 2020).

The conceptual base of this experimental study is that forgiveness and depression are constructs which are functions of emotions. This suggest that when participants are taken through a well-planned and designed intervention programme using the process model and REACH model of forgiveness, the participants' forgiveness levels will improve, which will eventually lead to a reduction in depression. Beneficiaries of the forgiveness counselling may react significantly different to the intervention on the bases of gender and age.

The conceptual framework is illustrated in a diagram form in Fig.1

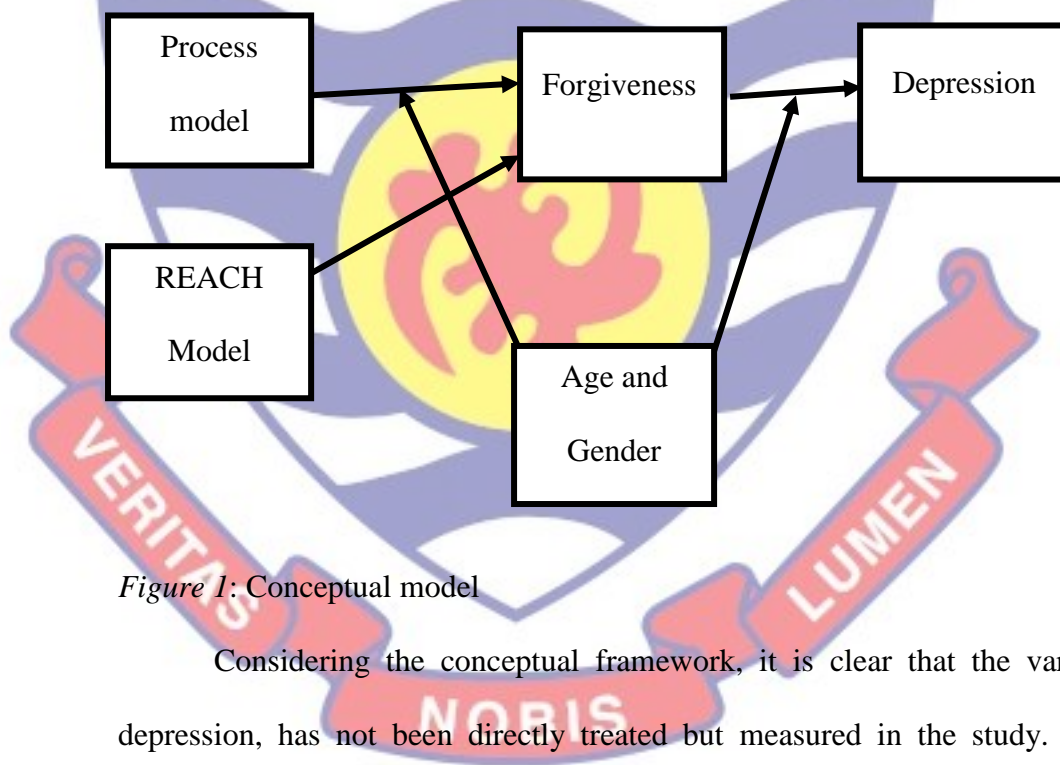


Figure 1: Conceptual model

Considering the conceptual framework, it is clear that the variable depression, has not been directly treated but measured in the study. The reason is that depression, is not directly measured but rather forgiveness. This is because it is a distal measure (Rye & Pargament, 2002). The key target of the study is to measure forgiveness using the process model and REACH model. Forgiveness, thus is the variable directly measured because it is a

proximal measure (Rye & Pargament, 2002). It is clear from the figure 1 that forgiveness is directly measured rather than depression. Seeing the relations between depression and forgiveness as mental well-being variables, it is obvious that when forgiveness is increased, depression is eventually reduced. On the other hand, increase in unforgiveness would lead to low level of forgiveness, negative affect, negative behaviour and negative cognition which would lead to an increase in depression. Also, age and gender are serving as moderating variables between process model and REACH model as well as forgiveness and depression because age and gender can have influence on forgiveness and depression levels of participants of the study.

Empirical Review

Several experimental researches are being undertaken to assess the degree to which forgiveness programme promotes the mental well-being of adolescents and adults' population who experience relational violence. Experimental studies evaluated the impacts of forgiveness intervention on spheres of well-being like mental functioning, and psychological well-being problems like stress, depression or anxiety.

Enright and colleagues as a result of much empirical study related to forgiveness, conducted claimed, forgiveness is the main part of mental curing. Effect of forgiveness treatment on the psychological well-being of twelve female incest survivors from a Midwestern city was studied by Freedman and Enright, as cited in Raj, Elizabeth, and Pardmakumari, (2016). They discovered that when research participants forgave their perpetrators, they had stronger self-esteem and hope, as well as reduced depression and anxiety, than

the controlled group of similar victims that had not received forgiveness counselling.

In a comparable study in the United States, Coyle and Enright (cited in Raj, Elizabeth, and Pardmakumari, 2016) adapted the intervention for guys who were angry with their partners' abortion choices. In this study, the five men who got individual forgiveness counselling reported more forgiveness and less anxiety, anger, and grief than the five men in the control group. These findings demonstrate that particular forgiveness therapies can help both men and women who have committed serious sins improve their forgiveness and minimize their psychiatric symptoms. Rahman, Iftikar, Kim, and Enright (2018) assisted eight early adolescent females in Pakistan through forgiveness intervention. The participants were taken through forgiveness lessons using a group format, two times in a week for 4 months (32 hours). At the one-year follow up, individuals that did receive the forgiveness interventions as compared to individuals that received the usual treatment, were higher in forgiving and hope and lower in effect of unforgiveness.

Taysi and Vural (2015) report on a forgiveness curriculum with the Process Model for needy fourth-grade students in Turkey (N=74 in the experimental group and N=48 in the control group). At post-test, the experimental group outperformed the control group in forgiveness and hope, and anger declined more than the control group, but the two groups were comparable at follow-up, demonstrating the necessity of continuing forgiveness education beyond an initial effort.

Freedman (2018) conducted a study with 21 adolescents selected from alternative schools in a Midwestern region with the purpose of forgiveness

intervention. The teenagers were in the ages from 15 to 19, having average age of 17.3 years. Participants were randomized to one of two groups: Forgiveness Education (Experimental group) or Personal Communications (Control group). The forgiveness education's purpose was for participants to forgive someone who had badly injured them, and it was based on Enright's Process Model.

When compared to the control individuals, the experimental participants received more forgiveness and optimism and decreased more depression and anxiety following the lesson (Freedman, 2018).

Consequences on another aspects of wellbeing, like marital gratification, thankfulness, self-esteem, positive affect, spiritual-health and hope, were investigated in a small number of cases (Lundahl, Taylor, Stevenson & Daniel, 2008). There are numerous therapies aimed at improving people's ability to forgive, both on a levels of personality (e.g., disturbed couples, incest survivors, and victims of parental abuse) and on a group level (example., incest survivors, victims of parental abuse, human rights abuses, intergroup conflict and war). Experiments tracking the result of forgiveness programs demonstrate that they improved effect, lower the rate of psychiatric disease, and lower physiological stress responses, enhancing physical well-being and facilitating the repair of relationship connection.

In addition, Reed and Enright (2006) compare forgiveness therapy (FT) to an alternative treatment (AT; anger validation, assertiveness, and interpersonal skill building) for emotionally abused women who had been permanently separated for two or more years in their study. Twenty psychologically abused women from a Midwest city in the United States that permanently separated or divorced for 2 years at least took part in the study.

Women who have been emotionally abused have harmful psychological consequences after the violent spousal relations had ended. Participants met with the intervener individually after being matched, yoked, and assigned to a therapy group. They discovered that FT participants improved much more than control subjects in depression, trait anxiety, posttraumatic stress symptoms, self-esteem, forgiveness, environmental mastery, and finding meaning in suffering, and that these gains were maintained during follow-up.

Toussaint, Shields, Dorn, and Slavich (2016) looked explored the impact of lifelong stress on young adults' mental and physical health, emphasizing how stress harms health while forgiveness protects it. The risk and resilience characteristics of 148 young adults from a mid-sized liberal arts college campus in the Midwest of the United States, as well as their lifetime stress exposure histories, dispositional forgiveness levels, and mental and physical health, were investigated in this study. The analysis again indicated a categorised strain and forgiving interactions impact, with persons who forgive more having stronger links between stress and mental health. Their findings suggest that learning to cope in a more forgiving manner can help people avoid stress-related disorders and improve their mental health.

Osei-Tutu et al. (2020) study 260 Ghanaian Christians who have been injured previously and decided to offer forgiveness to their wrongdoers. Participants were placed into two groups: immediate and delayed treatment, and participants were randomly assigned to REACH interventions customized for Ghanaian culture using a waiting-list method. Individuals who got the treatment had higher forgiving and conciliatory impulses, decisional and affective forgiveness, forbearance, and dispositional forgivingness. Amal,

Fatima, and Oraib (2014) highlighted the growing evidence for the premise that forgiveness can improve mental health in their research. The researchers wanted to see if there was a link between forgiveness, personality qualities, and mental health among university students at Jordan's Al-Balaq'a Applied University. The study enlisted the participation of 450 students, and the findings revealed that forgiveness characteristic and mental health had a significant association.

The researchers determined that forgiveness intervention enhanced participants' overall psychological health by using the Psychological Profile of Forgiveness Scale to measure the degree to which they forgave their perpetrators. As a result, there was a connection among forgiving and better psychological well-being among older women. College students and men whose partners had abortions, Hebl & Enright (quoted in Raj, Elizabeth, & Pardmakumari, 2016). In another study participants in all three studies had been assigned randomly to forgiveness counselling or a control dialogue session if they harboured ill will toward previous wrongdoings. In none of the control sessions, the topic of forgiveness was discussed. After 8-week period, experimental subjects in the older female group had greater self-esteem, anxiety, and depression than control subjects; experimental college subjects had higher readiness for forgiveness, attitude towards parents, hope, and anxiety than control subjects; and experimental post-abortion female had greater readiness to forgive, attitudes toward parents, hope, and anxiety than control subjects Hebl & Enright (quoted in Raj, Elizabeth, & Pardmakumari, 2016).

In an experiment on US adults, “Karremans, Van Lange, Ouwerkerk, and Kluwer (2003)” modulated forgiveness and examined its impact on well-being. According to the study results, “forgiveness” demonstrated in married partnerships defined by strong interpersonal commitment was linked to life satisfaction, happy feelings, reduced undesirable/negative feelings, and greater self-confidence. Inability to forgive in such situations, according to the study, leads to aggravation and tension, which may act as a mediator between anger and forgiveness.

Raj, Elizabeth, and Pardmakumari (2016) investigated the experiences of persons who practice forgiveness, focusing on forgiveness markers, childhood antecedents, and the benefits of forgiving action. A total of 12 adults’ population in the US, which ranges from twenty-five (25) to forty (40) years of age were used for the study, and the result revealed that forgiveness enhances physical and psychological well-being. According to the participants, when they offer forgiveness to other people, they feel that a burden has been elevated, which leads to more pleasant emotions and also leads to an improved sense of wellbeing. As a result, forgiving may result into an increased physical and psychological mental health as well as a deeper relation with the offender. Participants stated forgiving had a significant impact on their personal development. They had grown further opened, less rigid, and passionately steady, as well as acquired general association pleasure and a sensation of purposes and meanings.

In contrast, Evensen (2013) discovered that forgiving is not always the appropriate thing to do in his “Q-methodological study of people's subjective experiences of forgiveness and how it can launch personal development.”

Based on the victims' comments that some actions are unforgivable, and by connecting this to instances in which the victim could not relate personally to the transgressor since they do not have any common ground. He came to the conclusion that forgiving is not a simple or quick decision, and it will not change the outcome.

Stigma experience of Ghanaian mothers of children with autism spectrum disorders (ASD) and forgiving as the cope responses was investigated by Oti-Boadi, Dankyi, and Kwakye-Nuako, (2020). Six mothers of children with ASD were interviewed in semi-structured interviews. The findings of the study revealed numerous important themes, including mother's feelings, family/societal reactions, forgiving factors, and forgiveness impact. Mothers said they were stigmatized by their societies and families. Many discussed attitudes toward others, themselves and God before recounting how forgiveness served as a coping resource that dramatically improved their well-being.

Bono, McCullough, and Root (2008) conducted two distinct studies with 115 Southern Methodist University undergraduate psychology students (91 women) and 165 University of Miami undergraduate psychology students (112 women). The findings of the two studies were merged to assess whether to forgive is related to mental health. The two studies had been fairly reliable in supporting these ideas, which was in accordance with previous findings (Karremans & Van Lange, 2004). These findings support the notion that mental health could be served as a determinant of the accessibility of optimistic societal relationships, that positive societal relationships are a critical human need (Ryan & Deci, 2000), and that forgiving obtains its

optimistic relations with well-being by assisting in the restoration of valuable social relations.

In another study, Akhtar, Dolan, and Barlow (2017) studied eleven persons from England and Ireland, eight men and three women, ranges in the age from 27 to 50 years, who were involved in Novel Religions, Buddhists, Muslims, and Secular organisations. Participants had been requested to partake in the research if they encountered the standards to have exercised forgiveness responding to a relational hurt. Types of hurts that participant felt had been associated to parent love deficit, romantic partner damage, and moods of abandonment in professional relationships. Participants discussed the detrimental effects of not forgiving others on their mental health and well-being. Participants described how a lack of forgiveness causes their minds to "freeze," making them "less dynamic" as well as "emotionally and intellectually slow." Many of the respondents believed that forgiveness has a very strong link to the seeming feelings of psychological health which includes reduced adverse impact, confident feelings, confident interactions with other individuals, divine development, to have a feeling of sense and drive in lives, and a higher feeling of authorisation.

At Islamic Azad University, Asgari and Roshani (2013) used 300 undergraduate college students in a study to determine validation of the Scale of forgiveness and relations among forgiving and psychological well-being. The findings of the study revealed a connection among forgiveness and psychological wellness. They came to the conclusion that when someone forgives others' mistakes, it changes the forgiving person's thoughts about the offender, and this change improves the forgiving person's mental health while

also having good spiritual and psychological effects on wrongdoer, potentially improving the offender's behaviour. As a result, forgiving may be a means to improve one's psychological and physical health, as well as one's sense of fulfilment in life.

Lawler- Row and Piferi (2006) evaluated 425 adult examinees which ranges from 50 to 95-year-old in a Midwestern metropolis, looking at the forgiveness characteristic as well as health-related variables. According to the data, forgiveness has a positive relationship with healthy behavior, social support, mental welfare, and psychological wellness, and a negative relationship with sadness and stress, but no relevant relationship with physical symptoms. Toussaint and Webb (2005) found that persons who forgive flaws have less worry, anger, and depression after analysing 18 studies of consequences of forgiving on psychological wellbeing. Berry, Worthington, O'Connor, and Wade (2005) demonstrated that forgiveness can improve mental health by improving social support, interpersonal performance, and healthy behavior in four studies including 179, 233, 80, and 66 undergraduate students. Furthermore, forgiveness improves people's physical health through enhancing their connections with their partners.

In addition, a study conducted by Brown and Philips (2005) with 200 college students from the University of Oklahoma found that forgiveness is a predictor of decreased level of sadness. Furthermore, Maltby, Macaskill, and Day (2001) used 324 Sheffield Hallam University participants in a study titled “inability to forgive yourself and others” to investigate the relations among social desirability, character, forgiveness and community wellbeing. To fail to

forgive oneself is linked to greater level of depression and nervousness in both male and female, according to their findings.

Lawler, Younger, Piferi, Jobe, Edmondson, and Jones (2006) used eighty-one community adults to investigate the specific effect of forgiveness on health. Their research indicated that to forgive has an important influence on well-being and stress reduction. The researchers employed 158 undergraduate participants from East Tennessee State University in Hirsch, Webb, and Jeglic's (2011) study to investigate the mediating effects of depression on association among suicide behaviour forgiveness. They discovered that, even when depression symptoms were taken into account, high forgiveness of individuals was linked to reduced level of suicide behaviour. When facilitating the repair of relationships, forgiving of individuals might permit somebody to cognitively and emotionally proceed beyond traumatic situations (Enright, Freedman, & Roque; Fitzgibbons, cited in Hirsch, Webb, & Jeglic, 2011). They discovered that depressed symptoms moderated the association between self-forgiveness and suicidal behaviour, with higher forgiveness related with less depression and, as a result, less suicide behaviour.

Lawler-Row and Piferi (2006) found some evidence that forgiving others is associated to health in a study of 425 persons aged 50 to 95 years. According to the study, a forgiving disposition is associated with reduced stress, subjective well-being, psychological well-being, and sadness.

Dispositional forgiveness of others, according to Wai and Yip (2009), can help people cope with the negative consequences of conflicts, as well as generate expressive communal relationships and mental health. The researchers

investigated if forgiving people has an effect on one's psychological well-being through interpersonal adjustment. A total of 139 respondents partake in the research, providing data on dispositional forgiveness, interpersonal adjustment, and mental health. Disposition forgiving of individuals advances relational modification and mental health and might defend against undesirable personal experience and viewpoints linking to sadness/depression.

Again, Barcaccia, Pallini, Pozza, Milioni, Baiocco, Mancini, and Vecchio (2019) investigated the link between forgiveness and depression in 773 teenagers, 69 percent of whom were girls. According to the findings, more forgiving adolescents were less depressed and had a lower general inclination to experience rage. Their findings revealed that forgiveness protects people from depression by assisting them in efficiently controlling and managing their emotions and boosting their mental health. They came to the conclusion that concentrating on forgiveness in psychotherapy or counselling could help people feel less depressed and happier. However, according to Carvalho et al., 2010 (quoted in Barcaccia, et al., 2019), there is no direct link between forgiveness and HB and depression. As a result, forgiveness has an inverse relationship with depression and Hedonic Balance (HB).

Forgiveness and Mental Health

The association among forgiving rate and students' psychological wellbeing was investigated by Ghobari, Keyvanzadeh, and Vahdat (2008). The Enright Forgiveness Inventory was used to choose a sample of 420 students from Tehran and Iran Medical Sciences University, the findings revealed that people who have greater forgiveness had a reduced amount of depression, anxiety, and interpersonal issues than students who have unforgiveness.

Several researches investigated among students in colleges showed positive connection between forgiveness, mental health, and hope (Berry, Worthington, O'Connor & Wade, 2005). Improved levels of forgiveness were associated with higher self-esteem and lower levels of anxiety and depression in a group of 26 older women who were randomly assigned to either a forgiving or a control condition. The Enright et al (1991) therapeutic paradigm was adopted by the forgiveness group. Furthermore, forgiveness education with parentally love-deprived college students resulted in high forgiveness, high self-confidence, good styles of parenting, and decrease worry and sadness (Hebl & Enright, cited in Raj, Elizabeth, and Pardmakumari (2016)).

Freedman and Enright as cited in Raj et, al (2016), implemented forgiveness interventions to 12 females incest survivors using the process model. The female of the city of Midwestern, falls between 24 to 54 years-old Caucasians. In comparison to their pre-treatment scores, the results showed large gains in forgiveness and optimism, as well as significant decreases in anxiety and sadness. Asgari and Roshani (2013) found that forgiveness and mental health have a significant relationship based on the validation of the forgiveness scale and a survey of the relationship between forgiveness and mental health among college students at Islamic Azad University. Similarly, research evaluating relations among forgiveness and spouses' psychological wellbeing found a significant link between the two (Saif & Bahari, cited in Asgari, & Roshani, 2013). To forgive, has positive relation with mental health and psychological health and has undesirable relations with depressions and anxiety. This may suggest that people who forgive fault usually show less anxiety, anger and depression (Asgari & Roshani, 2013).

In their study of 148 young adults to see if forgiveness can moderate effect of anxiety on well-being, Toussaint, Shields, Dorn, and Slavich (2016) discovered for the first time that forgiveness does buffer the negative effects of life time stress severity on mental health, and that this moderation occurs in a graded fashion. It was discovered that the severity of life-time stress had no bearing on the mental health of people who were the most forgiving. However, individuals with moderate levels of forgiveness and lowest level of forgiveness exhibited poor mental health respectively. According to Toussaint et al., many forgiveness people can be more adaptable repertoire of managing techniques which help them cope with stress's harmful effects on their health. Forgiveness, once again, may diminish the emotional or physical component of the strain reply which contribute to bad health. They also stated that forgiveness may allow healthier behaviours following substantial stress of life or might motivate many engaged attitudes to deal with manageable anxiety. When compared to other options, forgiving is linked to a lower negative impact (Worthington & Scherer, 2004). Failure to forgive has likewise been connected to psychological health issues such as depression in empirical investigations (Maltby, Macaskill, & Day, 2001).

Forgiveness and Depression

The association between forgiveness and depression is an area many researchers study into. For instance, Maltby, Macaskill and Day (2001) in their study sampled 324 undergraduate students (224 females and 100 males) to examine relationship between unforgiveness and mood and the outcome indicated that for males and females, failing to pardon people was positively linked to depression. Thus, to fail to forgive offenders is conveyed by high

depression among males and females. Forgiveness at the level of global disposition, across situations and relationships was investigated by Brown (2003). The propensity to forgive scale was designed as a brief, coherent measure of dispositional forgiveness to relate to depression. Data supported the distinctions among propensity to forgive, attitudes about forgiveness, and revenge seeking constructs. The tendency to forgive scale scores were found to be negatively connected to depression. According to Hirsch, Webb, and Jeglic (2011), greater forgiveness is linked to less depression and, as a result, less suicide behaviour. According to national research published by Eisenberg, Gollust, Golberstein, and Hefner (2007), 17% of students tested positive for depressive symptoms, with 9% meeting the criteria for serious sadness.

Toussaint, Williams, Musick, and Everson-Rose conducted another study that found forgiveness leads to a reduction in depression (2001). Their study utilised data from a nationally representative, random sample of 1,423 persons aged 18 and up to investigate relationship among forgiveness, depression, and hopelessness. Their depression models revealed that higher forgiveness of others leads to a reduction in depression. Individuals who expressed great level in forgiveness for others had a lower hopelessness level and are less probable to be labelled as clinically depressed. This expresses the significant of forgiveness of others in promoting well psychological wellbeing and indicates, forgiving might be a significant predictor of depression. The study provides viewpoint on how forgiveness and depression may be related over an extended period.

Reed and Enright (2006) compared the effectiveness of forgiving treatment grounded on the model of Enright forgiveness process to an

alternate treatment among twenty mentally harmed females in Midwest City that were subjected to spousal emotional abuse but were divorced abusive partner for at least two years. Forgiveness therapy was designed to assist women in letting go of bitterness and revenge, as well as cultivating kindness. The forgiveness therapy was more effective in reducing depression for these

women. Rye and Pargament (2002) investigated the effect of forgiveness on college women who had experienced a variety of types of wrongdoing during the course of a romantic relationship and the result found forgiveness and depression to be negatively related. Lowest, it appears clear that individuals who do not forgive feel much annoyance and sadness.

There is evidence that anger rumination negatively relates to forgiveness and positively relates to negative affect. It may be that when an individual does not forgive, he or she is prone to increased anger rumination. This rumination will stimulate memories and feelings associated with the wrongdoing, and may result in the wrongdoing being relived over and over again. Therefore, it is likely that rumination will contribute to depression. Given these relationships, it may be probable that anger reflexion intermediates the relations among forgiveness and sadness (Rye & Pargament 2002). Barcaccia, Pallini, Pozza, Milioni, Baiocco, Mancini and Vecchio (2019) reported that forgiving people have lower depression as they reported a lower general tendency to experience anger. Their results suggested that forgiveness protect individuals against depression.

Forgiveness and Physical Health

Forgiveness is thought as a managing mechanism which minimizes severe unfriendly anxiety and, as a result, promotes better health. Negative

health impacts, on the other hand, would be certainly quantifiable if individuals had been habitually not forgiving. It is possible that people who were often forgiving for years had no harmful health effects in the sense that they steadily used alternate methods of lessening unforgiveness (for example, passing verdict on God, or tolerating tragedy of philosophy) (Worthington & Scherer, 2004). Numerous investigators had looked into the association between forgiveness and health at various ages. Toussaint, William, Musick and Everson (2001) discovered that mid-aged persons forgave people and felt forgiveness from maker more than adults that are young. In comparison to younger persons, older adults were more proactive in their forgiveness. In the elderly, there was a link between health problems and forgiveness, but not in other age groups. When people are exposed to positive emotions on a regular basis, it can take more time for them to advance health problems. This suggests a relation between emotional forgiveness and good health.

Forgiveness and Gender

There is a scarcity of psychological research that specifically investigates the impact of gender on forgiving. According to Macaskill (2005), female undergraduate students in the United Kingdom scored higher on state forgiveness than male students. Forgiveness by the state refers to the forgiving of a particular offense. On the other side, Maltby, Macaskill, and Day (quoted in Matsuyuki, 2011) found no gender differences in trait forgiveness among British undergraduates. In certain research, females were found to be more forgiving than males, but no gender difference was identified in others. Black (2003) demonstrated how a woman's sense of forgiveness might be intertwined with traditional feminine gender roles in one qualitative study. To

better understand gender disparities in forgiveness, Black suggests looking into offense-specific forgiveness as well as the context of forgiveness.

In a study using a convenience sample, Toussaint and Webb (2005) revealed no gender differences in state forgiveness among adults in a community in the United States. Nonetheless, according to Toussaint, Williams, Musick, and Everson-Rose (2008), female adults had greater trait forgiveness ratings than male people. In a study of recently married couples, Miller and Worthington (2010) discovered that husbands scored better on overall marital forgiveness (i.e., trait forgiveness in the marital relationship) than wives. Miller, Worthington, and McDaniel (2008) revealed that females were shown to be more forgiving than males on average based on a meta-analysis of empirical studies on the association between gender and forgiveness (small to moderate significant difference).

Past studies have discovered that religion, gender roles, and empathy have an impact on forgiveness differences between men and women. Women, for example, were found to be more religious and spiritual than men, which could have influenced their attribute forgiveness (Toussaint et al., 2008). Walker and Doverspike discovered that Christian who endorse and internalize masculine gender stereotypes have difficulty forgiving others (cited in Matsuyuki, 2011). Although women were found to be more empathic than men, empathy toward the offender was found to be positively connected with forgiveness for men but not for women (Toussaint & Webb, 2005). Females are more forgiving than males, according to Fehr, Gelfand, and Nag (2010), whereas males are more vindictive than females.

Forgiveness and Age

Studies have shown that age difference can have influence on one's willingness to forgive. However, Lundahl, Taylor, Stevenson, & Daniel, (2008), suggested from his findings that age, gender, status of life don't limit the effectiveness of interventions of forgiveness. In contrast, Konstam Holme and Levine (2003) recommended that actual forgiveness is related with ages. Similarly, Lopez, Serrano, Gimenez and Noriega (2021) also said that forgiveness interferences are not only efficient to decrease negative state and to increase positive state with young age category, also with older adult category.

According to reports, older persons are more ready to forgive others, and when they do, their self-reported mental health improves more than that of younger adults (Kent, Bradshaw & Uecker, 2018). This is in line with Girard, Mullet, and Mullet's findings (cited in McCullough, Bono, & Root, 2005) that older people are extra forgiving and less revengeful as compare to young individuals. In a sample of people surveyed, Mullet, Houdbine, Laumonier, and Girard (quoted in McCullough, Bono, & Root, 2005) discovered that forgiveness is positively associated with age. Their studies again indicated that younger persons are more probable for forgiveness since they are driven by personal and social considerations. This is also in line with earlier study, which reveals that older people forgive mostly because they believe forgiveness should be performed unconditionally (McCullough, Bono, & Root, 2005).

According to Carstensen's socioemotional selectivity theory, stated in McCullough, Bono, & Root (2005), as people get older, their goals move

away from future-oriented goals and toward more present-oriented goals like emotional satisfaction. People grow less motivated to maintain a large number of interpersonal ties after realizing that life is getting shorter. As people get older, they choose social partners based on their emotional value, which optimizes emotionally satisfying results, and they become more invested in the relationships they wish to keep. Women's depressive symptoms are connected by unforgiveness later, and trait forgiving is greater in the elderly (Lawler-Row & Piferi, 2006; Ermer & Proulx, 2016). The need of elderly individuals in making wisdom of life and experience and connection into a cohesive wholes prior to life come to an end leads to more forgiveness among the elderly.

Cheng and Yim (2008) studied whether age differences in temporal perspective contribute to the age trend in forgiveness. Ninety-nine young individuals and 91 seniors have been assigned randomly to one of the 3 experimental conditions: time-expanded, time-limited, or neutral. Participants with a shortened sense of time demonstrated higher levels of forgiveness when their time of senses were altered by letting them assume that they will be receiving a medicine that would extend lives. Elderlies were more forgiving than younger adults, while those in the time-limited condition were more forgiving than those in the time-expanded or neutral conditions regardless of age. Time-expanded manipulation resulted in lesser forgiveness than the neutral control. Age and time perspective interaction indicate older persons Time-expanded manipulation leads to lesser forgiveness than the control group. Furthermore, when people's future perspectives are limited, forgiveness is really more beneficial to them (Allemand, Hill, Ghaemmaghami & Martin,

2012). Even though relational infractions are almost unavoidable, people may grow more forgiving as they get older because forgiveness helps them retain emotionally gratifying relationships. As a result, forgiving becomes more important as people get older because they want to maintain solid and helpful relationships (McCullough, Bono & Root, 2005).

Causes of Depression

Studies have reported that depression has been caused by a number of factors. A mix of biological characteristics (genes, biochemistry), psychological characteristics (personality traits), and social events are most likely to induce depression (circumstances of everyday life). Goldberg (2006) highlights genetic, hormonal, and social factors in a review of the causes of depression that could explain women's depression predominance. Very low self-confidence turns one of the key contributors in the onset of depression. Goldberg suggested saying, men who experience low self-esteem are likely to suffer depression, and these men are expected to “suffer in silence” and “take it like a man.”

The importance of biological characteristics and complicated sociocultural influences attracts concern to the function of personality elements connected with gender roles in explaining the female's substantial depression tendency. Females have greater rate of depression than that of men, this is owing to greater rate of poverty, sexual harassment, child abuse, and chronic stress induced by social power and status constraints (Goodwin, & Gotlib 2004). The authors further said that, multicultural research has found a link between women's depression rates and social roles and cultural influences.

One, of many societal aspects which developed from depression study is the link between stressful life events and gender. On one hand, girls appear to be subjected to sexual exploitation more frequently than the boys, making them more vulnerable to later stressful lifetime happenings; on the other hand, victimization and bullying are substantially linked to later depression in only girls (Goldberg, 2006). Mistreatment and oppression, particularly throughout childhood and adolescence, may result into depressing consequences in males alike (Cochran & Rabinowitz, 2000).

Female's lesser status in society, weaker occupation status and economic status and the silence of their views and wishes to safeguard the relations lead in a loss of control over their environment (Nolen-Hoeksema, Larson, & Grayson, 1999). Not only do women tend to hide their thoughts, but they also appear to have less options. They also believe that those who have a few high ambitions and/or do not have a strong feeling of perceive decision are at risk because they have limited options for self-definitions and self-evaluations at the time their major aims are challenged. The circumstances are most probable to cause depression in females.

Sinokki, Hinkka, Ahola, Koskinen, Kivimaki and Honkonen (2009) reported that social support is also other influence which has played a part in causing sadness. Some researchers feel, social support improves mental health in general, and that friendship and family networks are important. They claim that bad psychological well-being has been related to inadequate societal funding, and that depression is connected to inadequate societal assistance at work... They discovered a link between social support and the intensity of depressed symptoms. Again, both genders have a strong link between marital

satisfaction and depressed symptoms. Females, on the other hand, are much probable to develop depressive symptoms as their marital happiness declines.

Impact of Depression

People with depression experience various effects. Patients with depressive disorders appear to abuse alcohol and substance especially the male gender. Again, individuals with hopelessness have undesirable visions of himself/herself, future and the world forming the so-called “negative cognitive triad” (Lenzo, Toffle, Tripodi, & Quattropani, 2016). According to some data, cognitive impairment and other depressive symptoms such as insomnia, emotional discomfort, and fatigue had a higher effect on work-related outcome than the illness itself.

When depression is left untreated in old age, it develops into a chronic illness with significant rates of morbidity and mortality. After three years, two third of people identified with depression had either deceased or mentally sick, according to studies (Anderson, 2001). In the United Kingdom, sadness affected 10–15 percent of adults over 65 who live at home. It is the most frequent and treatable psychological well-being problems in old age, but it can become a chronic disorder if not treated (Anderson). He claimed that physical sickness and handicap, events of lives, societal remoteness and seclusion are all linked to depression. Suicide and natural mortality rates are higher in people who are depressed in their later years. Sickness, request for well-being and societal services, and the expense of public upkeep can all be reduced with early detection and simple intervention.

Arguing about the influence of depression on lifetime occurrences, Goldberg (2006) noted that women are more vulnerable to stressful life events

than males, but he did acknowledge that there may be a gender-difference in the qualities-of-life event knowledge. Although adversity was found to be much common in females, it was found not to fully be accounted for the increased occurrence of mild emotional illnesses.

Furthermore, Goldberg claims that during childhood and adolescence, girls build more close one-to-one connections than boys, linking the roles of traumatic events of life. He argued, this causes girl to have much distresses in the associations, that increases their likelihood of acquiring emotional problems. To act out in a potentially self-destructed manner, like irresponsible drive or abuse of alcohol, is part of distraction response style. This appears to be one of the key aspects of male depression, as it is closely linked to how men express their depressive mood. Culture does have an impact on coping mechanisms, and it appears that women's inclination to blame themselves, which leads to low self-esteem and sadness, is partly culturally driven (Cochran & Rabinowitz, 2000).

As a result, men who have a cultural preference for more action-oriented coping approaches may benefit from externalizing blame, maintaining greater heights of self-confidence, and are able to use “problem-solving techniques.” According to the response style model of depression, men commit suicide at a higher rate than women, in spite unipolar depression is more common in women. American males are 4 times more possible than females to commit suicide. Although both males and females testified identical depressed signs, a study of college students discovered that males testified much dangerous and possibly suicide actions (National Institute for Health and Care Excellence, 2013). Cochran and Rabinowitz (2000) mention

additional features which related to higher suicide in men, including: Suicide in the family has resulted in isolation from others, poor health, and family upheavals such as violence, incest, alcohol or substance misuse.

Depression and Gender

A significant role has been played by gender in depression studies, which is one of the few main psychological illnesses by which the term "gender" has emerged in one of two ways. It's most commonly used as an ill-defined suggested synonym for differences in the condition's incidence, prevalence, origins, or management between men and women. Gender has a part in how all persons react to distress feelings which ranges from basic negative impact to a major depressive incident, according to the gendered response framework (Addis, 2008). From a psychological standpoint, two features are being recognized as causative agents to the gender gap in depression: interpersonal orientation and rumination. Women's greater levels of these constructs, according to researchers, are linked to their higher incidence of depression. Major depression is much common in females as compare to males. In 2010, the world-wide yearly occurrence is 5.5 percent for females and 3.2 percent for males, which reflects 1.7-fold higher happenings in females (Albert, 2015).

Despite the fact that women are twice as likely to be diagnosed with serious depression as men, population-based estimates reveal that a large percentage of men are affected, and research suggests that the gender gap is closing. According to experts and practitioners in the field of men's mental health, main sadness/depression can be hidden in men, which may lead to an underestimating of the genuine rates of men suffering from the condition

(Cochran & Rabinowitz, 2000). Men are almost half as likely as women to be diagnosed with major depression; a fact that has long been known.

It's also been suggested that the prevalence of depression in men has been underestimated, owing to the fact that men are more likely to express depression in ways that do not match the symptoms produced by structured interviews based on the Diagnostic and Statistical Manual of Mental Disorders (DSM) (Cochran & Rabinowitz, 2000). Men's increased prevalence of substance use disorders, for example, is likely due, at least in part, to the existence of underlying depression. Leaving aside the possibility that some men may hide or express depression in different ways than women. Genetic factors, social learning of gender roles, and coping and response styles are among explanations that have been proposed to explain this sex difference. Males were low probable than women to meditate and are much probable to divert themselves when they are depressed (Nolen-Hoeksema, 2002).

Males were low probable than female to search for treatment for sadness. Evidence shows, male and females experience depression differently on averages and respond differently to the disease. It must be pointed out that none of the outcomes relates to differences in the expressions of the illness per se (that is, symptom differences); thus, reports that there are no differences in the number of hospitalizations for depressive episodes between men and women imply that both sexes suffer from the same level of depression (Nolen-Hoeksema).

Men and women both experience depression the same way, according to Brownhil, Wilhelm, Barclay, and Schmied (2005), but the distinction is in what men 'do' when they are down. They claim that depressed men adopt five

coping methods to deal with their concealed pain: risk-taking, violence, substance misuse, and hostility. They try to "ignore the difficulties; "numb it" by abusing substances; "escape it" by working long hours; "hate me, hurting you" by self-harm or annoyance-linked conducts and cruelty; "going over the line" by committing suicide, for instance, when compared to boys and men of similar ages. Teenage, young adult, and middle-aged adult girls and women, according to Girgus, Yang, and Ferri (2017), are more likely to be diagnosed with unipolar depression and to have more depressive symptoms. According to Lee, Lee, and Kim, older women were more likely than older males to be diagnosed with depression based on clinical interviews or cut-off scores, or to have significantly more depressive symptoms based on standard assessments (2017).

Depression and Age

Depression, also known as "common cold" of psychological problems, is the most prevalent motive individuals search for psychological health treatment. In any given year, five to ten percent of adults in the United States suffer from serious form of depression, with another 3 to 5% suffering from mild versions of the illness. The female gender's depressive inclination does not reveal itself until adolescence, and significant disparities in the prevalence of depression begin at this age (Lenzo, Toffle, Tripodi, & Quattropani, 2016). Women have a greater occurrence of serious sadness as compare to women in overall populace, which has been regularly found. A negative connection between age and depression symptoms was discovered in a study of persons aged 18 to 87.

On the other side, depressive symptoms are thought to worsen with age. Significant increases in depression were found in the older groups (66 years and above) in an 8-year longitudinal study of depression among people aged 54 to 77, for example (Lenzo,et.al). According to Rothermund and Brandtstadter (2003), the link between age and depression is U-shaped because depressed symptoms decrease from young adulthood to midlife and then increase with increasing age, forming a U-shape.

Even though gender disparities in depression exist in adults and adolescence, according to Nolen-Hoeksema (2002), these differences are not frequently detected among college students. He showed, male adults in colleges are much prone than girls to responding to depressive signs by participating in actions which confuse the people from issues, a confusing reply style. When the older and middle-aged adults were compared to the college-aged adults, it was shown, the middle-aged adults and the older aged experienced much less sadness. Depression dropped consistently from college through middle age, reaching the least point in middle adulthood. At this point, depression levels” stabilized, allowing researchers to focus more on senior people's resilience and the lower occurrence of depression in old age (Nolen-Hoeksema, 2002).

Summary of the Review

The review of literature revealed that forgiveness is a construct explained by many scholars based on their understanding of it meaning, importance, effectiveness, needfulness and process. The review showed that forgiveness is a change in which motivation to search for vengeance and to

stop relating with a wrongdoer is diminished and the gloomy relationship towards the offender is improved.

To forgive has an influence on physical well-being of individuals. Forgiveness, again, is suitable for preventing problems and promoting health. Forgiveness might assist to curb the adverse effects of relational damage to health and societal relationship. The literature suggested that forgiveness by the individual who is hurt stands the chance of benefiting from improved physical health. However, an individual who does not forgive may have experienced illnesses of the cardiovascular or immune system than the person who is more forgiving for instance anger and resentment can complicate chronic pain.

In considering mental health, the literature revealed a meaningful association among psychological well-being and forgiveness such as depression. Thus, individuals who forgive experience low levels depression. Forgiveness therapy can help the people relinquish resentment and revenge and develop goodwill. The literature reviewed, indicated that individuals that do not forgive others experience depression.

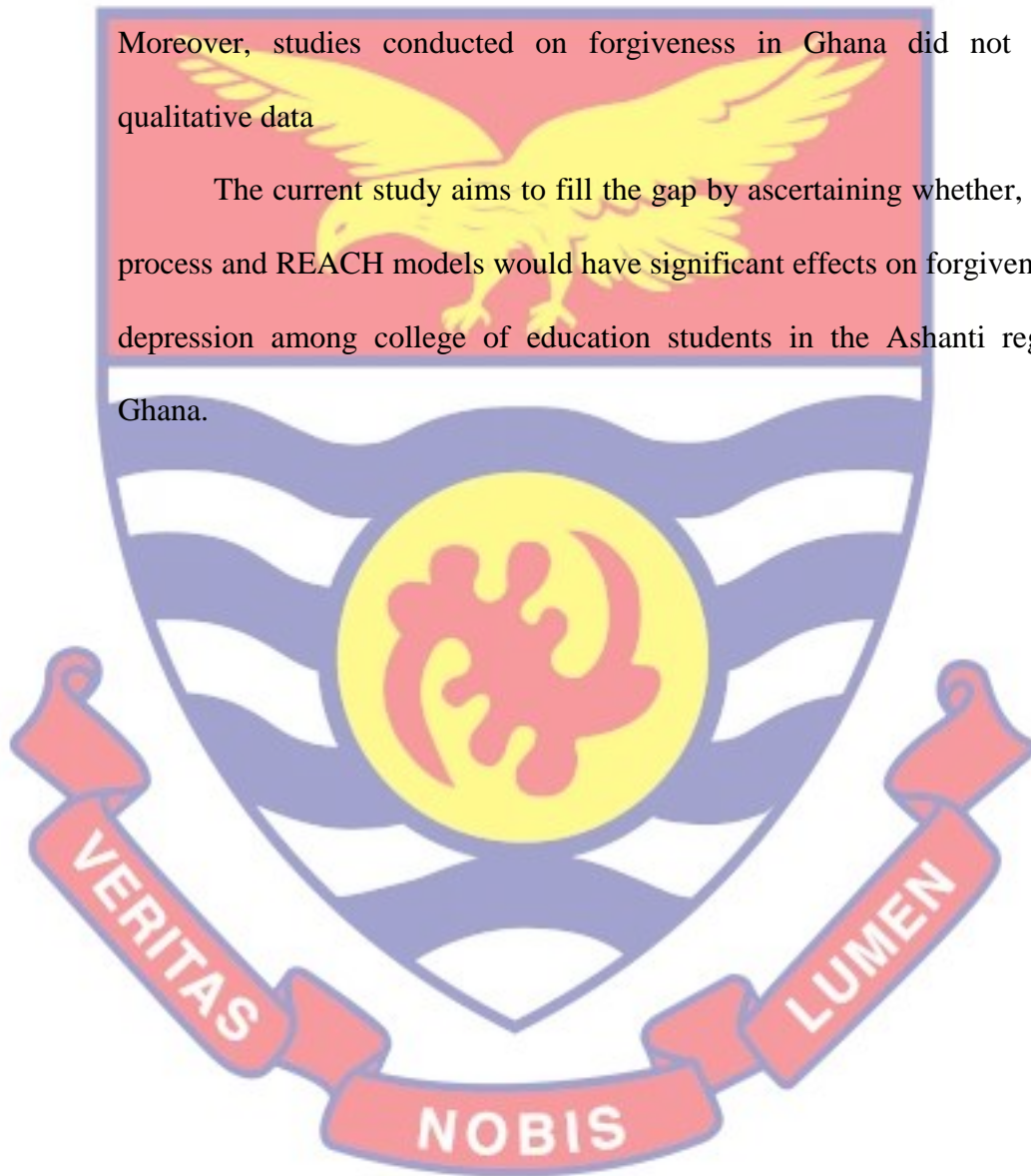
In terms of forgiveness and gender, the literature showed that women were found to forgive more than men thus, women were found to be more religious and spiritual than men, which might have contributed to women's trait forgiveness. On the part of forgiveness and age the literature indicated, older adulthood more often are eager to forgive individuals than the young ones.

The literature reviewed showed that, the process and REACH models have effect on psychological well-being and forgiveness variable like

depression on college students and people who are not students as well. This clearly indicate that forgiveness interventions are therapeutic because it promotes mental and physical health of people. Currently, it seems no forgiveness studies have been conducted using, the Enright process model and REACH model to find out the effects on forgiveness and depression in Ghana.

Moreover, studies conducted on forgiveness in Ghana did not involve qualitative data

The current study aims to fill the gap by ascertaining whether, Enright process and REACH models would have significant effects on forgiveness and depression among college of education students in the Ashanti region of Ghana.



CHAPTER THREE

RESEARCH METHODS

Introduction

This chapter discussed the various methods that were employed to undertake the research. The following were the sub-headings that were discussed; research paradigm, research design, control of extraneous variables, population, sample and sampling procedure. Other issues that were discussed related to instrumentation and the procedure for data collection. Finally, treatment procedure and the procedure for data analysis were also described.

Research Paradigm

In educational research as stated by Mackenzie and Knipe, (2006), the term paradigm is used to describe a researcher's 'worldview'. The research paradigm acts as a lens that the researcher uses to view the world; therefore, it reflects the worldview of the researcher. This worldview is the perspective, or thinking, or school of thought, or set of shared beliefs, that inform the meaning or interpretation of research data. The research design and the data gathering methods employed for this research were informed by considering the assumptions underlying pragmatist research perspectives. This was considered necessary because Creswell (2009) stated that an investigator needs to think through the logical global assumption he/she brings to the study because the worldview largely shapes our understanding of the study. Creswell and Clark (2018) established that researchers in their study have the flexibility to use paradigm that they consider best and fits the perspective of their specific study.

Pragmatism is a paradigm classically related to qualitative and quantitative approaches, which works from a different set of assumptions. According to Tashakkori and Teddlie (2003), pragmatism is one of the paradigms that provides a philosophical foundation for mixed methods research. According to the pragmatist, the researcher's judgment on the most appropriate research methods is based on the phenomenon under study.

The pragmatists circumvented the use of philosophical notions such as truth and reality that have instigated much never-ending discussion and debate (Tashakkori, & Teddlie, 2003). Asserting that there is a single "real universe" and that individuals have their own unique interpretations of that world is not problematic, according to pragmatists. Inter-subjectivity is an important feature of social existence for pragmatists. The pragmatic emphasis on knowledge development through lines of action refers to the various forms of collaborative activities or projects that individuals or groups might undertake (Morgan, 2007).

They assert that effectiveness should be the criteria for judging value of research, rather than correspondence of findings to some "true" condition in the real world (Maxcy, 2003). To the pragmatists effectiveness is seen as finding out that the results "work" with respect to the specific problem that the researcher seeks to resolve (Morgan, 2007).

Epistemologically the pragmatists believe that the researcher is free to study what interests them and is of value to them. They are free to study it in different ways that they deem appropriate, and utilize the results in ways that can bring about positive consequences within their value system, instead of positioning themselves as a separated observers, interpersonal investigators, or

socially and historically contextualised investigators (Tashakkori & Teddlie, Teddlie, 1998). Judging the suitability of a research method should be based on relations among the investigator and the investigated, if it attains its aim (Maxcy, 2003).

Pragmatists like James, Dewey and Mead in early days were much specific when it comes to the ethics. Ethics of care, was their axiological belief hence stress much on it, (Mottier, 2004). Contemporary investigators employed the pragmatic paradigm view they hold the belief that the ethical goal of research is to gain knowledge in the pursuit of desired ends (Morgan, 2007). This is however defined as the practical philosophy of ethics in that all that is worth valuing is a function of its consequences.

Predominantly, the pragmatic paradigm uses qualitative and/or quantitative methods in their study. They believe that the research approach should be determined by the research goal (Patton, 2002). Pragmatists believe in adopting a variety of ways and avoiding being bound by a particular method, as post-positivist philosophers saw the scientific method to be (Maxcy, 2003). Rather, they see mixed techniques as a viable response to the pressures placed on researchers by the employment of only quantitative or qualitative approaches. Pragmatism allows the researchers to choose the approach which works better to answer their study questions, (Johnson & Onwuegbuzie, 2004). Research question is not characteristically significant and the approach is not spontaneously suitable or appropriate, it is the investigator who has made a decision concerning what is significant and appropriate, grounded on the investigator's group of reference (Morgan

(2007). Pragmatism paradigm inspire investigators to be instinctive about what they choose to study and how they choose to do so.

The researcher chose the pragmatism paradigm for the following reasons: the purpose of the study was to experiment and test how two models of forgiveness can work effectively on forgiveness and depression and also support result with qualitative information. Thus, the study intended to introduce qualitative study at the second phase to either support or refute the quantitative results. Maxcy, (2003) stressed that pragmatism paradigm is the best when using mixed methods since it does not constrain the researcher to a single method. Due to this reason, pragmatism was considered more suitable for this study.

Research Design

The mixed methods intervention (or experimental) design was used for the study. This is a mixed methods approach in which the researcher inserts the collection, analysis, and mixing of both quantitative and qualitative data within an intervention quantitative research design, Caracelli, Greene, and Greene, as cited in Creswel and Clark, (2018). Creswel and Clark, established that investigators can mix a qualitative strand within quantitative experiments to support aspects of the experimental design. This design was selected for the study because the researcher needed the information from qualitative data, to help explain variations (if any) in outcome responses and explain how the mechanisms may have worked during the intervention. Thus, qualitative data were to explain the outcome results and how the intervention worked. In this study the results for both quantitative and qualitative were integrated at the analysis of results to explain the outcome results and how the intervention

worked. Again, the different methods typically address different questions on qualitative and quantitative. In this study qualitative data were collected after the intervention was implemented.

Quasi-experimental, pre-test, post-test non-equivalent control group in this case was employed for the quantitative aspect and interview for qualitative data. According to Gay and Airasian, (2003) unlike true experimental, in quasi experimental subjects are not selected and assigned to conditions by the investigator

The quasi-experimental pre-test-post-test non-equivalent control group method was used because, the colleges were in intact groups instead of randomly composed samples. Furthermore, the design was ideal because, it was more frequently used, more practical and flexible to conduct, uses small sample size and where randomisation was not possible (Gravetter & Forzano 2015). I had 2 experimental groups formed and one control group. All the three groups took a pre-test after which the treatment groups were given the experimental treatment and the control group no treatment. Each group were post-tested by the end of the treatment. The post-test scores of the dependent variables were compared to ascertain the effectiveness of the treatment.

The intervention process was in line with pre-test, post-test, control group design. Table 1 indicates the procedure

Table 1: Pre-test, post-test, control group design

Group	Group A	Group B	Group C
Pre-test	O ₁	O ₂	O ₃
Treatment	X ₁	X ₂	
Post-test	O ₄	O ₅	O ₆

In table 1 O_1 , O_2 and O_3 represent pre-test, X_1 and X_2 represent the treatments that were carried out, and O_4 , O_5 and O_6 represent post-test. As the design indicates, the experimental groups, thus Enright process group (A), REACH group (B), and the control group (C) were all pre-tested and post-tested. Only the experimental groups (A & B) were given the treatment. Group C which was the control group was not given any treatment. The control group members were allowed to go about their normal life activities but they also took part in the post-test. To avoid diffusion the experimental and control groups were all located at different places.

The subsequent gathering and analysis of qualitative data was based on the one research question, this informed the interpretations of the quantitative outcomes. The findings then enabled the researcher to describe why respondent feels as he/she does. However, there was no follow-up to see whether the improvements gained by the participants after the treatment were continued or otherwise.

Study Area

The study area covered all the colleges of education in the Ashanti Region of Ghana. Specifically, three colleges of education thus, Wesley College of Education, Offinso College of Education and Akrokeri College of Education were selected. Interestingly, all the selected colleges could be found in the most popular towns within the Ashanti Region.

The colleges have been in existence for more than sixty years and have the mandate to train teachers for the basic schools in Ghana. They have also produced great number of professional teachers who are also imparting on the children at the basic level.

Regarding facilities, all these colleges have well-furnished classrooms, residence for students, science and computer laboratories and many others which are necessary for training qualified teachers for the nation. The colleges also have teachers who hold not less than master's degree in their area of specialism. Apart from this, the colleges also have counselling centres with qualified counsellors who do handle students with emotional problems.

In terms of population all the colleges together have a student population of about 1285. Due to the introduction of the new curriculum, all the colleges of education including the selected colleges are offering a Four-year Bachelor of Education programme. All the colleges are mixed and also have similar characteristics like their friends in other colleges in other part of the region.

It is perceived that most of these students who are mostly adult based on their relationship with family members, friends, teachers school authorities and others might have experienced hurt which might have had possible effect on their mental well-being. It is apparent that most of these hurts is affecting students learning and how they interact with others. Based on these issues, the study area was selected to examine the effects of Enright process and REACH Models on forgiveness and depression among college of education students with hurt.

Control of Extraneous Variables

Extraneous variables are factors that affect the consequence of the independent variable that the researcher might not be aware and therefore, are not controlled by the researcher. These variables tend to control or affect the independent variable negatively (confound) if the researcher does not control

them (Amedahe & Asamoah-Gyimah, 2018). Extraneous variables might involve, for instance: respondent factors: hence, respondents might vary on significant characteristics among the experimental and control groups; intervention factors: the interference might not be precisely similar for all the respondents, changing, for instance, in order, period, extent of intervention and help, and other practices and contents; situational factors: the experimental situations might vary. These things may lead to experimental errors, whereby the outcomes might not be due to the predictor variables (Cohen, Manion, & Morrison, 2007).

According to Leedy (2005), one main demerit of “quasi-experimental design” is, it has no control over entire extraneous variable. The existence of those variables may have made it very problematic to come out with conclusion about “cause-and-effect” relations. In order to increase internal validity, the investigator needs to regulate extraneous variables so, they can be ruled out as descriptions for any consequences detected.

To control the extraneous variables in this study, the intervention sessions were made interactive and activity-based to stimulate the interest of the participants. Likewise, the treatment period was not needlessly elongated to avert tiredness and dullness among participants. This controlled maturation and history biases. Selection bias was controlled by ensuring that there were no disparities to select themes for the comparing groups or when intact classes are employed as experimental or control groups. Undependable tests or instruments can introduce serious errors into experiment, to control this, the same instruments were used for both pre-test and post-test for the experimental groups and the control group. This ensured that any change in

behaviour or attitude towards forgiveness is observed between pre-test and post-test. This will also, eliminate bias in instruments used.

In order to regulate/control threats in relation to test, the period among the “pre-test and post-test” was sufficient to avoid the participants from remembering the matters. So, 14 days after pre-test and 14 days after the treatment was considered. The participants would recall the items used in the tool at post-test period when timing intervals among the “pre-test and post-test” is very short. This could be led to greater marks obtained in the post-test. Experimental mortality had been regulated by making sure extra two or three participants involved in the sample for the research. Also, participants in the experimental group refreshed during intervention meetings to inspire the subjects to be present. Analysis of Covariance (ANCOVA) was used in the data analysis to balance any extraneous variable on the dependent variable due to exposure to the pre-test. Thus, the influence of exposure to the pre-test was eliminated (Pallant, 2005). It should be stressed, though, that there are times where some factors affecting the internal validity of the research are beyond control (Mackey & Gass 2005), especially in educational research. An absolute control of extraneous variables is difficult, if not impossible.

Population

The target population of the study comprised all students in the three selected colleges of education in Ashanti Region of Ghana. The total population of the study was made up of 1,285 college students in the colleges of education in Ashanti Region, Ghana (College Handbooks, 2019). Fifty-five percent (55%) of the students were males, while 45% were females. Regarding the age, most of the students were between 18 and 23 years.

The accessible population for the study comprised all second-year students of Wesley College of Education, Offinso College of Education and Akrokeri College of Education admitted in 2019/2020 academic year. The second years were selected because they had spent more than a year in college, therefore can blend their campus and home interpersonal experiences to participate effectively in the study. The third years were not considered because of the college shift system they were out of campus.

Table 2: Population Distribution of Second Year Students by colleges

College	Male	Female	Population
Wesco	240	180	420
Offinso	270	160	430
Akrokeri	279	156	435
Total	789	496	1285

Source: Field data, (2020)

Sample and Sampling Techniques

The multistage sampling procedure was used to arrive at the sample for the study. Purposive sampling technique was used to select three colleges and second year students for the study. The colleges are Wesley College of Education, Offinso College of Education and Akrokeri College of Education. These colleges were selected because considering the colleges in the Ashanti Region they are the only mixed colleges that have high population of students.

All the one thousand two hundred and eighty-five (1285) second year students from the selected colleges were screened by administering Enright Forgiveness Inventory and Radloff's Depression Mood Scale and scoring the inventories. In this case individuals who scored below 210 and 16 on

forgiveness inventory and depression mood scale respectively were selected to participate in the study. In all, 402 second-year college students in the three colleges met the criteria in other words qualified thus Wesley college of Education 127, Offinso College of Education 134 and Akrokeri College of Education 141. Simple random sampling technique was then used to select a total of sixty (60) for the three groups. That is, twenty (20) participants per group (10) male (10) females who were unforgiving and had depression problem from each college. Gravetter and Forzano (2015), postulate that when doing experimental research, it is always appropriate to have a minimum number of 15 cases in each group to be compared. So, this assertion informed the determination of the size per each group. Similarly, Agi, (2017) indicated, a group counselling number could be ranged from 15- 20 members. In this situation, two groups were used as experimental groups. One group benefited from the Enright process model and the second received REACH model intervention, and the remaining one served as the control group.

Table 3: Distribution of Second Year Students by Colleges, Population and Sample Size

College	Population No,	of people who qualified	Final sample size
Wesco	420	127	20
Offinso	430	134	20
Akrokeri	435	141	20
Total	1285	492	60

Source: Field data, 2020.

In this case, participants from Wesley College of Education and Offinso College of Education constituted the experimental groups for the Process model intervention and the REACH model intervention respectively. Akrokeri College of Education, however, served as the control group.

Data Collection Instruments

Questionnaire and interview guide.

Enright Forgiveness Inventory (EFI) was developed by Enright (2001). This inventory is identified to be the most commonly used measure of forgiveness. The EFI consist of sixty 60- item objective self-report measurement of the degree of interpersonal forgiveness. The instrument is consisting of three primary subscales (affect, behaviour, and cognition) to assess six areas of forgiveness (absence of negative affect, presence of positive affect, absence of negative cognition, presence of positive cognition, absence of negative behaviour, and presence of positive behaviour toward the offender).

The subscales of Enright Forgiveness Inventory are presented as follows; The Affect subscale consists of 10 items for Positive Affect (1, 3, 4, 6, 7, 11, 15, 17, 18, and 19) and 10 items for Negative Affect (2, 5, 8, 9, 10, 12, 13, 14, 16 and 20). The Behaviour subscale consists of 10 items for Positive Behaviour (21, 25, 27, 28, 30, 32, 35, 37, 38, and 40) and 10 items for Negative Behaviour (22, 23, 24, 26, 29, 31, 33, 34, 36 and 39). Finally, the Cognition subscale composed of 10 items for Positive Cognition (44, 45, 47, 50, 51, 54, 56, 57, 59, and 60) and 10 tems for Negative Cognition (41, 42, 43, 46, 48, 49, 52, 53, 55 and 58).

The range is from 60- 360, with high scores representing high levels of forgiveness. Reed and Enright (2006) reports an alpha coefficient of 0.98. The instrument is rated on a 6-point Likert-type scale from response options as 1=Strongly Disagree, 2=Moderately Disagree, 3=Slightly Disagree, 4=Slightly Agree, 5=Moderately Agree, 6=Strongly Agree for positive items. Negative items, on the other hand are reverse-scored.

To obtain the Enright Forgiveness Inventory total score, all the sixty items are added to give a total score of 360. The attitude scale overall score ranging from 60 (less degrees of forgiveness) to 360 (greater degrees of forgiveness). The average mark is 210. Participants who scored below 210 were considered for treatment. In addition, five items of the instrument assess pseudo forgiveness (e.g., denial and condoning) whose score ranges from 5 to 30. Pseudo-forgiveness refers to the procedure whereby immature forgiveness is received in the need to reinstate the pre-conflict situation (Lijo, 2018). A response below 20 indicates, the participant has not engaged in pseudo-forgiving and therefore qualifies to be selected for the study.

The Depressed Mood Scale is a scale that measures how depressed one is, Radloff's 20-item Centre for Epidemiological Studies (Radloff, 1977). Depressive symptoms were assessed using the Depressed Mood Scale (CES-D). When participants were offended, they were asked to express how they felt or behaved in a certain way. To assess reaction, the instrument uses a 4-point Likert-type scale, with response options ranging from 1 (rarely or never) to 4 (always) (Most or all of the time). Radloff (1977) found that the CES-D has very good internal consistency with Cronbach's alpha of .85 using a general population and .90 using a psychiatric population. The CES-D has fair test-

retest reliability that ranges from .51 to .67 (tested over two to eight weeks) and .32 to .54 (tested over 3 months to a year).

The CES-D has excellent concurrent validity, correlating significantly with a number of other depression and mood scales. Higher scores of 16 points or more on the CES-D reflect higher depressive symptomatology. This indicates that the higher the score, the higher the depression. This means participants who scored high on the CES-D were considered for the intervention (Radloff, 1977).

Interview Guide

Interview guide was also prepared to further gather information on the effects of the intervention on college students who experienced hurts and also the effect of the intervention on the basis of gender. A semi-structured interview guide, consisting three items, to guide the interview process was developed.

Data Collection Procedure

Prior to the conduct of this research, the researcher collected an introductory letter from the Department of Guidance and Counselling of the University of Cape Coast, and ethical clearance from the College of Education studies Ethical Review Board from the University of Cape Coast to enable the me collect the data. The letter of introduction and ethical clearance were presented personally to the principals of the various colleges to ask for permission to use their students to participate in the study. Research assistants with professional counselling background were trained to collect pre-test and post-test data. They also assisted me to carry out the intervention.

This was done after the Principals of the Colleges of Education gave me the permission to contact the Heads of the Counselling Units of the colleges to nominate two (2) counsellors to be trained as research assistants to support in administering the pre-test and post-test and to conduct the intervention. The instruments were later administered to participants in each of the three colleges of education by the research assistants and the investigator. At each college, 20 respondents had taken part in the pre-test and post-test, that is 20 in Wesley College of Education as experimental Group A, 20 in Offinso College of Education as experimental group B and 20 in Akrokeri College of Education as the control group C. In sum, 60 participants took part in the pre-test.

In their intact groups, the experimental groups A & B and the control group C were each handled by two research assistants under the supervision of the investigator. These research assistants who were all professional counsellors and also have data collection and experiences in the area of the research were taken through five day training period, each period lasting for two hours before pre-testing of the instruments. The training was grounded on discussing the instruments, purpose and objectives of the study, how to facilitate forgiveness counselling using the Enright process model and REACH model to improve forgiveness leading to a reduction in depression, how to conduct pre-test and post-test in experimental research, test administration and scoring and finally data management.

In conducting the pre-test, 20 copies of both the Attitude Scale of Robert Enright and the Depression mood scale by Radloff were administered to the experimental groups A and B and the control group C. The researcher

briefed the participants on the reasons for conducting the research and guaranteed them of confidentiality and also urged them to give honest responses to the items.

Again, the researcher established a relationship with the students selected for the study before trained research assistants assisted me for the administration of the instruments. Participants were allowed to ask for explanation of any item(s) in the questionnaire(s) which may not be clear to them. To ensure that the presence of the research team does not influence the data collected from the experimental groups, the research team distanced themselves from the participants for them to feel free to respond to the items.

Conducting the intervention, the two experimental groups A & B thus Enright process model and REACH Model were used for the experimental treatment. The control group C was not given any treatment. Members in that group C were permitted to go about their normal daily activities. The experimental groups were taught by the researcher and the research assistants who have being trained for five days on how to use the models. The interaction was done for two hours per week for eight weeks. This was in agreement with Lundahl Taylor, Stevenson and Roberts' (2005) assertion that an effective forgiveness treatment must comprise a procedure that lasts for more than a day. Also, the two research assistants were allowed to handle at least two groups in each treatment condition.

Experimental group A participants were exposed to the sources of the hurt, how to react to hurts, cost and benefits of committing to forgiveness, broadening your view about the one that hurt you, nature of compassion and working towards and finding meaning in suffering. The experimental group B

was also exposed to sources and concept of forgiveness, recalling the hurt empathise with the one who hurt you, giving an altruistic gift of forgiveness, commitment to forgiveness and holding on to forgiveness. The interactions in the experimental groups (A & B) were in the form of discussion, role play, direct teaching instruction, reflections and doing homework. Interactions were done in a friendly environment to make sure participation was effective.

There was an interval of 14 days before the post-test was conducted after eight weeks of treatment. This was to ensure that participants do not replicate what they learned during the intervention period. Meanwhile, the instruments that were used for the pre-test were re-administered to the participants of the treatment groups and the control group so as to acquire the post-test data.

Again, after the quantitative data was collected and analysed at the end of the intervention qualitative data was also collected through interviews from 6 participants who were purposively selected to determine the effectiveness of Enright process model and REACH model on forgiveness and depression on the participant.

Before the interview, the interviewees were given copies of the interview schedule to study. This was done to make it easier for the interviewer and the interviewees to communicate. The interviewees were promised of their anonymity and that their identities would not be divulged at any time. The participants were not compelled to participate in the study. The informed consent and voluntarism norms were properly followed. Thus participant consent was sort and also were given the opportunity to voluntarily join the study or not. During the researcher's visit, all of the participants were

interviewed in their respective colleges. The interviewee was asked for permission to record the conversation. The recording was also played back to each interviewee after the interview. This was done so that participants may rectify their comments, add more information, or just confirm what they had said during the interview.

Pre-testing

A pre-test was carried out by the researcher. The questionnaire was scrutinized by my supervisors, other experts such counsellors and peers for discussions and comments. This aided in establishing the content validity of the questionnaire employed. The pre-test was done at St Joseph’s College of Education in the Bono Region. The college was randomly selected to carry out the test to ascertain the psychometric properties of the questionnaire. Second year students responded to the questionnaire, before pre-testing the students were made aware of the purpose of the study after which they were given the opportunity to voluntarily join. Afterwards a total of fifty (50) respondents were purposively selected to respond to the questionnaire. Feedback from the pre-testing was used to refine the questionnaire, and also for the estimation of the coefficient of reliability of the questionnaire. The Cronbach’s coefficient alpha was employed to ascertain the internal consistency of the questionnaire.

Table 4: Cronbach’s Alpha Reliability Estimates of the Scales Used

Dimension	No. of items	Cronbach Alpha
Affect	20	.86
Behaviour	20	.88
Cognition	20	.88
Depression	20	.86

Source: Field Survey (2021)

As presented in Table 4, the reliability estimates of the scales employed in this research ranged from .86 to .88. This showed the presence of high internal consistency among the items in each scale. Thus, it revealed the way the items hanged on each other to measure the constructs, since all the coefficients were above .80. From the viewpoint of Pallant (2010), a reliability estimates above .70 is acceptable and sufficient to ensure reliability. Based on Pallant’s claim, all the reliability estimates of the scales employed in this research were adequate and consequently reliable.

There was also the need to establish the stability of the traits being measured. To achieve this, the 60 participants who were selected for the study (and tagged as high on unforgiveness and depression), were once again tested after two weeks to determine the stability of the traits before the intervention. Table 5 presented the results of the test-retest.

Table 5: Test- Retest of the Traits Measured in this Study

		N	Co-efficient (R _t)	Sig.
Pair 1	Affect A & Affect B	60	.864	.000*
Pair 2	Behaviour A & Behaviour B	60	.889	.000*
Pair 3	Cognition A & Cognition B	60	.897	.000*
Pair 4	Forgiveness A & Forgiveness B	60	.872	.000*
Pair 5	Depression A & Depression B	60	.854	.000*

Source: Field Survey, 2018

NB: Construct labelled “A” were first testing, and “B” for the second testing.

*Significant at $p < .001$

As presented, Table 5, revealed stability in the traits under investigation. Therefore, there was stability over the time period for the two

administrations. With respect to affect, for example, a stability estimate of .864 ($p < .001$) was achieved signifying that participants had consistent affect towards someone who had hurt them. The thought about a person who had hurt the participants ($R_t = .897$, $p < .001$), the behaviour towards a person who had hurt them ($R_t = .889$, $p < .001$), and depression based on the hurt experienced from persons ($R_t = .854$, $p < .001$) were all steady over time period which the administrations were done.

Interview guide

The interview guide was pre-tested at St. Joseph's College of Education. Two students from the college were purposively selected and interviewed. For ethical reasons, the interviewees, a male and a female, were informed about the purpose of the pre-testing and their written consent was obtained for the exercise. They were contacted by phone prior to the interview through one of the research assistants. Information about the interview was given and the time and venue for the interview were agreed on. The students were also asked to give their verbal consent. Each interview lasted between 10 and 15 minutes.

The pre-testing showed that students needed time to think and compose their responses to the questions. Pre-testing the interview guide helped the me to estimate the time it would take to conduct the interviews and the type of questions students might ask for clarification.

Hence, the researcher decided to give them adequate time before prompting a response during the main study. In some cases, the questions had to be repeated before they attempted to answer. The interviewees fully

understood all the questions asked and answered to the best of their knowledge.

Trustworthiness of the Qualitative Data

The criteria for examining the rigour in both qualitative and quantitative studies are tradition validity and reliability (Kusi, 2012; Punch, 2014). Evaluating the reliability of study results requires researchers to make conclusions about the 'soundness' of the research relative to the use and appropriateness of the approaches undertaken and the integrity of the final conclusions. Guba as cited in Sinkovics, and Alfoldi (2012), was able to use 'trustworthiness criteria' to judge the worth of a study by using credibility, transferability, confirmability, and dependability.

To ensure trustworthiness the first element the researcher used was transferability of findings, in qualitative research this is equivalent to external validity or generalisability of findings in the quantitative study (Merriam & Grenier, 2019). The generalisation of quantitative findings is not a problem because the study is a mixed method, but for the qualitative finding it was difficult as suggested by (Merriam & Grenier, 2019)). For instance, the aim of the study was not to generalise the findings, but to establish the effect of Enright process model and REACH model on forgives and depression. Nevertheless, the problem under study might be similar to that of other countries. Nevertheless, when readers find similarities between their contexts and the context of the study, then they can transfer the findings to their individual contexts.

Credibility at qualitative phase is similar to the internal validity of the quantitative phase. The research's quality is related to the trustworthiness and

integrity of the study and the effort and ability to determine credibility depends on the researcher. Again, validity may also depend on the quality of the researcher's work during the investigation. Denzin and Lincoln (2011) asserted that, fairness is an important factor, and recommend that careful attempt should be made to prevent marginalisation the researcher should act positively with respect to inclusion so that every participant's voice is heard and their stories treated with fairness and balance. To ensure that; the interview was conducted in a language that is understood by both the interviewees and the researcher. To avoid misunderstanding; there was no bias during the interview to allow the free flow of information; my supervisors regularly inspected the process to help check for mistakes and problems in the study; three (3) independent raters with key knowledge in administration and analysis of data were given the instruments for a thorough check for flaws and problems in the study.

Dependability or consistency of qualitative findings relates to the reliability of findings in quantitative phase (Merriam & Grenier, 2019). The researcher did this by asking the respondents to either confirm or deny their statement after each semi-structured interview schedule. Furthermore, three independent raters who were not connected to the present study were given the work to analyse the interview transcript. After comparing notes from independent raters if they agree on 85% of the questions, themes and the findings, then we can presume that the work is consistent (Merriam & Grenier, 2019). There was 90% agreement among the notes from the three independent raters.

Confirmability of qualitative findings matches with the reliability of findings in the quantitative phase. The idea is heavily reliant on evaluation strategies such as assessing the investigator's consequences at all stages of the research process, reflexivity, and providing background information on the researcher's background and education. By way of ensuring that my personal philosophical position, experiences and perspectives do not influence the results, in obtaining information from the field, the researcher remained unbiased and ensured that my constructions were not viewed to emerge from the data directly, thus confirming the research findings and grounding them in the evidence or raw data.

Intervention Procedure

The intervention procedure was carried out in 3 phases namely: Pre-intervention phase, Intervention phase and post-intervention phase.

Pre- intervention phase

The phase is called pre-test phase. The questionnaire were given to the 3 groups so as to gather baseline data. The pre-test had been conducted 14 days prior to the treatment phase.

Intervention phase

Intervention had been conducted on several events in the form of therapy meetings for the experimental groups. Therapy meetings were carried out for two hours once in 7 days for 8 consecutive weeks. The control group, however, had not benefited from the psychotherapy meetings.

Post- intervention phase

The post-test phase, was the 3rd phase of the intervention. Afterwards the therapy/counselling interventions, the questionnaires were administered again to all the subjects so as to determine the impact of the treatments.

Treatment procedure

Each of the two treatment groups was taken through 8 weeks of forgiveness counselling lasting for two hours each. The session plans for the “process model” of intervention and the REACH model of intervention treatments are indicated in the appendices. The summary, however, is presented below.

The session plans for the Enright process model of intervention and REACH model of intervention treatments are indicated in the appendices. However, the summary, is presented below.

Intervention 1: Using Enright Process Model of Forgiveness

Week 1: Introduction, Welcoming and Orientation of participants

Objectives:

- a. Knowing each other and also establish the aims for the psychotherapy session.
- b. Establish rules guiding the conduct of the intervention.

Activities:

During the first week the research team and the participants introduced themselves after which set goals for the intervention, ground rules that guided the conduct of the intervention and determining the times of meeting. Finally, there was distribution of the training manuals for the intervention counselling to the participants. Members have been given chance to ask questions for

clarification. The researcher ended the meeting and the research assistants thanking the participants and also urging them to meet for the next session the following week at the same venue at the agreed time.

Week 2: The Concept and Sources of Forgiveness.

Objectives:

- a. Assist participants identify the sources of hurt.
- b. Explain what forgiveness is and what forgiveness is not
- c. Discuss the differences between forgiveness and reconciliation

Activities:

During this section the sources of hurt and circumstances leading to hurt, what forgiveness is and what it is not forgiveness, difference between forgiveness and reconciliation, were discussed. Participants were asked to do the following as home exercise: Who hurts you and how deeply were you hurt? And what are the reasons of wanting to forgive?

Week 3: Common Reaction to being hurt

Objectives:

- a. Assist participants identify some causes of hurt.
- b. Help participants identify the effects of hurt on their psychological wellbeing
- c. Help participants to find out the effects of deepening and easing hurt overtime.

Activities:

The research team and participants reflected on the previous week's assignment. Causes, effects and how they dealt with hurt as well as discussion on the effects of deepening and easing hurt time were discussed. Participants

were asked to write letters they intended sending to the person who hurt them (offender), discuss psychological problems and the struggles they endured as a result of their offense.

Week 4: The Cost and Benefits of Committing to Forgiveness,

Objectives:

- a. Assist participants to identify the cost of not committing to forgiveness
- b. Help participants to identify the benefits of committing to forgiveness

Activities:

There were reflections on the previous exercise. Participants discussed the issue of forgiveness whether it worked, and whether they would have to consider other alternatives instead of forgiveness. The research team together with the participants also deliberated on whether they were willing to consider forgiveness. Again, as homework participants were asked to write about four reasons why they consider forgiving and five reasons why they doubt forgiveness in their note books.

Week 5: Broadening your View about the Person that hurt you.

Objectives:

- a. Assist participants describe the feelings about the offender
- b. Assist participants identify what life was like for the person who hurt them.
- c. Assist participants view the person who hurt them based on global and spiritual perspectives.

Activities:

There was a reflection on the home work. The research team then introduced the topic relating to broadening their view about the person that

hurt them. There was a discussion on what life was like for the person that hurt them. They also looked at how they view the one who hurt them based on global and spiritual perspective. Participants identified the weaknesses in an individual's childhood stage, adolescents or adulthood stage and a mode of viewing the individual as convertible with-in your belief-system as home assignment.

Week 6: Nature of Compassion and Working towards Compassion

Objectives:

- a. To help participants explain the nature of compassion.
- b. To help the participants work toward compassion.
- c. To help participants identify change in their moods toward the individual who offended them.
- d. To assist participants, identify the kind of gift(s) they will give to the person who hurt them.

Activities:

There were reflections on the previous session's home assignment. This was done by using guided imagery exercise. Participants discussed whether they noted any change in their moods towards the individual who offended them. The research team led participants with interpersonal hurts to discuss the type of donations they would have given to the individual who offended them (offender)

Week 7: Finding Meaning in Suffering.

Objectives:

- a. Help participants identify what they learnt from being hurt and their experiences.

- b. Help participants to identify the novel purposes they might develop which involve how they interrelate with other people as they think about their suffering.

Activities:

Participants in this session were taken through how to find meanings in suffering/sorrow. The discussions were based on things they learnt from being hurt and their experiences from being hurt, whether it made them tougher, more sensitive or more matured. Participants discussed what new purpose they might develop which involved how they relate with other individuals as they contemplate their suffering.

Week 8: Practice, General Discussion, Evaluation and Post-test

Objectives:

- a. Identify specific problems that participants might have experienced during the intervention period.
- b. Assess at the progress of the group over the entire period of the intervention training.
- c. Appraise the individual growth, program achievement and leader's effectiveness.
- d. Conduct the post-test.

Activities:

There was a summary of all the activities of the sessions from 1-7. This required an open discussion on the whole intervention process. Here, participants were made to evaluate the intervention orally. The intervention session was then terminated. There was a follow up in two weeks' time where the post-test was administered.

Intervention 2: Using the REACH model of forgiveness

Week 1: Introduction, Welcoming and Orientation

Objectives:

- a. Get to know each other
- b. Discuss counsellors and participants' roles.
- c. Help respondents to mention their expectation and elect leaders of the group.

Activities:

The research team and the participants did self-introduction in this session, after that formulated goals for the intervention, established routines or rules that guided the conduct of the intervention and determined the periods of meeting were discussed. There was distribution of the training manuals for the intervention counselling to the participants.

Week 2: The Sources and Concept of Forgiveness.

Objectives:

- a. Assist participants to identify the sources of hurt.
- b. Explain what forgiveness is and what forgiveness is not.
- c. Distinguish between forgiveness and reconciliation
- d. Describe decisional forgiveness and emotional forgiveness.

Activities:

During this section the sources of hurt and circumstances leading to hurt, what forgiveness is and what it is not forgiveness, difference between forgiveness and reconciliation were discussed. Participants also discussed decisional and emotional forgiveness. Each participant was asked to write about five effects of emotional unforgiveness as homework.

Week 3: Recall the Hurt

Objectives:

- a. Help participants, recall the hurt.
- b. Help participants identify the difficulties involved in forgiveness.
- c. Assist participants, identify the benefits of forgiveness to a relationship.
- d. Enable the participants, identify the benefits of forgiveness to the forgiver.

Activities:

There was group discussion of the hurt and the difficulties involved in forgiving. There was also a discussion on benefits of forgiveness to a relationship and to the forgiver. Then each participant with interpersonal hurt wrote five (5) sentences about the importance of forgiving a transgressor as homework.

Week 4: Empathising with the One Who Hurt you

Objectives:

- a. Help participants demonstrate how to empathise with the one who hurt them.
- b. Assist members to write letters expressing emotions concerning the damaging events and the wrongdoer and also to express they are working toward forgiving a wrongdoer.
- c. Help members talk about the experiences of the hurt.

Activities:

In this session, participants were led to reflect on the previous week's assignment. The participants were then taken through how to empathise with

the one who hurt them. The research team after that encouraged participants to write letters expressing their emotions concerning the damaging occasion and the wrongdoer, and to indicate that they have been working towards forgiving the wrongdoer. Participants also talked about other's experiences concerning the hurt by using words like disappointed, annoyed, angry, worthless, pleased, satisfied and frustrated. Also, participants did the empty chair exercise with multiple repetitions with sympathy, compassion and love. Participants with interpersonal hurts did the following as homework. What were the reasons why you responded the way they did? And what were some of your reactions toward the offender?

Week 5: Altruistic Gift of Forgiveness

Objectives:

- a. Help members think about how they feel when they receive divine forgiveness after seeking forgiveness.
- b. Assist members to focus on how they feel when receive forgiveness from others after seeking forgiveness.

Activities:

There were reflections on the previous assignment. The participants were taken through focusing on feelings of freedom gained afterwards looking for divine forgiveness and forgiveness from other individuals. Participants who were hurt interpersonally wrote a letter of gratitude for being forgiven by someone who hurt them as homework.

Week 6: Commitment to Forgiveness

Objectives:

- a. Guide participants to explain commitment to forgiveness.

- b. Demonstrate how to present gifts to a transgressor.
- c. Demonstrate how to exchange gift with transgressor.

Activities:

There were reflections on the previous week exercise. The research team took participants through activities that encouraged them to commit to forgiveness. The activities involved presentation of gifts, shaking the hands of the transgressor. Participants wrote about how much they forgave emotionally and how they felt.

Week 7: Holding onto Forgiveness

Objectives:

- a. Discuss four (4) ingredients of holding on to forgiveness
- b. Help participants identify and demonstrate four (4) ingredients of holding on to forgiveness.

Activities:

The participants were led to recap the previous week's session. There were discussions on the topic holding onto forgiveness. Here the participants were made to discuss the following: love, compassion, sympathy and empathy which are ingredients of holding onto forgiveness. Ways of controlling rumination were also be discussed. Participants wrote about negative emotional feelings that worried them and how affected their emotional health and how forgiveness helped in overcoming these negative emotional feelings.

Week 8: Review of the Sessions and Post-test.

Objectives

- a. Summarise the preceding sessions;
- b. Explain matters that relate to treatment;

- c. Assess the treatment sessions.
- d. Administer the post-test.

Activities:

There was a summary of all the activities of the sessions from 1-7. This required an open discussion on the whole intervention process. Here, participants were made to evaluate the intervention orally. The intervention session was then terminated. There was also a follow up after two weeks where the post-test was administered to collect data for quantitative analysis. Data was collected after two weeks to prevent participants from replicating what they have learnt previously.

Interview with students

After the intervention procedure and quantitative analysis, the researcher also carried out interview to collect qualitative data to either support or refute the quantitative results. Out of the 60 participants who were sampled for the study, 6 participants were purposely selected and interviewed to help provide more information (qualitative data) to further explain how the intervention worked. According to Malterud, Stersma, and Guassora (2016) the more useable data are collected from each person the fewer the participant needed. They recommended that in qualitative study a sample size less than 100 require sample size between 5-30 people. Therefore, a sample of 6 was deemed sufficient for the qualitative analysis of this study.

Each interview lasted between 10 and 15 minutes. Purposively selecting the participants for the interviews, three participants were selected from the experimental groups. The rationale for the distribution of the sample

was that the researcher wanted each school to be well represented for the interview.

Data Management Issues

Data generated from the field needs to be documented and edited before one could analyse. In order to execute good data management practices, the researcher solely handled the filled out inventories. This was to make sure that information given out by respondents did not end up in wrong hands, owing to sensitive form of the data. The researcher securely stored the gathered data, and locked it up in a cabinet to prevent other people from accessing it. After the data were entered on the computer, a password was put on it, this was to ensure confidentiality. Again, respondents were required not to write their names on the instrument so as to provide anonymity to help ensure protection of respondents. Code numbers that were assigned were used to identify respondents.

The researcher ensured that accurate data were used so that results were verified and data could be reused in future. The data will be discarded after a period of five years by burning of the hard copies of the inventories and deletion of the soft copy which was protected by the password. All protocol recommended by the College of Education Studies Ethical Review Board (CES-ERB) - University of Cape Coast were considered.

Data Processing and Analysis

Quantitative data

The statistical software that was employed to analyse the data was the Statistical Product for Service Solutions version 21. In processing the data for analysis, the responded questionnaires were coded for tabulation. All items in

the questionnaires were verified and checked to ensure that the respondents had attended to all of the items in the questionnaire as well as the relevant areas of the questionnaires. In data analysis, descriptive statistics were used to summarize data from a sample using indices like the mean and standard deviation, frequencies, and percentages, and inferential statistics were used to derive conclusions from data that was subjected to random variation.

This study employed frequencies, percentages, the means and standard deviations after which the inferential statistics was carried out to test the effects of the intervention. The inferential statistics indicate whether the interventions have been significant or otherwise.

The participants' demographic data such as age and marital status were analysed using frequencies and percentages. One-way Analysis of Covariance (ANCOVA) was employed to test Hypothesis 1 and 2. On the other hand, Hypothesis 3, 4, 5 and 6, were also subjected to analysis by employing two-way Analysis of Variance (ANOVA). This helped take away the impact of the pre-test from the post-test performance. The test of ANCOVA was carried out for each treatment group thus Enright process model of forgiveness intervention and REACH model of forgiveness intervention. The use of the ANCOVA helped control extraneous variables. Thus, the scores on the pre-test were treated as covariate to control for pre-existing differences between the groups. This is to help eliminate the effect of exposure of the participants to the pre intervention data collection instruments on the dependent variables (Pallant, 2005). ANCOVA does this by adjusting marks of pre-test as a covariate to control for the previous variances among groups.

Qualitative data

The qualitative data was analysed thematically to isolate them under the specific themes. Thematic analysis is a flexible approach to analysing qualitative data that involves identifying, analysing, and reporting themes within the data. The themes are recurring coded phrases, terms, and expressions across datasets that are important to the description of a phenomenon and are associated with a specific research question. The themes then become the categories for analysis (Braun & Clarke, 2006; Given, 2008). First, the researcher read the data repeatedly to familiarise herself with the depth and breadth of the data. This involved marking ideas and patterns for coding.

The second phase involved generating initial codes by attaching names to pieces of texts that related to specific research questions and the theoretical framework of the study. In the third phase, the codes were analysed and sorted into potential themes. The potential themes were reviewed and refined in the fourth phase. In this phase, some of the themes were collapsed into each other and others were discarded. The fifth phase involved defining and naming themes by identifying the aspect of the data that each theme captures and how each theme was related to the research question (s).

Ethical Considerations

According to Creswell (2009), researchers are supposed to seek or get approval from the authorities in charge of where the study is taking place because it includes a long and extensive data collection. The important decision is how to obtain permission to the access site for the study.

When the researcher secures the permission from the authorities in charge of the setting, it is equally important to gain the informed consent of the target participant of the study. Informed consent is an ethical condition that requires respondents to be given complete information about the risks and benefits of participating in the study before they may decide whether or not to participate. At any point, the subject could refuse to participate or withdraw from the study (Makore-Rukuni, 2001). the researcher explained the study's purpose to the chosen participants. They were given the option of participating or not participating in the study.

The second ethical concern explored was confidentiality. The researcher's ethical commitment to keep the respondent's name and responses private is known as confidentiality (Babbie, 2001). The researcher made sure that none of the information provided was shared with anyone else. The information was used for research purposes. Anonymity was the next ethical concern considered. Respondents' "right to privacy" is protected by anonymity. When the researcher or another individual cannot identify a respondent based on the information provided, the respondent is deemed anonymous (Cohen et al., 2007). Anonymity was accomplished in this study by requiring of participants not to write their names on surveys or to mention their school during the interview. Furthermore, rather than names, respondents in this study were identified by serial numbers. By aggregating data rather than providing individual responses, anonymity was ensured.

Finally, later after the post intervention data was collected, participants in the control group were also exposed to the treatment manual to help them reduce their levels of unforgiveness and depression.

CHAPTER FOUR

RESULTS AND DISCUSSION

Introduction

The main purpose of this study was to find out the effects of the Enright process model and REACH model on forgiveness and depression among college of education students in the Ashanti Region of Ghana. To achieve this aim, an experiment with pre-test and post-test design was conducted. Participants who were selected for this research had recorded high levels of unforgiveness and depression. This research comprised three groups which were formed from three respective colleges of education. Two of them were experimental groups who were exposed to the Process model and REACH model respectively. The control group went about their normal daily activities and did not receive any treatment of interest to the investigator. In this chapter, the outcomes of the experiment are presented in relative to the objectives of the research. The chapter first reports on the demographic information of the participants followed by the results and discussion. It is significant to state that the result aspect of the study had a qualitative dimension where some of the participants were selected and interviewed after the intervention.

Demographic Data of Participants

The demographic data of the respondents of the three groups included gender, age, and marital status. For marital status, all the 60 participants were single (100%). Tables 6 and 7 present the sex and age distributions of the participants.

Table 6: Gender Distribution of Participants

Gender	GROUPS							
	Process		REACH		Control		Total	
	n	%	n	%	N	%	N	%
Male	10	50.0	10	50.0	10	50.0	30	50.0
Female	10	50.0	10	50.0	10	50.0	30	50.0
Total	20	100	20	100	20	100	60	100.0

Source: Field Survey (2021)

Out of the 60 participants, 50% were males whereas 60% were females (Table 6). For the participants in the Process group, 50% of them were males and the other 50% were females. The REACH group had a similar distribution; 50% each for males and females (Table 6). The control group also had 50% male and 50% female distribution.

Table 7 presents the age distribution of participants in the respective groups.

Table 7: Age Distribution of Participants

AGE (years)	GROUPS							
	Process		REACH		Control		Total	
	N	%	n	%	n	%	n	%
17-20 years	10	50.0	9	45.0	7	35.0	26	43.3
21-24 years	8	40.0	8	40.0	9	45.0	25	41.7
25 and above	2	10.0	3	15.0	4	20.0	9	15.0
Total	20	100	20	100	20	100	60	100

Source: Field Survey (2021)

As presented in Table 7, majority of the participants were between the age range of 17 and 20 years (43.3%). Half of the participants (50%) in the

Process group were within the age category of 17 and 20 years. This age distribution was similar to that of the participants in the REACH group. That is, most of the participants in the REACH group were also between the ages of 17 and 20 years (45%). Those participants in the control group, however, had the majority falling within the age category 21 to 24 years (45%).

Results

Hypotheses Testing

This part of the research report highlights the analysis and results of the main data in line with the specific hypotheses stated. Before testing the hypotheses, preliminary analysis was carried out to ensure that both general and specific assumptions were met. Most importantly, the groups were tested on their levels of forgiveness and depression to find out whether they were equivalent or not prior to the interventions. This knowledge is very essential since it provides an idea of an initial or already existing difference which may be present before the interventions were rolled-out.

Testing for Normality Assumption

The normality assumption was tested with the aim of deciding whether parametric test should be used or not. The normality assumption is tested using data gathered on variables which at one point in time were used as a dependent variable in testing any of the hypotheses. Though there exist numerous approaches to the testing of the normality assumption (such as Q-Q plot, histogram, residual plot), Kolmogorov-Smirnov and Shapiro-Wilk tests were used. Emphasis was placed on the Shapiro-Wilk test because it is appropriate for data with small sample size (Field, 2009). Table 6 presents the results of the normality test.

Table 8: Tests of Normality

Variables	Kolmogorov-Smirnov			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Affect	.103	57	.200	.948	57	.160
Behaviour	.118	57	.450	.947	57	.150
Cognition	.101	57	.200	.971	57	.187
Depression (Posttest)	.129	57	.200	.955	57	.350
Depression (Pre-test)	.103	57	.200	.974	57	.262
Forgiveness (Pre-test)	.088	57	.200	.975	57	.298
Forgiveness (posttest)	.121	57	.360	.953	57	.270

Source: Field Survey (2021)

The results from the normality test, as shown in Table 8, revealed that the normality assumption was satisfied for both normality testing procedures. All the p-values for the variables were greater than .05 (i.e., level of significance) providing much evidence for the non-violation of the normality assumption. Taking the results from Shapiro-Wilk test, for example, depression (posttest) had a p-value of .350, depression (pre-test) also yielded a p-value of .262, forgiveness (pre-test) had p-value .298, and forgiveness (posttest) had a p-value of .270.

Testing for Group Equivalence Prior to the Interventions

To select an appropriate statistical procedure to use in testing the hypotheses in this study, the groups (Process group, REACH model group and control group) were tested for equivalence prior to the intervention. As earlier indicated, this was to determine whether the participants in the groups had similar characteristics in terms of unforgiveness and depression. This was

necessary because the groups were intact and as such, the tendency of being dissimilar was high. To do this, one-way ANOVA was conducted to compare the groups on the two constructs. The parametric test tool (ANOVA) was employed because the normality testing for those two variables (i.e., forgiveness (pre-test) and depression (pre-test)) showed evidence of normal distribution. The assumption of homogeneity of variance was also tested. The results for the test are shown in Table 9.

Table 9: Test of Homogeneity of Variance Assumption

Variables	Levene Statistic	df1	df2	Sig.
Depression (Pre-test)	2.306	2	57	.737
Forgiveness (Pre-test)	2.217	2	57	.118

Source: Field Survey (2021)

As presented in Table 9, it was indicated that the homogeneity of variance assumption was met for the two variables since the p-values were greater than .05. For the depression (pre-test) variable, a p-value of .737 was achieved signifying that the results of the one-way ANOVA can be utilised. Similarly, forgiveness (pre-test) yielded a p-value of .118 which also showed that one-way ANOVA can be conducted. Therefore, the results for the one-way ANOVA test are shown in Table 10.

**Table 10: ANOVA Test for Comparing Pre-test Scores of Participants
(Forgiveness and Depression)**

		Sum of Squares	df	Mean Square	F	Sig.
Forgiveness (Pre-test)	Between Groups	5838.70	2	2919.35	3.901*	.026
	Within Groups	42652.30	57	748.29		
	Total	48491.00	59			
Depression (Pre-test)	Between Groups	4100.83	2	2050.42	23.370*	.000
	Within Groups	5001.10	57	87.74		
	Total	9101.93	59			

Source: Field Survey (2021) *Significant $p < .05$

The results in Table 10 showed that there is a statistically significant difference in the levels of forgiveness with regard to the three groups (Process group, REACH group and Control group), $F(2, 57)=3.901$, $p=.026$. This implies that the three groups had different levels of forgiveness prior to the intervention. Likewise, a statistically significant difference was found in the levels of depression among the three groups (Process group, REACH group and Control group), $F(2, 57)=23.370$, $p < .001$. This meant that the groups were different in their levels of depression.

Post-hoc test was conducted to find out where exactly the difference is coming from. Tukey Honestly Significant Difference (HSD) procedure was

therefore used for the multiple comparisons. The details of the analysis are shown in Table 11.

Table 11: Multiple Comparisons

Dependent Variable	(I) Groups	(J) Groups	Mean Difference (I-J)	Std. Error	Sig.
Forgiveness	REACH	Process	-23.950*	8.65	.008
		Control	-14.75*	8.65	.044
	Process	REACH	23.95*	8.65	.008
		Control	9.20*	8.65	.029
	Control	REACH	14.75*	8.65	.044
		Process	-9.20*	8.65	.029
Depression	REACH	Process	-7.25*	2.96	.017
		Control	-20.00*	2.96	.000
	Process	REACH	7.25*	2.96	.017
		Control	-12.75*	2.96	.000
	Control	REACH	20.00*	2.96	.000
		Process	12.75*	2.96	.000

***Mean difference significant at $p < .05$

Source: Field Survey (2021)

The result as presented, Table 11 revealed a statistically significant difference in the level of forgiveness of participants in the REACH group and Process group ($p = .008$). A statistically significant difference was also found in the levels of forgiveness for participants in the REACH group and control group ($p = .044$). The levels of forgiveness differed significantly for participants in the Process group and Control group ($p = .029$).

Similarly, the groups were also found to differ from each other with regard to the levels of depression. Specifically, a statistically significant difference was found in the levels of depression for participants in the REACH and Process group ($p=.017$). A similar difference in depression levels was also found for participants in the REACH group and control group ($p<.001$). The levels of depression also differed significantly for participants in the Process group and control group” ($p<.001$).

The initial analysis showed that the groups were different on the characteristics of interest (i.e., forgiveness and depression) before the intervention was rolled out. There was the need, therefore, to control for the pre-test scores of the participants and this necessitated the utilisation of Analysis of Covariance (ANCOVA) statistical procedure. ANCOVA makes adjustment on the post-test scores based on their initial difference on the pre-test. This makes the groups to have the same characteristics of interest (i.e. forgiveness and depression) before the intervention.

The use of ANCOVA requires that certain assumptions be met. Paramount among these assumptions are normality and homogeneity of regression slopes. The normality assumption for the forgiveness and depression variable was met as earlier indicated (Table 8). The homogeneity of regression slopes assumptions was then tested. Tables 12 and 13 showed the results of the homogeneity of slopes assumption for forgiveness and depression.

Table 12: Assumption of Regression Slopes (Forgiveness)

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	102104.94	5	20420.99	10.44	.000
Intercept	46908.33	1	46908.33	23.99	.000
Group	476.29	2	238.15	.12	.886
Forgiveness (Pre-test)	656.49	1	656.49	.34	.565
Group * Forgiveness	960.10	2	480.05	.25	.783
Error	103631.09	53	1955.30		
Total	3155825.0	59			
Corrected Total	205736.03	58			

Dependent Variable: Forgiveness (posttest)
Source: Field Survey (2021)

As presented in Table 12, a non-significant interaction (group*forgiveness) was found between the grouping variables (three groups) and the covariate (pre-test scores on forgiveness) based on the dependent variable (posttest scores on forgiveness), $F(2, 53) = .25, p = .783$. This showed that the homogeneity of regression slopes assumption was not violated for data on forgiveness. This guarantees the use of ANCOVA for analysis involving forgiveness.

Table 13: Assumption of Regression Slopes (Depression)

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	4869.63	5	973.93	12.22	.000
Intercept	2173.77	1	2173.77	27.27	.000
Group	207.99	2	103.99	1.31	.280
Depression (Pre-test)	145.75	1	145.75	1.83	.182
Group * Depression	238.26	2	119.13	1.50	.142
Error	4145.15	52	79.71		
Total	109737.00	58			
Corrected Total	9014.78	57			

Dependent Variable: Depression Posttest
Source: Field Survey (2021)

As presented in Table 13, a non-significant interaction (group*depression) was found between the grouping variables (three groups) and the covariate (pre-test scores on depression) based on the dependent variable (posttest scores on depression), $F(2, 52) = 1.50, p = .142$. This showed “that the homogeneity of regression slopes assumption was not violated for data on depression. This guarantees the use of ANCOVA for analysis involving depression.

Hypothesis One

H_01 : There is no statistically significant effect of the Enright process model and REACH model on forgiveness among participants.

H_{A1} : There is a statistically significant effects of the Enright process model and REACH model on forgiveness among participants.

This hypothesis tested whether Enright process model and REACH model had the potency of reducing unforgiveness among participants involved in this study. The aim of this hypothesis was to examine whether the participants in the three groups (Process group, REACH group and Control group) differed on the levels of forgiveness. This was done while controlling for the scores of pre-tests. The dependent variable was the post-test scores on forgiveness, while group served as the independent variable. The pre-test scores on forgiveness served as a covariate. With this, one-way ANCOVA was undertaken for comparing the post-test scores for participants in the three groups “Process group, REACH group, and control group” while controlling for their pre-test scores. The results of the test for the effects are shown in Table 14.

Table 14: ANCOVA Results on the Effect of Enright Process Model and REACH Model on Forgiveness

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	101144.84	3	33714.95	17.73	.000	.492
Intercept	61486.17	1	61486.17	32.33	.000	.370
Forgive (Pre- test)	364.31	1	364.314	.19	.663	.003
Group	101118.18	2	50559.09	26.59	.000	.492
Error	104591.19	55	1901.66			
Total	3155825.00	59				
Corrected Total	205736.034	58				

Dependent Variable: Forgiveness posttest
Source: Field Survey (2021)

The result, as shown in Table 14, revealed that afterward control for the pre-test scores of respondents on forgiveness, there was a statistically significant difference in the post-test forgiveness scores for the participants in the experimental groups and the control group, $F(2, 55) = 26.59, p < .001$. The result further indicated that the groups (Process model, REACH model and control group) explained about 49.2% of the variations in forgiveness ($\eta_p^2 = .492$). The results required a conduct of post hoc analysis to determine where the differences in marginal means scores exist among the groups. Table 15 presents the details of the pairwise comparisons.

Table 15: Sidak Adjustment for Pairwise Comparisons on Forgiveness

(I) Groups	(J) Groups	Mean Difference (I-J)	Std. Error	Sig
REACH	Process	1.162	14.927	.999
	Control	88.118*	14.140	.000
Process	REACH	-1.162	14.927	.999
	Control	86.956*	14.132	.000
Control	REACH	-88.118*	14.140	.000
	Process	-86.956*	14.132	.000

*The mean difference is significant at the .05 level.

Dependent Variable: Forgive posttest

Source: Field Survey (2021)

The results as presented in Table 15 showed a statistically significant difference in the forgiveness level of the participants in the REACH group and the control group ($p < .001$). Likewise, a statistically significant difference was found in the levels of forgiveness for participants in the Process group and control group ($p < .001$). The result further revealed that there was no

statistically significant difference in the forgiveness level of participants in the two experimental groups (REACH group and Process group) ($p=.999$). The adjusted mean scores of the participants within the various groups are presented in Table 16.

Table 16: Estimated Marginal Means

Groups	Mean	Standard deviation
REACH	253.86	10.13
Process	252.69	10.31
Control	165.74	9.76

Source: Field Survey (2021)

The descriptive statistics in Table 16 showed that after controlling for the pre-test scores on forgiveness for participants, the mean score for the participants in the REACH group ($M=253.86$, $SD=10.13$) was significantly higher than the mean scores of participants in the control group ($M=165.71$, $SD=9.76$). Similarly, the mean score for the participants in the Process group ($M=252.69$, $SD= 10.31$) was also significantly higher than the mean scores of participants in the control group ($M=165.71$, $SD=9.76$), after controlling for the pre-test scores on forgiveness for participants. Though there was a slight difference in the marginal mean scores between participants in the REACH group ($M=253.86$, $SD=10.13$) and Process group ($M=252.69$, $SD= 10.31$), the difference was not statistically significant.

On the whole, the outcome of the analysis of hypothesis one showed that both the REACH model and Process model were effective in enhancing forgiveness among college of education students. It was shown that the participants who were exposed to the two models (Process and REACH

models) exhibited a significant improvement in forgiveness levels. That is, these participants were able to forgive people who hurt them. Although the two therapies were found to be efficacious in reducing unforgiveness of students, none of the therapies were found to be more effective than the other. That is to say that REACH model did not have high effectiveness level in terms of improving forgiveness than the Process model and vice versa.

Hypothesis Two

H_02 : There is no statistically significant difference in depression mean score among participants in the experimental and control groups.

H_{A2} : There is a statistically significant difference in depression mean score among participants in the experimental and control groups.

This research hypothesis sought to examine whether there is a statistically significant difference in the levels of depression of the participants in the experimental and control groups. This hypothesis, thus, tested whether the REACH and Process models significantly reduced the depression levels of the participants who were exposed to the therapies. The dependent variable was the posttest score on depression while the depression scores of the participant on the pre-test served as a covariate. The one-way ANCOVA was used to compare the post-test scores for participants in the three groups while controlling for their pre-test scores. Table 17 presents the details of the analysis.

Table 17: Tests of Between-Subjects Effects (Enright Process and REACH Models on Depression)

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	4331.37	3	1443.79	16.65	.000	.480
Intercept	2009.36	1	2009.36	23.17	.000	.300
Depression (Pre- test)	232.10	1	232.10	2.68	.108	.047
Group	3890.29	2	1945.14	22.43	.000	.454
Error	4683.41	54	86.73			
Total	109737.00	58				
Corrected Total	9014.78	57				

Dependent Variable: Depression Posttest
Source: Field Survey (2021)

As presented in Table 17, the results showed a statistically significant difference in the depression mean scores of participants in the experimental and control groups at post-test, $F(2, 54) = 22.43, p < .001$. Furthermore, the result showed that the groups (Process, REACH Model and Control) explained 45.4% of the variances in the depression levels of the participants ($\eta_p^2 = .454$). Based on this result, a multiple comparison analysis was conducted to compare the estimated marginal group means for the participants in terms of depression as presented in Table 18.

Table 18: Pairwise Comparisons of the Groups on Depression Levels

(I) Groups	(J) Groups	Mean Difference (I-J)	Std. Error	Sig.
REACH	Process	-7.119	3.026	.065
	Control	-19.581*	2.956	.000
Process	REACH	7.119	3.026	.065
	Control	-12.462*	3.034	.000
Control	REACH	19.581*	2.956	.000
	Process	12.462*	3.034	.000

*The “mean difference is significant at the .05 level

Source: Field Survey (2021)

The results in Table 18 revealed that there is a statistically significant difference in the levels of depression of participants in the REACH model group and those in the control group ($p < .001$). The study found a statistically significant difference in the levels of depression of participants in the Process model group and those in the control group ($p < .001$). In contrast, no statistically significant difference was found in the depression levels of the participants in the REACH group and those in the Process group ($p = .065$). To better understand the results, the estimated marginal mean scores for depression are presented in Table 19.

Table 19: Estimated Marginal Means for Depression

Groups	Means	Standard deviation
REACH	32.71	2.09
Process	39.83	2.20
Control	52.29	2.09

Source: Field Survey (2021)

As presented in Table 19, the result showed that after controlling for the pre-test scores on depression for participants in the three groups, the estimated marginal mean marks of the respondents in the control group ($M=52.29$, $SD=2.09$) was higher than the mean scores of those in the REACH model group ($M=32.71$, $SD=2.09$). Likewise, the marginal depression mean scores for the participants in the control group ($M=52.29$, $SD=2.09$) was higher than those in the Process model group ($M=39.83$, $SD=2.20$). The mean score for depression for participants in the Process model group and the REACH model group were not statistically significant.

In effect, the outcome of the analysis of hypothesis two revealed that both the REACH model and Process model were effective in reducing levels of depression among college of education students. It was found that the participants who were exposed to the two therapies (Process and REACH models) demonstrated a significant decrease in depression levels. That is, these participants had significantly reduced levels of depression. Although the two therapies were found to be efficacious in reducing depression levels of students, none of them were found to be more effective than the other. That is to say that REACH model and Process model had similar levels of effectiveness with regard to reducing depression.

Hypothesis Three

H_03 : There is no statistically significant effect of the Enright process model and REACH model on forgiveness on the basis of gender among participants.

H_A3 : There is a statistically significant effect of the Enright process model and REACH model on forgiveness on the basis of gender among participants.

The third hypothesis sought to evaluate the effect of Process model and REACH model on forgiveness on the basis of gender. To test this hypothesis, a two-way ANCOVA test was conducted. The independent variables were the groups (Process model, REACH model and control) and gender (male and female). The pre-test forgiveness score served as the covariate. The dependent variable was the post-test forgiveness score. Table 20 presents details of the results.

Table 20: Tests of Between-Subjects Effects (Enright Process and REACH Models on Forgiveness- Gender)

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	107608.77	6	17934.80	9.50	.000	.523
Intercept	49901.71	1	49901.71	26.44	.000	.337
Forgiveness (Pre-test)	1054.48	1	1054.48	.56	.458	.011
Group	88688.08	2	44344.04	23.50	.000	.475
Gender	2234.21	1	2234.21	1.18	.282	.022
Group * Gender	3806.02	2	1903.01	1.01	.372	.037
Error	98127.27	52	1887.06			
Total	3155825.00	59				
Corrected Total	205736.03	58				

Dependent Variable: Forgiveness posttest
Source: Field Survey (2021)

The result showed no statistically significant difference in the forgiveness mean scores of participants exposed to the Process and REACH models of forgiveness and the control group on the basis of gender, $F(2, 52) = 1.18, p = .282, \eta_p^2 = .022$ as shown in Table 20. This result revealed that male and female participants did not respond statistically different to the Process model and REACH model in terms of enhancing forgiveness. This implies that the Process model and REACH model was equally effective for both male and female participants in terms of reducing unforgiveness.

Hypothesis Four

H_{04} : There is no statistically significant difference in depression mean score among participants in the experimental and control groups with regard to gender.

H_{A4} : There is a statistically significant difference in depression mean score among participants in the experimental and control groups with regard to gender.

Hypothesis four sought to examine whether there exists a statistically significant difference in the depression scores of participants exposed to the Process and REACH models on the basis of gender. To test this hypothesis, a two-way ANCOVA test was performed. The independent variables were the groups (process, REACH model and control) and gender (male and female). The pre-test depression score was used as the covariate. The dependent variable was the post-test depression score. Details analysis are shown in Table 21.

Table 21: Tests of Between-Subjects Effects (Enright Process and REACH Models on Depression- Gender)

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected	4991.39	6	831.90	10.55	.000	.554
Model						
Intercept	1583.49	1	1583.49	20.07	.000	.282
Depression (Pre-test)	238.92	1	238.92	3.03	.088	.056
Group	2955.01	2	1477.50	18.73	.000	.423
Gender	26.782	1	26.78	.34	.563	.007
Group * Gender	211.41	2	105.70	1.34	.270	.132
Error	4023.38	51	78.89			
Total	109737.00	58				
Corrected Total	9014.78	57				

Dependent Variable: Depression Posttest
Source: Field Survey (2021)

The result from the two-way ANCOVA, as presented in Table 21, revealed no statistically significant difference in the depression mean scores of participants exposed to the Process and REACH models on the basis of gender, $F(2, 51) = .34, p = .563, \eta_p^2 = .007$. The result indicates that male and female participants did not respond significantly different to the Process model and the REACH model in terms of reducing their level of depression. This

further suggests that the two therapies equally worked for both genders. Thus, an implication to counsellors is that the two therapies can be used to reduce depression of both male and female clients.

Hypothesis Five

H_05 : There is no statistically significant effect of the Enright process model and REACH model on forgiveness on the basis of age among participants.

H_{A5} : There is a statistically significant effect of the Enright process model and REACH model on forgiveness on the basis of age among participants.

Hypothesis Five sought to test the effect of Process model and REACH model on forgiveness of college of education students on the basis of age. To test this hypothesis, a two-way ANCOVA test was carried out. The independent variables were the groups (Process model, REACH model and Control) and age. The pre-test forgiveness score was used as the covariate. The dependent variable was the post-test forgiveness score. Table 22 presents details of the results.

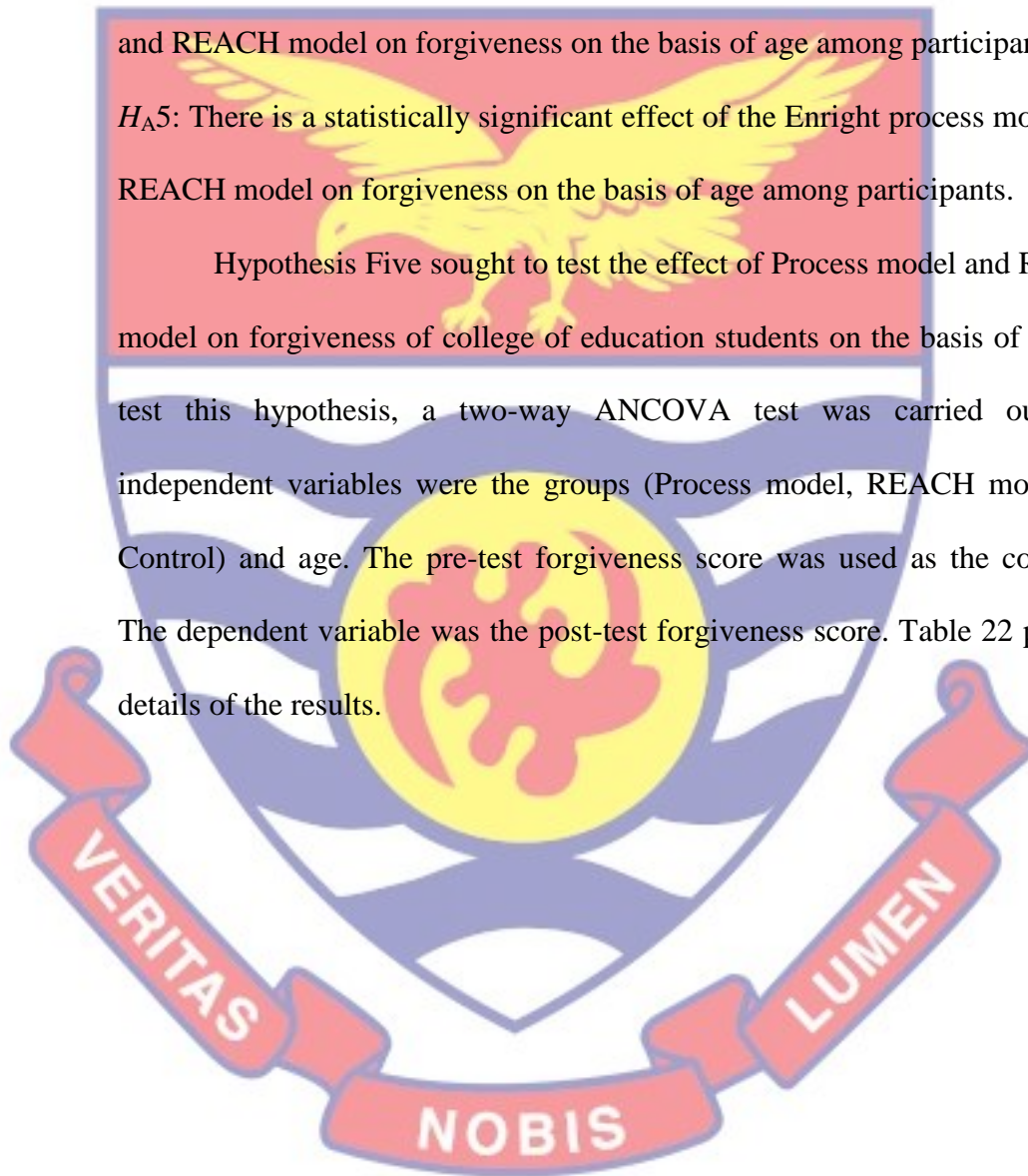


Table 22: Tests of Between-Subjects Effects (Enright Process and REACH Models on Forgiveness- Age)

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	110857.99	9	12317.55	6.36	.000	.539
Intercept	57647.75	1	57647.75	29.77	.000	.378
Forgiveness (Pre-test)	66.14	1	66.14	.034	.854	.001
Group	81759.78	2	40879.89	21.11	.000	.463
Age	1410.74	2	705.37	.364	.697	.015
Group * Age	7670.44	4	1917.61	.990	.422	.075
Error	94878.05	49	1936.29			
Total	3155825.00	59				
Corrected Total	205736.03	58				

Dependent Variable: Forgiveness posttest
 Source: Field Survey (2021)

The result from the two-way ANCOVA revealed no statistically significant effect of Process model and REACH model on forgiveness on the basis of age, $F(2, 49)=.364, p=.697, \eta_p^2 = .051$ (Table 22). The result showed that the participants across different age categories did not respond significantly different to the Process model and the REACH model in terms of enhancing forgiveness among college students. This further suggested that the

two therapies equally worked for college students with different ages in improving the level of forgiveness.

Hypothesis Six

H_{06} : There is no statistically significant difference in depression mean score among participants in the experimental and control groups with regard to age.

H_{A6} : There is a statistically significant difference in depression mean score among participants in the experimental and control groups with regard to age.

Hypothesis six sought to examine the effect of Process model and REACH model on depression on the basis of age. A two-way ANCOVA test was conducted to test this hypothesis. The independent variables were the groups (Process model, REACH model and control) and age. The pre-test depression score was used as the covariate. The dependent variable was the post-test depression score. Table 23 presents a summary of the results.

Table 23: Tests of Between-Subjects Effects (Enright Process and REACH Models on Depression- Age)

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	5209.33	9	578.81	7.301	.000	.578
Intercept	1635.09	1	1635.09	20.624	.000	.301
Depression (Pre-test)	226.78	1	226.78	2.860	.097	.056
Group	3461.69	2	1730.84	21.832	.000	.476
Age	192.17	2	96.09	1.21	.310	.035
Group * Age	251.55	4	62.89		.535	.062
Error	3805.45	48	79.28			
Total	109737.00	58				
Corrected Total	9014.78	57				

Dependent Variable: Depression Posttest
Source: Field Survey (2021)

The result, from the two-way ANCOVA revealed no statistically significant effect of Process model and REACH model on depression on the basis of age, $F(2, 48) = 1.21, p = .310, \eta_p^2 = .035$ (Table 23). The result indicates that the participants across different age categories responded in the same way to the Process model and the REACH model in terms of reducing depression among college students. This further suggested that the two therapies equally worked for college students with different ages in decreasing depression.

Integrating the results, the qualitative findings were introduced to assess how the treatments worked and also find out if there is any variation in the results. Specifically, the qualitative results were compared with the findings from the hypotheses one and three.

Research Question 1

What are the effects of the intervention on college students who experienced hurts?

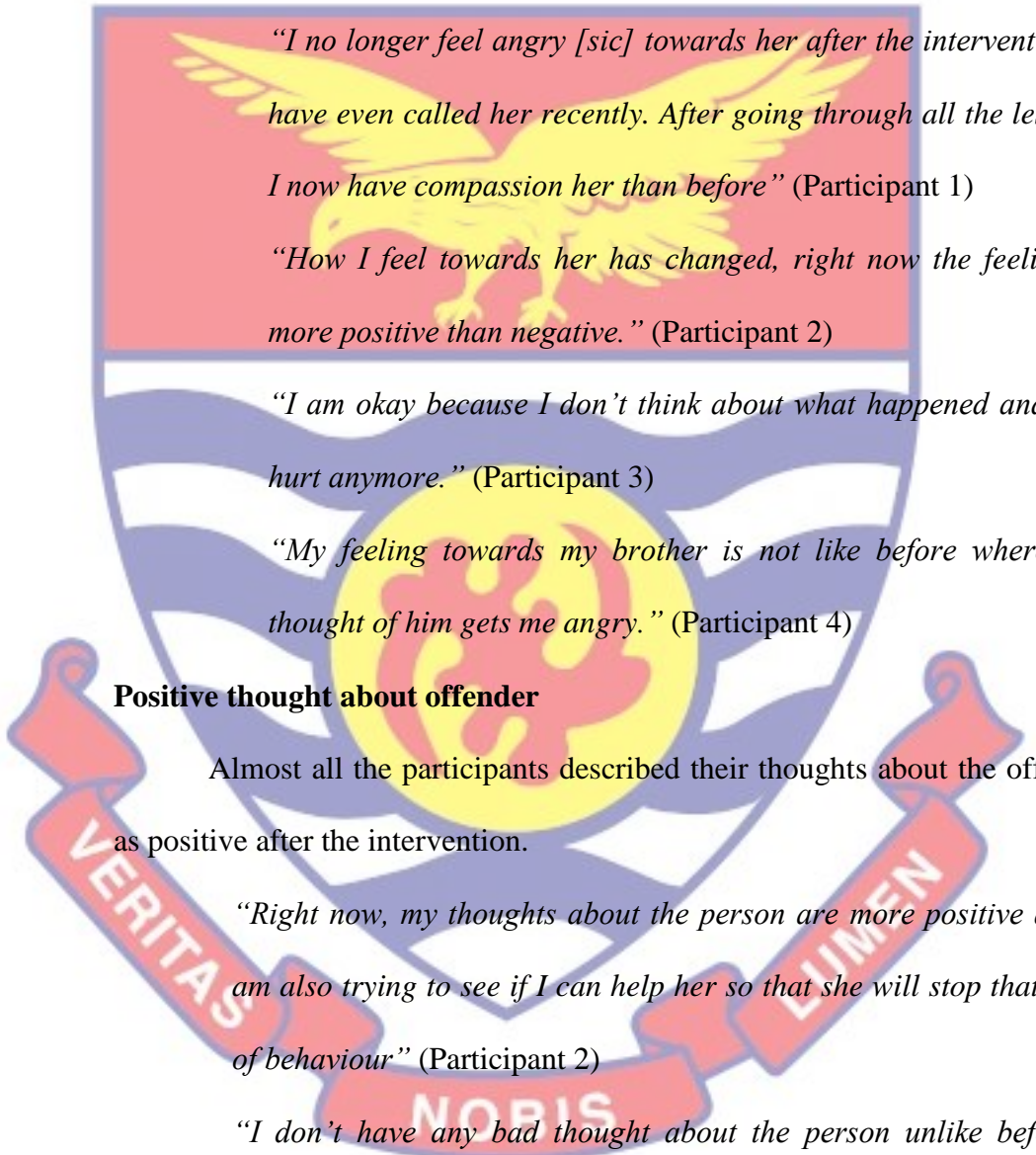
This research question sought to qualitatively examine the effect of the intervention on college students who experienced hurts. The results are presented, thereafter.

Post Intervention Responses

This section presents the themes that emerged from participants interviews after the intervention. The themes that emerged were positive feelings toward the wrongdoer, positive thoughts towards the wrongdoer and positive behaviour towards offender.

Positive Feeling towards offender

The responses of the participants revealed that they had a more positive feeling towards the offender. The participants expressed that their feeling about the offender had changed and were willing to speak to the offender. Below are some of what participants shared with the researcher:



“I no longer feel angry [sic] towards her after the intervention. I have even called her recently. After going through all the lessons I now have compassion her than before” (Participant 1)

“How I feel towards her has changed, right now the feeling is more positive than negative.” (Participant 2)

“I am okay because I don’t think about what happened and feel hurt anymore.” (Participant 3)

“My feeling towards my brother is not like before where the thought of him gets me angry.” (Participant 4)

Positive thought about offender

Almost all the participants described their thoughts about the offender as positive after the intervention.

“Right now, my thoughts about the person are more positive and I am also trying to see if I can help her so that she will stop that kind of behaviour” (Participant 2)

“I don’t have any bad thought about the person unlike before.”
(Participant 4)

“Now I wish her well so I don’t have any negative thought about the person.” (Participant 1)

Positive behaviour towards offender

The participants shared their views regarding how they would behave towards the persons who hurt them after they were exposed to the intervention. The participants opined that they would react positively to the persons, probably, because they were enlightened after going through the intervention. They shared the following views:

“I will talk to the person. Thus, I will greet him and ask how he is doing. This I will not do initially when he offended me.” (Participant 2)

“I will exchange greetings with her and respond well to her unlike before.” (Participant 3)

“I will greet them. I will talk to them relate well with them” (Participant 1)

“I will greet him and talk to him.” (Participant 4)

Influence of the Intervention

The participants spoke about how their interaction with the research team has influenced their perception about not holding on to offences and forgiving the offender. The participants explained that they have come to realise that there is no need not forgiving an individual who has offended you.

“I have learned that hurt can destroy my life so I have to let go of the past based on the lessons.” (Participant 1)

“...because of what I have learned from our interactions I don't think it is even necessary to hold on to that hurt.” from what I learned, there is no need to hold grudge against the person who offended me so I have let go of everything.” (Participant 2)

“...because of the lessons I went through I don’t want to hurt myself so I will say I have forgiven them.” (Participant 3)

“I will give him a gap. Though I don’t have anything against him.”
(Participant 4)

In all, the outcome of the analysis of research question one indicated that the REACH model and Process model were both effective in increasing forgiveness among college of education students. The qualitative results are in line with the quantitative results of hypothesis one. Thus, both results revealed that the participants demonstrated a significant improvement in their levels of forgiveness. That is, these participants were able to forgive people who hurt them by developing positive affect, cognition and behaviour towards the offender.

Research question 2

What are the effects of the intervention on CoE students who experienced hurts on the basis of gender?

This research question sought to qualitatively examine the effect of the intervention on college students who experienced hurts on the basis of gender. This section presents the themes that emerged from participants interviews after the intervention on the basis of gender. The themes that emerged were positive feelings toward the wrongdoer, positive thoughts towards the wrongdoer positive behaviour towards offender and influence of the intervention.

Positive Feeling towards offender

The responses of the participants revealed that both male and female participants had positive feelings towards their offender. The participants

expressed that their feeling about the offender had changed and were willing to speak to the offender. Below are some of what participants shared with the researcher:

“I am okay because I don’t think about what happened and feel hurt anymore. Because I have learned to have a good feeling about my friend and also let go my hurt to be free” (Female 3)

“My feeling towards my brother is not like before where the thought of him gets me angry. Now I think my brother have to be forgiven in order to feel free my self” (Male 1)

Positive thought about offender

Almost all male and female the participants described their thought about the offender as positive after the intervention.

“At the moment, my thoughts about this friend are more positive and I think thinking positive about her will help me to relate to her and others who have offended me stop that kind of behaviour” (Female 2)

“Unlike before now my thought about the person has changed. I believe when we meet it will not be like before” (Male 3)

“My though is now better than it use to be about her Now I wish her good for her so I don’t have any negative thoughts about the person.” (Female 1)

Positive behaviour towards offender

Both the male and female participants shared their views regarding how they would behave towards the persons who hurt them after they were exposed to the intervention. The participants indicated that they would react

positively to the persons, probably, because they were enlightened after going through the intervention. They shared the following views:

“I am sure I will talk to him. Thus, I will greet him and ask how he is doing. For me initially I will not even mind when he offended me.” (Male 1)

“I believe when she greets, I will respond well to her unlike before. I think for now let by gone be by gone life must go on” (Female 3)

“I will greet him and talk to him. He is still my brother hmm”
(Male 3)

Influence of the Intervention

The both genders spoke about how their interaction with the research team has influenced their perception about forgiving the offender and not holding on to offences. Both male and female participants explained that they have come to realise that there is no need not forgiving an individual who has offended you.

“Since I came to learn that hurt can destroy my life, I have let go the past based on the lesson experiences. I also think about myself”
(Male 1)

“what I learnt has taught me is of no use to hold on to hurt when the offender is enjoying life, oh my god! I not do it.” (Female 2)

“...because of the lessons I went through I don't want to hurt myself so I will say I have forgiven them.” (Male 3)

“I will just say the lesson have though me a lot of things in life. The lessons are helpful” (Female 1)

The results from the research question two support the results from hypothesis three which showed that male and female participants did not respond significantly different to the Process model and REACH model in terms of enhancing forgiveness. This implies that the Process model and REACH model were equally effective for both male and female participants in terms of increasing levels of forgiveness.

Final model is illustrated in a diagram form in Fig.2

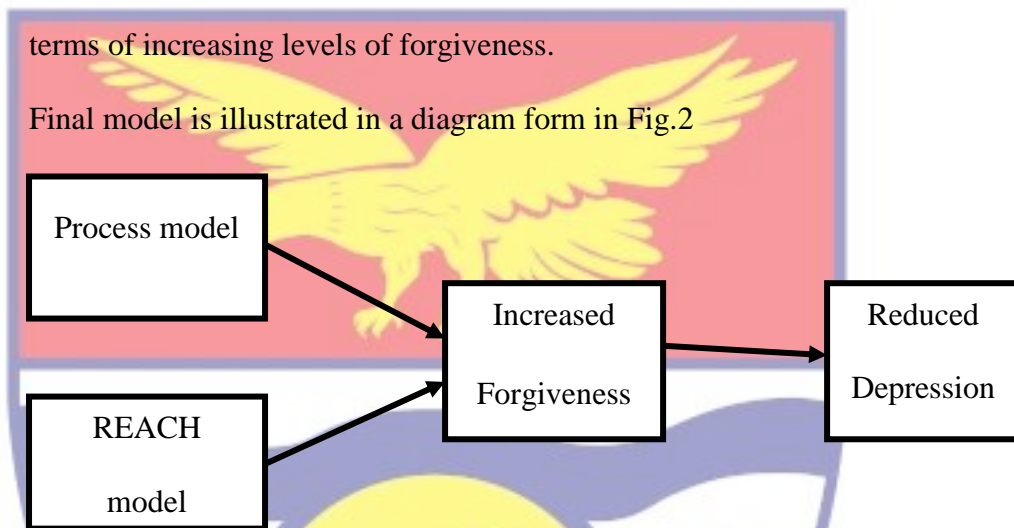


Figure 2: Final model diagram

The study showed that the two intervention strategies significantly increased the level of forgiveness of college students which resulted into a decrease in the level of depression. However, the personal variables namely, gender and age did not have any significant influence on the dependent variables forgiveness and depression. Consequently, they are absent in the final model.

Discussion

The purpose of the study was to find out the effects of the Enright process model and REACH model on forgiveness and depression, among college of education students in the Ashanti Region of Ghana. This section presents the discussion of the results from the study, which is based on the

research questions and hypotheses that were achieved through the use of both qualitative and quantitative data.

Determining the effects of the Enright process model and REACH model on forgiveness among participants, the outcome of the analysis showed that both the Enright Process model and REACH model were effective in enhancing forgiveness among college of education students. This is established based on the existing proven fact that these models are efficacious and they have the capability to change attitudes, cognitions and behaviours of individuals who are victims of hurt. This finding is consistent with the views of Lopez, Serrano, Gimenez and Noriega (2021) and Kurniati, Dwiwardani, Worthington, Widyarini, Citra, and Widhiarso, (2020), that Enright process and REACH forgiveness programmes were discovered to consistently reducing unforgiveness and increasing forgiveness and empathy among individuals who are hurt suggesting that, these models are efficacious in aiding forgiving. The outcome of this research again supported the arguments by Fayyaz, and Besharat, (2011) that persons who have gone through forgiveness treatment demonstrates that forgiveness results in peace and release the person from hatred and dislike, and makes fundamental changes in their thoughts and change their negative and destructive thoughts to more productive thoughts towards their offenders.

The current results also support Reed and Enright, (2006) reports that forgiveness therapy permits persons that were being harmed to decide on a right response which is forgiveness. It was shown from the results that the participants who were exposed to the two models (Enright Process and REACH models) exhibited a statistically significant improvement in

forgiveness levels than those in the control group. Thus, their unforgiving thoughts such as revengefulness, hatred and anger towards their transgressors were changed to forgiveness tendencies like love, empathy, sympathy and compassion. The results also support the views of Worthington (2020), Worthington (1998) and Enright (2001) that empathy, compassion and humility promotes forgiveness. For example, the mean score for the participants in the Process group and REACH group were significantly higher than the mean scores of participants in the control group. This results clearly indicates that the Enright process model and the REACH model were effective in helping college students overcome their hurts.

Considering the mean score for the Enright process model and the REACH model both showed an important improvement in the forgiveness level among participants. This result agrees with findings of Rahman, Iftikar, Kim, and Enright (2018), Osei-Tutu, et. al (2020) and Kurniati, et. al (2020) asserted that persons who have gone through forgiveness treatment showed substantial change in forgiveness and also learned to choose a right response to unfairness and deep hurt.

Although the two therapies were found to be efficacious in reducing unforgiveness of students, considering the mean score for Enright Process model and the mean score for REACH model none of the models were found to be more effective than the other. That is to say that the Enright Process model did not have high effectiveness level in terms of improving forgiveness than the REACH model and vice versa. This confirms the findings that both Enright Process model REACH model and are effective in aiding forgiveness (Worthington 2020; Toussaint, Worthington, Cheadle, Marigoudar, Kamble,

& Büssing, 2020; Lopez, Serrano, Gimenez & Noriega 2021). The effectiveness of the interventions leading to a significant improvement in the level of forgiveness among the participants could be attributed to their realization of the importance of forgiveness and the effect of unforgiveness from the intervention process. This means that when therapists are able to spend good time to take clients through the interventions it would promote forgiveness among them. This suggest, that to ensure the effectiveness of forgiveness interventions, therapist will have to encourage and motivate participants to take active roles in the therapeutic process.

Also, for counsellors facilitating forgiveness interventions more attention need to be paid to the affect, behaviour and cognition of clients because forgiveness involves changes in these variables. As suggested by Worthington (2020); Worthington; (1998) and Enright (2001), therapists must ensure that clients develop empathy, compassion, love and humility for their transgressors and also understand the effects of unforgiveness on their mental health which are very necessary for forgiveness processes. However, this finding is inconsistent with Evensen's, (2013) findings that to forgive is not at all times the rightful action. Victims of offences think that some things are not forgivable, since the victim could not relate personally to the transgressor because they do not relate in any way. He concluded that forgiveness is not a fast and easy choice.

Additionally, participants exposed to the treatment showed significant reduced levels in depression compared to their counterpart in the control group. Forgiving others definitely protects people against the negative effect of anger, hatred and revenge and prevents them from becoming depressed

(Burnette, Davis, Green, Worthington & Bradfield, 2009). Higher forgivingness is associated with lower levels of depression across all ages, (Burnette, Davis, Green, Worthington & Bradfield, 2009) and with higher levels of well-being, (Toussaint, & Webb, 2005). It is obviously clear, that when forgiveness level is increased, depression level will also be reduced because depression will be indirectly treated as you treat forgiveness.

In effect, the outcome of the analysis of the study revealed that both the Enright Process model and REACH model were effective in reducing levels of depression among college of education students after forgiveness counselling. Throughout the intervention period, the participants were stimulated to have empathy, compassion, sympathy and love for their offenders through the various activities such as role play and discussions that were carried out. Based on the models, they were also taken through cognitive restructuring exercise as suggested by Ingersoll-Dyaton, Cambell and Ha (2009) and Akhtar and Barlow (2016) to help the participants let go their unhealthy thoughts such as hatred, revengefulness, avoidance and rage towards their offenders. Notwithstanding that, the participants were also exposed to the various ways to find meaning in suffering. Therefore, the forgiveness level of participants was increased leading to reduced level depression of college students with hurts.

It was also found that the participants who were exposed to the two therapies (Enright Process and REACH models) demonstrated a significant decrease in depression levels. That is, these participants had significantly reduced levels of depression. This confirms earlier findings of Barcaccia, Pallini, Pozza, Milioni, Baiocco, Mancini, and Vecchio, (2019), Wade, Hoyt,

Kidwell, and Worthington, (2014) and Akhtar, and Barlow, (2018) which says that increasing forgiveness levels of participants can lead to a reduction in depressive manifestations. Also, this result support Baskin and Enright, (2004), Ascenzo, and Collard, (2018) and Toussaint, and Webb, (2005) the opinion that higher levels of forgiveness predict better mental and physical health, which includes lower levels of anxiety, anger, stress and, depression. In addition, the result of this study is consistent with Burnette, Davis, Green, Worthington and Bradfield, (2009), Norman, (2017) and Kaminer, Stein, Mbanga, and Zungu-Dirwayi, (2001) the view that forgiving others protects people against the negative effect of anger, hatred and revenge and prevents them from becoming depressed. Again, this finding supports Norman, (2017) and Spiers', (2004) view that forgiving attitudes tend to precede decreased anxiety and depression and that whenever victims forgive their offenders, they experience reduced mental health problems. The result is however, inconsistent with Brown (2003) and Lawler- Row and Piferi (2006) who reported that the tendency to forgive is negatively related to depression.

Furthermore, the result is contrary to Carvalho et al's report as cited in Barcaccia, et al, (2019) that forgiveness is inversely related to depression and directly related to Hedonic Balance (HB). Yet the result is not consistent with Rye and Pargament, (2002) findings suggesting that forgiveness and depression are negatively related. This finding offers several counselling implications for the well-being of college student. Thus, counsellors need to organise school-based programmes on forgiveness which could promote a more benevolent attitude in students confronted with slights

and interpersonal ruptures, thereby preventing depression and increasing well-being.

On gender basis, the result showed no statistically significant difference in the forgiveness mean scores of respondents exposed to the Enright process and REACH models of forgiveness. This finding suggests that these two models are unbiased in their effects on forgiveness. This result revealed that male and female participants did not respond significantly different to the Enright Process model and REACH model in terms of enhancing forgiveness. This implies that the Enright Process model and REACH model were equally effective for both male and female participants in terms of reducing unforgiveness. This result is consistent with Macaskill, Maltby, and Day, as cited in Matsuyuki, (2011) and Toussaint and Webb (2005) report that there is no gender difference in trait and forgiveness among students. Again, Ingersoll-Dayton, Campbell and Ha (2009) reported that the Enright therapeutic model of forgiveness has shown a great promise for men and women from various religious and non-religious backgrounds.

The finding further support Coyle and Enright as cited in Raj, and Pardmakumari, (2016) that the use of explicit forgiveness interventions can help both men and women suffering from serious offenses increase forgiveness and decrease psychological symptoms. Fehr, Gelfand, and Nag, (2010), Macaskill (2005) Toussaint and Webb, (2005) and Toussaint, Williams, Musick, and Everson-Rose (2008) confirmed that females were found to be more forgiving than males on average, this assertion is inconsistent with the finding of this study. The current finding is also inconsistent with the report by Miller and Worthington (2010) which

established that husbands reported higher scores on overall marital forgiveness (i.e., trait forgiveness in marital relationship) than wives in their study with recently married couples. Toussaint et al. (2008) reported that women were found to be more forgiving than men which is contrary to this current finding. Their finding indicated a statistically significant difference existed in gender responses to forgiveness studies and the impact of religiosity, gender role, and empathy on difference in forgiveness. For example, that women were found to be more religious and spiritual than men, which might have contributed to women's trait of forgiveness. Furthermore, Fehr, Gelfand, and Nag, (2010) report from their study that females are characteristically more forgiving than males, whereas males are more vengeful than females.

Similarly, the result indicates that male and female participants did not respond significantly different to the Enright Process model and the REACH model in terms of reducing their level of depression. This further suggests that the two therapies equally worked for both genders. Thus, an implication to counsellors is that the two therapies can be used to reduce depression of both male and female clients. This result further suggests that the two therapies equally worked for both genders. (Addis, 2008) reported that gender plays a role in the way all individuals respond to distressing emotions ranging from basic negative affect to an episode of major depression.

Albert (2015), on his part, attributed the role of gender to two psychological variables contributing to the gender difference in depression, these are interpersonal orientation and rumination. The current findings are in line with the results obtained by Nolen-Hoeksema, (2002) that there are no differences between the men and women in the number of hospitalisations for

depressive episodes. This implies that both sexes suffer the same level of depression. Similarly, the result is consistent with report by Brownhil, Wilhelm, Barclay, and Schmied, (2005) that men feel depression in the same way as women, but the difference lies on what men 'do' when they are depressed. On the contrary to this finding Lee, Lee and Kim (2017) and

Girgus, Yang and Ferri (2017) asserted in their findings that adolescent, young adult, and middle-aged adult women are more likely to be diagnosed with greater symptoms of depression when compared to boys and men of similar ages. The finding of this study suggests that participants continually use cognitive restructuring to manage their emotions, cognitions and behaviours. This is because of how participants were involved in the therapeutic process and how they understood the effect of unforgiveness on their wellbeing.

Furthermore, the result showed that the participants across different age categories did not respond significantly different to the Enright Process model and the REACH model in terms of enhancing forgiveness among college students. This finding agrees with Lundahl et.al (2008) assertion that age, gender and life status are not barrier to the effectiveness of forgiveness interventions. The result further suggested that the two therapies equally worked for college students with different ages in improving the level of forgiveness. This finding suggests that the Enright process model and the REACH model are effective for different age groups. This present finding is consistent with Lopez, Serrano, Gimenez and Noriega's (2021) confirmation that Enright's process and Worthington's REACH models of forgiveness intervention approaches have been used in majority of forgiveness

intervention research to enable clients of different ages to forgive a past hurtful event or injustice.

Furthermore, they reported that forgiveness interventions are not only effective in reducing adverse states and increasing positive states with younger age groups, but also with older adults. This means that these two models promote forgiveness among participant irrespective of age. Further literature by Kent, Bradshaw and Uecker, (2018) and McCullough, Bono, and Root, (2005) also found that forgiveness is positively associated with age. They suggested that age difference can have influence on one's willingness to forgive. Nonetheless, they reported that older adults are more often prepared for forgiving other people, and when they have done so, they experience greater growths in self-reported psychological well-being than young adult.

Similarly, Ermer and Proulx (2016), Cheng and Yim (2008) and Allemand, Hill, Ghaemmaghami, and Martin (2012) found that people become more forgiving as they get older because forgiveness helps them maintain emotionally satisfying relationships despite the fact that relational transgressions are almost unavoidable. The need of older people to make sense of their life and mould their experiences and connections into a cohesive whole before their lives come to an end leads to more forgiveness among the elderly. The younger adults forgive because they tend to be motivated by personal and social considerations. The implication for counsellors is that interventions aimed at increasing forgiveness can be implemented without regard for age.

The result again indicates that the participants across different age categories responded in the same way to the Enright Process model and the

REACH model in terms of reducing depression among college students. This further suggested that the two therapies equally worked for college students with different ages in decreasing depression. Depression is a serious psychological disturbance often accompanied by emotional, motivational, behavioural, cognitive, and physical symptoms that prevent people from carrying out the simplest of life's activities (American Psychiatric Association, 2013), is one of the few major mental disorders (Addis, 2008). Depression is the number one reason why people seek mental health services (Lenzo, Toffle, Tripodi, & Quattropiani, 2016) when participants were exposed to the therapies, their negative emotional, motivational, behavioural, cognitive, and physical symptoms that prevent them from carrying out the simplest of life's activities will be positively reshaped or cognitively restructured by practice or direct teaching. On the other hand, the skills, knowledge and attitudes acquired by the participants as a result of their exposure to the Enright Process model and the REACH model can also explain for this result.

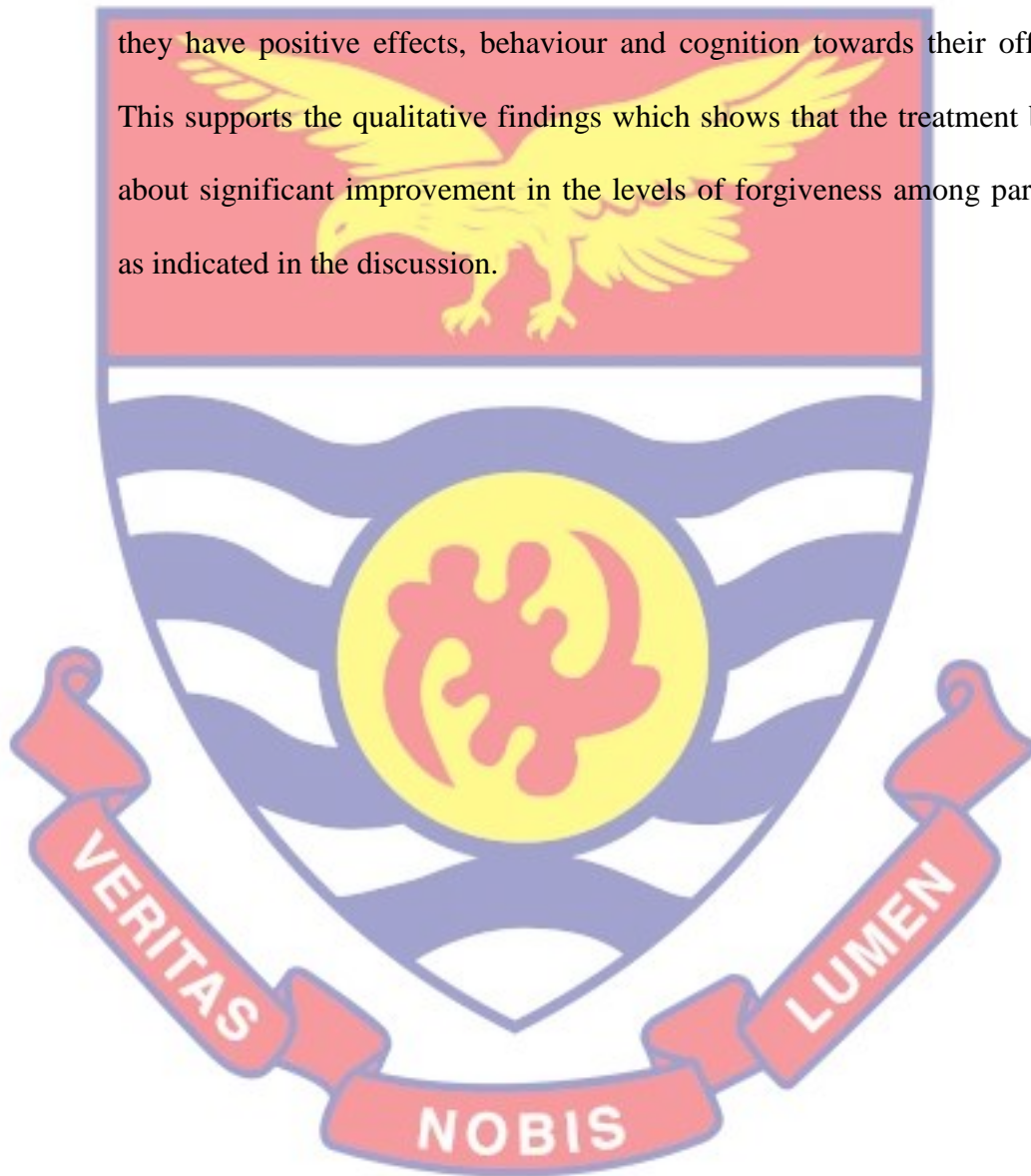
The finding is inconsistent with the result of Nolen-Hoeksema (2002) that even though sex differences in depression are apparent in both adolescence and in adulthood, these differences are not typically found among young people. She, however, reported that comparisons of the older and middle-aged adults' groups indicated that the older and middle-aged adults had significantly lower depression level than the college-aged adults. Rothermund and Brandtstadter (2003) similarly, established that the relationship between age and depression is U-shaped. Thus, depressive symptoms decline from young adulthood to midlife and then begin to rise again with increasing age making it a U-shape. Lenzo, Toffle, Tripodi, and

Quattropiani, (2016) on their part found that as many as 5 to 10 percent of adults suffer from a severe pattern of depression in any given year, while another 3 to 5 percent suffer from mild forms of the disorder. The depressive tendency relating to the female gender does not manifest itself before puberty and the notable differences in incidence of depression begin at the age of puberty. They, however, believed that depressive symptoms increase with age. These studies agreed that age plays a role in depression.

The findings on the effects of the intervention on the participants, showed that after the intervention participants had a positive feeling towards the offender and a positive thought towards the offender. This is as a result of participants' realization of the importance of forgiveness and the effect of unforgiveness from the intervention process. This explains why the participants after the intervention had a positive attitude and thoughts towards the offender. This implies that the Enright process and REACH models are efficacious in dealing with unforgiveness and depression. The findings of this study do not differ from the findings of a meta-analysis conducted by Baskin and Enright, (2004). The findings of these authors (Baskin and Enright) showed that the process-based forgiveness intervention theories were effective. Similarly, Lopez, Serrano, Gimenez and Noriega (2021) also confirmed that Enright's and Worthington's models of forgiveness intervention approaches have proved to be efficacious in enabling clients of different ages to forgive a past hurtful event or injustice of their offenders. The findings of this study are also in line with the findings of a Meta-analysis carried out by Wade et al., (2014). The findings of the meta-analysis showed

that respondents that were given forgiveness treatments reported significantly higher forgiveness than respondents who were not given treatment.

The qualitative results confirmed that the interventional treatment was able to bring about significant increase in the forgiveness levels of the participants. For instance, the participant's reported after the intervention that they have positive effects, behaviour and cognition towards their offenders. This supports the qualitative findings which shows that the treatment brought about significant improvement in the levels of forgiveness among participant as indicated in the discussion.



CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Introduction

This chapter covers the summary of the core issues related to the study, conclusions and recommendations. The summary is made up of the objectives of the study, methods and the main findings of the study. The conclusions based on the findings of the study and the recommendations are also highlighted. Finally, suggestions for further research are provided.

Summary

The core purpose of this study was to find out the effects of the Enright process model and REACH model on forgiveness and depression among college of education students in the Ashanti Region of Ghana. Specifically, the study sought to; find out the effects of the Enright process model and REACH model on forgiveness; establish the difference in depression of the participants in the experimental and control groups; examine the effects of the Enright process model and REACH model on forgiveness on the basis of gender; establish the difference in depression among participants in the experimental and control groups with regards to gender; find out the effect of the Enright process model and REACH model on forgiveness on the basis of age among participants who are offended and finally ascertain the difference in depression among participants in the experimental and control groups with regard to age.

The study employed a quasi-experimental pre-test-post-test (non-equivalent) design. The study consisted of three groups; two experimental (treatment) groups and one control group. Each of the groups comprised 20 members (10 males and 10 females). The participants were selected based on

their low levels of forgiveness and high levels of depression. The multi-stage sampling procedure was used to select the participants for the study. Pre-test forgiveness depression scores were taken before the intervention so as to obtain baseline data. The counselling intervention took eight weeks before post-test forgiveness and depression scores were obtained from the groups.

The instruments that were adapted for the study were Attitude scale or Enright Forgiveness Inventory (EFI) developed by Enright (2001), and Depressed Mood Scale by Radloff (1977). Also, an interview guide was used to obtain more information. Analysis of Covariance (ANCOVA) was used to test the hypotheses. The response from the interview guide was also analysed under specific themes.

Key Findings

The major findings derived from the study are indicated below:

1. Both the Enright Process model and REACH model were effective in enhancing forgiveness among college of education students. That is, these participants were able to forgive people who hurt them. Although the two therapies were found to be efficacious in reducing unforgiveness of students, none of the therapies were found to be more effective than the other.
2. Both the Enright Process model and REACH model were effective in reducing levels of depression among college of education students. Even though the two therapies were found to be effective in reducing unforgiveness of students, none of the therapies were found to be more effective than the other.

3. The result revealed that male and female participants did not respond significantly different to the Enright Process model and REACH model in terms of enhancing forgiveness. This implies that the Enright Process model and REACH model were equally effective for both male and female participants in terms of increasing forgiveness.

4. The result indicates that male and female participants did not respond significantly different to the Enright Process model and the REACH model in terms of reducing their level of depression.

5. The result showed that the participants across different age categories did not respond significantly different to the Enright Process model and the REACH model in terms of enhancing forgiveness among college students.

6. The result indicates that the participants across different age categories responded in the same way to the Enright Process model and the REACH model in terms of reducing depression among college students.

Conclusions

The following conclusions are drawn based on the results:

In the first place, both Enright Process model and the REACH model have the efficacy in enhancing forgiveness among college students. This means that individuals who are unforgiving can be helped through these models to increase their forgiveness levels. Again the models have the efficacy to reduce levels of depression among college students when their levels of forgiveness are high.

Furthermore, Enright Process model and the REACH model are effective in improving the forgiveness level of college students

irrespective of gender and age. The two models have also proved to be efficacious in reducing the level of depression among college students when their levels of forgiveness are increased through forgiveness counselling regardless of gender and age. Also, the Enright Process model and the REACH model have the efficacy in enhancing positive feelings toward the offender among college of education students with hurt.

Enright Process model and REACH model have the efficiency to improve positive thought toward the offender among college of education student with hurt through counselling. Finally, the models are efficient in improving the positive relationship among college of education students.

Counselling Implications

1. In increasing forgiveness among clients, counsellors can use Enright Process model and REACH model to facilitate forgiveness interventions.
2. In managing clients who have depression counsellors can also adopt REACH model and Process model to help them, increase their forgiveness level.
3. School counsellors should be trained by the various institutions that train them in the use of forgiveness interventions (Enright Process model and REACH model) since most counsellors are not aware of its practice.
4. Forgiveness intervention (Enright Process model and REACH model) should be considered by school counsellors as a very effective strategy for treating unforgiveness to improve students' psychological well-being when they are handling clients with hurt.

5. Counsellors need to encourage and support students/clients who have emotional problems such as anger, stress, anxiety and depression to join forgiveness therapy groups.
6. To ensure the effective use of the REACH model and process model interventions clients should to be encouraged by counsellors to play significant roles in the sessional activities throughout the intervention period.
7. Counselling workshops and seminars need to be organised by counselling units of various institutions to sensitise students as well as the counselling associations to inform the general public on the efficacy of forgiveness therapies.
8. Counsellors need to be aware that personal variables such as age and gender will not have any impact on the effectiveness of forgiveness interventions especially Enright Process model and REACH model.
9. Counsellors need to take note of the affective, cognitive and behavioural components of forgiveness when facilitating forgiveness interventions.
10. Counsellors need to understand that counselling interventions aimed at increasing forgiveness can be carried out without regard for age.
11. Counsellors need to also note that counselling interventions aimed at reducing depression can be implemented without considering age.
12. Counsellors need to be conscious about the fact that both forgiveness interventions have the same level of effectiveness in treating depression and other psychological problems like anxiety, self-esteem and guilt.

13. Counsellors need to understand that depression can be treated indirectly using forgiveness interventions since Enright Process model and REACH model have similar levels of effectiveness with regard to reducing depression.

Recommendations

The following recommendations are put forward based on the findings.

1. Counsellors should make an effort to use the Enright Process and REACH model in forgiveness interventions to improve the forgiveness level as well as reduce depression among students. This can be done by taken clients through forgiveness counselling for a period of eight weeks as was done in this study.
2. Counsellors should offer forgiveness counselling to clients without taking gender and age into consideration, since the Enright process and REACH models have proved to be gender and age neutral. Thus, irrespective of the age and gender of clients the counsellors can bring clients together and take them through counselling.
3. Various counselling Centres or Units of Institutions of learning especially the Universities, Technical Universities and Colleges of education should regularly organise seminars, lectures and symposia on the efficacy of forgiveness therapies (Enright Process and REACH Therapy) for students to sensitise them on the need to patronise forgiveness counselling.
4. Government should provide adequate funds and support to encourage the conduct of research in forgiveness counselling, since it is new in Ghanaian culture. Thus, government can set aside some funds every year

specifically to support individuals who would want to carry out a research in the area of forgiveness.

5. Ministry of education should through the Ghana Tertiary Education Commission (GTEC), should insist on periodic screening of college students to identify those who are unforgiving and depressed to be assisted by college counsellors through forgiveness counselling. This will help to improve on the psychological well-being of college students.
6. College principals should make an effort to support the counselling unit to regularly organise seminars, lectures and symposia on the efficacy of forgiveness therapies (Enright Process and REACH Therapy) for students to sensitise them on the need to patronise forgiveness counselling.
7. Training should be given to counsellors by the institutions that train them in the use of the Enright Process and REACH models. This can be taken as part of the courses they take in school to equip them with the skills they need in the use of the two models.
8. College students can make use of forgiveness interventions involving either the Enright Process model or the REACH model as a way of treating their depression.

Suggestions for Further Research

1. The REACH model and Process model in future can be used to assess their efficacy on other mental health variables such as anxiety, self-esteem, and stress among College of Education students.

2. Future research should explore the effect of the REACH model and Process model on forgiveness and other mental health variables among senior high school students.



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APPENDIX A

ATTITUDE SCALE

UNIVERSITY OF CAPE COAST

COLLEGE OF EDUCATION STUDIES

FACULTY OF EDUCATIONAL FOUNDATIONS

DEPARTMENT OF GUIDANCE AND COUNSELLING

Phone number:

Demographic data

Programme:..... Programme group:.....

Kindly tick the appropriate option that is applicable to you.

Gender: Male Female

Age: 17-20 21-24 25 and above

Marital status: Single Married Divorced

Level: 100 200 300

We are sometimes unfairly hurt by people, whether in family, friendship, school, or other situations. Think of the **most recent** experience of someone hurting you unfairly and deeply. For a few moments, visualize in your mind the events of that interaction.

Try to see the person and try to experience what happened.

SECTION A

Please tick any one of the responses which is applicable to you below the items 1-3

1. How deeply were you hurt when he incident occurred?

No hurt A little hurt Some hurt Much hurt A great deal of hurt

2. Who hurt you?

Child [] Spouse [] Relative [] Friend of the same gender [] Friend of the
Opposite Gender [] Employer []. Others (specify).....

3. Is the person alive?

Yes [] No []

4. How long ago was the offense?

(Please write the number of days or weeks, etc.)

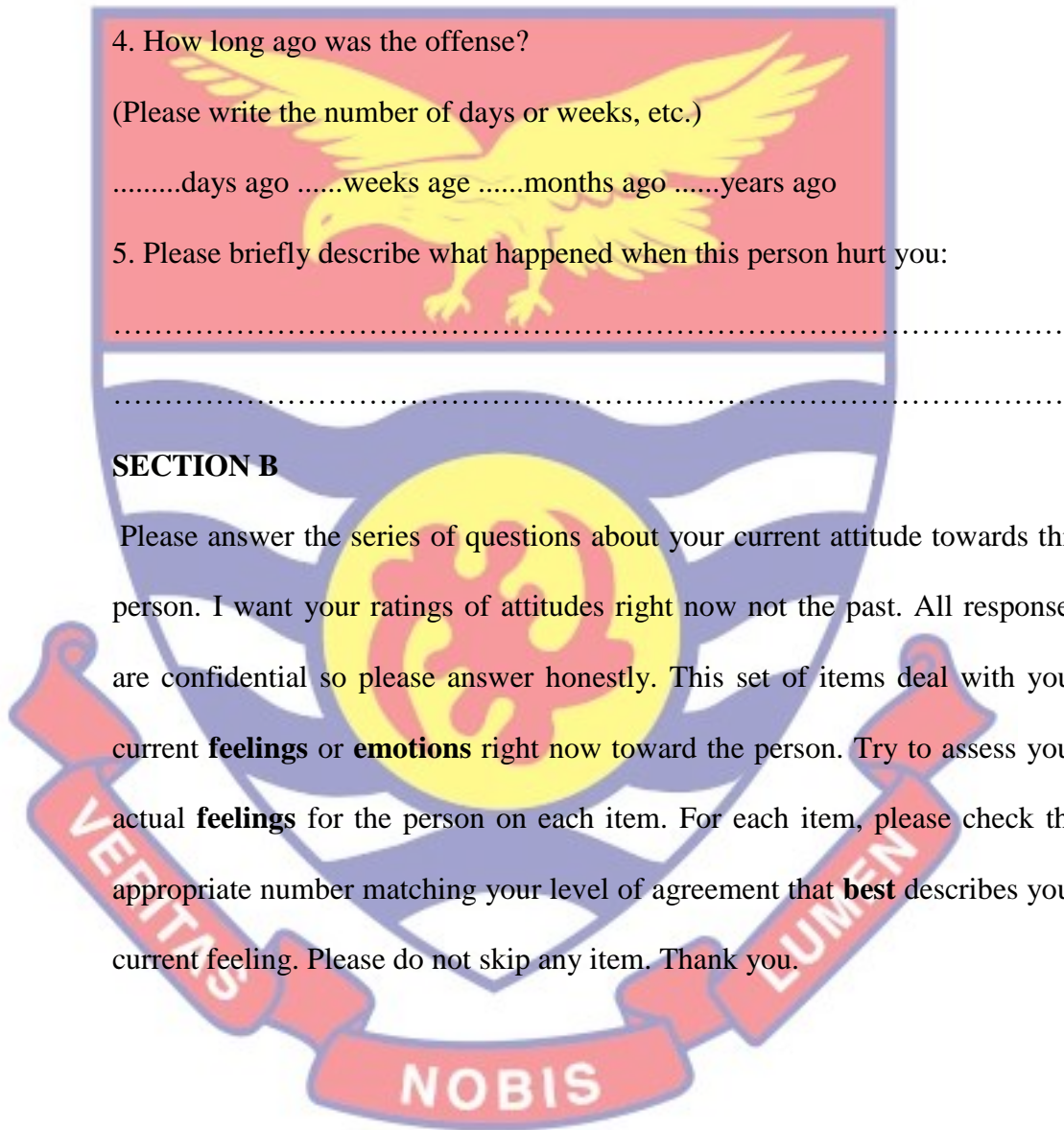
.....days agoweeks agomonths agoyears ago

5. Please briefly describe what happened when this person hurt you:

.....
.....

SECTION B

Please answer the series of questions about your current attitude towards this person. I want your ratings of attitudes right now not the past. All responses are confidential so please answer honestly. This set of items deal with your current **feelings** or **emotions** right now toward the person. Try to assess your actual **feelings** for the person on each item. For each item, please check the appropriate number matching your level of agreement that **best** describes your current feeling. Please do not skip any item. Thank you.



	Statement	Strongly Disagree	Disagree	slightly Disagree	Slightly Agree	Agree	strongly Agree
1	I feel warm towards him or her						
2	I feel negative towards him or her						
3	I feel kindness towards him or her						
4	I feel happy towards him or her						
5	I feel hostile towards him or her						
6	I feel positive towards him or her						
7	I feel tender towards him or her						
8	I feel unloving towards him or her						
9	I feel repulsed towards him or her						
10	I feel resentment towards him or her						
11	I feel goodwill						

	towards him or her						
12	I feel angry towards him or her						
13	I feel cold towards him or her						
14	I feel dislike towards him or her						
15	I feel caring towards him or her						
16	I feel bitter towards him or her						
17	I feel good towards him or her						
18	I feel affection towards him or her						
19	I feel friendly towards him or her						
20	I feel disgust towards him or her						

SECTION C

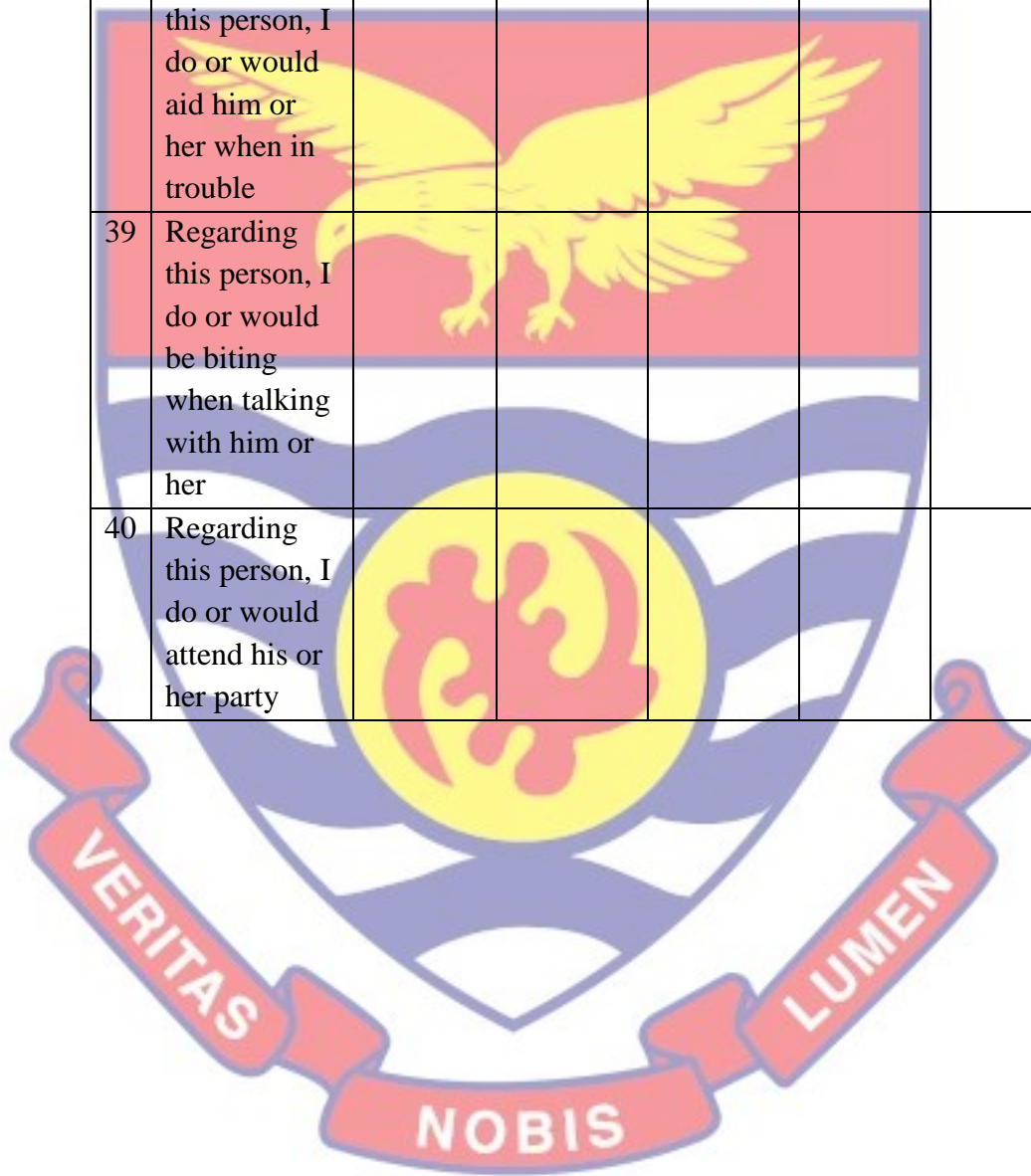
This set of items deal with your current behaviour towards the person. Consider how you do act or would act towards the person in answering the questions. For each item, please check and circle the appropriate number matching your level of agreement that best describes your current behaviour or

probable behaviour. Please do not skip any items. Thank you.

	Variable	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	strongly Agree
21	Regarding this person, I do or would show friendship						
22	Regarding this person, I do or would avoid						
23	Regarding this person, I do or would ignore						
24	Regarding this person, I do or would neglect						
25	Regarding this person, I do or would help						
26	Regarding this person, I do or would put him or her up or down						
27	Regarding this person, I do or would treat gently						

28	Regarding this person, I do or would be considerate						
29	Regarding this person, I do or would speak ill of him or her						
30	Regarding this person, I do or would reach out to him or her						
31	Regarding this person, I do or would not attend to him or her						
32	Regarding this person, I do or would lend him or her a hand						
33	Regarding this person, I do or would not speak to him or her						
34	Regarding this person, I do or would act negatively						
35	Regarding this person, I do or would establish good relation with him or her						
36	Regarding						

	this person, I do or would stay away						
37	Regarding this person, I do or would do a favour						
38	Regarding this person, I do or would aid him or her when in trouble						
39	Regarding this person, I do or would be biting when talking with him or her						
40	Regarding this person, I do or would attend his or her party						



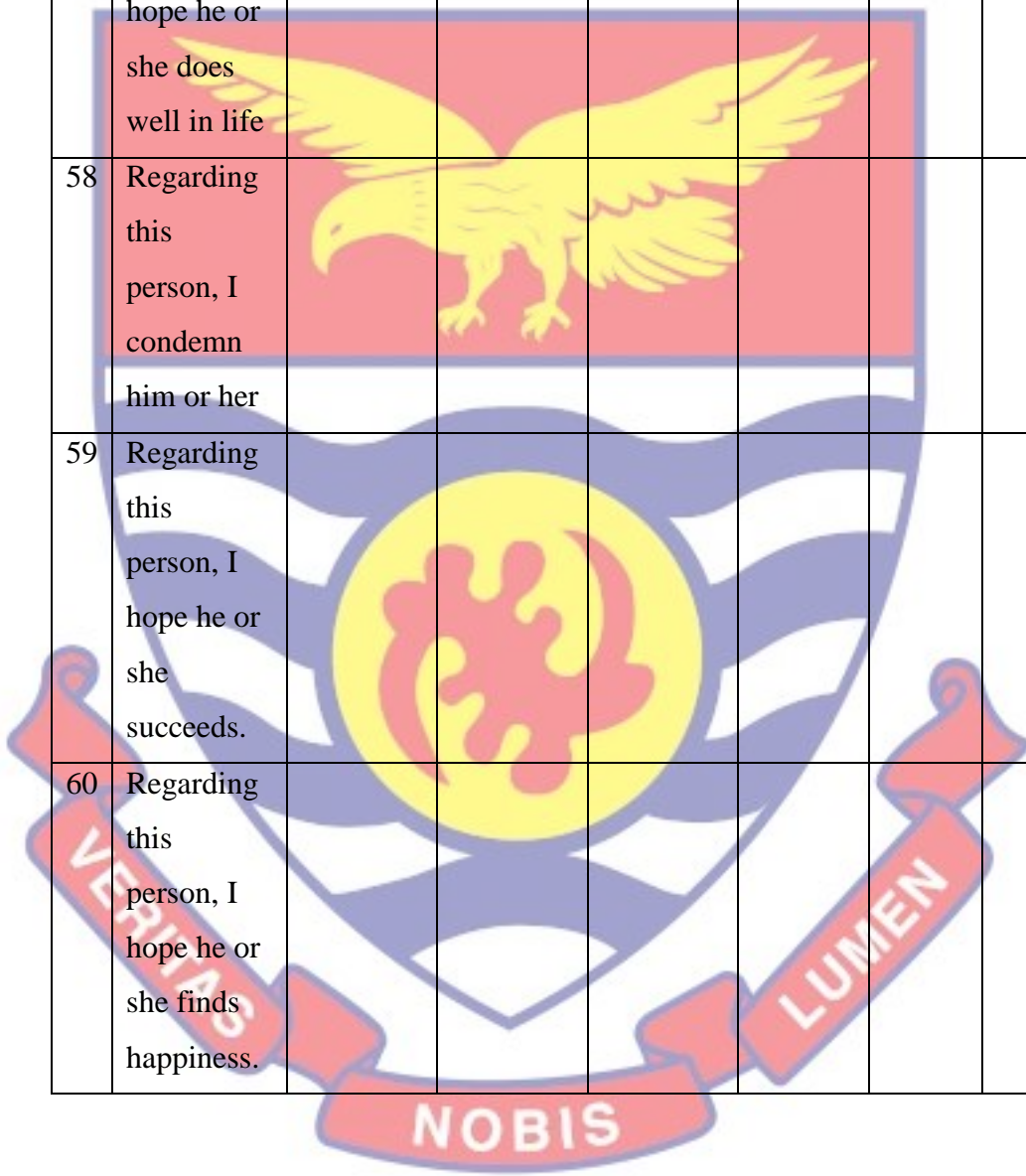
SECTION D

This set of items deal with how you currently think about the person. Think about the kinds of thoughts that occupy your mind right now regarding this particular person. For each item, please check circle the number matching your level of agreement that best describes your current thinking. Please do not skip any item. Thank you.

	Statement	Strongly Disagree	Disagree	slightly Disagree	Slightly Agree	Agree	Strongly Agree
41	I think he or she is wretched						
42	I think he or she is evil						
43	I think he or she is horrible						
44	I think he or she is of good quality						
45	I think he or she is worthy of respect.						
46	I think he or she is dreadful						
47	I think he or she is loving						

48	I think he or she is worthless						
49	I think he or she is immoral						
50	I think he or she is a good person						
51	I think he or she is nice						
52	I think he or she is corrupt						
53	I think he or she is a bad person						
54	Regarding this person I wish him or her well						
55	Regarding this person, I disapprove of him or her						
56	Regarding this person, I think						

	favourably of him or her						
57	Regarding this person, I hope he or she does well in life						
58	Regarding this person, I condemn him or her						
59	Regarding this person, I hope he or she succeeds.						
60	Regarding this person, I hope he or she finds happiness.						



SECTION E

In thinking through the person and event you just rated, please consider the following questions.

	Statement	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	strongly Agree
61	There really was no problem now that I think about it.						
62	I was never bothered by what happened.						
63	The person was not wrong in what he or she did to me						
64	My feelings were never hurt						
65	What the person did was fair						

APPENDIX B

DEPRESSION SCALE

UNIVERSITY OF CAPE COAST

COLLEGE OF EDUCATION STUDIES

FACULTY OF EDUCATIONAL FOUNDATIONS

DEPARTMENT OF GUIDANCE AND COUNSELLING

DEPRESSION MODE SCALE

Demographic data

Phone number.....

Gender: Male [] Female []

Age: 17-20 [] 21-24 [] 25 and above []

Marital status: single [] Married [] Divorced []

Instruction: This questionnaire consist of 20 items. Please read each statement carefully and then for each item below, please tick the column which best describes how often you felt or behaved this way during the past several days” /weeks.

	Statement	Rarely or none of the time	Some or a little of the time	Occasionally or a moderate amount of the time	Most or all of the time
1	I was bothered by things that usually don't bother me.				
2	I did not feel like eating; my appetite was poor.				
3	I felt that I could not shake off the blues even with help from				

	my family or friends.				
4	I felt that I was just as good as other people.				
5	I had trouble keeping my mind on what I was doing				
6	I felt depressed.				
7	I felt that everything I did was an effort.				
8	I felt hopeful about the future.				
9	I thought my life had been a failure.				
10	I felt fearful.				
11	My sleep was restless.				
12	I was happy.				
13	I talked less than usual.				
14	I felt lonely.				
15	People were unfriendly.				
16	I enjoyed life.				
17	I had crying spells.				
18	I felt sad.				
19	I felt that people disliked me.				
20	I could not get “going.”				

APPENDIX C
INTERVIEW GUIDE

1. How do you feel towards the person who offended you after the intervention?

2. What kinds of thought do you have about the person who offended you badly?

3. How would you behave towards the person who offended you badly?



APPENDIX D

Summary of qualitative data

Main themes	Subthemes	Extracts from interview
Effect of the intervention	Positive Feeling towards offender	<p><i>“I no longer feel angry [sic] towards her after the intervention. I have even called her recently. After going through all the lessons, I now have compassion her than before”</i> (Participant 1)</p> <p><i>“I am okay because I don’t think about what happened and feel hurt anymore. Because I have learned to have a good feeling about my friend and also let go my hurt to be free”</i> (Female 3)</p>
	Positive thought about offender	<p><i>“Right now, my thoughts about the person are more positive and I am also trying to see if I can help her so that she will stop that kind of behaviour”</i> (Participant 2)</p> <p><i>“Unlike before now my thought about the person has changed. I believe when we meet it will not be like before”</i> (Male 3)</p>
	Positive behaviour towards offender	<p><i>“I will talk to the person. Thus, I will greet him and ask how he is doing. This I will not do initially when he offended me.”</i> (Participant 2)</p> <p><i>“I am sure I will talk to him. Thus, I will greet him and ask how he is doing. For me initially I will not even mind when he offended me.”</i> (Male 1)</p>

APPENDIX E

FORGIVENESS COUNSELLING USING THE ENRIGHT PROCESS

MODEL

MANUAL

INTRODUCTION

Forgiveness has been a powerful tool counsellor's use in dealing with interpersonal transgression among individuals, societies and organisations. It helps in increasing positive thoughts and emotions. Forgiveness is a cure to psychological problems such as anger, anxiety, depression and self-esteem. The main purpose of this intervention training is to use the process model of forgiveness to promote forgiveness and also to find out whether the process model will reduce depression.

Session 1: Introduction, Welcoming and Orientation

Objectives:

The objectives will be to:

- a. Get to know one another and also establish the goals for the counselling sessions;
- b. Establish rules guiding the conduct of the intervention.
- c. Determine the time of meeting for the sessions.
- d. Distribute the training manuals to the participants.

Activities

This session covers self-introduction of the researcher and participants, goals for the intervention and discussion of responsibilities of the counsellor and the participants during counselling. The ground rules to guide group interaction and the election of group leaders will also be considered under this session by

the researcher and the participants. There will be distribution of the training manuals to members.

Session 2: The Sources of hurt and Concept of Forgiveness

Objectives:

The objectives will be to:

- a. Assist participants identify the sources of hurt.
- b. Explain what forgiveness is and what forgiveness is not
- c. Discuss the differences between forgiveness and reconciliation
- d. State reasons why they want to forgive.

Activities

A. The counsellor will discuss with participants' sources of the hurt and circumstances leading to the hurt. The sources of the hurt may include lecturers, friends, politicians, parents, roommates, examination failure, boy/girlfriend and even self. The hurt may come as a result of betrayal, ridiculing, and insulting, cheating, unfaithfulness on the part of intimate relationship, rape and divorce. The victim may feel angry, depressed, worried, disappointed, stressed, and loss of personal sense of worth.

B. What forgiveness is:

Forgiveness has been conceptualized as an emotion-focused coping process or style that can help people manage negative psychological and emotional experiences (i.e. unforgiveness) evoked by interpersonal conflict and stress (Strelan & Covic, 2006; Worthington & Scherer, 2004). Younger, Piferi, Jobe, & Lawler (2004) explained forgiveness as a reasonable process of releasing negative effect of emotions in order to preserve or maintain relationship. Other scholars define forgiveness as, motivation-based. Mc

Cullough, Worthington & Rachal (1997) define forgives as the set of motivational changes whereby one becomes;

- Demotivated to retaliate against an offending relationship partner.
- Decreasingly motivated to disassociate from the offender and
- Increasingly motivated by conciliation and good will for the offender,

despite the offenders hurtful actions.

Forgiveness is not:

Forgetting- removing awareness of the offense from consciousness.

Condoning- failing to see the actions as wrong and in need of forgiveness.

Excusing- not holding the person or group responsible for the action.

Pardoning- granted only by a representation of society, such as a judge.

C. Discuss the differences between forgiveness and reconciliation

Forgiveness involves one person's response but reconciliation is coming together in trust by two or more persons. Forgiveness entails the willingness to reconcile or waiting in the hope that the transgressor changes his/her behaviour and or apologises. Forgiveness is something the injured can do on his/her own without any response from the transgressor. Reconciliation is dependent on a change in the offender's behaviour and often times include an admittance of wrong doing and or apologising.

D. Discuss with participant's reasons why they want to forgive

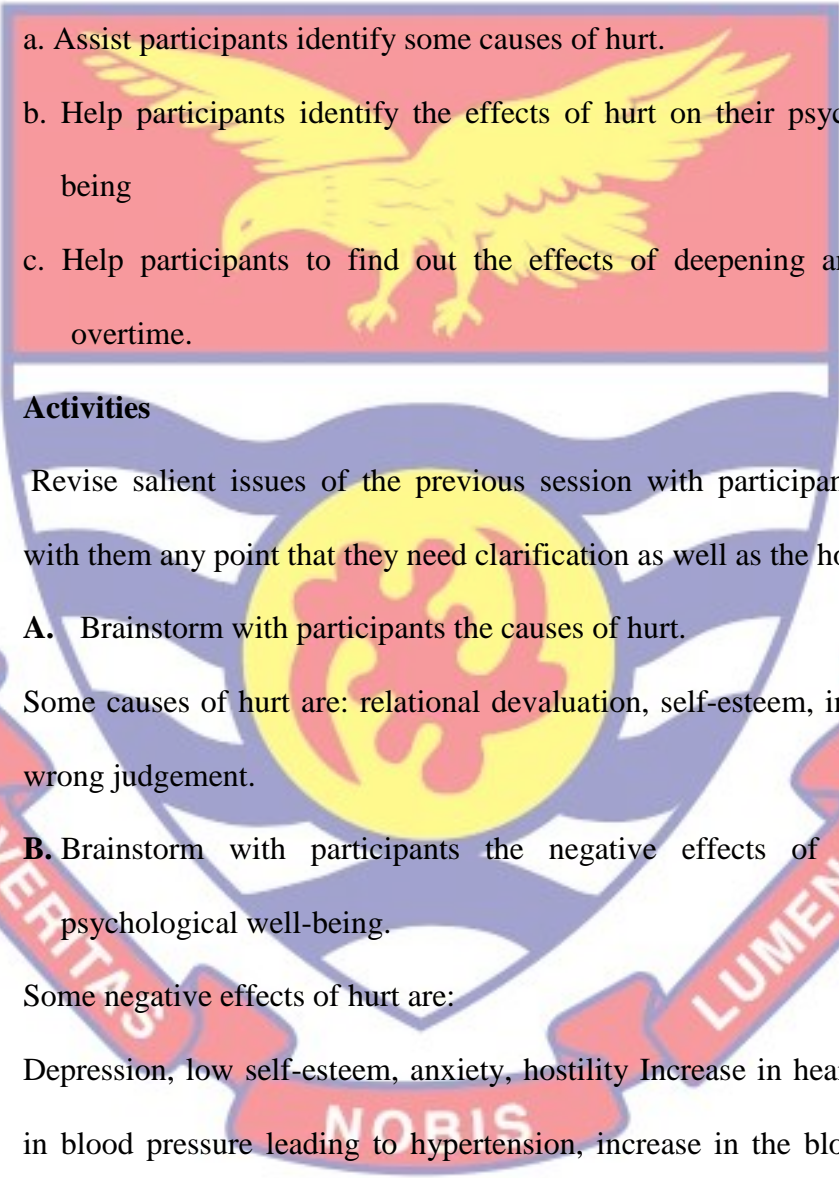
Reasons why one would want to forgive are: Aids psychological healing, improves physical and mental health of victims, restores the victims' sense of personal power. Others are: Its encourages reconciliation between the offended and offender, and also promotes hope for resolution of conflicts.

Participants will be allowed to ask questions to clarify issues discussed and then will be given homework and terminate the session.

Session 3: Common Reaction to being hurt (defence mechanisms)

Objectives:

The objectives will be to:

- 
- a. Assist participants identify some causes of hurt.
 - b. Help participants identify the effects of hurt on their psychological well being
 - c. Help participants to find out the effects of deepening and easing hurt overtime.

Activities

Revise salient issues of the previous session with participants and discuss with them any point that they need clarification as well as the homework.

A. Brainstorm with participants the causes of hurt.

Some causes of hurt are: relational devaluation, self-esteem, insult, rejection, wrong judgement.

B. Brainstorm with participants the negative effects of hurt on their psychological well-being.

Some negative effects of hurt are:

Depression, low self-esteem, anxiety, hostility Increase in heartbeat, increase in blood pressure leading to hypertension, increase in the blood sugar level and sweating, causing danger to thinking/reasoning, stress and unstable mood, relationship problems

C. Discuss with students the effects of deepening and easing hurt overtime.

Effects of easing hurt, negative thoughts and emotions will be removed, promotion of reconciliation, promotion of mental and physical health, it will remove sadness, anger, frustration, it increases your personal power. it restores self-esteem, effects of deepening hurt overtime, leads to resentment, it makes you stressed, depressed and anxious, lowers your self-image, leads to physical

hostility, promotes negative thoughts and feelings toward self and the transgressor thus may jeopardise your relationships.

Let the participants write a letter they do not intend to send to the person who hurt them about their feelings and the struggles they endured as homework.

Session 4: The Cost and Benefits of Committing to Forgiveness,

Objectives:

The objectives will be to:

- a. Assist participants to identify the cost of not committing to forgiveness
- b. Help participants to identify the benefits of committing to forgiveness

Activities:

Revise salient issues of the previous session with participants and also, discuss the homework.

- A. Participants dramatise a scenario of how they feel when they come into contact with someone who hurt them.
- B. Discuss with the participants the cost of holding on to hurt and not committing to forgiveness

The costs of holding on to hurt and not committing to forgiveness are:

- Development of negative thoughts patterns and obsessing about the person (offender) and what occurred (offense).

- Development of psychological problems such as depression, low self-esteem and anxiety.
- Increase hopelessness about the situation and perhaps life in general.
- Revenge the offense
- Increase physical health problems such as heart attack, high blood pressure, weight loss and weight gain, stress, depression, muscle tension and decreased lung function.

C. Discuss with the participants the benefits of committing to forgiveness

The benefits of committing to forgiveness are:

- Restoring broken relationships.
- Helps in healing inner emotional wounds such as depression, anger and stress.
- Means of coping with stress, injury and pain.
- Promote positive physical health
- Improve psychological health

Summarise session activities and give homework and let each participant discuss four (4) reasons why they need to commit to forgiveness.

Session 5: Broadening your view about the person that hurt you.

Objectives:

The objectives will be to:

- a. Assist participants describe the feelings about the offender
- b. Assist participants identify what life was like for the person who hurt them.
- c. Assist participants view the person who hurt them based on global and spiritual perspectives.

Activities

Revise salient points of the previous session and also, discuss the homework with participants.

A. Brainstorm with participants the feelings they had for the one who hurt them.

Positive feelings are: sympathy, empathy, compassion and love.

Negative feelings are: outright hatred, anger, avoidance and the desire to revenge bitterness.

B. Let participants explore what life was like for the person who hurt them.

For example, frustration, unbearable stress and not worth living.

C. Brainstorm with participants how they view the person who hurt them based on global and spiritual perspectives.

Global -not having feeling for others, not sympathetic, no compassion and love for others.

Spiritual - do not attends church or mosque, not motivated towards religious activities.

Let each participant identify the vulnerabilities in the person's childhood, adolescence or adulthood and how the person can be redeemed within your belief system as homework.

Session 6: Nature of Compassion and Working towards Compassion

Objectives:

The objectives will be to:

- a. To help participants explain the nature of compassion.
- b. To help the participants work toward compassion.

- c. To help participants identify changes in their feelings toward the person who hurt them
- d. To assist participants, identify the kind of gift(s) they will give to the person who hurt them.

Activities

A. Brainstorm with the participants the nature of compassion

Compassion is showing empathy, mercy, pity, love, sorrow and tender-heartedness to someone who is suffering. This indicates deep awareness of another's suffering.

B. Let participants use role-play to empathise with a victim who hurt them.

This will be done in pairs.

C. Let participants demonstrate changes in their feelings towards the person that hurt them. These words are likely to be indicated by the participants: relieved, fearful, annoyed, angered, pleased, betrayed, satisfied, disappointed, loved, empathetic, and sympathetic and the like.

D. Let the participants discuss the kind of gift(s) they will give to the person that hurt them.

These gifts may be tangible in the form of flowers, cards, hampers, and certificates of appreciation, plagues, chocolates, Bibles, watches and rings.

E. Ask each participant to identify the kind of gift he/she will give to the person who hurt him/her and why that gift is given to the person as home exercise and terminate the session.

Session 7: Finding Meaning in Suffering.

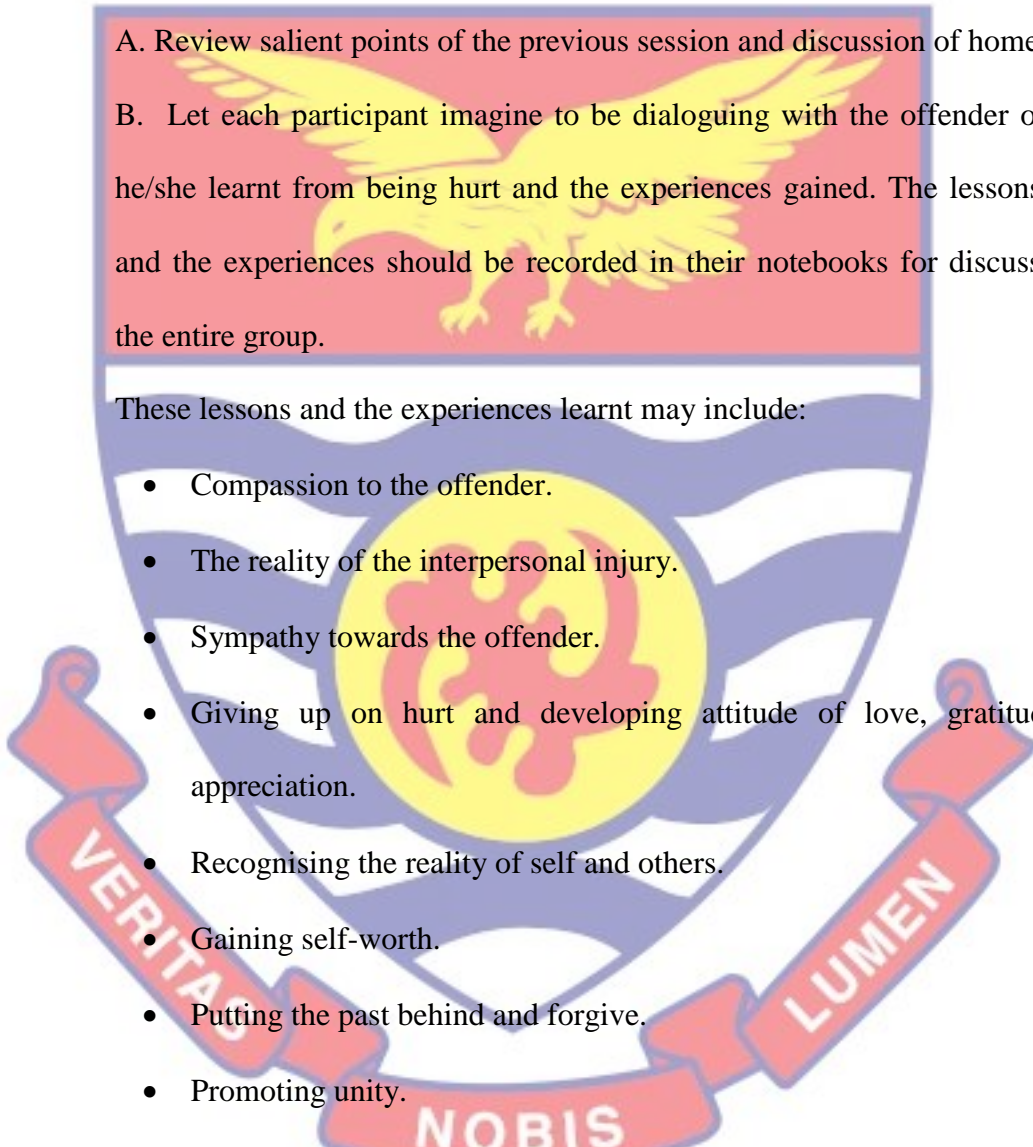
Objectives

The objectives will be to:

Help participants identify what they learnt from being hurt and their experiences.

Help participants identify what new purpose they may develop that involves how they interact with others as they think about their suffering.

Activities

- 
- A. Review salient points of the previous session and discussion of homework.
- B. Let each participant imagine to be dialoguing with the offender on what he/she learnt from being hurt and the experiences gained. The lessons learnt and the experiences should be recorded in their notebooks for discussion by the entire group.

These lessons and the experiences learnt may include:

- Compassion to the offender.
- The reality of the interpersonal injury.
- Sympathy towards the offender.
- Giving up on hurt and developing attitude of love, gratitude and appreciation.
- Recognising the reality of self and others.
- Gaining self-worth.
- Putting the past behind and forgive.
- Promoting unity.

C. Let each participant identify a new purpose he/she developed that involves how they interact with others as they contemplate their suffering.

Session 8: Practice, General Discussion, Evaluation and Post-test

Objectives

The objectives will be to:

- a. Identify specific problems that participants might have experienced during the intervention period.
- d. Assess at the progress of the group over the entire period of the intervention training.
- c. Appraise the individual growth, program achievement and leader's effectiveness.

- d. Conduct the post-test.

Activities

- A. Recap and share experiences participants gained during the entire period of the intervention training and then attend to any particular problem in this session
- B. The counsellor facilitates an open discussion concerning whatever issues participants wish to raise.
- C. Through the use of oral evaluation obtain feedback about the overall effectiveness of the intervention counselling.
- D. Finally terminate the intervention process and follow-up within four (4) weeks' time to conduct the post-test.

THE REACH MODEL OF FORGIVENESS COUNSELLING MANUAL

Introduction

Being wronged by another person is part of normal life. These interpersonal offenses could range from minor ones with minimal consequences to more significant offenses with consequences to the victim. Harboring of chronic anger, hatred and hostility can also lead to physical and mental health problems such as anger, anxiety, depression, insomnia, hopelessness and low self-esteem. (Chida, & Steptoe, 2009; Goldman &

Wade, 2012). Empirical evidence indicates that persons who participate in forgiveness interventions experience healthy effects including reduced levels of anxiety and depression. Forgiveness is linked to social support, in that it reduces negative emotions like anger and hostility toward others.

Session 1: Establishing relationship

Objectives:

The objectives will be to:

Get to know each other and how members want to be called throughout the whole intervention period.

- a. Discuss counsellor's and participants' roles.
- b. Assist participants to set ground rules.
- c. Assist participants to state their expectations and elect group leaders.

Activities

The first session focuses on self-introduction, the major goal of the intervention sessions and discussion of counsellor's and participants' role in the sessions. The researcher also assists participants to set ground rules to govern group interactions and to elect their own leaders to supervise their activities during counselling sessions.

Session 2: The Sources of hurt and Concept of Forgiveness

Objectives:

The objectives will be to:

- e. Assist participants to identify the sources of hurt.
- f. Explain what forgiveness is and what forgiveness is not.
- g. Distinguish between forgiveness and reconciliation
- h. Describe decisional forgiveness and emotional forgiveness.

Activities

- A. The counsellor will discuss with participants' sources of the hurt and circumstances leading to the hurt.

The sources of the hurt may include teachers, friends, politicians, parents, roommates, examination failure, boy/girlfriend and even self. The hurt may come as a result of betrayal, ridiculing, and insulting, cheating, unfaithfulness on the part of intimate relationship, rape and divorce. The victim may feel angry, depressed, worried, disappointed, stressed, and loss of personal sense of worth.

B. Forgiveness is:

Forgiveness has been conceptualized as an emotion-focused coping process or style that can help people manage negative psychological and emotional experiences (i.e. unforgiveness) evoked by interpersonal conflict and stress (Strelan & Covic, 2006; Worthington & Scherer, 2004). Younger, Piferi, Jobe, & Lawler (2004) explained forgiveness as a reasonable process of releasing negative effect of emotions in order to preserve or maintain relationship. Others scholars define forgiveness as, motivation-based. McCullough, Worthington & Rachal (1997) define forgives as the set of motivational changes whereby one becomes;

- Demotivated to retaliate against an offending relationship partner.
- Decreasingly motivated to disassociate from the offender and
- Increasingly motivated by conciliation and good will for the offender, despite the offenders hurtful actions.

Forgiveness is not:

Forgetting- removing awareness of the offense from consciousness.

Condoning- failing to see the actions as wrong and in need of forgiveness.

Excusing- not holding the person or group responsible for the action.

Pardoning- granted only by a representation of society, such as a judge.

C. Discuss the differences between forgiveness and reconciliation

Forgiveness involves one person's response but reconciliation is coming together in trust by two or more persons. Forgiveness entails the willingness to reconcile or waiting in the hope that the transgressor changes his/her behaviour and or apologise. Forgiveness is something the injured can do on his/her own without any response from the transgressor. Reconciliation is dependent on a change in the offender's behaviour and often times include an admittance of wrong doing and or apologising.

D. Brainstorm with participants' decisional and emotional forgiveness.

A decisional forgiveness is an intention statement stating one's intention to renounce revenge or avoidance and treat the person as a valuable and valued person.

Emotional forgiveness is the emotional replacement of negative unforgiving emotions by positive-oriented emotions like love, respect, compassion, empathy and sympathy instead of harbouring negative emotions like resentment, bitterness, anger, hatred and fear.

Assign homework to participants and end the session.

Session 3: Recall the hurt

Objectives:

The objectives will be to:

- e. Help participants, recall the hurt.
- f. Help participants identify the difficulties involved in forgiveness.
- g. Assist participants, identify the benefits of forgiveness to a relationship.
- h. Enable the participants, identify the benefits of forgiveness to the forgiver.

Activities

Recap the previous session activities and discuss the homework with the participants.

- A. Assist the participants to recall the hurt in five minute reflection and discuss with them that there is not victimisation, not blaming but objective.
- B. Let participants be in groups of five each and discuss the difficulties involved in forgiving.
 - Giving up anger.
 - Misunderstanding of forgiveness.
 - Parents never showed forgiveness.
 - Forgiveness is impossible.
 - Lowering one's power or dignity.
 - Brainstorm and discuss the benefits of forgiveness to a relationship.
 - Restoring broken relationships
 - Promotes hope for the resolution of conflicts.

- Helps bring about reconciliation between the offended and the offender.
- Promotion of peace
- Breeds unity.
- Brainstorm and discuss the benefits of forgiveness to the forgiver.

- Helps in healing inner emotional wounds such as depression, anger and stress.
- Means of coping with stress, injury and pain.
- Promote positive physical health
- Improve psychological health

Assign homework and terminate the session.

Session 4: Empathise with the one who hurt you

Objectives:

The objectives will be to:

- d. Help participants demonstrate how to empathise with the one who hurt them.
- e. Assist members to write letters expressing their feelings about the harmful event and the offender and to express that they were working toward forgiving the offender.
- f. Help members talk about the experiences of the hurt.

Activities

Reflecting on the previous session exercise.

- A. Assist participants to demonstrate how to empathise with their offender in pairs with one serving as the victim and the other as the offender.

B. Guide members to write hypothetical letters expressing their feelings about the harmful event to the offender and express that they were working to forgive the offender. Provide this guide to help subject to write the letters:

- a. State and discuss three negative feelings about the event and the offender in the letter.
- b. Again state and discuss three positive feelings about the event and the offender in the letter.
- c. Discuss two efforts you are making to forgive the offender in the letter.
- d. After that discuss some samples of the letters with members in the class.

C. Assist participants to talk about the experiences of the hurt. Let members use the following words- disappointed, annoyed, angry, worthless, displeased, unsatisfied, frustrated, unhappy, frightened and surprised. Also, let subject do the empty chair exercise where members will verbalise their feelings and thoughts to the empty chair with the intention that they were talking to the offender. Encourage members to do it in multiple repetitions with sympathy, compassion and love.

Give homework to members and end the session.

Session 5: Altruistic gift of forgiveness

Objectives:

The objectives will be to:

- c. Help members think about how they feel when they receive divine forgiveness after seeking forgiveness.

- d. Assist members to focus on how they feel when receive forgiveness from others after seeking forgiveness.

Activities:

Revise the previous activities and home exercise.

A. participants demonstrate how to empathise with the offender using the empty chair exercise.

B. Discuss with members their feelings of divine forgiveness.

Divine forgiveness is forgiveness based on spirituality or religion. It is forgiveness that based on one's faith. One forgives if he/she is highly spiritual or religious. Hence, one's feelings of divine forgiveness are dependent on their spirituality or spiritual level. The more spiritual individual tend to be more forgiving than their counterparts who are less spiritual (McCullough, 2001). Divine forgiveness binds the individual to the spiritual. Being so there is much feeling of unity between the person and the spiritual being. The person's life is also renewed as a new one.

C. Discuss with members their feelings of forgiveness of others. Forgiveness of others is an interpersonal one. This is a type of forgiveness whereby one forgives another for a harm done. This exists between others. Forgiveness of others promotes:

Positive feeling about self and others

- Gaining of one's power.
- Unity and friendship.
- Reconciliation.
- Promotion of self-esteem.
- Positive mental health

Give homework and terminate the session.

Session 6: Commitment to forgiveness

Objectives:

The objectives will be to:

d. Guide participants to explain commitment to forgiveness.

e. Demonstrate how to present gifts to a transgressor.

f. Demonstrate how to exchange gift with transgressor.

Activities:

Revise the previous weeks' exercise with participants and also discuss the homework with them.

A. Discuss with participants' commitment to forgiveness.

Commitment to forgiveness involves how one is bounded emotionally or intellectually to forgiveness. This involves a promise or agreement to forgive.

B. Let members in pair's role play, one serving as a victim present a gift to the other as an offender and let them repeat the process where the victim now will serve as the offender and the offender as the victim. Let the participants practice this over and over during the session for about 15 minutes.

C. Demonstrate to participants how to shake hands with the transgressor also present to him/her a gift. Ask members of the group to practice the exercise of shaking the hands of the transgressor present a gift to him/her. Let each participant demonstrate the exercise.

D. As homework participants write about how much they forgave emotionally and how they feel? And then terminate the session.

Session 7: Holding on to forgiveness

Objectives:

The objectives will be to:

- c. Discuss four (4) ingredients of holding on to forgiveness
- d. Help participants identify and demonstrate four (4) ingredients of holding on to forgiveness.

Activities:

Recap the previous weeks' exercise and discuss the homework with participants.

A. Discuss the following ingredients with the participants':

Love: is showing a strong affection, a profound and caring affection towards someone.

Compassion: is a deep awareness of the suffering of another coupled with the wish to relieve it. Compassion is showing kindness, mercy, and tender-heartedness.

Sympathy: is a feeling of pity, or sorrow for the suffering or distress of another; compassion. The ability to share the feelings of another.

Empathy: is identifying with or understanding of the thoughts, feelings, or emotional state of another person. It is the capacity to share the feelings of another. Thus, empathy is putting yourself into another person's shoes.

B. Ask some members to demonstrate the ways of holding on to forgiveness—love, compassion, sympathy and empathy for other members to observe.

Summarise the salient points of the session, and as homework let subjects write two negative emotional feelings that worry them? And mention two (2) ways that forgiveness will help overcome these emotional feelings.

Session 8: Review of the Sessions and Post-test.

Objectives

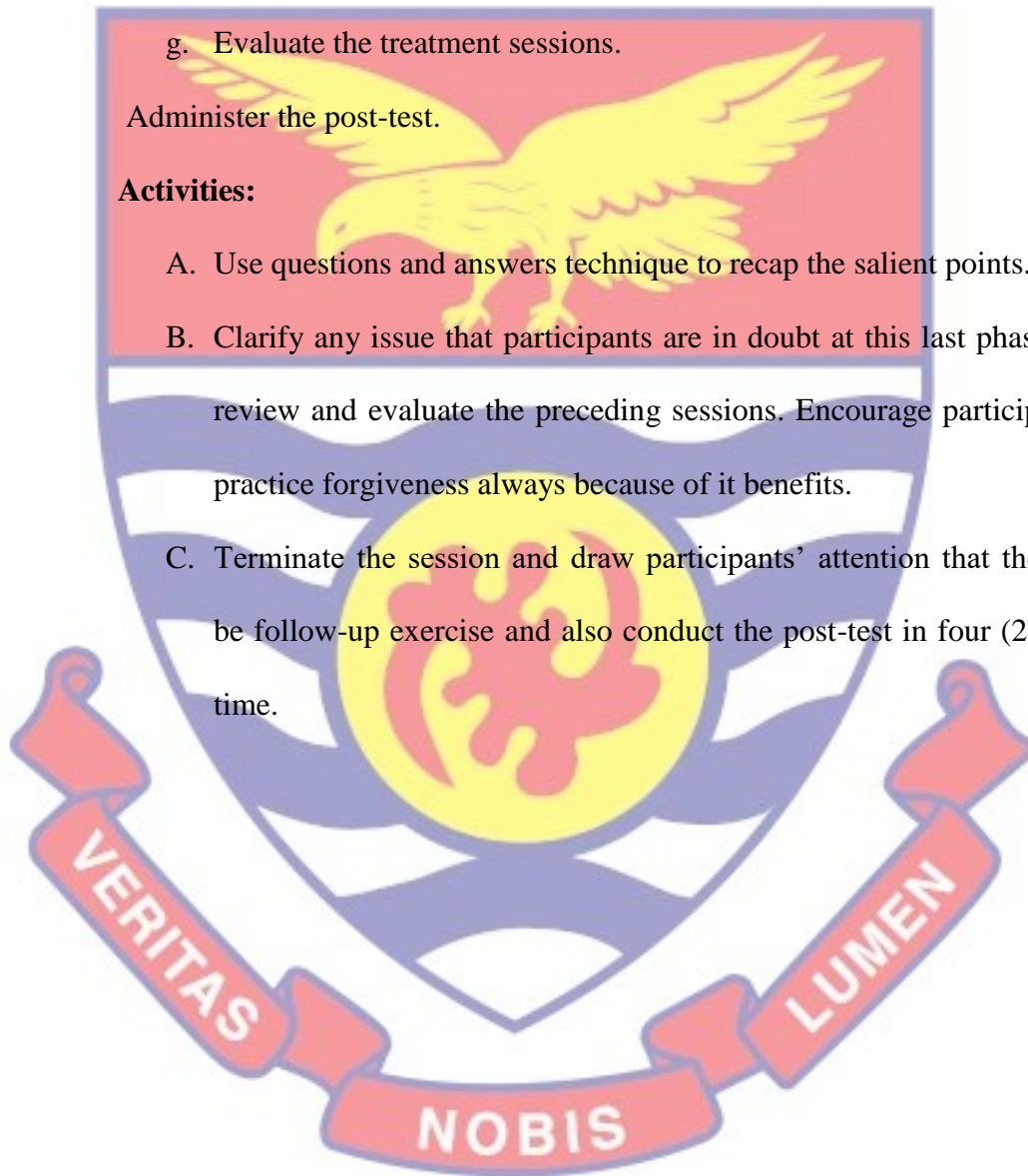
The objectives will be to;

- e. s Summarise the preceding sessions;
- f. Clarify issues relating to the treatment;
- g. Evaluate the treatment sessions.

Administer the post-test.

Activities:

- A. Use questions and answers technique to recap the salient points.
- B. Clarify any issue that participants are in doubt at this last phase. Also review and evaluate the preceding sessions. Encourage participants to practice forgiveness always because of it benefits.
- C. Terminate the session and draw participants' attention that there will be follow-up exercise and also conduct the post-test in four (2) weeks time.



APPENDIX F

ETHICAL CLEARANCE

UNIVERSITY OF CAPE COAST
COLLEGE OF EDUCATION STUDIES
ETHICAL REVIEW BOARD

UNIVERSITY POST OFFICE
CAPE COAST, GHANA



Our Ref: CES-~~ces~~ucc-edu/v4/20-76
Your Ref:

Date: 1st October, 2020

Dear Sir/Madam,

ETHICAL REQUIREMENTS CLEARANCE FOR RESEARCH STUDY

Chairman CES-ERB
Prof. J. A. Quakooaa
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Head, CES-ERB
Prof. K. DeJah
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Secretary CES-ERB
Prof. Linda Dzinnia Forde
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The bearer, Grace Aha Mensah..... Reg. No. EF/EE/19/007 is an
~~Ms~~ / Ph.D. student in the Department of Guidance
and Counselling..... in the College of Education Studies,
University of Cape Coast, Cape Coast, Ghana. ~~He~~ / She wishes to
undertake a research study on the topic:

Effects of Enright Process and RFAEI models on
forgiveness and depression among College of
Education students in the Ashanti Region, Ghana

The Ethical Review Board (ERB) of the College of Education Studies
(CES) has assessed ~~his~~ her proposal and confirm that the proposal
satisfies the College's ethical requirements for the conduct of the
study.

In view of the above, the researcher has been cleared and given approval
to commence ~~his~~ her study. The ERB would be grateful if you would
give ~~her~~ / him the necessary assistance to facilitate the conduct of the said
research.

Thank you.
Yours faithfully,

Prof. Linda Dzinnia Forde
(Secretary, CES-ERB)



APPENDIX G

LETTER OF INTRODUCTION

UNIVERSITY OF CAPE COAST
COLLEGE OF EDUCATION STUDIES
FACULTY OF EDUCATIONAL FOUNDATIONS
DEPARTMENT OF GUIDANCE AND COUNSELLING

Telephone: 0332051854
Email: sgc@ucc.edu.gh

UNIVERSITY POST OFFICE
CAPE COAST, GHANA

Our Ref: DGC/1..2/VOL.1/137
Your Ref:



November 11, 2020

TO WHOM IT MAY CONCERN

LETTER OF INTRODUCTION

We introduce to you, Grace Aba Mensah a student pursuing a Ph.D. Programme in Guidance and Counselling at the Department of Guidance and Counselling of the University of Cape Coast. As a requirement, she is to submit a Thesis on the topic: *"Effects of Enright Process and Reach Models on Forgiveness and Depression Among College of Education Students in the Ashanti Region, Ghana"*. We are by this letter affirming that, the information she will obtain from your institution will be solely used for academic purposes.

We would be most grateful if you could provide her the necessary assistance.

Thank you.

A handwritten signature in black ink, appearing to read 'Stephen Doh Fia'.

Dr. Stephen Doh Fia
HEAD OF DEPARTMENT

NOBIS