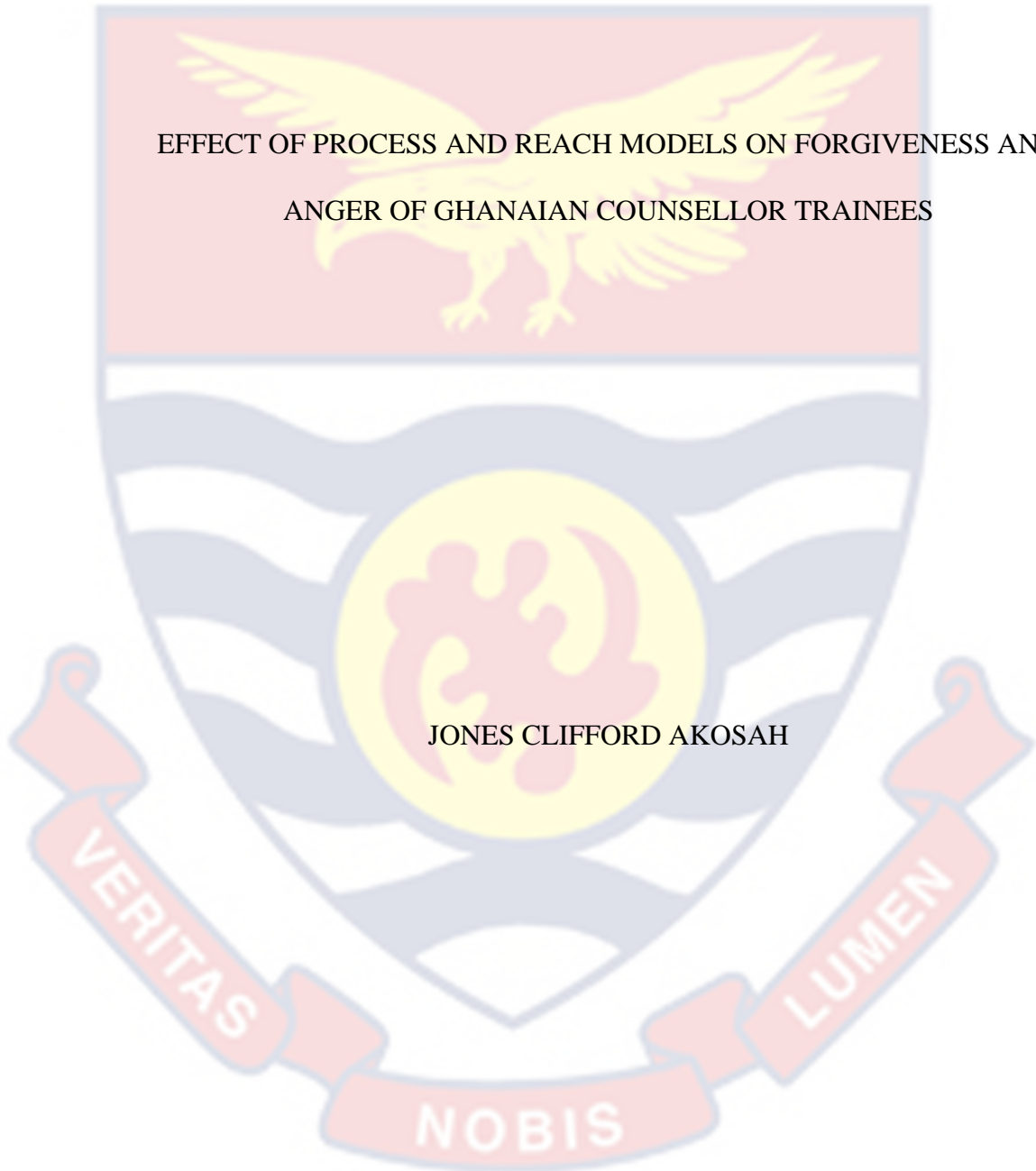


UNIVERSITY OF CAPE COAST

EFFECT OF PROCESS AND REACH MODELS ON FORGIVENESS AND  
ANGER OF GHANAIAN COUNSELLOR TRAINEES

JONES CLIFFORD AKOSAH



2023



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University of Cape Coast

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ANGER OF GHANAIAN COUNSELLOR TRAINEES

BY

JONES CLIFFORD AKOSAH

Thesis Submitted To The Department Of Guidance And Counselling, 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

JANUARY 2023

## DECLARATION

### Candidate's Declaration

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

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

Name: Jones Clifford Akosah

### Supervisors' Declaration

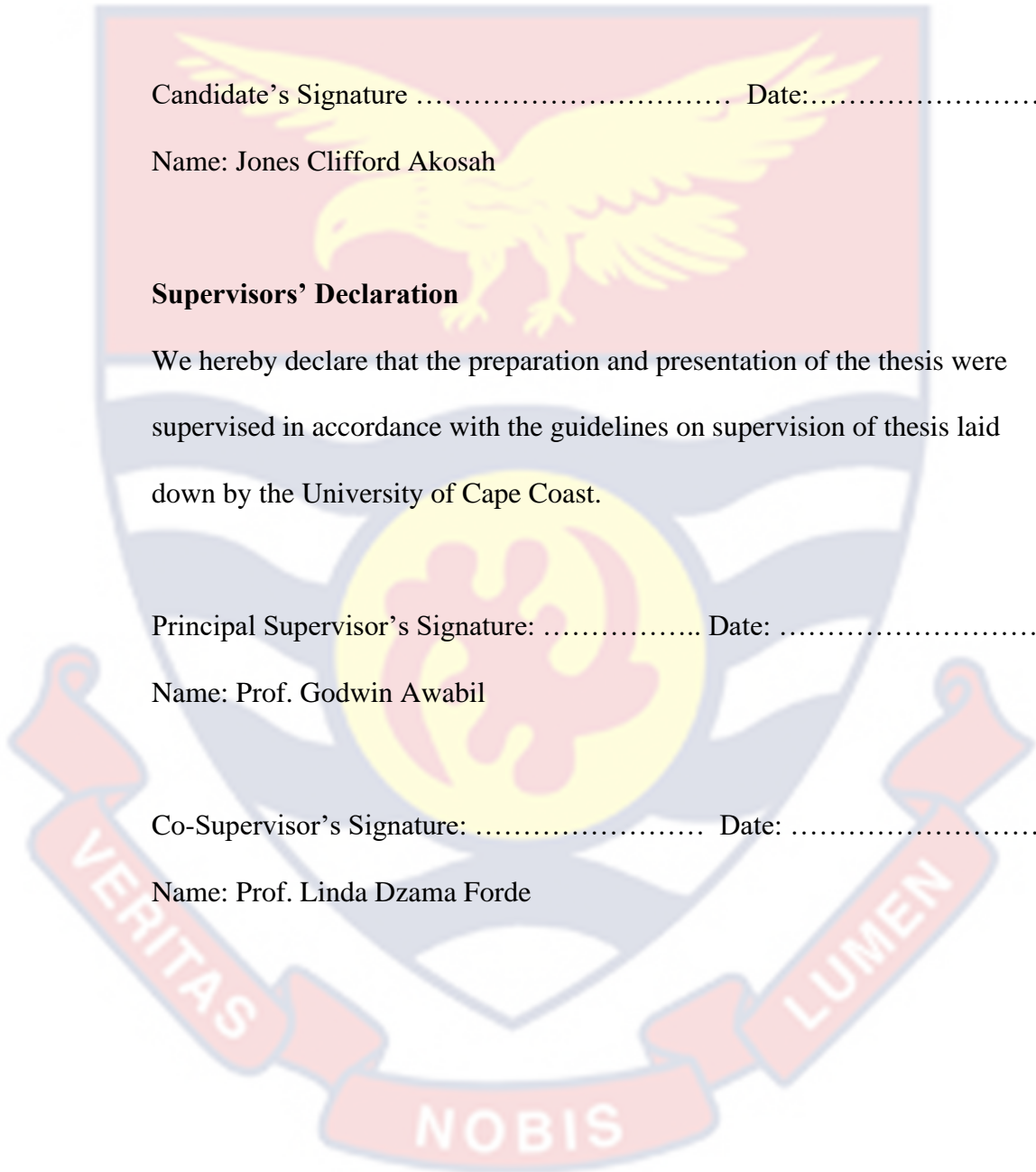
We hereby declare that the preparation and presentation of the thesis were supervised in accordance with the guidelines on supervision of thesis laid down by the University of Cape Coast.

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

Name: Prof. Godwin Awabil

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

Name: Prof. Linda Dzama Forde



## ABSTRACT

The study explored the effects of Process and REACH models on forgiveness and anger for counsellor trainees. The researcher used the sequential explanatory mixed method model which involved the use of questionnaire and interview guide to gather data for the study. The research design of the study was the quasi-experimental and an interview. One research question and seven hypotheses were formulated to guide the study. The population of the study consisted of all first year postgraduate counsellor trainees' in the University of Ghana, Methodist University Ghana (MUG) and University of Education, Winneba totaling 80. They comprised 34 males and 46 females. Sampling techniques that were used for both the quantitative and qualitative aspects were the simple random sampling and purposive sampling respectively. For the quantitative aspect, the data were analyzed using Analysis of Covariance (ANCOVA). For the qualitative aspect, data reduction technique and content analysis were used to analyse the data. The study revealed that the Process and REACH models had significant positive effect on forgiveness among participants as well as reducing the anger levels of participants. Gender, age and marital status did not have any significant influence on forgiveness and anger when counsellor trainees were exposed to the Process and REACH models. Based on these findings, it was recommended that professional counsellors and psychologists should consider these two therapies as alternatives to improving forgiveness levels and reducing anger.

## KEYWORDS

Process Model

REACH Model

Forgiveness

Counsellor Trainees

Anger



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I am extremely grateful to my siblings for the support they gave me in the times of thick and thin during my study. I would also want to thank Mr. Eric Asare for his expertise that aided me in my data analyses. My deepest appreciation goes to all the professional counsellors from the College of Counselling and Psychology who doubled as research assistants as well as my research participants from the various Universities who devoted their time and resources to be part of this study. I can never forget the immense support of Dr. Mrs. Patience Mba for her guidance. Finally, I am highly indebted to all who have contributed to this success story.

## DEDICATION

To my wife, Mrs. Vida Adzuah Akosah; my parents, Mr. and Mrs.

Amaniampong; my siblings, Abigail, Derrick, Alice and Andy.





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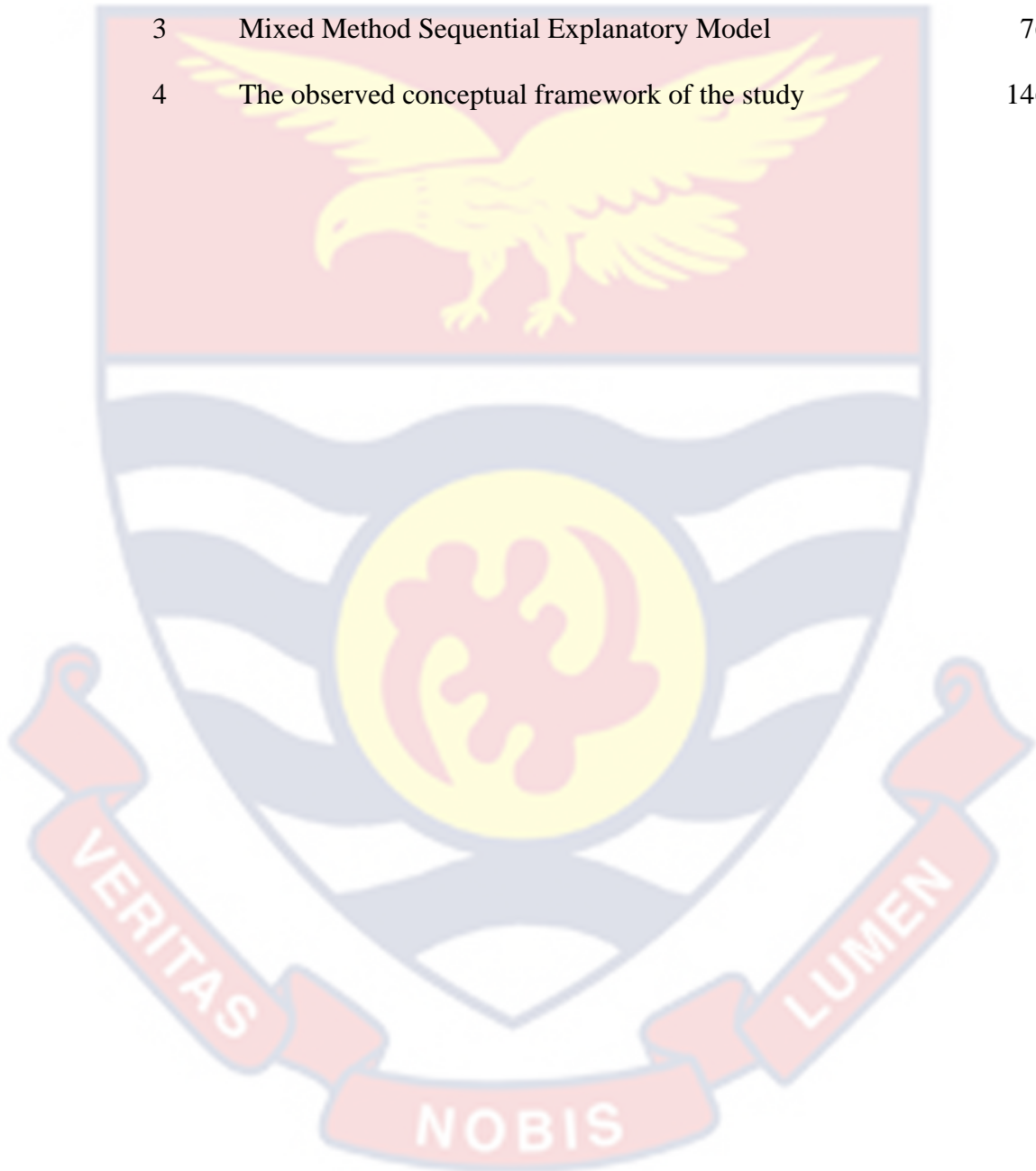
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## CHAPTER ONE

### INTRODUCTION

Unforgiveness is intricate, develops over time, and involves the body, soul (referred to as the mind, will, and emotions) and affects human spirituality. No doubt, the idea of forgiveness is not a recent development, but it has only just begun to garner some recognition in treatment. Murray (2002) emphasized that few family therapists use forgiveness in therapy, despite the fact that it has been demonstrated to be helpful for a variety of client issues. For example, while dealing with anger issues, counsellors frequently employ cognitive-behavioural anger management approaches, despite the fact that forgiveness in therapy has shown to significantly reduce anger (Sukhodolsky, Solomon, & Perine, 2000). This study used two most cited models of forgiveness namely Process and REACH models to treat low forgiveness among students who are studying to become counsellors in Ghana. The study also sought to indirectly investigate the effect of these models on anger of counsellor trainees. Counsellors need to come out of their training very strong both emotionally and psychologically to enable them reach out to others who are facing diverse psychological problems. To achieve this, they need to undergo therapeutic sessions themselves to deal with their challenges.

#### **Background to the Study**

People experience interpersonal wounds frequently. The wounds might be extremely small or quite big (Kanz, 2000). There could be a number of causes for this. The experience of violence in significant conflicts between governments and tribes can cause people experience feeling hurt. In our daily lives, we experience numerous forms of violence such as spousal abuse, child

rape, and family violence. These issues usually leave the victims bitter, unforgiving and angry. It is quite obvious that if such victims do not receive psychological support they may end up having serious forgiveness and anger issues. According to Kanz (2000), scholars have recently started to become more interested in the psychological concept of forgiveness. Researchers have noticed that due to this, information regarding forgiveness is appearing more frequently in the psychological literature. The idea of forgiveness as a psychological notion is gaining more acceptance. Although forgiveness was originally a subject of study in the fields of theology and philosophy, Freedman and Enright (1996) noted that it has also grown to be accepted in therapy and neuroscience.

Counselling psychologists have attempted to describe forgiveness from a non-religious standpoint in response to this theory put out by Freedman and Enright (1996). According to Enright and Fitzgibbons (2000), when forgiveness happens, people consciously choose to put aside their legal rights to wrath and other responses in favour of dealing with the offender according to the ethical rule of beneficence. These reactions may consist of virtuous love, kindness, empathy, and unwavering worth. The definitions of forgiveness offered by many authors, however, do not seem to accord with one another (Worthington as cited in McCullough, Pargament & Thoresen, 2000).

A lot of political turmoil, religious strife, and inter- and intra-tribal violence are known to occur throughout the African continent. This suggests that indigenous people from diverse countries have suffered a great deal of both physical and psychological harm. The citizens of these nations may play a variety of roles in these battles, according to Worthington, Jr. et al. (2020),

as some, including children, are conscripted, killed, or compelled to kill or harm others. As a result, wars and ethnic conflicts rip apart families. Additionally, conflicts have a negative impact on these nations' economies (trade and tourism, for instance), which results in poverty and low GDP (GDPs). Some political figures also mismanage their positions of authority and engage in corrupt behaviour. These episodes accumulate over time and set the stage for wrongdoings and offenses for which forgiveness may be beneficial. Some Africans, though, could consider the offences unforgivable and unpardonable. This demonstrates the value of studies on forgiveness in efforts to make amends for wrongdoings. Given this context, it would seem that research on forgiveness would be widely available, but this is not the case for a variety of reasons (Zezeza, 2002).

In Ghana, the socio-religious environment plays a vital role in matters of forgiveness, and Gangdev (2009) noted that there are religious reasons in the acts of seeking forgiveness and forgiving. According to Valji (2006), asking for forgiveness in Ghana is common practice, whether it is done out of sincere regret or simply as a reflexive reaction. In his acceptance address in January 2001, Ghana's newly elected president, Mr John Agyekum Kuffour, made reference to a reconciliation agenda that was designed to mend the scars left by the previous military administration. The National Reconciliation Commission (NRC) was established as the country's first institution to give Ghanaians the chance to speak out about their abuse experiences, learn the truth about the past during periods of unconstitutional government and seek justice (Valji, 2006). It makes sense that efforts have been made to address problems that could have led to citizens' lack of forgiveness even at the

national level. Through a successful programme that pushed convicts to seek reconciliation with their survivors, the British criminal justice system has helped to foster restorative justice to some extent. Forgiveness is also emphasized as the right thing for kids to do in the Department for Education and Employment/Qualifications and Curriculum Authority (1999), manual for the National Curriculum at Britain's primary and secondary school levels.

At an individual level, Landry, Rachal, Rachal and Rosenthal (2005) have indicated that one interesting means of assisting clients by therapists and researchers is promoting forgiveness therapy. Psychotherapies can effectively promote forgiveness (Bono & McCullough, 2006), though "it has been difficult to gain specific knowledge of how best to facilitate the process of forgiveness in individual therapy" (Malcolm, Warwar, and Greenberg, 2005, p. 380). As a result, several therapists held "a positive view of the value of forgiveness but reported a lack of skills specific to facilitating forgiveness as a therapeutic task" (Malcolm, Warwar, and Greenberg, 2005, p. 380).

There is also the notion that religion and God are inextricably linked to forgiveness. Particularly well-developed are the Hebrew and Christian perspectives on forgiveness, according to Vine, as cited in Louise (2004). The Hebrew Bible has the word "forgive" 46 times, while the Christian Bible contains it 22 times. The biblical figures of Joseph with the variegated cloak, who forgave his envious siblings for trafficking him into captivity, and other figures are frequently used by writers to emphasize the concept of reconciliation (Genesis, 45). The story of the lost son is yet another example of a regular occurrence. The wayward child earned his property and spent it extravagantly until his father pardoned him (Luke, 15). In truth, the vast

majority of works created in the twentieth and early twenty-first centuries have a religious basis or seem to be influenced by religious thinkers (Berecz, 2001).

On the contrary, other scholars believe that religion is frequently ignored in the literature on forgiveness, particularly in therapeutic practice. For example, DiBlasio (1993) discovered that doctors with solid religious principles were more open to the philosophy and practice of forgiveness than were clinicians with weaker spiritual principles. He further asserted that there may be a dearth of literature and study in this field as a result of the orderly omission of forgiveness from clinical practice due to its associations with religious views. In addition, he says there can be prejudice against matters having religious ties and that this should not be tolerated any longer. It is possible that because of its religious connotations, academics avoided studying forgiveness in the past (DiBlasio, 1993). However, they might now welcome the discipline as an element of the positive psychology wave.

Wade, Johnson, and Meyer (2008) observed that because forgiveness research is still new and may not be well-known to counsellors, they may not be aware of the potential benefits of forgiveness for their clients. DiBlasio and Proctor (1993) suggested that even if therapists use forgiveness techniques, it will likely be more experienced therapists who are receptive to evaluating and utilizing clients' spiritual/religious beliefs. They also disclosed that because forgiveness has been linked to religious or spiritual views, some therapists may refrain from employing these strategies. Another major conclusion which is equally crucial for this study is that most of the therapists employed in this study mentioned that they would like to learn more about forgiveness. This

comes to reason that their level of knowledge regarding forgiveness was minimal. From a different angle, a counsellor's theoretical orientation might have an impact on how they approach the topic of forgiveness in a session. Konstam et al. (2000) discovered that counsellors with a psychological or Freudian tendency were significantly less probable to state that reconciliation was a prevailing issue than counsellors with a multi-theoretical approach. Compared to other counsellors who did not work with substance abuse, trauma, and/or rape difficulties, those who reported working with these issues were more likely to employ forgiving strategies (Konstam et al., 2000). A "very favorable perspective regarding the therapeutic significance of forgiveness" was again demonstrated by counsellors who were more inclined to bring up forgiveness-related concerns with the client. The aforementioned shows that studies on therapists' willingness to use forgiveness on themselves as well as with their clients (teaching their clients how to forgive) have produced conflicting results for a number of reasons.

Several forgiveness models have been established to help practitioners assist clients who may be going through hurtful situations and are therefore unforgiving. Two of these models namely REACH and Process models have been widely accepted and used to assist clients. Researchers have also found these models to be effective when used in experimental studies. According to the process model of forgiveness, there are four main aspects of forgiveness: revealing, resolve, action, and strengthening. Forgiveness is seen as an ongoing process that involves these four phases (Baskin & Enright, 2004). The REACH model is a five-step intervention procedure within a forgiveness prism that begins with remembering the wrong (R), empathizing with the

perpetrator (E), altruistic forgiveness as a gift (A), commitment to forgive (C), and holding onto forgiveness (H) (Worthington, 2001). Consequently, the REACH is an acronym.

Many mental health-related problems can be successfully treated using forgiveness therapy. Forgiveness has been proven to have effect both directly and indirectly on mental health. As per Worthington, Berry, and Parrott (2001), the adverse consequences of contemplating and unforgiveness on psychological wellness may be described as scorn, enmity, disdain, animosity, unsettled fury, and tension. Negative sentiments can cause serious mental health issues if they are not addressed (Worthington & Wade, 1999). To forgive is to contaminate or prevent resentment with feelings of ardent love (Worthington et al., 2001). At the point when Worthington et al. (2001) depicted the opinions of pardoning and unforgiveness, they tried to bring up that these are abstract sentiments as well as rather, similar to all feelings, incorporate a large number of natural components. It is possible that forgiveness directly impacts mental health and well-being through these physiological changes. Researchers like Temoshok and Chandra (2000) and Worthington et al (2001) note that forgiveness is also likely to indirectly improve mental health through characteristics including social support, interpersonal functioning, and healthy behaviour. It has also been revealed that these mediating elements are typically connected to improved mental health. A positive association between forgiveness and these mediating characteristics, which in turn impacts on mental health, is suggested by Worthington et al. (2001).

Generally speaking, forgiveness and mental health are seen to be indirectly related. The aforementioned direct effect is really thought to operate via rumination and its associations with various unpleasant feelings, despite the fact that the indirect effect indicated above is obvious. However, maintaining the distinction between direct and indirect impacts may still be beneficial. This is because, according to McCullough (2000), the absence of rumination appears to be a fundamental aspect in the capacity to forgive; as a result, it might accompany forgiveness and not operate as a mediating force. Social benefits, social competence, and health behaviour appear to have a lesser likelihood of acting as independent mediators of the capacity to forgive.

Daily living conditions are full of many unpleasant feelings in today's chaotic world, which can lead to anger, tension, and sadness. Fear, uncertainty, threats, setbacks, and frustrations are frequent issues in practically any civilization, and they cause a great deal of anger in people (Bhave & Saini, 2009). How someone feels, thinks, and behaves is based on their unique, fairly steady, and strong trend of character, feelings, and behavioural styles. (Spielberger, Reheiser & Sydeman, 1995).

Each person expresses anger many times every day, making it the most frequently expressed human emotion (Avrill, as stated in Bhave & Saini, 2009). Numerous internal and environmental factors, including genetic, cognitive, neurological, and interpersonal ones, might contribute to anger (Novaco, 2000). It is necessary to define each of them in connection to one's colleagues, family, community, and culture. According to Gilbert, Cheung, Irons, and McEwan (2005), the ideas of anger and unforgiveness are intertwined conceptually. They have many facets, are purposeful, susceptible



to discursive persistence, and have been associated with detrimental effects on mental health, like depression.

There is still work to be done, according to some researchers, to encourage practitioners to use evidence-based practices (Cook, Weingardt, Jaszka, & Wiesner, 2008; Murray, 2009). This can only be understood by using experimental designs to determine which intervention model is more effective at increasing forgiveness and lowering anger among practitioners and counsellor trainees. A way to bridge this gap is to promote psychological health of counsellor trainees through forgiveness intervention models or therapies.

### **Statement of the Problem**

Counsellor trainees just like teacher trainees are opened to experiencing a lot of psychological distress in their academic journey. It has been shown through research by several authors (e.g., Bilgin, 2000; Erkan, Ozbay, Cankaya & Terzi, 2012) that university students struggle with relationships, familial ties, and emotional stability. Counsellor trainees may closely get in touch with some others during their stay on campus and may experience some hurts emanating from their emotional relationships and friendships. While they are feeling autonomous without family support, they need to restructure their relationships at the same time. Trainees are likely to make mistakes while they are deciding about their relationships, career and general education. As a result, their levels of self-forgiveness and self-anger are also influenced by their opinions on offense that come from both themselves and their surroundings (Capan & Arıcıoğlu, 2014). It is, therefore,

possible that trainees carry over these negative emotions such as unforgiveness and anger into future therapy sessions after completion.

Wade, Johnson, and Meyer (2008) have noted that forgiveness research is relatively new and may not even be known to counsellors, hence, being unaware that forgiveness therapy can be beneficial to themselves. Garzon et al. (2002), after conducting research on forgiveness for a decade, came to the conclusion that although forgiveness has become an accepted psychological intervention for researchers it appears that many practitioners are not using it as part of their practice.

Research on forgiveness in Africa is still in its early stages and there is a need for investigation into the specifics of what has to be forgiven, how people have and are going about it, and strategies for fostering forgiveness across the continent (Worthington et al., 2020). In Ghana, it appears that researchers have been directed by this assertion and have engaged in a number of research innovations about the concept. For instance, some studies (Barimah, 2018; Kankpog, 2019; Mensah, 2022) examined forgiveness within the context of the Enright Process Model and REACH model, with the focus on college of education students in some regions of Ghana. A similar study focused on married teacher-trainees (Osei-Tutu, Dzokoto, Oti-Boadi, Belgrave & Appiah-Danquah, 2019).

It appeared like no study has been conducted among counsellor trainees in Ghana even though they also need forgiveness counselling/therapy. Besides, they are likely to employ the therapy in their work after graduation when they obtain knowledge about it. The assumption of this current study is that if counsellor trainees find the REACH and Process models efficacious,

they would be more likely to use them to assist their clients who may have low forgiveness and high anger. It is worth noting that currently, forgiveness counselling has not been explicitly captured in counsellor education programmes in Ghana. Counsellors who lack psychological stability run the risk of endangering their clients since their instability can affect their professionalism. Counsellors must be conscious of their own pain and healing process, according to Moorhead, Gill, Minton, and Myers (2012), in order to fully understand their clients. According to Ronnestad and Skovholt's (2001) study, significant good or bad personal anecdotes have a substantial impact on therapists' best standards. Understanding or meditating on these encounters is crucial for one's effectiveness as a psychotherapist. Additionally, they discovered that early childhood personal events, such as neglect and exploitation had an influence on professional growth (Ronnestad & Skovholt, 2001).

Methodologically, the few existing Ghanaian studies on forgiveness have relied heavily on quantitative methods to conduct the research thereby leading to a methodological gap. For instance, the studies of Barimah (2018) and Kankpog, (2019) employed the quasi-experimental design. To gain a more complete understanding of forgiveness, the current study, however, used the mixed methods to widen research on the topic.

In light of this, this study examined how the REACH and Process models affected the forgiveness and anger levels of counsellor trainees in order to enhance their psychological well-being and professional growth.

### **Purpose of the Study**

The study's major goal was to investigate how Ghanaian counsellor trainees' forgiveness and anger were affected by the Process model and the REACH model. Specifically, the study intended to:

1. find out how the Process and REACH models affected participants' ability to forgive,
2. compare the variance in anger mean scores between the control group and participants subjected to the Process and REACH models of forgiveness,
3. determine the differences that exist in the forgiveness level of participants on the basis of gender,
4. compare the gender differences in the mean scores for anger between persons subject to the Process and REACH models of forgiveness and the control group,
5. ascertain the differences that exist in the forgiveness level of participants on the basis of age,
6. investigate the differences that exist in the forgiveness level of participants on the basis of marital status,
7. examine how individuals exposed to the Process and REACH forgiveness models differed from the control group in terms of their mean scores for anger based on their ages,
8. investigate qualitatively, the effects of the Process and REACH models on counsellor trainees' cognition, emotion and behaviour after the intervention.

### **Research Question**

One research question guided the conduct of the study.

1. What effects do the Process and REACH models have on counsellor trainees' cognition, emotion and behaviour after intervention?

### Research Hypotheses

The research hypotheses that further guided the conduct of the study were as follows.

*H<sub>0</sub>1*: There is no significant effect of the Process and REACH models on forgiveness among participants of the study.

*H<sub>1</sub>1*: There is a significant effect of the Process and REACH models on forgiveness among participants of the study.

*H<sub>0</sub>2*: There is no significant difference in the anger mean scores of the experimental groups and the control group.

*H<sub>1</sub>2*: There is a significant difference in the anger mean scores of the experimental groups and the control group.

*H<sub>0</sub>3*: There is no significant difference in the forgiveness level of participants on the basis of gender.

*H<sub>1</sub>3*: There is a significant difference in the forgiveness level of participants on the basis of gender.

*H<sub>0</sub>4*: There is no significant difference in the anger mean scores of the experimental groups and the control group on the basis of gender.

*H<sub>1</sub>4*: There is a significant difference in the anger mean scores of the experimental groups and the control group on the basis of gender.

*H<sub>0</sub>5*: There is no significant difference in the forgiveness level of participants on the basis of age.

*H<sub>1</sub>5*: There is a significant difference in the forgiveness level of participants on the basis of age.

*H<sub>0</sub>6*: There is no significant difference in the forgiveness level of participants on the basis of marital status.

*H<sub>1</sub>6*: There is a significant difference in the forgiveness level of participants on the basis of marital status.

*H<sub>0</sub>7*: There is no significant difference in the anger mean scores of the experimental groups and the control group on the basis of age.

*H<sub>1</sub>7*: There is a significant difference in the anger mean scores of the experimental groups and the control group on the basis of age.

### **Basic Assumptions**

The following assumptions guided the conduct of the study:

1. Counsellor trainees who are not psychologically healthy may harm their clients.
2. Counsellor trainees can learn about forgiveness therapies and modify their behaviour.
3. Counsellor trainees with low forgiveness are likely to have other emotional challenges such as anger.
4. Process and REACH forgiveness models can increase forgiveness and decrease anger.
5. Increasing forgiveness and reducing anger using Process and REACH models can make counsellor trainees more comfortable and satisfied in their school life thereby preventing school dropout.

### **Significance of the Study**

It is hoped that this study would provide greater insight to professionals such as counsellors, clinical psychologists, and educational policy makers into how two models namely, REACH and Process models, can

be efficacious. The findings will thus enlighten therapists, counsellors, academics, and policymakers on the purpose and application of forgiveness, given the clinical consequences (i.e. gains in mental health).

Specifically, if counsellor trainees have had improvement in their psychological health through forgiveness counselling/therapy and again improvement in their professional competence/advancement through gaining of understanding and abilities in forgiveness counselling, then this study's significance cannot be overemphasized. This is because the therapy is not explicitly taught in counsellor education/trainees programmes in Ghana. Again, they were exposed to alternative methods to treating low forgiveness and anger other than the known traditional methods such as cognitive behavioural therapy. Clinicians now have information to assist patients by identifying the best model of forgiveness that promote general health thereby facilitating healing.

The study is also expected to help policy makers understand the extent to which low forgiveness can negatively affect the overall performance among students or workers and the need to organize workshops, seminars, symposiums in collaboration with counsellors to address such issues. The study would also expose counsellor educator institutions as well as lecturers on the need to incorporate forgiveness therapies in the topics they treat in order to expose students to it. This is because trainees hardly meet the concept of forgiveness therapy during their training.

This study has increased the evidence on counsellor trainees' exposure to the models of forgiveness. Thus, it is anticipated that the study would open more doors for additional researches in this domain of study.

### **Delimitation of the Study**

The study sourced for data from counsellor trainees to ascertain whether the application of the Process model and the REACH model using a mixed method approach could increase forgiveness and indirectly reduce their anger.

The study made use of the three counsellor training institutions in Ghana namely, University of Ghana, Methodist University Ghana and University of Education, Winneba. Also, the study made use of only first year postgraduate counsellor trainees. This was because the first year postgraduate students were readily available since they were having their course work on campus.

In addition, the study concentrated on forgiveness and anger as the only psychological variables although other psychological variables such as stress, depression, worry, solitude, blame and self-worth do exist. Gender, age and marital status were the only personal variables that were examined in this study although other variables such as religiosity, attitudes towards revenge, ethnicity could have been investigated. This study was also delimited to only two models thus Enright's Process Model and the REACH model. Although there are many forgiveness models such as, Cognitive development model, Decision-making Model, Hargraves's Forgiveness Model this study employed the Process and the REACH Models because a number of group-based



interventions that utilised the models have shown that they are efficacious (McCullough, Worthington & Rachal, 1997; Baskin & Enright, 2004).

### **Limitations of the Study**

Two questionnaires were used in the collection of data but they were not without weaknesses. One of such weaknesses was that the instruments were prone to response biases. To help minimise this, the items were carefully worded and explained to respondents. Also, since surveys do not offer the chance to gather more information through probing, prompting, and question clarification, I and my research assistants gave explanations as to how to answer the questions which were not clear to them.

Gathering study participants to meet for the sessions was sometimes difficult although they were all on campus. To minimise this, I designed a timetable and clearly communicated to them the meeting times and venue hours before the actual meeting occurred.

Another area of limitation was how to get participants to freely open up and communicate their issues without feeling that confidentiality was going to be a problem. To minimise this, participants were exposed to the rules and regulations concerning the group therapy. They were also taken through confidentiality assurances.

### **Organisation of the Study**

There are five chapters in the study. The study's inception, problem statement, and purpose were all covered in Chapter One of the book. The chapter also covers research questions, hypotheses, the significance of the study, its boundaries, and its limits. In the chapter's conclusion, the study's structure was explained. The review of literature pertinent to the subject was

the main topic of Chapter Two. The conceptual, theoretical, and empirical literature made up this body of work. For the investigation, a conceptual framework was also created. The third chapter covered research methods. This included research design and sampling. Chapter Four proffers the findings of the study, which are further summarised in Chapter 5 alongside recommendations and areas for further research.



## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

This chapter appraises the literature related to forgiveness, anger, models of forgiveness and demographic variables. To describe the connections between the variables, a conceptual framework has been established.

#### Conceptual Review

##### Definition of Forgiveness

Even though scientific study of forgiveness is expanding, different researchers have different conceptions of it. According to Worthington, who is cited in McCullough, Pargament, and Thoresen (2000), there is no consensus on the definition of forgiveness at this time. According to Worthington, who is cited in McCullough, Pargament, and Thoresen (2000), there is no consensus on the definition of forgiveness at this time. The absence of consensus on definitions must be recognised as one of the most challenging issues confronting the field of forgiveness therapy. Forgiveness, according to Enright and Coyle (1998), must be distinguished from "pardoning," "condoning," "excusing," "forgetting" and "denying". However, it is clear that more and more scientists are coming around to this viewpoint.

Additionally, there appears to be considerable harmony regarding the dissimilarity between forgiveness and reconciliation, which refers to the mending of a relationship. No significant challenges to these differences have been made by academics over the years. This indicates that there has been significant conceptual advancement in our understanding of forgiveness. Academics may not always agree on what forgiveness is, even if they may

agree on what forgiving is not. For example, Enright, Freedman and Rique (1998) defined forgiveness as being prepared to renounce the right to antipathy, hostile conviction, and oblivious conduct toward someone who inflicts us with unjust harm while fostering the undeserved qualities of sympathy, kindness, and even love toward the wrongdoer.

According to McCullough et al. (1998), the fundamental component of forgiveness is altering one's thoughts to an infringing companion in a dispositional manner (although these motivational changes would most likely result in many of the mental and behavioural vagaries that Enright and colleagues theorize as part of forgiveness).

According to Hargrave and Sells (1997), forgiving is the act of allowing one's victimizer to rebuild trust in the relationship so that both the offended party and the perpetrator can choose to work together to forge a closer bond. This is accomplished by functioning in a fiduciary capacity and promoting an open dialogue of the relationship breach. McCullough, Pargament, and Thoresen's (2000) concept of forgiveness also includes intra-personal, altruistic adjustment towards that perceived guilty party.

Other researchers have also offered different meanings. These various definitions of forgiveness have certain things in common and have other things in common as well. For instance, several studies stressed that the best way to understand forgiveness is as the gradual, stage-like unfolding of a series of events over time. Other academics are still debating whether or whether forgiveness is, by definition, a stage-like or developmental process. Similar to this, some people have stressed that effort and purpose are essential components of a good definition. This means that even though some

researchers are dubious about the necessity of awareness of decision to forgive, forgiving involves intentional effort.

### **History of Forgiveness**

The history of forgiveness in the psychological sciences is brief and scant, and it can be separated into two phases. The first phase is thought to include the five decades from 1932 to 1980. In order to shed more light on the numerous facets of forgiveness, the time was marked by a large number of theoretical works and modest empirical research. On average, the phase runs from 1980 to the present. Over this period, the topic of forgiveness has received more in-depth and serious study (McCullough, Pargament, & Thoresen, 2000).

#### **The first Phase (1932-1980)**

During the 1930s, analysts and other emotional well-being specialists from all around Europe and the US analyzed the issue of absolution in people. For example, Piaget and Behn both examined in 1932 the emergence of the capacity to excuse emerged from the expansion of moral judgment (McCullough, Pargament, & Thoresen, 2000). Attempts to elucidate the affective basis of the capacity for interpersonal forgiveness were made by Litwinski in 1945. According to Litwinski (1945), forgiveness has some moral components when it comes to anger, insult, wrongdoing, and injury. It is commonly referred to as forgetting of the emotive kind, which is especially encouraged by Church teaching. In terms of hatred, it is the only sort that matters. This is related to emotional experience for the second type of forgetting, which belongs to the cognitive order and is what is meant by "true forgetting." However, it doesn't completely vanish when this experience ends,

unless there is an intercession, such as the erasure of memories due to some practical or natural amnesia of the psychopathological type or the losing of mental images due to some sort of cells or filaments (Litwinski, 1945).

Early attempts were made by religious persons and pastoral counsellors to propagate the idea that forgiveness can help people achieve mental health (Boisen, 1948; Johnson, 1947). For instance, worship services were tested as a kind of therapy in psychiatric hospitals by Boisen (1948). He revised his Hymns of Hope and Couanger and considered how hymns may be employed in group therapy as a means of evoking strong emotions and re-educating patients. He forbade hymns that made references to enemies, visions, mystical views, despair, horror, and isolations, as well as those that were improper for the situations and behaviours of persons with mental illnesses.

Johnson (1947) looked at the issue of guilt in adolescents and found that they are insecure, do not feel appreciated, and are under pressure from their parents, their schools, and the wider community. According to Johnson, religion further increased the pressures on young people by requiring them to follow Divine Laws and be faultless. He continued by saying that religious persons have a duty to offer relief from guilt and worry through accessible means of atonement, forgiveness and a new start. Once more, Angyal (1952) was one of the academics who fervently claimed that it is crucial to help clients feel God's forgiveness since it was an effective treatment for the pathological guilt that was thought to be the root cause of psychopathology. According to Angyal, a successful psychotherapy will expose patients to a setting where they will feel forgiven for their unethical or immoral behaviour

as well as to forgive others. The possible advantages of forgiving others concerned other researchers in the field of pastoral care. For instance, Emerson (1964) published the results of his study, which used the Q-sort method to look at the connections between psychological welfare and the ability to forgive others. According to the study, emotional healing and forgiveness go hand in hand. The study was probably the first scientific examination of the connection between forgiving others and mental health and welfare, even if it lacked sophisticated and modern inferential statistics (McCullough, Pargament & Thoresen, 2000).

The research done by Rokeach (1973) into the psychology of forgiveness was more methodical. Rokeach's research on the nature of human values was influenced by many iterations of the Rokeach Value Survey. The survey included both instrumental and terminal categories of human values. The instrumental set discusses the desired behaviours. The desirable end states of life are discussed in the terminal set. The survey required respondents to rank each of the 18 values inside the instrumental and terminal values in order to complete it. One of the 18 instrumental virtues was forgiveness. It is somewhat remarkable that Rokeach's work has not been extensively used in contemporary discussions of forgiveness given how frequently his methods for analyzing human values have been used in research. This is because the study has made numerous disclosures about the differences in forgiveness values among various human communities and how the ideal of forgiving fits into more comprehensive systems of human values.

From the aforementioned, it is clear that the professional literature on forgiveness did not only develop in the latter years of the 20th century, as was

commonly believed. It must be acknowledged that there was a very uneven amount of focus on forgiveness from the 1930s to the 1980s. Researchers did not invest much time and continuous effort to the idea of forgiveness until the last 20 years.

### **1980 to 2022**

There was a significant increase in papers and book-length discussions of forgiveness during the 1980s. By the end of 1998, significant studies in the domains of clinical/counselling psychology, developmental psychology, and social psychology had emerged that addressed the idea of forgiveness. These theoretical and empirical approaches' rise revealed that the idea of forgiveness was becoming more widely accepted.

According to Kolberg's theory, the development of thinking about justice was connected to the growth of reasoning concerning clemency (Enright, Santos & Al-Mabuk, 1989). They showed how the capacity for sophisticated justification of forgiveness is related to more sophisticated justification of justice. There is proof that as people age, their capacity for forgiveness increases. A significant difference between the theoretical and conceptual approaches to forgiveness that emerged in the 1980s and those from earlier years was the substantial speculative emphasis on forgiveness' potential correlation with and mental health interventions. The bulk of conceptual articles that addressed forgiveness in the 1980s were authored by physicians or published in journals that were primarily read by clinicians, according to McCullough and Worthington (1994). Forgiveness has effect on mental health, resulting in the application of forgiveness in that field (DiBlaso & Proctor, 1993).



The middle of the 1990s till date have seen the emergence of empirical researches that examined strategies for boosting the application of forgiveness in therapy. One of those studies is Freedman and Enright's (1996) research that highlighted the possible importance of forgiveness in the clinical field.

### **Misconceptions of Forgiveness**

Prior to portraying forgiveness, it is important to clarify what it is not. According to McCullough, Pargament, and Thoresen (2000), academics have found it relatively difficult to determine the nature of forgiveness.

Forgiveness is not a pardon, an explanation, a coming together, a forgetting, a denial, or a condoning (Coyle & Enright, 1997; Nussbaum, 2016; Kassinove & Tafrate, 2002). Enright (2001) defined condoning as people justifying or permitting something to happen to them. People may even place blame on themselves, as is typical with abuse victims. People must admit that what was done to them was wrong and should not be repeated for forgiveness to take place. This suggests that, although though forgiveness can happen independently of reconciliation, it can also be a step toward it. Reconciliation, as further described by Enright (2001), is "the act of two people coming together after separation" (p. 31). It is essential to consider that while pardoning somebody does not make the unacceptable offense disappear, it permits them to change how they recollect the offense.

According to Gassin (2000), a person can be both assertive and forgiving, and forgiving people does not imply weakness or allowing someone to harm or abuse you. People can forgive someone who commits a crime against them even when the offender is still incarcerated; forgiveness does not equate a "legal pardon" (Gassin, 2000). Fitzgibbons, Enright, and O'Brien

(2004) also stated that engaging in risky behaviour, such as continuing an abusive relationship, does not equate to forgiveness. In actuality, one might choose to forgive the abuser even after ending the relationship. Kassinove and Tafrate (2002) claim that forgiving someone is more complicated than "just settling down or forging a ceasefire" (p. 244).

Participants in Kearns and Fincham's (2004) study said that forgiveness included putting an end to a dispute, promoting peace between two parties, not holding a grudge, and giving up the urge for retribution. However, the researchers discovered that the participants had erroneous ideas about forgiveness based on their definition of forgiveness. For example, 28% of the participants believed that forgiveness meant letting go of the crime, 21% said that reconciliation was a crucial aspect of forgiveness, and 12% thought that excusing or tolerating the offense was also an element of forgiveness. These myths, in the opinion of Kearns and Fincham, may discourage people from forgiving. As a result, they advised that forgiveness be taught as a process rather than something that entails making amends, forgetting the transgression, or tolerating the offense.

### **Models of Forgiveness**

In the psychology literature, there are four basic theories of forgiveness, according to Sandilya and Shahnawaz (2014). The first model proposed by Enright and Coyle (1998) defines personal and social forgiveness as the readiness to give up the right to hold resentments, cast aspersions, and act ambivalently toward offenders, while being kind to them. According to the second model, the key component of forgiveness is letting go of unpleasant emotions (Tangney, Fee, Reinsmith, Boone, & Lee, 1999). McCullough's

(2000) third paradigm, which emphasizes interpersonal forgiveness, reveals improvements in pro-social attitude toward the perpetrator. The fourth worldview, explained by Thompson et al. (2005), considers pardoning to be a delivery from an oppressive relationship to the guilty party.

To consider forgiveness, Mullet, Girard, and Bakhshi (2004) utilized a four-factor approach. Pardoning is viewed as in this model as an ethical way of behaving (an evaluative part), as a shift in perspective (the embodiment of absolution), as advancing contrition (likely impacts of absolution), and as an extensive cycle (extent of absolution). From a dispositional approach, Roberts (1995) portrayed pardoning as the demeanor to stifle one's resentment (or to totally try not to be irate) against those that one accepts have abused one suspiciously, by considering them in the considerate terms provided by qualities of excusing. The fact that there are a variety of situations that do not explain forgiveness must also be acknowledged. Enright (2001) asserts that forgiving someone is different from forgetting, tolerating, excusing, legally absolving, or automatically reuniting in a relationship, which is described as coming back together. The most common error, according to Freedman (1998), is the conflation of forgiveness and reconciliation because it is possible to forgive while remaining estranged. According to Toussaint and Webb (2005), some people regularly experience significant negative feelings about forgiveness because they confuse it with justifying, approving, tolerating, ignoring, and making reparations.

### **Enright and Fitzgibbon Forgiveness Therapy Model**

The Enright Forgiveness Model is predicated on the notion that forgiving someone involves a progressive alteration of one's responses to the

offender. The strategy focuses on altering attitudes toward individuals who have injured us through modifying our feelings, beliefs, and behaviours. As a result, it consists of a series of processes. People who are working through the forgiving process are urged to start with very simple adjustments, such as refraining from criticizing the person who injured them. Small adjustments in behaviour could be matched by gradual adjustments in how one feels and thinks about the aggressor (Ingersoll-Dayton, Campbell & Ha, 2009).

The Enright model of forgiveness intervention originally had seventeen (17) steps, but it was eventually enlarged to twenty (20) steps. This forgiveness model views forgiveness as a process that evolves through time through 20 various steps or units. The four primary phases of the units are the uncovering phase, decision phase, work phase, and deepening phase (Baskin & Enright, 2004).

Uncovering phase. Enright and Fitzgibbons (2000) state that in order for forgiveness to happen, individuals must examine the psychological barriers they employ to deal with injustice, such as denial and repressed or misplaced anger. Clients must recognise and express their anger and anguish over the insult before they can forgive. Additionally, some individuals could have sentiments of guilt that they need to work through, according to Enright and Fitzgibbons. Counsellors must determine whether their clients are ruminating or thinking about the crime or the offender. During this stage, clients receive assistance assessing how they are functioning, which helps them determine whether or not to forgive (Enright & Fitzgibbons, 2000).

Decision phase. Clients address the decision of whether to forgive or not to forgive during the Decision Phase of FT. If tactics to cope with the

offense are ineffective, new ones will be required. Some clients make the decision to explore forgiveness and decide they will not pursue retribution or keep using the counterproductive methods of coping with their sorrow and anger. Finally, they decide whether to forgive the perpetrator or not.

Work phase. The Work Phase for clients only starts after a decision to forgive an offender has been made. Enright and Fitzgibbons (2000) claim that while this phase is challenging, it is also rewarding. This occurs as a result of clients learning how to reframe or think differently about the circumstance and the offender. Empathy and compassion are crucial and indispensable components for this phase. The client needs to adopt a fresh perspective on the offender in order to grow them. Learning to put oneself in another person's shoes is how the Forgiveness therapy defines empathy (Enright & Fitzgibbons, 2000). It could be easier for the victim to understand why their offender was so aggressive if they discover, for instance, that they had experienced physical abuse as a youngster. They may be able to empathize with the offender more as a result of learning about their early years. It is crucial to remember that clients must be emotionally prepared before discussing empathy. This is due to the complexity of the process and the potential for "danger" if they fail to recognize that having sympathy for someone does not automatically entail trust and reconciliation. Enright and Fitzgibbons assert that compassion is crucial because it enables patients to cope with their suffering and avoid inflicting it on others. Once more, compassion aids clients in reducing their feelings of resentment and hostility. There are no precise methods to produce compassion, however, because it is unknown how it develops. However, as

clients learn the definition of forgiveness, practice reframing, and develop empathy, compassion tends to emerge (Enright & Fitzgibbons, 2000).

This phase's final theme is "offering a moral gift to the wrongdoer." This is referred to as "beneficence" or "goodness expressed to others." Examples include smiling, showing concern, writing a kind note, or even showing a really concerned interest in the other person. Though some victims of the perpetrator have been seriously harmed, "the therapist and client must be pleased with the lessening of animosity" (p. 84). Therefore, in FT, giving the offender a "moral present" is optional (Enright & Fitzgibbons, 2000).

Deepening phase. Some clients might derive new significance from the process of suffering and forgiving others. They may come to the realization that they are not alone in their suffering; they may also discover a new resolution in life to assist others in healing from their wounds. It was additionally noted that many patients reported having less anger, showing an improved sense of wellbeing after treatment (Enright & Fitzgibbons, 2000).

### **The Pyramid (REACH) Model of Forgiveness**

Worthington (1998) notes the paucity of scientific research on methods to promote forgiveness. In this regard, Worthington developed a forgiveness pyramid model that asserts the importance of three factors: dedication, humility, and empathy (Worthington, 1998). In order to create a softer environment between couples and encourage them to take a risk on forgiving each other, it is believed that partners must have empathy for each other's problems. This process is aided by each spouse's humility, which compels the victimized spouse to own their flaws by recalling instances in which they themselves injured the offending spouse. Theoretically, forgiveness is viewed

as "the natural response to empathy and humility." The belief that forgiving someone is the proper or fair thing to do, according to Worthington, results from the knowledge of human frailty and one's own shortcomings (Worthington, 1998, p. 64).

Later, Worthington's pyramidal structure was referred to as the REACH pyramid model. REACH is an abbreviation for a five-step forgiving procedure. As the first phase in the five-step intervention process in the pyramid model of forgiveness, the sufferer remembers the harm (R) by admitting the transgression and assessing the type of injury. The focus of the solution then shifts to caring in each spouse for the pain of the other companion as a result of the person's second growing of empathy for the perpetrator (E). Interventions can take the form of composing a letter from the viewpoint of the other person or recounting the traumatic events from their perspective during a session. Third, participants are invited to identify times when they have benefited from accepting forgiveness by presenting an altruistic gift of forgiveness (A) with their partners as well as times when they have needed it. By accepting the fact that one is imperfect, one can reach the character of humility through this experience. It encourages compassion for the suffering of one's spouse and the desire to lessen that suffering by showing forgiveness.

Once the therapist is convinced that the partners have acquired sufficient compassion and modesty to fulfill this step, the partners will verbally commit to forgiving as the fourth step in the model (C). In the last phase (H), when it is certain that previous wrongs will be recalled, the partners are encourage to come up with methods for maintaining forgiveness

(Worthington, 2001). Three emotional states—empathy, humility, and commitment—are put up as being necessary for the paradigm to work. The two most popular strategies for promoting forgiveness are the Enright Process and REACH models (Worthington, 1998).

The REACH programme educates people about their physical, mental, and emotional health implication of grudges. The interventional approach's main goal is to help people recognize, accept, and deal with their anger, sorrow, and/or retaliation-related sentiments. The REACH methodology can help people modify their attitudes toward the perpetrator. Lijo (2018) asserts that the paradigm is helpful for aiding partners or couples in resolving interpersonal conflict.

#### **Decision-Based Forgiveness Model**

Based on the idea that forgiveness, or at certainly the commitment to forgive, can happen in just one session, DiBlasio (2000) developed a special decision-based forgiveness technique for spouses. He contends that, in opposition to forgiveness motivated primarily by impulses, which he contends renders a client helpless and subject to the whims of time, this cerebral resolve to forgive has an impact on the emotional reactions to the transgression and quickly brings about more emotional peace. DiBlasio characterizes decision-based forgiveness as the intellectual letting go of resentment, wrath, and the need for retribution, even if he concedes that it frequently does take time. According to this theory, how decisions are made is unaffected by one's emotional state.

DiBlasio's decision-based approach of forgiving infidelity consists of 13 steps (DiBlasio, 1998, 2000). The definition of decision-based forgiveness,



a discussion of its advantages, and setting up the decision-making process are the first three steps. In order to foster a culture of personal accountability, each partner is then given the chance to ask for forgiveness for their own wrongdoings. In this step, according to DiBlasio, therapists should be aware of their patients' expectations for how their partners should respond and assist them in refraining from using coercion to get their partners to acknowledge actions that they believe to be improper. The two then alternately perform steps 4 through 12. The offense is identified during these processes, the offender justifies his or her acts, the causes for this behaviour are further examined, and the reactions of the offended party are also examined.

After committing these crimes, offenders are urged to create a strategy to stop or avert their conduct as well as to have empathy for the effects their actions have on others. The offended partners are then given instructions to determine whether the offenders are feeling guilty, ashamed, or afraid as a result of the offense or its repercussions. This may be facilitated by the complainant realizing their own spousal failings or by finding parallels dating back to the offenders' childhoods. Accepting the "determination and commitment involved in letting go" (DiBlasio, 2000, p. 155) and creating a formal process for partners to seek and accept forgiveness are the next two steps.

The couple's determination pick forgiveness and to let go of the sorrow brought on by the treachery is signified by the ceremonial performance that takes place in the final stage. Every one of these stages lasts for a lengthy (2–3 hour) separate counseling session. DiBlasio agrees that a lot of counsellors would think this paradigm is too limited to address the problem of

adultery, but he also makes the argument that the forgiveness session may be the first step toward more traditional therapy to fully mend the relationship. He, however, admits that his decision-based method is a process, albeit one that takes place over a very little duration of time.

### **Importance of Forgiveness Therapy**

According to Ingersoll-Dayton, Campbell, and Ha (2009), forgiving involves a variety of abilities that can be acquired. They proposed that people going through the process of forgiving someone should start by identifying only one person who has wounded them. It is possible to practice forgiving one person before expanding your forgiveness techniques to include other people who have wronged you. Enright, the model's creator, included a number of contemplation questions as well as the suggestion to keep a notebook while forgiving someone.

The therapeutic approach put out by Enright (2001) for people of diverse religious and ethnic dispositions (Ingersoll-Dayton, Campbell & Ha, 2009). Crucial rewards in sorrow, fury, ego, and compassion toward a particular person as well as toward others in general are associated with the process model (Coyle & Enright, 1997). Furthermore, it has been connected to a temporary improvement in health issues including coronary heart disease (Ingersoll-Dayton et al., 2009).

The effectiveness of this worldview for both individualized and cohort therapy is its last advantage. The paradigm was applied to group-based interventions as well as individual therapies (Coyle & Enright, 1997; Freedman & Enright, 1996).

### **Psychological Variables that Affect Forgiveness**

**The Meaning of Anger:** Anger can take many different forms and intensity (Spielberger, Reheiser, & Sydeman, 1995). The two primary ways that anger is exhibited are inwardly and outwardly, and Martin et al. (1999) discovered that each had a different effect on psychological and health-related functioning. Internalized anger is the predisposition to repress angry sentiments, ideas, and behaviours (Deffenbacher, Oetting, Lynch, & Morris, 1996; Smits & Kuppens, 2005). Internalized fury is characterized by restrained behaviour. While direct or indirect physical or verbal violence toward other people or items in the environment is a common way for internalized fury to manifest itself, externalized anger is linked to behavioural activation (Spielberger, 1999). The impact of peers and the media, socioeconomic status, social stress, and situational and environmental conditions are examples of external factors (Bhave & Saini, 2009).

The ability to manage one's anger is beneficial for breaking harmful habits, focusing less on undesirable thoughts and behaviours, and handling uncontrollable situations. When anger is repressed, the individual has not addressed the source of the anger directly, and as a result, they may keep feeling angry for some period (Harburg et al., 2003). The display of anger or grief can be harmful to one's health. But according to researchers, neither expressing out anger nor repressing it makes us better or worse off.

**Social Construction of Anger:** Social construction theories attempt to explain why anger, as it is portrayed and expressed across cultures, is a diverse collection of responses to things we don't like that are extremely disconnected from our basic survival mechanisms. These days, fury requires concepts, cultural context, and language. It exists within multiple systems of practices

and is guided by social standards. Instead of just being an emotion or passion we have or possess, anger is one of the things we do. It is a cultural passion that participates in contemporary normative orders and is governed by intricate psychosocial norms that provide guidelines and permissions for what suitably sets off anger, what justifies it, and what actions are appropriate while angry (Myisha & Owen, 2018). Age, gender, position, role, and occupation standards determine who can be angry, why, how much, and to what effect. They also determine who can respond to anger in a way that is acceptable. The key areas of difference between the two forms of social constructionism are in their conceptions of the nature of the fundamental character upon which contemporary manifestations of anger are based. The first type relates the propensity for anger to a collection of cognitive processes that enable core anger to be expanded to novel situations.

The ill manners, slights, and racism that the fundamental form extends to are cultural issues (Panksepp & Biven, 2012). According to the second social constructionist theory (Russell 1994; Barrett, 2017), there are no interesting basic emotions that have distinct neurological, phenomenological, somatic, or facial signatures.

There are many different valence organismic states (referred to as "dimensional theories"), such as positive/negative, disturbed, troubled, peaceful, and intense, which are subsequently understood by a culture. This culture also establishes standards for eliciting moments of anger, rules of engagement in such episodes, and other guidelines. What we refer to as "anger" is actually our perception of a complicated collection of physical and mental sensations that say "I am angry" (Schacter & Singer, 1962). According

to this theory, anger may not even have a shared core phenomenal feel until we interpret and categorize the way(s) we are feeling—possibly some general or inchoate uneasiness or anguish combined with a propensity to react negatively—as anger (Barrett, 2017).

**Spheres and Kinds of Anger:** It will be beneficial to set out some differences between the various areas of anger and the different sorts of anger that are discussed. There are various anger spheres according to Myisha and Owen (2018).

- i. Personal: Angry toward friends and relatives.
- ii. Communal: Anger in more generalized communal and business relationships.
- iii. Political: Angry with government institutions and policies.

It might be assumed that each domain has its own set of guidelines for handling anger. Anger is justified in relationships with family and friends, particularly when there is rudeness, disloyalty, a failure to contribute as expected, and betrayal; in business relationships when there is rudeness, deception, scheming, or breach of contract; and in politics when there is injustice. Different conventions set forth how one may properly vent anger in each domain, such as through scathing remarks or legal action.

**Types of Anger:** Obstaz (2008) claims that there are eight different sorts of anger.

- a) Persistent bitterness toward other people and life in general is referred to as chronic anger.
- b) Volatile anger that manifests as physical or verbal aggressiveness after building to wrath.

- c) Critical remarks that denigrate, shame, or correct others and are made with contempt trigger judgmental anger.
- d) Passive anger is subtly exhibited through sarcasm, tardiness, or avoidance of a situation.
- e) People experience overwhelming fury when they are unable to control their living circumstances and act out in order to relieve tension or pain.
- f) Retaliatory anger is anger that is directed at someone in retaliation for anything they did or said.
- g) Self-inflicted anger can lead to emotional or physical harm, such as negative self-talk, hunger, overeating, or excessive drinking.
- h) Constructive anger refers to the use of anger to effect change for the better, such as joining a movement or cause.

**Positive Aspects of Anger:** Allowing ourselves to be angry sharpens our thinking and fortifies our determination. Increased social position (Tiedens, 2001), improved interpersonal relationships (Averill as mentioned in Bhavé & Saini, 2009), and justice-seeking behaviour are all outcomes of anger experience (Leach, Iyer, & Pedersen, 2006).

- i. Without anger, we would not be able to stand up for ourselves in society. Deffenbacher, who is quoted by Bhavé and Saini (2009), also found a link between emotional arousal and propensities for action. Numerous studies have looked at adapting in the environment of anger (Herrald & Tomaka, 2002). The same anger can be devastating if it is not communicated properly, but it can also give us the drive and desire we need to right a wrong and find a solution.

- ii. Experiencing anger can be a good way to let off steam and serve as a reminder to right wrongs. When utilized appropriately, anger can motivate one to change, grow, and flourish (Eastman & Rozen, 1994).
- iii. Athletes utilise this energy to gain strength and momentum during competition.
- iv. As demonstrated by history, social and civil revolutions were primarily fueled by anger. As a result, anger can be an effective catalyst for change.

**Negative Aspects of Anger:** Anger can have detrimental effects on people.

They include the following:

- i. When people hide, deny, or wrongly show their anger, it takes on a bad connotation, negatively with regard to discomfort endurance and positively with regard to diagnosis, pain intensity, pain habits, and disruption with daily activities (Gelkopf, 1997; Kerns, Rosenberg & Jacob, 1994).
- ii. Negatively expressing anger can result in mild to severe aggressiveness, conflict in the home, abusive parenting styles, low self-esteem, and other negative consequences (Kassinove, 1995; Deffenbecher, Oetting & DiGiuseppe, 2002).
- iii. Negative outbursts of anger can manifest physically as attack, aggression, and abuse as well as verbally as hatred, condemnation, scorn, mistrust, quarrel, animosity, frustration, envy, and greed (Frijda, Kuipers & Ster chure, as cited in Bhave & Saini, 2009).
- iv. Additional negative expressions include crying, mocking, shouting, cynicism, assault, aggression, theft, rapes, homicide, car crashes, child

molestation, challenging relationships, job loss and taking economic problems (Novaco, 1986; Anderson, 2000). Although it is not always a component of violent crime, anger serves as an attitudinal potential cause for violence (Howells & Day, 2002; Novaco, Ramm, & Black, 2001).

According to Myisha and Owen (2018), anger can take different forms. They consist of the following:

- a. Retaliatory anger, which usually arises when someone has hurt another and the victim wants to exact revenge by causing the offender physical or mental misery, as well as status injury.
- b. Pain-passing anger, in which a person is angry with someone else but not because he/she is experiencing pain that was his/her fault.
- c. Instrumental anger, in which a person is upset with another and express it in an effort to influence his/her behavior, offer an apology, or rectify a situation, but not primarily so that the offender suffer.
- d. Acceptance of an individual's anger in situations where he/she does not want revenge.
- e. Feigned, "as if," anger, where an individual actually feel angry or is not particularly angry in a tremendous sense, but he/she use "angry words" or threats to get what he/she wants.
- f. Political or institutional anger over discriminatory, racial, sexist, or otherwise hurtful or demeaning social policies, laws, or systems.
- g. Impersonal anger that communicates utter horror and outrage at the cosmos, the natural world, human wrongdoing, or foolishness.



Pay attention to the first two types of anger: retaliation and pain-passing anger. These are the two types that are typically thought to be the most morally dubious. If these two types are bad but the other five are frequently appropriate, we still have a cause to be cautious that the good intentions underlying many forms of instrumental, recognition, respect, and political or institutional fury are not tainted by the goals of pain-passing and payback.

The fact that the primary goal of the pain-passing and retribution types of anger is to cause harm to another person makes them wicked. The other forms of anger may, in their excellent forms, have as a predictable result that one person or group will be harmed, but that is not the intended outcome.

### **Theoretical Framework**

The three theories under consideration—cognitive theory, personality theory, and psychological theory—all share elements that make up the foundation of forgiveness.

#### **Cognitive Theory**

The most comprehensive effort to understand the procedure of forgiveness from a research and theoretical standpoint was done by Enright, Santos, and Al-Mabuk in 1989 using a cognition paradigm. According to the writers, forgiveness develops over time in the exact manner as morals and cognition are thought to do. Enright contrasts Kohlberg's equity philosophy from Kohlberg's forgiving philosophy by noting that equity is seen as the answer to equality and fairness. Renunciation of the claim to justice is forgiveness. Enright claims that a forgiver recognizes that the offender has little or no reason to mercy but nevertheless shows it. The six phases of Kohlberg's theory of justice are paralleled by Enright's stages of forgiveness concept:

- i. Revengeful forgiveness contends that only after retribution that mirrors the victim's suffering is forgiveness conceivable.
- ii. Restitutive forgiveness is the act of pardoning someone to absolve them of their sins or to get the recovery of something lost.
- iii. Expectational forgiveness asserts that people forgive as a result of peer pressure.
- iv. Lawful expectational forgiveness. The act of forgiving someone because they obey a set of morals or other institution, such a religious commitment.
- v. Social harmony. Forgiveness is granted to preserve order and reduce social friction.
- vi. Forgiveness as an act of love. Love commitment is not altered by hurtful behaviour. Reconciliation remains a possibility thanks to forgiveness.

Enright (1994) distinguished between justice and forgiveness. Power (1994) notes that the initial stage of forgiveness involves an apology and asking for forgiveness. The second is that forgiveness comes before apologizing. This second element is related to the ideal reciprocity moral principle put forth by Piaget. The ability to perceive the ineffectuality of ongoing "tit for tat" interactions and the support that a "Golden Rule" virtue can provide for justice is known as ideal reciprocity. This ability develops in middle childhood. It refutes Enright's claim that pardoning someone is by its very nature a kind act, not given with an eye toward a future benefit or in line with a justice concept. According to Power (1994), the goal of reconciliation is achieved through the concept of forgiveness. "Acts of forgiveness are

incomplete if they do not result in reconciliation" (p. 38). He supports Piaget's idea of ideal reciprocity as the foundation for forgiveness since it enables people to create a just social structure.

Enright's original cognitive conceptualization was developed by Gassin and Enright (1995) to incorporate an existential focus. Using ideas from logotherapy, they argue that forgiveness and purpose are indications of mentally healthy restoration. The similar threads that make up forgiveness's fabric were present in both the psychodynamic and cognitive approaches that were investigated. The theories lead to six themes. A damage or violation occurs first, followed by agony on an emotional and physical level. Second, the violation causes the parties' connection to be shattered or divided. Thirdly, the harm from continuing is stopped. Fourth, a cognitive process is used to understand or reframe the upsetting event of action within a wider context. Fifth, justified anger and retaliation over the incident are released or let go of. The partnership is renegotiated at the sixth step.

### **Personality Theory**

Worthington (2006) is the proponent of this theory. Three key components make up this extensive theory: personality, spirituality, and stress and coping. Premium is laid on the prominence of personality and how it affects our ability to forgive. The ability to live in peace with others, a tendency toward benevolence rather than anger and resentment, and the capacity for forgiveness have all been studied as characteristics connected with forgiveness, according to Emmons (2000). According to the Big Five personality taxonomy, being extraverted, agreeableness and diligence are all higher order personality traits that are correlated with forgiveness (McCrae &

Costa as cited in McCullough, 2001). This taxonomy also considers openness to experience, life satisfaction, industriousness, and psychoticism as higher order personality traits that are correlated with forgiveness (McCrae & Costa as cited in McCullough, 2001).

Neto and Mullet (2004) discovered that while the intrapersonal dimensions of personality were not strongly correlated with forgiveness, the interpersonal dimension of personality was. Anger, ruminating, and worry are intrapersonal characteristics that have a negative relationship with forgiveness. Positive associations between forgiveness and traits including agreeableness, altruism, and thankfulness have been found. Narcissism, psychological shields, affective cover-up, and an incapacity or resistance to empathize are obstacles to forgiveness (Strelan & Covic, 2006).

A personal characteristic of emotional stability is a low susceptibility to the occurrence of unpleasant feelings. Emotionally stable people are less likely to be grumpy or overly sensitive. Numerous research showed that emotionally stable individuals outperform their less emotionally stable peers on measures of the disposition to forgive (McCullough & Hoyt as cited in McCullough, 2001).

Different from the "BIG FIVE" personality traits that may be connected to the ability for forgiveness are religiousness and spirituality. Faith and forgiveness are associated (McCullough, Pargament, & Thoresen, 2000). Therefore, a study of the application of forgiveness therapy needs to be viewed from a spiritual perspective. Forgiveness is viewed as a profoundly spiritual experience and process in a greater context of life (Patton, 2000). For example, Christians believe that changing from being vengeful to being

compassionate is both possible and genuine because forgiveness is the foundation of their religious history (Browne, 2009). McCullough (2001) defined agreeableness as a personality factor that includes qualities like generosity, altruism, empathy, and care. Researchers and trait theorists gave pleasant persons high ratings for traits like "forgiving" and low ratings for traits like "vengeful." People with high levels of agreement do better in social situations than those with lower levels of agreement.

Worthington (2006) viewed the act of forgiving others and the process of forgiving others as ways to manage stress. Worthington and Scherer (2004) provided study recommendations on several topics, forgiveness included, generating hypotheses. First, it is stressful to be unforgiving; second, it can be lessened by using a variety of coping mechanisms; third, it can be lessened by forgiving; and fourth, it can be used as a coping mechanism. Worthington and Aten (2009) divided different forms of coping into the categories of assimilating, accommodating, approaching, prosocial, asocial, effortful and involuntary.

According to this theory, an offense elicits several physical, intellectual, attitudinal, social, or even affective responses (Worthington, 2006). Therefore, refusing to forgive is a reaction to interpersonal mistreatment. To deal with the resentful feelings sparked by the interpersonal violation, people opt to focus on the problem or the accompanying sensations. When we emotionally forgive ourselves, we generate happier feelings. Strelan and Covic (2006) and Worthington and Scherer (2004) delineated several components of forgiveness:

- a. the process of forgiving is a response to stress,

- b. primary and secondary evaluations are responses to ongoing breaches within the procedure.,
- c. adaptation strategies provide a framework for explaining what individuals do and the way people pardon,
- d. forgiveness and coping mechanisms can be helpful when dealing with challenging circumstances in the future,
- e. coping and forgiving are intra- and interpersonal processes, respectively, and
- f. forgiveness and coping mechanisms are rarely linear as an individual spirals toward psychological equilibrium while experiencing both good and negative reactions simultaneously.

Worthington (2006) classified the various coping strategies as follows: Assimilation involves seeking for an obtainable means of coping while accommodation is finding a new approach of coping. Second, while avoidance entails disavowing from issues, approach coping entails dealing with the situation. Thirdly, asocial coping entails cognitive reconstruction, while prosocial coping involves seeking help, antisocial coping involves opposing a person. 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 ways to forgive. In conclusion, one's propensity to forgive depends on their innate qualities and how they handle stress. In summary, people's propensity to forgive depends on both their innate characteristics and how well they handle stress.

A number of issues still need clarification through research. It is still up for contention whether or not the offender must first confess their

wrongdoing and feel regret for it in order for forgiveness to fully take place. There are discrepancies in how reconciliation and forgiveness are related or associated as independent concepts. There is disagreement over whether forgiveness is essential for personal development after suffering harm. The only way to address these issues is to increase the body of empirical literature, which is what the current study aimed to do.

### **Psychological Theory**

The psychological theory is founded on empathy and transgression, generous attribution and appraisals. The authors of this theory are McCullough, Worthington, and Rachal (1997). The subjective understanding of another person's emotional situation has been described as sympathy, and others have described it as a particular feeling characterized by sympathy, kindness, and respect (McCullough, 2001). Empathy as a psychological response substantially influences how much a victim may pardon the offender for a certain wrongdoing. People's ability to forgive someone for their wrongdoing is closely tied to how much empathy they have for the offender (McCullough, 1997).

Why some social psychological factors affect forgiveness is explained by empathy. For example, the well-known impact of the offender's apology on the victims' propensity to forgive appears to be nearly entirely mediated by the victims' compassion for the wrongdoer (McCullough, Worthington & Rachal, 1997). When offenders apologize, they subtly convey a degree of frailty and

vulnerability, which could make victims feel sympathetic and inspire them to pardon the offender (McCullough, 2001).

Empathy promotes forgiveness, according to research on psychosocial therapies used to help patients forgive particular offenses (McCullough, 2001; Worthington, 1998). Empathy for the offender has been discovered to be the sole mental component that, when artificially created, facilitates forgiving (McCullough, Worthington & Rachal., 1997).

The degree to which the victim assigns blame and offers judgments about the offense and offender is another aspect connected to how much someone may forgive a certain incident (McCullough, 2001). People who have forgiven their transgressors view them as more likeable and believe their justifications for the offenses to be more adequate and truthful (Bradifield & Shapiro as stated in McCullough, 2001). Additionally, those who are more likely to forgive their spouses tend to hold them less accountable for their bad behaviour than those who are less likely to do so (Fincham, 2000).

The degree of forgiveness is correlated with ruminating about a particular transgression. Rumination, or the propensity to have unwanted feelings, thoughts, or images about the past, seems to have an impact on forgiving. The degrees of motivation for vengeance and avoidance are stronger when people think more about a transgression (McCullough, 2001). Victims who dwelled on a specific wrongdoing made far less progress at forgiving the offender. How much progress people will make in forgetting their wrongdoing depends on how much they lessen their ruminations about a specific offense over time. In conclusion, the psychological theory asserts that the capacity to show compassion for an offender, the inferences and appraisal



of the breaches, as well as the propensity to have irrational thoughts and pictures about the past, are all factors that contribute to forgiveness.

### **Empirical Review**

This section reviews some related studies conducted on forgiveness therapy.

#### **Intervention Studies on the efficacy of forgiveness therapy**

Coyle and Enright (1997) investigated the effectiveness of forgiveness therapies with post-abortion men. After a 12-week waiting period, treatments was administered to the control condition. To either group, participants were ostensibly randomly allocated. Study members in the treatment group showed noticeably advanced degrees of forgiveness, with little fear, fury, and grief. Control subjects displayed comparable substantial results after undergoing the treatment. Furthermore, it demonstrated that the psychological advantages for the original group of participants persisted during a 3-month follow-up.

Greenberg, Warwar, and Malcolm (2008) compared the efficacy of feeling-based therapy and psychoeducation in fostering the ability to forgive people and let go of emotional scars. The study identified persistent personal and emotional injuries in a total of 46 clients. Either a psychotherapy group or an individual therapy session using emotion-focused therapy was assigned to them at random. According to the study, patients receiving emotion-focused therapy using empty-chair dialogue fared much better on all forgiveness gauges than those receiving psychoeducational therapy.

Hebl and Enright (1993) investigated the therapeutic goal of forgiving elderly female participants. Each participant set out to forgive one person they felt had caused them severe psychological harm. A control group and a forgiveness condition were randomly assigned to the participants. The

forgiveness group's treatment plan was based on Enright et al (1991). Two forgiving measures, a personality test, an assessment of emotional distress, and an anxiety levels test were among the response variable. Following the eight-week treatment, the trial group's forgiving traits at the posttest were noticeably greater compared to the control group. Both groups showed a substantial reduction in state anxiety and clinical melancholy from the pretest to the posttest.

Decision-based forgiveness intervention was utilized by DiBlasio (1998) as part of intergenerational family therapy. The study's findings led to the conclusion that while forgiveness treatments are not a cure-all for issues affecting families, they may serve as a springboard for creating a new reality in interpersonal interactions.

Additionally, Park, Enright, Essex, Zahn-Waxler, and Klatt (2013) investigated a controlled therapy strategy to assist adolescent female violent sufferers enhance their mental wellbeing as well as their scholastic adaptability. Youth who exhibit elevated levels of violent behaviour and are regularly victimized by others were classified as adolescent aggressive victims.

The performance of forgiving treatment was contrasted with that of a comparison group that did not get any care and a different competency programme. In Korea, 48 female teenage aggressive victims with ages ranging from 12 to 21 were recruited. One of the three groups was chosen at random for the participants. For 12 weeks each, small-group therapies in skill streaming and forgiveness were used. It was shown that the subjects receiving forgiveness treatment displayed statistically significant decreases in anger,

aggressive association, violence, and criminality at the posttest and follow-up evaluations. The posttest and follow-up revealed substantial increases in empathy as well as higher posttest results.

A qualitative study on the experiences of those who had forgiveness as a counselling intervention was done by Browne (2009). To obtain information, 11 adults who had undergone counseling were questioned. According to the study, forgiving someone is a challenging, intricate, and non-linear process. All participants were inspired in some manner to discover relief from tension brought on by the transgression and let go of unforgiveness, even if each participant's actual experience was different. Respondents yet again participated in an underlying mechanism as they strove to create a tough route to forgiveness.

The efficacy of a forgiveness programme for young divorcees was investigated by Enright and Klatt (2012). Participants were selected from counties in a Midwest and a West Coast state. They ranged in age from 20 to 40. Tests were administered to ascertain psychological health and the standard of social contacts. The study revealed inconclusive findings on forgiving, parental involvement, and stress.

In a randomized trial by Goldman and Wade (2012), 112 undergrads who had suffered injury earlier and had trouble letting go of those bad memories were exposed to forgiveness and anger-reduction group therapy. They were indiscriminately allocated to either one urging forgiveness, the other aiming to diminish anger over prior wrongs, or a waiting list control. Six 90-minute treatment meetings were held in minor groups over the period of three weeks, each facilitated by a facilitator.

It was clear that the forgiveness treatment (n=41) led to bigger decreases in animosity and psychiatric symptoms as well as more sympathy for the offender than alternate forms of treatment (n=39) and the waitlist (n=32). Compared to those in the waitlist condition, participants in both treatment conditions indicated lower levels of desire for vengeance. Rumination of the violation was significantly reduced, according to all participants. Clinical significance analysis confirmed these findings.

Using qualitative methods, Barber (2004) investigated forgiveness of oneself and others among women. Written life histories from the ladies and standardized measurements allowed for the creation of psychometric profiles. The ten participants' forgiveness experiences and their meanings were then investigated. Some of the themes that emerged included the importance of contrition, the procedure of contrition, deep regret, immediate forgiveness, mindset toward the perpetrator, inexcusable, the fact that forgiveness is not always pleasant, and enabling oneself to be forgiven. The study's quantitative portion also showed that both men and women's self-forgiveness was observed to share a strong positive link with emotional maturity, self-likeness, conscience, and cheerfulness. Again, both sexes demonstrated a strong positive relationship between being able to forgive others and emotional intelligence.

The distinctive variation in results amongst females for self-forgiveness was found to be described by happiness and self, while the distinctive variability in scores among men was explained by ego and affective awareness. Men's self-forgiveness did not significantly correlate with either parent's parenting approach when it came to parenting and forgiveness, but

forgiving of others did. Permissive parents were associated negatively with males' self-forgiveness. There was no connection between any of the parenting approaches and forgiveness of others among females. The dominant parenting approach of the father, however, had a significant negative connection with self-forgiveness.. The degree of self-forgiveness and the democratic father's parenting style were significantly positively correlated.

In their 2018 study, Charzyska, Gruszczyska, and Heszen looked at the trajectory of forgiveness and thankfulness in patients receiving treatment for alcoholism. The study utilized a person-centered approach to track the growth of two moral virtues during alcoholism therapy. The sample included 358 patients who were abusing alcohol and seeking outpatient care. They were taken before the basic therapy began, at its conclusion (5-7 weeks after baseline), and again approximately six months later. The Gratitude Questionnaire (GQ-6) and three forgiveness ratings were used to rate the patients' moral character. The investigations found four pathways for self-forgiveness and acceptance, three routes for forgiving others, and three pathways for experiencing God's forgiveness through the use of latent class growth analysis (LCGA). Depending on the types, participants with continuously poor ethical worth underwent distinct adjustments. The moral character of participants who initially displayed a high degree did not deteriorate over time. Gender, education, age, religion, co-occurring psychiatric issues, and frequency of attendance at Alcoholics Anonymous (AA) meetings were all significant factors of trajectory class membership.

In a study by Baskin, Rhody, Schoolmeesters, and Ellingson (2011), adoptive parents participated in a group education intervention with a focus on

forgiveness and marriage education. 112 adoptive parents were employed in the study; 54 of them made up the treatment group and received the 36-contact-hour treatment immediately away, while the therapy was administered to the other 58 individuals who were in the referral reference category after the treatment group had finished. The degrees of forgivingness and marital contentment were evaluated in both groups. The treatment group statistically outperformed the comparison group on each of the three dependent measures. Similar increases were seen when the comparison group shifted to acting as the treatment group.

Al-Mabuk, Enright, and Cardis (1995) employed a controlled, interventional, and control group design in two research on forgiving the parents with late adolescents who had not received adequate parental affection. The participants were male and female college students (s). The first research was a four-day session on forgiving commitments. The second study was a 6-day course that utilized Enright and the Human Development Study Group's (1991) forgiving paradigm. The results of Study 1 showed no influence. When weighed against the control group, the intervention class had greater increases in both optimism and one aspect of forgiveness. The second study, which had a more extensive programme than the first, provided conclusions with a wider basis in regards to its findings.

Hui and Chau (2009) reported the results of a forgiveness intervention with Chinese children from Hong Kong who had experienced interpersonal trauma. Among other things, the study discovered that the participants who participated in forgiving surpassed their counterparts in respect of forgiveness sentiments. Their desire to forgive and their feelings about it are affected by

the instruction on forgiveness. Empathy has been identified as a significant forgiveness tactic.

For older persons, Hill (2013) looked at the results of a quick forgiving intervention. The psychoeducation group intervention included both additional components targeted at the particular needs of older persons as well as the forgiveness therapies' known basic elements. A waiting-list control condition or a treatment condition was randomly allocated to 78 elderly people (mean age 70.1 years). It was observed that the intervention reduced the degrees of real incursion brain structure, heinous act feelings and cognitive distortions, and psychological distress.

Sandage and Worthington (2010) compared two group approaches. Undergraduate student volunteers who participated in the study were 97. Based on attachment theory, the behavioural system of caregiving was developed in connection to forgiveness. It was discovered that the compassion reconciliation workshop facilitated forgiveness. Further research revealed that changes in participants' forgiveness scores were mediated by empathy, independent of seminar condition. Again, guilt-proneness was favorably correlated with forgiveness, whereas shame-proneness was negatively correlated with forgiveness scores.

Wade, Hoyt, Kidwell, and Worthington (2013) conducted a meta-analysis on the effectiveness of psychotherapy therapies to encourage forgiveness. Participants who received explicit forgiveness therapies reported considerably higher levels of forgiveness than participants who received alternative treatments or no therapy at all. Furthermore, compared to control settings, forgiveness treatments produced higher changes in hope, anxiety, and

despair. Moderators of treatment efficacy were treatment dosage, crime seriousness, therapy paradigm, and treatment method. Multi moderator studies revealed that modality (individual > group) and treatment dosage (i.e., longer treatments) particularly indicated change in forgiveness when compared to untreated controls.

According to a 2014 study by Lin, Worthington Jr., Brandon, Chelsea, Opare-Henaku, Caroline, Hook, Ho, and Muller, Reach forgiveness is effective across all cultures. The sample consisted of 102 female undergraduates who were either immediately treated or placed on a waitlist, with foreign-born students making up 46.2% of the sample and domestic students accounting for 43.8%. Indicators of affective and dispositional forgiveness across three eras were used to evaluate the efficacy of the therapy and the cultural impact on therapeutic response. The study's findings revealed that decisional forgiveness did not improve among participants in the treatment condition, but emotional forgiveness did. Improvements were consistently seen during the 1-week check-up. Culture had a major influence on affective forgiveness and a barely meaningful indirect impact on dispositional forgiveness, despite the reality that society did not attenuate the treatment effect.

Ikiz, Mete-Otlu, and Asici (2015) conducted research on counsellor trainees' perspectives on forgiveness. Fifty nine undergraduate students who were enrolled in the Division of Psychological Counselling and Guidance at Dokuz Eylul University in Turkey during the academic year 2012–2013 served as the study's sample. Through the use of content analysis techniques, the data from individual interviews was examined. The research revealed that



the trainees associated their capacity to forgive to particular instances accompanying the offender and the offense and thought that forgiveness was a regulated procedure in an individual's personal life.

Hirsch, Webb, and Jeglic (2011) examined how forgiving others impacted the relationship between expressing outrage and committing suicide. A sample of 372 college students from different ethnic backgrounds was employed for the study. In both independent and comprehensive models, it was discovered that self-forgiveness dramatically reduced the correlation between internal and external anger and suicide behaviour.

A study by Harris, Luskin, Norman, Standard, Bruning, Evans, and Thoresen (2006) involved 259 individuals who had gone through a distressing interpersonal transgression and still thought there would be negative consequences. They also looked into how trait-anger, perceived stress, and group forgiveness initiatives related to each other. The people were split into two groups at random; one group received treatment, and the other received lessons in forgiving others. The intervention dramatically boosted positive perceptions and emotions toward the culprit and significantly decreased negativity about the intended violation when compared to the standard condition. Trait-anger, perceived stress, forgiveness extended to new situations, and forgiving self-efficacy all showed significant treatment improvements.

The study of Raj, Elizabeth, and Padmakumari (2016) explored how forgiveness can improve mental health. Twelve persons who scored highly on the Heartland Forgiveness Scale were sampled for the study using an interpretivist methodology. According to the study's findings, three

characteristics of a person who is capable of forgiving others include their capacity for feeling good emotions, their capacity for empathy and perspective-taking, and their level of religion. The findings revealed that parental effects and childhood experiences were the childhood antecedents of happiness. According to how the participants saw it, forgiveness had positive effects on their sense of wellbeing, their ability to accept themselves, and their ability to handle difficulties.

In a 2013 study, Jordan, Worthington, Jr., and Sutton explored how LGBTQ participants could use perspective-taking and apologies to help Christians forgive them. In their Study 1, they looked at the effects of those factors during a period of intensely visible conflict between Christians and LGBTQ individuals. 96 people who self-identified as LGBTQ or non-Christian were sampled for the study. A Christian's apology video or a control video was shown to participants. They next discussed a prior transgression committed against a Christian, either from their own or the transgression's point of view, and scored how forgiving they were of it. Further research indicated that individuals' levels of forgiveness varied according on their education, sex, and religious affiliation. Once more, remorse and changing one's worldview had no impact on forgiveness or favorable perceptions of Christians.

In another study, Orathinkal and Vansteenwegen (2006) looked at the effects of forgiveness on marriage stability and marital pleasure. This comparative study used 787 individuals from the Belgian province of Flanders. It was between people who had been first wedded and those who had wedded. The first-married considerably varied from the reconstituted in two

subscales of the Enright Forgiveness Inventory, despite the fact that there was no big variation between them in terms of complete forgiveness. The contentment with one's marriage also varied significantly between individuals who were first married and those who were remarried. It was also discovered that forgiveness and general life adjustment had a very strong favorable correlation.

Whited (2009) looked at the impact of forgiveness and apology on the body's response to mental stress. While completing a task requiring serial subtraction, participants were subjected to interpersonal wrongdoings. The task was followed by measurements of cardiovascular activity before, during, and after. Following the activity, the experimenter apologized to about half of the participants for his or her staged impolite behaviour. There were no group-specific variations in reactivity throughout the serial subtraction exercise (all  $p > .05$ ). However, throughout the recovery period, individuals who were more forgiving regained their systolic and mean blood pressures more quickly ( $p > .05$ ). In comparison to women with poor forgiveness ratings who were untouched by the apology ( $p > .05$ ), the recuperation in systolic and mean blood pressure was largest for women with high forgiveness ratings who received an apology ( $p > .01$ ).

A study on the application of forgiveness therapy with female violence victims was carried out by Freedman and Enright (2017), finding that the treatment group had a significantly greater reduction in anxiety as well as a sharper rise in optimism and forgiving the offender. In another study, Reed and Enright (2006) came to similar conclusions. Participants who underwent forgiveness therapy demonstrated statistically significant improvements in

ego, self-awareness (daily decisions), and finding purpose in hardship (moral decisions), as well as statistically meaningful declines in distress, as opposed to those who received alternative therapies.

Regarding abuse, Lee and Enright's (2014) study of fibromyalgia-suffering women who had been subjected to parental abuse as children revealed that forgiveness can assist both physically and psychologically. It was observed that the participants in the forgiveness therapy displayed increased advances in forgiveness and overall musculoskeletal wellbeing.

### **Studies on Forgiveness and Demographic variables**

According to research, various factors, including age, gender, and level of religiosity, can influence a person's capacity for forgiveness. For instance, when it comes to religiosity, Fox and Thomas's (2008) study correlated religious beliefs with forgiveness. In the study, religious groups compared to the secular group indicated much higher attitudinal and projective forgiveness, with no significant variations across various religious denominations. Dispositional forgiveness was found to be positively connected with intrinsic motivation in a study by Webb, Chickering, Colburn, Heisler, and Call (2005). Once more, the concept of loving God and religious problem-solving approaches that involve either a collaboration with God or deference to God were positively connected with forgiveness. Concepts of a governing God and non-faith-based problem-solving methods were adversely connected with the dispositional predisposition for forgiveness. Bedell (2002) investigated the function of religion in forgiveness and found a connection between remorse and forgiveness as well as religion and forgiveness. In a more recent study by Desislava (2018), found that among Christians, forgiveness was associated

with religious commitment and positive emotions towards the culprit. Kidwell (2009) conducted a different investigation and came to a different conclusion. The study involved 298 people from three existing data sets. As was previously noted in the literature, it was discovered that religious devotion was related to forgiving others.

Numerous studies have shown that forgiveness varies with age, with younger children and teenagers typically being the least forgiving and older persons being the most forgiving. A study among university students, for instance, has revealed that, compared to their parents, they were less probable to forgive (Subkoviak et al., 1995). Ghaemmagbami, Allemand, and Martin's (2011) Germany-based research focused on age and gender factors. One notable finding of the study was that adults in their middle years showed more avoidance than adults in their early years. Further research revealed that women and middle-aged persons perceived forgiveness as being a more common topic in daily life.

Steiner, Allemand, and McCullough (2011) looked at the influence of transgressions frequency and extent as well as age variations in forgiveness among Swiss people ages 20 to 83. According to the report, elderly adults are often more understanding than their younger counterparts. Additionally, there was a connection between age and both the quantity and gravity of infractions that was unfavorable. According to Toussaint, Williams, Musick, and Everson (2001), elderly and middle-aged adults tend to be more tolerant than young folks.

Lawler-Row and Piferi (2006) found that age has an impact on forgiveness, with older people being more forgiving than middle-aged people

in their study of respondents from 2006. It was shown that this effect persisted for between 50 and 95 years. In a study from 2012, Doran, Kalayjian, Toussaint, and DeMucci used a sample of 117 older and younger people in post-conflict Sierra Leone to evaluate the connection between trauma and forgiveness (ages ranged from 20 to 60 years). According to the findings, older participants reported much higher levels of both partial and full forgiveness than younger participants. Furthermore, it was found that older participants' forgiveness capacity was substantially more correlated with less traumatic stress than were younger participants.

When it comes to forgiving, there are likely to be significant disparities between men and women. This may be caused by a variety of elements, including differences in how men and women perceive, evaluate, and deal with interpersonal disputes. However, prior studies have shown that the outcomes vary depending on the study. Many investigations (e.g., Berry, Worthington, Jr., Parrot, O'Connor, & Wade, 2001; Worthington, Sandage & Berry, 2000) failed to identify any gender differences at all. However, women are frequently more forgiving than males, according to Miller, Worthington, and McDaniel's (2008) meta-analysis. The study also discovered that men were less forgiving than women when retaliation was employed to execute unforgiveness. Among 600 students at the University of Zagreb, Lana, Mijiocevic and Zagreb (2010) examined gender variations in the link between forgiveness and distress. Men were more driven to exact revenge than women, according to the research, which implies that women are more tolerant than men. A sample of 108 psychology undergrads at East Carolina University, whose ages ranged from 18 to 35, were used in a different study by Kmiec

(2009). There was no sex difference in trait forgiveness. Toussaint (2005) studied 127 members of the community to determine gender disparities and the link between compassion and forgiveness. The study found no gender difference, but that women were more sympathetic than men. Males were more forgiving and devoted to their marriages, according to Lerner (2006), who studied gender and forgiveness among young married couples. On the other hand, it was discovered that women were also better at asking for forgiveness than men. The survey also found no discernible difference in forgiving between men and women.

Rye and Pargament's (2002) examination covered subjects including college romance and forgiveness. 58 participants were assigned randomly to the study's controlled group, which included no treatment, the secularism situation, or the spiritually integrative situation. The proximal outcome measures for forgiveness were the forgiving scale and the forgiving concept, and the distal outcome measure for forgiveness was existential well-being. Results showed that participants in the spiritually incorporated condition fared better than those in the comparison condition on both the distal and proximal metrics.

### **Studies on Forgiveness Education**

Freedman (2018) investigated forgiveness as a potential teaching goal with at-risk youth. In a pre- and post-test configuration, a quasi-experimental group and a proper control group were used. Randomisation was used to divide the twenty one respondents into the treatment group (a forgiveness education class) and the control group (personal communications class). The two groups met each day for 31 sessions, totaling a total of 23 hours of

instruction. The primary emphasis of the treatment is on Enright's process model of forgiveness. The factors considered for the research were ego, forgiving, optimism, and anxiety. The findings demonstrated that the intervention class outperformed the control group greatly in terms of forgiving and hope, while exceeding it greatly in terms of anxiety and mourning. Verbal feedback from the experimental participants after the training also demonstrated the beneficial effects of forgiving on the students.

Yi (2002) used the Enright process model of forgiveness to create a forgiveness education course in a high school in Hong Kong. The study utilized an experimental and control group methodology with a combination of quantitative and qualitative methods. Students were shown to be more forgiving and to have a more optimistic outlook on both the offender and other individuals. Despite the fact that there were only minor gains in self-esteem and hope, participants also demonstrated a stronger knowledge of forgiveness. Finally, the programme received favorable reviews from the pupils. Through various class activities, they valued the chance to learn what forgiveness is and how to forgive others.

Freedman and Knupp (2003) conducted a patient education with five youths who had suffered parental families. The intervention's goal was to get the trial participants to forget about their parents' wrongdoing from their divorce. Using an untreated control group, an exploratory pretest-posttest approach was used. According to the intervention's findings, the experimental class had statistically higher optimism and less neuroticism than the control group. The forgiveness course did, in fact, boost the adolescents' sentiments of



forgiveness for their parent(s), and it had a good impact on their emotional wellbeing.

A study by Holter, Magnuson, Knutson, Enright, and Enright (2008) examined how teaching forgiveness affected children in Milwaukee's Central City who had experienced intense fury. The forgiveness education programme used in this study focused on reducing anger and its linked emotions, such as grief, in urban, poor communities. When compared to the control group, the study's findings revealed a much lower level of anger in the first- and fifth-grade experimental groups. Depression did not significantly differ across groups.

### **Forgiveness, Anger and Demographic variables**

Research on forgiveness, anger and some demographic variables (age and gender) have produced mixed or equivocal results. First, Tangney, Fee, Reinsmith, Boone, and Lee's (1999) study among 285 undergraduates demonstrated that those who have shown forgiveness for the wrongdoing done against them significantly lessen their feelings of fury, animosity, and desire for retribution. Additionally, Lee and Enright (2014) found that forgiveness intervention can help with the symptoms, both physical and mental, of fibromyalgia in women who experienced parental abuse as children and who now have the condition. The study discovered that individuals in the fibromyalgia health intervention showed larger improvements in forgiveness and total fibromyalgia health.

Hansen, Enright, Baskin, and Klatt (2009), found that after a 4-week treatment, the forgiveness group showed more progress in well-being (less anger, more positive outlook for the future) than the control group in their

research of terminally ill cancer patients. Clients who spoke forgiveness openly showed more upswing in their associated complaint, such as wrath, sorrow, optimism, and ego, according to Wade, Bailey, and Shaffer's (2005) research. Fifty-nine (59) participants from three college counselling programmes in the United States were part in the study.

Boman (2003) investigated the differences in school anger between the sexes in relation to gender. The study involved 102 high school freshmen who had just ended their first year. The results supported the idea that women are more inclined than men to behave positively when they are angry. The way that males and girls feel (affective) wrath is the same. Okuda et al. (2015) collected data from a sizable nationwide sample of the American population, which comprised more than 34,000 persons 18 years of age and older. The study discovered that anger was associated with reduced psychosocial functioning and was more prevalent in men and younger adults.

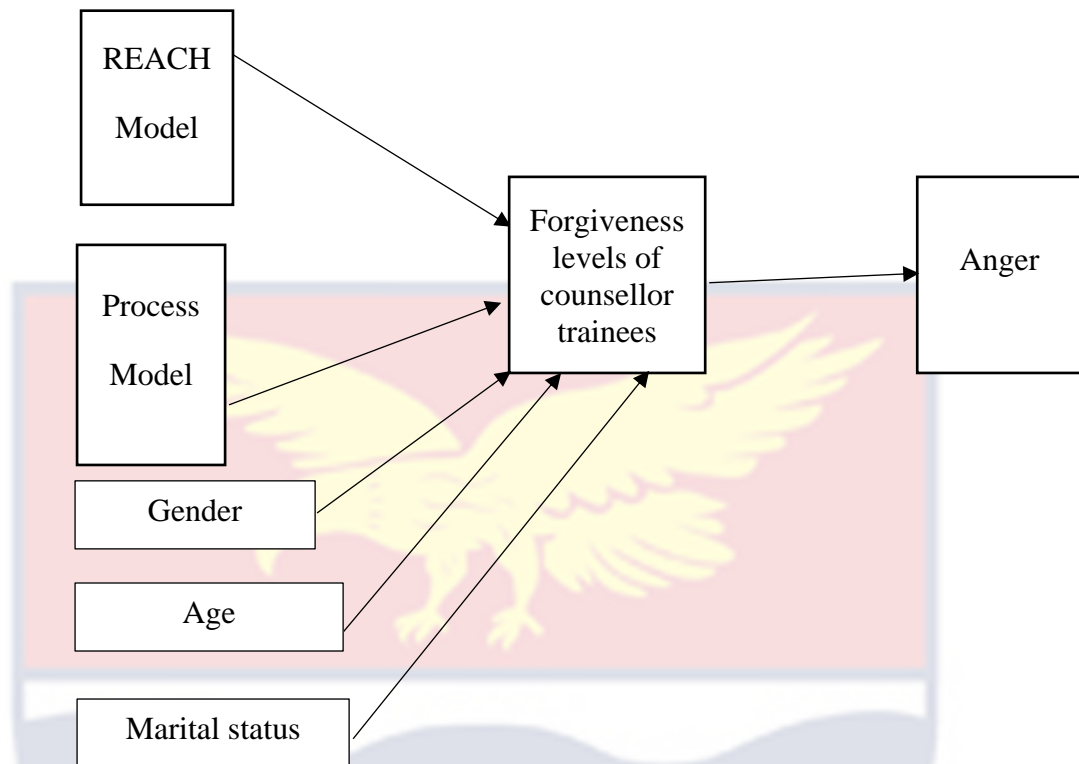
Regarding anger and age, Schieman (1999) conducted two surveys using samples from Canada and US. Both surveys showed a negative association between age and anger. The elderly had a lower level of anger compared to the younger people. Montepare and Dobish (2013) looked at people's perceptions of how emotions are felt and expressed throughout life, particularly as adults. The results showed that although older persons were thought to feel and express less intensely bad feelings, they were also thought to feel and express both positive and unpleasant low arousal emotions more frequently. Happy, highly arousing feelings were thought to be more characteristic of younger age groups than of older age groups when they were felt and expressed. Again, Kunzman and Thomas (2014) used the Day

Reconstruction Method to examine variations in aggression and melancholy among around 96 young and old people. The study found no age differences in melancholy. Additionally, Kunzman, Richer, and Schmukle (2013) investigated how the frequency of grief and wrath varied by age among different German citizens. Late teenagers were reported to exhibit the most anger.

### **Conceptual Framework**

From the review of literature, the researcher identified a pathway to increasing forgiveness and decreasing anger levels among counsellor trainees. This was achieved through the application of the two most efficacious models in forgiveness therapy namely Process Model and the REACH Model. In Ghana, according to the studies of (Barimah, 2018; Kankpog, 2019; Mensah, 2022), both the Process and the REACH models are effective in dealing with unforgiveness and other psychological variables such as anger and depression. These two models served as the independent variables while forgiveness and anger served as the dependent variables.

The conceptual premise underlying this study was that forgiveness and anger are psychological constructs that are outcomes of counsellor trainees' feelings, behaviours, and perceptions. Therefore, participants' forgiveness levels will increase by applying the Process Model and the REACH model of forgiveness in well-structured treatment procedures. This improvement in forgiveness is analyzed by the participants' improved feelings, actions, and thoughts toward their perpetrators after the experiment. Inadvertently, this could be done to reduce participant anger. The conceptual framework has been presented in Figure 1.



*Figure 1: Conceptual framework*

From the conceptual model, the study used two forgiveness interventions (Process and REACH models) on the forgiveness levels of counsellor trainees. The assumption was that the participants' forgiveness levels will be increased after the intervention sessions. According to Rye and Pargament (2002), proximal outcome measures are the measures that pertain most directly to the goals of an intervention while distal outcome measures are measures that are not specifically targeted during the intervention although there maybe improvement in them. Therefore, in the current study, forgiveness was the proximal outcome measure since it was treated directly. Again, from Figure 1, it can be noted that anger was introduced as a distal measure outcome. This implies that the study did not directly treat anger. It was however, assumed that the anger levels of the participants will be lowered when forgiveness is increased. The conceptual framework also shows the main

effects of three personal variables namely, gender, age and marital status on the dependent variables. The choice of these variables were informed by the mixed results from the forgiveness literature. This was because from the empirical review, they affected forgiveness and anger levels of individuals in some studies but did not affect forgiveness and anger in other studies.

### **Chapter Summary**

The chapter reviewed the research's concept, theoretical, and empirical literature. The history of forgiveness, conceptualization of forgiveness, misunderstandings of forgiveness, forgiveness and mental health are a few of the important ideas that were examined. The study further examined the various models of forgiveness namely Process model, REACH model and the Decision-based model. In addition, the importance of forgiveness therapy and some psychological variables that affect forgiveness were also discussed. It is evident that the two most efficacious forgiveness models for treating forgiveness are the Process and REACH models, therefore, they served as the intervention tools for this study. In addition, the literature pointed to the fact that unforgiveness has negative impact on the overall health of individuals. It is therefore, important to expose people to forgiveness therapy to enhance their forgiveness level and thereby reducing their anger.

Theoretically, the study is employed the, cognitive theory, psychological theory and the personality theory. According to the cognitivist viewpoint, forgiveness can be seen as a process of development comparable to the concepts of cognition and morality proposed by Piaget and Kohlberg. The personality approach emphasizes the core of personality and how it affects the capacity for forgiveness. Regarding the psychological theory, the ability to

forgive is dependent of the victim's empathy, rumination level and appraisal of the wrongdoing.

This chapter's final portion looked at some empirical studies on the effectiveness of forgiveness therapies with various populations. Numerous studies have examined topics including fury, forgiving others, and demographic variables like age, gender, and religion. Research on forgiveness and gender have produced contradictory results; some have shown that women are more compassionate than men, and the other way around. Research on forgiveness and marital status is very scanty and needs more research. With regard to anger and some demographic variables, it was noted from the review that regarding gender, both male and females were likely to get anger implying no gender differences. The section concluded with the conceptual framework where the two most effective models (i.e., Process model and REACH Model) were used to treat counsellor trainees with low forgiveness to affirm what the literature have documented. The anger levels of the participants were also measured since the literature revealed that forgiveness can have a positive impact on mental health.

### **CHAPTER THREE**

#### **RESEARCH METHODS**

##### **Introduction**

The research methods are explained in this chapter. They include research philosophy, research design, population, study site. The sample and sampling mechanism, data collection tools and ethical considerations were examined. Finally, the data gathering techniques, data processing and analysis were explained.

### Research Philosophy

The researcher's perspective is often influenced by the nature of research being conducted. According to Creswell and Plano-Clark (2007), every study requires a basis, and this underpinning, either explicit or implicit, is contained in the author's selected perspective or ideological orientation. The researcher employed the pragmatist paradigm, which is seen to be particularly applicable, for the purposes of this study. In its most basic form, the pragmatic paradigm suggests that the entire research strategy involves combining data gathering techniques and analysis within the research process (Creswell & Plano-Clark, 2007). Pragmatism places more emphasis on "what works" in order to address the research topic than on deciding between approaches that were previously thought to be paradigmatically conflicting. The focus of pragmatic thought is on actions rather than conceptual foundations. This pragmatic mixed approach is considered the "third paradigm" or the "third wave" in research (Ary, Jacobs, Sorensen & Razavieh, 2010).

The fact that this study used both quantitative and qualitative data collection techniques, such as questionnaires and interviews, and that it embraced the notion of multiple realities (ontology), as evidenced by the fact that it reported the varying viewpoints of the research participants, makes it consistent with the pragmatic worldview (Johnson & Onwuegbuzie, 2004). Second, knowledge is founded on participants' subjective perceptions as shown by interview results (epistemology) (Esterberg, 2002). Thirdly, the research's axiological significance is disclosed by conceding that my view is consistent with that of the respondents and that there are biases in the study (Corbetta, 2003). Fourth, the research methodology employed is distinguished

by the use of both inductive and deductive methods of data collecting and analysis, which together provide greater power than any of the two techniques alone (methodological).

Finally, the study is in line with the pragmatic worldview since it is structured around a research question and a set of hypotheses with the goal of answering them in a variety of methods that were thought acceptable and using the findings in ways that could benefit the study's intended audience (Tashakkori & Teddie 2003).

### **Research Approach**

The purpose of mixed methods research, according to Ary, Jacobs, Sorensen, and Razavieh (2010), is not to replace qualitative or quantitative approaches but rather to creatively integrate both approaches and make use of each approach's advantages in a single study. The study is strengthened by combining approaches in a way that minimizes flaws or makes sure that one approach's flaws do not considerably overlap with those of another (Ary, Jacobs, Sorensen & Razavieh, 2010). Monomethod research, multimethod research, and mixed model research are the three categories into which mixed methods can be categorized.

In a monomethod research design, one method—either qualitative or quantitative—is utilized, along with the necessary data collecting, analysis, and supporting processes, to address the research issue. Survey and archive data are two data collection techniques used in multi method research. When the research problem is probed using two distinct data collection techniques, such as focus groups and observations, or by combining two research techniques, like critical theory, grounded theory, or case studies, within the



same research tradition (qualitative or quantitative), this is referred to as multi method research (Ary, Jacobs, Sorensen & Razavieh, 2010).

Tashakkori and Teddlie discuss mixed model research in their article from 2003. This type of research combines qualitative and quantitative techniques at every stage of a study, including the formulation of the research questions, the techniques used to gather the data, the research methodology, the interpretation of the findings, and the conclusions reached (e.g., qualitative questions and quantitative data). Mixed methods research was defined by Ary, Jacobs, Sorensen, and Razavieh (2010) as the incorporation of qualitative and quantitative approaches in a single or multi phased study. Only a few examples of research stages where the process of "mixing" may take place include the approach, design logistics, methodologies selected for use, data gathering processes, and analysis. However, combining quantitative and qualitative research is just one aspect of mixed methods research. It consists of and integrates a variety of paradigms, presuppositions of philosophy, and theoretical concepts that are closely related to the objective of the research and the target audience. According to Yin (2006), the outcome is actually two independent studies if there is no intentional and logical blending of qualitative and quantitative approaches within the design.

### **Research Design**

The researcher used the sequential explanatory mixed method model which involved the use of questionnaire and interview guide to gather data for the study. The research design of the study was the quasi-experimental and an interview. The qualitative, textual data is collected and evaluated second in the sequential explanatory design after the quantitative, numeric, data, which aids

in explaining or elaborating on the quantitative conclusions gained in the first phase. This approach was chosen because additional analysis, most notably the collection of qualitative data, is necessary to further develop or interpret the broader picture of the study topic that the quantitative data and outcomes present (Creswell & Plano Clark, 2011).

The two-phase mixed method structure of the explanatory design begins with a quantitative phase and is followed by a qualitative phase. This design seeks to gather more quantitative data and support it with qualitative data in order to create reliable and valid results (Alhassan, 2007; Bernard, 2002; Creswell, 2008). The first stage of the study involved a quantitative description of the effects of the Process and REACH models on the forgiveness and anger of counsellor trainees using a quasi-experimental pre-test-post-test methodology. After the quantitative results, a qualitative study was undertaken to attempt to explicate the quantitative phase results, such as significant results, outlier results, or surprising outcomes (Creswell & Plano-Clark, 2007; Leedy & Ormrod, 2015).

Since this design was initially quantitative, the researcher placed more emphasis on the quantitative processes than the qualitative techniques. Data from the two phases were pooled for the final study, which resulted to more granular findings (Arthur, 2012; Fraenkel & Wallen, 2002; Seidu, 2006). This suggested that the qualitative strategy was employed in conjunction with the quantitative approach and that this gave precise information that served as the study's direction.

Choosing which area of the quantitative results to look into further is the difficult element of this process, according to Creswell (2012). The second

qualitative phase involves selecting the individuals to sample, and the follow-up phase, which builds on the first quantitative phase, involves selecting the questions to ask. To address this issue, samples for the qualitative investigation were chosen from those whose post-test scores showed dramatic improvement. This was based on a well-liked strategy proposed by Creswell (2012), who contends that the researcher can gather quantitative data and look for extreme situations to investigate in a qualitative phase. Again, the work of Blustein, Phillips, Jobin-Davis, Finkelberg, and Roarke (1997), which first carried out a quantitative correlational analysis of transition measures (i.e., job satisfaction and congruence), was also supportive of this choice. The authors used the results to provide an "in-depth and focused approach to analyze the corresponding qualitative narratives" (p. 373). Extreme cases of the dependent measures were sought for by the researchers, who then conducted qualitative, theme-based analysis using interviews with those individuals.

Additionally, according to Creswell, the sequential explanatory design is labor-intensive and calls for specialized knowledge and ample time to gather both quantitative and qualitative data. Figure 2 visually depicts the sequential explanatory design of this mixed methods approach from the perspective of Creswell, Plano-Clark and Garrette (2008) and Creswell (2012). It demonstrates how the quantitative method is dominant and the data collection occurs simultaneously.

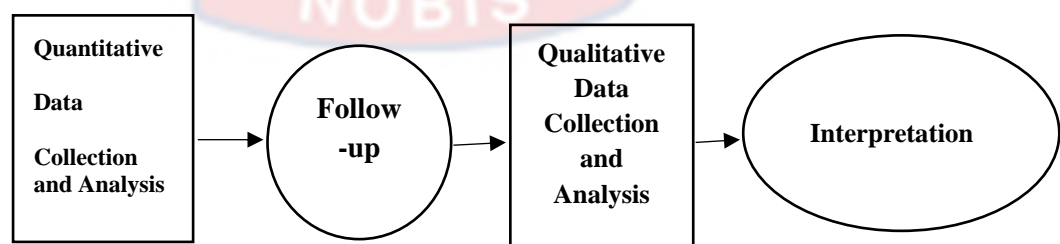


Figure 2: Visual Model of Sequential Explanatory Research Design

(Source: Creswell, Plano-Clark & Garrette, 2008; Creswell, 2012)

Figure 3 also shows diagrammatic representation of Creswell and Plano-Clark's Mixed Method Sequential Explanatory Model

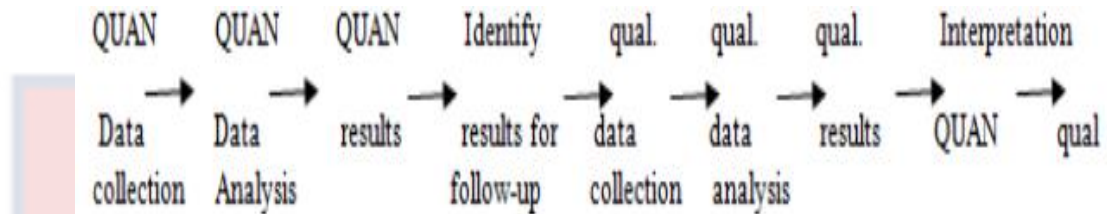


Figure 3: Mixed Method Sequential Explanatory Model

(Source: Creswell & Plano Clark, 2011)

The sequential explanatory design features two distinct interactive periods, as seen in Figure 3. The design of the study starts with the collection, analysis, and findings of quantitative data in order to address the questions and hypotheses that it poses. Qualitative data are then collected and examined after this stage. The results of the first (quantitative) phase of the study are intended to organically lead into the second (qualitative) phase. The researcher assesses the contribution of the qualitative findings to the initial interpretation of the quantitative findings (Creswell, 2003; Creswell & Plano-Clark, 2011).

### **Quasi-Experimental Design (Nonequivalent group design)**

To better understand the impact of the Process model and REACH model on the forgiveness and anger of Ghanaian counsellor students, a quasi-experiment was undertaken in this study. An experimental research design should be employed, according to Bordens and Abbott (2011), when your objective is to establish causal correlations and you have the ability to modify variables. According to Ary, Jacobs, Sorensen, and Razavieh (2010), randomized experimental designs and quasi-experimental designs are related in that they both require manipulating an independent variable, but they vary

in that individuals are not allocated to treatment groups at random. The quasi-experimental study according to Lodico, Spaulding and Voegtle (2006) comprises random assignment of whole groups to treatments. Researchers frequently give both groups a pretest to make sure the groups are comparable to one another. In essence, a pretest ascertains the initial equality of the experimental and control groups. In essence, it is a test to see if the groups already have different abilities or other characteristics. If there are preexisting variations, it would be impossible to draw the conclusion that differences at the end of the study are connected to the treatment.

Shadish, Cook and Campbell (2002) proposed that pretests serve many purposes. They contend that pretests inform us of the beginning differences between the groups being compared, alerting us to the higher likelihood that some internal validity threats rather than others may be at play. They also provide information on the size of the initial group differences on the factor, which is typically the one most strongly connected with the outcome.

For the first stage of this study, the pre-test-post-test control group quasi-experimental design was adopted. University of Education, Winneba served as the study's control group. Two experimental groups from the University of Ghana and Methodist University Ghana were chosen for the study.

Regarding the pretest screening, respondents who scored below 210 on the Enright Forgiveness Inventory (EFI) were considered to have low forgiveness and therefore, were eligible to partake in the study. In addition, participants who had scores ranging from 76-100 on the Novaco Anger

Inventory were considered as having anger problems. These participants were therefore, assigned to the three groups, namely, experimental groups and the control group. In the event where the participants who were eligible were more than the sample size needed, the study focused on the first 10 participants. Although the remaining participants were added to the treatment, the only catered for attrition.

Following a pre-test from all three groups, the treatment groups received forgiveness counseling based on the Process model and REACH model. Each group underwent a post-test at the conclusion of the trial, and the control group received no therapy. To determine the efficacy of the therapies, the post-test results on the dependent variables were compared. It should be highlighted that the control group received the therapies as well after the research.

### **Controlling extraneous variables**

Extraneous variables, often known as confounding variables, are variables that may also have an impact on the dependent variable but are not the main focus. A non-controlled extraneous variable is said to be muddled with the independent variable if it cannot be determined with certainty whether the extraneous variable or the intervention is to account for the reported result (deMarrais, 2004). In eliminating confounding variables as plausible causes for any possible impact, a researcher must minimize confounding variables in order to optimize internal validity while attempting to discover cause-and-effect connections.

One strategy for reducing confounding variables is to categorize respondents according to the amounts of the extraneous variable and treat it as

an additional independent variable. Another method is to only take into account those people who represent a single level of the unimportant variable. By including only males or only females in the sample, for instance, gender might be controlled. It could also be added as another independent variable.

The former would allow comparisons between males and females, while the latter would limit the findings' applicability to either only males or just females (deMarrais, 2004). To enable comparisons between males and females, this study used the categorisation of participants by levels of the extraneous variable.

Another confounding factor that needed to be managed was attrition. According to Pallant (2007), if the researcher is employing a sample of human participants, they should always choose more individuals than they require. This is due to the possibility of somebody becoming unreliable and failing to show up as scheduled. They might become unwell, stop attending class, or make mistakes on surveys. Therefore, Pallant advised that researchers plan accordingly. Researcher should opt for a position of pessimist rather than optimist (Pallant, 2007). Consequently, the researcher added extra subjects (two each) to the sample to cater for attrition but their scores were not included in the analysis since none of the participants dropped off.

Maturation and history as possible extraneous variables were controlled. Since maturation is a change in participants' traits or capabilities due to the passage of time, the intervention stage of this study was not unduly prolonged but based on established number of sessions used in other similar studies. This helped cater for history and maturation of participants.

Lastly, as indicated by Lodico, Spaulding, and Voegtle (2006), the statistical estimation of the extraneous variable's impact on the dependent variable is the method most frequently used by researchers nowadays to control extraneous factors in causal-comparative investigations. Correlation coefficients are used in some statistical tests, such as multiple regression, to compare the magnitude of the effects of the independent and unrelated variables on the dependent variable. After the effect of the extraneous variable has been eliminated, the mean scores of the two groups are compared using the analysis of covariance method, or ANCOVA. This test statistically adjusts the group means to account for the baseline variations between the groups and calculates the amount by which the independent variable influences the dependent variable.

The extraneous variable must, nevertheless, be measured using a valid and reliable method in order to employ these statistical controls. Measuring and controlling potential auxiliary variables takes up a significant amount of time when developing a high-quality causal-comparative study (Lodico, Spaulding & Voegtle, 2006). Consequently, the researcher used Analysis of Covariance (ANCOVA) to cater for any effect the extraneous variables might have had on the dependent variables (counsellor trainees' forgiveness and anger). Similarly, according to Pallant (2007), ANCOVA is useful when it is not possible to randomly allocate your individuals to the various groups and you must instead use existing groups (e.g. classes of students). ANCOVA can be used to try and lessen some of these discrepancies because these groups may vary on a range of various variables (not just the one you are interested in).



## Interview

A qualitative interview is used, according to deMarrais (2004), when a researcher seeks to get more precise information from participants regarding a particular phenomenon or collection of experiences. Using interview questions and follow-up queries, or probes, based on what the participant has already described, the goal is to construct the most complete picture from the subject's words and experiences. This can only be accomplished if the qualitative interview is sufficiently wide-open for the respondent to provide a depth of knowledge on the study issue. The objective is to understand that person's viewpoint on the experience or situation being investigated. According to Fincher and Petre (2004) interviews are "directed discussions, useful in revealing participants' experiences, perceptions, opinions, attitudes, intentions, and beliefs" (p. 53). Interviews, they said, provide subjects the chance to react in their own words, justify their actions in terms of their own beliefs, objectives, and expectations, and clarify any ambiguity.

Many names have been given to studies using qualitative interviews. The following terms are used to characterize interviews that fall under the general heading of qualitative interviews in the methodological literature: long interview, conversational interview, open-ended interview, in-depth interview, clinical interview, intensive interview (McCracken, as cited in deMarrais, 2004).

According to Ary, Jacobs, Sorensen, and Razavieh (2010), one of the interview's most crucial features is its adaptability. The investigator has the chance to watch the subject as well as the entire context in which the subject is answering. If the respondents do not understand a question, it can be repeated

or its interpretation clarified. When an answer does not appear full or is not totally applicable, the investigator can push for more details.

The interviewer's ability to choose the sequence in which questions are answered is another perk. In some situations, it is crucial that participants are unaware of the nature of follow-up questions since their answers could have an impact on those from earlier inquiries. Since the topic of an interview is unaware of the questions that will be asked and is unable to revise previously supplied responses, this issue is resolved. Interviews are the only available information-gathering method for people who are unable to read and comprehend a written questionnaire (Ary, Jacobs, Sorensen & Razavieh, 2010).

According to Kothari (2004), conducting interviews can be a pretty expensive method, especially when a substantial and geographically scattered sample is being used. The risk of interviewer and responder bias, as well as the difficulty in controlling and overseeing interviewers, remain. Another problem with interviews is that the interviewer's immediate presence might over-stimulate the subject, sometimes even to the point where the subject fabricates facts to make the conversation more fascinating. An effective interview requires a good connection with the respondents that would allow for open and honest answers. This is frequently a very challenging criterion (Kothari, 2004).

### **Study Areas**

The study was conducted in three counsellor training institutions in the Greater Accra Region and Central Region of Ghana, namely, University of Ghana, Legon, Methodist University Ghana, Accra and University of

Education, Winneba. The choice of these universities was informed by the fact that they were accredited by the Ghana Psychology Council run counselling and psychology-related courses. Additionally, according to Audet and D'Amboise (2001), researchers can choose a study site based on its convenience, accessibility, and closeness to their location and this also influenced the researcher's decision.

### **University of Ghana**

With the goal of encouraging and providing higher education, the University College of the Gold Coast was formed by legislation on August 11, 1948, becoming the University of Ghana, the top university in Ghana. The institution's purpose is to create an environment where University of Ghana becomes increasingly significant to regional and global development through cutting-edge research as well as first-rate teaching and learning, with a vision to become a globally recognized, research-intensive university. The four colleges and the School of Graduate Studies make up the collegial structure used to run the University of Ghana, which is overseen by a centralized authority. Legon Campus, Korle-Bu Campus, Accra City Campus, Kumasi City Campus, and Takoradi City Campus are the institution's five main campuses. There are over 61,000 students enrolled, including those in regular, sandwich, weekend, and remote learning programmes as well as those from affiliated schools.

In 1967, the Faculty of Social Studies founded the Department of Psychology. It offers services to other divisions like social work, medicine, public health, and pharmacy and has taught and is still training hundreds of young men and women at the undergraduate and graduate levels. Although it

is situated in a very relatively small facility, it is among the biggest departments in the University in regards to student enrollment, with over 3,500 students. One of the major departments in the College of Humanities in regards to student enrollment is the Department of Psychology, which is a member of the School of Social Sciences. Students receive instruction in psychology, which is focused with the scientific investigation of human behaviour, at the undergraduate (BSc) and graduate (MPhil) levels in clinical psychology, counseling psychology, developmental psychology, industrial and organizational psychology, and social psychology (University of Ghana, n.d.).

### **Methodist University Ghana**

Methodist University Ghana served as the second study location. The Wesleyan Mission Society arrived in Ghana around 1835, according to the Methodist University College Handbook (2020). Since that time, the Methodist Church has worked to provide and advance basic, senior secondary, and teacher preparation programmes of the highest caliber. Under the then-existing educational transformation agenda, the function of churches, especially the Methodist Church Ghana, in delivering elementary, secondary, and teacher education was diminished in 1961. The decision to manage the missionary institutions and training colleges was made by the government. Numerous secondary schools and training institutions were also started. Even though there are six major institutions, there has been a lot of worry raised about the institutional facilities' insufficiency to support eligible applicants who wish to take advantage of the chance for tertiary education. The Methodist Church Ghana was sure that with its distinctive proven record and competence in the delivery of basic, secondary, and teacher education, it could

help find solutions to the issues associated with providing all levels of education.

The Church agreed to start a Methodist University College at its 36th Annual Conference in Cape Coast (1997). The National Accreditation Board gave accreditation to Methodist University College Ghana (MUCG) in August 2000 following the required procedures and arrangements. In October 2002, the University of Ghana approved its request for affiliation. Academic study at MUCG began in October 2000. In 2013, it was additionally connected to the University of Cape Coast.

In November 2000, the first group of students arrived for class, and the second group did so in October 2001. Just recently, the University College finished its eleventh academic year. The organization offers graduate, undergraduate, and diploma programmes (Methodist University College Handbook, 2020).

In 2022, Methodist University Ghana (MUG) achieved full university status and is now independent. In contrast to all other private universities without a charter, the University, which was formerly known as the Methodist University College Ghana, will now grant its degrees, diplomas, and certificates directly.

#### **University of Education, Winneba**

In order to provide the University College of Education of Winneba the title of a complete university and to address related issues, the University of Education Act, Act 672 was enacted on May 14, 2004. According to PNDC Law 322, the University of Education, Winneba (UEW) was founded in September 1992 as a University College. The Advanced Teacher Training

College, the Specialist Training College (STC), and the National Academy of Music were helped to bring together by UEW under one overarching establishment. Other colleges included the School of Ghana Languages in Ajumako, the College of Special Education in Akwapim-Mampong, the Advanced Technical Training College in Kumasi, and the St. Andrews Agricultural Training College in Mampong-Ashanti.

The Vice-Chancellor office is on the Winneba campus. With nearly 61,711 students enrolled in regular, sandwich, distance learning, and evening sessions, there are now 2,467 staff members on the payroll as of 2018 (University of Education, Winneba Undergraduate Handbook, 2019). Presently, the former Kumasi and Mampong campuses have been converted to a new university called Akyem Appiah-Menka University of Skills Training and Entrepreneurial Development (AAMUSTED).

### Population

The target population of this study consisted of all first year master of philosophy counsellor trainees' in the Ghanaian universities. The target population was made up of 80 counsellor trainees in the three institutions. This figure is made up of 34 males and 46 females for the 2021/2022 academic year. The accessible population is the students who were screened to have low forgiveness and high anger levels from the three selected universities namely, University of Ghana, Methodist University Ghana and University of Education, Winneba. They were 30 counsellor trainees. The target population distribution has been presented in Table 1.

Table 1- *Distribution of the Population by Gender*

Name of Institution	Gender	Total
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	Male	Female	
University of Ghana	2	10	12
Methodist University Ghana	14	24	38
University of Education, Winneba	18	12	30
Total	34	46	80

Source: Field Survey (2021)

### Sampling Procedure

Out of the target population of 80 trainees who were screened, the sample obtained for the study was made up of 30 counsellor trainees who met the criteria of the study i.e. having low forgiveness scores and high anger scores based on their scores on the forgiveness inventory and the Novaco anger scale. The screening was done during the pretesting phase. The sample were placed in three groups. Each of the three groups had 10 trainees. The selection of the 10 trainees per group was supported by Jacobs, Masson, Harvill and Schimmel (2012) who indicated that counselling/education groups should usually have from 5 to 15 members. According to Corey (2012), groups should be both large enough to allow for enough engagement and short enough to allow for regular participation from everyone without sacrificing the notion of "group" at the same time.

Sampling techniques that were used for both the quantitative and qualitative aspects were the simple random sampling and purposive sampling techniques. The purposive sampling technique was used to select three institutions from the counsellor educator institutions as registered by Ghana Psychology Council. This was informed by reason of accreditation, proximity and convenience of the institutions. Each of the selected institutions offer counselling programme that train students to become counsellors at the

postgraduate level. Also, the simple random sampling was used to select the intact groups for the intervention and control.

With regard to the sampling of interviewees, the purposive sample technique was used to select four counsellor trainees from the experimental groups (i.e. two each from the experimental groups) who had undergone the forgiveness counselling to take part in the interview. They were selected on the basis of their scores being outliers (i.e. very high forgiveness mean score and very low anger mean score) after the intervention. They comprised 3 females and 1 male. They were all married and they fell between the ages of 30 and above. This selection principle is supported by Creswell (2012) and Blustein, Phillips, Jobin- Davis, Finkelberg and Roarke (1997). The sample distribution has been presented in Table 2.

Table 2- *Distribution of sample by Gender*

Group Type	Name of Institution	Gender		Total
		Male	Female	
Experimental Groups	University of Ghana	4	6	10
	Methodist University Ghana	3	7	10
Control Group	University of Education, Winneba	5	5	10
Total		12	18	30

Source: Field Survey, (2021)

Table 3- *Selection of Participants*

Quantitative Steps	Sampling Technique	Purpose
1.	Purposive Sampling	Used to select universities



- |    |                        |   |
|----|------------------------|---|
| 2. | Simple Random Sampling | Used to assign the intact groups to experiment and control groups |
|----|------------------------|---|

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#### Qualitative

- |    |                    |  |
|----|--------------------|--|
| 1. | Purposive Sampling | Used to select participants from the experimental groups |
|----|--------------------|--|

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Source: Field Survey, (2021)

#### Data Collection Instruments

Two questionnaires were adapted and utilized to get quantitative information, and a semi-structured interviewing process was employed to gather qualitative information.

#### Questionnaires

For the quantitative aspect, data were collected before and after the experimental sessions on the forgiveness and anger of counsellor trainees by the use of two set of questionnaires, namely, Enright Forgiveness Inventory and Novaco Anger Inventory (Short Form).

Enright Forgiveness Inventory: The ground-breaking forgiveness laboratory at the University of Wisconsin uses the Enright Forgiveness Inventory (EFI) as its primary tool for forgiveness research. The EFI is an objective indicator of how much a person can forgive someone, a group, or something else who has gravely and unjustly wronged them. It consists of 60 items assessing positive and negative affect, cognition, and behaviour and is based on a 6-point Likert-type scale with response options as 1=Strongly Disagree, 2=Moderately Disagree, 3=Slightly Disagree, 4=Slightly Agree, 5=Moderately Agree, 6=Strongly Agree. Scores range from 60 to 360, with higher scores reflecting greater forgiveness. The average score is 210. Participants who score below

210 need forgiveness counselling. This aspect of the measure is scored separately, with a score of 20 or higher indicating that the respondent is participating in behaviour other than forgiveness and should, therefore, be excluded from the study. The measure also includes a 5-item pseudo-forgiveness scale designed to evaluate the sincerity of a participant's forgiveness and to ensure that the participant is not condoning the offense. The overall measure demonstrated excellent internal consistency in the study using participants in their late adolescence and middle adulthood ( $\alpha = .98$ ; Subkoviak et al., 1995), and with older adults ( $\alpha = .97$ ; Hebl & Enright, 1993) and an excellent internal consistency for middle-age and older wives ( $\alpha = .98$ ; Decaporable-Ryan, Steffen, Marwit & Meuser, 2013).

Novaco Anger Inventory (NAI): The inventory was first published in the book *Tactics for Change* by Prof. Tony Kidman. Twenty five of the original 90 items are found in the Novaco Anger Inventory, which was developed from the lengthy form (Novaco, 1975). The NAI gauges how provoked or enangered a person would feel in particular circumstances.

Regarding the scoring of the NAI, it consists of 25 items and measured on a 5-point, Likert-type scale with response options as 0 = Very Little; 1 = Little; 2 = Moderate Amount; 3 = Much; 4 = Very Much. Scores range from 0 to 100, with scores ranging between 0-45 reflecting low amount of anger and annoyances. Scores ranging from 46-55 implies a substantially more peaceful person than the average individual. A score between 56 and 75 indicates that a person reacts to irritations in life with a normal mean of wrath. Scores between 76 and 85 indicate a person who frequently reacts angrily to life's many irritations. A person with a score between 86 and 100 is considered to be a true

anger champion. Such an individual is always experiencing intense, uncontrollable anger reactions. Even after the insults have stopped, the person could still feel bad.

According to Huss, Leak, and Davis (1993), this scale has convergent validity with the Buss-Durke Hostility Inventory of .46 and the Aggression subscale of the Personality Research Form of .41. It also has test-retest reliability that ranges from .78 to .91 (Mills, Kroner & Forth, 1998). A factor analysis was conducted on the current full data set at intake (N = 207) in order to determine the validity of the Short Form, and four components with eigenvalues above 1.00 were identified.

However, one factor had a 12.62 eigenvalue and explained more than 50% of the variance. Other than factor one, no other item had a higher factor loading. With an average loading of .71, the factor loadings for factor one ranged from .53 to .79. As a result, it is argued that this scale only consistently contains one element (anger). With an item-total correlation between .50 and .77, an average inter-item correlation of .49, and split-half reliability of .93, a Cronbach's alpha of .96 was calculated for the scale (Deville, 2002).

### **Semi-structured Interview Guide**

According to Patton (2002), the interview guide makes sure that each interviewee is subjected to the same fundamental lines of inquiry. The interviewer is free to delve deeper into a subject and ask questions that will further clarify them, and that the interviewer makes the most of the time allotted. Its use guaranteed consistency and uniformity, aided in interview structuring, and enabled the collection of valuable data from the interviewees. The study made use of the semi-structured interview guide designed by the

researcher to collect information from the four selected counsellor trainees after the entire intervention period ended. The interview guide contained one item for participants to respond to. Data were collected on the four counsellor trainees' thoughts about the efficacy of the Process and REACH models in their lives after the intervention.

### **Validation of the Instruments**

Nitko (2001) defined validity as the soundness and appropriateness of the interpretations and the use of student's assessment results. Validity is based on the amount and type of evidence which supports the interpretations the researcher wishes to make concerning data that has been collected.

Face and content validity of the Enright Forgiveness and Novaco Anger instruments were carried out by my supervisors. Determining content validity is necessary for a successful instruments validation. According to Bollen, as cited in Drost (2016), content validity is a qualitative sort of validity in which the analyst determines if the measures accurately characterize the concept's domain after defining it. The experts, therefore, ensured that the indicators tapped the meaning of construct as indicated in the instruments. Trochim (2006) claims that face validity is a relative judgment about how a construct is operationalized. If a test's material essentially seems important to the individual taking it, it has face validity. Conducting face validity was deemed appropriate since the researcher examined the measure of Ghanaian counsellor trainees' forgiveness and anger and there was the need for some experts to read through and decide whether the instruments were good measures.

The researcher made sure the interview question was in line with the research question with regard to the semi-structured interview guide. My two supervisors were given the interview guide to review professionally. It was examined to see if the statement and its formulation was clear and whether the question adequately reflected the subject of the study. The researcher used audio recorders to record the interview data to ensure the researcher got precise verbatim statements from the participants, which supported my conclusions with hard data.

### **Pre-testing of the Instruments**

Williams (2003) claims that the pre-test reveals any ambiguity in the questions as well as the range of potential answers for each one. It also guarantees the validity and dependability of the information gathered from the questionnaire. It enables the researcher to decide on timing and respondent responses to the instrument.

The questionnaires were pre-tested on 15 selected students (7 males and 8 females) in the Catholic University of Ghana. The choice of Catholic University of Ghana was deemed appropriate because the students had similar characteristics and were offering master's in counselling just like those in the institutions of the main study (i.e. University of Ghana, Methodist University Ghana and the University of Education, Winneba). Pre-testing was carried out to increase the instrument's validity and dependability. The respondents were encouraged to speak openly and vocally with me about any confusion, inconsistency, or disbelief they felt regarding any element of the surveys. After the trial testing, adjustments were made where possible. For example, some of the participants hinted that there was the need for the researcher to

provide age-range rather than allowing participants to indicate their exact age. The students also drawn the researcher's attention to the fact that there were some numbering and spacing to be examined. Lastly, some items in the questionnaires which were not fit for the Ghanaian context were reworded. The researcher, therefore, addressed all the issues raised.

Regarding the interview guide, an informal interview was conducted using three students that were selected from the Catholic University of Ghana. Their comments and suggestions were forwarded to my supervisors for their expert judgment to improve the guide.

### **Reliability of Instruments**

The pre-test results were used to evaluate the instruments reliability. Nitko (2001) defined dependability as the consistency of the evaluation's findings. According to Gliem and Gliem (2003), Cronbach's alpha is a test reliability technique that can generate a precise estimation of the reliability for a specific test after just one test administration. Cronbach's alpha is the average reliability coefficient that would be obtained for all possible item pairings if the test were divided into two half-tests. The two adapted questionnaires' reliability were evaluated using the Cronbach's coefficient alpha measure of internal consistency because the items on the questionnaires can be multiple-scored, especially on the Likert-type scale. Tables 4 presents the internal consistency of the two scales (i.e. Attitude scale and Novaco Anger Inventory) used for the study.

Table 4- *Reliability Scores for Attitude Scale and Novaco Anger Inventory*

Dimension	Number of items	Cronbach Alpha Coefficient
-----------	-----------------	----------------------------

Affect	20	.86
Behaviour	20	.92
Cognition	20	.82
Overall forgiveness	60	.92
Novaco Anger Inventory	25	.92

Source: Field Survey (2022)

Believability was used by Lincoln and Guba (1985) to more precisely define validity and dependability in qualitative research. To help others believe what is reported and concluded, they contend that the researcher must present proof of what was done throughout the study. When the material is not altered to suit the researcher's objectives, it is considered trustworthy.

Trustworthiness has been discussed in the following:

### **Credibility**

Due to the fact that a qualitative study takes place in a real-life environment, credibility, according to Merriam (2007), requires that the research findings be more realistic. This calls for the researcher to provide substantiations that are compelling. As a result, according to Lincoln and Guba (1985), qualitative research must be supported with information that relates to the conclusions. The researcher rephrased and summarized the information obtain from the responders to create credibility and make sure the facts heard were accurate. After the interview, several of the respondents were contacted to get confirmation of some of the things they had mentioned.

### **Transferability**

Transferability is the degree to which results can be applied to different contexts, populations, or locations (Lincoln & Guba, 1985). In order for generalizations to be made to identical conditions, the researcher must give the public enough relevant data, particularly regarding the context (Merriam, 2007). Regarding the topic of transferability, the researcher gave a thorough explanation of the number of institutions that were included in the study, their locations, the data collection techniques used, and the total majority of participants.

### **Dependability**

Dependability measures how likely it is that the study's results will be discovered again (Merriam, 2007). Logic, traceability, and thorough documentation should be used to present the data collecting and analysis process (Lincoln & Guba, 1985). Therefore, the researcher is required to give a thorough description and explanation of the choices, methodologies, and processes that could have influenced the study (Merriam, 2007). The research design, its execution, and the data gathering processes were all thoroughly explained in order to address reliability.

### **Confirmability**

Confirmability is the degree to which the research can be verified or supported by other sources (Lincoln & Guba, 1985). The authors added that some techniques are employed to improve confirmability, such as looking for negative cases or running a data audit to identify biasness. The researcher delegated the data analysis to my research assistants in order to assure objectivity in this study.

### **Data Collection Procedure**



The researcher obtained letter of introduction from the University of Cape Coast Institutional Review Board. The letter was sent to the appropriate department of the various universities. This enabled me to obtain the contacts and email addresses of the students after meeting with them physically and also to introduce my research assistants to them. Participants were later contacted by the research assistants via phone call to remind them about the study.

In collecting the pre-test data, copies of both of the Enright Forgiveness Inventory (EFI) and the Novaco Anger Inventory were administered at the University of Ghana, Methodist University Ghana and the University of Education, Winneba. After the eighth-week treatment, the questionnaires were administered again to the participants of the two treatment groups (University of Ghana, Methodist University Ghana) and the control group (University of Education, Winneba). This was done in order to obtain their post-test data. All the pre-test responses from the respondents were collected on the same day. To ensure that my presence as the researcher did not affect the data collected from the experimental groups. The researcher strictly adhered to the designed intervention manuals for the study. Again, my research assistance were also included in this process to allow for variations.

Concerning the qualitative data, four participants were selected after the posttest. They had outlying scores and this qualified them to take part in the interview. Two participants each selected were from the Process and REACH model groups. The interview session was recorded with an audio tape.

### **Training for Research Assistants**

The researcher organised a week long training session for three professional counsellors to serve as research assistants. They helped me administer the questionnaires and the interventions too. The selection of professional counsellors was based on the fact that they are knowledgeable in the area of the study and are also familiar with the data collection procedures. The whole training session was devoted to talking about the kind of tools being used, the goal of the study, and some ethical concerns. Again, with the use of the counselling manuals, the research assistants were taught how to provide forgiveness counseling utilizing the two models, namely the Process and REACH models. Additionally, the research assistants were trained on how to conduct interview, score the instruments, manage data, and conduct pre-and post-tests in experimental research.

### **Ethical Considerations**

The researcher obtained ethical clearance from the Institutional Review Board which enabled me collect data from the field. Ethical principles such as informed consent and confidentiality of responses regarding research were strictly adhered to. Informed consent form were given to all participants who took part in the study. This included agreeing to take part in the experiment as well as getting the interview audiotaped. If a participant felt uncomfortable or wanted to skip a question, they were free to exit the research.

The identities of the participants and the responses were kept private. Regarding the qualitative study, the participants were made aware in advance that, while quotes will be utilized in the research's final report, no personally

identifying information about them (names, locations, etc.) will be shared during the data transcription or in the report itself.

With regard to debriefing, participants were given a general idea of what the researcher was investigating and why it was necessary to involve them in the study. After the study, participants who received no treatment were told why they did not receive any intervention at the end. They were also allowed to ask questions to clear their thoughts. The control group was, however, given treatment after the study ended.

A trauma counsellor was put on a standby for the instance where a participant may break down emotionally by reason of a sparked up memory of hurt, it was to be treated as an emergency situation. It was planned that such a participant would be immediately isolated from the group and attended to by the trauma counsellor. This situation, however, did not happen at all.

### **Data Management**

Study data management, according to Whyte and Tedds (2011), is the act of managing data from the time it enters the research cycle until it is distributed and important discoveries are preserved. It allows for fresh, innovative study based on already-available data and makes an effort to guarantee that results are accurately verified. Research data management is important since data are an asset that need time and money to produce (Corti, Van den Eynden, Bishop & Woollard, 2011).

The study's generated data was manually handled by myself. Pre-test and post-test results from quantitative data were translated into soft copies and password-protected. Each participant received a code in the order of recruitment into the study for the purpose of organizing the qualitative data.

Subsequently, pseudo names were employed in place of the codes. The recordings and transcripts of the interviews were kept secret in my care, except from the participant demographic information sheets. The transcripts are being stored for some time before being discarded.

### **Intervention Procedure**

The study was carried in three phases namely, pre-counselling, counselling and post-counselling phases. Each of the phases had number of activities to be carried out.

#### **Pre-counselling Phase**

In this phase, the researcher together with my research assistants administered the Enright Forgiveness Inventory (EFI) and the Novaco Anger Inventory (NAI) to the participants in order to collect the base line data. This was done two weeks before the treatment commenced. The University of Ghana and the Methodist University Ghana were used as the experimental groups for the Process Model and the REACH Model respectively. The University of Education, Winneba served as the control group.

#### **Counselling Phase**

The experimental groups (University of Ghana and Methodist University Ghana) received the actual face-to-face intervention which is the two forgiveness models namely Process Model and the REACH Model. The control group received no treatment. The treatment groups were each taken through 8-weeks of forgiveness counselling with each session lasting for an hour per week. The researcher led all the sessions with the help of my research assistants.

### **Post-counselling Phase**

This is the last phase of the intervention procedure. The Enright Forgiveness Inventory (EFI) and the Novaco Anger Inventory (NAI) were re-administered to the participants in order to ascertain if the two models (Process Model and the REACH Model) have had any effects on the counsellor trainees.

### **Counselling Sessions Using Process Model of Forgiveness by Enright (2001)**

#### **Session 1: Relationship building, Rapport Establishment and Orientation**

##### **Objectives**

This session's objectives were to:

- i. give general orientation to participants,
- ii. get participants familiarize themselves and also to be aware about the goals for the session,
- iii. explain my role as a trainer and the subjects roles,
- iv. assist participants to come out with their expected goals,
- v. help in setting rules and regulations for the whole session and choose leaders and
- vi. training manuals to the participants.

##### **Activities**

This session was in the form of orientation where participants were given general overview to the research. Again, participants got to know each other through self-introduction and telling the group of their expectations. The responsibilities of both the trainer and the participants were made known to

all. In order to ensure sanity, rules were set to govern the entire session and participants were encouraged to elect a group leader and an assistant.

### **Session 2: Defining Forgiveness, and Misconceptions of Forgiveness**

#### Objectives

This session's objectives were to:

- i. explain definition of forgiveness as described by researchers and
- ii. identify misconceptions about forgiveness.

#### Activities

In this session, we discussed the concept (a practice) of forgiveness as a process of letting go of anger by cultivating empathy in clients. We also examined how various researchers have defined forgiveness. Participants were educated on some misconceptions they have about forgiveness. Participants were taught that they can be assertive and forgiving.

### **Session 3: Common Reaction to being hurt (Defense Mechanisms)**

#### Objectives

This session's objectives were to:

- i. help participants to identify their sources of hurt,
- ii. discuss the differences between forgiveness and reconciliation and
- iii. assist participants in indicating the reasons why they want to forgive.

#### Activities

The participants received assistance in reviewing the work from the prior week. Participants were required to write letters concerning interpersonal injuries they had suffered—letters they do not intend to deliver to the offender. Participants also talked about the distinctions between reconciling and forgiveness.

#### **Session 4: The Cost and Benefits of Committing to Forgiveness**

##### Objectives

This session's objectives were to:

- i. assist participants identify the cost of not committing to forgiveness and
- ii. help participants identify the benefits of committing to forgiveness.

##### Activities

There were memories of the earlier exercise. Participants debated the effectiveness of forgiveness and if it should be substituted for other options. Participants also talked about whether they were open to the idea of forgiving. Participants completed a homework assignment in their diaries in which they listed five justifications for and against forgiving others.

#### **Session 5: Broadening your View about the Person Who Hurt You**

##### Objectives

This session's objectives were to:

- i. assist participants describe their feelings about the offender,
- ii. help participants comprehend the circumstances of the individual who injured them, and
- iii. help participants adopt a holistic and spiritual viewpoint of the individual who injured them.

##### Activities

There was a discussion on the homework at the start of this session. The subject was introduced to the participants. The topic of how the individual who injured them lived was discussed. Participants were also given assistance in examining their views of the person who had injured them from a broad and

spiritual perspective. They were permitted to pinpoint a person's weaknesses from infancy, adolescence, or maturity as well as a means to perceive the person as salvageable in the perspective of a person's belief system, such as a home assignment.

### **Session 6: Nature of Compassion and Working towards Compassion**

#### Objectives

This session's objectives were to help participants:

- i. explain the meaning of compassion,
- ii. practice compassion,
- iii. recognize changes in their attitudes toward the offender,
- iv. and determine the type of gift(s) they would give the offender.

#### Activities

Before discussing the day's topic on the nature of compassion and how to work toward compassion, we examined the home assignment from the previous part. Exercises in guided imagery were used to accomplish this. Participants talked about how their feelings towards the individual who injured them have changed. Participants who had been hurt in a relationship talked about the presents they had given the offender (offender).

### **Session 7: Finding Meaning in Suffering**

#### Objectives

This session's objectives were to:

- i. determine what participants learned from their experiences and their injuries,
- ii. determine what new goals they might acquire,
- iii. and how they connect with others as they reflect on their suffering.



## Activities

Participants in this session were guided through the process of finding purpose in hardship. The focus of the discussion was on what they had learned from their experiences after being hurt, including whether those experiences had strengthened, sensitive, or matured them. Participants talked about their newly discovered purpose, which involved how they relate to people while thinking about their pain.

## **Session 8: General Discussions, Evaluation and Post-test**

### Objectives

This session's objectives were to:

- i. recap the earlier sessions,
- ii. clarify any issues relating to the treatment,
- iii. evaluate the training sessions and
- iv. re-administer the instruments after two weeks [Enright Forgiveness Inventory (EFI) and the Novaco Anger Inventory (NAI)].

### Activities

At this point, there was a summary of all the activities of the sessions from 1-7. Participants were encouraged to open up and discuss the entire training sessions. Participants were made to evaluate the intervention orally. The intervention session was terminated. Clients were encouraged to make conscious efforts to put into practice all that had been taught, discussed and explained in their lives. There was a follow up in the fortnight where I and my research team administered the post-test.

## **Counselling Sessions Using the REACH Model by Worthington, Jr.**

### **Session 1: Relationship building and Rapport Establishment**

## Objectives

This session's objectives were to:

- i. orient participants on how to conduct themselves,
- ii. get subjects familiarize themselves and also to be aware about the goals for the session,
- iii. explain my role as a trainer and the subjects roles,
- iv. assist participants to come out with their expected goals and
- v. help in setting rules and regulations for the whole session and choose leaders.

## Activities

This session was in the form of orientation where participants were exposed to how they were to conduct themselves during the counselling sessions. Again, participants were given the opportunity to know each other through self-introduction and telling the group of their expectations. The responsibilities of both the trainer and the participants were made known to all. In order to ensure sanity, rules were set to govern the entire session and participants were encouraged to elect a group leader and an assistant.

## Session 2: The Source and meaning of Forgiveness

This session's objectives were to:

- i. assist participants to identify the sources of hurt,
- ii. explain what forgiveness is,
- iii. examine what forgiveness is not,
- iv. differentiate between forgiveness and reconciliation,
- v. explain decisional forgiveness and
- vi. discuss emotional forgiveness.

## Activities

The section concentrated on introducing participants to the concept of forgiveness and misconception of forgiveness. We talked about a few of the participants' hurtful circumstances and sources. The distinctions between reconciliation and forgiving someone were also discussed. With the subjects, decisional and emotional forgiveness were investigated.

### **Session 3: Recalling the Hurt (in Helpful Ways)**

#### Objectives

This session's objectives were to:

- i. describe the incident in which they were harmed or offended before trying to see it from a new perspective, such as that of an impartial bystander or the offender, recall the hurt through imagination,
- ii. recall the hurt through discussing what you just imagined,
- iii. discussion of events objectively,
- iv. give the hurt away,
- v. write about a time when participants hurt someone and
- vi. examine closeness.

#### Activities

In this session, participants were exposed to decisional forgiveness. They were questioned about whether they had decided to forgive the specific offense they had chosen at the beginning, regardless of how they felt about it. Again, they were asked to comment on what the implications of making such a decision meant for their behaviour toward the offender and if they will do anything differently than they have been doing. It was hoped that people would perceive their desire to forgive in reference to this offense to be sincere.

But choosing to forgive more is very different from truly experiencing forgiveness in one's life. Unless we genuinely lived out the love of forgiveness, all we would have to do is make a New Year's resolve. Making a decision is vital, but it is not enough to bring about true change. To change, participants required the rest of the REACH forgiveness. A last notion was offered to the participants to consider throughout the following week.

#### **Session 4: Empathy for the One Who Hurt You**

##### Objectives

This session's objectives were to help participants:

- i. empathize with the person who injured them;
- ii. discover techniques to foster empathy; and
- iii. discover ways to sympathize with and feel compassion for people who have injured them even if they are unable to empathize.

##### Activities

To start off this segment, participants were given a few thought-provoking questions. They included the following: Do we truly want access to the thoughts and feelings of someone who harmed us? Should we somehow empathize with cold-blooded mass murderers, serial killers, abusers of children and family members, and betrakers of delicate trusts? What is our role in forgiving our perpetrators and feeling compassion for them? Other exercises included role playing, comprehending the reasons why the other person wounded you, expressing sympathy and compassion for the perpetrator, and writing about a moment when participants did something kind for another person. We also talked about the argument that "we are all capable of wrongdoing."

### Session 5: Giving a Gift of Forgiveness: Altruism

#### Objectives

This session's objectives were to:

- i. create a sense of gratitude for the forgiveness participants have experienced,
- ii. inspire altruism toward people who have harmed and offended you, and
- iii. encourage you to communicate any emotional forgiveness you may be feeling.

#### Activities

The session began with questions to participants on what things they are grateful for, how they can generally be grateful people, to whom they are grateful and for what. Participants were exposed to how to be altruistic. Participants were also provided assistance in remembering a period when they required forgiveness. They were advised to think about how good it felt to be forgiven, how liberated they felt when the weight of their past mistakes was removed, and how they reacted after receiving forgiveness. An exercise on the virtue of forgiveness was offered to the participants.

### Session 6: Commitment to Forgiveness

#### Objectives

This session's objectives were to:

- i. explain the importance of forgiving others,
- ii. show how to offer letters and diplomas to offenders,
- iii. and show how to wash the hands of offenders.

#### Activities

There were discussions on the previous session exercise. Participants were taken through activities that encourage them to commit to forgiveness. Participants were taught commitment to forgiveness through writing, completing a certificate of emotional forgiveness, hand washing. Barriers to complete emotional forgiveness and hypothetical letter expressing forgiveness were also discussed.

### **Session 7: Holding on to Forgiveness and Becoming a More Forgiving Person**

#### **Objectives**

This session's objectives were to:

- i. create a variety of techniques to sustain emotional peace that results from forgiveness and practice them;
- ii. expand the applications of the REACH model to other issues;
- iii. outline four (4) ingredients of holding on to forgiveness;
- iv. help participants identify and demonstrate four (4) ingredients of holding on to forgiveness; and
- v. assist participants in identifying ways to control rumination.

#### **Activities**

Participants in this session talked about how to keep their forgiveness strong whenever they unintentionally run into someone they have already forgiven. They were also instructed on how to divert their thoughts from concern and rumination if they began to dwell negatively on a past injury. Participants learned how to create their own programme to help them grow in forgiveness. Exercises on subjects including things that might make you question if you truly emotionally forgave, running into the person again,

maintaining forgiveness while going through a "reminder" event, managing rumination or worry, and summarizing forgiveness-preserving strategies were conducted. Participants received advice on how to be more forgiving as well as lessons about using a pencil and mirror exercise and the burden of low forgiveness.

### **Session 8: The Re-administration of the instruments**

Objective was to:

- a. obtain post-test data.

Activities

The two instruments namely, Enright Forgiveness Inventory (EFI) and the Novaco Anger Inventory (NAI) were re-administered to participants in order to collect post-training data after 8-weeks of intervention.

### **Data Processing and Analysis**

For the quantitative aspect of the research, both descriptive and inferential statistical tools were used in the analysis of the data. Descriptive statistics was used to summarize data from the sample using indices such as the frequencies, and percentages. In addition, inferential statistics which draw conclusions from data was also used. To test hypotheses 1 and 2, the one-way Analysis of Covariance (ANCOVA) was employed. This is due to the fact that one-way ANCOVA involves one independent continuous variable, one dependent continuous variable, and one or more continuous covariates, according to Pallant (2007). Two-way Analysis of Covariance was used to evaluate hypotheses 3, 4, 5, 6, and 7. (ANCOVA). Two independent categorical variables (with two or more levels or conditions), one continuous dependent variable, and one or more continuous covariates are all included in

a two-way ANCOVA, according to Pallant (2007). Data reduction techniques and content analysis were utilized to examine the audio recordings of the interviews for the study's qualitative component. Data reduction, according to Miles and Huberman (1994), is the method of choosing, concentrating, reducing, extracting, and altering the information that appears in written-up field notations or transcriptions. The goal of content analysis is to measure content in terms of predetermined categories in a systematic and repeatable manner, whether it be in printed or visual materials and texts (Bryman, 2012). Consequently, the data obtained from the four selected respondents for the interview were analysed using content analysis and data reduction technique. Their responses were used to answer the research question of the study.

### **Chapter Summary**

The research's methodology was covered in this chapter. It includes the research design, research paradigms, population, sample, and sampling methodologies used, research instruments, as well as the methods used for data collecting and analysis. Given that it used both quantitative and qualitative data, the study used a sequential explanatory mixed method design. Thirty respondents made up the sample, of whom 20 were from the experimental groups and 10 were from the control group. Four (4) participants were purposively selected for the qualitative study using the purposive sampling technique. Data collection instruments were questionnaires, and a semi-structured interview guide. Various ethical issues have been discussed in the study including informed consent, confidentiality and anonymity. The chapter ended with the data analysis techniques for both the quantitative and



qualitative data. The detailed analysis of the data has been provided in chapter four.

## CHAPTER FOUR

### RESULTS AND DISCUSSION

#### Introduction

Results and analysis related to the study's goals and conceptual framework are presented in this chapter. The goal of the study was to determine how the REACH model and process model affected forgiveness and anger among Ghanaian counsellor trainees. Semi-structured interviews and a quasi-experimental design were used in the study's sequential explanatory mixed method approach. In the inquiry, two experimental groups and a control group were used. The participants were picked for the groups based on their low levels of forgiveness and high levels of anger, rather than at random.

The Process model was exposed to one of the experimental groups, while the REACH model was presented to the other experimental group. The control group's participants went about their regular business without receiving any therapy. The one-way Analysis of Covariance (ANCOVA) was used to test hypotheses 1 and 2, while the two-way Analysis of Covariance (ANCOVA) was employed to test hypotheses 3, 4, 5, 6, and 7. The audio recordings of the interviews were analyzed using a data reduction technique and content analysis. This section shows the blended results of the quantitative and qualitative data. The interview was conducted with four participants, two from each of the therapeutic models (Process and REACH). The transcribed responses of interviewees were analysed manually using the theme from the

transcripts. The theme was about the effects of the two intervention models. This chapter presents the results of the study and ends with discussions on the findings in relation to the set objectives, hypotheses and research question.

### Demographic Characteristics of Participants

Gender, age, and marital status were the participants' demographic characteristics. Tables 5, 6, and 7 display the details of these data.

Table 5- *Gender Distribution of Participants*

SEX	GROUPS							
	Control		Process		REACH		Total	
	n	%	n	%	n	%	n	%
Male	5	50.0	4	40.0	3	30.0	12	40.0
Female	5	50.0	6	60.0	7	70.0	18	60.0
Total	10	100	10	100	10	100	30	100.0

Source: Field Survey (2022)

From the results in Table 5 that 12(40.0%) of the participants for the study were males whereas 18(60.0%) were females. Therefore, majority of the subjects were females. Considering the control group, there were equal number of participants (50%). In relation to the experimental group, majority of the participants who were exposed to the Process model were females 6(60%). Additionally, female participants made up the majority of the experimental group who received the REACH model (70%).

Table 6- *Age Distribution of Participants*

AGE (years)	GROUPS							
	Control		Process		REACH		Total	
	n	%	n	%	n	%	n	%
18-24 years	1	10.0	1	10.0	2	20.0	4	13.3

25-29 years	4	40.0	3	30.0	2	20.0	9	30.0
30 and above	5	50.0	6	60.0	6	60.0	17	56.7
Total	10	100	9	100	10	100	30	100

Source: Field Survey (2022)

Table 6 shows that a greater percentage of the participants (56.7%) were between the 30 and older age category. Again, 25%–29 years of age represented 30% of the participants. The remaining participants (13.3%) ranged in age from 18 to 24. There appeared to be a general trend in the age structure of the groups: 50% of control participants (University of Education, Winneba), 60% of participants in experimental group 1 (Process model, University of Ghana), and 60% of participants in experimental group 2 were aged 30 or older (i.e., REACH model, Methodist University Ghana).

Table 7- *Marital Status Distribution of Participants*

MARITAL STATUS	GROUPS							
	Control		Process		REACH		Total	
	n	%	n	%	n	%	n	%
Married	9	90.0	7	70.0	8	80.0	24	80.0
Single	1	10.0	3	30.0	2	20.0	6	20.0
Total	10	100	10	100	10	100	30	100

Source: Field Survey (2022)

Table 7's findings regarding the marital status of the participants show that 24 (80%) of them were married, while 6 (20%) were not. Additionally, it was found that married participants predominated across all three groups—90% were in the control group, 70% were exposed to the Process model, and 80% were exposed to the REACH model.

### Hypotheses Testing

The primary analyses of the study are presented in this portion of the report. In particular, the study's driving hypotheses were put to the test. Since

the study used whole groups, preliminary analyses were carried out before testing these hypotheses to look for presupposition and to see whether the groups were identical before the experiment started in terms of the variables of interest. Again, assumptions were made that were peculiar to the various forms of analysis that were employed. In general, the 95% confidence interval and .05 alpha level were used to assess the hypotheses.

### Normality Test

For each inferential analysis, a decision must be made regarding whether to use a parametric statistical tool or a non-parametric statistical tool. Considering how the variables were assessed, checking the data for normalcy can assist determine whether or not a parametric test tool should be used. It must be acknowledged that fulfilling this premise is essential to parameter estimations. To test the normalcy assumption, data are gathered on variables that will ultimately be used as a dependent variable in testing any of the hypotheses. The normalcy assumption was examined in this study utilizing data on a variety of factors. The study's guiding hypotheses were tested using these variables as the dependent variable(s). Data were evaluated for normalcy using skewness and kurtosis indices ranging from -3 to +3. (Gignac, 2019; Pituch & Stevens, 2016). The details of the results are shown in Table 8.

Table 8- *Test of Normality*

Construct	Skewness		Kurtosis	
	Statistic	Std. Error	Statistic	Std. Error
Forgiveness (Posttest)	-.709	.427	-1.495	.833
Forgiveness (Pretest)	1.212	.427	2.364	.833
Anger (Posttest)	.903	.427	1.075	.833
Anger (Pretest)	.886	.427	.195	.833

Source: Field Survey (2022)

As can be seen in Table 8, the results for forgiveness and anger fell between a range of -3 and +3, supporting the normalcy assumption for the dependent variables. Forgiveness and anger pretest data were utilized to test for group equivalence, therefore their normality was verified. In order to do this, a one-way ANOVA was performed.

### **Comparing Between Group Equivalence**

It was crucial to test for between-group equivalence in order to select the best statistical instrument to apply (Control group, Process model group and REACH model group). Since the study used intact groups, this was done to make sure that the groups were comparable before the experiment ever started. To determine whether or not the groups were equivalent on these variables, forgiveness and anger were compared between the groups. For the purpose of comparing the groups on forgiveness and being angry, one-way analysis of variance (ANOVA) was used.

As previously noted, the pretest results for forgiving and being angry were checked for normality (see Table 8). The assumption regarding the homogeneity of variance was checked before doing the actual ANOVA test. The homogeneity of variance test assumption was not violated for the data on anger  $F(2, 27)=1.606, p=.219$   $F(2, 27)=.052, p=.949$  which indicates that data on forgiving others passed the homogeneity of variance criteria. On the basis of this, a one-way ANOVA was conducted to ascertain whether forgiving others and harbouring anger are part of the same category. Tables 9 and 10 present the details of the results.

Table 9- ANOVA Test for Pretest Scores (Forgiveness &amp; Anger)

		Sum of Squares	df	Mean Square	F	Sig.
Forgiveness	Between Groups	196.867	2	98.433	1.126	.339
	Within Groups	2361.300	27	87.456		
	Total	2558.167	29			
Anger	Between Groups	119.400	2	59.700	.231	.795
	Within Groups	6983.400	27	258.644		
	Total	7102.800	29			

Source: Field Survey (2022)

Results in Table 9 showed that there was no significant difference in participants' forgiveness levels across the control, and the experimental groups  $F(2, 27)=1.126, p=.339$ .  $F(2, 27) =.231, p=.795$ . This revealed that there was once more no significant difference between the participants' levels of anger in the three groups (control, Process model, and REACH model groups). The finding suggests that the independent variable and covariate independence assumption have been satisfied (Hahs-Vaughn & Lomax, 2020; Schneider et al, 2015). The assumption that regression slopes are homogeneous was then confirmed. The outcomes of the homogeneity of slopes assumption for forgiving and being angry are displayed in Tables 10 and 11.

Table 10- *Homogeneity of Slopes Assumptions (Forgiveness)*

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.
Corrected Model	92776.460	5	18555.292	251.738	.000
Intercept	5800.085	1	5800.085	78.689	.000
Group	1533.962	2	766.981	10.406	.001
Forgiveness	149.434	1	149.434	2.027	.167
Group * Forgiveness	256.394	2	128.197	1.739	.197
Error	1769.007	24	73.709		
Total	936568.000	30			
Corrected Total	94545.467	29			

Source: Field Survey (2022) Dependent Variable: Forgiveness (posttest)

As shown in Table 10,  $F(2, 24) = 1.74$ ,  $p = .197$ , a non-significant interaction between the independent variable (three groups) and the covariate (pretest forgiveness scores) based on the dependent variable was found. This shows that the assumption of homogeneity of regression slopes for the forgiveness data was not broken. This confirmed that ANCOVA can be used for analyses on forgiveness.

Table 11- *Homogeneity of Slopes Assumptions (Anger)*

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	5192.164 <sup>a</sup>	5	1038.433	4.452	.005
Intercept	1478.953	1	1478.953	6.341	.019
Group	259.816	2	129.908	.557	.580
Anger	78.492	1	78.492	.337	.567
Group * Anger	954.373	2	477.187	2.046	.151
Error	5597.836	24	233.243		
Total	47540.000	30			
Corrected Total	10790.000	29			

Source: Field Survey (2022)

Dependent Variable: Anger (posttest)

According to Table 11,  $F(2, 24) = 2.05$ ,  $p = .151$ , there was no statistically significant interaction between the independent variable (three groups) and the covariate (pretest levels of anger based on the dependent variable). As a result, it may be concluded that the data on anger did not break the assumption of homogeneity of regression slopes. This guarantees the application of ANCOVA to analyses involving anger.

### **Hypothesis One**

H<sub>0</sub>: There is no significant effect of the Process and REACH models on forgiveness among participants of the study.

H<sub>1</sub>: There is a significant effect of the Process and REACH models on forgiveness among participants of the study.

This research hypothesis allowed the researcher to determine how the Process and REACH models affected participants' capacity for forgiveness. The goal is to compare the levels of forgiveness between the three groups (control, Process, and REACH Model) while controlling for pretest scores. The pretest forgiveness score was a covariate while the posttest forgiveness score was the dependent variable. In order to test this hypothesis, one-way ANCOVA was employed to evaluate the posttest scores of participants in the experimental categories with those in the control group while accounting for their pretest scores. Table 12 displays the outcomes of the test for the impacts.



Table 12- ANCOVA Test for Effect of Process and REACH Model on  
*Forgiveness*

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	92520.066	3	30840.022	395.892	.000	.979
Intercept	7914.299	1	7914.299	101.596	.000	.796
Forgiveness	2.799	1	2.799	.036	.851	.001
Group	85331.401	2	42665.700	547.698*	.000	.977
Error	2025.401	26	77.900			
Total	936568.00	30				
Corrected Total	94545.467	29				

Source: Field Survey (2022)

\*Significant,  $p < .05$

From Table 12, there was a significant difference between the experimental groups and the control group's posttest forgiveness scores after controlling for the pretest forgiveness scores,  $F(2, 26) = 547.698$ ,  $p < .05$ , and  $\eta_p^2 = .977$ . From the findings, the groups (Control, Process, and REACH Model) account for 97.7% of forgiveness variations.

To compare the group means, a post-hoc analysis was also performed. Pairwise comparisons are shown in Table 13.

Table 13- Sidak Adjustment for Pairwise Comparison (Forgiveness)

(I) Group	(J) Group	Mean Difference (I-J)	Std. Error	Sig.
Control	REACH	-117.135*	4.042	.000
	Process	-118.097*	4.090	.000
REACH	Control	-117.135*	4.042	.000
	Process	-.962	3.952	.993
Process	Control	118.097*	4.090	.000
	REACH	.962	3.952	.993

Source: Field Survey (2022) \*The mean difference is significant at the .05 level.

From the findings of the multiple comparisons in Table 13, participants in the control group and those in the REACH model group exhibited substantially different levels of forgiveness ( $p=.000$ ). Forgiveness levels among participants in the Process model group and the control group were noticeably different ( $p=.000$ ). However, there was no discernible difference between participants in the Process model and REACH model groups ( $p=.993$ ). The adjusted/marginal means for participants in each category are shown in Table 14.

Table 14- Estimated Marginal Means (Forgiveness)

Groups	Mean	SD
Control	89.123	2.865
REACH	235.220	2.823
Process	220.258	2.800

Source: Field Survey (2022)

The results in Table 14 demonstrate that the control group's marginal mean scores ( $M=89.123$ ,  $SD=2.865$ ) were lower compared to the REACH model group ( $M=235.220$ ,  $SD=2.823$ ) after controlling for the participants'

pretest forgiveness scores. The participants in the Process model group had marginally higher mean scores ( $M=220.258$ ,  $SD=2.800$ ) than those in the control group ( $M=89.123$ ,  $SD=2.865$ ). REACH model group participants had somewhat higher mean scores ( $M=235.220$ ,  $SD=2.823$ ) than Process model group participants ( $M=220.258$ ,  $SD=2.800$ ), but this was not statistically significant.

From the findings, both the REACH and Process models were successful in assisting counsellor trainees who had been hurt to forgive those who had wronged them. It was clear that after the intervention had been carried out, the individuals who had received the two therapies (REACH model and Process model) had significantly increased their forgiveness levels. In other words, the participants were able to forgive those who had wronged them. Both the REACH and Process models were successful in enhancing forgiveness among counsellor trainees and their levels of success were comparable. This means that both treatments had similar impact on helping students who had experienced hurt to forgive.

### **Research Question**

**What effects do the Process and REACH models have on counsellor trainees' cognition, emotion and behaviour after intervention?**

All the participants explained that the two therapeutic models have had positive impact on their lives in relation to forgiveness and anger. This implied that both the Process and the REACH models were beneficial to the participants in increasing their forgiveness levels and decreasing their anger.

A participant from the Process model group remarked:

**Emotion**

*“Honestly, after the therapy it’s like I am a whole new being. Honestly, I realized that I was no more angry again. I had nothing against him.*

**Cognition**

*This made me realize that should I even meet him in town, he’s not going to have any negative effect on me. So I would say it has been positive.*

**Behaviour**

*Now it’s all smiles, honestly, everybody who sees me sees the change, and I would say I’m a whole new being now. That is the effect of the therapy, I would say.” (PR, Participant 1)*

This is further buttressed by another interviewee from the Process group who said:

**Cognitive**

*“After the intervention, after our sessions, I realized that forgetting about it is not the same as forgiveness, and so I went back like we studied, analyzed the offender, or the party who offended me, analyze his behaviour and then I was able to realize why he did so and accept him for that.”*

**Emotion**

*“I felt sorry for him. I got to know that he was a victim of a similar incident in his childhood days.”*

**Behaviour**

*“I made a conscious decision to permanently forgive him and forget about it. I looked him in his previous apartment but I got to know that he had relocated” (PR, Participant 2)*

An interviewee from the REACH model group had this to say:

**Emotion**

*“I remember I spoke to the facilitator after the intervention, thanking him so much. I feel so much relieved and do not fear and harbour pain towards him.”*

**Behaviour**

*Although I am not living with him anymore, whenever I meet him I will talk with him”*

**Cognition**

*“I do not wish that he fails in life anymore. I have added him to my prayer point.”(RH, Participant 1)*

Another interviewee from the REACH model group said:

**Behaviour**

*“The therapy was not easy to process but I remember one technique about washing your hand really changed my mind about my offender. I let everything go and called him the next day.*

**Emotion**

*“I never knew he was ever ready to speak with me. I like the therapy and wish others will also learn about it”*

**Cognition**

*“I began to look at issues from different perspectives in life. My thoughts*

about the offender and her family has become a little positive” (RH, Participant 2)

### Hypothesis Two

H<sub>0</sub>: There is no significant difference in the anger mean scores of participants in the experimental groups and the control group.

H<sub>1</sub>: There is a significant difference in the anger mean scores of participants in the experimental groups and the control group.

This hypothesis sought to investigate how trainee counsellors' levels of anger were impacted by the Process and REACH models. The objective was to ascertain whether there were variances in the three groups' levels of anger after adjusting for pretest scores on anger (control, Process, and REACH models). The dependent variable was the posttest anger score, and the pretest anger score served as a covariate. In order to test this hypothesis, one-way ANCOVA was used to compare the posttest scores of participants in the experimental groups with those in the control group while accounting for their pretest scores. Table 15 presents the findings of the analysis.

Table 15- ANCOVA Test for Effect of Process and REACH Model on Anger

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	4237.791	3	1412.597	5.605	.004	.393
Intercept	845.212	1	845.212	3.354	.079	.114
Anger	537.991	1	537.991	2.135	.156	.076
Group	3833.299	2	1916.650	7.606*	.003	.369

Error	6552.209	26	252.008
Total	47540.000	30	
Corrected Total	10790.000	29	

Source: Field Survey (2022)

\*Significant,  $p < .05$ 

Table 15 details information regarding the effects of the Process and REACH models on anger. Once the participants' pretest anger scores were taken into account, the results revealed a significant difference between the posttest anger scores for the experimental groups and the control group,  $F(2, 26) = 7.606$ ,  $p < .05$ , and  $p_2 = .369$ . The supplementary finding shows that 36.9% of the changes in anger may be attributed to the groups (Control, Process model, and REACH model). As stated in hypothesis 1 above, the qualitative replies to the research question also lend credence to the quantitative findings. Despite the fact that anger was not directly treated as the conceptual framework suggested, the process and the REACH models helped the participants to control their anger.

Table 16- *Post-hoc Analysis of the Groups regarding Anger*

(I) Group	(J) Group	Mean Difference (I-J)	SD	Sig.
Control	REACH	24.282*	7.138	.007
	Process	23.733*	7.100	.008
REACH	Control	-24.282*	7.138	.007
	Process	-.549	7.151	1.000
Process	Control	-23.733*	7.100	.008
	REACH	.549	7.151	1.000

Source: Field Survey (2022) \*The mean difference is significant at the .05 level.

The mean ratings for anger significantly differ between people in the REACH model group and those in the control group, as seen in Table 16 ( $p = .007$ ). The mean ratings for anger among participants in the Process model group and those in the control group were noticeably different ( $p = .008$ ). The

mean scores for anger did not substantially differ between participants in the REACH model group and those in the Process model group ( $p = 1.00$ ). To help explain the results, Table 17 shows the predicted marginal mean scores for anger.

Table 17- *Estimated Marginal Mean Scores for Anger*

Groups	Mean	SD
Control	65.005	5.024
REACH	26.723	5.048
Process	27.272	5.030

Source: Field Survey (2022)

According to Table 17, the results showed that, after controlling for the participants' pretest scores on anger, the control group's estimated marginal mean scores ( $M=65.005$ ,  $SD=5.024$ ) were higher than the mean scores of the REACH model group's participants ( $M=26.723$ ,  $SD=5.048$ ). Participants in the Process model group received marginal mean scores that were lower than those in the control group ( $M=65.005$ ,  $SD=5.024$ ). Participants in the Process model group had mean scores for anger ( $M=27.272$ ,  $SD=5.030$ ) that were higher than those in the REACH model group ( $M=26.723$ ,  $SD=5.048$ ). The variation was insignificant, though.



The REACH model and Process model were often shown to have indirectly decreased the degree of anger among counsellor trainees, while not being employed directly to lessen anger but rather to increase forgiveness. The outcomes also demonstrated that in terms of lowering the anger of counsellor trainees, the REACH model and the Process model were indirectly equally successful.

### Hypothesis Three

H<sub>0</sub>: There is no significant difference in the forgiveness level of participants on the basis of gender.

H<sub>1</sub>: There is a significant difference in the forgiveness level of participants on the basis of gender.

The purpose of this hypothesis was to determine whether there were any gender-based differences in participants' levels of forgiveness. This was investigated using a two-way ANCOVA test. The groups (control, REACH, and Process models) and gender were the independent factors. The covariate employed was the forgiveness score from the pretest. The posttest forgiveness score served as the dependent variable. The findings are summarized in Table 18.

Table 18- *Two-way ANCOVA Test for Differences in the Forgiveness Level of Participants on the Basis of Gender*

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	92585.888	6	15430.981	181.117	.000	.979
Intercept	7713.777	1	7713.777	90.538	.000	.797

Forgiveness	1.355	1	1.355	.016	.901	.001
Group	84369.385	2	42184.692	495.131*	.000	.977
Gender	45.321	1	45.321	.532	.473	.023
Group *	20.603	2	10.301	.121	.887	.010
Gender						
Error	1959.578	23	85.199			
Total	936568.000	30				
Corrected	94545.467	29				
Total						

Source: Field Survey (2022)

\*Significant,  $p < .05$ 

The two-way ANCOVA results in Table 18 show that there is no significant difference in the forgiveness level of participants based on gender,  $F(1, 23) = .532, p = .473$ . As a result, the null hypothesis was upheld. In terms of improving their forgiveness, male and female participants did not respond differently to the Process model and the REACH model. This shows that the two therapies had an equivalent impact on male and female students' forgiving levels. The study also found no significant interaction effect of the Process model and the REACH model on forgiveness based on gender,  $F(2, 23) = .121, p = .887, \eta_p^2 = .010$ .

#### Hypothesis Four

H<sub>0</sub>: There is no significant difference in the anger mean scores of participants in the experimental groups and the control group on the basis of gender.

H<sub>1</sub>: There is a significant difference in the anger mean scores of participants in the experimental groups and the control group on the basis of gender.

This hypothesis sought to ascertain whether there was a significant gender difference between those exposed to the Process and REACH models of forgiveness and the control group in terms of mean scores on the anger scale. A two-way ANCOVA test was used to examine this hypothesis. Gender and the groups (control, REACH, and Process models) served as the independent factors. Pretest anger score was the covariate. The dependent

variable was the fury score following the test. The analysis' outcomes are displayed in Table 19.

Table 19- *Two-way ANCOVA Test for Differences between Process and REACH Model on Anger on the basis of Gender*

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	4653.083	6	775.514	2.906	.029	.431
Intercept	400.863	1	400.863	1.502	.233	.061
Anger	779.167	1	779.167	2.920	.101	.113
Group	4051.765	2	2025.883	7.593	.003	.398
Gender	53.842	1	53.842	.202	.657	.009
Group * Gender	376.619	2	188.310	.706	.504	.058
Error	6136.917	23	266.822			
Total	47540.000	30				
Corrected Total	10790.000	29				

Source: Field Survey (2022)

\*Significant,  $p < .05$

In the Process model and REACH model groups, counsellor trainees' levels of anger were compared by gender using a two-way ANCOVA (Table 19). Between subjects exposed to the Process and REACH models of forgiveness and the control group, there was no significant difference in the mean scores for anger on the basis of gender,  $F(1, 23) = .202, p = .657$ . The null hypothesis failed to be rejected. Both the Process model and the REACH model had an equal effect on participants' ability to control their anger. This

indicates that the Process model and the REACH approach provide equal advantages to both genders of participants. Again, the interaction effect of the therapies in reducing anger was also not significant,  $F(2, 23)=.706$ ,  $p= .504$ ,  $\eta_p^2 = .058$ .

### Hypothesis Five

H<sub>0</sub>: There is no significant difference in the forgiveness level of participants on the basis of age.

H<sub>1</sub>: There is a significant difference in the forgiveness level of participants on the basis of age.

This hypothesis aims to investigate the effect of the Process model and the REACH model on forgiveness based on age. This hypothesis was tested using a two-way ANCOVA test. The groups (control, REACH model, and Process model) and age range were the independent factors. The covariate was the pretest forgiveness score. The posttest forgiveness score was the dependent variable. The results are summarized in Table 20.

Table 20- *Two-way ANCOVA Test for Differences in the Forgiveness Level of Participants on the Basis of Age*

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	92860.598	9	10317.844	122.477	.000	.982
Intercept	6712.643	1	6712.643	79.681	.000	.799
Forgiveness	8.231	1	8.231	.098	.758	.005
Group	52943.707	2	26471.853	314.230	.000	.969
Age	43.122	2	21.561	.256	.777	.025
Group * Age	297.462	4	74.365	.883	.492	.150
Error	1684.869	20	84.243			
Total	936568.000	30				
Corrected Total	94545.467	29				

Source: Field Survey (2022)

The two-way ANCOVA result, as shown in Table 20, demonstrated that there is no significant difference in participants' forgiveness levels based on age,  $F(2, 20)=.256, p=.777$ . As a result, the null hypothesis was retained. In terms of lowering anger, the results show that participants of different ages did not respond significantly differently to the Process model and the REACH model. This shows that the two therapies were equally effective for both subjects across all age groups. Furthermore, there was no significant interaction impact between Process model and REACH model groups based on age,  $F(4, 20)=.883, p=.492, \eta_p^2=.150$ .

### Hypothesis Six

H<sub>0</sub>: There is no significant difference in the forgiveness level of participants on the basis of marital status.

H<sub>1</sub>: There is a significant difference in the forgiveness level of participants on the basis of marital status.

This hypothesis aims to investigate the effect of the Process model and the REACH model on forgiveness based on the marital status of participants.

This hypothesis was tested using a two-way ANCOVA test. The groups (control, REACH model, and Process model) and marital status were the independent factors. The covariate was the pretest forgiveness score. The posttest forgiveness score was the dependent variable. The results are summarized in Table 21.

Table 21- *Two-way ANCOVA Test for Differences in Forgiveness Level of Participants on the Basis of Marital Status*

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Corrected	92610.380	6	15435.063	183.458	.000	.980

Model						
Intercept	5482.908	1	5482.908	65.169	.000	.739
Forgiveness	.021	1	.021	.000	.988	.000
Group	58551.911	2	29275.955	347.967	.000	.968
Marital Status	71.233	2	35.616	.423	.660	.036
Group * Marital Status	15.826	1	15.826	.188	.669	.008
Error	1935.086	23	84.134			
Total	936568.000	30				
Corrected Total	94545.467	29				

Source: Field Survey (2022)

The two-way ANCOVA result, as shown in Table 21, demonstrated that there is no significant difference in participants' forgiveness levels based on marital status.,  $F(2, 23)=.423, p=.660$ . As a result, the null hypothesis was upheld. In terms of lowering anger, the results show that participants in different marital groups did not respond differently to the Process model and the REACH model. This shows that the two therapies were equally effective for both married and divorced people. Furthermore, no significant interaction effect of Process model and REACH model groups on marital status was found,  $F(1, 23)=.188, p=.669, \eta_p^2=.008$ .

### Hypothesis Seven

H<sub>0</sub>: There is no significant difference in the anger mean scores of the experimental groups and the control group on the basis of age.

H<sub>1</sub>: There is significant difference in the anger mean scores of the experimental groups and the control group on the basis of age.

This hypothesis aimed to determine whether there was a significant difference in the anger mean scores of individuals exposed to the Process and REACH forgiveness models and the control group based on age. This hypothesis was tested using a two-way ANCOVA test. The groups (control, REACH model, and Process model) and age were the independent factors.

The covariate was the pretest anger score. The posttest anger score was the dependent variable. Table 22 contains the results of the analysis.

Table 22- *Two-way ANCOVA Test for Differences between Process and REACH Model on Anger on the basis of Age*

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	5647.274	9	627.475	2.440	.046	.523
Intercept	609.160	1	609.160	2.369	.139	.106
Anger	549.524	1	549.524	2.137	.159	.097
Group	2261.482	2	1130.741	4.397	.026	.305
Age	749.122	2	374.561	1.457	.257	.127
Group * Age	659.618	4	164.905	.641	.639	.114
Error	5142.726	20	257.136			
Total	47540.000	30				
Corrected Total	10790.000	29				

Source: Field Survey (2022)

Based on age, the Process model and REACH model groups of counsellor trainees were compared for their levels of anger using a two-way ANCOVA (Table 22). The anger mean scores of those exposed to the Process and REACH models of forgiveness and the control group do not significantly differ based on age,  $F(2, 20)=1.457, p=.257$ . The null hypothesis was therefore maintained. This result shows that participants of different ages did not react

to the Process model and REACH model in terms of reducing anger in different ways. This indicates that both participants across all age groups found the Process and REACH models to be equally effective. Additionally, no significant interaction effect of the therapies in reducing anger was found,  $F(4, 20) = .641, p = .639, \eta_p^2 = .114$ .

### **Discussion of Findings**

This section covers the study's findings in respect to the research question and hypotheses. It focused on how the two models, Process and REACH, affected counsellor trainees' forgiveness and anger levels. This was accomplished by combining the participants' quantitative and qualitative responses. The section also describes concerns and gaps observed in the quantitative study through participant explanations, clarifications, and elaborations.

#### **Effect of the Process and REACH models on forgiveness among participants**

Pertaining to hypothesis one and the inquiry about how the Process and REACH models affected forgiveness between several counsellor apprentices, the study discovered that both the REACH model and the Process model showed a significant increase in the degree of forgiveness following the application of the treatment.

This implies that individuals in the experimental groups were significantly more forgiving than individuals in the control group. This study supports the findings of several other studies. In Ghana, for example, Kankpog (2019) and Mensah (2022) discovered that the REACH model and Process models were successful in lowering the hurts of college students. Participants



in Goldman and Wade's (2012) study reported higher reductions in desires for vengeance in both treatment conditions than those on the waitlist. Their research also found that all subjects reported a significant decrease in ruminating about the offense. Coyle and Enright (1997) found that individuals in the treatment group demonstrated a much higher level of forgiveness and a significantly lower level of fear, wrath, and sadness when compared to the control group. Following therapy, control patients displayed comparable substantial outcomes. According to research by Park, Enright, Essex, Zahn-Waxler, and Klatt (2013), those who got forgiveness treatment experienced statistically significant drops in hostility, aggressiveness, anger, and delinquency at posttest and follow-up evaluations. Both the posttest and follow-up revealed significant improvements in empathy, as well as higher posttest scores.

The qualitative reactions of participants after being introduced to the Process and REACH models demonstrated the efficacy of the two therapies. The therapy had a positive impact on all of the participants' lives in their three domains i.e. cognition, behaviour and emotions. Two participants stated that they had become totally new creatures with no anger in them, while another stated that she had to let go of grief after thoroughly evaluating the behaviour of the attacker.

The viewpoints of the respondents are supported by Browne's (2009) qualitative study from 2009 on the experiences of persons who have used forgiveness as a therapeutic technique. The results show that forgiveness is a difficult, complicated, and non-linear process. Although each participant's experience was unique, they were all in some way motivated to find freedom

from the tension the transgression had caused by letting go of low forgiveness. Participants shared positive energy as they made their way through a treacherous path to forgiveness. Further research revealed that participants struggled with issues like resentment, anxiety, and, in certain instances, adverse health effects as they drifted toward forgiveness at their own speed.

The participants employed for the study may have been really hurt and sought a strategy to deal with their low level of forgiveness, which is one explanation for the current findings. Interventions like the Process and REACH models of forgiveness were therefore, seen as being particularly appropriate for them especially regarding the emotion, cognition and behaviour. Additionally, the Process and REACH models have a strong track record of success in altering people's attitudes, behaviours, and cognitive processes. As a result, even though some participants said the process was difficult, it is probable that the sessions' content was able to alter their attitudes, behaviours, and cognitive processes, making them more willing to let go of grudges. This is reflected in their own statements from the qualitative data.

For instance, from the cognitive dimension, participants showed positive change in their thoughts processes as they indicated that they had refined thoughts about their offenders. All the negative thoughts they had due to the nature of offense and even wished evil for their offenders had changed after the intervention. Regarding participants affect, they developed favourable emotions towards their offenders after the intervention. The feelings of anger, sadness, fear and shame had all disappeared paving way for inner peace and joy in the life of the offenders. As a result of the positive changes in the

cognitions and affect of the participants, there was an overall improvement in their behaviours too. This was very observable by their immediate family and friends who started passing comments such as them being warm and accepting recently. Participants also stated that they were now able to exhibit good behaviour towards their offenders without any malice or strive. Additionally, it is probable that the beneficial outcomes were due to the professional counsellors' effective facilitation during the sessions. Since forgiveness is in the psychology literature, facilitators had no trouble understanding it during training sessions.

### **Effect of Process and REACH Models on Anger among Counsellor**

#### **Trainees**

Regarding hypothesis two, which desired to ascertain the impact of the Process and REACH models on anger in counsellor students, it was discovered that there was a significant difference between the posttest anger scores for the experimental groups and the control group after adjusting for the subjects' pretest anger scores. This suggested that the two models may have indirectly contributed to the participants in the experimental groups' decreased levels of anger. To put it another way, after their forgiveness level rose, individuals in the experimental groups showed noticeably lower levels of anger than those in the control group. A number of investigations back up the current conclusions. They consist of Kankpog's (2019) research, which discovered that the REACH model and Process model were successful in lowering the amount of anger among college students who had been injured.

Mensah (2022) also stated that the REACH model and Process model encouraged forgiveness, which aimed to lower college students' levels of depressive symptoms. Also, Tangney, Fee, Reinsmith, Boone, and Lee (1999) discovered that people who expressed forgiveness for wrongs committed against them significantly reduced their negative emotions, such as anger, violence, and retaliation. In addition, participants in the fibromyalgia health intervention demonstrated greater improvements in forgiveness and overall fibromyalgia wellbeing from the pre-test to the post-test in addition to in forgiveness and state indignation from the pre-test to the follow-up test, according to research by Lee and Enright (2014). Also, Hansen, Enright, Baskin, and Klatt (as cited in Enright, 2009) found that following a 4-week treatment, the forgiving group demonstrated higher progress in mental wellbeing than the control group (less wrath, more optimism and hope toward the future).

The latest outcome is further supported by Wade, Bailey, and Shaffer's (2005) study, which discovered that patients who discussed reconciliation openly saw greater overall improvements in their presenting complaint, despair, optimism, and self-worth. Several research investigations, though, disagree with the current finding. Studies by Rye and Pargamant (2002) and Nation, Weithein, and Worthington (2017) found no discernible effects of the treatment on indicators of optimism, depressive symptoms, religious health, stress, and wrath. This suggests that other mental health factors, such as anger, may not necessarily improve when forgiveness increases. The results are similarly at odds with those of (Kirmani, 2015; Spratto, 2011), who found no connection between crime, subjective well-being, forgiveness, or gratitude.

Although anger was not directly treated in this study, the participants who have been exposed to the two therapies had their anger levels reduced. This was expected as participants are mental health counsellors who know much about mental health hence the knowledge they had on forgiveness can influence their psychological well-being. Again, the content of the therapeutic sessions for the two models exposed participants to topics such as empathy, compassion, benefits of forgiveness and altruism. It is, therefore, possible that the participants' having understood these concepts applied it to their lives especially on matters that affect their psychological well-being such as anger.

#### **Effect of the Process and REACH Models on Forgiveness on the Basis of Gender of Participants**

Regarding third hypothesis, which looked at how the process and REACH models influenced participants depending on their gender, it was shown that neither model had a significant impact on forgiveness based on gender. The results showed that participants' responses to the Process model and the REACH model in terms of improving their forgiveness were the same for both male and female participants. The results of this study are consistent with those of numerous other research that found no gender differences at all (Berry, Worthington, Jr., Parrot, O'Connor, & Wade, 2001; Girard & Mullet 1997; Kankpog, 2019; Maltby, Macaskill & Gillett, 2007; Mensah, (2022); Subkoviak et al. 1995; Toussaint & Webb 2005; Worthington, Sandage & Berry, 2000). In terms of forgiving, Lerner (2006) found no discernible differences between males and females.

Other studies' findings revealed a mixed bag of results. According to a meta-analytic assessment by Miller, Worthington, and McDaniel (2008), women are often more forgiving than men. The study also found that when retribution was used to operationalize unforgiveness, men were less forgiving than women. Once more, Lana Jurcec, Mijiocevic, and Zagreb (2010) found that men were more motivated to exact retribution than women, suggesting that women are more forgiving than men.

A possible reason for this finding could be related to the kind of participants used in this studies. These are people who are into mental health hence irrespective of their gender, they understand that they need to be more forgiving for the sake of their mental health and profession as counsellors to be.

#### **Gender Effect on Participants Anger Levels when exposed to the Process and REACH models**

There was no significant difference in the angry mean score between participants exposed to the Process and REACH models and the control group based on gender, contrary to Hypothesis 4 which tried to determine if there was. This indicates that the process and REACH models had the same effect on both the male and female participants in the current study in terms of lowering their levels of anger. This result is consistent with earlier research by Kankpog (2019), who found that both the Process model and the REACH model were equally successful for participants of both sexes. The results of this particular study, however, stand in stark contrast to those of many others. For instance, Boman's 2003 investigation of the disparities between boys' and girls' levels of school anger found no evidence to support the notion that girls

are more likely than boys to vent their anger in a constructive way. In a subsequent study, Okuda et al. (2015) discovered that anger was associated with poorer psychosocial functioning and was more prevalent in men and younger adults. The new results contradict the gender disparities among participants revealed in Burt's (2014) study. However, as demonstrated by earlier studies, women had less anger management and more anger expression than men.

One would have thought that since men are perceived to be more aggressive than women, their anger levels should also differ from that of women but the current finding does not support this. This implies that the two models were efficacious in reducing anger which was not directly treated.

#### **Effect of Process and REACH Models on Forgiveness on the Basis of Age**

It was discovered that there was no significant effect for hypothesis five, which aimed to determine whether there were significant differences in the participants' forgiveness levels based on their ages. This suggests that the Process and REACH models of forgiveness were not significantly different in how the different age groups reacted. Their capacity for forgiveness did not change as they were older, middle-aged, or younger. This conclusion conflicts with those of several investigations.

Ghaemmagbami, Allemand, and Martin (2011) showed that younger adults were more inclined to seek payback than middle-aged and older adults in their study on forgiveness among younger, middle-aged, and older people. It was further demonstrated that forgiveness was a subject that was more

frequently discussed among middle-aged people. Steiner, Allemand, and McCullough (2011) found that older people were typically more forgiving than younger adults in their investigation of age differences in forgiveness and the impacts of transgression frequency and severity.

Furthermore, older and middle-aged people were shown to be more open to forgiving others than younger individuals, according to Toussaint, Williams, Musick, and Everson (2001). It can be explained that participants in this study were all postgraduate students hence had some level of maturity. It is therefore, possible that they had developed appropriate techniques in dealing with their frustrations in more matured ways compared to adolescents. The Process and REACH models were properly assimilated by these counsellor trainees irrespective of their ages.

### **Effect of Process and REACH Models on Forgiveness on the Basis of Marital Status**

According to hypothesis number six, which looked at whether there were any notable differences in participants' forgiveness levels based on their marital status, the study found no differences in how single and married participants reacted to the two treatment modalities. This means that each of the marital categories was equally impacted by the Process and REACH Models. This is in line with prior research by Mullet et al. (1998), who discovered that a person's civil status—whether they are unmarried, married, or divorced—does not significantly affect their capacity to forgive.

### **Influence of Age on Participants Anger Levels when Exposed to the Process and REACH Models**



Considering the seventh hypothesis, which examined whether there was a significant difference in the mean scores for anger between the participants exposed to the Process and REACH models of forgiveness and the control group based on their ages, it was found that this did not significantly affect the participants' levels of anger. Regarding anger management, the Process and REACH models had similar responses from the different age groups. This finding corroborates the earlier finding on how the different age brackets did not influence participants' forgiveness levels. This implies that the two variables (i.e., forgiveness and anger) in this study were not influenced by participants' age range when exposed to the two therapies. This result supports the findings of Kankpog (2019) and Mensah (2022) who discovered that individuals who fell into various age groups did not react to the Process model and REACH model in terms of decreasing anger in a unique manner. On the other hand, this discovery runs counter to a variety of others.

Among contrast, anger was less regular and less severe in older adults compared to younger adults, according to Kunzman and Thomas' (2014) research. Additionally, Kunzman, Richer, and Schmukle (2013) looked into how often people of different ages experience grief and anger in Germany. Late teenagers were reported to exhibit the most anger. They found that the frequency of anger rose from late adolescence through young adulthood in their research (cross sectional and longitudinal). Anger is an emotion that is experienced by every human being. This current finding adds to the fact that irrespective of one's age anger can prevail but an intervention that make use of the Process and REACH models can reduce it without being concerned about the age of the people involved.

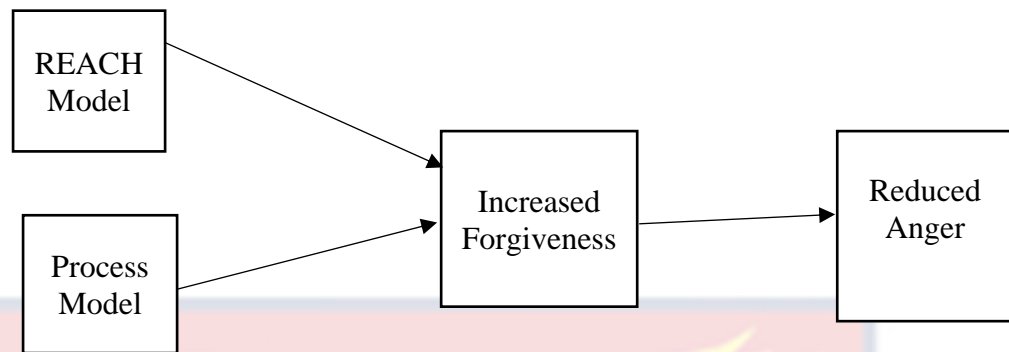


Figure 4: The observed conceptual framework of the study

Source: Author's construct

Figure 4 is an illustration of the adjusted conceptual framework of the study after administering the intervention. The two therapies namely REACH and Process models were efficacious in increasing forgiveness levels among participants in the experimental group. It can also be seen from Figure 4 that anger which is a distal measure reduced just as their forgiveness increased. Thus, forgiveness and anger are negatively correlated. However, it was noted that the three demographic variables (gender, age and marital status) did not influence forgiveness significantly. Similarly, gender and age did not also influence the anger levels of participants.

### Chapter Summary

How the data were analyzed and processed during the investigation has been covered in this chapter. With regard to the numerical side, the study analyzed and displayed the information using tables and both descriptive and inferential statistics. The qualitative information was evaluated using content analysis and data reduction. The study's detailed findings were also given. Additionally, the results have been connected to results from other research that were mentioned in the literature review. According to the study, the Process and REACH models significantly increased participant forgiveness

and decreased participant anger levels. However, when counsellor trainees were exposed to the Process and REACH models, gender, age, and marital status did not significantly affect forgiveness and anger.



## CHAPTER FIVE

### SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

#### Introduction

The study's overview, findings, and suggestions are presented in this chapter. The summary includes the study's goals, main points, and details about the methodology. There are also ideas for additional research.

#### Summary of the Study

This study looked at how forgiveness and anger were affected by the Process and REACH models among Ghanaian counsellor trainees. The following were the precise research goals:

First, to evaluate how the Process and REACH models affected participants in the study's forgiveness. Second, compare the variances in the anger mean scores between the control group and participants exposed to the

Process and REACH models of forgiveness. Thirdly, to ascertain whether individuals' levels of forgiveness differ based on their gender. To once more investigate the gender differences in the mean scores for anger between participants exposed to the Process and REACH models of forgiveness and the control group. Furthermore, to differences that exist in the forgiveness level of participants on the basis of age. In addition, another objective was to investigate the differences that exist in the forgiveness level of participants on the basis of marital status. A further goal was to look into how participants subjected to the Process and REACH conceptions of forgiveness differed from the control group in terms of their mean scores for anger according to their ages. The study also looked at the trainee counsellors' responses to the intervention from a qualitative standpoint and the impact of the forgiveness therapy.

Utilising a quasi-experimental design and an interview guide, the study used a sequential explanatory mixed method approach. Two experimental groups and one control group were each included in the investigation. Low scores on the anger and forgiving scales were used to select participants. Sampling techniques that were used for both the quantitative and qualitative aspects were the simple random sampling and purposive sampling. The study made use of 30 participants. Two instruments were used in the collection of the quantitative data. They were the Attitude Scale developed by Enright (2001) and the Novaco Anger Inventory developed by Novaco (1975). The qualitative information was gathered using a semi-structured interviewing template. Analysis of Covariance (ANCOVA) was employed to test the hypotheses.

## Major Findings

1. The null hypothesis, according to which process and REACH models have no significant impact on forgiveness among counsellor trainees, was disproved. The Process and REACH models significantly influenced participants' willingness to forgive their perpetrators. Once more, when compared to the control group, participants' forgiveness levels were improved by the Process and REACH models.
2. The null hypothesis which states that there is no significant difference in the anger mean scores of participants exposed to Process and REACH models of forgiveness and the control group was rejected. Participants showed a significant reduction in their levels of anger. The two therapeutic interventions were effective in reducing the anger levels of participants although their anger was not directly treated.
3. The null hypothesis that there is no significant difference in the forgiveness level of participants on the basis of gender failed to be rejected. This implies that gender did not have any significant influence on forgiveness when counsellor trainees were exposed to the Process and REACH models. Stated differently, male and female trainees did not respond significantly different to the two therapies.
4. The null hypothesis that there is no significant difference in the anger mean scores of participants exposed to the Process and REACH models of forgiveness and the control group on the basis of gender failed to be rejected. This implies that gender did not have a significant influence on anger when counsellor trainees were exposed to the Process and REACH models. In other words, male and female

participants did not respond significantly different to the two therapies with regard to anger reduction.

5. The null hypothesis that there is no significant difference in the forgiveness level of participants on the basis of age failed to be rejected. Stated differently, young adults (18-24), middle adults (25-29) and old adults (30 and above) did not respond differently when exposed to Process and REACH models of forgiveness.
6. The null hypothesis that there is no significant difference between participants' forgiveness levels based on marital status was not rejected. As a result, respondents who were married and single did not react to the two therapies differently. Therefore, the individuals' forgiveness levels were not substantially influenced by marital status.
7. The null hypothesis that the age of participants subjected to the Process and REACH models of forgiveness and the control group did not significantly affect their mean scores for anger was not rejected. Therefore, when subjected to the Process and REACH models of forgiveness, young, middle-aged, and old adults did not react in a different way.
8. The research question on the effects of the forgiveness therapies on counsellor trainees' after the intervention was favourably responded to. Thus, participants responded that the Process and REACH models were efficacious in dealing with low forgiveness thereby reducing their anger levels. This was a confirmation to what the quantitative data revealed.

## Conclusions

The study's findings led to the following conclusions:

The Process and REACH models of forgiveness have been revealed as alternative treatment approaches to anger management by this study. This would benefit counsellors, clinical psychologists and other mental health practitioners in their quest to assist clients who want to reduce their anger levels. From the empirical studies reviewed, the Process and REACH models have shown to be efficacious in dealing with psychological issues. The study further found that the demographic variables (age, marital status and gender), did not have any significant influence on forgiveness and anger levels of clients when the Process and REACH models were used as intervention tools. This finding was supported by the responses of participants who took part in the interview after the intervention. These findings have a lot of empirical support from existing research works conducted all over the world. Therefore, the current findings generally confirms what is already existing in forgiveness literature.

Finally, it is clear that the Process and REACH models have demonstrated success in terms of cultural sensitivity. This is due to the fact that the two models have been successfully applied in Ghana to facilitate forgiveness counseling, and they have even been shown to indirectly lower levels of anger. The models can, therefore, be applied in different cultures and settings over the world.

### **Counselling Implications**

1. The Process and REACH models are effective in bringing high forgiveness among people therefore, counsellors can draw on it. From this study, it can be noted that participants' cognitions, emotions and

general behaviour were positively impacted. Counsellors can utilize these models to change the three domains of clients' life.

2. Counsellors can make use of these two forgiveness models as additional options in managing anger of clients. Cognitive behavioural therapy has been the traditional counselling for dealing with anger however, this study has shown that counsellors can additionally employ the two models to help their clients in dealing with anger too.
3. The Process and REACH models are effective in improving forgiveness levels of clients irrespective of their gender, marital status and age, therefore, counsellors in employing the two models of forgiveness should not let these personal variables influence them.
4. The Process and REACH models are effective in reducing anger levels of clients irrespective of their gender and age, therefore, counsellors may not focus too much attention to these variables when assisting people with anger.

### **Recommendations**

The following recommendations were made.

1. The Process and REACH models should be utilised by school counsellors, private counselling agencies, rehabilitation centres and psychologists to improve forgiveness levels and reduce anger among clients.
2. The Process and REACH models should be utilised by school counsellors, clinical psychologists, counselling agencies and rehabilitation centres to reduce anger among clients.



3. Practitioners should use the two models to assist both males and females who have low forgiveness.
4. Practitioners should use the two models to assist both males and females who have high level of anger.
5. Practitioners should use the two models to assist young and matured clients who have low forgiveness level.
6. Practitioners should use the two models to assist singles and married couples who have low forgiveness level.
7. Practitioners should use the two models to assist young and matured clients who have high anger level.
8. Curriculum developers of the various universities should incorporate the teaching of some forgiveness models when developing psychology-related courses.
9. Counsellors, clinical psychologists, psychiatric doctors and nurses should endeavor to engage in continuous professional development that seeks to train people in the use of the Process and REACH models to enable them obtain knowledge and skills on their application.

#### **Suggestions for Further Research**

1. Further research may replicate this study among prison inmates as samples since they are known to have a lot anger and forgiveness issues.
2. Since various forgiving models have received less attention, future study may examine their impact on people's psychological wellbeing.
3. Since these psychological variables could not be included in the latest research, additional research can evaluate how forgiveness affects

other different aspects such strain, sadness, anxiety, solitude, guilt, and self-respect.

4. The influence of personal variables such as religiosity, attitudes towards revenge, ethnicity on forgiveness can be explored since the current study did not cover these variables.



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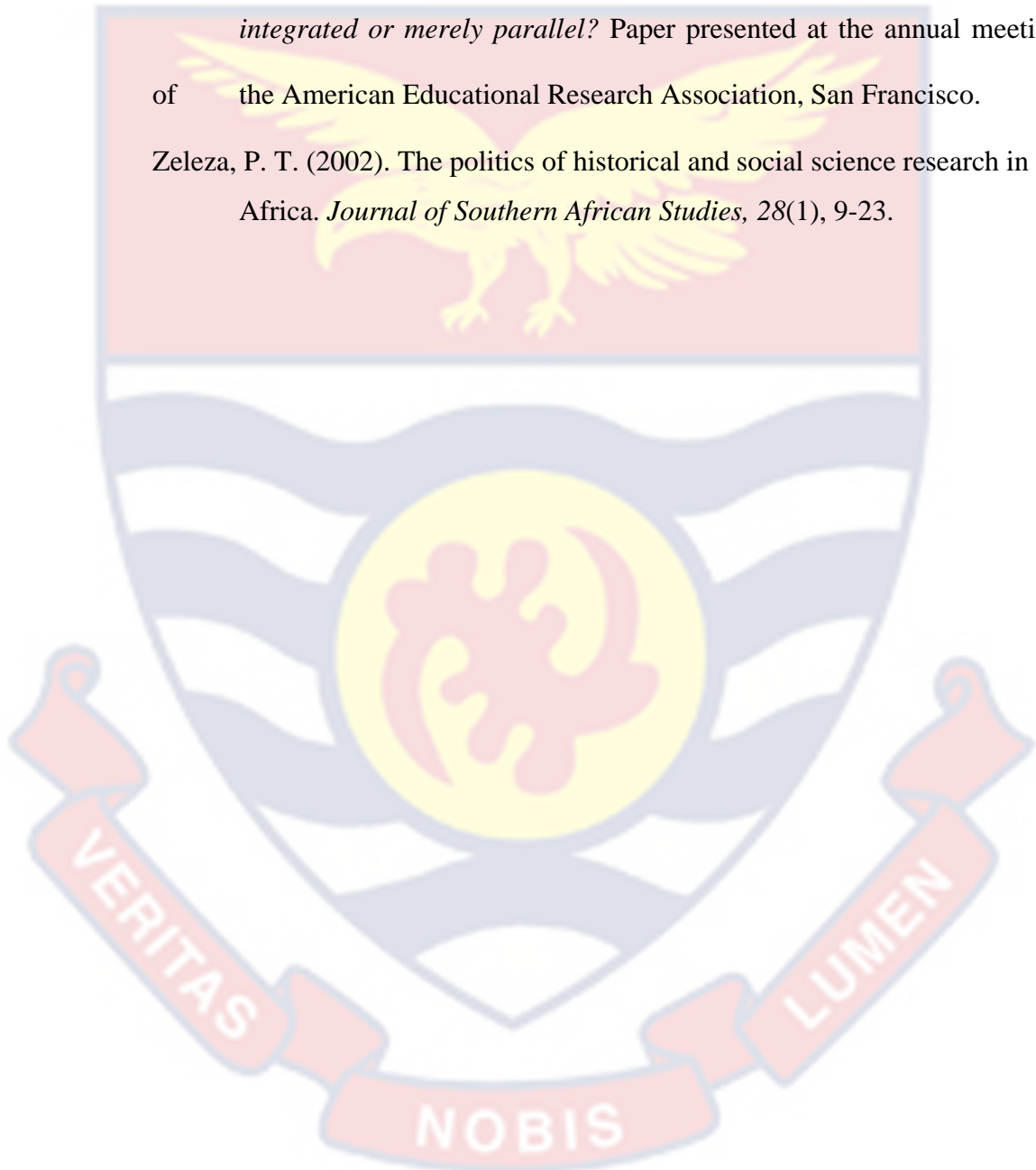
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APPENDICES

**APPENDIX - A****QUESTIONNAIRE FOR COUNSELLOR TRAINEES****UNIVERSITY OF CAPE COAST****DEPARTMENT OF GUIDANCE AND COUNSELLING****ATTITUDE SCALE**

Dear Respondent,

This instrument is intended to elicit information from counsellor trainees on their forgiveness level. Hopefully, this will lead to enhancing and sharing best practices and making the rendering of counselling services more beneficial to clients. Individual responses to this survey will be treated as confidential and only general trends will be shared with the public.

Whether it be in our families, our friendships, our schools, or other settings, sometimes individuals injure us unfairly. Please recall a recent instance in which someone injured you severely and unjustly. Think about the details of that interaction for a short while. Try to visualize the individual and imagine going through what occurred.

**SECTION A: BACKGROUND INFORMATION**

Please read each item carefully and indicate your response by ticking (✓) or providing the required information in the appropriate column.

1. Age: 18-24 [ ]                      25-29 [ ]                      30 and above [ ]
2. Gender: Male [ ]      Female [ ]
3. Marital status: Single [ ]      Married [ ]      Divorced [ ]

**SECTION B**

Now, please answer a series of questions about your current attitude towards this person. We do not want your rating of past attitudes, but your ratings of attitudes right now. All responses are confidential so please answer honestly.

S/N	Statements	STD	MD	SLD	SA	MA	STA
1.	I feel warm towards him or her	1	2	3	4	5	6
2.	I feel negative towards him or her	1	2	3	4	5	6
3.	I feel kindness towards him or her.	1	2	3	4	5	6
4.	I feel happy towards him or her.	1	2	3	4	5	6
5.	I feel hostile towards him or her.	1	2	3	4	5	6
6.	I feel positive toward him or her.	1	2	3	4	5	6
7.	I feel tender towards him or her.	1	2	3	4	5	6
8.	I feel unloving towards him or her.	1	2	3	4	5	6
9.	I feel repulsed towards him or her.	1	2	3	4	5	6
10.	I feel resentment towards him or her.	1	2	3	4	5	6



11.	I feel goodwill towards him or her.	1	2	3	4	5	6
12.	I feel angry towards him or her	1	2	3	4	5	6
13.	I feel cold towards him or her.	1	2	3	4	5	6
14.	I feel dislike towards him or her.	1	2	3	4	5	6
15.	I feel caring towards him or her	1	2	3	4	5	6
16.	I feel bitter towards him or her.	1	2	3	4	5	6
17.	I feel good towards him or her.	1	2	3	4	5	6
18.	I feel affection towards him or her.	1	2	3	4	5	6
19.	I feel friendly towards him or her	1	2	3	4	5	6
20.	I feel disgust towards him or her.	1	2	3	4	5	6

**SECTION C**

This set of items deals 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 circle the option matching your level of agreement that best describes your current behaviour or probable behaviour.

Please do not skip any items.

S/N	Statement	STD	MD	SLD	SA	MA	STA
21.	Regarding this person, I do or would show friendship.	1	2	3	4	5	6
22.	Regarding this person, I do or would avoid.	1	2	3	4	5	6
23.	Regarding this person, I do or would ignore.	1	2	3	4	5	6
24.	Regarding this person, I do or would neglect.	1	2	3	4	5	6
25.	Regarding this person, I do or would help.	1	2	3	4	5	6
26.	Regarding this person, I do or would put him or her down.	1	2	3	4	5	6
27.	Regarding this person, I do or would treat gently.	1	2	3	4	5	6
28.	Regarding this person, I do or would be considerate.	1	2	3	4	5	6
29.	Regarding this person, I do or would speak ill of him or her.	1	2	3	4	5	6
30.	Regarding this person, I do or would reach out to him or her.	1	2	3	4	5	6
31.	Regarding this person, I do or would not attend to him or her.	1	2	3	4	5	6
32.	Regarding this person, I do or would lend him or her a hand.	1	2	3	4	5	6
33.	Regarding this person, I do or would not speak to him or her,	1	2	3	4	5	6

34.	Regarding this person, I do or would act negatively.	1	2	3	4	5	6
35.	Regarding this person, I do or would establish good relations with him or her.	1	2	3	4	5	6
36.	Regarding this person, I do or would stay away	1	2	3	4	5	6
37.	Regarding this person, I do or would do a favour.	1	2	3	4	5	6
38.	Regarding this person, I do or would aid him or her when in trouble.	1	2	3	4	5	6
39.	Regarding this person, I do or would be biting when talking with him or her.	1	2	3	4	5	6
40.	Regarding this person, I do or would attend his or her party.	1	2	3	4	5	6

#### SECTION D

This set of items deals 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 circle the option matching your level of agreement that best describes your current thinking. Please do not skip any item.

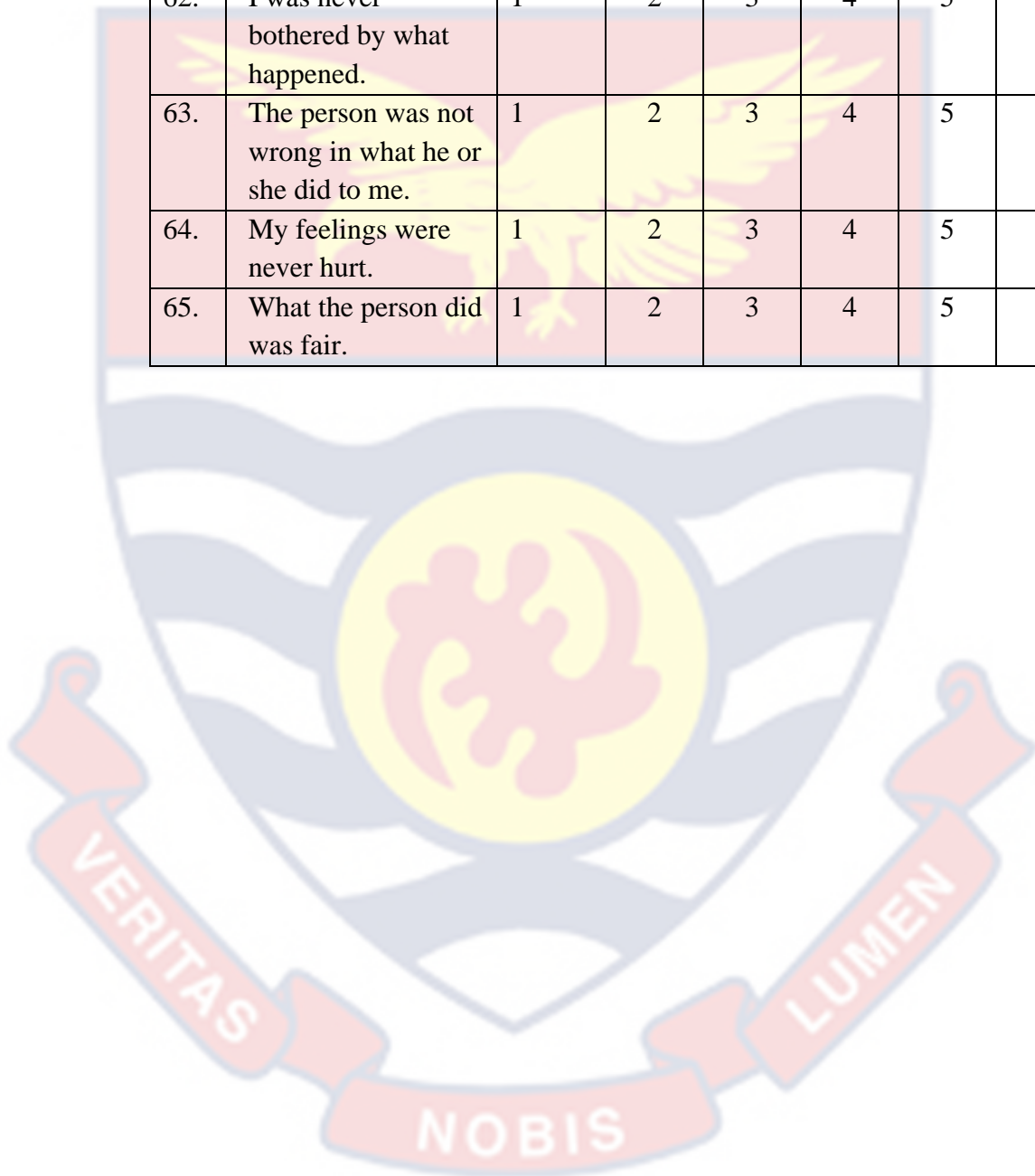
S/N	Statement	STD	MD	SLD	SA	MA	STA
41.	I think he or she is wretched.	1	2	3	4	5	6
42.	I think he or she is evil.	1	2	3	4	5	6
43.	I think he or she is horrible.	1	2	3	4	5	6
44.	I think he or she is of good quality.	1	2	3	4	5	6
45.	I think he or she is worthy of respect.	1	2	3	4	5	6
46.	I think he or she is dreadful.	1	2	3	4	5	6

47.	I think he or she is loving.	1	2	3	4	5	6
48.	I think he or she is worthless.	1	2	3	4	5	6
49.	I think he or she is immoral.	1	2	3	4	5	6
50.	I think he or she is a good person.	1	2	3	4	5	6
51.	I think he or she is nice.	1	2	3	4	5	6
52.	I think he or she is corrupt.	1	2	3	4	5	6
53.	I think he or she is a bad person.	1	2	3	4	5	6
54.	Regarding this person, I wish him or her well.	1	2	3	4	5	6
55.	Regarding this person, I disapprove of him or her.	1	2	3	4	5	6
56.	Regarding this person, I think favourably of him or her.	1	2	3	4	5	6
57.	Regarding this person, I hope he or she does well in life.	1	2	3	4	5	6
58.	Regarding this person, I condemn him or her.	1	2	3	4	5	6
59.	Regarding this person, I hope he or she succeeds.	1	2	3	4	5	6
60.	Regarding this person, I hope he or she finds happiness.	1	2	3	4	5	6

**SECTION E**

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

61.	There really was no problem now that I think about it.	1	2	3	4	5	6
62.	I was never bothered by what happened.	1	2	3	4	5	6
63.	The person was not wrong in what he or she did to me.	1	2	3	4	5	6
64.	My feelings were never hurt.	1	2	3	4	5	6
65.	What the person did was fair.	1	2	3	4	5	6



**APPENDIX - B****QUESTIONNAIRE FOR COUNSELLOR TRAINEES****UNIVERSITY OF CAPE COAST****DEPARTMENT OF GUIDANCE AND COUNSELLING****NOVACO ANGER INVENTORY**

Dear Respondent,

The items on this scale describe situations that are related to anger arousal. For each of the items please rate the degree to which the incident described would anger or provoke you by ticking (✓) the appropriate degree of annoyance. Try to imagine the incident actually happening to you, and then indicate the extent to which it would have made you angry. In the actual situations, the degree of anger that you would experience would depend on other factors that are not specified in the items (such as what kind of situation, how the act occurred, etc.). This scale is concerned with your general reactions, and so the details of the particular situations have been omitted.

**SECTION A: BACKGROUND INFORMATION**

Please read each item carefully and indicate your response by ticking (✓) or providing the required information in the appropriate column.

1. Age: 18-24 [ ]                      25-29 [ ]                      30 and above [ ]
2. Gender: Male [ ]      Female [ ]
3. Marital status: Single [ ]      Married [ ]      Divorced [ ]

Please do your best to rate your responses in this general fashion.

Tick (✓) the degree to which you would feel angry or annoyed in the following situations (please tick only one anger rating for each situation):

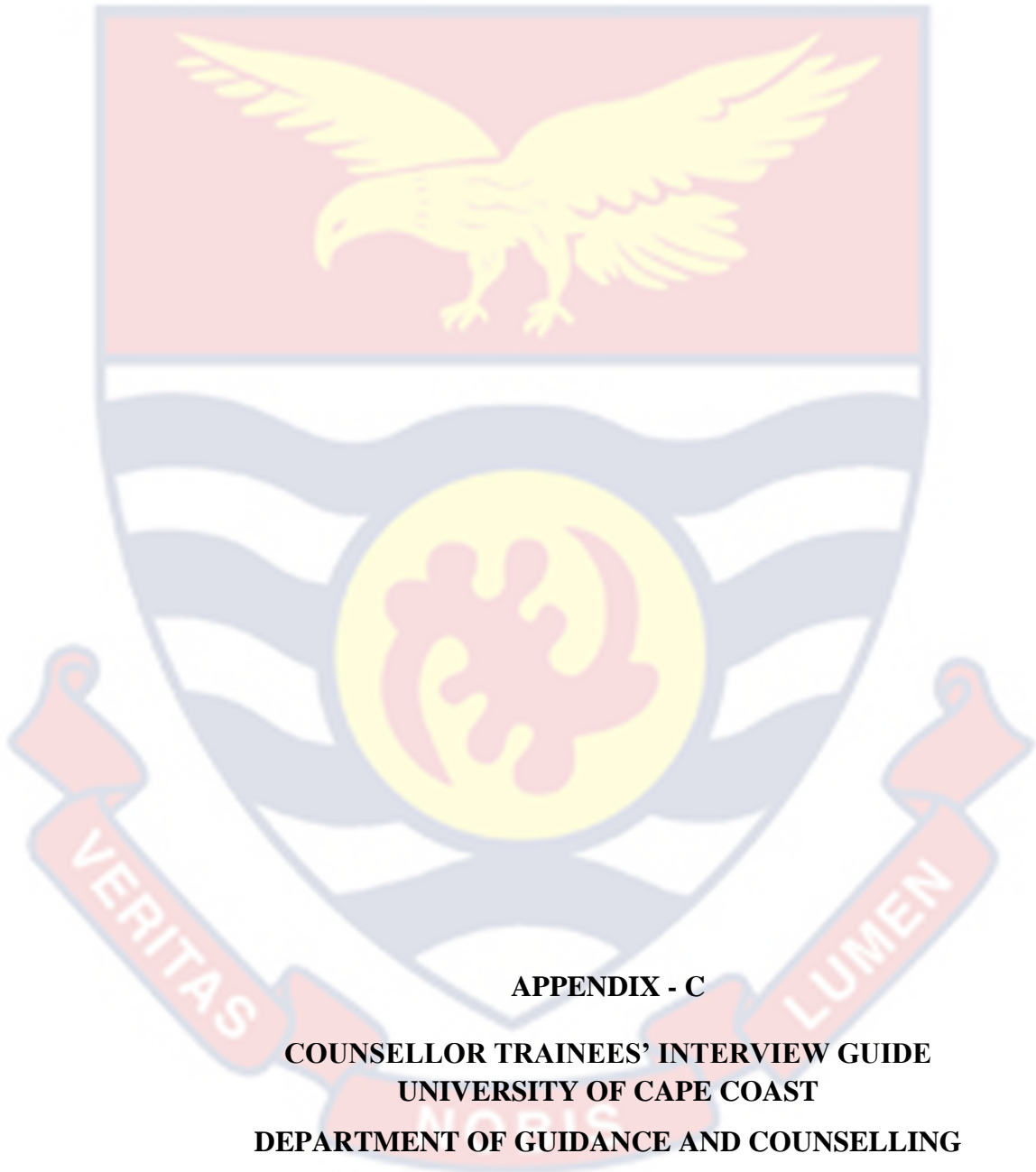
S/N	Situation	Very Little	Little	Moderate Amount	Much	Very Much
1.	You unpack an appliance you have just bought, plug it in, and discover that it doesn't work	0	1	2	3	4
2.	Being overcharged by a repair person who has you over a barrel (in a helpless position)	0	1	2	3	4
3.	Being singled out for a correction, while the actions of others go unnoticed	0	1	2	3	4
4.	Getting your car stuck in the mud or sand	0	1	2	3	4
5.	You are talking to someone and they don't answer you	0	1	2	3	4
6.	Someone pretends to be something they are not	0	1	2	3	4
7.	While you are struggling to carry four cups of coffee to your table at a cafeteria, someone bumps into you, spilling the coffee	0	1	2	3	4
8.	You have hung up your clothes, but someone knocks them to the floor and fails to pick them up	0	1	2	3	4
9.	You are harassed by a	0	1	2	3	4

	sales person from the moment you walk into the store					
10.	You have made arrangements to go somewhere with a person who backs off at the last minute and leaves you dangling	0	1	2	3	4
11.	Being joked about or teased	0	1	2	3	4
12.	Your car is stalled (stops) at a traffic light, and the person behind you keeps blowing his horn	0	1	2	3	4
13.	You accidentally make the wrong kind of turn in a car park. As you get out of your car someone yells at you, "where did you learn to drive?"	0	1	2	3	4
14.	Someone makes a mistake and blames it on you	0	1	2	3	4
15.	You are trying to concentrate, but a person near you is tapping their foot	0	1	2	3	4
16.	You lend someone an important book or tool, and they fail to return it	0	1	2	3	4
17.	You have had a busy day, and the person you live with starts to complain about how you forgot to do something you agreed to	0	1	2	3	4



18.	You are trying to discuss something important with your mate or partner who isn't giving you a chance to express your feelings	0	1	2	3	4
19.	You are in a discussion with someone who persists in arguing about a topic they know very little about	0	1	2	3	4
20.	Someone sticks his or her nose into an argument between you and someone else	0	1	2	3	4
21.	You need to get somewhere quickly, but the car in front of you is going 40 km/h in a 60 km/h zone, and you can't pass	0	1	2	3	4
22.	Stepping on a lump of chewing gum	0	1	2	3	4
23.	Being mocked by a small group of people as you pass them	0	1	2	3	4
24.	In a hurry to get somewhere, you tear a good pair of trousers / skirt on a sharp object	0	1	2	3	4
25.	You use your last coin to buy airtime to make a phone call but you are deducted promptly by your service provider due to an outstanding loan you	0	1	2	3	4

took.						
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**APPENDIX - C**

**COUNSELLOR TRAINEES' INTERVIEW GUIDE  
UNIVERSITY OF CAPE COAST  
DEPARTMENT OF GUIDANCE AND COUNSELLING**

**Student's Code No.:**.....

**Date of Interview:**.....

Interview start time:.....

Interview stop time:.....

Duration:.....

### INTERVIEW GUIDE QUESTION

1. Do you think that the Process and REACH models have had any impact on your cognition, emotion and behaviour regarding the person who hurt you or the offense? How?

### APPENDIX - D

#### Counselling Manual for Process Model of Forgiveness Therapy

##### Introduction

Enright forgiveness model is based on the assumption that; forgiveness is a process that entails gradual change in reactions to the offending person. The approach focuses on changing feelings, thoughts, and behaviours towards

those who have been hurtful. It is made up of a set of affective, behavioural and cognitive processes that progresses in stages. Individuals engaged in the forgiveness process are encouraged to begin by making very small changes such as reframing from making negative comments about the hurtful person.

The small change in behaviour may be accompanied by incremental changes in thoughts and feelings about the hurtful person (Ingersoll-Dayton, Campbell & Ha, 2009).

The Enright model is a seventeen (17) step model of forgiveness intervention and later expanded to a twenty (20) step model. This model of forgiveness looks at forgiveness as a process, which progresses through (20) different steps or units overtime. The units are not linear but involve four main phases as follows; the uncovering phase, decision phase, work phase and deepening phase (Baskin & Enright, 2004).

### **Week 1: Relationship building, Rapport Establishment and Orientation**

#### **Objectives**

This session's objectives will be to:

- i. orient subjects on how they would conduct themselves,
- ii. get subjects familiarize themselves and also to be aware about the goals for the session,
- iii. explain my role as a trainer and the subjects roles,
- iv. assist participants to come out with their expected goals,
- v. help in setting rules and regulations for the whole session and choose leaders and
- vi. training manuals to the participants.

### **Week 2: Defining Forgiveness, and Misconceptions of Forgiveness**

## Objectives

This session's objectives will be:

- i. explain definition of forgiveness as described by researchers and
- ii. Identify misconceptions about forgiveness.

### *Definitions*

- Enright and Coyle (1998) postulated that forgiveness should be distinguished from “pardoning” which is more of a legal term, “condoning” which means a justification of the offense, “excusing” which means that the offender had a good reason for committing the offense, “forgetting” which means that the memory of the offense has decayed or pushed into the unconscious mind and “denying” which means that there is the unwillingness to perceive the harmful injuries that an individual has incurred.
- Enright, Freedman and Rique (1998), defined forgiveness as the willingness to abandon one's right to resentment, negative judgment, and indifferent behaviour toward one who unjustly hurts us, while fostering the undeserved qualities of compassion, generosity and even love toward him/her.
- Pargament and Thoresen (2000) also defined forgiveness as intraindividual, prosocial change toward a perceived transgressor that is situated within a specific interpersonal context.

### *What Forgiveness is Not*

- Forgiveness is not a pardon, excuse, reconciling, forgetting, denial or condonation (Coyle & Enright, 1997; Nussbaum, 2016; Kassinove & Tafrate, 2002).

- According to Enright (2001), condoning means that people excuse or allow something to happen to them, and may even blame themselves, as many abuse victims are prone to do. For forgiveness to ensue, people need to acknowledge that what was done to them was wrong and should not happen again. This implies that forgiveness can be a step toward reconciliation although forgiveness can occur without reconciliation.
- Enright (2001) further defined reconciliation as “the act of two people coming together following separation” (p. 31). It is worth noting that the memory of the wrong is not erased in the process of forgiveness, but people can change their memory of the offense.

#### *Home Assignment*

Participants should write letters about their interpersonal hurts which they do not intend to send to the person who hurt them.

#### **Session 3: Common Reactions to Being Hurt (Defense Mechanisms).**

##### **Objectives:**

1. to assist participants explain the nature of anger,
2. to enable participants identify some causes of anger,
3. to help participants identify the effects of anger on their psychological well-being and
4. to help participants to find out the effects of deepening and easing their anger overtime.

##### **Activities:**

- i. Revise salient issues of the previous session with participants
- ii. Discuss with participants any point that needs clarification.

- iii. Discuss the homework with participants
- iv. Explain the session objectives to the participants
- v. Explain the nature of anger to participants

Anger is one of the basic human emotions. It is mental, physical and emotional response to a threat or to a harm done in the past (Carrion, 2013). It takes many different forms from irritation to blinking anger and resentment that festers over years.

Brainstorm with participants the causes of anger.

- Negative thinking.
- Drugs and alcohol.
- Personality disorder-depression, stress, anxiety.
- Environmental factors-loss of job, loss of love one, and unemployment, marital problems.
- Family background/peers.
- Modelling anger.

Brainstorm with participants the effects of anger on their psychological well-being.

- Increase in heart beat
- Increase in blood pressure leading to hypertension
- Increase in the blood sugar level and sweating
- Endangers thinking
- Predisposes the victim to anxiety, stress and unstable mood.
- Relationship problems
- Leads to depression.

Discuss with participants the effects of deepening and easing anger overtime.

- 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 anger overtime.

- It leads to resentment
- It makes you stressed, depressed and anxious.
- Your self-image may be lowered
- It leads to physical hostility.
- It promotes negative thoughts and feelings toward self and the transgressor.
- You may be avoided or isolated by friends
- It may lead to rumination.

#### *Home Assignment*

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

#### **Week 4: The Cost and Benefits of Committing to Forgiveness**

##### Objectives

This session's objectives will be to:

- assist participants identify the cost of not committing to forgiveness and
- help participants identify the benefits of committing to forgiveness.

##### *The benefits of forgiveness*



The process model is associated with significant short-term and long-term improvement in depression, anger, self-esteem as well as increased in forgiveness toward a focal person and towards others in general (Hebl & Enright, 1993; Al-Mabuk et al., 1995; Freedman & Enright, 1996; Coyle & Enright, 1997). It is also associated with short term improvement in health functioning such as coronary heart diseases (Ingersoll-Dayton et al., 2009).

Finally, this model is effective for both individual and group-based interventions. The individual based interventions that used the model are (Freedman & Enright, 1996; Coyle & Enright, 1996) and the group-based interventions that utilised the model are (Hebl & Enright, 1993; Al-Mabuk et al., 1995; & McCullough, Worthington & Rachal, 1997).

#### *The cost of forgiveness*

- a. It will lead to the development of negative thoughts patterns and obsessing about the person and what occurred.
- b. There will be habitual emotional responses such as depression and anxiety.
- c. There will be development of hopelessness about the situation and perhaps life in general.
- d. It will lead to revenge and not condoning the offense
- e. The victim will hold on to the grudge. This will lead to physical health problems such as heart attack, high blood pressure, weight loss and weight gain, stress, depression, muscle tension and decreased lung function.

#### *Home Assignment*

Participants should write about five reasons why they consider forgiving and reasons why they doubt forgiveness.

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

#### Objectives

This session's objectives will be to:

- i. assist participants describe the feelings about the offender,
- ii. assist participants identify what life was like for the person who hurt them and
- iii. assist participants view the person who hurt them based on global and spiritual perspectives.

#### Content

There will be brainstorming with participants on their feelings for the one who hurt them.

- a. Positive feelings are: sympathy, empathy, compassion and love.
- b. Negative feelings are: hatred, anger, avoidance and revenge.

Participants will explore what life was like for the person that hurt them.

- a. Frustrating
- b. Competitive
- c. Unbearable
- d. Not worth living.

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

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

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

### *Home Assignment*

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 and then terminate the session.

## **Week 6: Nature of Compassion and Working towards Compassion**

### Objectives

This session's objectives will be to:

- i. To help participants explain the nature of compassion,
- ii. To help the participants work toward compassion,
- iii. To help participants identify changes in their feelings toward the person who hurt them and
- iv. To assist participants, identify the kind of gift(s) they will give to the person who hurt them.

### Content

Brainstorm with the participants the nature of compassion.

- a. 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, furniture, and certificates of appreciation, plaques, chocolates, Bibles, Quran, 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.

### **Week 7: Finding Meaning in Suffering**

#### **Objectives**

This session's objectives will be to:

- i. identify what participants learnt from being hurt and their experiences, identify what new purpose participants may develop that involves how they interact with others as they contemplate their suffering and
- ii. How they interact with others as they think about their suffering.

#### **Content**

Participants will be asked to imagine a dialogue with the offender discussing 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 learnt and the experiences may include:

- a. Compassion to the offender.
- b. Coming to terms with the reality of the interpersonal injury.
- c. Prayerful, meditation.

- d. Giving up of anger and seeking love, gratitude and appreciation.
- e. Recognising the reality of self and others.
- f. Gaining self-worth.
- g. Putting the past behind and forgive.
- h. Promoting unity.

#### *Home Assignment*

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

#### **Week 8: Session 8: General Discussions, Evaluation and Post-test**

##### Objectives

This session's objectives will be to:

- i. recap the earlier sessions,
- ii. clarify any issues relating to the treatment,
- iii. evaluate the training sessions and
- iv. re-administer the instruments after two weeks [Enright Forgiveness Inventory (EFI) and the Novaco Anger Inventory].

##### **Content**

Summary of all the activities of the sessions from 1-7. Participants will be encouraged to open up and discuss the entire training sessions. Participants will be made to evaluate the intervention orally. The intervention session will then be terminated. Clients will be encouraged to make conscious effort to put into practice all that has been taught, discussed and explained in their lives. They will be informed about their upcoming follow up in a fortnight where I will administer the post-test.



## APPENDIX - E

### Counselling Manual for REACH Model of Forgiveness Therapy

#### Introduction

REACH is an acronym for a five-step forgiveness approach. The pyramid model of forgiveness is made up of five-step intervention process, which includes, first, the injured individual must recall the hurt(R) by

acknowledging the offense and examining the nature of the injury. Second, the individual develops empathy for the offender (E) thus, the focus of the intervention then centers on promoting empathy in each partner for the experience of the other partner. Third, the partners are invited to give an altruistic gift of forgiveness (A), in which participants explore times when they needed and have been granted forgiveness and the impact on them when forgiveness was received. The fourth step in the model is for the partners to commit verbally to forgive (C), once the therapist believes that the partners have experienced enough empathy and developed enough humility to take this step. In the final step (H), the partners are encouraged to find ways in which they can hold on to forgiveness, in times of difficulty because it is inevitable that past hurts will be remembered.

### **Session 1: Relationship building and Rapport Establishment**

#### **Objectives**

This session's objectives will be to:

- i. orient subjects on how they would conduct themselves,
- ii. get subjects familiarize themselves and also to be aware about the goals for the session,
- iii. explain research assistants role as trainers and the subjects roles,
- iv. assist participants to come out with their expected goals and
- v. help in setting rules and regulations for the whole session and choose leaders

#### **Content**

Participants will be made to get to know each other through self-introduction and telling the group of their expectations. The responsibilities of both the trainer and the participants will be made known to all. In order to

ensure sanity, rules will be set to govern the entire session and participants will be encouraged to elect a group leader and an assistant.

## **Session 2: The Source and Concept of Forgiveness**

### Objectives

The objectives of this session will be to:

- i. assist participants to identify the sources of hurt,
- ii. explain what forgiveness is,
- iii. explain what forgiveness is not,
- iv. differentiate between forgiveness and reconciliation,
- v. explain decisional forgiveness and
- vi. explain emotional forgiveness.

### **Activities:**

1. An ice breaker will be used to start the session. Participants will be asked to mention one thing that they like most and why they like it and one thing they will never forgive and why.
2. The objectives of the session will be explained to the participants.
3. Discuss with the participants' sources of the hurt and circumstances leading to the hurt.

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

4. Discuss the sources of hurt with the participants.



- Let each participant list the sources of the hurt in order of severity and let each explain why. These may include friends, tutors, parents, roommates, classmate, assessment officers and so forth.
- Let them discuss among themselves how they feel about the hurt- worried, sad, angered, disappointed, surprised, frightened, annoyed.

5. Discuss with participants what forgiveness is and what it is not.

- Forgiveness is an intention statement stating one's intent to forswear revenge or avoidance and treat the person as a valuable and valued person (Worthington, 2016).
- An act of deliberately giving up resentment toward an offender while fostering undeserved qualities of beneficence and compassion toward that offender (Freeman & Enright, 1996).
- Forgiveness has been seen as a person's progression, moving from a position of hatred, resentment and bitterness to one of diminishment of anger and desire for revenge toward the perceived wrongdoer (Cosgrove & Konstam as cited in Baharudin, Amat, Jailani & Sumari, 2011).
- Forgiveness is also conceptualised as both self and interpersonal event (Baumeister; Exline & Sommer; Enright and Human Development Group as cited in Rainey, 2008).

Self-forgiveness involves the release of negative affect and self-blame associated with past wrong doings, mistakes or regrets.

Interpersonal forgiveness involves forgiving another for some harm.

Luskin as cited in (Barker, 2016) saw forgiveness as:

- Taking back your power.
- Taking responsibility of how you feel.
- For you not for the offender.
- Trainable skill.
- About the healing and not about the people who hurt you.
- Becoming a hero instead of a victim
- A choice.

Forgiveness is not:

- Condoning (failing to see the action as wrong and in need of forgiveness).
- Excusing (not holding the person or group responsible for the action).
- Forgetting (removing awareness of the offense from consciousness).
- Pardoning (granted only by a representative of society such as a judge).

6. Discuss with participants the differences between forgiveness and reconciliation.

- Forgiveness involves one person's response but reconciliation is the 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.

7. Brainstorm with participants' decisional and emotional forgiveness.

- A decisional forgiveness is an intention statement stating one's intention to forswear 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.

8. Give homework and end the session.

**Session: 3 Recall the Hurt**

Objectives

This session's objectives will be to:

1. assist participants, recall the hurt,
2. help participants identify the difficulties involved in forgiveness,
3. enable participants, identify the benefits of forgiveness to a relationship and
4. enable the participants, identify the benefits of forgiveness to the forgiver.

**Activities:**

- a) Review the previous session activities and discuss the homework with the participants.
- b) Assist the participants to recall the hurt by reflecting five minutes about the hurt. Discuss with the participants that there is not victimisation, not blaming but objective.
- c) Let participants be in groups of five each 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.
- d) Brainstorm and discuss the benefits of forgiveness to a relationship.
- Promotes hope for the resolution of conflicts.
  - Helps bring about reconciliation between the offended and the offender.
  - Promotion of peace
  - Breeds unity.
- e) Brainstorm and discuss the benefits of forgiveness to the forgiver.
- Aids in psychological treatment/healing through positive change in affect.
  - Improves physical and mental health.
  - Restores the victims' sense of personal power.

- f) Give homework and terminate the session.

#### **Session 4: Empathise with the one who hurt you**

##### Objectives

This session's objectives will be to:

- i. help participants demonstrate how to empathise with the one who hurt them,
- ii. 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 and
- iii. help members talk about the experiences of the hurt.

##### **Activities:**

- i. The researcher and members will reflect on the previous session exercise.
- ii. In pairs, assist members to demonstrate how to empathise with their offender. Let one of the participants in the group serve as the victim and the other as the offender.
- iii. Guide members to write hypothetical letters expressing their feelings about the harmful event and the offender and express that they were working to forgive the offender. Provide this guide to members to enable them write the letters:
  - State and discuss three negative feelings about the event and the offender in the letter.
  - State and discuss three positive feelings about the event and the offender in the letter.

- Discuss two efforts you are making to forgive the offender in the letter.
- iv. Discuss samples of some of the written letters with members in the class.
- v. Assist participants to talk about the experiences of the hurt. Let members use the following words- disappointed, annoyed, angry, worthless, pleased, satisfied, frustrated, happy, frightened and surprised. Also, let participants 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. Let members do it in multiple repetitions with sympathy, compassion and love.
- vi. Give homework to members and end the session.

### **Session 5: Altruistic Gift of Forgiveness**

#### **Objectives**

This session's objectives will be to:

- a) help members focus on feelings of freedom they received from divine forgiveness after seeking forgiveness and
- b) assist members to focus on feelings of forgiveness received from forgiveness of others after seeking forgiveness.

#### **Activities:**

1. We will reflect on the previous home exercise.

2. Let some of the participants demonstrate how to empathise with the offender using the empty chair exercise.
3. Discuss with members their feelings of divine forgiveness.

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

4. 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 will lead to the following:

Release of emotional feelings like anger and resentment.

- Gaining of one's power.
- Breeding unity.
- Reconciliation.
- Promotion of self-esteem.

Give homework and terminate the session.

## **Session 6: Commitment to Forgiveness.**

Objectives

This session's objectives will be to:

- i. explain commitment to forgiveness,
- ii. demonstrate how to present letters and certificates to a transgressor  
and
- iii. demonstrate how to wash the hands of a transgression.

**Activities:**

1. Revise the previous week exercise with participants. Also, discuss the homework with participants.
2. Discuss with participants' commitment to forgiveness.

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

3. Put members in pairs, one serving as a victim and the other as an offender. Let one of them (victim) presents a certificate or a letter to the offender. 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 at least up to 15 minutes.
4. With a container of water available demonstrate to participants how to wash the hands of the transgression. Ask members of the group to practice the exercise of washing the hands of the transgression. Let each participant demonstrate the washing of the hands.
5. Let participants write about how much they forgave emotionally and how they feel? This will serve as homework and terminate the session.

**Session 7: Holding on to Forgiveness.**



## Objectives

This session's objectives will be to:

- i. discuss four (4) ingredients of holding on to forgiveness/strategies to maintain emotional peace that comes from forgiveness,
- ii. expand the applications of the REACH model to other issues so that they can become truly more forgiving people,
- iii. help participants identify and demonstrate four (4) ingredients of holding on to forgiveness and
- iv. help participants identify ways of controlling rumination.

## Activities:

1. Recap the previous week exercise and discuss the homework with participants.
2. Discuss the following ingredients/strategies to maintain emotional peace with the participants':
  - a. Love is showing a strong affection. A profound and caring affection towards someone.
  - b. 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.
  - c. Sympathy is a feeling of pity, or sorrow for the suffering or distress of another; compassion. The ability to share the feelings of another.
  - d. 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.

3. Ask some members of the group to demonstrate the ways of holding on to forgiveness-love, compassion, sympathy and empathy for other members to observe.
4. Discuss with participants' ways of controlling rumination.

Cognitive restructuring: This is a method of identifying unhelpful patterns of thinking, or untrue assumptions, and learning new, more helpful ways of thinking about difficult situations. Thus, it is a way of identifying and confronting negative and or irrational thoughts. The irrational thoughts are called cognitive distortions. Albert Ellis Rational Emotive Behavioural Therapy will be used to reduce the rumination which is a cognitive distortion. The A-B-C technique will be employed where A denotes an activating event; B shows belief and C as the consequences of appraising our emotions or moods.

5. Recap the salient points of the session, give homework and terminate the session.
6. Let participants write about:
  - a. Two negative emotional feelings that worry them?
  - b. State two (2) ways by which they affect their emotional health?
  - c. Discuss two (2) ways that forgiveness will help overcome these emotional feelings.

### **Session 8: The Re-administration of the instruments**

#### Objectives

This session's objectives will be to:

- i. administer the post-test and
- ii. general discussions

**Activities:**

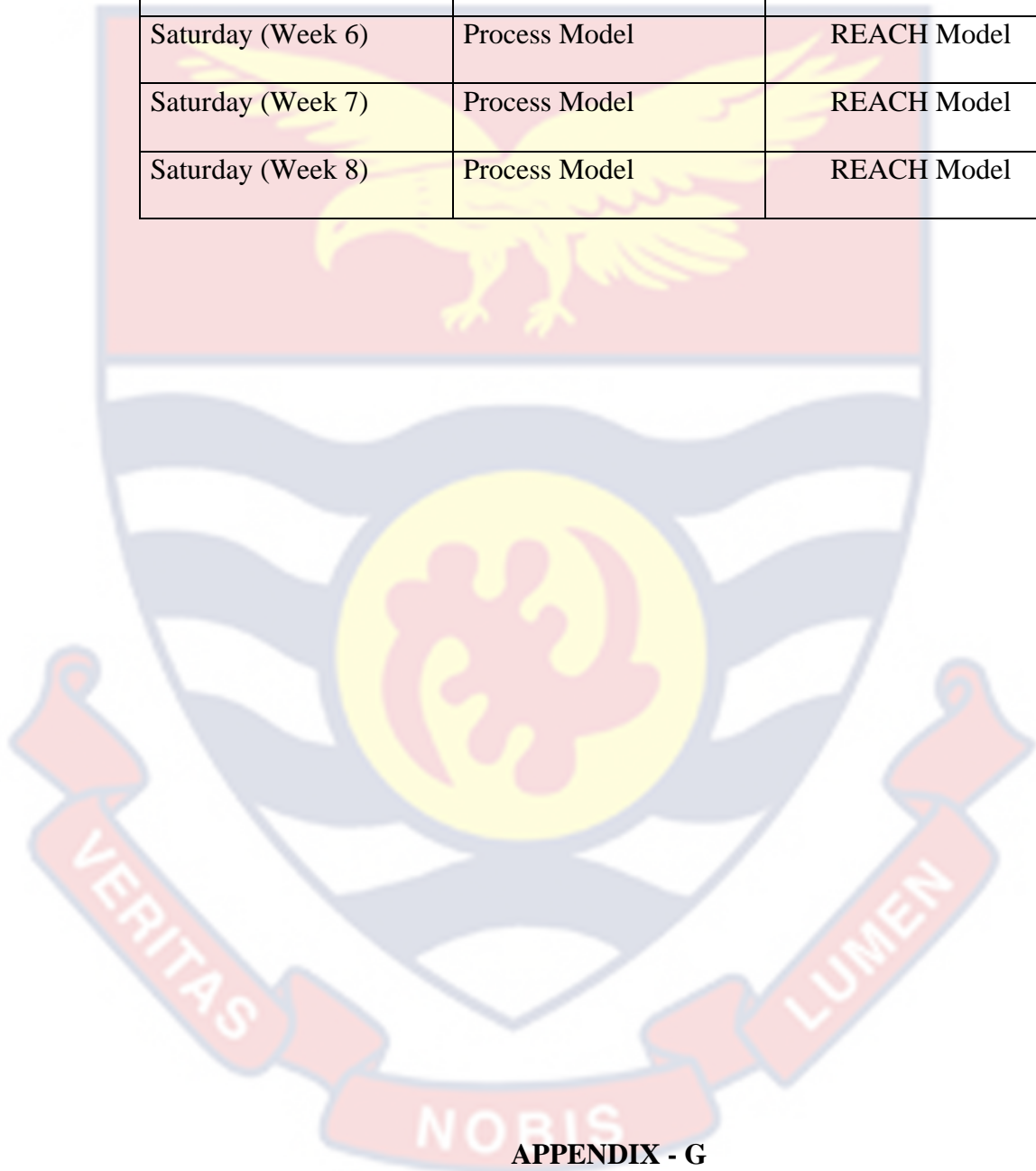
1. Re-administration of the two instruments namely, Enright Forgiveness Inventory (EFI) and the Novaco Anger Inventory (NAI) to participants in order to collect post-training data.
2. Discussion of general issues.



**TIMETABLE FOR INTERVENTION**

<b>WEEK</b>	<b>9:30 AM – 10.30 AM</b>	<b>5:00 PM- 6:00 PM</b>
Saturday (Week 1)	Process Model	REACH Model

Saturday (Week 2)	Process Model	REACH Model
Saturday (Week 3)	Process Model	REACH Model
Saturday (Week 4)	Process Model	REACH Model
Saturday (Week 5)	Process Model	REACH Model
Saturday (Week 6)	Process Model	REACH Model
Saturday (Week 7)	Process Model	REACH Model
Saturday (Week 8)	Process Model	REACH Model



**APPENDIX - G**

**ETHICAL CLERANCE**

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