UNIVERSITY OF CAPE COAST

EFFECTS OF REACH AND PROCESS MODELS ON FORGIVENESS, ANGER AND DEPRESSION AMONG ADOLESCENTS IN BIMBILLA, GHANA.

JAMES KWAME MAHAMA

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BY

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

MAY 2023

DECLARATION

Candidate's Declaration

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

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

Name:……

Supervisors' Declaration

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

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

Name:…….

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

Name:……

ABSTRACT

The purpose of the study was to examine the effect of REACH and Process Models on forgiveness, anger and depression among 11- to 19-year-old adolescents in junior high schools in Bimbilla in the Northern Region of Ghana. The study employed a mixed method design. The population for the study comprised all junior high school students totalling 3632. Of this number, 1,888 (55%) of the students were males, while 1744(45%) were females. The accessible population was 1,636 from eight (8) JHSs with 952(55%) of them being boys and the remaining 684(45%) being girls. The participants were selected based on their low levels of forgiveness and high levels of anger and depression determined by Depression Mode Scale and Anger Self-Report. Purposive sampling procedure was used to select 60 participants for the study, with each group having 20 participants. Three main instruments were adopted for the study. Enright Forgiveness Inventory (EFI). Anger self-report questionnaire (ASR), and Depressed Mood Scale (DMS). One-way and Two-way Analysis of Covariance (ANCOVA) were used to test the hypotheses. Both the REACH and Process models are efficacious in reducing the level of forgiveness among adolescent JHS students in Bimbilla. The results also revealed that the REACH and Process models were efficacious in reducing the levels of depression and anger among adolescents JHS students irrespective of their age and gender. In view of this, it was recommended that the REACH model and Process model should be considered for use as therapies for treating unforgiveness in order to improve students' psychological well-being. In addition, it was recommended that counsellors should encourage and support students/ clients who have emotional problems such as anger, stress, anxiety and depression to participate in forgiveness therapy groups whenever such groups begin. Counselling workshops and seminars should be organised by the educational institutions in Bimbilla to sensitise students and the general public on the efficacy of the two forgiveness therapies in order to bring about a cordial relationships among the people of Bimbilla.

KEYWORDS

Adolescence

Anger

Depression

Forgiveness

Forgiveness Education

Mental Health

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My Special thanks goes to my late mother, Martha Afua who saw me through during my formative years and encouraged me to take education seriously. I am forever indebted to you for such a wonderful foresight. I am forever grateful.

DEDICATION

I dedicate this work to my mother, the late Martha Afua for her vision and selflessness.

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CHAPTER ONE

INTRODUCTION

Individuals begin the process of emotional and psychological healing, that is required, if community restorative justice activities are beneficial through forgiveness education. Identifying and managing anger and depression, trying to frame the past to establish a new understanding of the future, and preparing hearts for compassion rather than hate are just a few of the fundamental steps of forgiveness that prepare and empower the adolescent to seek answers to the difficult questions of restorative justice. Because violence and the fear of violence have long persisted in Bimbilla, with a particular psychological danger for the youth, forgiveness education may be one cure to the ensuing rage and resentment. When children are exposed to conflict, they can develop anger, depression, anxiety, and sadness. Introducing forgiveness education to school children may help to overcome these emotions (Worthington, 2007).

Background to the Study

Forgiveness education, which begins in schools, can assist to break the cycle of future violence that continues to be a problem in Bimbilla. If these adolescents are given the means to forgive wholeheartedly as they grow up, they will have a greater understanding of people who have wronged them and will be able to pass these tools on to the generation after them.

Everyone has painful occurrences in their lives, whether they are inflicted by friends, partners, or parents. Individuals may react to painful feelings with rage, hatred, and a desire for vengeance. They could also choose to forgive the offender and let go of their bitterness. It hurts when people are

offended or hurt. Persons who are wronged, may experience symptoms of depression and anxiety, rage, and a desire for vengeance , as well as engage in retaliatory behavior towards their offenders.

The concept of forgiveness has roots in ancient philosophical, theological and historical traditions. Forgiveness concept are presented in ancient faiths and philosophies as a kind of morality based on mercy (Enright et. at. 1991; Enright, Gassin & Wu, 1992, Elder, 1998). What genuinely constitutes forgiveness is a person-to-person response to injustice that causes the party who was wronged to renounce their right to hold grudges against the offender and eventually influences the other party to acquire compassion, caring and even moral love for them

The ability to respond in adaptive ways to bad situations is critical for the individual's social integration. The significance that an interpersonal offense takes on is heavily influenced by cognitive evaluation (appraisal) (McCullough, 2001). The intensity and strength of our emotional response to an offensive occurrence are influenced by how we perceive it. For example, while we may feel furious as robbery victims in general, we may become forgiving if we hear that the thief 's child required a costly medical care.

Forgiveness is a mental and emotional process that eliminates prolonged animosity, rumination, and the negative consequences that come with them (Worthington, Griffin, Lavelock, Hughes, Greer, & Sandage, 2016). Following traumatic events or interpersonal disputes, psychotherapeutic methods have used forgiveness to help patients adaptively manage anger and bad affect (Fitzgibbons, 1986; Reed & Enright, 2006).

Other treatments have demonstrated the value of forgiveness in resolving social and political conflicts (Gentilone & Regidor, 1986; Enright, & Human Development Study Group, 1994). Negative affect and chronic emotional distress degrade health (Hu & Gruber, 2008), alter cardiovascular reactivity (Holt-Lunstad, Birmingham, & Jones, 2008), impair sleep quality (Stoia-Caraballo, Rye, Pan, Kirschman, Lutz-Zois, & Lyons, 2008), stimulate the production of stress-related hormones such as cortisol (Berry & Worthington, 2001), and are linked to the emergence of clinical condition such as depression (Nolen-Hoeksema & Morrow, 1991). Forgiveness, on the other hand, improves happiness (Worthington, 2007), as well as cardiovascular health. From a psychological and neurological standpoint, this work converges with other significant studies in demonstrating that forgiveness is a constructive, "healthy" approach for an individual to overcome a situation that would otherwise be a substantial source of stress. Despite its importance in both the individual and communal contexts, the brain basis of interpersonal forgiveness is still little understood.

While volunteers decided that to what extent particular offenses (e.g., stealing and personal assault) could be regarded forgivable given the circumstances, Farrow, Zheng, Wilkinson, Spence, Deakin, and Tarrier (2001) found activations that lead to the development of the concept of forgiveness in the cingulate cortex areas – a part of the brain situated in the medial aspect of the cerebral cortex. Several research have also looked into the brain mechanisms that underpin exculpation (Farrow, Young, & Bruce, 2005; Young & Saxe, 2009). These authors posit that the functional neuroanatomy of giving interpersonal forgiveness or unforgiveness in response to personal

misdeeds is yet unknown. Promoting and maintaining a safe atmosphere is an essential part of any mental health professional's job (Mcloughlin, Kubick, & Lewis, 2002).

Children and adolescents, however, are not insulated from the severe difficulties that plague today's society. Adolescence is a pivotal time for depressive symptoms to appear, which can be understood as a failure to complete the developmental process of emotion regulation (Cummings & Davies, 1996; Ahmed, Bittencourt-Hewitt, & Sebastian, 2015; Allen & Tan, 2016). Because of the hormonal changes connected with this developmental stage of life, adolescents have been reported to exhibit more extreme mood swings and emotional reactivity to social cues than persons of other ages (Nelson et al., 2005). They can have normal mood swings or, in rare circumstances, moods and behaviours marked by destructive rage and depression, depending on their capacity to regulate emotions.(Garnefski, Kraaij, & van Etten, 2005; Eysenck & Derakshan, 2011).

Forgiveness has been shown to be a powerful tool for managing unpleasant emotions (Worthington & Scherer, 2004; Barcaccia et al., 2018). It brings a decrease in anger and resentful feelings, thoughts, and behaviours, as well as an increase in positive attitudes towards the offending individual, when people forgive (Wade, Hoyt, Kidwell, & Worthington, 2014). Affect management entails Hedonic Balance (HB), or the balance of negative and positive emotions, which is an important aspect of subjective well-being (Kahneman, 1999; Diener, 2000; Schimmack, Radhakrishnan, Oishi, Dzokoto, & Ahadi, 2002; Kahneman & Krueger, 2006). There is a well-established link between forgiveness, sadness, and happiness (Toussaint & Webb, 2005;

Burnette et al., 2009; Fehr et al., 2010). Depressive symptoms are reduced when forgiveness is increased (Akhtar & Barlow, 2018).

It has also been found that encouraging forgiveness improves anger control while lowering trait anger and anger expression-out/anger expression-in. (Fitzgibbons, 1986; Gamboro, 2013; Harris, Luskin, Norman, Standard, Bruning, & Evans, 2006; Wilkowski, Robinson, & Troop-Gordon, 2010; Akhtar & Barlow, 2018).

Only a few studies have looked into gender differences in the relationship between forgiveness and psychological health outcomes (Miller & Worthington, 2015). Females are often more forgiving than males, according to meta-analyses (Fehr, Gelfand, & Nag, 2010), while males are more vengeful. There have been inconsistent results when it comes to gender differences in anger management methods among teenagers, with some research indicating no differences (Eschenbeck, Kohlmann, & Lohaus, 2007) and others revealing females to have weaker anger control strategies (Wong, Konishi, & Zhao, 2018).

Successful relationships are believed to be founded on the foundation of forgiveness. It is so critical in our daily relationships across ethnic, social, religious, and economic divides. As a result, the current study examines the chieftaincy struggle in Bimbilla, which has resulted in the deaths of many parents and relatives, and as a result, many are hurt and are in pain.

The dispute began in 1999 after the death of the then ruling Bimbilla Naa, Naa Abarika. Because he came from the Bangyili gate, Nanun legend predicted that his successor would emerge from the Gbugmayili gate. In 2003, the king's burial was held, and the nine king makers of Nanun chose and

enskined his successor. Six of the kingmakers (headed by the Kpatihi Naa) chose Mr. Andani Dasana Abdulai, a son of a former king of Nanun, as the new king, while the other three kingmakers (headed by the Juo Naa) chose Alhaji Salifu Dawuni, the then Nakpa Naa, as the new king.

As a result, the king makers could not agree on who should inherit the Bimbilla skin. Two princes appeared at the Gbugmayili gate, each claiming to have been chosen by the appropriate authority as the Bimbilla Naa. With worries of unrest and confrontations between the followers of the two rival claimants, the prevailing tranquility in Bimbilla and the entire Nanun kingdom was jeopardized by the emergence of two claimants to the Bimbilla skin. The Northern Regional Security Council (REGSEC) intervened to prevent any conflicts in Bimbilla and to maintain the town's tranquility. The REGSEC also forced the two finalists to sign a promise that the deceased king's funeral, as well as the selection of a successor, would take place in a calm environment (Awedoba, 2009).

The six kingmakers (headed by the Kpatihi Naa) and their allies hastily enskined Andani Dasani Abdulai as the Bimbilla Naa, fearing that Alhaji Salifu Dawuni would be enskined as the Bimbilla Naa. This was done to take advantage of a Nanun tradition that states that a properly enskined chief or monarch cannot be deskined (Awedoba, 2009). This proactive attitude of Andani Abdulai's supporters enraged the supporters of Alhaji Dawuni who vehemently protested against it and lodged a complaint with the REGSEC. They also went to court over the issue. The enskinment process, as well as all other activities related to becoming a Bimbilla Naa, were then put on hold by the court. The six kingmakers who disguised Andani Abdulai as Bimbilla Naa

were apprehended and charged with causing a breach of the peace in Bimbilla as well as contempt of court. The court, on the other hand, later discharged them. Supporters of Alhaji Salifu Dawuni took the case to the Bimbilla Traditional Council after being dissatisfied with the court's verdict. According to Nanun tradition, only someone who had previously served as chief of Nakpa could succeed to the position of Bimbilla Naa.

As a result, Andani Abdulai was not eligible to be the Bimbilla Naa. Furthermore, it was agreed that the Juo Naa (the kingmaker's leader) must be included in the final decision on who would be the next Bimbilla Naa (Awedoba, 2009). The Northern Regional House of Chiefs affirmed the Bimbilla Traditional Council's findings, dismissing Andani Abdulai's argument that because Alhaji Dawuni occupied the "gate skin" of Nakpa, he could not become the Bimbilla Naa because he was not the son or grandchild of a prior king of Nanun.

Following that, the three kingmakers, commanded by the Juo Naa, enskin Alhaji Salifu Dawuni as the real Bimbilla Naa. Nanun had two rival claimants to the Bimbilla skin as a result of their acts, both claiming to have been chosen by the appropriate authority, done the necessary ceremonies, and been enskined as Bimbilla Naa by the legitimate authority. The chieftaincy issue in Nanun thus causes tremendous agony to parents and children, who bear the brunt of the misery brought on by the disputes to the entire Bimbilla people. This study is a peace proposal for adolescent mental health development through forgiveness education in Bimbilla, a neighborhood marked by poverty and harsh circumstances.

According to the theory, forgiveness education has been found to be beneficial in lowering excessive anger and related emotional issues in adult (Lin, Mack, Enright, Krahn, & Baskin, 2004; Reed & Enright, 2006). The researcher believes that this strategy should be extended to adolescents, particularly in the Bimbilla township, so that they can learn to forgive one another as they grow older. Because they may be less furious and have a tool for reconciliation, forgiveness, the teenagers are expected to construct a deeper and more enduring peace in the community than their forefathers.

Not only in the United States, but also around the world, adolescents anger in the classroom settings has become a severe issue (Campano & Munakata, 2004; Fryxell, 2000; Thurman, 2006; World Health Organization, 2006). Scholars now believe that aggressive behaviour, which has been the primary focus of school prevention and remediation programmes for decades (Derzon, 2006), should not be the primary or exclusive focus of treatment within schools because such programs do not always address the underlying emotions of anger and hostility that fuel aggressive acts (Fitzgibbons, Enright, & O'Brien, 2004; Fryxell, 2000; Gansle, 2005). In fact, research conducted over the last decade has connected teenage anger to negative consequences such as poor academic performance, delinquency, including substance misuse, social issues, and long-term behavioural disorders (Deffenbacher, Lynch, Oetting, & Kemper, 1996; Enright, 1996; Fitzgibbons, 2000; Fryxell, 2000; Furlong & Smith, 1998; Lipman et al., 2006).

Adolescents have specific vulnerabilities and, therefore, have particular needs. Adolescence is a time of great change for any child as they transition from childhood to adulthood. In their journey to becoming adults,

children face huge changes physically, emotionally and socially. As they try to define who they are and find their way in the world, the adolescents are likely to test boundaries and experiment with 'adult behaviours', which are essential to their long-term development but also leave them more vulnerable to risk (Furlong & Smith, 1998). Becoming an adult is challenging even in the most peaceful settings. Adolescence should be a time when the individual has a safe and clear space to come to terms with the changes they are facing, unencumbered by engagement in adult roles and with the full support of nurturing adults at home, at school and in the community. But this is rarely the case for adolescents living in conflict-affected contexts – their coming of age is instead surrounded by destruction and violence and they are also likely to experience a breakdown in their key support structures, including their families and wider communities (Enright, 2014).

For many adolescents in the Bimbilla Township, their development trajectory has been disrupted due to conflict and displacement and the paths they thought their lives would take have gone wildly off course. Many expected that they would finish school, get good jobs and one day have a happy family life. For young people from this place and their lives have instead been rocked by war, their caregivers are likely to be under significant stress and their capacities to support their children through this formative period of their lives will be stretched. As a consequence, many conflict-affected adolescents will be struggling to negotiate the transition to adulthood without adequate support. Their development is put at further risk because their difficult circumstances make them more vulnerable to protection risks. In conflict-affected situations, many adolescents will be required to take on adult

responsibilities earlier than expected to support their families. Many will stop going to school so that they can earn a living or marry early, which affects their long-term potential and leaves them highly vulnerable to a range of risks including exploitation, physical and sexual violence and early pregnancy. Adolescent boys are particularly vulnerable to child labour and forced recruitment into armed groups. For adolescent girls, who are often already isolated and marginalised, crisis heightens their vulnerability to gender-based violence (Enright, 2014).

In such situations, adolescent anger and depression, as well as related negative feelings and behaviors, might be especially prominent (Curran & Miller, 2001; Enright, Gassin, & Knutson, 2003; Gassin, Enright, & Knutson, 2005; Lipman et al., 2006). The Enright technique may be tempting in environments of poverty and violence, where many students are likely to be angry and depressed. This would be especially true in Bimbilla, a community with little psychological resources. Within-school psychological treatments are scarce in Bimbilla. For example, there is no psychologist or counsellor linked with any of the schools engaged in the research area. The presence of paramilitary personnel within the neighbourhoods gives the indication to adolescents and children who perceive that there is a threat of violence in the community. A few programmes aimed at helping adolescents deal with their anger have had some success.

The Catholic Peace Center-Yendi offers two prominent programmes: Student Centered Aggression Replacement Education (SCARE) and Social Skill Trainings (SST). In a review of the literature on school-based anger reduction programmes, Gansle (2005) concluded that most programmes, based

on the cognitive behavioural model, assist adolescents and children moderate their anger rather than reduce or eradicate it. The programmes are usually run by people other than teachers, diverting children's attention away from their studies (Fryxell, 2000; Hermann & McWhirter, 2003).

One promising area for reducing depression and anger in children is forgiveness intervention (Lin, Mack, Enright, Krahn, & Baskin, 2004; Reed & Enright, 2006; Worthington, 2005). Forgiveness is a person's internal, psychological response to injustice perpetrated by another person (or people). Without condoning, excusing, or forgetting, a person who forgives lessens resentment and offers benevolence to a wrongdoer. According to Enright and Fitzgibbons, (2000) forgiveness has been proven to be effective way of regulating the negative effects of nonforgiving attitudes. Depending on the offender's trustworthiness, a person who forgives may or may not reconcile with him or her (Enright & Fitzgibbons, 2000). The goal of forgiveness intervention is to assist the person think about the perpetrator in new ways (reframing) and to generate empathy and compassion for the offender (while, at the same time, protecting oneself as necessary).

Statement of the Problem

From moral, ethical, and philosophical standpoints, forgiveness has been examined. Other forgiveness discussions focus on how to become more forgiving. Others propose evolutionary theories of retaliation and forgiveness. The advantages of forgiveness are rarely mentioned in most of these definitions of forgiveness, despite the fact that they are crucial to this task. The linkages between forgiveness education and its health and well-being benefits are the subject of this research.

A few programmes aimed at helping adolescents manage their anger have had some successes, while others have shown no difference between experimental and control groups (Lipman, Boyle, Cunningham, Kenny, Sniderman, Duku, Mills, Evans, & Waymouth, 2006). SCARE (Student Centered Aggression Replacement Education) and SST (Social Skill Training) are two famous programmes which have made great impact on the adolescent (Hermann & McWhirter, 2003; Kellner, 2003; Bryson 1999).

In a review of the literature on school-based anger management programmes, Gansle (2005) intimated that most programmes, employing the cognitive behavioural model, help adolescents and children control, not necessarily reduce or eliminate the anger. The initiatives are usually run by people other than teachers, which takes time away from classroom activities and raises the cost of implementation. The majority of anger-reduction school programmes are geared toward youngsters rather than adolescents (Fryxell, 2000; Hermann & McWhirter, 2003).

Forgiveness intervention is one promising avenue for reducing children's anger and depression (Lin, Mack, Enright, Krahn, & Baskin, 2004; Reed & Enright, 2006; Worthington, 2005). The goal of forgiveness intervention is to help the person think about the perpetrator in new ways (reframing), as well as to foster empathy and compassion for the offender (while, at the same time, protecting oneself as necessary).

The ideas, methodologies, and research used to investigate the linkages between forgiveness models and health and well-being would be examined in this study. In addition, trait and state forgiveness, affective and decisional forgiveness, and treatments to encourage forgiveness, all with an eye towards

the positive impacts of forgiveness on the health and well-being of victims (and, in some cases, offenders). Health, according to the researcher, includes social and relational components, mental symptoms or disorders, self-reported physical health, physiological signs of good health, well-being/happiness, chronic health conditions, and disease or disorder adjustment.

Health is more than just the absence of disease or weakness; it is a state of total physical, mental, and social well-being (World Health Association, 1948). Depression in teenagers is a frequent psychiatric disease, according to the World Health Organization (WHO; 2014), with a prevalence of up to 20% in the United States (Bhatia & Bhatia, 2007; Thapar et al., 2012; Zuckerbrot & Jensen, 2006). Adolescent depression not only impacts a teen's immediate psychosocial development, but it also raises the likelihood of recurrence in adulthood (Gotlib et al, 1995). (Gladstone et al., 2011). Furthermore, depression leads to delinquent and dangerous behaviour, which has a negative impact on an individual's health, quality of life, and society (Gladstone et al., 2011; Tuisku et al., 2014; WHO, 2014b).

Despite the fact that Africa is plagued by violence and hurt, forgiveness education has received little attention. In Africa, forgiveness education is basically non-existent. Tribal tensions, power struggles, and chieftaincy disputes have all occurred among the indigenous peoples of Africa. While most of the offenses have been practised for a long time by colonial governing powers and ethnic tensions, others continue or are performed for the first time as leaders compete for power and influence. Ghana, like the rest of Africa, has its share of atrocities, tribal conflicts, and

chieftaincy disputesTransgressions from the past still characterize many personal relationships.

In Ghana, there has not been a deliberate attempt at conducting a study on forgiveness education and its effects on mental health and its antecedents such as anger, depression, anxiety and hopelessness among junior high schools. Furthermore, there has been no study sighted in the literature in relation to the effects of REACH and Process Models in reducing forgiveness among Ghanaian Junior High school students. Barimah (2019) however, has done a study on forgiveness intervention among college of education students in the Eastern Region of Ghana using the Enright Process Model.Again, Kankpong (2019) looked at the effects of Process and REACH Models on college students in the Nothern region. Both studies were done using only quantitative analysis. This study used the mixed method.

Another attempt at studying the effects of forgiveness on Ghana's development, the Department of Psychology, University of Ghana, in collaboration with the Department of Psychology, Virginia Commonwealth University, USA have also organized a five-day Emerging Forgiveness Researchers' Conference in Ghana. The Conference, is part of a bigger project funded by the Templeton World Charity Foundation, Inc. was held between January 11-15, 2016 at the Erata Hotel in Accra and Coconut Grove Regency Hotel in Elmina.

As Ghana seeks to reduce the incidence of conflicts by setting up the National Peace Council by an Act of Parliament in 2011 (Act,818), forgiveness Education must be made paramount among the adolescents in Bimbilla in particular and in Ghana as a whole. Therefore, this study will

explore the gap in the literature on the effects of forgiveness education (Process and Reach models) on forgiveness, anger and depression among Junior High School Students in Bimbilla, Ghana.

Furthermore, the study will find out how one's difficulty to forgive could be related to anger and depression: the inability to forgive could increase anger, facilitating the onset of depressive symptoms. Based on these considerations, the study would test a model that encompasses forgivingness, anger, and depressive symptoms. While some authors have found an inverse relationship between forgiveness and depression (Burnette, Davis, Green, Worthington, & Bradfield, 2009) forgiveness and anger (Watson, Rapee, & Todorov, 2017). and between depression and anger (Balsamo, 2010), surprisingly no study has investigated, so far, the mediational role of anger in the relationship between forgivingness and depression.

Given that the inability to forgive is related to anger and depression, it is reasonable to posit that an unforgiving attitude leads to mental health problems which are associated with negative behaviours.

Purpose of the Study

The purpose of this study was to examine the effect of REACH and Process Models on forgiveness, anger and depression among 11 to 19-year-old adolescents in junior high schools in Bimbilla, Ghana. Specifically, the study sought to examine the:

1. offences which caused pain to adolescents in JHS in Bimbilla
2. indicators of forgiving behaviour among adolescents in JHS in Bimbilla

3. perceived benefits of forgiveness among adolescents in JHS in Bimbilla
4. effects of the interventions on the adolescents JHS students who experienced hurt or pain on the bases of gender

The study also sought to examine the effect of:

1. Process and REACH models on forgiveness among adolescents in JHS in Bimbilla.
2. Process and REACH models on anger among adolescents in JHS in Bimbilla.
3. Process and REACH models on depression among adolescents in JHS in Bimbilla.
4. Process and REACH models on forgiveness among adolescents in JHS in Bimbilla on the basis of gender.
5. Process and REACH models on anger among adolescents in JHS in Bimbilla on the basis of gender.
6. Process and REACH models on depression among adolescents in JHS in Bimbilla on the basis of gender.
7. Process and REACH models on forgiveness among adolescents in JHS in Bimbilla on the basis of age.
8. Process and Reach models on anger among adolescents in JHS in Bimbilla on the basis of age.
9. Process and REACH models on depression among adolescents in JHS in Bimbilla on the basis of age.

Research Questions

The following research questions guided the conduct of this study.

1. What are the effects of the interventions on forgiveness, anger and depression among adolescents JHS students who experienced hurt or pain on the bases of gender?
2. What are the indicators of forgiving behaviour after the intervention among adolescents in JHS in Bimbilla?
3. What are the benefits of forgiveness after the intervention among adolescents in JHS in Bimbilla on the bases of age?

Hypotheses

The following hypotheses were tested and guided the conduct of this study:

$H_0$1: There is no significant effect of Process and REACH models on forgiveness among adolescents in JHS in Bimbilla.

H_A1: There is a significant effect of Process and REACH models on forgiveness among adolescents in JHS in Bimbilla.

$H_0$2: There is no significant effect of Process and REACH models on anger among adolescents in JHS in Bimbilla.

H_A2: There is a significant effect of Process and REACH models on anger among adolescents in JHS in Bimbilla.

$H_0$3: There is no significant effect of Process and REACH models on depression among adolescents in JHS in Bimbilla.

H_A3: There is a significant effect of Process and REACH models on depression among adolescents in JHS in Bimbilla.

$H_0$4: There is no significant effect of Process and REACH models on forgiveness among adolescents in JHS in Bimbilla on the basis of gender.

H_A4: There is a significant effect of Process and REACH models on forgiveness among adolescents in JHS in Bimbilla on the basis of gender.

H_05: There is no significant effect of Process and REACH models on anger among adolescents in JHS in Bimbilla on the basis of gender.

H_A5: There is a significant effect of Process and REACH models on anger among adolescents in JHS in Bimbilla on the basis of gender.

H_06: There is no significant effect of Process and REACH models on depression among adolescents in JHS in Bimbilla on the basis of gender.

H_A6: There is a significant effect of Process and REACH models on depression among adolescents in JHS in Bimbilla on the basis of gender.

H_07: There is no significant effect of Process and REACH models on forgiveness among adolescents in JHS in Bimbilla on the basis of age.

H_A7: There is a significant effect of Process and REACH models on forgiveness among adolescents in JHS in Bimbilla on the basis of age.

H_08: There is no significant effect of Process and REACH models on anger among adolescents in JHS in Bimbilla on the basis of age.

H_A8: There is a significant effect of Process and REACH models on anger among adolescents in JHS in Bimbilla on the basis of age.

H_09: There is no significant effect of Process and REACH models on depression among adolescents in JHS in Bimbilla on the basis of age.

H_A9: There is a significant effect of Process and REACH models on depression among adolescents in JHS in Bimbilla on the basis of age.

Significance of the Study

The current study is important in several ways. First, the information provided in this study is expected to be helpful for reducing the gap between research and the clinical use of forgiveness education in the mental health field. Specifically, it is hoped that the results of this study will encourage counsellors to learn more about the universal construct of forgiveness education. Teachers, mental health practitioners and school counsellors might consider implementing forgiveness interventions within the clinical practice as a means to reduce anger and depressive symptoms in adolescents and prevent adolescent depression.

Lastly, the results of this study would present a valuable addition to the growing literature on the multifaceted nature of forgiveness and health-related outcomes, specifically, anger and depressive symptoms in the general adolescent population. Future researchers will be able to use this information to further examine the association between forgiveness dimensions and adolescent mental health issues (such as anger and depression). The study could easily be replicated in more diverse populations, different geographical locations, settings, and multifaceted forgiveness traits.

Delimitations

This study was delimited to finding out the effects of forgiveness interventions on forgiveness, anger and depression of adolescents in JHS in the Bimbilla community only from the Northern Region, Ghana. The study focused on only JHS students of Bimbilla with hurts. The reason is that these students are at a stage in life where developmentally they are facing huge challenges of growth and its attendant difficulties due to the biological and

psychological changes that happen during adolescence. In addition, there are social and cultural influences that shape their lives in vital ways. These changes partake on various stages during the adolescent period, distinctly observable in each level; in early adolescence (approximately 11 to 13 years old) tremendous physical growth and changes on abstract thinking and moral reasoning happen; subsequently, in middle adolescence, about 14 to 18 years old, these physical changes slow down for girls and continues for boys. Abstract thinking and wider cognitive development are manifested; lastly, during late adolescence (19 to 21 years old) physical development comes to maturity, examination of inner experiences and a firmer sense of identity is strengthened, making each individual ready for adulthood.

This implies that the adolescent has a moderate to low positive attitude towards their personal contribution and belongingness in society as well as the perception of the goodness of humans and society. This occurrence can be explained by considering the state of adolescents on the human developmental process, the level of belongingness in this period is crucial as they are already expected to acquire skills and behaviour that adults have, while still in the process of actually transitioning from childhood to adulthood, this supports the stages of psychosocial development theory of Erik Erikson indicating that adolescents goal is to achieve the basic virtue of fidelity amidst the psychosocial crisis of Identity vs Role Confusion. Furthermore, Erikson (1963) deduced that the adolescent mind is essentially a moratorium, a psychosocial stage between childhood and adulthood, and between the morality learned by the child, and the ethics to be developed by the adult. Despite being a crucial part of development, achieving this may or may not

establish a sound and well-developed belongingness in a social group. Hence, the current research producing a result on adolescent social well-being having said to be moderate highly aligns to the basic theoretical foundation of adolescent and human development. This result strengthens the assumption that adolescents are in the process of developing their social well-being that builds up their mental health holistically.

Again, forgiveness, anger and depression among the mental health variables were the only variables considered. Anxiety, loneliness, trust, fear guilt, resentment and self-esteem were not considered. This is because the students are in a state where they are experiencing daily hardship of conflict and loss of schooling time.

This study was delimited purposively to 8 Junior High Schools in Bimbilla. This is to make the study more effective. Bimbilla was chosen for the study because that was where all the chieftaincy conflicts were fought within the municipality and as such, it brought hurt to the people which invariably led to unforgiveness, anger and depression among the Students.

Limitations

The major limitation of this study was that because of the sensitive nature of the issues involved, participants did not respond to certain items accurately. This required that participants were assured of confidentiality at all times. In addition, the generalizability of the results on other JHS students outside Bimbilla or the Northern Region of Ghana is a limitation because of cultural and geographical factors.

Another equally important limitation is that there was no selection of participants based on classroom , rather it was on school -level, resulting in a

quasi-experimental design. The researcher was not interesed in adolescents in the same classroom but rather the adolescent becoming less depressed or angry after the intervention where ever they may be. Analysing the results, forgiveness, depression and anger variables strengthened the conclusions that there could have been stronger reduction in anger and depression. Also the necessity of signed and returned parental consent and child assent forms resulted in low adolescents response rate in very critical issues covered in this study, which significantly affected the results.

Definition of Terms

Forgiveness: Is overcoming negative thoughts, feelings, and behaviours toward an offender and, perhaps, over time, developing more positive thoughts, feelings, and behaviours toward him or her.

Forgiveness Education: the process of supporting schools and educators to empower children and young people to explore forgiveness, justice, empathy and compassion through exposing students to models of healthy forgiveness and then having them reflect on the how's and why's that person came to forgive.

REACH Model of Forgiveness: Is a forgiveness intervention developed by Worthington that walks individuals and couples through steps that achieve forgiveness. REACH is an acronym meaning R-Recall the hurt, E-Empathize with the one who hurt you, A-Altruistic gift of forgiveness, C-Commit to forgiveness, H-Hold onto forgiveness during doubts.

ENRIGHT PROCESS Model of forgiveness asserts that forgiveness is essentially foregoing of resentment or revenge when the wrongdoer's actions deserve it and instead of giving the offender gifts of mercy, generosity

and love or beneficence when the wrongdoer does not deserve them. In Enright Process Model, the process of forgiving proceeds through four phases; the uncovering phase, decision phase, work phase and deepening phase.

Mental Health: Mental health is a dynamic state of internal well-being that enables individuals to use their abilities in harmony with universal values of society such as cognitive and social skills, the ability to recognize, express and modulate one's own emotions, as well as empathize with others and ability to cope with adverse life events and function in social roles.

Adolescence: refers to the period of human growth that occurs between childhood and adulthood. It can be seen as the transitional period with a dramatic physical and psychological human development between childhood and adulthood marked by the onset of puberty and of physical growth with changes in the sex organs and characteristics including height, weight, and muscle mass, as well as a time for major changes in brain growth and maturation.

Anger: Anger is a natural response to the failure of others to meet one's need for love, praise, and acceptance and is often a reaction to unbearable pain.

Depression: Is a mood disorder or emotional state that causes a persistent feeling of sadness, low self-worth or guilt, loss of interest and can lead to a variety of emotional and physical problems.

Age: The length of time that a person has lived.

Gender: refers to the characteristics of women, men, girls and boys that are socially constructed and includes norms, behaviours and roles

associated with being a woman, man, girl or boy, as well as relationships with each other.

Organization of the Study

The thesis consists of five chapters as follows: Chapter One, this chapter presents the background to the study and an overview of the whole thesis. The problem statement and the objectives of the study, the purpose of the study, hypothesis, significance of the study, delimitation and limitations of the study will also be presented in this chapter. Finally, the operational definitions of the main variables used in the study will be found in this chapter.

Chapter Two, the second chapter will present the theoretical framework that underpins the study, a detailed review of the concepts in the study and an empirical review of relevant literature. The conceptual framework (hypothesized model and the hypotheses tested in the quantitative study will be presented in this chapter.

Chapter Three, the third chapter highlights the general methodology of the thesis. Accordingly, the general design employed for the study will be presented in this chapter. The research design, population, sample and sampling procedure, research instrumentation, pilot testing, data collection procedure and data analysis procedure.

Chapter Four, this chapter presents the methods, analytical procedure and results of the study. The quantitative methodology, analysis and results will be presented in this chapter. The chapter closes with a summary and brief discussion of the major findings of the quantitative study.

Chapter Five, the final chapter discusses the results of the study and conclusions from the findings are presented. Practical Counselling implications of the findings, as well as recommendations for policy and further research, are also presented in this chapter.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter will examine the literature from a theoretical, conceptual, and empirical standpoint and a conceptual framework developed for the study.

Theoretical Framework

The following theories will guide the study: psychological and personality theories.

Psychological Theory

The psychological theory is accredited to mccuilough, rachal and Worthington (1997). The theory is grounded on empathy and transgression, generous attribution and appraisals. Empathy according McCuilough (2001), has been defined as the vicarious experience of another person's emotional state, and by others as a specific emotion characterized by compassion, tenderness, and sympathy. Empathy as an emotional state correlates strongly with the extent to which a victim forgives the transgressor for a particular wrong doing. The extent to which people forgive transgressions were highly correlated with the extent to which they experience empathy for the transgression (Mccuilough et al., 1997).

Empathy explains why some social-psychological variables influence forgiveness. For instance, the victims' likelihood of forgiving apparently is almost totally mediated by the effects of the victims' empathy for the transgressor due to effect of transgressor's apologies (Mccuilough et al., 1997). Whenever the transgressors apologize, they indirectly express some degree of fallibility and vulnerability, which might cause victims to feel empathetic, in

that way, it motivates them to choose to forgive the transgressor instead of holding on to the offense (Mccuilough, 2001). Empathy for the transgressor has been found to be the only psychological variable shown to facilitate forgiveness when induced experimentally (Mccuilough et al., 1997). Research on psychological interventions designed to help clients forgive specific transgressions revealed that empathy fosters forgiveness (Mccullough, 2001).

Again, the extent to which someone forgives a specific transgression is the extent to which the victim makes attributions and appraisals about the transgression and transgressor (Mccullough, 2001). Individuals who are able to forgive their transgressors appraise the transgressors as more likable and therefore, accept their explanations for the transgressions as more adequate and honest. Couples who have a habit to forgive their spouses also have a tendency to attribute less responsibility to their spouses for their negative behaviour than those who do not tend to forgive their spouses (Mccullough, 2001).

Rumination about a specific transgression is associated with the degree to which the person forgives. The degree to which individuals reduce their ruminations about a particular transgression over time is a good predictor of how much progress they will make in forgiving their transgressor. The more people reflect about a transgression, the higher are their levels of revenge and avoidance motivation (Mccullough, 2001). Victims who continued to reflect about a particular wrong doing always make considerably less progress in forgiving the transgressor (Mccullough, 2001). In conclusion, the theory stipulates that forgiveness is based on one's ability to experience empathy for a transgressor, and the attributions and appraisals.

Personality Theory of Forgiveness

People differ in their implicit theories about the malleability of key individual attributes. While some people hold the view that traits are fixed (entity theorists), others believe that they can be changed (incremental theorists). As these beliefs set up an interpretive framework for forming impressions and shaping attributions, they may affect victims' responses to interpersonal transgressions.

Personality theory of forgiveness is an integrated theory which was propounded by worthington with its components as personality, spirituality and stress-and-coping (Worthington, 2006). The theory gives much attention to forgiveness, the importance of personality and its influence on the disposition to forgive. Forgiveness has been studied as a trait called forgivingness, a disposition toward benevolence instead of anger and resentment and to live in harmony with others (Emmons, 2000). Forgiveness is correlated to a higher order of personality factors such as those in the five factors (big five) personality taxonomy namely openness to experience, conscientiousness, extraversion, agreeableness and neuroticism (Mccrae & Costa as cited in Mccuilough, 2001).

Personality traits of an individual and how he or she can be expected to typically respond to the environment is not difficult to be recognized (mcadams & pals, 2006). The disposition to forgive is related most strongly to two dimensions; thus, agreeableness and emotional stability (Mccullough, 2001). Agreeableness is a personality dimension that incorporates traits such as altruism, empathy, care, and generosity. According to Mccuilough (2001)

trait theorist and researchers rated agreeable people highly on descriptors such as 'forgiving' and low on descriptors such as 'vengeful'. Highly agreeable people tend to succeed in the interpersonal realm than less agreeable people do.

Narcissism, neurotic defenses, emotional non-disclosure and inability or reluctance to empathise are obstacles to forgiveness (Strelan & Covic, 2006). Studies has established that interpersonal dimension of personality is linked to forgivingness whereas the intrapersonal dimensions were not much linked. Intrapersonal traits such as anger, rumination, and anxiety are negatively correlated with forgiveness. Forgiveness is thus positively related with characteristics such as agreeableness, altruism generosity and gratitude (Neto & Mullet 2004).

Personality theorist believe that emotional stability is a personal dimension that involves low vulnerability to experience of negative emotions and that people who are emotionally stable tend not to be irritable or overly sensitive. Several studies demonstrated that people who are emotionally stable score higher on measures of disposition to forgive than those who are not. (McCullough, 2001).

Religiousness and spirituality are a personality dimension that might be related to the disposition to forgive. Individuals who view themselves to be more religious or spiritual have a tendency to value forgiveness than those who consider themselves less religious (Mccullough, 2001). Forgiveness and spirituality are related (Mccullough, Pargament, & Thoresen, 2000). Forgiveness is understood in a larger context of life, as a profoundly spiritual experience and process (Patton, 2000). Christians for

instance, believe forgiveness is the core of their religious tradition which members believe that change and transition from unforgiveness to forgiveness is possible and real (Rye et al. Cited in Browne, 2009).

Worthington and Scherer (2004) recommended the study of the link between unforgiveness, forgiveness, stress, coping, and health. They suggested four theoretical propositions linking unforgiveness, emotional forgiveness and health: firstly, unforgiveness is stressful; secondly, unforgiveness can be reduced by several coping strategies, thirdly, forgiveness is one way to reduce unforgiveness and finally, forgiveness as a coping strategy is related to health. Worthington's stress-and-coping theory categorized various examples of coping as assimilating, accommodating, approaching, prosocial, asocial, effortful and involuntary. He saw forgiveness and the forgiveness process in terms of coping with stress (Worthington, 2006).

A transgression is considered as a stressor which kindles a series of reactions that may be physiological, cognitive, motivational, behavioural or emotional (Worthington, 2006). Thus, unforgiveness is a reaction to interpersonal transgression. People cope with unforgiving feelings related to the interpersonal transgression by focusing on either the problem or the accompanying emotions. According to Worthington, (2006) emotional forgiveness is the replacement of negative emotions by positive oriented emotions. This definition is in line with lazarus and folkman model of emotion-focused coping strategy, which worthington suggested could produce decisional forgiveness. Emotion-focused coping focuses on managing one's

emotions in the midst of stressful events. For instance, distancing one's self from stressful situation, denying occurrence or impact. This according to worthington can lead to decisional forgiveness. Problem-focused coping thus a strategy where one deal directly with the problem at hand by trying to reduce its impact, or finding alternative solutions may also result in emotional forgiveness.

Worthington (2006) categorized the various forms of coping as: assimilating coping, thus, finding an existing method of coping while accommodating coping and finding a new way to cope: approach coping deals with the problem whereas, avoidance coping involves retreating oneself from problems: prosocial coping seeks out support and antisocial coping opposes a person, and asocial coping involves cognitive reconstruction. Lastly, effortful coping requires energy, and voluntary coping is automatic. People forgive by using problem-focused, emotion-focused, future oriented strategies toward interpersonal transgressions (Worthington, 2006). For Strelan and Covic (2006) and Worthington and Scherer (2004) forgiveness is similar to coping and it is made up of the following concepts: (a) the forgiveness process is a reaction to stress, (b) primary and secondary appraisal are responses to transgressions and continue throughout the process, (c) coping strategies provide a framework to explain what people do when they forgive and how they do it, (d) forgiveness and coping can be useful tools when facing difficult situations in the future, (e) forgiveness and coping are both intra and interpersonal processes and (f) forgiveness processes and coping are rarely linear as positive and negative responses co-occur as individual spirals toward psychological equilibrium. Individual's disposition to forgive is a function of

one's inherent traits and the mode and manner one will cope with stress as well as one's religiousness and spirituality.

Conceptual Review

People have come up with a variety of potential solutions to the negative consequences of interpersonal transgressions (Fry & Björkqvist, 1997).

Forgiveness—an approach in which people suppress their natural negative responses to transgressors and become increasingly motivated to enact positive ones instead—is one mechanism that can interrupt the cyclical nature of avoidance and vengeance. For centuries, many religions around the world have expressed the concept of forgiveness (McCullough & Worthington, 1999; Rye et al., 2000). Indeed, all three great monotheistic traditions agree that people have been forgiven by God and should therefore forgive their own transgressors (McCullough & Worthington, 1999)

Despite the centrality of forgiveness in many religious traditions, throughout the last three centuries, social theorists and social scientists have mostly neglected forgiveness. In three hundred years of post-Enlightenment thought, forgiveness has been reduced to a footnote. However, social scientists began studying forgiveness in the last two decades of the twentieth century (McCullough, Pargament, & Thoresen, 2000b). They progressed in terms of identifying and qualifying forgiveness, as well as investigating its

developmental, personality, and social bases. They also made advances in determining its worth in terms of personal and social well-being, as well as developing interventions to promote forgiveness.

The growing number of empirical journal publications, the holding of multiple national conferences, and the publication of several edited collections devoted to forgiveness are all evidence of scientific development (e.g., Enright & North, 1998, McCullough, Pargament, & Thoresen, 2000; Worthington, 1998).In addition, the John Templeton Foundation and other philanthropic institutions launched a $10 million campaign in 1998 to fund scientific study on forgiveness (Holden, 1999). We may be entering a golden era of forgiveness research, with national interest in the topic, substantial funding backing, and a slew of study teams (McCullough, 2000a). In this study, I defined the term "forgiveness" and distinguish three ways it might be used as a psychological concept. After that, I'll go over some of the current research on forgiveness psychology.

Concept of Forgiveness

Theorists and researchers generally agree with Enright and Coyle's (1998) assertion that forgiveness is distinct from pardoning (which is strictly a legal concept), condoning (which involves justifying the offense); excusing (which implies that a transgression was committed due to extenuating circumstances); forgetting (which implies that the memory of a transgression has decayed or slipped out of conscious awareness); and denial (which implies that the memory of a transgression has decayed (which implies an unwillingness or inability to perceive the harmful injuries that one has incurred).

Most academics also agree that forgiveness is not the same as reconciliation, which refers to the mending of a broken relationship (Freedman, 1998). To go farther in defining forgiveness, however, it is necessary to distinguish between three different meanings of the term. Forgiveness can be defined as a reaction, a psychological trait, or a social unit attribute, depending on its properties. As a result, forgiveness can be viewed as a prosocial shift in a victim's ideas, feelings, and/or behaviors toward a culpable transgressor. In the written literature, there are many different ways to think about forgiveness as a response (McCullough & Worthington, 1994; Scobie & Scobie, 1998).

All of these definitions, however, share one common feature: when people forgive, their reactions (i.e., how they feel and think about, what they want to do with, or how they actually behave) toward those who have offended or injured them become less negative and more positive—or prosocial—over time (McCullough, Pargament, & Thoresen 2000b). Forgiveness, as a personality trait, can be defined as a willingness to forgive others in a range of situations.

People can be categorized along a forgiving-unforgiving continuum in this way, with the majority of people (by definition) falling somewhere near the population's mean. It's possible that the willingness to forgive is a source of forgiveness in and of itself (Mullet, Houdbine, Laumonier, & Girard, 1998). As a social unit trait, forgiveness can be compared to intimacy, trust, and commitment. Some social structures (e.g., some marriages, families, or communities) are characterized by a high degree of forgiveness (e.g., marriages, families, or communities in which participants are forgiven readily for their transgressions), whereas others are characterized by less forgiveness

(e.g., marriages, families, or communities in which participants are forgiven slowly) (e.g., social institutions that hasten to ostracize or retaliate against members who commit transgressions).

McCullough, Bono, and Root (2007) defined forgiveness as "a suite of prosocial changes in one's motivations toward an interpersonal transgressor such that one becomes less avoidant of and less vengeful toward the transgressor." The emotional dynamics and prosocial nature of forgiveness impulses are highlighted by this definition. Forgiveness is a prosocial and potentially compassionate alternative to seeking retribution or merely distancing oneself from an offender in the face of interpersonal conflict that requires the regulation of negative emotions (McCullough et al., 1998; McCullough et al., 1997). Forgiveness has also been described as an intrapersonal process of controlling unpleasant emotions that may or may not lead to reconciliation (Enright & Fitzgibbons, 2000).

A study by Osei-Tutu, Dzokoto, Oti- Boadi, Belgrade and Appiah-Danquah (2019) examined marital forgiveness among 40 married individuals from southern Ghana. The analysis revealed various conceptualizations of forgiveness: (1) removal of negative emotions; (2) relationship restoration; (3) forgetting; (4) revenge, punishment, or retaliation avoidance; (5) refraining from making future references to the offense; and (6) minimizing the offense. Three reasons for granting forgiveness were observed: marital stability; marital harmony; and personal well-being. The process of granting forgiveness was partly influenced by Ghanaian culture and differed from men and women. Participants emphasized bodily expressions and gestures (e.g., “kneeling”) in

the forgiveness process, and more women than men demanded pacification when they were wronged.

Forgiveness is one meaning-based construct that is frequently regarded a specific aspect of religiousness and spirituality, yet it is not restricted by traditional religious and spiritual constraints and is embraced by both religious and non-religious people (Witvliet, Ludwig, & Vander Laan, 2001; Worthington, Witvliet, Pietrini, & Miller, 2007). Forgiveness is defined as a motivationally and volitionally distinct form of coping that does not involve restitution, punishment, or reconciliation and can be dispositional or situational.

Furthermore, forgiveness is defined as a voluntary process in which a victim of an offense offers, feels, or seeks a shift from negative to positive cognitions, behaviors, and affect toward a transgressor, including self, others, and God (Toussaint & Webb, 2005a; Worthington, 1998).

As a result, forgiveness can also be defined as consisting of cognitive, emotional, and behavioural elements and, as such, may have important consequences for mental health outcomes (Enright, Freedman, & Rique, 1998; Harris et al., 2006; Worthington, 2005); as an example, Brown (2003), for example, believes that sadness is frequently the result of maladaptive forms of such features (Enright, Freedman, & Rique, 1998; Harris et al., 2006; Worthington, 2005). According to Toussaint and Webb (2005), forgiveness can be viewed as a multi-dimensional construct involving many means (offering, seeking, and experiencing) and targets in both situational and dispositional terms (self, others, deity, and community).

What the concept Forgiveness is not

McCullough, Worthington and Rachal (1997) define forgiving as when people willfully abandon resentment and related responses (to which they are entitled) in favor of responding to the wrongdoer based on the moral principle of beneficence, which may include compassion, unconditional worth, benevolence, and moral love (to which the wrongdoer, by nature of the hurtful act or acts, has no right). According to Enright and Fitzgibbons, (2000), abandoning anger is not something that happens overnight, as the concept suggests. Reduces in negative affect, cognition, and behavior are all included in the definition. Positive affect, cognition, and conduct toward the offender could all improve over time. Enright, Freedman, and Rique (1998) define forgiveness and explain how it is more than just accepting what has happened, ceasing to be angry, and making oneself feel good. Enright, (2001) yielded that forgiveness is distinct from forgetting, condoning, excusing, legally pardoning, or automatic reconciliation, which is seen as reuniting in a relationship.

The most common misconception is when forgiveness is confused with reconciliation. It is possible to forgive yet remaining unreconciled (Freedman, 1998). A harmed person can work on the forgiveness process while understanding that reconciliation is unlikely if the offender, for example, continues to engage in hurtful behavior against the offended person. Both forgiveness and unforgiveness are complicated, physically felt emotions.

Forgiveness is not the same as unforgiveness, which is a cognitive component involving a sense of being wronged unfairly and deserving of retribution or retaliation. Again, forgiveness is not an affective component of corrosive rage, which is a brooding kind of bitterness accompanied by

sadness, guilt, and maybe pain. Forgiveness, on the other hand, requires soft emotions like compassion and lovingkindness, as well as the ability to perceive and understand the events surrounding the damage from the other's point of view.

It entails letting go of the impulse to retaliate and accepting what happened rather than continuing to battle against the unfairness of it. Giving something up, sending forth positive thoughts of compassion, and feeling with and possibly even for the other person rather than against the offender are all part of forgiveness.

Furthermore, authentic forgiveness does not imply forgetting about the offense, condoning or justifying it, abandoning efforts to pursue restitution or legal justice, or suppressing or ceasing to be angry about it. Moreover, sincere forgiveness does not include offenders first admitting their wrongdoings, requesting forgiveness, making adequate compensation, or being ready and able to modify their offensive behaviors. While it may be easier to forgive an offender who responds in these ways, the aggrieved party does not have to remain stuck in unforgiveness because the offender is unable or unwilling to do so.

For less obvious reasons, the offended may be unwilling or unable to forgive. The victim's role may provide "secondary benefits" to the aggrieved person. For example, the attention or influence gained as a result of being offended, the "power" one may feel as a result of harboring resentment, or the escape from emotional anguish or sadness gained as a result of harboring resentment may foster unforgiveness. Alternatively, the offended may sincerely strive to forgive a specific abuser but become frustrated due to an

unspoken need to forgive earlier offenders. For example, one spouse offended by another may need to forgive an opposite sex parent, or someone who feels offended by God may need to forgive an offender but reconciliation requires not only the offer of forgiveness by the offended, but also the acceptance of this gift by the offender and the ability of both parties to (re-)establish mutual trust, or interpersonal safety in their relationship. Some offenders may be dishonest, reluctant, or unable to modify their ways, so be cautious. And other people who have been offended realistically may be unable or imprudent to accept that their offenders, such as an offending parent or other authority person, have changed or will change. Finally, genuine forgiveness does not always—and in some cases, should not—lead to reconciliation.

Types of Forgiveness

Several studies have focused on various aspects of the forgiveness process. They underline this distinction by separating decisional and emotional forgiveness (Davis et al., 2015), which they regard as connected but distinct forgiveness processes.

Decisional forgiveness is defined as the behavioral intention declaration that one wants to lessen one's negative conduct and (if possible and appropriate) restore positive behavior toward the offender. Even if one makes a serious decision to forgive, one may still feel emotionally unforgiving toward the offender (e.g., angry, resentful, and hurt).

Emotional forgiveness, on the other hand, is defined as the replacement of negative emotions with positive ones (e.g., empathy, love, and compassion; Hook et al. (2012); for a review of empirical evidence in support of this distinction, see Worthington, (2006). Given that emotional forgiveness leads

to more positive and less negative feelings, it should also lead to more positive attributions about the transgressor.

In line with Worthington et al. (2007)'s assertion that decisional forgiveness differs significantly from emotional forgiveness, Lichtenfeld et al. (2015) demonstrate that emotional and decisional forgiveness are discrete subcomponents of forgiveness that influence cognitive processes differently. Trait-forgiveness differs from state-forgiveness in that trait-forgiveness is an ongoing inclination to forgive misdeeds in different settings and throughout time (Roberts, 1995).

The treatments of forgiveness are tied within a religious framework by redemptive forgiveness. First, it establishes a link between heavenly forgiveness and human forgiveness (Akl & Mullet, 2010). Second, by including conceptions of divine forgiveness as well as ultimate concerns, such as God's kingdom, it promotes serious theological thinking on forgiveness. Walrond-Skinner, who was mentioned in Lijo (2018), presented seven different categories of forgiveness.

1. These are the following: Premature instantaneous forgiveness: an unauthentic form of forgiveness indicated by denying or forgetting the transgression;
2. Arrested forgiveness: the forgiveness is denied between the victim and wrongdoer;
3. Conditional forgiveness: the acceptance of forgiveness under some conditions like apology, acceptance, and change in unacceptable behaviour;
4. Pseudo or mutual forgiveness: the process in which immature

forgiveness is given or accepted in the necessity to restore the pre-conflict relation;

5. Collusive forgiveness: the process of avoiding conflict or opposition even when there is an unsolved severe injustice;
6. Repetitious forgiveness: the successive, but incomplete attempts to stop relational transgression; and
7. Authentic process forgiveness: the unconditional, self-regarding, altruistic, pro-social motive to avoid revenge for the good of self and the offender.

Lijo (2018) cited enright, santos, and al-mabuk and mentioned that, on their part they proposed six types of forgiveness which include:

1. Revengeful forgiveness: forgiveness after revenge;
2. Restitutional forgiveness: to relieve guilt after restoring the relationship;
3. Exceptional forgiveness: granted under social pressure;
4. Lawful exceptional forgiveness; granted after considering a moral code or authority;
5. Forgiveness for social harmony: granted to reduce the established social harmony and peace;
6. Forgiveness as an act and expression of unconditional love.

Benefits of Forgiveness

Forgiveness comes with a slew of advantages that have been documented in a number of studies. According to Toussaint, Williams, Musick, and Everson (2001), forgiveness is linked to happiness and a fulfilled life.

They discovered that in a study, participants believed that when they forgive others, they feel a weight lifted off their shoulders, which leads to more good feelings, which leads to an improved sense of well-being. As a result, forgiveness can lead to increased psychological and physical well-being as well as a stronger relationship with the offender.

In a study, participants said they went from being violent to being more peaceful and emotionally mature.

"Previously, I used to feel very unhappy or guilty about things, I used to be sorry about the way I was treated," one participant explained. So I used to get really emotional about these things, but as I realized the importance of forgiving and letting go, I grew wiser and matured, and I didn't take things as emotionally or as personally as I used to, and I noticed a difference. This also results in a feeling of fulfillment."

Similar views were expressed by another participant when she said, *"I think whenever I forgave or asked for forgiveness, I tried to put my pride aside and show humility. I was able to empathize with the other person and to my surprise I felt contented and extremely happy over what I did"*. Participants said that forgiveness contributed greatly to their personal growth. They had become more open, less rigid, and emotionally stable, developed overall relationship satisfaction and attained a sense of purpose and meaning in life. The research also showed that forgiveness of the self and others was directly and positively related to one's life satisfaction (. Toussaint, Williams, Musick, & Everson, 2001).

Competence to deal with Challenge

Forgiveness can have such positive effects that a person's qualities and talents are enhanced, allowing them to deal more effectively with life's obstacles.

Participants in Krause and Ellison's (2003) and Witvliet, Ludwig, and Bauer's (2002) studies said that practicing forgiveness helped them build proficiency in assessing challenging interpersonal situations realistically and using appropriate coping methods.

Accepting responsibility for issue solving, finding correct information about problems, establishing action plans to tackle problems, and having an optimistic perspective of one's ability to solve difficulties were all part of this process. Some participants said they made a conscious effort to reduce personal threats by taking responsibility and controlling the situation as much as possible.

A examination of the data in the form of themes revealed that these viewpoints are consistent with earlier theoretical and empirical studies that imply forgiveness has benefits such as greater well-being. (Worthington et al., 2001; Krause & Ellison, 2003; Witvliet, Ludwig, & Bauer, 2002; Toussaint & Jorgensen, 2008; Orcutt, 2006). Despite the fact that previous theoretical models identified different stages of forgiveness, clinicians have suggested that addressing forgiveness in therapy has the potential to provide specific benefits to clients. For example, (Nathaniel, Wade, Donna, & Shaffer, 2005) claimed that forgiveness can free clients from the control that the past event has exerted over them and that it can reduce their tendency to project angry feelings onto others in future relationships.

Furthermore, according to Worthington and DiBlasio, forgiveness can aid in the restoration of shattered relationships and the healing of inner emotional wounds (cited in Nathaniel, et.al 2005). People are more willing to forgive their partners when they are devoted and content with their connection. Forgiveness restores harmony to a relationship (romantic) in which a transgression has happened (Nathaniel, et.al.2005).

According to their poll of clinical social workers, the majority of them thought forgiveness was particularly helpful with relationship issues, such as grief and loss, the guilt and self-recrimination associated with chemical dependency. Forgiveness therapies may assist people with cardiovascular diseases like high blood pressure and a risk of coronary artery disease.

A person who is frequently unforgiving is more likely to have cardiovascular or immune system problems than someone who is more forgiving. Anger and resentment can exacerbate chronic pain. In a study of people with chronic low back pain, anger, effective pain, and sensory pain were found to be more prevalent among the unforgiving.

Individuals with catastrophic brain injuries may benefit from forgiveness intervention. People who have had such injuries may blame others, as many people who have suffered traumatic brain injuries have been injured by others (Worthington, 2006). People's physical health may be affected by forgiveness. According to the findings of a national survey published by Toussaint, Williams, Musick, and Everson (2001), forgiveness was linked to fewer negative health symptoms in the elderly. Physical health is expected to be badly damaged if people are persistently unforgiving and positively affected when they cultivate the habit of forgiveness.

It's possible that forgiveness or unforgiveness is linked to better or poorer relationship health. It's possible that forgiveness is linked to better spiritual health. It has long been associated with religious experiences, particularly with divine forgiveness in a Christian context and with returning to God's path or teshuvah in a Jewish context. Even for those who are not religious, granting, experiencing, and expressing forgiveness may (or may not) result in more peaceful, harmonious points of view and spiritual tranquility. As a result, one of the benefits of forgiveness could be a boost to nonreligious spirituality.

Forgiveness may be beneficial for issue avoidance and well-being promotion, since it improves one's sense of well-being, which is critical to living a meaningful life, as most people agree (Raj. Elizabeth & Pardmakumari, 2016). They claimed that when people forgive others, they feel a sense of load being lifted, and as a result, they feel better and this pathway in turn leads to enhanced sense of well-being.

Toussaint et al. (2001), opine that forgiveness plays a significant role in personal development. The person became more open, less rigid, and emotionally stable, as well as developing general relationship satisfaction and a feeling of purpose and meaning in life. Indeed, forgiveness has been shown to boost overall health.

Concept of Empathy in Forgiving

Based on research into the therapeutic resolution of past emotional hurts, we believe that empathy is a necessary component of successful forgiveness. This claim is supported by clinical observations, theories, and empirical evidence from others in the forgiveness profession (Macaskill,

Maltby, & Day, 2002; McCullough, Worthington, & Rachal, 1997; McCullough, Rachal, Sandage, & Worthington, 1997; Worthington & Wade, 1999).

Empathy is a primary and adaptable complex sensation that promotes forgiveness in the face of interpersonal injury when it is accessed. In the sample, the ability to feel empathy for the injurer appears to be preceded by a process of assisting clients in accessing and facing their own pain, which then allows them to think that the injurer sees and understands it as well.

Only when a client sees himself or herself as someone capable of owning and expressing painful and upsetting emotions can he or she envision another who is similarly strong enough to hear and take responsibility for harm done. In an empathic therapy context, engaging in imaginative dialogues with the injurer appears to aid these processes.

Empathy toward the injurer, as defined by Rowe et al. (1989), is seeing the other person as acting in a quintessentially human fashion, which may emerge from the framework of his or her own self-centered demands and views.

It involves (but does not necessitate) the ability to recognize that the injurer's actions were akin to anything one has done or could do in similar circumstances. In addition to assisting in the revision of one's perception of the injurer, cognitive perspective taking can sometimes enable the harm to be recast within a broader knowledge of the unfolding situation.

Cognitive perspective taking of this nature does not have to involve warm, benevolent feelings. In fact, understanding the other's perspective may

be part of what informs the injured person that resuming a relationship would be ill advised (Berecz, 2001).

This form of activity does not have to be accompanied by pleasant, beneficent feelings from a cognitive position. In fact, one of the reasons that convinces the wounded person that restarting a relationship is not a smart choice is knowing the other's point of view (Berecz, 2001). Acceptance of the other is stressed as part of empathy in cognitive perspective taking, although acceptance does not always imply forgiveness, because one can accept another's behavior by condoning or excusing rather than forgiving. Something more, it appears, is required, and that something is affective empathy, or compassion for the other.

Affective empathy is a physiologically felt sense of understanding what the other person is going through without actually sharing the same experience (Greenberg & Rosenberg, 2002). Instead of focusing inward and using one's own feelings as a point of reference for understanding the injurer's perspective (which is difficult in the face of a grievously hurtful interaction), Berecz (2001) suggests that the injured person imaginatively transpose himself or herself into the other person's place to try to understand the unfolding events from the injurer's perspective.

Concept of Depression

Depression is a disorder, presenting differently in different people and associated with persistent loss of interest in activities with a wide range of symptoms. Depression, affects how an individual feels, thinks and behaves and can lead to a variety of emotional and physical problems. One may have trouble doing normal day-to-day activities, and sometimes an individual may

feel as if life is not worth living (American Psychiatric Association, 2013). Unlike a normal mood swing, depression is a serious psychological disturbance often accompanied by emotional, motivational, behavioral, cognitive, and physical symptoms that prevent people from carrying out the simplest of life's activities, (American Psychiatric Association, 2013).

Rowe (2003) describes depression as a self-constructed prison made of a complicated network of opinions, that one has of himself or herself, others and life in general. Rowe argues that the depressed holds as "real, absolute and immutable truths" (p. 17), they hold opinions which, considers one as evil and valueless and should never forgive others nor her/himself, that other people should be feared and envied, that life is unbearable but death is worse, that things were bad in the past and can only get worse in the future and that it is unacceptable to get angry.

Leader (2008) argues that depression as a biological disease is clinically and culturally constructed and mourning and melancholia are the actual states or experiences that ‘depressed’ people go through. It has to do with loss which is not restricted only to death or separation, but might involve circumstances, ideas, objects and in general, a certain way of being. Describing the difference between mourning and melancholia, Leader (2008) explained that in mourning, we grieve the dead while in melancholia, we die with them.

The severity of the depression condition (either unipolar depression or bipolar) is determined by the number and the severity of symptoms as well as the degree of functional impairment. There are ranges of associated emotional, cognitive, physical and behavioural symptoms with depression. These might

include: feelings of inadequacy and hopelessness; sleep disturbance; weight change; fatigue; agitation or slowing down of movement and thought; and, suicidal ideation (Nieuwenhuijsen, Faber, Verbeek, Neumeyer-Gromen, Hees, Verhoeven, & Bultmann, 2014).

In addition to the symptoms, individuals may experience difficulty concentrating and difficulty making decisions. These 'cognitive symptoms' are seen to affect working memory, attention and executive functioning and processing speed. Difficulty concentrating is often highlighted as particularly prominent in depressed people, (American Psychiatric Association, 2013). Indeed, difficulty concentrating and difficulty making decisions, has been identified with patients as some of the most troublesome symptoms of depression.

Depression is often episodic; it is marked by periods of full or partial symptom remission. Full remission or reduction of symptoms is associated with better functioning and a lower chance of setback. A common problem after treatment is partial remission with some symptoms continuing. These might be known as ongoing or residual symptoms. Common ongoing symptoms include sleeplessness, decreased concentration, difficulty in decision-making and low mood (American Psychiatric Association, 2013).

Depression can either be bipolar or unipolar as symptoms of depression present differently. In many cases, bipolar depression displays symptoms of excessive sleeping and high levels of daytime fatigue, there is often also an increased appetite and weight gain. In contrast, people with

unipolar depression have a tendency to wake repeatedly throughout the night and may also be prone to wake up early. Although some people who experience unipolar depression may have increased appetite and weight gain, it is more common to have a loss of appetite and weight loss.

Bipolar depression is much more likely to be accompanied by stronger symptoms of anxiety. One-half to two-thirds of people with bipolar depression have a co-occurring anxiety disorder such as obsessive-compulsive disorder, panic disorder or social anxiety disorder (Cuellar, Johnson, & Winters, 2005).

Causes of Depression

Goldberg (2006) yielded that genetic, hormonal and social factors could explain why women's prevalence in depression. Interestingly, low self-esteem is recognized as one of the factors that play a fundamental role in the development of depression. Goldberg suggested that, men with low self-esteem are likely to suffer depression, and these men are expected to "suffer in silence" and "take it like a man."

The importance of biological variables and complex sociocultural factors draw interest to the influence of personality factors associated with the gender role that could justify the female's major predisposition to depression. Several studies, for example, have hypothesized that higher rates of poverty, sexual harassment, child abuse, and chronic strain due to limitations in social power and status contribute to the higher rates of depression among women than men (Goodwin, & Gotlib, 2004). They added that multicultural research has shown that women's prevalence in depression rates can be linked with social roles and cultural influences.

The connection between stressful life events and gender is one of the

several social factors that have emerged from the research on depression. On one hand, girls seem to suffer sexual abuse more often than boys and this makes them more sensitive to later stressful life events, victimization and bullying is strongly related to later depression only in girls (Goldberg, 2006). In the way, it could be argued that, bullying and victimization especially during childhood and adolescence, can lead to depressive outcomes in men as well (Cochran & Rabinowitz, 2000).

Nolen-hoeksema, Larson, and Grayson, (1999) point out that women's lower social status, lower occupational and financial status and their 'silencing' of opinions and desires in order not to endanger their relationships results in losing control over their environment. Women seem not only to hide their opinions but to have or believe they have, fewer choices as well. They also claim that, individuals with few overvalued goals and/or lacking an intimate sense of perceived choice are at high risk since, they are left with few alternatives for self-definition and self-evaluation when their main goals are threatened. Both of these situations are more likely to cause depression in females.

Impact of Depression

People with depression experience have various effects. Patients with depressive disorders appear to abuse alcohol and substance especially the male gender. Again, it is reported that people with depression tend to have a negative vision of themselves, the world and the future, forming the so-called "negative cognitive triad" Lenzo, Toffle, Tripodi, and Quattropani (2016). Some evidence suggests that cognitive dysfunction and other symptoms of depression such as insomnia, emotional distress and fatigue, had more

significant effect on work-related outcomes than actual illness.

Depression in old age becomes a chronic disorder that produces high levels of morbidity and mortality when it is not treated. Studies have found out that two-thirds of those diagnosed with depression were either dead or psychiatrically ill after three years (Anderson, 2001). Depression affects 10-15% of people over 65years living at home in the United Kingdom. It is the commonest and the most reversible mental health problem in old age in the United Kingdom (Anderson, 2001). Again, Anderson posited that depression is associated with physical illness and disability, life events, social isolation and loneliness. Depression in old age carries an increased risk of suicide and natural mortality. Recognition and attention can reduce motality, demand on health and social services and the cost of community care.

Discussing the impact of depression on life events, Goldberg (2006) stressed on higher vulnerability of women towards stressful life events but he acknowledged a possible gender difference on the quality of experience associated with life events. Although adversities were more common in women, such experiences have not been found to account entirely for their higher frequency of minor affective disorders.

Furthermore, connecting depression with the role of stressful life events, Goldberg argues that women tend to develop more close one-to-one relationships in comparison with men throughout their childhood and adolescence. This leads girls to experience more disappointments within their relationships which, he said results to an increase of the risk of developing emotional disorders.

The distraction response style, on the other hand, includes acting out

sometimes in a dangerous self-destructive way such as reckless driving or alcohol abuse. This is highly connected with the way men manifest their depressive mood and seems to be one of the main features of male depression. Culture does influence coping patterns and it seems that women's tendency to focus attention on self-blame, which leads to lower self-esteem and higher depression, is up to a point culturally induced (Cochran & Rabinowitz, 2000).

Accordingly, men who culturally 'prefer' more action orientated coping styles might benefit from externalizing blame, holding on to higher levels of self-esteem and being able to utilize problem-solving techniques. Following the response style model of depression researchers have found that the rate of suicide is higher in men even though unipolar depression in females is more common. For example, in 2004 american men were four times more likely to die from suicide than women (National Center for Health Statistics, 2004). In a sample of college students studied revealed that men reported more life threatening and potentially suicidal behaviour even though both men and women reported similar depressive symptoms. Exploring the additional factors that are associated with the increased suicide in men, cochran and rabinowitz (2000) list various parameters: family history of suicide thus isolation from others, poor health and disruptions in the family environment, like violence, incest, alcohol or substance abuse.

The Concept Anger

Anger is an emotion characterized by antagonism toward someone or something you feel has deliberately done you wrong. Anger can be a good

thing. It can give you a way to express negative feelings, for example, or motivate you to find solutions to problems. But excessive anger can cause problems. Increased blood pressure and other physical changes associated with anger make it difficult to think straight and harm your physical and mental health (Novaco, 2000).

Again anger, also known as wrath or rage is an intense emotional state involving a strong uncomfortable and non-cooperative response to a perceived provocation, hurt or threat (Videbeck, 2006).

A person experiencing anger will often experience physical effects, such as increased heart rate, elevated blood pressure, and increased levels of adrenaline. Some view anger as an emotion which triggers part of the fight or flight response. Anger becomes the predominant feeling behaviorally, cognitively, and physiologically when a person makes the conscious choice to take action to immediately stop the threatening behavior of another outside force.

Anger can have many physical and mental consequences. The external expression of anger can be found in facial expression, body language, physiological responses, and at times public acts of aggression. Facial expressions can range from inward angling of the eyebrows to a full frown. While most of those who experience anger explain its arousal as a result of "what has happened to them", psychologists point out that an angry person can very well be mistaken because anger causes a loss in self -monitoring capacity and objective observability (Novaco,2000).

Modern psychologists view anger as a normal, natural, and mature emotion experienced by virtually all humans at times, and as something that

has functional value for survival. Uncontrolled anger can, however, negatively affect personal or social well- being and impact negatively on those around them. While many philosophers and writers have warned against the spontaneous and uncontrolled fits of anger, there has been disagreement over the intrinsic value of anger (Kemp, & Strongman, 1995).

Kemp, and Strongman (1995) are of view that the issue of dealing with anger has been written about since the times of the earliest philosophers, but modern psychologists, in contrast to earlier writers, have also pointed out the possible harmful effects of suppressing anger.

Research linking anger and hostility to health, disease, and mortality are extremely nuanced. Anger has been defined as an emotional response to a perceived mistreatment that may range in intensity from irritation to rage, and hostility as a set of negative attitudes, beliefs, and appraisals concerning others as likely sources of frustration, mistreatment, and provocation (Smith, 1992). The manner in which anger is experienced, responded to, and expressed, how long one stays angry and takes to recover from it, as well as characteristics of the person (e.g., gender) appear to greatly influence the links to health and disease outcomes. As an example of the nuanced and qualified nature of the anger/health association, Hogan and Linden (2004) examined the health consequences of six independent anger-response styles—aggression, assertion, social support seeking, diffusion, avoidance, and rumination—in a sample of 159 hypertensive patients. Although the anger styles were not found to influence resting and ambulatory blood pressure levels, rumination had a detrimental influence on the relation between avoidance and assertion on blood pressure. The moderator effect of rumination also differs by gender.

There is also the possibility that some forms of anger may actually improve health (Davidson, MacGregor, Stuhr, Dixon, & MacLean, 2000) and reduce unforgiveness. Davidson and colleagues have distinguished between constructive anger and destructive anger. Constructive anger they yielded involves engaging in instrumental thoughts and actions geared toward rectifying the situation, cognitive restructuring, and interpersonal problem solving. Destructive anger they say involves rage, revenge, and hostile rumination and imagery. In this framework, anger may be a positive or negative motivating force. Anger is a component of unforgiveness; anger is a health risk; therefore, unforgiveness is a health risk.

There is the claim that negative health consequences of unforgiveness based on the link between hostility and disease exist. For example, Julkunen, Salonen, Kaplan, and Chesney (1994) prospectively studied the link between hostility and anger suppression to the progression of carotid atherosclerosis in a sample of Finnish men (N = 119; mean age 54 years). They found a twofold accelerated progression of carotid atherosclerosis in people with high cynical distrust and high anger control, even after controlling for biological and demographic risk factors.

Types Anger

Regarding anger, Brunner and Spielberger (1979) consider it a multifaceted construct, implying several components.

1. Trait Anger is a stable tendency to experience anger.

2. State Anger corresponds to the intensity of angry feelings at a particular time.
3. Anger Expression-Out implies the expression of angry feelings towards other persons or objects in the environment.
4. Whereas Anger Expression-In implies the maladaptive suppression of angry feelings.

Anger encompasses also an adaptive component, Anger-Control, i.e., the capacity to control angry feelings by preventing the expression of anger or regulating angry feelings by calming down. In adolescence research, anger has been positively correlated to depression in both normal (Deffenbacher et al., 1996; Balsamo, 2010) and clinical populations (Fava and Rosenbaum, 1999; Koh et al., 2002). A strong association has been found between Anger Expression-Out/Anger Expression-In and depressive manifestations (Bridewell & Chang, 1997). Also, according to the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5) (American Psychiatric Association, 2013), a diagnosis of a major depressive episode "requires that a child or adolescent exhibits one of the two key features: depressed or *irritable mood* and a loss of interest or pleasure" (Goldstein & DeVries, 2017, p.153).

According to the attachment theory, the link between anger and depression seems to be related to the perception of having been hurt by another person, where one initially experiences anger, sometimes causing them to break the relation with that person, and subsequently experiences depression as a result of the ruptured relationship (Bowlby, 1979; Horwitz 2004).

As damage to interpersonal relationships is related to anger and depression, the ability to repair relationships through forgiveness could be related to well-being and to the reduction of anger and depression (Akhtar & Barlow, 2016).

Concepts of Anger and Gender

Research indicates that differences exist between adolescent males and females with regard to behavioral decision-making processes and expression of emotions (Brandts & Garofalo, 2012). Although research depicts females as more emotionally expressive, males have a reputation of being more predisposed to anger. According to Sadeh, Javdani, Finy, and Verona (2011), females experience anger, but may express it differently than males. For example, instead of expressing anger by striking objects, adolescent females may talk to friends or peers (Fischer & Evers, 2011). Conversely, other studies purport that females express anger similarly to males, but experience difficulty recognizing and admitting the emotion due to social expectations and constraints (Karreman & Bekker, 2012). Males, on the other hand, tend to display anger more commonly and comfortably (Fischer & Evers, 2011). One of the many reasons that adolescent males may feel comfortable expressing anger is because it is socially acceptable (Burt et al., 2013).

An extensive number of studies have investigated anger; however, there appears to be a lack of studies exploring anger differences between genders. Karreman and Bekker (2012) conducted a study on gender differences, investigating autonomy-connectedness between genders. Their study indicated differences related to anger and sensitivity between genders. However, the study did not attempt to determine whether males and females

were equal in anger at the beginning or end of the study. Similarly, Burt, Patel, and Lewis (2012) reported that incorporating social and relational competencies into anger management groups reduced anger, but there was no discussion of anger differences between genders. Sadeh et al. (2011) indicated that women expressed more self-anger (i.e., anger directed internally toward themselves) than males, but did not investigate whether differences existed between genders before the study.

Although limited, a small number of studies have attempted to examine anger differences between genders. Similar to Sadeh et al. (2011), Fischer & Evers (2011) found that females expressed subjective anger, or self-anger, more often than males. Buntaine and Costenbader (1997) found that both genders' self-reports (assessments) indicated no significant differences. Upon further examination of their data, however, they concluded that although self-reports specified no differences, males verbally reported higher responses of anger. In contrast, Zimprich and Mascherek (2012) determined that no anger differences existed between males and females. They declared that although genders may express anger and respond to situations differently, they generally experience similar levels of anger. As can be seen from the preceding studies, inconsistences exist in the literature. Contradicting studies indicate that researchers are unclear as to whether differences in anger exist between genders.

Models of Forgiveness

The Process Model

The human development study group argued that the process of forgiveness can occur in 20 units (Enright et al. 1991). Unlike the definition of forgiveness, which people have come to know has a constant meaning, the roads to forgiveness are numerous. Following a thorough review of the literature in the fields of psychology, psychiatry, philosophy, and theology, as well as several conversations with people who have forgiven, Enright et al. (1991) developed this model as their best approximation of the process people go through while seeking forgiveness. The forgiveness process model consists of a set of affective, behavioral, and cognitive processes that progress through phases, with participants encouraged to begin small by reframing unfavourable remarks about the perpetrator. That modest change could lead to a change in behaviour, as well as a shift in how we think and feel about the person who has injured us (Ingersoll-Dyaton, Cambell & Ha, 2009).

"Forgiveness, as a moral reaction to injustice and severe hurt, is about more than just diminishing anger and enhancing self-esteem," as stated by (Freedman and Enright, 2017, (p. 5). Because forgiveness is an ethical virtue, it also requires showing charity and good will to those who have harmed us. After admitting to being damaged and expressing one's hurt sentiments, something happens. Learning to perceive the offender as a human being who deserves respect, as well as gaining a greater understanding of the offender despite his or her horrible actions (Enright, Freedman, and Freedman, 2019). In general, the process model of forgiveness is useful for resolving intrapersonal or interpersonal conflict (Mccullough & Worthington, 1994).

Rather of a "strict, step-like sequence," the model should be viewed as a "flexible set of processes with feedback and feed-forward loops" (Enright et al., 1998, p. 12). The authors describe how some people may skip lessons while others may go back and redo units they've already completed since people forgive in different ways. This forgiveness process model may not fully describe how each person forgives, but it does show how tough forgiveness is and how it is not a one-time occurrence. Each person approaches forgiveness in a different way depending on his or her previous experiences and role models.

Indeed, the actions indicated below to examine this model have incorporated slight idea adjustments throughout time (Baskin & Enright, 2004). The 20-unit model is divided into four stages, each of which is detailed briefly below.

Units 1–8 represent the *uncovering phase* as the person gets in touch with the pain and explores the injustice he or she experienced. Working through these eight units allows the injured to experience both the pain and the reality of the injury and how it has affected him or her. Feeling pain from the injury motivates some people to see a need for change, and gradually they realize that previous ways of coping may not have been effective or are no longer serving their purpose.

Units 9–11 represent the *decision phase,* which is viewed as a critical part of the forgiveness process. The Decision Phase illustrates that one explores the idea of forgiveness and what is involved in the process of forgiveness before committing to actually forgiving. As Freedman and Enright (1996) point out, one may make the cognitive decision to forgive, even though he or she does not feel forgiving at the time.

The *work phase* of the model encompasses four units beginning with Unit 12, which involves seeing the offender with new eyes or reframing who he or she is by viewing the wrongdoer in context. The individual who is hurt tries to understand the context of the offender to understand better how the injury could have occurred. Reframing often leads to feelings of empathy (Unit 13) and compassion (Unit 14). Unit 15 deals with acceptance and absorption of the pain and is seen as the heart of forgiveness (Enright et al., 1998). The injured accepts and absorbs his or her own pain as well as the pain of the offender instead of passing it on to others or back to the offender.

lastly, the *outcome phase* represents the last four units in the model. The injured realizes that as he or she gives the gift of forgiveness to the offender, healing is experienced. Through the forgiveness process, victims realize they can face the future with the knowledge that no matter what happens in life, they can survive (Enright, 2001). The model suggested that individuals engaged in the process of forgiveness should begin by identifying a single person who has been hurtful, and then applied to one individual the skills of forgiveness and later generalized to others who have been hurtful. forgiveness according to the model, involves a number of skills that can be learnt. enright also suggested the use of a journal during the forgiveness process and provided numerous questions that individuals can use for reflection (Ingersoll-Dayton, Campbell, & Ha, 2008). 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. The model is effective for both individual and group-based interventions. the entire process of forgiveness

may lead to improved psychological health.

Two-Wave Panel Model

This model is the simplest model that permits one to observe change. It is a two-wave panel design in which people complete measures of their thoughts, feelings, emotions, or behaviors regarding a transgressor (i.e., measures traditionally conceptualized as "forgiveness" scales) on two different occasions. Each individual's Time 1 score can be subtracted from or covaried out of his or her Time 2 score to create a value representing the individual's net change between the two time points. This method statistically equates individuals by removing between-persons differences at Time1. McCullough and colleagues (McCullough, Bellah, Kilpatrick, & Johnson, 2001) used a two-wave panel model to examine vengefulness and rumination as correlates of forgiving. By computing change scores for individuals who completed measures of forgiveness on two occasions, the researchers found that people with high scores on a self-report measure of their vengeful behaviours and their attitudes regarding revenge experienced less reduction in their revenge motivation in the months after an interpersonal transgression than did people with lower scores. They also found that people who experienced reduced avoidance and revenge motivations regarding a transgressor also tended to experience reduced ruminative cognition and reduced effort to suppress those cognitions.

Researchers often use two-wave panel designs to evaluate forgiveness intervention to improve statistical power, but apparently not because they believe it is a better representation of forgiveness. Two-wave panel designs are certainly better than using cross-sectional individual differences to measure

forgiveness, but they still have drawbacks. First, researchers using a two-wave design would typically measure people who had been hurt at some point in the past twice (possibly with random assignment to an experimental condition between the two measurements) and compute change scores. In such a design, the only values of time attached to the two scores are values representing their placement in the research design, not values that have psychological meaning (i.e., the amount of time that had passed since the transgression occurred).

Second, by using pre- and post-differences to approximate forgiveness, one necessarily assumes that any given individual changes at a constant rate: Like cannon balls fired into the sky at different angles on a planet with no gravity, the two-wave design assumes that an individual's rate of change stays the same forever and, therefore, can be estimated with fidelity from any two given points in his trajectory. One might not want to assume this, but it is impossible to do otherwise because the most rational trajectory between two points is a straight line. A third problem with the two-wave design is that true change cannot be separated from measurement error.

The Pyramid (REACH) Model of Forgiveness

Scientific research on strategies to foster forgiveness is scarce, (Worthington, 1998). In this context, Worthington devised a forgiveness pyramid model, which proposes three fundamental components: empathy, humility, and commitment (Worthington, 1998). Empathy for each other's predicament is seen to be important in promoting a softer climate between partners, allowing them to risk forgiving each other. Each spouse's humility helps this process along by requiring the wounded partner to admit that she or he is not perfect by recalling times when she or he has hurt the offending

partner.

This recognition of human fallibility and one's own flaws, according to Worthington, leads to the realization that forgiveness, which frees the offender from one's own hatred, anger, or retribution, is the just or fair thing to do: forgiveness is thus seen as "the natural response to empathy and humility" (Worthington, 1998, p. 64).

The Reach Pyramid Model was named after Worthington's pyramid model.The term "reach" refers to a five-step forgiveness process. The five-step intervention procedure in the pyramid model of forgiveness begins with the injured individual recalling the harm(r) by acknowledging the transgression and assessing the nature of the injury. Second, the individual develops empathy for the offender (e), hence the intervention focuses on encouraging each partner to empathize with the other's situation. Writing a letter from the other person's perspective or explaining the hurtful events in a session from the other's perspective are examples of interventions. Third, partners are invited to give an altruistic gift of forgiveness (a), in which participants reflect on moments when they have required and been granted forgiveness, as well as how the impact of forgiveness has had on them. This encounter has the potential to be of high quality of humility by accessing the realization that one is not perfect. It promotes awareness of one's partner's suffering as well as a desire to alleviate that suffering by granting forgiveness.

Once the therapist considers that the partners have experienced enough empathy and gained enough humility to take this step, the fourth stage in the model is for them to verbally vow to forgive(c).The individuals are encouraged to discover strategies to hold on to forgiveness in tough

circumstances in the last stage (h), because it is unavoidable that past injuries will be remembered(Worthington et al., 2001).

Empathy, humility, and dedication are claimed to be three emotional experiences required for the model's effectiveness. The Enright Process and Reach models are the most often used forgiveness therapies (Worthington,1998). People are informed about the negative repercussions of unforgiveness on their mental, physical, and emotional health using the reach model.The interventional method aims to help people recognize, embrace, and acknowledge their sentiments of anger, pain, and maybe revenge.Because the reach model is linked to a decrease in retribution and an increase in forgiveness, it is beneficial in transforming attitudes and feelings exhibited toward the offender. The model, according to Lijo (2018), is beneficial in assisting couples or partners in resolving interpersonal offense.

Forgiveness Model by Shults and Sandage (2003)

Another process forgiveness model developed by Shults and Sandage (2003) was a three-step process forgiveness model. First, the victim is encouraged to express his or her displeasure with the wrongdoing. A "psychological and spiritual practice of acknowledging and feeling the emotional suffering generated by an interpersonal disagreement" is what lament is defined as (Shults & Sandage, 2003, p. 93).This lament allows the victim to reflect on the offense's unpleasant consequences as well as doubt and question the creator who permitted these events to occur. Furthermore, the victim is able to feel and express his or her anguish and despair through this lament.When it comes to lamenting, empathy in the counseling relationship is essential. When it comes to the use of forgiveness in counseling, Schweitzer

(2010) emphasizes the significance of "listening with tact."

As the counsellor listens and creates a fresh connection experience, forgiveness is experienced and the framework for the victim to use in processing his or her negative experiences is developed. Therefore, the following recommendations were made (Schweitzer, 2010): (a) be non-judgmental, (b) use active listening, and (c) make interpretations via questioning.

The second aspect of Shults and Sandage's (2003) forgiveness model is encouraging empathy and humility on the part of the victim towards the offender. Here empathy is focused on the victim's ability to see the offender in his or her own personal context. This is the idea of exoneration. That is, the victim begins to gain insight into the relational context for his or her relationship with the victim - the relationship that gave rise to the victimization — as well as an understanding of the offender's context that also includes victimization.

Empathy allows victims to understand that offenders are also victims, and they are likely to victimize out of their own victimization. Empathy also connects divine and human forgiveness (Shults & Sandage, 2003).

Extending narrative horizons is the third and last feature of forgiveness.

That is, as the victim laments the incident and develops empathy for the offender, he or she begins to cultivate a forgiveness-oriented lifestyle. The concept of being a forgiving person is fostered through a specific practice of forgiveness in a specific environment. By expanding the narrative frontiers

from a specific transgression and act of forgiveness to acting and being a forgiving person, the victim begins to enter a narrative trajectory of being a forgiving person. To put it another way, the victim begins to embody the virtue of forgiveness.

Hargrave's Model

Family therapy takes place in an environment that is particularly conducive to forgiveness treatments (Hargrave, 1994). In order to keep one's individuality in a relationship, forgiveness is necessary. The forgiveness process is divided into two areas in Hargrave's model: exoneration and forgiveness.

Exoneration contains two positions: insight and understanding, which, according to him, empowers the victim of injustice to relieve the burden of guilt from the perpetrator of the wrongdoing. The ability to notice and change the damaging tendencies that perpetuate unjust re-enactments is facilitated by insight. Understanding allows for the recognition of the victimizer's shortcomings without absolving them of blame (Sells & Hargrave, 1998).

Forgiveness is the second of Hargrave's categories.It consists of the last two stations: allowing for recompense and the obvious act of forgiveness.The victim gives an opportunity for the victimizer to act restoratively in the relationship by engaging in trustworthy acts by providing an option for reparation. The frank disclosure of earlier damaging behavior and the demonstration of alternative relational patterns are all part of the obvious act of forgiveness. Unlike other models, Hargrave does not view forgiveness as a series of steps to be completed. Rather, it's seen as an

undulating or reciprocal contact between the four stations, with the goal of forgiving and restoring connections. The model's foundation is relational ethics. Hargrave invented this as a family therapy, and it is used to help couples settle marital dispute (lijo, 2018).

Decision-Based Forgiveness Model

The idea that forgiveness is a process that needs time and emotional preparedness is gaining traction in the literature (e.g., Enright & Human Developmental Study Group, 1991). For others, this may be a slow process, (Disblao,1998). He then tried out a method for speeding up the process and putting it to use in therapy. People, he claims, appear to have the ability to forgive swiftly when emotions are high or a need is urgent. As a result, forgiveness was defined in a way that allows people to exercise cognitive control over whether or not to forgive (Disblao, 1998).

The cognitive letting go of resentment, bitterness, and the craving for retribution is defined as decision-based forgiveness. It is not, however, always the end of emotional sorrow and suffering. Although cognitive functions are dynamically connected with emotional states, emotions do not have to control them (Disblao,1998). Baskin and Enright (2004), cited philosopher Neblett who says that the importance of forgiveness is in the decision to forgive, as well as the proclamation "I forgive you." When someone decides to forgive and proclaims it, several essential things happen. First and foremost, the forgiver has passed a critical boundary. He or she has transitioned from bitterness to not allowing resentment to control the relationship. Even if the

forgiver still feels resentment, he or she chooses not to let it govern him or her.

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

When victims adopt cognitive choices that promote harmony in their relationships, peace within themselves, and, for believing clients, serenity with God, they become empowered in the decision-based paradigm.When forgiveness is discussed in therapy, it is frequently vaguely defined and considered as a continuous process. Hurt and pain can take a long time to heal, but making the decision to seek or grant forgiveness encourages recovery.

A therapy that begins with forgiveness has the potential to foster goodwill among individuals as well as inner tranquility. This frees therapy from offensiveness and resentments, allowing clients to work with difficulties such as hurt, rage, communication breakdowns, intimacy breakdowns, dysfunctional behaviors, and so on. A victim should not forgive out of surrender and utter contempt for his or her own self-integrity. A forgiveness-based therapy should focus on the victim's and offender's self-respect, as well as the victim's and offender's ability to forgive and act to stop and/or prevent the offence from recurring (Disblao 1998).

Mccullough, Worthington, and Rachal (1997) assert that the decision

model is a technique of cultivating both cognitive and affective empathy. The model outlined by the authors comprises nine basic components. First, the participants established a connection with the intervener, and second, each participant investigated the traumatic experience and his or her reaction to it. The third step entailed using vignettes and conversation to better understand empathy. The fourth activity was a teaching unit in which the leader discussed the connection between being empathic toward an offender and finally forgiving them. Fifth, the participants conducted cognitive reframing and focused on the offender's psychological state and general circumstances in life through written and spoken exercises.

The respondents were then asked to think of situations when they required forgiveness from others. The participants were urged to see the offender's behavior in light of its situational factors during the examination of attribution errors that followed. Following that, there was a focus on the offender's needs and how forgiveness could improve the offender's well-being. Finally, the differences between repentance and reconciliation were examined, as well as ways for generalizing what had been learned.

Cognitive Developmental Model (1991)

This is a model first developed by Enright and the human development study group based on Kohlberg's theory of moral development (Baharudin, Amat, Jailani & Sumari, 2011). According to Mccullough, Pargament, and Thoresen (2000), the stages of Kohlberg Moral Development are: first, heteronomous morality, which implies that ‘I believe justice should be decided by authority’. Second, individualism, which means that ‘I have a feeling of reciprocity’ that ‘I use to define justice. As a result, if you assist me’, ‘I am

obligated to assist you as well'. Third, there are shared interpersonal expectations, which involves the reason that the group consensus should decide what is wrong and right. Fourth, social system and conscience, in which societal laws serve as guidelines for justice.

Furthermore, the social contract, in which people hold a diversity of viewpoints while adhering to the group's norms and laws. Finally, universal ethical principle, where the sense of justice is based on maintaining the individual rights of all persons. Forgiveness goes through six stages, these include *revengeful forgiveness,* which states that forgiveness is possible only after retaliation which parallels the person's pain. *Restitutional forgiveness,* thus granting of forgiveness to relieve guilt or after restoration of that which was lost. *Expectation forgiveness* states that forgiveness occurs in response to social pressure. *Lawful expectational forgiveness,* the granting of forgiveness because one submits to a moral code or authority such as a religious conviction. *Social harmony,* forgiveness is granted as a means of reducing social friction and to maintain peace. *Forgiveness as an act of love,* hurtful acts do not alter love commitment. Forgiveness maintains the possibility for reconciliation.

The first two stages involve a distortion of forgiveness when forgiveness and justice are confused. Here, forgiveness can only occur after the wrongdoer has been subjected to revenge or appropriate punishment. The middle two stages imply that forgiveness is promoted by social pressure from significant others and forgiveness and justice are no longer confused. The fifth stage suggests that a person is willing to forgive if social harmony is restored by an act of generosity. The final stage indicates that a person forgives

unconditionally because it promotes a true sense of love. This model suggests that as individuals develop cognitive skills, they become more capable to assume the perspectives of others.

These models highlight a fundamental difference. The first two models are process based, whereas the rest are decision- based models. This means forgiveness can be process- based and decision- based. This study will be carried out using only the process-based models. This decision is based on the efficacy of the process-based models in counselling interventions. The process-based models when compared with control groups, in counselling interventions for measures of forgiveness and other emotional health measures like depression, anxiety, self-esteem and anger, the process-based group interventions showed significant effects more than the decision-based (Baskin & Enright, 2004).

Depression and Gender

Depression is one of the few major mental disorders for which gender has played a comparatively central role in research the term "gender" typically arises in one of two ways. Most commonly, it serves as an implicit, if ill-defined, synonym for differences between women and men in the incidence, prevalence, causes, or treatment of the disorder. The gendered responding framework assumes that gender plays a role in the way all individuals respond to distressing emotions ranging from basic negative affect to an episode of major depression (Addis, 2008). From a more psychological perspective, two variables have been implicated in contributing to the gender difference in depression: interpersonal orientation and rumination. Researchers have suggested that the higher levels of these constructs among women are

associated with their higher rates of depression. The prevalence of major depression is higher in women than in men thus in 2010 the global annual prevalence was 5.5% and 3.2%, respectively, representing a 1.7-fold greater incidence in women (Albert, 2015).

Although it is well documented that women are twice as likely to be diagnosed with major depression, population-based estimates indicate that there are still a significant number of men who suffer from the disorder, and there is evidence that the gender gap is narrowing. Researchers and practitioners working in the area of men's mental health have increasingly suggested that major depression can be "masked" in men and that this may produce an underestimate of the true rates at which men suffer from the disorder. It has been clear for some time that men are roughly half as likely as women to be diagnosed with major depression (Cochran & Rabinowitz, 2000).

It has also been suggested that the prevalence of depression in men has been underestimated due to men's greater tendency to express depression in ways that do not correspond to the symptoms tapped by structured interviews based on the *diagnostic and statistical manual of mental disorders* (dsm), (Cochran & Rabinowitz, 2000). For example, it is possible that the greater prevalence of substance use disorders in men may reflect, at least partially, the presence of underlying depression. Excluding the possibility that some men may mask depression or express it differently than women.

Several theories have been put forth to account for this sex difference, including biological factors, social learning of gender roles, and coping and response styles. Men may be less likely than women to ruminate in response to depressed mood and more likely to distract themselves (Nolen-Hoeksema,

2002).

Men again are less likely than women to seek help for depression, evidence show that men and women differ on average in the frequency with which they experience depression and in how they respond to the disorder. It should be noted that none of these findings pertain to differences in the expression of the disorder per se (that is symptom differences) hence, reports that there are no differences between the men and women in the number of hospitalizations for depressive episodes this implies that both sexes suffer the same level of depression (Nolen-Hoeksema, 2002).

According to Brownhil, Wilhelm, Barclay, And Schmied, (2005) men feel depression in the same way as women, but the difference lies in what men 'do' when they are depressed. They argue that through risk-taking behaviours, violence, substance abuse, aggression, depressed men are employing five coping mechanisms against the hidden pain. They try to "avoid it", men tend to forget or not think about problems; "numb it", for example through substance abuse; "escape it", maybe spending many hours at work; "hating me, hurting you" through either self-abuse or/and anger related behaviours and violence; "stepping over the line" for instance, committing suicide.

Depression and Age

As the common cold of psychological disorders, depression is the number one reason people seek mental health services. As many as 5 to 10 percent of adults in the united states suffer from a severe pattern of depression in any given year, while another 3 to 5 percent suffer from mild forms of the disorder. The depressive tendency relating to the female gender does not manifest itself before puberty and the notable differences in incidence of

depression begin at the age of puberty (Lenzo, Toffle, Tripodi, & Quattropani, 2016).

The higher prevalence of major depression among females than males has been consistently observed among adults in the general population. In a cross-sectional study of adults age 18-87, the result revealed a negative relationship between age and depressive symptoms. However, it is believed that depressive symptoms increase with age. For example, in an 8-year longitudinal assessment of depression among adults age 54-77, showed significant increases in depression for older groups (66 years and above). It has also been suggested that the relationship between age and depression is u-shaped. Thus, depressive symptoms decline from young adulthood to midlife and then begin to rise again with increasing age making it a u-shape, (Rothermund & Brandtstadter, 2003).

Nolen-hoeksema (2002) reported that although sex differences in depression are apparent in both adolescence and in adulthood, these differences are not typically found among young people attending college. He demonstrated that college-aged males are more likely than college-aged females to respond to their symptoms of depression by engaging in activities that distract them from their problems that is distracting response style.

Comparisons of the older and middle-aged adults' groups indicated that the older and middle-aged adults had significantly lower depression than the college-aged adults. From college age to middle age, depression steadily decreased and reached its lowest level in middle adulthood. At this point, depression levels stabilized, which focus more strongly on the resilience of elderly persons and the reduced prevalence of depression in old age (Nolen-

Hoeksema, 2002)

Forgiveness Education

Research has shown that exposure to negative environmental conditions such as poverty and violence can have adverse influence on young children. Forgiveness education programs are designed to ameliorate this deleterious impact on young children by targeting excessive anger that can arise from deep hurt. Forgiveness education is a classroom program based on the Enright Process Model of Forgiveness (Enright, 2001) and targets anger and related variables such as depression which often affect adolescents in conflict and impoverished communities. Sustained exposure to violence puts these adolescents at risk for increased mental health problems such as anger, depression, anxiety, and others (Buckner, Beardslee, and Bassuk, 2004; Pynoos, Steinberg, & Goenjian, 1996). Many schools offer special programs or services for their students to address mental health issues (See Gansle, 2005). However, many of these programs have been criticized for being more reactive than preventative, for addressing anger and violence when they occur rather than reducing or eliminating them (Edwards, 2001; Smith & Sandhu, 2004). One promising alternative to existing programs may be innovative forgiveness education programmes that directly address underlying anger and depression associated with deep personal hurt, and incorporate foundational principles of interpersonal forgiveness with developmentally appropriate educational activities.

These forgiveness programs represent an important addition to the traditional model of mental health services by training and empowering the classroom teachers to provide the forgiveness education programs to their

students in their normal classroom. Research on this method of forgiveness education has demonstrated that developmentally appropriate forgiveness education programs effectively ameliorate negative mental health variables such as anger and depression for young children (ages 5-7) in violent and impoverished communities (Enright, Knutson Enright, Holter, Baskin, & Knutson, 2007). Research has also shown that children in impoverished communities are at great risk for experiencing direct and indirect violence, and the longer these children are exposed to poverty and violence the greater their risk for mental health problems (Bolger, Patterson, Thompson, & Kupersmidt, 1995; Samaan, 2000). The adolescents who live and attend school in such communities are beleaguered by increasing levels of poverty and violence that consequently endanger their personal mental health and successful development. Therefore, this study seeks to examine the effectiveness of a forgiveness education program on mental health variables for Junior High Students (ages 11-19) with extended exposure to poverty and community violence in Bimbilla. Many adolescents living in such communities are negatively impacted by poverty and violence in two significant ways: 1.) they often experience increased exposure to violence (direct and indirect violence), and 2.) they often lack sufficient social support and resources needed to successfully process their experience of violence (Osofsky, 1995; Overstreet, 2000). The combination of these two conditions contributes to a "persistent and pervasive perception of danger" that can put adolescents at risk for increased mental health problems from adolescence and throughout their life (Buckner, Beardslee, and Bassuk, 2004, p. 420; Pynoos, Steinberg, & Goenjian, 1996). Several studies suggest that adolescents from conflict

communities have more emotional health problems than children from higher socioeconomic strata, including internalizing problems (such as anger, anxiety, or depression) and externalizing problems such as antisocial behavior (Dearing, McCartney, & Taylor, 2006). Buckner, Beardslee, and Bassuk (2004) revealed that exposure to violence was the greatest predictor of both internalizing and externalizing mental health problems among adolescents.

Furthermore, these disadvantages increase the longer the adolescent remains in violence and poverty (Bolger, Patterson, Thompson, & Kupersmidt, 1995; Samaan, 2000). Longitudinal research in Australia and the United States has found that poverty in the first five years of life negatively affects emotional health in adolescence (Spence, Najman, Bor, O'Callaghan, & Williams, 2002), and that compromised mental health in adolescence is linked to negative mental and physical health in adulthood (Kazdin, 1987; Weissman et al., 1999). The injustices of poverty – such as increased exposure to violence and diminished social support – play a role in increasing a child's anger (Brody, McBride Murry, Kim, & Brown, 2002; Eamon, 2002) and depressive symptoms (Gross, 1998). Recent research demonstrates the link between adolescent's anger and negative outcomes such as poor academic progress, poor interpersonal relationships, and substance abuse (Deffenbacher, Lynch, Oetting, & Kemper, 1996; Enright & Fitzgibbons, 2000; Fryxell & Smith, 2000; Furlong & Smith, 1998; Lipman et al., 2006). Goodwin's (2006) research demonstrates the comorbidity of anger and depression in that certain strategies' adolescents may use to cope with anger – such as smoking, arguing, and drinking alcohol – are statistically significantly associated with feelings of depression. Because of the insight into the deleterious effects of anger on

adolescents, especially those from impoverished and violent environments, psychologists and educators have taken a renewed interest in anger-reduction programs within school settings. It is unfortunate, however, that the call for anger reduction in schools is more consistent in the published literature than actual programs to reduce it. Relatively few programs designed to help students with their anger actually do so (Gansle, 2005; Lipman et al., 2006). Furthermore, many of these programs are designed to provide mechanisms for dealing with expressions of anger only after they occur, and are therefore more reactive than preventative (Edwards, 2001; Smith & Sandhu, 2004).

The overwhelming message expressed through these many statistics is that, like other impoverished communities, violence and poverty levels can put the adolescent at risk for mental health issues, academic failure, and developmental set-backs. It should be mentioned that if these adolescents were encouraged to participate in the forgiveness education program, they would have sufficient support structures, enjoy healthy development, and experience success on many levels.

Forgiveness and Mental Health

Considering mental health correlates and outcomes of forgiveness is important for at least four reasons. First, unforgiveness is often a core component of stress resulting from an *inter*personal offense, and stress is associated with decreased mental health. Second, unforgiveness resulting from *intra*personal transgressions may increase levels of guilt, shame, and regret that in turn negatively impact one's mental health. Forgiveness may be one way of coping with *inter*personal and intrapersonal stress in a fashion that promotes positive adjustment. Third, the cost of mental illness to society is

enormous. For instance, in 1996 alone, direct costs exceeded $80 billion (U. S. Department of Health and Human Services, 1999). Fourth, mental health is often linked to physical health, and as such, mental illness may increase costs of physical health care. To the extent that forgiveness can be shown to ameliorate negative mental health consequences of interpersonal and intrapersonal offenses, it will become increasingly recognized as a viable means of treatment and an important protective variable.

Unforgiveness has been defined by Worthington and colleagues (Worthington, Sandage, & Berry, 2000; Worthington & Wade, 1999) as a combination of delayed negative emotions (i.e., resentment, bitterness, hostility, hatred, anger, and fear) toward a transgressor. Unforgiveness is essentially viewed as stress response (Worthington & Scherer, 2004) with potential health consequences. Unforgiveness is distinct from the immediate emotional response to a perceived injustice. It can be viewed as getting stuck in negative emotions and a hyper aroused stress response through rumination. Not everyone who experiences an offense experiences unforgiveness. Forgiveness can be seen as one of many ways to reduce or avoid unforgiveness (Worthington, 2001). As such, the hypothesized health benefits of reducing unforgiveness and fostering forgiveness are not necessarily synonymous. We view forgiveness not only as the reduction of unforgiveness through reducing the negative thoughts, emotions, motivations, and behaviors toward the offender but also as the increase of positive emotions and perspectives, such as empathy, hope, or compassion. Although the health benefits of forgiveness should include the health benefits of unforgiveness reduction, there may be additional health benefits associated with the increase

of positive states. Furthermore, it may be possible to reduce unforgiveness and reap the hypothesized health benefits without forgiving.

Review of the Theoretical and Empirical Literature

We consider three general hypotheses that are relevant to the notion that forgiveness and unforgiveness may be related to physical health and disease: (a) Unforgiveness is associated with health risks; (b) positive states that are characteristic of forgiveness have health benefits beyond those associated with the reduction of unforgiveness; and (c) forgiveness interventions produce changes in health and disease outcomes when evaluated with randomized trials. Here we unpack these broad and multidimensional hypotheses, review relevant evidence, and discuss the nature of future research that might help us understand under what conditions each hypothesis may hold.

Forgiveness is likely to promote mental health indirectly through variables such as social support, interpersonal functioning, and health behavior (Temoshok & Chandra, 2000; Worthington et al., 2001). These mediating variables are commonly associated with improved mental health (Bausell, 1986; Mohr, Averna, Kenny, & Del Boca, 2001; Saltzman & Holahan, 2002). Worthington et al. (2001) propose that forgiveness is positively related to these mediating variables that in turn are positively related to mental health.

On closer examination, the relationship between forgiveness and mental health may be viewed as indirect in all cases. Although the indirect effect described above is clear, the direct effect described above, in actuality, is thought to operate through rumination and its connection to a variety of negative emotions. However, it may still be helpful to keep the distinction

between direct and indirect effects. Because lack of rumination appears to be an underlying determinant of the ability to forgive (see McCullough, 2000), it may go hand in hand with forgiveness and thus may not be a mediating factor. Social support, interpersonal functioning, and health behavior seem less likely to be intertwined with the ability to forgive and thus more likely to be clear mediators. With mental health in nine of the ten studies. Of the three studies incorporating state forgiveness measures, two showed associations with mental health. More needs to be learned about different types and state-trait considerations of forgiveness in its relation to mental health.

Assessment of mental health outcomes in relation to forgiveness has generally been limited to depression, anxiety, broadly defined mental health, and broadly defined well-being. Nevertheless, findings within this limited range of outcomes appear quite consistent. Nine of thirteen studies examined depression, and all nine showed expected associations with forgiveness. Eight of thirteen examined anxiety, and again all eight showed expected associations with forgiveness. Five of thirteen examined overall mental health and/or well-being, and four of these studies showed expected associations. Other mental health outcomes have received less attention. Only two studies (Kendler et al., 2003; Witvliet, Phipps, Feldman, & Beckham, 2004) exist where variables such as posttraumatic stress disorder (PTSD), phobia, panic, and substance abuse have been considered. Findings from these studies suggest that the connections of forgiveness to mental health reach beyond only depression and anxiety.

The contexts in which forgiveness and mental health have been assessed are limited. For instance, forgiveness and mental health in the context

of other health concerns (e.g., traumatic injury, alcoholism, combat-related PTSD) are beginning to receive attention (Hart, 1999; Toussaint & Webb, 2003; Webb, Kalpakjian, & Toussaint, 2003; Webb, Robinson, Brower, & Zucker, 2003; Witvliet et al., 2004), but much more work remains to be done. Many hurts and offenses may be considered traumatic, and the relationship between forgiveness and mental health in the context of traumatic injury or illness should also be examined. Alcohol and substance abuse disorders are often co-morbid with other mental disorders, and these outcomes should also receive further attention. In addition to using assessments of symptoms, it would also be worthwhile to use diagnostic mental health outcome variables that have been verified by a structured clinical interview (e.g., SCID-I; First, Spitzer, Gibbon, & Williams, 1997).

Generally speaking, this small body of literature reveals a relationship between forgiveness and mental health. However, there is a great deal of variability with regard to the magnitude of these associations. Associations have been reported as small as .20 and as large as .70 or greater. An important task is to understand what factors account for such variability. For instance, factors such as age and type of forgiveness have been shown to have an impact.

Conceptual Framework

Based on the objectives of this study and the review of the related literature, the following conceptual framework is developed to be explored in this study. Forgiveness is not only viewed as the reduction of anger, depression and unforgiveness through reducing negative thoughts, emotions,

motivations and behaviour toward the offender but also as the increase of positive emotions and perspectives such as empathy, hope or compassion.

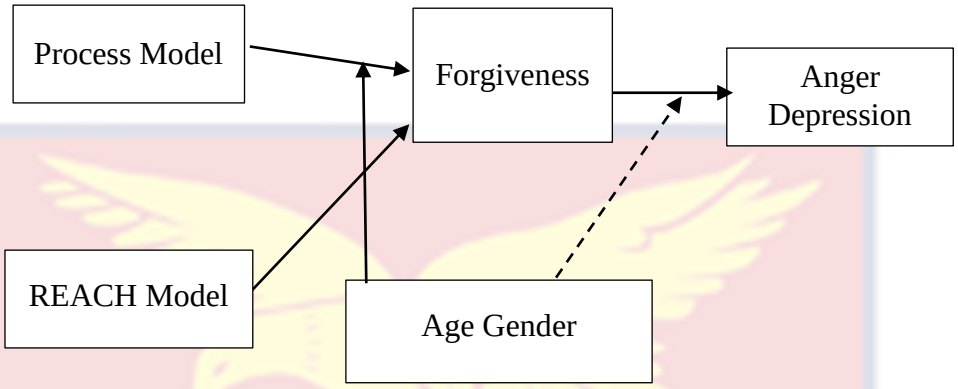

Figure 1: A model of Predictability of Process and REACH Models of Intervention on Forgiveness and its Relationship with Anger and Depression.

Looking at the conceptual framework, it is clear that anger and depression have not directly been treated but assessed in the study. This is because anger and depression are not directly measured in the study. They are distal meansures (Rye & Pargament, 2002). The main target of the study is to measure forgiveness using the Process and REACH Models. Forgiveness is a proximal measure, that is the variable directly measured (Rye & Pargament, 2002). Considering the relationship between forgiveness, anger and depression as a mental health variables, it is clear that when forgiveness is increased, there will be high levels of forgiveness, positive affectivity, positive behaviour and positive cognition toward the transgressor and anger and depression would also be ultimately reduced towards the perpetrator of the hurt and the person who is hurt respectively. On the contrary, if there exist an increase in unforgiveness, there would be a low level of forgiveness, negative affectivity, negative behaviour and negative cognition which will also lead to an increase

in anger, high level of depression, negative affectivity, negative behaviour and negative cognition.

In this Framework, forgiveness education is the independent variable, whereas Anger and depression are the dependent variables with personal variables being age and gender. The conceptual base of this experimental study is that forgiveness, anger and depression are mental health constructs which are functions of emotions. This suggests that if participants are taken through a well-designed intervention programme such as Forgiveness Education,(Process and REACH Models) the level of forgiveness attitude will improve leading to a drastic reduction of anger and depression among participants. (see Figure 1).

Empirical and Theoretical Approaches to Studying Forgiveness and Culture

Social science researchers approaching forgiveness and culture empirically have largely relied on three main approaches. First, quantitative strategy involves cross-cultural psychological research within a particular cultural domain outside of the United States in an effort to test the validity of a forgiveness model previously developed in the United States. For example, Huang and Enright (2000) tested Enright's developmental model of forgiveness in South Korea. Similarly, Park and Enright (1997) used a Taiwanese sample to determine whether older adolescents (ages 20–23) would be more intrinsically forgiving than their younger counterparts (ages 12–14), who were hypothesized to be more extrinsically motivated. In both cases, the

researchers were looking to other cultures to generalize, providing evidence of the potential universality of a certain forgiveness process. The main advantage of this approach is that it can show how certain aspects of forgiveness may be universal or similar for people across many or all cultures. The main limitation of this approach is that models and measures from one cultural context might be used in a different cultural context without adequate attention to subtle variants in cultural meaning.

Another quantitative approach that researchers have implemented involves cross-cultural psychological research comparing samples from two or more different cultural, ethnic, or racial groups on forgiveness measures. For example, Kadiangandu, Mullet, and Vinsonneau (2001) compared Congolese and French samples, and Takaku, Weiner, and Ohbuchi (2001) compared Japanese and American samples. It should be noted that this type of cross-cultural research includes not only comparisons between cultures across the national divide but sometimes between cultures within the same nation. Azar and Mullet's (2001) comparison of forgiveness schemas between Christian and Muslim religious samples within Lebanon provides one illustration. A major benefit to this type of approach, in addition to supplying direct evidence for similarities and differences across cultures, is that comparisons can still be made within cultures. For instance, Kadiangandu and his colleagues (2001) not only compare the French and the Congolese but also look for gender differences within each culture.

The third empirical approach includes the general category of qualitative methods that anthropologists, psychologists, and sociologists have used to try to understand the cultural and social functions and meanings of

forgiveness in particular contexts (e.g., Gobodo-Madikizela, 2002). The chief advantage of many qualitative approaches is that researchers can be placed in close proximity to the cultural communities and lived experiences of those being studied. These approaches can provide access to narratives and other cultural artifacts involved in social processes of forgiveness, demonstrating the meaning and functions that forgiveness serves for people of various cultural traditions.

Kratz's (1991, 1994) ethnographic study is a good example in describing how the Okiek of Kenya use a communal ritual of confession and forgiveness as a culturally proscribed rite of passage for the initiation of adolescent girls into adulthood. Kratz's fieldwork with the Okiek spanned 14 years and involved detailed ethnographic analyses of ritual events. For example, 14-year-old Okiek girls confess all of their "social debts" in the form of personal narratives (or *pesenweek*) during a late-night community ceremony in front of a fire. During their confessions, the girls are questioned by a male announcer who challenges them to admit all hidden sins. As the girls confess, they are publicly harangued and jeered by laughter from adult community members, who then come forward in a line and demonstrate absolution and forgiveness by taking turns anointing the girls' faces with a mixture of fat and saliva. This ceremony is followed by the girls' excision (a form of genital mutilation) and culminates in their status transformation as part of the adult community.

One function of this ritual of confession and forgiveness is to alleviate any lingering anger or resentment toward the girls by adults who might be involved in the excision cutting. Kratz (1991) contrasts this ceremony with

Catholic confession in which the ritual of confession and forgiveness is played out repeatedly and privately in confessional over the course of an individuals' adult life rather than as a single developmental rite of passage.

Nqweni's (2002) phenomenological interview study with South African families that were victimized by apartheid-related political violence and publicly shared their stories with the Truth and Reconciliation Commission (TRC) represents a different kind of qualitative approach (Gobodo-Madikizela, 2002). The interview data offers a thick narrative description of how these families had suffered and the systemic complications involved in forgiving alleged perpetrators. For example, some participants found the public testimony of alleged perpetrators to be unconvincing, and this particularly hindered forgiveness when the location of personal remains was an issue. In some cases, disunity within victimized families seemed to be exacerbated by the TRC process. Some participants objected to cases where perpetrator amnesty was granted before reparations were clarified. Despite these and other systemic barriers, some of the participants articulated forgiveness toward perpetrators. Community support was described as a primary healing resource for families. Unfortunately, Nqweni did not report the frequencies or location of these themes within the sample, which compromises the adequacy of the description of the data and limits phenomenological validity.

Enright and Human Development Study Group (1994) hypothesized that reasoning about forgiveness develops along the same trajectory as does Kohlbergian moral reasoning (Kohlberg, 1976). Correspondingly, they proposed that people at the earliest stages of moral reasoning about

forgiveness—the stages of revengeful forgiveness and restitutional forgiveness—reason that forgiveness is only appropriate after the victim has obtained revenge and/or the transgressor has made restitution. People at the intermediate stages—expectational forgiveness and lawful expectational forgiveness—reason that forgiveness is appropriate because social, moral, or religious pressures compel them to forgive. People's view of forgiveness as social harmony and forgiveness as love reason that forgiveness is appropriate because forgiveness promotes a harmonious society and is an expression of unconditional love. In support of this hypothesis, Enright, Santos, and Al-Mabuk (1989) found in two studies that Kohlbergian moral reasoning, as assessed with standard interview measures, was positively correlated with people's stage of reasoning about forgiveness.

Personality and Forgiveness

Forgiving people differ from individual to individual, some individuals are less forgiving people on many personality attributes. For example, forgiving people report less negative affect such as anxiety, depression and hostility (Mauger, Saxon, Hamill, & Pannell, 1996). Forgiving people are also less ruminative (Metts & Cupach, 1998), less narcissistic (Davidson, 1993), less exploitative, and more empathic (Tangney et al., 1999) than their less forgiving counterparts. Forgivers also tend to endorse socially desirable attitudes and behavior (Mauger et al., 1992). Moreover, self-ratings disposition to forgiveness correlate negatively with scores on hostility and anger variables (Tangney et al., 1999).

To some extent, these array of correlates probably convey redundant information because most personality traits can be reduced to a handful of

higher- order personality dimensions. Within the Big Five personality taxonomy (John & Srivastava, 1999), for example, the disposition to forgive appears to be related most strongly to agreeableness and neuroticism (McCullough & Hoyt, 1999). Adjectives such as "vengeful" and "forgiving" tend to be excellent markers for the Agreeableness dimension of the Big Five taxonomy, and other research confirms the agreeableness–forgiveness link (Ashton, Paunonen, Helmes, & Jackson, 1998; Mauger, 1996). Researchers have found also that forgiveness is related inversely to measures of neuroticism (Ashton et al., 1998; McCullough & Hoyt, 1999). Thus, the forgiving person appears to be people who are relatively high in agreeableness and relatively low in neuroticism/negative emotionality.

Social Factors Influencing Forgiveness

Forgiveness is influenced also by the characteristics of transgressions and the contexts in which they occur. Generally, people have more difficulty forgiving offenses that seem more intentional, severe, and have more negative consequences (Boon & Sulsky, 1997; Girard & Mullet, 1997).

The extent to which an offender apologizes and seeks forgiveness for a transgression also influences victims' likelihood of forgiving (Darby & Schlenker, 1982; Girard & Mullet, 1997; McCullough, Worthington, & Rachal, 1997; McCullough et al., 1998; Weiner et al., 1991). Why do apologies facilitate forgiveness? By and large, the effects of apologies appear to be indirect. Apologies appear to cause reductions in victims' negative affect toward their transgressors (Ohbuchi, Kameda, & Agarie, 1989) and increases in empathy for their transgressors (McCullough et al., 1997; 1998). Victims also form more generous impressions of apologetic transgressors (Ohbuchi et

al., 1989). Perhaps apologies and expressions of remorse allow the victim to distinguish the personhood of the transgressor from his or her negative behaviors, thereby restoring a more favorable impression and reducing negative interpersonal motivations. In this way, apologies may represent an effective form of reality negotiation (Snyder, Higgins, & Stucky, 1983). Indeed, Snyder's theory of reality negotiation explains why many of transgressors' post-transgression actions (including cancellation of the consequences of the offense; Girard & Mullet, 1997) influence the extent to which victims forgive. Other general theories of social conduct (Weiner, 1995) lead to similar predictions.

Forgiveness and Depression

The relationship between forgiveness and depression is an area many researchers have studied into. For instance, Maltby, Macaskill, and Day, (2001) in their study sampled three hundred and twenty-four undergraduate students (100 males, 224 females) to examine the relationship between unforgiveness and mood, the results showed that for both men and women, failure to forgive others was positively related to depression, that is failure to forgive others was accompanied by higher depression among men and women. Brown (2003) studied forgiveness at the level of global disposition, across situations and relationships. The tendency to forgive scale was designed as a brief, coherent measure of dispositional forgiveness to relate to depression. Data supported the distinctions among tendency to forgive, attitudes about forgiveness, and vengeance seeking constructs. Results showed that scores on the tendency to forgive scale were negatively related to depression. Hirsch, Webb, and Jeglic, (2011) emphasised that greater forgiveness is associated

with less depression and, consequently, less suicidal behaviour. A national study reported by Eisenberg, Gollust, Golberstein, and Hefner (2007), suggested that 17% of students screened positive for depressive symptoms including 9% who met criteria for major depression.

Another study which shows forgiveness resulting in a subsequent decrease in depression was conducted by Toussaint, Williams, Musick, And Everson-Rose (2001). Their research examined the relationship between forgiveness, depression, and hopelessness using data from a nationally representative, probability sample of 1,423 adults, ages 18 years and older. Their reported models for depression showed that increased forgiveness of others leads to decreased depression. Overall, individuals who reported high levels of forgiveness of others also reported lower levels of hopelessness and had lower odds of being diagnosed as clinically depressed. This speaks to the importance of forgiveness of others in promoting good mental health and indicates that forgiveness may be an important predictor of depression. The study provides viewpoint on how forgiveness and depression may be related over an extended period.

Reed and Enright (2006) compared the effect of forgiveness therapy based on the enright forgiveness process model to an alternative treatment among 20 psychologically abused women in a midwest city who had experienced spousal emotional abuse but had been divorced or permanently separated from the abusive partner for at least two years. Forgiveness therapy aimed to help the women relinquish resentment and revenge and develop goodwill. The forgiveness therapy was more effective in reducing depression for these women. Rye and Pargament (2002) investigated the effect of

forgiveness on college women who had experienced a variety of types of wrongdoing during the course of a romantic relationship and the result found forgiveness and depression to be negatively related. At a minimum, it seems obvious that people who are unforgiving experience more anger and depression.

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

Forgiveness and Gender

Psychological research that directly investigated the impact of gender on forgiveness is indeed scarce. Macaskill (2005) established that british undergraduate female students reported higher scores on state forgiveness than male students. State forgiveness refers to forgiving a specific offense or a single act of forgiveness for a particular offense. Macaskill, maltby, and day

(cited in Matsuyuki, 2011), on the other hand, established no gender difference in trait forgiveness among british undergraduate students. Females were found to be more forgiving than males in some studies, while no gender difference was found in other studies. In one qualitative study, Black, (2003) described how a woman's experience of forgiveness could be interwoven with traditional feminine gender roles. To clarify gender differences in forgiveness, it appears that offense-specific forgiveness and the context of forgiveness need to be examined, Black suggested.

Toussaint and Webb (2005) in a study found no gender difference in state forgiveness among adults in a community in the united states (a convenience sample). Nevertheless, Toussaint, Williams, Musick, and Everson-Rose (2008) found that female adults reported higher scores on trait forgiveness than male adults. Miller and Worthington (2010) established that husbands reported higher scores on overall marital forgiveness (i.e., trait forgiveness in marital relationship) than wives in their study with recently married couples. Based on a meta-analysis of empirical studies on the relationship between gender and forgiveness, Miller, Worthington, and Mcdaniel (2008) confirmed that females were found to be more forgiving than males on average (small to moderate significant difference).

Some prior studies indicated the impact of religiosity, gender role, and empathy on gender difference in forgiveness. For example, women were found to be more religious and spiritual than men, which might have contributed to women's trait forgiveness (Toussaint et al., 2008). Endorsement and internalization of masculine gender stereotypes was found to impede trait forgiveness among christian males, Walker and Doverspike, (cited in

Matsuyuki, 2011). Empathy toward the offender was found to be positively associated with state forgiveness for men, but not for women, although women were found to be generally more empathic than men (toussaint & webb, 2005). According to Fehr, Gelfand, and Nag (2010), females are characteristically more forgiving than males, whereas males are more vengeful than females.

Forgiveness and Age

Studies have shown that age difference can have influence on one's willingness to forgive. Reports indicate that older adults more often are willing to forgive others, and when they do so, they experience larger increases in self-reported mental health than younger adults (Kent, Bradshaw & Uecker, 2018). Girard and Mullet, as cite in McCuilough, Bono, and Root, (2005), assert that people who are older tend to be generally more forgiving and less vengeful than younger people. Mccuilough, Bono, and Root, (2005) again found that forgiveness is positively associated with age in a sample of adults studied. Their findings further indicated that younger adults forgive because they tend to be motivated by personal and social considerations. This is also consistent with previous research that shows that older persons tend to forgive mainly out of strong convictions that forgiveness should be practiced unconditionally (Mccuilough, Bono, & Root, 2005).

According to Carstensen's Socioemotional Selectivity Theory cited in Mccuilough, Bono, and Root, (2005) posit that as people age, their goals gradually shift away from future-oriented goals to more present-oriented goals such as being emotionally satisfied. Having recognized that the years of life are becoming even smaller, people become less motivated to maintain high numbers of interpersonal relationships. Thus, as individuals pass through older

adulthood, they choose social partners more and more for their emotional value and that optimizes emotionally gratifying outcomes, and vested in the relationships they want to maintain.

Lack of forgiveness in later life is linked to depressive symptoms among women and trait forgiveness is higher among the elderly (Lawler-Row & Piferi, 2006; Ermer & Proulx 2016). Increased forgiveness among the elderly stems from the desire of older people to make sense of their lives and form their experiences and relationships into a coherent whole before their lives draw to a close.

Cheng and Yim, (2008) investigated whether the age trend in forgiveness is partly attributable to age differences in time perspective. Eighty-nine younger and 91 older adults were randomized into 3 experimental conditions: time-expanded, time-limited, and neutral. When sense of time was manipulated by having participants imagine they would be emigrating soon or receiving a drug which would prolong their life, those with shortened time manipulation displayed higher levels of forgiveness. The results showed that older adults were more forgiving than younger adults, but regardless of age, those in the time-limited condition were more forgiving than those in the time-expanded or the neutral condition. An age and time perspective interaction showed that only in older adults did a time-expanded manipulation led to lower forgiveness than the neutral condition. Moreover, when people have limited future-time perspectives, they actually benefit more from forgiveness (Allemand, Hill, Ghaemmaghami, & Martin 2012).

People may become more forgiving with age because forgiveness helps them to maintain important, emotionally satisfying relationships even

though relational transgressions are probably inevitable. Therefore, forgiveness plays a larger role as people age because they aim at securing stable and supportive relationships, (Mccullough, Bono, & Root, 2005).

Interpersonal Correlates of Forgiveness

Forgiveness may be influenced also by characteristics of the interpersonal relationship in which an offense takes place. In several studies (Nelson, 1993; Rackley, 1993; Roloff & Janiszewski, 1989; Woodman, 1991), researchers have found that people are more willing to forgive in relationships in which they feel satisfied, close, and committed.

McCullough et al. (1998) surveyed both partners in over 100 romantic relationships to examine more closely the association of relational variables to acts of forgiveness. Both partners rated their satisfaction with and commitment to their romantic partner. Partners also used the Transgression-Related Interpersonal Motivations (TRIM) Inventory to indicate the extent to which they had forgiven their partner for two transgressions, the worst transgression their partner ever committed against them, and the most recent serious transgression that their partner committed against them. Partners' forgiveness scores were correlated both with their own relational satisfaction and commitment as well as their partners' relational satisfaction and commitment. McCullough et al. (1998) also found evidence consistent with the idea that relationship closeness not only facilitates forgiveness, but also that forgiveness also facilitates the re-establishment of closeness following transgressions.

The proposition that forgiveness is related to relationship factors such as satisfaction, commitment, and closeness raises the question of whether the dynamics of forgiveness could vary for different types of relationships. It is

not expected that people would forgive perfect strangers in the same way they forgive their most intimate relationship partners, for example. However, currently little known about the unique dynamics of forgiveness within specific types of relationships (Fincham, 2000).

Forgiveness and Physical Health

There is a growing interest in the possibility that forgiveness may be related to physical health (Kaplan, 1992; Thoresen, Harris, & Luskin, 2000). At present, however, researchers have only just begun to conduct studies on forgiveness and physical health, so the majority of relevant research has been focused on the physical costs of unforgiving responses rather than the potential physical benefits of forgiving responses.

Forgiveness-related studies of physical health have focused primarily on reducing the adverse cardiovascular effects of one type of unforgiving response: hostility (Friedman & Rosenman, 1974). Most studies using the widely accepted measures of hostility have revealed that hostility has negative effects on physical health (Miller et al., 1996; Williams & Williams, 1993). Given these data, it stands to reason that reducing hostility ought to reduce coronary problems. Friedman et al. (1986) randomly assigned Type A patients who were at risk for recurring heart attacks to a behavioral modification program or standard treatment from a cardiologist. Those in the behavioral modification intervention program showed a greater reduction in hostile behavior and in heart problems than those who received standard care only. According to Kaplan (1992), forgiveness was an important antidote to hostility in this efficacious intervention. In a post-intervention assessment, patients indicated that learning "how to cultivate the forgiving heart" was one of the

keys to reducing their hostility. Kaplan's description provides some impetus for more formal investigations into how forgiveness might promote coronary health by reducing the adverse physical effects of sustained anger and hostility.

The results of psychophysiological research complement Kaplan's (1992) description (Witvliet, Ludwig, & Vander Laan, in press). Using a within-subjects repeated measures design, Witvliet and colleagues tested the physiological responses of undergraduates as they imagined responding to their real-life offenders in both unforgiving ways (mentally rehearsing the hurtful offense, nursing a grudge) and forgiving ways (empathizing with the humanity of the offender, granting forgiveness). Across multiple counterbalanced imagery trials, participants showed significantly greater reactivity in cardiovascular measures (heart rate, blood pressure) and sympathetic nervous system measures (skin conductance levels) during the unforgiving imagery trials compared to the forgiving imagery trials. Participants also reported significantly higher levels of negative emotion (e.g., anger, depression and sadness) and lower levels of perceived control during the unforgiving imagery trials. In contrast, during the forgiving imagery conditions, participants experienced less physiological stress, lower levels of negative emotion, higher levels of positive emotion, and greater perceived control. These results suggest that when people adopt unforgiving responses to their offenders, they may incur emotional and physiological costs. In contrast, when they adopt forgiving responses, they may accrue psychophysiological benefits, at least in the short term.

Interventions to Promote Forgiveness

Several research groups have developed and tested interventions for promoting forgiveness. Many of these interventions are designed for delivery to groups rather than to individuals. Several of the forgiveness intervention studies were based on the work of Enright (Al-Mabuk et al, 1995; Hebl & Enright, 1993), and others were based on the theoretical work of McCullough and colleagues (McCullough & Worthington, 1995; McCullough, Worthington, & Rachal, 1997). Some of these intervention programs have focused on clinical populations, whereas others have had a more preventive or psychoeducational focus. Other researchers also are launching evaluations of intervention programs.

To summarize the effects of such interventions, Worthington, Sandage, and Berry (2000) conducted a meta-analysis of data from 12 group intervention studies. They reported that these group interventions were generally effective, improving group members' forgiveness scores by 43% of a standard deviation (Cohen's d = .43). Among the eight intervention studies that involved six hours of client contact or more, group members' forgiveness scores were 76% of a standard deviation higher than the scores of control group members (Cohen's d = .76). In contrast, the four intervention studies that involved less than six hours of client contact were substantially less efficacious (Cohen's d = .24). Thus, participation in short-term interventions (particularly those involving at least six hours of client contact) appears to be moderately effective in helping people to forgive specific individuals who have harmed them. Individual psychotherapy protocols that include forgiveness as a treatment goal also appear to be more efficacious than no-

treatment control conditions (Coyle & Enright, 1997; Freedman & Enright, 1996).

Empirical Studies

This section deals with the empirical review of forgiveness. A growing number of experimental studies have been conducted to evaluate the extent to which forgiveness programmes promote the psychological health of adolescent and adult populations who have experienced interpersonal hurt or violence. Almost all experimental studies have assessed the effects of forgiveness interventions on domains of health such as psychological functioning, and mental health problems such as depression, anger, anxiety or stress.

Enright and colleagues as a results of much empirical study related to forgiveness, have claimed forgiveness is a key part of psychological healing. Freedman and Enright cited in Raj, Elizabeth and Pardmakumari, (2016) measured the outcome of forgiveness therapy on the psychological well-being of 12 female incest survivors from a midwestern city, united state. They noticed as study participants forgave their offenders, they exhibited higher self-esteem and hope and lowered depression and anxiety than a control group of similar victims without forgiveness therapy.

In a similar study in USA, Coyle and Enright (cited in Raj, Elizabeth & Pardmakumari, (2016) adapted the intervention for men who were upset with their partners' choices to get abortions. This study had similar results; the 5 men receiving individual forgiveness treatment reported more forgiveness and less anxiety, anger, and grief than the 5 men in the control group. These studies provide empirical support for the use of forgiveness in therapy,

showing that explicit forgiveness interventions can help both men and women suffering from serious offenses increase forgiveness and decrease psychological symptoms.

Rahman, Iftikar, Kim, and Enright (2018) assisted eight early adolescent females in Pakistan through forgiveness intervention. The participants were taken through forgiveness lessons a group format, twice a week for four months (32 hours). At the one-year follow up, those who received the forgiveness intervention, compared to those who received the usual treatment, were higher in forgiving and hope and lower in effect of unforgiveness.

Taysi and Vural (2015) report on a forgiveness curriculum with the process model for needy fourth-grade students in turkey (n=74 in the experimental group and n=48 in the control group). The experimental group out-performed the control group in forgiveness and hope and decreased more in anger than the control group at post-test, but the two groups were equivalent at follow-up, showing the importance of continuing forgiveness education after an initial effort.

Freedman (2018) in a study with forgiveness invention as the goal with 21 students recruited from an alternative school in a midwestern community. The adolescents were between ages from 15 to 19 years with an average of 17.3 years. Participants were randomly assigned to either the forgiveness education class (experimental group) or the personal communications class (control group). The goal of the forgiveness education was for the participants to forgive a person who had hurt them deeply and was based on the 20 units in enright's process model. Following the education, the experimental

participants gained more than the control participants in forgiveness and hope and decreased more in depression and anxiety compared to the control participants (Freedman, 2018).

In a limited number of cases, effects on other dimensions of wellbeing such as marital satisfaction, gratitude, positive affect, self-esteem, hope and spiritual wellbeing have also been examined (Lundahl, Taylor, Stevenson & Daniel, 2008). There are a large number of interventions designed to improve individuals' abilities to forgive, both at the interpersonal level (e.g., distressed couples, incest survivors, victims of parental abuse) and at the group level (human rights abuses, intergroup conflict and war). Results from experiments tracking the outcome of forgiveness interventions show that interventions lead to improved effect, lowers rate of psychiatric illness, lowers physiological stress responses thereby, improving physical well-being and leading to a greater sense of personal control to facilitates the restoration of relationship closeness

Also, Reed and Enright (2006) in their study compares forgiveness therapy (ft) with an alternative treatment (at; anger validation, assertiveness, interpersonal skill building) for emotionally abused women who had been permanently separated for 2 or more years. The participants were 20 psychologically abused women in a midwest city in the us who had been divorced or permanently separated for at least 2 years. Emotionally abused women experience negative psychological outcomes long after the abusive spousal relationship has ended. Participants, who were matched, yoked, and randomized to treatment group, met individually with the intervener. They reported that participants in ft experienced significantly greater improvement

than at participants in depression, trait anxiety, posttraumatic stress symptoms, self-esteem, forgiveness, environmental mastery, and finding meaning in suffering, with gains maintained at follow-up.

Toussaint, Shields, Dorn, and Slavich (2016) researched into the effects of lifetime stress exposure on mental and physical health in young adulthood: how stress degrades and forgiveness protects health. In their study they examined the risk and resilience factors that affect health, lifetime stress exposure histories, dispositional forgiveness levels, and mental and physical health were assessed in 148 young adults recruited from a mid-sized liberal arts college campus in the midwest in the united state. Analyses also revealed a graded stress and forgiveness interaction effect, wherein associations between stress and mental health were weaker for persons exhibiting more forgiveness. The findings of their study suggest that developing a more forgiving coping style may help minimize stress-related disorders and improve mental health.

Osei-tutu et al. (2020) studied 260 Ghanaian christians who experienced specific interpersonal hurts and desired to forgive their transgressors. Participants were randomly assigned to ghanaian-culture adapted reach interventions using a waiting-list design in which participants were divided into an immediate and delayed treatment condition. The results revealed that those who received the treatment benefitted by more forgiveness and conciliatory motivations, decisional and emotional forgiveness, forbearance, and dispositional forgivingness.

Amal, Fatima and Oraib (2014) noted in their study the growing support of the notion that forgiveness may have a salutary effect on mental

health. The primary purpose of their study was to examine the relationship between forgiveness, personality traits and mental health of university students in the faculties at Al-balaq'a Applied University in Jordan. A sample of 450 students participated in the study the research results showed that there is a meaningful relationship between forgiveness trait and mental health.

Using psychological profile of forgiveness scale as the basis for measuring the degree to which participants forgave their offenders, the researchers concluded that forgiveness intervention improved participants' overall psychological health. Thus, there is a positive association between forgiveness and improved psychological health in older women hebl & enright (cited in raj, elizabeth & pardmakumari, 2016), college students and men whose partners underwent abortion Coyle & Enright, (cited in Raj, Elizabeth & Pardmakumari, 2016) has also been noted. In all three instances, the study participants, who harboured ill will over past harms, were randomly assigned to forgiveness therapy or a placebo discussion programme. The concept of forgiveness was not discussed in any of the control sessions. At the end of an 8-week period, experimental subjects in the older women group exhibited higher scores in self-esteem, anxiety, and depression as compared to the control subjects; experimental college subjects experienced greater improvements than control subjects on willingness to forgive, attitudes toward parents, hope, and anxiety; and post abortion women in the experimental group displayed greater improvement in forgiveness, anxiety, anger, and grief.

Karremans, Van lange, Ouwerkerk, And Kluwer (2003) conducted an experimental study on us adults where they manipulated forgiveness and measured its effects on well-being. The findings show that forgiveness

displayed in marital relationships characterized by strong interpersonal commitment was connected with satisfaction with life, positive emotions, decreased negative emotions, and high self-esteem. The study further revealed that inability to forgive in such relationships leads to frustration and tension which may play mediating role between anger and forgiveness.

In addition, Raj, Elizabeth and Pardmakumari, (2016) explored the experiences of adults who practice forgiveness, specifically, the indicators of forgiveness, the childhood antecedents, and the benefits of forgiving behaviour. A total of 12 adult population in the us, ranging from 25 to 40 years of age were used for the study, and the result revealed that forgiveness enhance physical and psychological well-being. The participant revealed that whenever they forgive others, they feel a sense of burden being lifted and in turn, they experience more positive emotions and this pathway in turn leads to enhanced sense of wellbeing. Therefore, forgiveness can lead to improved psychological and physical well-being and to a deepening of relationship with the transgressor. Participants said that forgiveness contributed greatly to their personal growth. They had become more open, less rigid, and emotionally stable, developed overall relationship satisfaction, and attained a sense of purpose and meaning in life.

Oti-Boadi, Dankyi, and Kwakye-Nuako, (2020), explored stigma experiences of Ghanaian mothers of children with autism spectrum disorders (asd) and forgiveness as their coping response. Semi-structured interviews were conducted with 6 mothers of children with asd. Results of this study found several noteworthy themes including, feelings of mother, family/societal reactions, forgiveness factors, and impact of forgiveness. Mothers reported

significant stigmatization from families and society. Some expressed their feelings towards themselves, others and god, and finally recounted the use of forgiveness as a coping resource which contributed significantly to their well-being.

Two different studies were conducted by Bono, Mccullough and Root (2008) using 115 students in undergraduate psychology courses (91 women) at southern methodist university and 165 students in undergraduate psychology courses (112 women) at the university of Miami. The data from the two separate studies were to test the hypothesis that forgiveness is associated with psychological well-being. The two studies were quite consistent in their support of these hypotheses, in keeping with other findings (Karremans & Van lange, 2004). These results are largely consistent with the idea that psychological well-being can serve as an indicator of the availability of positive social relations, that positive social relations are a crucial human need (Ryan & Deci, 2000), and that helping to restore valuable social relations is how forgiveness obtains its positive association with well-being.

Akhtar, Dolan and Barlow (2017) studied eleven England and Ireland adults, 8 males and 3 females ranging in age from 27 to 50 years, affiliated with new religious, buddhist, muslim and secular/atheist groups were recruited for the study. Participants that met the criteria of having practiced forgiveness in response to an interpersonal hurt were invited to take part in the study. The types of hurts experienced by participants related to parental love deprivation, hurt by romantic partners and feelings of neglect within the context of work relationships. Participants spoke about the negative consequences that lack of forgiveness had on their mental health and wellbeing. Participants spoke of

how lack of forgiveness 'freezes your mind' making you 'less dynamic' as well as 'emotionally and cognitively slow'. Majority of the participants, stated that forgiveness had strong ties to their perceived sense of mental wellbeing, including reductions in negative affect, feeling positive emotions, positive relations with others, spiritual growth, having a sense of meaning and purpose in life as well as a greater sense of empowerment.

Asgari and Roshani (2013) conducted a study to establish the validity of forgiveness scale and the relationship between forgiveness and mental health among 300 college students of islamic azad university. The research results showed that there is a meaningful relationship between forgiveness and mental health. They concluded that when someone forgives others' mistakes, she/he has changed her/his thoughts about the offender, and this change brings mental health for the forgiving person, as well as leaving positive psychological, and spiritual effects on the offender, in a way that it could improve the offender's behaviour. As a result, forgiveness could be a way for increasing the physical and mental health, followed by life satisfaction.

Lawler-Row and Piferi (2006) conducted a research in midwestern city with 425 adult examinees with age 50-95 and studied them from the forgiveness trait, and variables related to health. The research results showed that the forgiveness trait has positive relationship with health behaviour, social support, mental welfare, and psychological wellbeing, and has negative relationship with depression and stress, although there was no meaningful relationship seen between forgiveness and physical signs.

After reviewing 18 studies about the benefits of forgiveness on mental health, Toussaint and Webb (2005) specified that people who forgive faults,

have shown kind of less anxiety, anger and depression. Berry, Worthington, O'connor, and Wade (2005), in four studies of 179, 233, 80, and 66 undergraduate students, stated that possibly forgiveness increases the mental health through influence on social support, interpersonal performance and healthy behaviour. Furthermore, forgiveness is effective on the peoples' physical health through positive influence on couples' relationships.

Also, the research of Brown and Philips (2005) using two hundred undergraduate students from university of oklahoma showed that the tendency toward forgiveness is the anticipant of lower levels of depression. Moreover, Maltby, Macaskill and Day (2001) examined the relationship between forgiveness, character, social desirability and public health with the use of 324 participants from sheffield hallam university in a research named failure to forgive yourself and others. Their research results demonstrated that failure to forgive yourself is accompanied by higher levels of depression and anxiety in men and women.

Lawler-row, Younger, Piferi, Jobe, Edmondson, and Jones, (2006) also assessed the unique effect of forgiveness on health using eighty-one community adults. Their findings showed positive effect of forgiveness on health and reduction in stress. Hirsch, Webb, and Jeglic (2011) examined the mediating effect of depression on the association between forgiveness and suicidal behaviour, one hundred and fifty-eight college students from east tennessee state university, were used for the study. They found that greater forgiveness of others was directly related to lower levels of suicidal behaviour, exclusive of the effects of depressive symptoms. Therapeutically, forgiveness of others may allow someone to cognitively and emotionally progress beyond

distressing experiences, when facilitate the reconciliation of relationships enright, freedman, and roque; fitzgibbons, (cited in Hirsch, Webb, & Jeglic, 2011). They found that the relationship between forgiveness of self and suicidal behaviour was mediated by depressive symptoms, such that greater forgiveness was associated with less depression and, consequently, less suicidal behaviour.

Lawler-row and Piferi (2006) provided some insight into why forgivingness of others might be related to health in a study of425 participants aged 50 to 95 years. They found that a forgiving personality was related to less stress, subjective well-being, psychological well-being, and depression.

From their study, Wai, and Yip (2009) revealed that dispositional forgiveness of others may help people deal with the negative consequences that arise from conflicts and facilitate meaningful social relationships and psychological well-being. The study examined the view that forgiveness of others affects psychological well-being through interpersonal adjustment. One hundred and thirty-nine volunteers provided measures of dispositional forgiveness, interpersonal adjustment and psychological well-being. Dispositional forgiveness of others improves interpersonal adjustment and psychological well-being and may protect against negative interpersonal experiences and perceptions relating to depression.

Again Barcaccia, Pallini, Pozza, Milioni, Baiocco, Mancini, and Vecchio, (2019) studied the relationship between forgiveness and depression, 773 adolescents, of which 69% girls were used for the study. Results showed that more forgiving adolescents had lower depression as they reported a lower general tendency to experience anger. Their results suggested that forgiveness

protect individuals against depression, helping them to effectively control and manage hurt and improving mental health. They concluded that working on forgiveness in psychotherapy or in counselling could decrease depression and improve well-being.

Summary of Literature

The review of literature has yielded that forgiveness is an important corrective measure toward avoidance and revenge—people's typical negative responses to interpersonal transgressions—which seem to be etched deeply into the human template. For many years, the world's great religious traditions have commended forgiveness as: (a) a response with redemptive consequences for transgressors and their victims; (b) a human virtue worth cultivating, and (c) a form of social capital that helps social units such as marriages, families, and communities to operate more harmoniously. The review of literature also revealed that forgiveness is a construct that has been explained by many scholars based on their understanding of its meaning, importance, effectiveness, needfulness and process.

Psychologists are beginning to grapple empirically with the diverse dimensions of forgiveness. This review revealed that forgiveness is a transformation in which motivation to seek revenge and to avoid relating with the transgressor is lessened and the gloomy relationship towards the offender is improved. Forgiveness again is useful for problem prevention and the promotion of well-being. Thus, forgiveness may help to minimize the negative consequences of interpersonal harm to health, well-being and social relationship. The literature suggested that forgiveness by the individual who is hurt stands the chance of benefiting from improved mental health. Considering

mental health, the literature revealed a meaningful relationship between forgiveness and mental health such as depression and anger.

The literature again found that the tendency to forgive others was related to depression, hostility and anger, paranoid ideation, and interpersonal sensitivity (i.e., inadequacy or inferiority). Similarly, the propensity to forgive oneself was inversely related to depression, paranoid ideation, interpersonal sensitivity, and psychoticism.

Other researchers have examined whether measures of forgiveness for specific real-life transgressions could be related to mental health and well-being, and the results have not been impressive. Typically, some researchers have found modest and/or statistically non significant correlations between measures of forgiveness and mental health. The review also found that although forgiveness of a particular transgressor and satisfaction with life were correlated cross- sectionally, there was no evidence that forgiving led to improvements in people's satisfaction with their lives over an 8-week follow-up period. The literature overwhelming concluded that, when violence and poverty levels are high the adolescent is at high risk for mental health issues, academic failure, and developmental set-backs.

Considering impact of forgiveness on physical health of individuals, the review indicated that a frequently unforgiving person might experience disorders of the cardiovascular or immune system than the person who is more forgiving for instance anger and resentment can complicate chronic pain.

Thus, individuals who forgive experience low levels depression. Forgiveness education can help the adolescents relinquish resentment and revenge and develop goodwill. The literature reviewed revealed that it is

obvious that people who are unforgiving experience depression. In terms of gender and forgiveness the literature indicated that females were found to be more forgiving than males thus, women were found to be more religious and spiritual than men, which might have contributed to women's trait.

CHAPTER THREE

RESAERCH METHODS

Introduction

The purpose of this study was to examine the effect of REACH and Process Models on forgiveness, anger and depression among 11 to 19-year-old adolescents in Junior High Schools in Nanumba North Municipality, Ghana. This chapter presents the methodological approach for the quantitative phase of the study. This chapter is made up of the research design, treatment procedure, selection of participants, instruments, data collection procedure and the methods of data analysis.

Research Approach

The research approach that was adopted in this study is driven largely by the philosophical assumptions of the researcher (Brannen, 2005). This study adopted the Pragmatists philosophy of Science because of the nature of the study. Effects of REACH and Process Models on forgiveness, anger and depression of the JHS Students in the Nanumba North Municipality requires a blend of approaches. The mixed methods experimental design was used for the study. This involves collecting qualitative data after the intervention and the data helped to explore in more detail the outcome results and explained why the intervention worked. The choice of this type of mixed method application was based on the need to add personal exoeriences and a cultural

understanding into an experimental trail aimed at testing the effectiveness of a treatment. The pragmatist philosophy of science indicates that "...the mandate of science is not to find truth or reality; the existence of which are perpetually in dispute, but to facilitate human problem solving" (Powell, 2001, p. 884). The pragmatist approach is considered to be the appropriate philosophy for this study because the pragmatic perspective emphasized on researchers employing what works, using diverse approaches, giving primacy to the importance of the research problem and question, and valuing both objective and subjective knowledge (Morgan, 2007). This made it convenient for the mixed method design to be used in the study. According to Brannen (2005), the pragmatic position asserts that the research questions should be guided by epistemological stance of the researcher. In determining the approach for the study of Effects of REACH and Process Models on forgiveness, anger and depression among adolescents in JHS in Bimbilla, the philosophical assumptions and their ontological and epistemological positions guided the decision. Smith, as cited in Yaro (2001) explained the ontology of science right from the Baconian objective scientific approaches to the subjective and post-modernist era. Smith argued that scientific knowledge largely emerged from sense data which constitutes people's experience followed by the establishment of causal relationships.

The philosophical assumptions that social science research rely on are four main assumptions (Hewege & Perera, 2013). They are the ontology, epistemology, human nature and methodology. Thus, the researcher's view of ontology affects his/her epistemological persuasion which, in turn, affects his/her view of human nature, and consequently, the choice of methodology

logically follows from the assumptions the researcher has already made (Holden & Lynch, 2004). Ontology relates to the researcher's basic assumption about the nature of reality in the world, and this determines other assumptions. Researchers might have different assumptions about the form and nature of reality (Arbnor & Bjerke, in Hewege & Perera, 2013). It was my view that the issues of anger, depression and unforgiveness tendencies among the adolescents at Nanumba North really exist and that choosing the right research approaches would help to find out the antecedents of those tendencies. The second assumption, epistemology, concerns the study of the nature of knowledge. That is, how is it possible, if it is, for us to gain knowledge of the world? Epistemology (what is known to be true), as opposed to doxology (what is believed to be true) encompasses the various philosophies of research approaches and it is concerned with the nature, validity, and limits of inquiry (Rosenau, 1992). The third assumption, human nature, involves whether or not the researcher perceives "man" as the controller or as the controlled of his/her environment (Burrell & Morgan, 1979). And finally, methodology represents the approaches a researcher employs to investigate the phenomena of interest. There are two important contrasting philosophical views that are applied to varying extents by social scientists. These are the philosophies of positivism and subjectivism (Evely, Fazey, Pinard & Lambin, 2008) with varying philosophical positions between them. The objectivist approach to social science research was developed from the natural sciences and forms the basis for quantitative research. Social science researchers decided to employ the generally successful methods of the natural sciences to investigate social science phenomena (Holden & Lynch,

2004). However, subjectivism emerged as a result of critiques of positivists methodological approaches. The philosophies of subjectivism and positivism differ in their perspective of what constitutes social reality (Dyson & Brown 2006; Morgan & Smircich, 1980). The philosophical view points between the two extremes seem to have a blend of the positivism-subjectivism stances in varied degrees. This made it possible for the subjective views of the respondents from the qualitative study to be blended with the quasi experimental study which is purely quantitative.

Research Design

Research designs are procedures for collecting, analyzing, interpreting, and reporting data in research studies which guide the methods and decisions that researchers must make during their studies and set the logic by which they make interpretations at the end of their studies (Morse & Niehaus, 2009). The design refers to the overall structure or plan of the study (Singleton & Straits, 2010). Szapkiw (2012) also indicated that research design guides decisions that the researcher needs to make about how to go about the research.

The mixed methods experimental (or intervention) design was used in this study. It occurs when the researcher collects and analyzes both quantitative and qualitative data and integrates the information within an experiment or intervention trial. The primary design of this study is a quasi-experiment (or intervention trial). The researcher added qualitative data as a secondary data to the design after the experiment to enrich the experimental results. The addition of the qualitative data to the quasi-experiment then embeded a core design— explanatory sequential (after)—into the intervention.

This is an example of implementing a complex design by adding a secondary method (i.e., qualitative) to a primary design (i.e., quantitative experiment).

Mixed Methods Experimental (or Intervention) Design is a quantitative research design in which investigators control the conditions experienced by participants, administer an intervention, and then test whether the intervention affects the outcome (Shadish, Cook, & Campbell, 2002). Researchers assess this impact by providing a specific treatment to one or more groups (experimental group) and withholding it from another group (the control group) (Creswell, 2014). It was hypothesized that the experimental group will differ from the control group because the experimental group experienced the treatment.

The mixed methods experimental (or intervention) design is a mixed methods approach in which the researcher embeded the collection, analysis, and integration of both quantitative and qualitative data within an experimental quantitative research design (Caracelli & Greene, 1997; Greene, 2007). Sandelowski (1996) first introduced the notion of the supplemental qualitative strand occurring before (an exploratory sequential core design), during (a convergent core design), or after (an explanatory sequential core design) the primary experimental strand (or some combination of these), and this was found to be a useful framework for thinking about the mixed methods experimental design. For example, researchers embed a qualitative strand within quantitative experiments to support aspects of the experimental design, such as informing the recruitment procedures (Creswell, Fetters, Plano Clark, & Morales, 2009).

The intent of adding qualitative data into an experiment was to provide personal, contextual, qualitative experiences drawn from the setting or culture of the participants along with the quantitative outcome measures. Many reasons exist for adding in the qualitative data. For example, when researchers collect qualitative data prior to an experiment, they can use that information to plan specific intervention activities that will be appealing or useful to the participants. When investigators gather qualitative data during the experiment, they often ask process questions to identify how participants experience the intervention.

These data complement the outcome data in a trial. When researchers collect qualitative data after the intervention, such information helps explore in more detail the outcome results and explain why the intervention may or may not have worked. These are but a few of the reasons for adding qualitative data into an experiment. Authors have delineated dozens of reasons for using qualitative data in mixed methods intervention trials (e.g., Creswell, Fetters, Plano Clark, & Morales, 2009; Drabble, O'Cathain, Thomas, Rudolph, & Hewison, 2014; Song, Sandelowski, & Happ, 2010). Examples of empirical mixed methods studies illustrate these uses of qualitative data, such as before an intervention to improve recruitment procedures (e.g., Donovan et al., 2002); during an intervention by embedding qualitative practices into a randomized clinical trial (Plano Clark et al., 2013); and after an intervention trial to evaluate a complex intervention in palliative care research (Farquhar, Ewing, & Booth, 2011).

The mixed methods application is popular in the health sciences, where the randomized controlled trial is considered by many as the "gold

standard" for conducting inquiry. Further, this complex mixed methods design is appealing when researchers have expertise in experimental (or intervention) designs, researchers are not satisfied to only know whether a treatment works but want to better understand how it works, researchers have sufficient resources to both implement an experiment and gather secondary qualitative data, researchers view experimental (intervention) designs as a primary source of information and are willing to relegate qualitative research to secondary (or supplemental) status, and researchers are situated in a disciplinary area that has traditionally valued objective quantitative approaches to research.

Philosophically, this design application is driven by a postpositivist orientation in which the primary aim of the study (as a quantitative experiment) dominates the design. This means that investigators using this design places emphasis on the intervention trial, use a theoretical or conceptual model (e.g., a model of adaptation or a model of health behaviors) to guide the experiment; and draw important deductive conclusions from the study. This postpositivist orientation often shapes the qualitative component as well, particularly when it occurs during the intervention, when the emphasis is on maintaining the integrity of the experiment. When the qualitative component occurs before or after the intervention, other philosophies are more likely and may be emphasized if the investigator builds a conceptual model around the qualitative findings as well as the quantitative results.

In planning the mixed methods project, the researcher first identify why the qualitative component is needed to enhance the experiment and how and where within the experiment the qualitative data will be used. This decision also requires understanding the resources and time available for

personnel to collect and analyze the qualitative data. Then the procedure involves conducting the experiment and collecting and analyzing the qualitative data where it fits into the experiment. Finally, in mixed methods projects, the last stage is to determine how the qualitative findings add to the experimental results; this can be done by, for example, helping to design the intervention activities or the quantitative measures (before), exploring the process of experiences of individual participants in the study (during), or helping to explain the experimental outcomes (after), or some combination of these aspects.

Integration in this complex mixed method design occured when the results from the qualitative phase connected to or merged with the experimental trial procedures or results. Connecting to the experiment means integration occured early in the study when the qualitative findings helped to explain the experimental intervention procedures. Merging meant the integration came after the experiment as separate procedures examining the process experienced by the experimental group. The integration came after the experiment concluded as a follow-up to help explain the experimental outcomes. When investigators introduce qualitative data at multiple points in the experiment, integration will occur at multiple points in the study. Investigators ideally draw integrated conclusions at the end of the study based on the combined results. In this study the integration occurred after the experiment had concluded.

There are several advantages specific to adding qualitative data into an intervention trial to form a mixed methods experimental design: The use of the mixed methods experimental design provided contextual understanding and

externally valid findings and also enhanced the credibility or integrity of the findings (Bryman, 2006). By adding qualitative data, the research team is able to improve the larger design. Because the different methods typically address different questions (i.e., process versus outcome questions), this design fits a team approach well, as team members can focus their work on the quantitative experiment, the qualitative data collection and analysis, or on the integration of the quantitative and qualitative data.

The quantitative and qualitative researches answered different research questions and hypothesis and this made it imperative to employ the mixed methods experimental design. In this study, the exploration of the causes anger, depression and unforgiveness among adolescent JHS students in Nanumba North Municipality were done with the qualitative, whereas the testing of the effects of anger, depression and unforgiveness on the JHS students in the Nanumba North Municipality was achieved through the use of the quantitative approach. This makes the use of the mixed methods experimental design beneficial in bringing about a complete and comprehensive appreciation of the mental health and safety situation of the adolescent in the Municipality. While the quantitative study focused on the specific antecedents and their operationalisation, the qualitative study provided more emphasis on interpretation and provided more comprehensive views on forgiveness, anger and depressive situation among adolescents JHS students in the Nanumba North Municipality, taking the contexts into consideration (Tewksbury, 2009).

Qualitative research explores a phenomenon from multiple perspectives, including groups and individuals, and generates themes in

summaries of narratives rather than numerically. This objective could not have been adequately and appropriately achieved with the quantitative method alone. The qualitative study enabled semi-structured interviews to be conducted with the adolescent students to get first hand information from them about their experiences with the chieftaincy dispute. According to Creswell (2008) and Bryman (2006), a researcher may employ mixed methods experimental design when there is the need to incorporate a qualitative component into an otherwise quantitative study, build from one phase of a study to another and explore qualitatively then develop an instrument to be used in the quantitative phase.

Challenges in using the mixed methods experimental design. There are many challenges associated with the mixed methods experimental design. Some of these are listed below, along with potential strategies for dealing with them: Having the necessary expertise—Researchers need expertise in experimental research as well as qualitative research. Specifying the purpose for collecting qualitative data as part of the larger experimental study—Researchers can state both primary (quantitative) and secondary (qualitative) purposes for the study. Determining the appropriate point in the experimental study to collect the qualitative data— Researchers should specify the intent for including the qualitative data (e.g., to shape the intervention, to explain the process of participants during treatment, or to follow up on results of the experimental trial) to determine when to gather the qualitative data in relation to the implementation of the intervention (before, during, after, or some combination of these). Maintaining the integrity of the experimental controls—When researchers implement the qualitative data collection during

the intervention, there is the potential to introduce bias that affects the outcomes of the experiment.

Maintaining the value of the qualitative component—For some qualitative researchers, using this design may seem like relegating qualitative research to a secondary role and minimizing its value. However, serving a secondary role in the design does not mean that the value of the approach is less. In response to this concern, the research team should implement high-quality qualitative methods and highlight the important role of the use of qualitative research in the study.

The quasi-experimental, pre-test, post-test non-equivalent control group design guided this study. According to Gay and Airasian (2003) in the idea of pre-test and post-test non-equivalent group design, the subjects are not randomly selected and assigned to conditions. This design is selected for the study because of the following reasons: quasi-experimental design can reflect what happens in real life settings therefore, this eliminates 'artificiality' existing in true experiments (Pelham and Blanton 2007), again the use of intact group in quasi-experimental design has the ability to lessen the possibility or threat of Hawthorne effect (the reactivity in which individuals modify an aspect of their behavior in response to their awareness of being observed.)that can often result when subjects are randomly selected and assigned to conditions (Yu 2003).

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

researcher does not control them (Amedahe & Asamoah-Gyimah, 2018). Extraneous variables may include, for example: participant factors: thus, participants may differ on important characteristics between the control and experimental groups; intervention factors: the intervention may not be exactly the same for all participants, varying, for example, in sequence, duration, degree of intervention and assistance, and other practices and contents; situational factors: the experimental conditions may differ. These can lead to experimental error, in which the results may not be due to the independent variables in question (Cohen, 2007).

One major disadvantage of the quasi-experimental design is that it does not have control for all confounding or extraneous variables. The presence of such variables can make it extremely difficult to draw conclusions. To maximize internal validity, researchers need to control extraneous variables so that these variables are ruled out as explanations for any effects observed (Leedy, 2005).

Extraneous variables such as, selection, instrumentation, testing and experimental mortality was controlled to a large extent. Selection bias was controlled by ensuring that there are no differences in the selection of subjects for the comparison groups or when intact classes are employed as experimental or control groups. Unreliable tests or instruments can introduce serious errors into experiment, to control this, the same instruments was used for both pre-test and post-test for the experimental groups and the control group. This ensured that any change in behaviour or attitude towards forgiveness was observed between pre-test and post-test. This also eliminated bias in instrumentation.

To control threats relating to testing, the time between the pre-test and post-test was long enough to prevent the subjects from recalling the items. That is, two weeks after the pre-test and two weeks after the treatment. The subjects may be able to remember the items in the instrument during the post-test period if the time interval between the pre-test and post-test was too short. This may lead to higher scores in the post-test. Also to control information fiow between experimental groups and control group, the researcher appealed to the experimental groups not to devulge the experiences they gaining with their colleagues until the whole period of the exercise was ended. In addition they were assured that that the intervention would be given to their colleagues after the research work and for that matter there was no need to share the interventions with them since they would not know how to go about it. Experimental mortality was controlled by ensuring additional 2 or 3 subjects were included in the sample for the study. Besides, subjects in the experimental group were provided with food during intervention sessions to motivate them to attend and stay focus. It should be stressed, though, that there are times where some factors affecting the internal validity of the research are beyond the control of the researcher (Mackey and Gass 2005), especially in educational research. An absolute control of extraneous variables is difficult, if not impossible.

The design consists of three groups, the researcher had two experimental groups formed and one control group also formed after they had answered a questionnaire at the pre-test phase. All the three groups will take a pre-test after which the treatment groups were given the experimental treatment(REACH and Process interventions). The control group received no

treatment and each group was post-tested at the end of the study. The post-test scores on the dependent variables were compared to ascertain the effectiveness of the treatment.After the intervention was completed, research questions were used to interview participants who had undertaken the intervention. This was intended to integrate the results of the interventions to the qualitative results to satisfy the justification made for the choice of mixed method experimental desigh -that when qualitative data is collected after an intervention/experiment, such data explored in more detail the outcome results of the intervention and such data helps to explain why the intervention worked or did not work.

Ethical Considerations

There was an informational sheet that presents the objectives of the study and also assured all participants that there were no risks associated with participating in the study. The level or limits of confidentiality and privacy were also presented and explained in detailed to the participants. Participants parents or guardians were written to, seeking permission to use their children in this study. Permission was also sought from the Municipal Directorate of Education to use the schools in the Municipality.In addition, participants were made aware that the results of this study remained confidential and their privacy would be protected at all time including any identifying information and that they had the right to remain anonymous. There was identification with codes only to aid in follow-ups in the qualitative study. The participants in the study were also made aware that the data collected in the study would not be released to anybody beyond those helping (research assistants and supervisors) in the study. And that any information about the study released

would be in aggregate without individual identification. To ensure confidentiality of participants, each was given the questionnaire to be completed on his/her own (with the help of the researcher, if necessary) without being required to write down their names, initials or any sign that could be used for any identification purposes. The participants were also be made to understand that even though the researcher wished that all questions would be answered, they had the right to withdraw from the study at any time without consequences, and they could also refrain from answering any question or group of questions that they do not want to answer without any consequence.

Population

The population of the study comprised all adolescents in Junior High Schools in the Nanumba North Municipality of the Northern Region, Ghana. The total population of the study was made up of three thousand six hundred and thirty two (3632) JHS adolescents in the Municipality. About 1888 (55%) of the adolescents were males, while 1744 (45%) were females. The accessible population for the study comprised eight (8) JHS with a population of one thousand six hundred and thirty six (1636) JHS adolescents in the Bimbilla township. About 952 (58%) of the adolescents were males,while 684 (42%) constituted females. This is due to the fact that the conflict mostly occured in the Bimbilla township.

Table 1*: Distribution of Students by, Population, Gender and Sample Size*

JHS	Male	Female	Population
DEM. JHS	198	96	294
JILO JHS A	107	81	188
JILO JHS B	102	76	178

BIMBILLA JHS	102	85	187
OUR LADY	135	98	233
CENTRAL A	105	75	180
CENTRAL B	102	88	190
NURIA	101	85	186
Total	952	684	1636

Source: Field data, (2021)

Sampling Procedure

Purposive sampling technique was used to select eight JHS for the study. Demonstration JHS, Jilo JHS "A", Jilo JHS "B", Bimbilla JHS, Our Lady of Fatima JHS, Central JHS "A", Central JHS "B" and Nuria JHS. The three instruments (Enright Forgiveness Inventory, Depression Mood Scale and Anger Self-Report) were first administered to the accessible population of 1636 students, out of which 348 students qualified by the creteria set out in the instrument which is, the students scored below 210 of the EFI.The students consisted of 125 females and 223 males. Simple random sampling technique was used to select sixty (60) respondents from the 348 qualified students who responded to the Enright Forgiveness Inventory, Depression Mood Scale and Anger Self-Report items. According to Creswell (2018), 60 participants in a mixed method experimental design is enough since it will provide the insights into the value that underlie the goals of the therapy. Krejcie and Morgan (1970) table of determination of sample size selection also guided the decision. It ensured fair distribution of the population and gender. Therefore, the total number of students who took part in the pre-test were made up of sixty (60). Thirty (30) males and thirty (30) females.

The pre-test scores were used to determine participants who are unforgiving and have anger and depression problems. Participants who are unforgiving and have anger and depression problems were further randomly sampled using simple random sampling. participants that is twenty (20) formed each of the groups, two experimental groups and one control group.

Purposive sampling was utilised to sample 3 of the participants to be interviewed. The interviews were conducted after the intervention had been done. The participants were from both the experimental groups and control group. The purpose was to confirm or disconfirm the quantitative (quasi-experimental) study's results- to provide personal, contextual, and qualitative experiences drawn from the setting or culture of the participants along with the quantitative outcome measures.

Data Collection Instruments

Two major instruments were used for this study: questionnaire and interview guide. The interview schedule was used to gather the qualitative data whereas the quantitative data was gathered using the questionnaire. The questionnaire had three main scales which were adapted for the collection of data, they are:

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

cognition, presence of positive cognition, absence of negative behaviour, and presence of positive behaviour toward the offender). The range is from 60-360, with high scores representing high levels of forgiveness. Below 210 score, the individual is said to qualify for treatment. Reed and Enright (2006) reported an alpha coefficient of 0.98. The instrument is rated on a six-point Likert scale from response options as l=Strongly Disagree, 2=Moderately Disagree, 3=Slightly Disagree, 4=Slightly Agree, 5=Moderately Agree, 6=Strongly Agree.

The EFI total score ranges from 60 (low degree of forgiveness) to 360 (high degree of forgiveness). The average score is 210. Participants who scored below 210 on the scale were considered for treatment.They were deemed to have unforgiveness issues. In addition, there are five items assessing pseudo forgiveness (e.g., denial and condoning) whose score ranges from 5 to 30. Pseudo-forgiveness or mutual forgiveness, refers to the process in which immature forgiveness is given or accepted in the necessity to restore the pre-conflict situation (Lijo, 2018).

The Depressed Mood Scale, Radloff ‘s (1977) 20 item Center for Epidemiological Studies Depressed Mood Scale (CES-D) was used to measure depressive symptomatology. Participants were instructed to indicate how they felt or behaved in a certain way when offended. The instrument is rated on a 4-point likert scale format to assess response, with response possibilities ranging from 1 (Rarely or none of the time) to 4 (Most or all of the time). Radloff (1977) found that the CES-D has very good internal consistency with Cronbach's alpha of .85 using a general population and .90 using a psychiatric population. The CES-D has fair test-retest reliability that ranges from .51 to

.67 (tested over two to eight weeks) and .32 to .54 (tested over 3 months to a year) (Radloff, 1977). The CES-D has, excellent concurrent validity, correlating significantly with a number of other depression and mood scales (Radloff, 1977). Higher score of 16 points or more on the CES-D reflect higher depressive symptomatology. This indicates the higher the score, the higher the depression. The average score is 36.This means participants who scored high on the CES-D were those who were considered for the intervention.

Anger Self-Report (ASR) is a 30 item scale questionnaire which measures a general anger factor using items from original 89-item ASR. This shorter questionnaire has high reliability and as a relatively brief scales. Norms have been included for the 30 item scale, derived from the responses of 101 male and 100 female students. The ASR questionnaire distinguishes between awareness of anger, expression of anger, and amount of guilt and mistrust. The original ASR was administered to 246 students (aged 16–47 yrs). Factor analyses were conducted on both the original and the final 64-item ASR. Norms for the 30-item scale were derived from the responses of 101 male and 100 female students. Internal consistency of the 30 item scale had reliability good with Cronbach's alpha of .89. The instrument is rated on a 6-point likert type scale from response options as 1=Strongly Disagree, 2= Moderately Disagree, 3= Slightly Disagree, 4= Slightly Agree, 5= Moderately Agree, 6= Strongly Agree. The scale total score ranges from 30 (low degree of anger) to 180 (high degree of anger). The average score is 105. Participants who scored above 105 were considered for treatment.

Factor analysis were conducted on both the original instrument and the final 30- item. Norms for the 30- item scale were derived from the responses of 101 male and 100 female students. Internal consistency of the 30 item scale had Cronbach's alpha at .89. They are short, highly reliable, homogeneous measure of anger and significantly a better measure of anger.

Pilot Testing

A pilot testing was carried out by the researcher at a JHS in the Nanumba South District Capital since the students there have also experienced a similar conflict in Walensi, the district capital. The JHS was randomly selected to carry out the test to determine the psychometric properties of the instruments. The students were made to respond to the instruments and a total of hundred participants were selected randomly to respond to the instruments. Feedback from the pilot testing of the instruments were used to refine the instruments, if there is the need, and also for the calculation of the reliability coefficient of the instruments. The Cronbach's coefficient alpha was used to determine the internal consistency of the instruments. Reliability estimates for the attitude scale was .890, anger scale had .870, and the depression scale .834.

Qualitative Study Data Collection Instrument

The aims of the qualitative study were to identify the effect of Process and REACH models on forgiveness, anger and depression among adolescent JHS students in Bimbilla. Accordingly, primary data was collected through the use of semi-structured interview guide. The Semi-structured interview guide was considered most appropriate for obtaining relevant information regarding the effects of Process and REACH models on adolescent JHS students in

Bimbilla because it allowed the interview to be focused on the relevant and key issues under consideration.

The interview guide consists of 4 open ended questions that focused on identifying offences that caused hurt to adolescents in Bimbilla and follow-up or probing questions were asked where necessary to get further clarification (Burnell, 2007; Creswell, 2007; Warren, 2001). Experienced supervisors were consulted to obtain relevant information to generate the items. The information obtained was used to shape the questions for the study.

Pilot Testing of Semi-Structured Interview Guide

The interview protocol was pilot-tested at Wulensi with two respondents from one JHS and any challenges encountered were addressed before the main study. This consisted of one male and one female. The pilot testing was done to shape the interview questions and to ascertain their relevance, and also the estimate duration of the interview. Accordingly, the researcher did not seek a perfect representation of the respondents under this pilot study, and the sample was made purposefully, focusing on key informants to the needed information rather than randomly (Ezzy, 2002). This is because there was the need to get respondents who would provide relevant information about the protracted chieftaincy dispute at both Welensi and Bimbilla for which the students were so much exposed to. Sampling and interview was conducted with the two recognised students who in the view of the researcher, were identified as having in-depth information about the conflict and that no new data was going to change what these students had provided, thus a point of data redundancy or data saturation had reached, (Lincoln & Guba, 1985).

After the pilot testing, the questions were reviewed for the main study. No major changes were made.

Data Collection Procedure

Before undertaking the study, the researcher obtained a letter of introduction from the Department of Guidance and Counselling of the University of Cape Coast, and ethical clearance from the Institutional Review Board (IRB) from the University of Cape Coast to enable the researcher collect the data. The letter of introduction and ethical clearance were presented personally to the The municipal Director of Education who granted the researcher the permission to contact the Headmasters of the various JHS to ask for permission to use their students to participate in the study. The researcher further wrote letters of consent and assent to the students' parents and students respectively asking for permission to use the children for the study.

Also, the researcher established rapport with the selected students and they were assisted by five trained research assistants to administer the instrument. To conduct the pre-test, participants were assured of confidentiality and urged to give honest responses to the items. The purpose of the study was also explained to the participants. Participants were given the opportunity to seek clarification about any item(s) in the questionnaire(s) which might not be clear to them. The inventory was administered and retrieved on the same day. After the eighth-week treatment, the instruments were re-administered to the participants of the treatment groups and the control group in order to obtain their post-test data.

Qualitative Study Data Collection Procedure

The data was collected through interviews to identify the causes of pain and hurt of adolescents and how deeply they felt about the offences. The interview was conducted five times within a period of four weeks. Each interview lasted between 35 to 45 minutes.The office of the headmaster of the JHS where one of the interventions took place served as the venue of the interview. Respondents were orientated on the purpose and the benefits of the study, this made them enthusiastic to want to partake in the interview.Respondents were also provided with food since the interview took place after school hours. The interviews were conducted mainly in the English Language and audio recorded with the permission of students since all the respondents were students and could speak and write in the English Language. Rapport was established, after which confidentiality was assured to enable interviewee open-up during the interview.

Follow-up questions were used to probe and clarify interviewee's responses as suggested by Warren, (2001) and Burnell (2007).. At the end of the entire interview,which lasted for four weeks, random portions of the tapes were played back for participants to verify the authenticity and also ensure the validity or trustworthiness of the data. All the participants confirmed what was played was a true reflection of what they intended to say. In a few cases, the respondents added new information they felt were relevant. The tapes were then switched off with the consent of all the interviewees after which the participants were thanked for their valuable time spent.

Qualitative Study Data analysis Procedure

Attride-Stirling (2001) emphasized the importance of qualitative psychologists including how they analysed their data in the final report of their

study. Given that there were specific research objectives for this study, the theoretical (deductive) thematic analysis (Patton, 1990) was used to analyse the data. Thematic analysis involves analyzing and reporting patterns within data, and minimally organizing and describing the data set in rich detail (Braun & Clarke, 2008). According to Braun and Clarke, thematic analysis is not linked to any pre-existing theoretical framework and so could be used within different theoretical frameworks. In theoretical thematic analysis, the analysis process was driven explicitly by the researcher (analyst), in that it is guided by the researcher's theoretical or analytical interest (Braun & Clarke, 2008). Thus, there were specific research questions or objectives that the researcher answered.

The researcher collected and analysed the data in line with the research objectives and interest. Coding of the data was therefore done for specific research questions or objectives. In the analysis of the data for this study, themes were organized mainly at the semantic or explicit level. The semantic approach of analysis involves identifying themes within the explicit surface meaning of the data, focusing mainly on what the participants had said (Braun & Clarke, 2008). The analysis thus, started from organizing the data to show patterns in semantic content and then summarized (description), to interpretation, where attempts were made to indicate the significance of the patterns and their broader meanings as well as implications in relation to previous literature (Braun & Clarke, 2008). The audio recorded interviews were transcribed verbatim as suggested by Braun and Clarke (2008).

The six steps are briefly described below:

1. Becoming familiar with the data:

The transcribed data was read and re-read so as to become very conversant with the content. At this stage, notes of initial ideas obtained from the transcripts were written for further consideration. 2. Generating initial codes: This stage involved coding the unique features of the data in a systematic fashion across the entire data set and the collation of data relevant to each code.

2. Searching for themes: At the third stage, the codes generated at the previous stage were collated into potential themes. Boyatzis (as cited in Braun & Clarke, 2008) indicated that themes could be identified at either the theoretical (deductive) or inductive (bottom up) way. The deductive approach was used in this study. Thus, the themes were driven by the research objectives of interest in the study.
3. Reviewing themes: The themes were checked in relation to the coded extracts (stage one) and the entire data set (stage two), still guided by the research objectives of the study.
4. Defining and naming themes: The themes were refined based on the specifics of each theme and the overall story the analysis tells.
5. Producing the report: The final stage of the analysis involved the selection of vivid, compelling extracts and examples from the data set for presentation in relation to the research objectives. The analysis was then related to the research question and literature (implication and significance of the themes).

This approach is said to be theoretically flexible in the sense that it can be used within different frameworks to answer different types of research questions.

Trustworthiness of the Qualitative Study

Validity and reliability are important in any research and must be taken into consideration from the conceptualisation of the study to evaluation of findings (Patton, 2001). This means that a researcher needs to convince the consumers of the findings that the research findings are worth considering (Lincoln & Guba, 1985).

Seale (1999) indicated that "trustworthiness of a research report lies at the heart of issues conventionally discussed as validity and reliability" (p. 266). Having considered the conventional criteria for reliability and validity to be inappropriate for qualitative research, Lincoln and Guba (1985) suggested the criteria of credibility, neutrality or confirmability, consistency or dependability and applicability or transferability to replace the conventional internal validity, external validity, reliability and objectivity respectively. These trustworthiness evaluation criteria have been widely accepted and applied in qualitative research (Koch, 2006; Sandelowski, 1986), and so were utilized in this study for the qualitative study.

In ensuring credibility of the study, several measures were adopted, including reflectivity, triangulation, member checking, prolonged-engagement and peer-debriefing. Reflexivity Dahlberg, Drew and Nystrom (2002) emphasized the importance of reflection in qualitative research as a crucial cognitive practice in the research field. Reflexivity is a process that is used to validate research procedures in qualitative studies that enables the researcher to reflect on experiences to identify unexpected critical situations and to deal with these in an appropriate ethical way (Guillemin & Gillam, 2004; Mortari, 2015). The researcher needs to reflect on his or her own cultural or

professional background throughout the research process, including interpretation of the experiences of the respondents.

Three forms of triangulation were employed in this study: The first was data source triangulation which involved obtaining data through semi-structured interview guide from students who have been through the conflict and have had hurts from parents, friends and significant others.

The second was a method triangulation where the interview information was validated or supported by personal observation of the activities in the schools. The third was the use of two other independent data analysts in deriving of the themes and sub-themes, and the themes from the two analysts were merged or synchronized into one report. Member checks; Member checking requires the researcher contacting the research participants and asking them to read and discuss the expressions used in the themes and reports that emerged from the analysis (Koch, 2006).

A third process involved the use of one senior colleague in the data collection and analysis to verify the themes and the analytical processes. Transferability of findings; Transferability is about the extent of similarities between different contexts that allow the possibility for a transfer of finding (Koch, 2006).

Intervention Process: The study was carried out in three phases namely: Pre- intervention phase, Intervention phase and Post- intervention phase.

Pre-intervention phase: This is known as pre-test phase. The instruments were administered to the three groups in order to collect baseline data. The pre-test was done two weeks before the treatment phase.

Intervention phase: In this phase, intervention was carried out on a number of occasions in the form of education/counselling sessions for the experimental groups. Counselling sessions was carried out for two hours once in a week for eight consecutive weeks. The control group, did however, not benefit from the education/counselling sessions during the intervention but were given the intervention after two weeks of the post intervention phase.

Post-intervention phase: The third phase of the study was the post-test or post-treatment phase. After the counselling intervention, the instruments was re-administered to all the subjects in order to ascertain the effects of the treatments.

Treatments Sessions: The session planned for the Forgiveness Education using Enright process of intervention and treatments was indicated in the appendices. However, the summary is presented below.

Intervention: Using Enright Process Model of Forgiveness

Session 1: Introduction, Welcoming and Orientation

The researcher and the participants did self-introduction in this session, after that set goals for the intervention, establish rules that guided the conduct of the intervention and determining the periods of meeting. And finally, there was distribution of the training manuals for the intervention counselling to the participants.

Session 2: The Sources and Concept of Forgiveness.

During this section the sources of hurt and circumstances leading to hurt, what forgiveness is and what it is not forgiveness, difference between

forgiveness and reconciliation was discussed. Participants were asked to do the following as home exercise: Who hurt you and how deeply were you hurt? And what are the reasons of wanting to forgive?

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

The researcher and participants reflected over the previous week's assignment. Causes, effects and how they dealt with hurt as well as discussion on the effects of deepening and easing hurt time was discussed. Participants were assigned to write letters they would send to the person who hurt them (offender) about psychological problems and the struggles they endured as a result of their offense.

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

There was reflections on the previous exercise. Participants discussed the issue of forgiveness whether it works, or whether they would have to consider other alternatives instead of forgiveness. They also deliberated on whether they were willing to consider forgiveness. Again, as homework participant were asked to write about four reasons why they consider forgiving and five reasons why they doubted forgiveness in their note books.

Session 5: Broadening your View about the Person that Hurt you.

There was a reflection on the home work. The researcher then introduced the topic broadening your view about the person that hurt you. There as a discussion on what life was like for the person that hurt you. They looked at how they viewed the one who hurt them based on global and spiritual perspective. Participants identified the vulnerabilities in the person's childhood, adolescence or adulthood and a way of seeing the person as redeemable within their belief system as home assignment.

Session 6: Nature of Compassion and Working Towards Compassion

There was reflections on the previous session's home assignment. This was done by using guided imagery exercise. Participants discussed whether they noticed any changes in their feelings towards the person who hurt them. The researcher made participants with interpersonal hurts to discuss the kinds of gifts they will give to the person who hurt them (offender)

Session 7: Finding Meaning in Suffering.

Participants in this session were taken through finding meaning in suffering. The discussion was based on what they learnt from being hurt and their experiences from being hurt, whether it made them stronger, more sensitive or more matured. Participants discussed what new purpose they may develop that involved how they interacted with others as they contemplate their suffering.

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

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

Intervention 2: Using the REACH Model of Forgiveness

Session 1: Introduction, Welcoming and Orientation

The researcher and the participants did self-introduction in this session, after that set goals for the intervention, established routines or rules that guided the conduct of the intervention and determining the periods of meeting. There was distribution of the training manuals for the intervention to the participants.

Session 2: The Sources and Concept of Forgiveness.

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

Session 3: Recall the Hurt

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

Session 4: Empathizing with the One Who Hurt you

In this session participants and the researcher reflected on the previous week's assignment. The participants were then taken through how to empathize with the one who hurt them. The researcher after that encouraged participants to write letters expressing their feelings about the harmful event and the offender and to express that they were working to forgive the offender. Participants also talked about others' experiences concerning the hurt by using words like disappointed, annoyed, angry, worthless, pleased, satisfied,

frustrated etc. Again, participants did the empty chair exercise with multiple repetitions with sympathy, compassion and love. Participants with interpersonal hurts did the following as homework. What were the reasons why your victims responded the way they did? And what were some of your reactions toward the offender?

Session 5: Altruistic Gift of Forgiveness

There was reflections on the previous assignment. The participants were taken through focusing on feelings of freedom received after seeking divine forgiveness and forgiveness from others. Participants who were hurt interpersonally wrote a letter of gratitude for being forgiven by someone who hurt them as homework.

Session 6: Commitment to Forgiveness

There was reflections on the previous week's exercise. The researcher took participants through activities that encouraged them to commit to forgiveness. The activities involved the presentation of gifts, washing the hands of the transgressor. Participants wrote about how much they forgave emotionally and how they feel.

Session 7: Holding onto Forgiveness

The researcher and the participants recapped the previous week's assignment. There was discussions on the topic of holding onto forgiveness. Here the participants and the researcher discussed the following: love, compassion, sympathy, empathy which are ingredients of holding onto forgiveness. Ways of controlling rumination was also discussed. Participants wrote about negative emotional feelings that worried them and how that

affected their emotional health and how forgiveness helped in overcoming these negative emotional feelings.

Session 8: Review of the Sessions and Post-Test

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

Forgiveness Counselling Using the Enright Process Model Manual

Introduction

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

Session 1: Introduction, Welcoming and Orientation

Objectives:

The objectives was to:

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

Activities

This session covers self-introduction of the researcher and participants, goals for the intervention and discussion of responsibilities of the counsellor and the participants during counselling. The ground rules to guide group interaction and the election of group leaders were also considered under this session by the researcher and the participants. There was distribution of the training manuals to members.

Session 2: The Sources of hurt and Concept of Forgiveness

Objectives:

The objectives was to:

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

Activities

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

B. What forgiveness is: Forgiveness has been conceptualized as an emotion-focused coping process or style that can help people manage

negative psychological and emotional experiences (i.e. low levels forgiveness) evoked by interpersonal conflict and stress (Strelan & Co vie, 2006; Worthington & Scherer, 2004). Younger, Piferi, Jobe, & Lawler (2004) explained forgiveness as a reasonable process of releasing negative effect of emotions in order to preserve or maintain relationship. Other scholars define forgiveness as, motivation-based. McCullough, Worthington & Rachai (1997) define forgives as the set of motivational changes whereby one becomes;

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

Forgiveness is not:

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

C. Discuss the differences between forgiveness and reconciliation. Forgiveness involves one person's response but reconciliation is coming together in trust by two or more persons. Forgiveness entails the willingness to reconcile or waiting in the hope that the transgressor changes his/her behaviour and or apologize. 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 apologizing.

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

Participants were allowed to ask questions to clarify issues discussed and then were given homework and the session terminated.

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

Objectives:

The objectives was to:

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

Activities

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

A. Brainstorm with participants the causes of hurt. Some causes of hurt are: relational devaluation, self-esteem, insult, rejection, judged wrongly, ignored, sexual abuse, chieftaincy conflict etc.

B. Brainstorm with participants the negative effects of hurt on their

psychological well-being.

Some negative effects of hurt are:

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

C. Discuss with students the effects of deepening and easing hurt overtime. Effects of easing hurt, negative thoughts and emotions will be removed, promotion of reconciliation, promotion of mental and physical health, it will remove depression, sadness, anger, frustration, it increases your personal power, it restores self-esteem. Effects of deepening hurt overtime, leads to resentment, it makes you stressed, depressed and anxious, lowers your self-image, leads to physical hostility, promotes negative thoughts and feelings toward self and the transgressor thus may jeopardize your relationships.

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

Session 4: The Cost and Benefits of Committing to Forgiveness

Objectives:

The objectives was to:

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

Activities:

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

A. Participants dramatized a scenario of how they felt when they came into contact with someone who hurt them.

B. Discussed with the participants about the cost of holding on to hurt and not committing to forgiveness

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

1. Development of negative thoughts patterns and obsessing about the person (offender) and what occurred (offense).
2. Development of psychological problems such as depression, low self-esteem and anxiety.
3. Increased hopelessness about the situation and perhaps life in general.
4. Revenge the offense
5. Increase physical health problems such as heart attack, high blood pressure, weight loss and weight gain, stress, depression, muscle tension and decreased lung function.

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

The benefits of committing to forgiveness are:

1. Restoring broken relationships.
2. Helps in healing inner emotional wounds such as depression, anger and stress.
3. Means of coping with stress, injury and pain.

4. Promote positive physical health
5. Improve psychological health

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

Session 5: Broadening your view about the Person that Hurt you.

Objectives:

The objectives was to:

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

Activities

Revised salient points of the previous session and also, discussed the homework with participants.

A. Brainstorm with participants the feelings they had for the one who hurt them. Positive feelings are: sympathy, empathy, compassion and love. Negative feelings are: outright hatred, anger, avoidance and the desire to revenge bitterness.
B. Made participants explored what life was like for the person that hurt them. Frustrating, unbearable stress and Not worth living.
C. Brainstormed with participants how they viewed the person who hurt them based on global and spiritual perspectives.

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

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

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

Session 6: Nature of Compassion and Working Towards Compassion

Objectives:

The objectives was to:

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

Activities

A. Brainstormed with the participants the nature of compassion Compassion is showing empathy, mercy, pity, love, sorrow and tender - heartedness to someone who is suffering. This indicates deep awareness of another's suffering.
B. Made participants to use role-play to empathise with a victim who hurt them. This was be done in pairs.
C. Made participants to demonstrate changes in their feelings towards the person that hurt them. These words were likely to be indicated by the participants: relieved, fearful, annoyed, angered, pleased, betrayed, satisfied, disappointed, loved, empathetic, and sympathetic and the

like.

D. Participants discussed the kind of gift(s) they gave to the person that hurt them. These gifts were tangible in the form of flowers, cards, hampers, and certificates of appreciation, chocolates, Books, watches and rings.

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

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

Objectives

The objectives was to:

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

b. Help participants identify what new purpose they may develop that involves

c. How they interact with others as they think about their suffering.

Activities

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

These lessons and the experiences learnt may included

1. Compassion to the offender.
2. The reality of the interpersonal injury.

3. Sympathy towards the offender.
4. Giving up of hurt and developing attitude of love, gratitude and appreciation.
5. Recognising the reality of self and others.
6. Gaining self-worth.
7. Putting the past behind and forgive.
8. Promoting unity.

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

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

Objectives

The objectives was to:

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

Activities

A. Recapped and shared experiences participants gained during the entire period of the intervention training and then attend to any particular problem in this session

B. The counsellor facilitated an open discussion concerning whatever

issues participants wish to raise.

C. Through the use of oral evaluation, feedback was obtained about the overall effectiveness of the counselling intervention.

D. Finally terminated the intervention process and follow-up within two (2) weeks' time to conduct the post-test.

The REACH Model of Forgiveness Counselling Manual

Introduction

Being wronged by another person is part of normal life. These interpersonal offenses could range from minor ones with minimal consequences to more significant offenses with consequences to the victim. The individuals who experience such hurt can feel a variety of emotions such as chronic anger, hatred and hostility, which may sometimes eventually lead them into a cycle of violence in order to seek revenge (Park, Enright, Essex, Zahn-Waxler, & Klatt, 2013; Shectman, Wade, & Khoury, 2009). Harbouring of chronic anger, hatred and hostility can also lead to physical and mental health problems such as anger, anxiety, depression, insomnia, hopelessness and low self-esteem. (Chida, & Steptoe, 2009; Goldman & Wade, 2012). Therapists and researchers have for some time now begun promoting forgiveness therapy as a way of assisting victims to cope with interpersonal conflict (Landry, Rachal & Rosenthal, 2005). Empirical evidence indicates that persons who participate in forgiveness interventions experience healthy effects including reduced levels of anxiety (Coyle & Enright, 1997) and depression (Freeman & Enright, 1996). Forgiveness is linked to social support, in that it reduces negative emotions like anger and hostility toward others.

Session 1: Establishing Relationship Objectives:

The objectives was to:

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

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

Activities

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

Session 2: The Sources of Hurt and Concept of Forgiveness

Objectives:

The objectives was to:

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

Activities

A. The counsellor discussed with participants' sources of the hurt and circumstances leading to the hurt.

The sources of the hurt may include teachers, friends, politicians,

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

B. **Forgiveness is:**

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

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

Forgiveness is not:

Forgetting- is not removing awareness of the offense from consciousness.

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

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

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

C. Discussed the differences between forgiveness and reconciliation

Forgiveness involves one person's response but reconciliation is coming together in trust by two or more persons. Forgiveness entails the willingness to reconcile or waiting in the hope that the transgressor changes his/her behavior and or apologize. 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 apologizing.

D. Brainstorm with participants' decisional and emotional forgiveness.

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

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

Session 3: Recall the hurt Objectives:

The objectives was to:

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

Activities

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

A. Assist the participants to recall the hurt in five-minute reflection and discuss with them that there is not victimization, not blaming but objective.

B. Made participants to be in groups of five each and discussed the difficulties involved in forgiving.

1. Giving up anger.
2. Misunderstanding of forgiveness.
3. Parents never showed forgiveness toward persons perceived to be on the other side of the divide.
4. Forgiveness is impossible.
5. Lowering one's power or dignity.
6. Brainstorm and discuss the benefits of forgiveness to a relationship.
7. Restoring broken relationships
8. Promotes hope for the resolution of conflicts.
9. Helps bring about reconciliation between the offended and the offender.
10. Promotion of peace
11. Breeds unity.
12. Brainstorm and discuss the benefits of forgiveness to the forgiver.
13. Helps in healing inner emotional wounds such as depression, anger and stress.
14. Means of coping with stress, injury and pain.
15. Promote positive physical health

16. Improve psychological health

Assign homework and terminate the session.

Session 4: Empathise with the one who Hurt you

Objectives:

The objectives was to:

a. Help participants demonstrate how to empathise with the one who hurt them.
b. 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.
c. Help members talk about the experiences of the hurt.

Activities

Reflecting on the previous session exercise.

A. Assisted participants to demonstrate how to empathise with their offender in pairs with one serving as the victim and the other as the offender.
B. Guided members to write hypothetical letters expressing their feelings about the harmful event to the offender and express that they were working to forgive the offender. Provide this guide to help subject to write the letters:
    1. Stated and discussed three negative feelings about the event and the offender in the letter.
    2. Again, stated and discussed three positive feelings about the event and the offender in the letter.
    3. Discussed two efforts you are making to forgive the offender in the

letter.

4. After that discussed some samples of the letters with members in the class.

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

Gave homework to members and ended the session.

Session 5: Altruistic gift of Forgiveness

Objectives:

The objectives was to:

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

Activities:

Revised the previous activities and home exercise.

A. Participants demonstrated how to empathise with the offender using the empty chair exercise.

B. Discussed with members their feelings of divine forgiveness.

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

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

Positive feeling about self and others

1. Gaining of one's power.
2. Unity and friendship.
3. Reconciliation.
4. Promotion of self-esteem.
5. Positive mental health

Gave homework and terminated the session.

Session 6: Commitment to Forgiveness

Objectives:

The objectives was to:

a. Guide participants to explain commitment to forgiveness.

b. Demonstrate how to present gifts to a transgressor.

c. Demonstrate how to exchange gift with transgressor.

Activities:

Revised the previous weeks' exercise with participants and also discussed the homework with them.

A. Discussed with participants' commitment to forgiveness.

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

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

C. Demonstrated to participants how to shake hands with the transgressor also present to him/her a gift. Asked members of the group to practice the exercise of shaking the hands of the transgressor, present a gift to him/her. Made each participant demonstrate the exercise.

D. As homework participants wrote about how much they forgave emotionally and how they felt? And then terminated the session.

Session 7: Holding on to Forgiveness

Objectives:

The objectives was to:

a. Discuss four (4) ingredients of holding on to forgiveness

b. Help participants identify and demonstrate four (4) ingredients of

holding on to forgiveness.

Activities:

Recapped the previous weeks' exercise and discussed the homework with participants.

A. Discussed the following ingredients with the participants:

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

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

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

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

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

Summarised salient points of the session, and as homework made subjects to write two negative emotional feelings that worry them? And mentioned two (2) ways that forgiveness helped to overcome these emotional feelings.

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

Objectives

The objectives was to;

a. Summarise the preceding sessions;
b. Clarify issues relating to the treatment;
c. Evaluate the treatment sessions.

Administer the post-test.

Activities:

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

Data Processing and Analysis

The researcher used the descriptive summary for the primary data using frequencies and percentages. The statistical software that was used to analyse the data was the Statistical Product for Service Solutions (SPSS) version 21 The research questions were addressed using thematic analysis. The researcher used the One-way Analysis of Covariance (ANCOVA) to analyze Hypotheses 1-3, and for hypotheses 4-9, a two-way Analysis of Covariance (ANCOVA) was used. The use of ANCOVA helped control extraneous variables.

CHAPTER FOUR

RESULTS AND DISCUSSION

Introduction

The overaching aim of this research was to establish the effect of REACH and Process Models on forgiveness, anger and depression among 11 to 19-year-old adolescents in Junior High Schools in Nanumba North Municipality, Ghana. The research adopted a quasi-experimental pre-test-post-test (non-equivalent) design. The research comprised three groups; two experimental groups and one control group. The selection of the adolescents were based on their high levels of unforgiveness, anger and depression. The first experimental group was exposed to the REACH model whereas the second experimental group was exposed to the Process model. Participants in the control group went about their normal activities without being given any intervention of interest to the researcher. This chapter presents the results of the study. The chapter is presented in two parts. First, the demographic information of the adolescents were presented, followed by the results and discussion based on each hypothesis.

Demographic Characteristics of Participants

The demographic characteristics of the participants were gender, age and religion. The details of these information are shown in Tables 2 to 4.

Table 2*: Gender Distribution of Participants*

	GROUPS							
SEX	REACH		Process		Control		Total	
	N	%	N	%	N	%	N	%
Male	9	45.0	10	50.0	11	55.0	30	50.0
Female	11	55.0	10	50.0	9	45.0	30	50.0
Total	20	100	20	100	20	100	60	100.0

Source: Field Survey (2021)

As shown in Table 2, equal number of male (50%) and female (50%) adolescents were sampled to be part of the study. That is, the control group, had 11 males (55%) and 9 female participants (45%). The majority of the participants in the experimental group who were exposed to the REACH group were females 11 (55%). For the control group, most of the participants were males 11 (55%), however. The male and female participants in the Process group were the same; 10 (50%) males and 10 (50%) females.

Table 3 provides the age distribution of participants in the study with respect to the various groups of interest.

Table 3*: Age Distribution of Participants*

AGE (years)	GROUPS							
	Process		REACH		Control		Total	
	N	%	N	%	N	%	N	%
13-15 years	13	65.0	12	60.0	10	50.0	35	58.3
16-18 years	5	25.0	4	20.0	6	30.0	15	25.0
19 years +	2	10.0	4	20.0	4	20.0	10	16.7
Total	20	100	20	100	20	100	60	100

Source: Field Survey (2021)

As shown in Table 3, the majority of the participants were aged between 13-15 years (58.3%), 25% were within the age range of 16-18 years, and 16.7% were above 19 years of age. This age distribution was similar across the three groups. For instance, the Process model group consisted of 65% participants within the age range of 16-18 years, 25% were between 16-18 years, and 10% were older than 18 years. The control group had 50%, 30% and 20% participants with the age ranges of 13-15 years, 16-18 years, and 19 years above respectively.

The distribution of participants with regard to religion based on the groups is shown in Table 4.

Table 4: *Religious Affiliation Distribution of Participants*

RELIGION	GROUPS							
	Process		REACH		Control		Total	
	N	%	N	%	N	%	N	%
Christian	4	20.0	3	15.0	4	20.0	11	18.3
Moslem	16	80.0	17	85.0	16	80.0	49	81.7
Total	20	100	20	100	20	100	60	100

Source: Field Survey (2021)

The distribution based on the religious affiliation, as shown in Table 4, depicts that a larger proportion of the participants were Moslems (81.7%). For all the groups, Moslems dominanted in terms of particitation. In both the Process model and the control group, there were 20% Christians, 80% Moslems. The REACH model group was however comprised of 85% Moslems and 15% Christians.This is due to the fact that Bimbilla is a Moslem dominated community.

Testing the Hypotheses

This aspect of the report highlights the results of the quantitative study. Specifically, hypotheses which guided the research were tested. Before testing these hypotheses, preliminary analyses were performed to test for assumptions and also to establish whether the groups were equivalent from the beginning of the study or not. Further, assumptions specific to the analyses were tested. The hypotheses were tested using an alpha level of .05.

Normality Assumption

For all inferential analysis in this research, decisions concerning the choice of a parametric statistical procedures or non-parametric was made based on the normality assumption. Testing the normality of the data helps provide an answer to whether to use a parametric test tool or not, taking into consideration how the variables were measured. It must be said that satisfying this assumption is critical to choosing a parameter estimation procedure. The normality assumption is tested using data obtained on variables which at one point in time were used as a dependent variable in testing any of the hypotheses.

In connection with this study, the normality assumption was tested using data on a number of variables. These variables were used as the dependent variable in testing the hypotheses which guided the study. In testing for the normality assumption, two approaches were used, namely, Kolmogorov-Smirnov and Shapiro-Wilk test. Although the two approaches were used, emphasis was placed on the Shapiro-Wilk test because it is appropriate for data with small sample size (Field, 2009). The details of the results are shown in Table 5.

Table 5*: Test for Normality (Shapiro-Wilk)*

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Depression (Pretest)	.130	58	.016	.966	58	.102
Depression (Posttest)	.120	58	.038	.971	58	.183
Forgiveness (Pretest)	.089	58	.200*	.969	58	.148
Forgiveness (Posttest)	.094	58	.200*	.973	58	.230
Anger (Posttest)	.196	58	.000	.831	58	.072
Anger (Pretest)	.196	58	.000	.831	58	.085

Source: Field Survey (2021)

The normality test, as shown in Table 5, indicated that the normality assumption for the dependent variables has not been violated. This was because the *p*-values were greater than .05. For instance, depression (pretest) had a *p*-value of .102, depression (posttest) had .183, and forgiveness (pretest) had .148. The pre-test data for depression, forgiveness and anger were checked for normality because they were used to test for group equivalence.

Examining Pre-test Data for Equivalence in Before Intervention

Another assumption which needed to be tested was group equivalence prior to the start of the intervention. Thus, it was necessary to conduct a test for between-group equivalence (Process model group, REACH model group and control group). This was to ensure that the groups were equal in terms of characteristics of interest (i.e., forgiveness level, rate of depression, and anxiety level) before the start of the experiment since the study used intact groups. Thus, the groups were compared on forgiveness, anger, and depression to find out whether they were equivalent or not on these constructs. To achieve this, the One-way Analysis of Variance (ANOVA) was performed accordingly.

Once the normality assumption for these variables (forgiveness, anger and depression) were satisfied, the ANOVA test was conducted. The homogeneity of variance assumption was also tested before the actual ANOVA test. The result on the homogeneity test is shown in Table 6.

Table 6: *Test of Homogeneity of Variance*

	Levene Statistic	df1	df2	Sig.
Forgiveness (Pretest)	.170	2	57	.844

Anger (Pretest)	1.034	2	57	.362
Depression (Pretest)	1.928	2	55	.155

Source: Field Survey (2021)

The test of homogeneity of variance was satisfied for all the variables based on the results shown in Table 6. For the forgiveness data, for example, a p-value of .844 was achieved, F (2, 57) = .170, p=.844. Taking the anger data, the homogeneity test was also not violated, F (2, 57) = 1.034, p=.362. A similar result was found for the depression data. Since the homogeneity of variance assumption was met, one-way ANOVA was conducted to establish group equivalence for forgiveness, anger and depresssion. Table 7 highlights the details of the ANOVA results.

Table 7: *ANOVA Test for Forgiveness, Anger and Depression Pretest Data*

		Sum of Squares	df	Mean Square	F	Sig.
Forgiveness (Prestest)	Between Groups	8114.264	2	4057.132	8.612	.001
	Within Groups	26854.320	57	471.128		
	Total	34968.583	59			
Anger (Prestest)	Between Groups	17012.40	2	8506.20	11.908	.008
	Within Groups	40716.276	57	714.321		
	Total	40886.400	59			
Depression (Prestest)	Between Groups	26913.10	2	13456.55	131.70	.000
	Within Groups	5619.852	55	102.179		
	Total	5888.983	57			

Source: Field Survey (2019); *Significant at .05 level

The ANOVA analysis in Table 7, showed that there was a statistically significant differences in the three groups (Process model, REACH model and control groups) regarding their forgiveness level, F (2, 57) =8.612, p=.001. Further, it was found that the participants in the three groups were also significantly different in their anger level, F (2, 57) = 11.908, p=.008. The result again found a statistically significant difference in the level of depression of participants in the three groups (Process model, REACH model and control groups), F (2, 57) =131.70, p< 001. The results provided an indication that the groups had different levels of forgiveness, anger, and depression prior to the start of the intervention.

In conclusion, the preliminary analysis showed that the groups prior to the start of the experiment were dissimilar on the characteristics of interest (i.e. forgiveness, anger and depression). There was the need, therefore, to control for the pre-test scores of the participants which require the use of Analysis of Covariance (ANCOVA). ANCOVA adjusts the post-test scores based on their initial difference on the pre-test. This makes the group as if they started at the same level with regards to the characteristics of interest (i.e. forgiveness, anger and depression).

Testing for the Homogeneity of Regression Slopes Assumptions

The use of ANCOVA analysis requires that the homogeneity of regression slopes assumption should be met. The homogeneity of regression slopes assumptions was then tested. Tables 8, 9 and 10 present the results of the homogeneity of slopes assumption for forgiveness, anger, and depression respectively.

Regression Slopes Assumption for Forgiveness

The details of the homogeneity of regression assumptions for forgiveness are shown in Table 8.

Table 8: *Homogeneity of Regression Slopes Assumptions (Forgiveness)*

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	34015.733[a]	5	6803.147	114.988	.000
Intercept	4.217	1	4.217	.071	.791
Group	736.10	2	368.0	6.20	.004
Forgiveness (Pretest)	24111.190	1	24111.190	407.530	.000
Group * Forgiveness	13.100	2	6.550	.111	.895
Error	3194.867	54	59.164		
Total	1696552.000	60			

Dependent Variable: Forgiveness (post-test)

As shown in Table 8 a non-significant interaction was found between the independent variable (three groups) and the covariate (pre-test scores of forgiveness) based on the dependent variable, F (2, 54) = .111, p = .895. This indicates that the homogeneity of regression slopes assumption was not violated for data on forgiveness. This guarantees the use of ANCOVA for analysis involving forgiveness.

Regression Slopes Assumption for Anger

The details of the homogeneity of regression assumptions for anger are shown in Table 9.

Table 9*: Homogeneity of Regression Slopes Assumptions (Anger)*

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	7634.537[a]	5	1526.907	103.526	.000
Intercept	29.996	1	29.996	2.034	.160
GRP	53.600	2	26.800	1.817	.172
Anger (Pretest)	4573.979	1	4573.979	310.121	.000
Group * Anger	54.982	2	27.491	1.864	.165
Error	796.447	54	14.749		
Total	183283.000	60			

Dependent Variable: Anger (post-test)

The result in Table 9 revealed a non-significant interaction between the independent variable (three groups) and the covariate (pre-test scores of anger) based on the dependent variable, F (2, 54) =1.864, p=.165. This indicates that the homogeneity of regression slopes assumption was not violated for data on anger. This guarantees the use of ANCOVA for analysis involving anger.

Regression Slopes Assumption for Depression

The details of the homogeneity of regression assumptions for depression are shown in Table 10.

Table 10*: Homogeneity of Regression Slopes Assumption (Depression)*

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	1974.545[a]	5	394.909	2.745	.028
Intercept	11490.167	1	11490.167	79.861	.000
Group	378.278	2	189.139	1.315	.277
Depression (Pretest)	904.123	1	904.123	6.284	.015
Group * Depression	191.769	2	95.885	.666	.518

Error	7481.610	52	143.877
Total	198697.000	58	

Dependent Variable: Depression (post-test)

As shown in Table 10 a non-significant interaction was found between the independent variable (three groups) and the covariate (pre-test scores of depression) based on the dependent variable, F (2, 54) = .666, p = .518. This indicates that the homogeneity of regression slopes assumption was not violated for data on depression. This guarantees the use of ANCOVA for analysis involving depression.

Hypothesis One

$H_0$1: There is no significant effect of Process and REACH models on forgiveness among adolescents in JHS in Bimbilla.

H_A1: There is a significant effect of Process and REACH models on forgiveness

among adolescents in JHS in Bimbilla.

This hypothesis examined the effect of Process and REACH models on the level of forgiveness among adolescents in JHS in Bimbilla. The purpose is to find out whether the three groups (Process model, REACH Model and Control Group) are different on the level of forgiveness while controlling for their pre-test scores. The outcome variable was the post-test forgiveness score whereas the pre-test forgiveness score served as a covariate. The one-way ANCOVA was used to conduct and to compare the post-test scores for adolescents in the experimental groups and the control group while controlling for their pre-test scores. The results of the test for the effects are shown in Table 11.

Table 11: *ANCOVA Test for Effect of Process and REACH Models on Forgiveness*

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	η_p^2
Corrected Model	21067.158	3	7022.386	28.289	.000	.602
Intercept	24458.660	1	24458.660	98.528	.000	.638
Forgiveness	12963.024	1	12963.024	52.220	.000	.483
Group	2329.695	2	1164.847	4.692	.013*	.144
Error	13901.426	56	248.240			
Total	1706639.0	60				

Source: Field Survey (2021); *Significant at .05 level

As presented in Table 11, the results revealed that after controlling for the forgiveness pre-test scores, there was significant difference in the post-test forgiveness scores for the experimental groups and the control group, F (2, 56) = 4.692, p = .013, η_p^2=.144. This suggested that the groups (Process model, REACH model and control groups) contributed about 14.4% of the variations in the level of forgiveness. Additionally, multiple comparison analysis was performed to compare the group means to determine where the differences in means scores were coming from. Table 12 presents pairwise comparisons.

Table 12: *Sidak Adjustment for Pairwise Comparison (Forgiveness)*

(I) Groups	(J) Groups	Mean Difference (I-J)	Std. Error	Sig.
Control	Process	-12.998*	5.351	.018
	REACH	-14.499*	5.065	.006
Process	Control	12.998*	5.351	.018
	REACH	-1.501	5.089	.769

REACH	Control	14.499*	5.065	.006
	Process	1.501	5.089	.769

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

The results from the post-hoc analysis revealed statistically significant difference in forgiveness levels between participants in the control group and those in the REACH model group (p=.006) (Table 12). Similarly, significant difference in the level of forgiveness was found between participants in the control group and the Process model group (p=.018). However, no significant difference was found between participants in the REACH model and Process model group (p=.769). The adjusted/marginal means for participants in each group are presented in Table 13.

Table 13: *Estimated Marginal Means (Forgiveness)*

Groups	Mean	Standard Error
Control	157.751[a]	3.650
Process	170.749[a]	3.661
REACH	172.250[a]	3.523

Source: Field Survey (2021)

The results in Table 13 showed that after controlling for the pre-test scores on forgiveness for participants in the groups, the marginal mean scores of the participants in the control group (M=157.751, SE=3.650) was less than those in the REACH model group (M=172.250, SE=3.523). The marginal mean scores for the participants in the Process model group (M=170.749, SE=3.661) was greater than that of the participants in the control group (M=157.751, SE=3.650). No significant difference was found in the marginal mean score between participants in the REACH model group (M=172.250, SE=3.523) and Process model group (M=170.749, SE=3.661).

In summary, the outcome of the analysis revealed that both the REACH model and Process model of forgiveness were effective in helping adolescents in JHS in Bimbilla to forgive persons who had offended them. It was established that the participants who were exposed to the two therapies (Process model and REACH model) showed a significant improvement in their level of forgiveness after the intervention had been administered. The results showed further that when both models were compared with the control group, they had the same level of effectiveness. This is to say that both therapies equally worked in terms of improving forgiveness among the adolescents in JHS in Bimbilla.

Hypothesis Two

$H_0$2: There is no significant effect of Process and Reach models on anger among adolescents in JHS in Bimbilla.

H_A2: There is a significant effect of Process and Reach models on anger among adolescents in JHS in Bimbilla.

This research hypothesis determined whether there was a significant difference in the levels of anger among the adolescents in the experimental group and those in the control group after the intervention. That is, the objective of this hypothesis determined whether the three groups (Process, REACH and control groups) were different on their anger level while controlling for their anger pre-test scores. The dependent variable was the post-test score on anger whereas the pre-test anger score served as a covariate. In testing this hypothesis, one-way ANCOVA was used to compare the post-test scores for participants in the experimental groups and the control group

while controlling for their pre-test scores. The details of the analysis are shown in Table 14.

Table 14: *ANCOVA Test for Effect of Process and REACH Model on Anger*

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	η_p^2
Corrected Model	18929.268	3	6309.75	12.533	.000	.402
Intercept	836.168	1	836.168	1.661	.203	.029
Anger	1393.135	1	1393.135	2.767	.102	.047
Group	17189.012	2	8594.506	17.071	.000*	.379
Error	28193.465	56	503.455			
Total	187870.0	60				

Source: Field Survey (2021); *Significant at .05 level

The outcome of the analysis in Table 14 showed a significant difference in the levels of anger of the participants in the experimental groups and control group at post-test, F (2, 56) = 17.071, p< 001, η_p^2 =.379. The result suggested that the groups (Process, REACH Model and Control) explained 37.9% of the variations in the levels of anger among adolescents. A multiple comparison analysis was further performed to compare the estimated marginal group means for the groups and the details have been shown in Table 15.

Table 15: *Post-hoc Analysis of the Groups Regarding Anger*

(I) Groups	(J) Groups	Mean Difference (I-J)	Std. Error	Sig.

Control	Process	42.046*	8.554	.000
	REACH	44.166*	7.978	.000
Process	Control	-42.046*	8.554	.000
	REACH	2.120	7.185	.163
REACH	Control	-44.166*	7.978	.000
	Process	-2.120	7.185	.163

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

It can be observed from the results in Table 22 that there is a significant difference in the levels of anger of participants in the control group and those in the REACH model group (p<.001). A significant difference was also found in the anger mean scores of participants in the control group and those in the Process model group (p<.001). Thus the study did not find any evidence of a significant difference among the participants in the REACH model group and those in the Process model group (p=.163). To understand the results better, the estimated marginal mean scores for anger were inspected as shown in Table 16.

Table 16: *Estimated Marginal Mean Scores for Anger*

Groups	Mean	Standard Error
Control group	77.171[a]	5.749
Process group	35.125	5.390
REACH group	33.005	5.087

Source: Field Survey (2021)

The results, as displayed in Table 16, revealed that after controlling for the pre-test scores on anger for participants in the groups, the estimated marginal mean scores of the participants in the control group (M=77.171, SE=5.749) was greater than the mean scores of participants in the REACH

model group (*M*=33.005, *SE*=5.087). Similarly, the marginal mean scores for the participants in the Process model group (*M*=35.005, *SE*=5.390) was less than those in the control group (*M*=77.171, *SE*=5.749). The levels of anger of the participants in the Process model group as compared to those in the REACH model group was not different. In conclusion, the outcome of the analysis have revealed that the REACH model and Process model helped reduced the level of anger among adolescents in JHS in Bimbilla. Participants demonstrated sufficient and significant reduction in the levels of anger after their level of forgiveness increased.

Hypothesis Three

H_0 3: There is no significant effect of Process and Reach models on depression among adolescents in JHS in Bimbilla.

H_A3: There is a significant effect of Process and Reach models on depression among adolescents in JHS in Bimbilla.

This research hypothesis examined whether the Process and REACH had a significant effect on the depression level of adolescents in JHS in Bimbilla. Statistically, the difference in the levels of depression of the participants in the experimental groups and control group was tested. This hypothesis, thus, tested whether the REACH and Process models significantly reduced the depression levels of the participants who were exposed to the therapies. The dependent variable was the post-test score on depression while the depression scores of the participant on the pre-test served as a covariate. The one-way ANCOVA was used to compare the post-test scores for participants in the three groups while controlling for their pre-test scores. The details of the analysis are shown in Table 17.

Table 17: *ANCOVA Test for Effect of Process and REACH Models on Depression*

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	η_p^2
Corrected Model	3579.362	3	1193.121	18.274	.000	.504
Intercept	1212.613	1	1212.613	18.572	.000	.256
Depression	2114.158	1	2114.158	32.380	.000	.375
Group	2224.811	2	1112.406	17.038	.000	.387
Error	3525.742	54	65.292			
Total	193274.00	58				

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

As presented in Table 17, the results revealed a statistically significant difference in the depression mean scores of participants in the experimental and control groups at post-test, F (2, 54) = 17.038, p<.001. Furthermore, the result showed that the groups (Process, REACH Model and Control) explained 38.7% of the variations in the depression levels of the participants (η_p^2 =.387). Based on this result, a post-hoc analysis was conducted to compare the estimated marginal group means for the participants in terms of depression. The outcome of the pairwise comparisons has been presented in Table 18.

Table 18: *Pairwise Comparisons of the Groups on Depression Levels*

(I) Groups	(J) Groups	Mean Difference (I-J)	Std. Error	Sig.
Control	Process	12.715*	2.672	.000
	REACH	13.829*	2.600	.000
Process	Control	-12.715*	2.672	.000
	REACH	1.114	2.625	.673
REACH	Control	-13.829*	2.600	.000
	Process	-1.114	2.625	.673

*The mean difference is significant at the .05 level

Source: Field Survey (2021)

The results shown in Table 18 revealed that there is significant difference in the levels of depression of participants in the REACH model group and those in the control group (p<.001). The study further discovered a significant difference in the levels of depression of participants in the Process model group and those in the control group (p<.001). No significant difference, however, was found in the depression levels of the participants in the REACH group and those in the Process group (p=.673). The estimated marginal mean scores for depression of the participants in the groups are presented in Table 19.

Table 19: *Estimated Marginal Means for Depression*

Groups	Mean	Std. Error
Control	65.370	1.835
Process	52.655	1.913
REACH	51.541	1.814

Source: Field Survey (2021)

As presented in Table 19, the result showed that after controlling for the pre-test scores on depression for participants in the three groups, the estimated marginal mean scores of the participants in the control group (M=65.370, SE=1.835) was higher than the mean scores of those in the REACH model group (M=51.541, SE=1.814). Likewise, the marginal depression mean scores for the participants in the control group (M=65.370, SE=1.835) was higher than those in the Process model group (M=52.655, SE=1.913). The mean score for depression for participants in the Process model group and the REACH model group were not statistically different.

In sum, the outcome of the analysis of hypothesis three revealed that both the REACH model and Process model were effective in reducing levels

of depression among adolescents in JHS in Bimbilla.. It was found that the participants who were exposed to the two interventions (Process and REACH models) demonstrated a significant decrease in depression levels. Although the two interventions were found to be efficacious in reducing depression levels of adolescent, none of them were found to be more effective than the other. That is to say that REACH model and Process model had similar levels of effectiveness with regards to reducing depression.

Hypothesis Four

H_0 4: There is no significant effect of Process and REACH models on forgiveness among adolescents in JHS in Bimbilla on the basis of gender.

H_A4: There is a significant effect of Process and REACH models on forgiveness among adolescents in JHS in Bimbilla on the basis of gender.

Hypothesis four sought to examine the effect of Process model and REACH model on forgiveness on the basis of gender. A two-way ANCOVA test was conducted to test this hypothesis. The independent variables were the groups (Process model, REACH model and control) and gender. The pre-test forgiveness score was used as the covariate. The dependent variable was the post-test forgiveness score. Table 20 presents a summary of the results.

Table 20: *Two-way ANCOVA Test for Differences Between Process and REACH Model on Forgiveness on the Basis of Gender*

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	η_p^2

Corrected Model	34060.023[a]	6	5676.671	95.495	.000	.915
Intercept	3.021	1	3.021	.051	.823	.001
Forgiveness	25458.798	1	25458.798	428.276	.000	.890
Group	11.613	2	5.806	.098	.907	.004
Gender	23.324	1	23.324	.392	.534	.007
Group * Gender	50.614	2	25.307	.426	.656	.016
Error	3150.577	53	59.445			
Total	1696552.000	60				

Source: Field Survey (2021)

The result from the two-way ANCOVA revealed no significant effect of Process model and REACH model on forgiveness on the basis of gender, $F(1, 53)= .392$, $p=.534$, $\eta_p^2 = .007$ (Table 20). The result indicates that male and female participants did not respond differently to the Process model and the REACH model in terms of enhancing forgiveness among the adolescent in JHS. This further suggests that the two therapies equally worked for male and female adolescents in improving the level of forgiveness.

Hypothesis Five

H_0 5: There is no significant effect of Process and REACH models on anger among adolescents in JHS in Bimbilla on the basis of gender.

H_A5: There is a significant effect of Process and REACH models on anger among adolescents in JHS in Bimbilla on the basis of gender.

This objective examined whether there is a significant effect of Process and REACH models on anger among adolescents in JHS in Bimbilla on the basis of gender. Statistically, the hypothesis tested whether differences exist in the anger mean scores of participants exposed to the Process model and REACH model of forgiveness and the control group based on gender. A two-

way ANCOVA test was performed to test this hypothesis. The independent variables were the groups (Process model, REACH model and control) and gender. The pre-test anger score was used as the covariate. The dependent variable was the post-test anger score. The details of the analysis are shown in Table 21.

Table 21: *Two-way ANCOVA Test for Differences Between Process and REACH Models on Anger on the Basis of Gender*

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	η_p^2
Corrected Model	37214.757[a]	6	6202.460	33.178	.000	.790
Intercept	29.254	1	29.254	.156	.694	.003
Anger	19340.642	1	19340.642	103.457	.000	.661
Group	2338.887	2	1169.444	6.256	.004	.191
Gender	28.994	1	28.994	.155	.695	.003
Group * Gender	33.662	2	16.831	.090	.914	.003
Error	9907.976	53	186.943			
Total	187870.000	60				

Source: Field Survey (2021)

A two-way ANCOVA was performed to determine the differences in the level of anger of adolescents in the Process model and REACH model groups on the basis of gender (Table 21). The result revealed no significant gender effect of the therapies in reducing anger $F(1, 53) = .155$, $p = .695$, $\eta_p^2 = .003$. This result shows that male and female participants did not respond differently to the Process model and REACH model in terms of reducing the

level of anger of the adolescents. This suggests that the Process model and REACH model were equally effective for both male and female participants in reducing anger.

Hypothesis Six

$H_0$6: There is no significant effect of Process and Reach models on depression among adolescents in JHS in Bimbilla on the basis of gender.

H_A6: There is a significant effect of Process and Reach models on depression among adolescents in JHS in Bimbilla on the basis of gender.

The study also examined whether there was a significant effect of Process and REACH models on depression among adolescents in JHS in Bimbilla on the basis of gender. This was done by examining whether there exists a difference in the depression scores of participants exposed to the Process and REACH models on the basis of gender. To test this hypothesis, a two-way ANCOVA test was performed. The independent variables were the groups (Process model, REACH model and control) and gender (male and female). The pre-test depression score was used as the covariate. The dependent variable was the post-test depression score. The details of the analysis are shown in Table 22.

Table 22: *Two-way ANCOVA Test for Differences Between Process and REACH Model on Depression on the Basis of Gender*

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	η_p^2
Corrected Model	2487.745[a]	6	414.624	4.758	.001	.350
Intercept	11813.484	1	11813.484	135.576	.000	.719
Depression	380.267	1	380.267	4.364	.042	.076
Group	621.794	2	310.897	3.568	.035	.119

Gender	233.764	1	233.764	2.683	.107	.048
Group * Gender	350.729	2	175.364	2.013	.144	.071
Error	4618.188	53	87.136			
Total	199546.000	60				

Dependent Variable: Depression Posttest

As presented in Table 22, the outcome of the two-way ANCOVA revealed no significant difference in the depression mean scores of participants exposed to the Process and REACH models on the basis of gender, F (1, 53) =2.683, p=.107, η_p^2 = .048. The result showed that male and female participants did not respond significantly different to the Process model and the REACH model in terms of reducing their level of depression. This further suggests that the two interventions worked equally for both genders in reducing depressive mode.

Hypothesis Seven

$H_0$7:There is no significant effect of Process and REACH models on forgiveness among adolescents in JHS in Bimbilla on the basis of age.

H_A7: There is a significant effect of Process and REACH models on forgiveness among adolescents in JHS in Bimbilla on the basis of age.

The hypothesis seven examined the effect of Process model and REACH model on forgiveness among adolescents in JHS in Bimbilla on the basis of age. A two-way ANCOVA test was conducted to test this hypothesis. The independent variables were the groups (Process model, REACH model and Control) and age category. The pre-test forgiveness score was used as the covariate. The dependent variable was the post-test forgiveness score. Table 23 presents a summary of the results.

Table 23*: Two-way ANCOVA Test for Differences Between Process and REACH Models on Forgiveness on the Basis of Age*

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	η_p^2
Corrected Model	34096.811[a]	8	4262.101	69.808	.000	.916
Intercept	4.809	1	4.809	.079	.780	.002
Forgiveness	22537.670	1	22537.670	369.139	.000	.879
Group	29.367	2	14.684	.241	.787	.009
Age	26.493	2	13.246	.217	.806	.008
Group * Age	69.964	3	23.321	.382	.766	.022
Error	3113.789	51	61.055			
Total	1696552.000	60				

Source: Field Survey (2021)

The outcome of the analysis from the two-way ANCOVA showed no significant difference in the anger mean scores of participants exposed to the Process and REACH models on the basis of age, F (2, 51) =.217, p=.806, η_p^2 = .008 (Table 23). The result indicates that participants who were within different age categories did not respond significantly different to the Process model and the REACH model in terms of reducing their level of anger. This further suggests that the two interventions equally worked for both participants within all age brackets/groups.

Hypothesis Eight

$H_0$8: There is no significant effect of Process and REACH models on anger among adolescents in JHS in Bimbilla on the basis of age.

H_A8: There is a significant effect of Process and REACH models on anger among adolescents in JHS in Bimbilla on the basis of age.

Hypothesis eight sought to test whether there is a significant effect of Process and REACH models on anger among adolescents in JHS in Bimbilla on the basis of age. The hypothesis was tested by examining whether there exists a difference in the mean scores of participants exposed to the Process and REACH models of forgiveness on the basis of age. A two-way ANCOVA

test was performed to test this hypothesis. The independent variables were the groups (Process, REACH model and control) and age. The pre-test anger score was used as the covariate. The dependent variable was the post-test anger score. The details of the analysis are shown in Table 24.

Table 24: *Two-way ANCOVA Test for Differences Between Process and REACH Models on Anger on the Basis of Age*

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	η_p^2
Corrected Model	37373.335[a]	8	4671.667	24.438	.000	.793
Intercept	27.417	1	27.417	.143	.706	.003
Anger	16739.679	1	16739.679	87.567	.000	.632
Group	1673.311	2	836.655	4.377	.018	.146
Age	80.653	2	40.326	.211	.811	.008
Group * Age	141.345	3	47.115	.246	.863	.014
Error	9749.398	51	191.165			
Total	187870.000	60				

Source: Field Survey (2021)

As presented in Table 24, a two-way ANCOVA was performed to determine the differences in the level of anger of adolescents in the Process model and REACH model groups on the basis of age. The outcome of the analysis showed 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 age, $F(2, 51) = .211$, $p = .811$, $\eta_p^2 = .008$. This

result implies that participants who were within different age categories did not respond differently to the Process model and REACH model in terms of reducing anger. Thus, the Process model and REACH model were equally effective for both participants within all age brackets.

Hypothesis Nine

$H_0$9: There is no significant effect of Process and REACH models on depression among adolescents in JHS in Bimbilla on the basis of age.

H_A9: There is a significant effect of Process and REACH models on depression among adolescents in JHS in Bimbilla on the basis of age.

The study also examined whether there is a significant effect of Process and REACH models on depression among adolescents in JHS in Bimbilla on the basis of age. The hypothesis tested whether there exist differences in the depression level among participants in the experimental groups (i.e. Process model and REACH model group) and those in the control group on the basis of age. A two-way ANCOVA test was conducted to test this hypothesis. The independent variables were the groups (Process model, REACH model and control) and age. The pre-test depression score was used as the covariate. The dependent variable was the post-test depression score. Table 25 presents a summary of the results.

Table 25: *Two-way ANCOVA Test for Differences Between Process and REACH Models on Depression on the Basis of Age*

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	η_p^2
Corrected Model	3722.737[a]	8	465.342	6.741	.000	.524
Intercept	1227.049	1	1227.049	17.776	.000	.266
Depression	1867.960	1	1867.960	27.061	.000	.356

Group	1445.807	2	722.904	10.473	.000	.299
Age	24.460	2	12.230	.177	.838	.007
Group * Age	78.508	3	26.169	.379	.768	.023
Error	3382.367	49	69.028			
Total	193274.000	58				

Dependent Variable: Depression Posttest

The outcome of the two-way ANCOVA analysis in Table 25 showed no significant effect of Process model and REACH model on depression on the basis of age, $F(2, 49)= .177$, $p=.838$, $\eta_p^2 = .007$. The result indicates that the participants across different age categories responded in the same way to the Process model and the REACH model in terms of reducing depression among adolescents. This further suggested that the two interventions equally worked for adolescents in JHS with different ages in reducing depression.

Final Model

The study generally found that the Process and REACH models significantly increased the level of forgiveness of adolescents in JHS in Bimbilla which inturn reduced their level of anger and subsequently led to a significant reduction in depression levels. Also, the study showed that age and gender do not have significant influence on forgiveness, anger and depression levels of the adolescents. The final model of this research, as displayed in Figure 2, illustrates the relationship of the Process and REACH models on forgiveness, anger and depression after exposing the adolescents in JHS in Bimbilla to the counselling intervention.

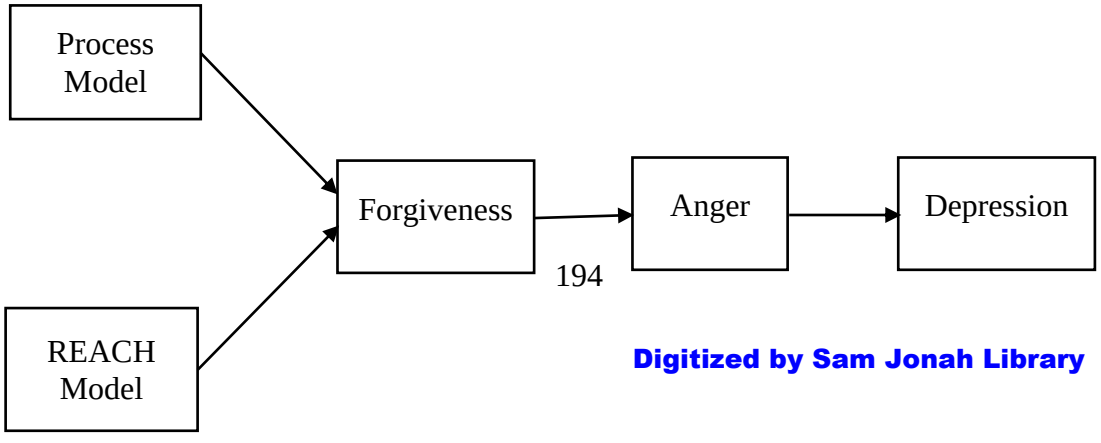

Figure 2: Final Model

Research Questions

Mixing the results, the qualitative findings were introduced to assess how the treatments worked and found out if there was any variation in the results. Specifically, the qualitative results of these research questions were compared with the findings from the hypotheses.

Research Question 1

What are the effects of the Intervention on Forgiveness, Anger and Depression among Adolescent JHS Students who Experienced Hurts in Bimbilla?

This research question sought to qualitatively examine the effect of the interventions on forgiveness, anger and depression among adolescent JHS students who experienced hurts in Bimbilla. Specifically, the qualitative results of this research question was compared with the findings from the hypotheses one, two and three. The results are presented as follows.

Post Intervention Responses

This section presents the themes that emerged from participants interviewed after the intervention. The themes that emerged were positive thoughts towards the offender and positive feelings towards the offender.

Positive Thought About Offender

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

> *"Right now, my thoughts about the person are more positive and I am also trying to see if I can talk with him so that he will see the kind of change of behaviour that I have got."* (Participant 3)
>
> *"Now I wish him well so I don't have any negative thought about the person."* (Participant 1)
>
> *"I don't think bad about him at all."* (Participant 2)

Positive Feeling towards offender

The responses of the participants revealed that they had a more positive feeling toward the offender. The participants opined that their feeling about the offender has changed and were willing to see things in the view of the offender.

The information gained through the intervention that the process of forgiveness not only reduces the emotional distress associated with past hurts and offenses but enhanced more contentment and satisfaction in letting things go could be used to enhance optimal functioning in an individual. Below are some of what participants shared with the researcher:

> *"I no longer feel angry [sic] towards him after the intervention. I have even called him."* (Participant 1)

"Right now, I don't think I feel bad about the person. I will say I feel good about him." (Participant 2)

"How I feel towards him has changed, right now the feeling is more positive than negative." (Participant 3)

"I am okay because I don't think about what happened and feel hurt anymore." (Participant 2)

"My feeling towards my uncle is not like before where the thought of him gets me angry." (Participant 3)

Influence of the Lesson

The participants spoke about how their interaction with the researcher and the interventions has influenced their perception about holding on to offences and not forgiving the offender. The participants explained that they have come to realisation that there is no need to hold on to unforgiveness which has made them hate and hurt themselves severally.

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

"...because of what I have learned from our interactions I don't think it is even necessary to hold on to that hurt." (Participant 2)

"From what I learned, there is no need to hold grudge against the person who offended me so I have let go of everything." (Participant 3)

"…because of the lessons I went through I don't want to hurt myself so I will say I have forgiven them." (Participant 2)

"I will give him a space. Though I don't have anything against him." (Participant 1)

Research Question 2

What are the Indicators of Forgiving Behaviour After the Intervention Among Adolescents in JHS in Bimbilla on the Bases of Gender?

This research question sought to qualitatively identify the indicators of forgiving behaviour after the intervention on the bases of gender. Specifically, the qualitative results of this research question was compared with the findings from the hypotheses four, five and six. A number of themes were outlined to discuss the reaction of the participants to this question.

The results are presented, thereafter.

Post Intervention Responses

This section presents the themes that emerged from participants interviews after the intervention. The themes that emerged were positive emotional state toward the wrongdoer, empathy and perspective taking, and positive behaviour towards offender**.**

Positive Emotional State

In this study, each participant felt that they were calm and relaxed in life in general, and were able to deal with their emotions after the interventions in a constructive way irrespective of their gender. This result is consistent with previously reviewed literature stressing that there is no gender difference in

trait and state forgiveness among students Macaskill, Maltby, and Day cited in Matsuyuki, (2011), and Toussaint and Webb, (2005). Again Ingersoll-Dayton, Campbell and Ha (2009) reported that the Enright therapeutic model of forgiveness has shown a great promise for men and women from various religious and non-religious backgrounds. All of them reported that they felt happy and contented in their present lives. They felt that each time they went through a difficult situation, they experienced some emotions, but do not allow such negative emotions affects them as they tried to resolve them almost immediately. They added that keeping a happy face is a way of finding meaning in their lives and they enjoyed the present moment. They believed that they were contented as result of their personal achievements.

> *"I generally find myself enjoying the way life turns out. See, I try focusing more on good things happening every day, instead of worrying over bad moments. Whenever I have to deal with hard situations, I give it a try resolving it as objectively as possible, go through the situation, but never let me get so much affected. That is the way I remain happy and peaceful"* (Participant 3).

They indicated that the interventions had helped in educating them not to have any regret about their past decisions and happenings. A participant reported experiencing calm and peace in her life,

> *"Feeling inwardly calm and enjoying life at the present moment that I can live passionately and when I try regulating my emotions, life becomes more enjoyable"* (Participant 2)

Empathy and perspective taking

The participants said that they were able to identify with the transgressor after they were exposed to the interventions and that had helped them to forgive the wrongdoing. Even if others showed negative behaviour towards them, the participants conveyed the message that the situation was to be blamed, not the person. They were able to accept others as they were with their weakness and potentialities. Only when a person recognizes how she felt in a similar situation, can she assume how someone must be feeling in his or her own situation. Even if some mistakes were committed by people around them, they had a tendency to see it in a positive light. These ideas were expressed by both male and female students after they had gone through the intervention. For example, a participant said;

> *"I know the mistakes people make and I make it a point not to exaggerate it. I never blame myself or others because I know to err is human and I would have done the same harm if I were in that situation"* (Participant1)

In all, the outcome of the analysis of research question one indicated that the REACH model and Process model were both effective in increasing forgiveness and as a result, decreasing both anger and depression among JHS students in Bimbilla irrespective of their gender. The qualitative results are in line with the quantitative results of hypothesis four, five and six. Thus, both results revealed that the participants demonstrated a significant improvement in their levels of forgiveness, which resulted in decreased in anger and depression irrespective their gender status. That is, these participants were able to forgive people who hurt them by developing positive affect, cognition and behaviour towards the offender.

Research Question 3

What are the Benefits of Forgiveness after the Intervention Among Adolescents JHS Students in Bimbilla on the Bases of Age?

This research question sought to seek the understanding of participants perception on benefits of forgiveness on the bases of age after REACH and Process models were used as intenventions . Specifically, the qualitative results of this research question was compared with the findings from the hypotheses seven, eight and nine. A number of themes were outlined to discuss the reaction of the participants.

Enhanced sense of well-being.

The participants were of the view that after going through the interventions, whenever they forgave others, there was a sense of burden lifted and in turn, they experienced more positive emotions and this pathway in turn lead to enhanced sense of well-being. A Participant at various instances revealed of experiencing a transition from being aggressive to more peaceful and emotionally mature state after the intervention. For instance,

> *"Previously, I used to feel very sad or guilty about things, I used to be sad about the way I was treated. So I used to get very emotional about these things but after I started realizing the need to forgive and let it go, I became wise and matured and didn't take things so emotional or didn't take things so much to my heart and I could see a change. Also, a sense of satisfaction results from this"* (Participant 3)

A participant shared similar views when she said,

> *"I think whenever I forgave or asked for forgiveness, I tried to put my pride aside and show humility. I was able to empathize with the other person and to my surprise I felt contented and extremely happy over what I did".* (Participant 1)

Participants said that forgiveness interventions contributed greatly to their personal growth. They had become more open, less rigid, and emotionally stable, developed overall relationship satisfaction and attained a sense of purpose and meaning in life.

> *"I have changed a lot. Earlier, I used to blame myself. Now I understand that it might be because of the situation or other people. I am more in control of my thoughts. And I accept that everybody has some positives in them. So I accept them unconditionally. Forgiveness had played a role in managing myself and others"* (Participant 2)

Self-acceptance

Most participants agreed that they possessed a positive attitude towards themselves, and felt content about past life. Participants spoke about the ways they looked into themselves. They took time to reflect on their performance and the impact of their forgiving behaviour. For them, reflection was an ongoing process due to the forgiveness interventions they had gone through.

> *"When I look back, I am quite pleased with how things have turned out so far for me. I have analyzed each situation rationally, responded appropriately without making any effort to react*

intensely, and tried to manage my emotions even when I was going through difficult situations" (Participant 1)

Competence to deal with challenge

Participants opined that practicing forgiveness intervention helped them to develop competency to deal with the difficult interpersonal situation more realistically and used effective coping strategies. This involved accepting responsibility for solving the problems, seeking accurate information about problems, and having an optimistic view of one's capacity to solve problems.

Participant 3 said that she had learnt to accept situations because of the way she looked at challenging situations in her life. She understands that forgiveness is very much needed in order to have a peaceful life. She felt that it took some time though for everything to fall in place. Participants were of the view that they had belief in their own efforts and skills at working to resolve any issue in their life . P3 narrated an instance when she was able to deal with a conflicting situation with a friend where forgiving was necessary. She said that when she was ready to look at the issue in a different perspective, it was easy for her to resolve it.

"I looked at the situation very objectively and realized that it had to be dealt with in a mature and rational fashion. I gained more understanding of that difficult interpersonal situation and I can tell undoubtedly that such strength derived from the patience and forgiving nature that I have acquired and now I feel very confident in dealing with any challenging situation." (Partcipant 3)

The outcome of the analysis of research question two revealed that anger and depression are generally emotional attributes Recine, (2015) and Baskin and Enright, (2004), and once participants were exposed to the therapies, their negative emotions, cognitions and beliefs were positively reshaped and cognitively restructured by practice through direct teaching.

Discussion

Research Question 1

This research question sought to qualitatively examine the effect of the interventions on forgiveness, anger and depression among adolescent JHS students who experienced hurts in Bimbilla. Specifically, the qualitative results of this research question was compared with the findings from the hypotheses one, two and three.

Participants interviewed after the intervention indicated that positive thoughts towards the offender and positive feelings towards the offender were the effects of the intervention on them. This confirms the results found in the

quantitative study. Almost all the participants described their thoughts about the offender as positive and refreshing after the intervention.

The responses of the participants revealed that they had a more positive feeling toward the offender. The participants opined that their feeling about the offender had changed and were willing to see things in the view of the offender.

The information gained through the intervention that the process of forgiveness not only reduces the emotional distress associated with past hurts and offenses but enhanced more contentment and satisfaction in letting things go could be used to enhance optimal functioning in an individual.The participants spoke about how their interaction with the researcher and the interventions has influenced their perception about holding on to offences and not forgiving the offender. The participants explained that they have come to realisation that there is no need to hold on to unforgiveness which has made them hate and hurt themselves severally. Adolescents may best respond to discussion that focuses on the social benefits of forgiving and the principles that underlie forgiveness such as compassion and empathy (Gassin, 1998). According to Gassin, it is important to allow adolescents to express the negative emotions related to being hurt. Expression of all emotions can help adolescents with identity development as they process their pain and realize they can cope with the hurt. Like adults, children and adolescents learn more deeply when challenged and encouraged. We must talk to adolescents about forgiveness so that they know it is an option. According to Enright (1998), one way we can do this is by weaving forgiveness into discussions about current events and happenings in the world. It is important to make the topic real for

adolescents so that they can see the advantages of forgiveness and releasing anger.

Research Question 2

The findings of the study showed that when participants experience positive emotions it is very much easier to let things go. The feeling of hurt as depicted by the findings of this study could be explained against the fact that feeling offended and its interpretation involves personal factors such as gender and self-esteem which can influence emotional state (feeling offended) with respect to the expectation of the victim (Mosquera et al., 2002). Those who are forgiving had a mixture of pleasant emotions in their personal growth. Experiencing positive affect may be a consequence of not keeping grudges within themselves and it is very important as it influences their personal growth. It can also be considered as an indicator of making peace with life. Experiencing positive emotions has certain physiological benefits as it improves the functioning of cardiovascular system. Besides, it increases the likelihood of experiencing positive emotions in future (Fredrickson, 2003).

Participants validated their positive affect by saying that it is important for them to feel happy and content in life as it will be reflected in the way they go about doing their daily activities of their life. They wanted to feel happy and satisfied and it appeared as if they made an effort to feel so. Also, the finding could be explained against the background that the relation of the victim with the offender influences the interpretation of the offence which in turn influences the emotional cost involved (Brown and Marshall, 2001). This could therefore explain why participants involved in this study felt hurt by the offence hence, unforgiveness.

Many expressed the view point that their responses towards a transgressor could be different and that they put their trust into God and consequently will forgive themselves and others more easily. This response agrees with what Neto (2007) indicated that religiosity, to some extent, predicts the positive pervasive tendency toward forgiveness and negative approach toward continuous hatred which is also supporting the participant's viewpoints.

Research Question 3

The findings of the study showed that a sense of well-being was very important to having a fulfilling life and most participants agreed to that. After the intervention participants had a positive feeling towards the offender and a positive thought towards the offender. This is as a result of participants' realization of the importance of forgiveness and the effect of unforgiveness from the intervention process. This explains why the participants after the intervention had a positive attitude and thoughts towards the offender. This implies that the Enright process and REACH models are efficacious in dealing with anger, unforgiveness and depression.

The findings of this study do not differ from the findings of a meta-analysis conducted by Baskin and Enright (2004). The findings of these authors (Baskin and Enright) showed that the process-based forgiveness intervention theories were effective. Similarly, Lopez, Serrano, Gimenez and Noriega (2021) also confirmed that Enright's and Worthington's models of forgiveness intervention approaches have proved to be efficacious in enabling clients of different ages to forgive a past hurtful event or injustice of their offenders. The findings of this study are also in line with the findings of a

meta-analysis carried out by Wade et al. (2014). The findings of the meta-analysis showed that participants who received forgiveness treatments reported significantly greater forgiveness than participants who did not receive treatment.

Hypothesis One

$H_0$1: There is no significant effect of Process and REACH models on forgiveness among adolescents in JHS in Bimbilla.

H_A1: There is a significant effect of Process and REACH models on forgiveness among adolescents in JHS in Bimbilla.

This result revealed that the Process model and the REACH model have a direct impact on a person's ability to forgive. This is based on the fact that these models have the ability to change attitudes, cognitions and behaviours. This result supports the views of Allemand, Hill and Steiner, (2013), Enright, (2001) and Worthington and Scherer, (2004), that when people forgive, they abandon their negative emotions, thoughts and behaviours toward the transgressor. Thus, when the participants were exposed to the Process model and the REACH model their unforgiving thoughts such as revengefulness, hatred and anger toward their offenders were changed or shaped to forgiveness tendencies like love, empathy, sympathy and compassion. This result also supports the views of Worthington and Scherer, (2004), Enright, (1996), Worthington, (1998), McCullough, Rachal and Worthington, (1997) that empathy, compassion and humility promotes forgiveness. For instance, the mean score in the control group was less than that of the REACH model and the Process model. The result indicates that the

Process model and the REACH model were effective in helping adolescent in JHS students in Bimbilla overcome their hurts.

The process model and the REACH model showed a significant improvement in the level of forgiveness among participants. The finding confirms studies conducted by Barimah, (2019), Barlow and Akhtar, (2018), Lijo and Annalakshmi, (2017), Nation, Wertheim and Worthington, (2017), Toussaint, Shields and Slavich, (2016), Recine, (2015), Lee and Enright,(2014), Wade, Hoyt, Kidwell and Worthington, (2014), Reed and Enright, (2006), Wade, Worthington and Meyer, (2005), Fayyaz, Luskin, Ginzburg and Thoresen, (2005), Ingersoll-Dayton and Ha, (2003), Freedman and Knupps, (2003); Rye and Pargamant, (2002), Coyle and Enright, (1997), Freedman &and Enright, (1996) and McCullough and Worthington, (1995) that clients who have been taken through forgiveness therapies have shown a significant change in forgiveness. In contrast, Hurlock, (2001) in a study posits that the tendency of forgiveness among adolescents who have experienced emotional abuse by parents still have the desire to take revenge on those who have hurt them, even though it is not as high as the desire to avoid or withdraw from those who have hurt them. This is because they have not been able to control the negative emotions that arise when painful events occur. In adolescents, this is a natural occurrence and it is suggested that adolescents are not able to control their emotions, especially negative ones. This is also in accordance with Santrock who states that adolescence is often associated with periods of emotional instability, identity crises, and behavioral problems (Santrock, 2011).

Another probable explanation of the effectiveness of the models is that, those who facilitated the forgiveness interventions using the Process model and the REACH model were experienced and had adequate training on how to use the therapies. That might have promoted the effectiveness of the interventions leading to a significant improvement in the level of forgiveness among the adolescent students. This confirms previous studies by Rainey, Readdick and Thyer (2012) which says that therapists who have trained for more than eight hours were more effective in facilitating forgiveness interventions. The eagerness, enthusiasm, motivation, spending more time expressing empathy, expressing more affect, experiencing group affiliation, social support from group members, punctuality and the direct involvement of the participants in the therapeutic activities could have contributed to this result. The implication of this, is that if therapists will ensure the effectiveness of forgiveness interventions, the participants need to be encouraged and motivated to take active roles in the therapeutic activities. Another implication of the finding for counsellors is that in facilitating forgiveness interventions more attention need to be paid to the affect, behaviour and cognition of clients because forgiveness involve changes in these variables. Furthermore, therapists must ensure that clients develop empathy, compassion, love and humility for their transgressors which are active ingredients or emotional qualities for forgiveness processes.

Hypothesis Two

$H_0$2: There is no significant effect of Process and Reach models on anger among adolescents in JHS in Bimbilla.

H_A2: There is a significant effect of Process and Reach models on anger among adolescents in JHS in Bimbilla.

There exists a positive relationship between forgiveness and anger as a mental health variable (Baskin & Enright, 2004). This means that when forgiveness level is increased, anger level will be reduced because anger will be indirectly treated. The result of this study indicated that exposure the REACH model and Process model of forgiveness contributed to a reduction in the level of anger among the adolescent JHS students in Bimbilla. During the intervention, participants were encouraged to have empathy, compassion, sympathy and love for their transgressors through role-play and didactics. The participants were also taken through cognitive restructuring exercise to help the participants let go their unhealthy thoughts toward their offenders such as hatred, revengefulness, avoidance and rage. The participants were also exposed to how to find meaning in suffering. Furthermore, the participants were exposed to the effects of deepening and easing anger on their physical and mental health. Consequently, there was an increased in forgiveness which intend reduced the level of anger among adolescent JHS students in Bimbilla.

The finding confirms earlier findings of (Barlow & Akhtar, 2018; Quintana-Orts and Rey,(2018), Akhtar, Dolan and Barlow, (2016), Lee and Enright, (2014), Jafari and Manshaae, (2014), Mijocevic and Zagreb, (2010), Fayyaz, Fatemeh and Beshharest, (2011), Hirsch, Webb and Jeglic,(2011), Klatt & Enright, (2009), Enright, Hotler, Baskin and Knutson, (2008), Haris, Luskin, Norman, Standford, Evans and Thoresen, (2006), Wade, Bailey and Shaffer, (2005), Luskin, Ginzburg and Thoresen, (2005), Freedman and Knupps, (2003), Enright, (2001) Maltby, Mascakil and Day, (2001), Enright

and Fitzigibbons, (2000), Tangney, Fee, Reinsmith, Boone and Lee, (1999), Coyle and Enright, (1997) and Freedman and Enright, (1996) that an improvement in the forgiveness level of participants leads to a significant reduction in anger, stress, state anxiety and depression among clients. This finding also supports the views of Seybold, Hill, Neumann and Chi, (2001), Yip and Tse, (2009) and Hansen, Enright, Baskin, and Klatt, in press as cited in Enright, (2009) that higher levels of forgiveness are an indication of lower levels of anger, depression and lower anxiety. On the contrary, this finding contradicts those of Barimah (2019), that there was no significant difference in the post-test mean score of anger in the experimental groups and post-test mean score of anger in the control group. This means an improvement in the forgiveness levels of adolescent JHS students in Bimbilla has not yielded any significant effect on anger.

In addition, previous studies Rye and Pargament, (2002), and Nation, Werthein and Worthington, (2017) have revealed results which were inconsistent to this study. Their study indicated that no significant treatment effects were found with respect to measures of hope, depression, religious well-being, anxiety and hostility. This indicates that a significant improvement in forgiveness cannot result in an improvement in mental health. Furthermore, the finding contradicts one by Kirmani, (2015) and Sprato, (2011) who found no significant association among gratitude, forgiveness, subjective well-being, anger and crime. The current result also supports the views of Haris, Luskin, Norman, Standford, Evans and Thoresen, (2006), and Allemand, Hill and Steiner, (2013) that forgiveness interventions reduce negative thoughts and feelings towards the target of transgression as well as increasing positive

thoughts and feelings toward the transgressor. In addition, the result is consistent with Enright and Human Development Study Group cited in Murray (2000) that receiving forgiveness occurs when an individual has offended another, and then the offended person willingly offers the cessation of negative attitudes, thoughts and behaviours and substitute more positive feelings, thoughts and behaviours toward the offender. This might have contributed to the significant effect that the therapies had on anger. The implication of this study is that counsellors need to be aware that forgiveness interventions has the same level of potency in treating anger and other psychological problems like depression, anxiety, self-esteem and guilt. Another implication for counsellors is that, in trying to treat anger they should take note of the affective, cognitive and behavioural components of the clients. In addition, anger can be treated indirectly using forgiveness interventions but not only through the anger management techniques.

Hypothesis Three

$H_0$3: There is no significant effect of Process and Reach models on depression among adolescents in JHS in Bimbilla.

H_A3: There is a significant effect of Process and Reach models on depression among adolescents in JHS in Bimbilla.

The outcome of the analysis of this study revealed that both the REACH model and Process model were effective in reducing levels of depression among JHS students in Bimbilla. Throughout the intervention period, the participants were stimulated to have empathy, compassion, sympathy and love for their offenders through the various activities such role play and discussions that were carried out. The result suggests that forgiveness

is a significant protective factor against depression for adolescents, helping them to effectively control and manage anger, thus fostering emotional health. An important clinical implication of this study regards the potential of forgiveness as a resource for well-being in therapy: among the various possible protective factors in adolescence, forgiveness has the added advantage that it can be fostered in clinical settings, and working on forgiveness in psychotherapy or in counselling could decrease adolescent depression and improve well-being.

Findings by Burnette, Davis, Green, Worthington and Bradfield, (2009) assert that forgiving others definitely protects people against the negative effect of anger, hatred and revenge and prevents them from becoming depressed. Higher forgivingness is associated with lower levels of depression across all ages, (Burnette et al., 2009) and with higher levels of well-being, (Toussaint, & Webb, 2005). Based on the models used in this study, the adolescents were taken through cognitive restructuring exercise as suggested by Ingersoll-Dyaton et al., (2009), and Akhtar and Barlow, (2016) to help the participants let go their unhealthy thoughts such as hatred, revengefulness, avoidance and rage toward their transgressors. Notwithstanding that, the participants were furthermore exposed to the various ways to find meaning in suffering. Additionally, the participants were made aware of the consequence of deepening and letting go hurt on their physical and mental health. Therefore, the forgiveness level of participants was increased leading to reduced levels of depression in adolescent JHS students in Bimbilla.

It was also found that the participants who were exposed to the two therapies (Process and REACH models) demonstrated a significant decrease in

depression levels. Thus, these participants had significant reduction levels of depression. The result support what Baskin and Enright, (2004), Ascenzo, and Collard,(2018), and Toussaint, and Webb, (2005) said that higher levels of forgiveness predict better mental and physical health, which includes lower levels of anxiety, anger, stress and, depression. In addition, the result of this study is consistent with Burnette, Davis, Green, Worthington and Bradfield, (2009), Norman, (2017), and Kaminer et al., (2001) view that forgiving others protects people against the negative effect of anger, hatred and revenge and prevents them from becoming depressed. Again, this finding support Norman, (2017), and Spiers, (2004) view that forgiving attitudes tend to precede decreased anxiety and depression and that whenever victims forgive their offenders, they experience reduced mental health problems. The result is however, inconsistent with Brown (2003), and Lawler-Row and Piferi, (2006) who reported that the tendency to forgive is negatively related to depression. Furthermore, Carvalho et al report cited in Barcaccia et al.,(2019) reported that forgiveness inversely related to depression and directly related to Hedonic Balance (HB). Yet again the result is not consistent with (Rye & Pargament, 2002) findings suggesting that forgiveness and depression are negatively related. This finding offers several counselling implications for the well-being of adolescent JHS students in Bimbilla. Thus, counsellors need to organise school-based programs on forgiveness which could promote a more benevolent attitude in confronting with slights and interpersonal ruptures, thereby preventing depression and increasing well-being. Again, counsellors need to be conscious about the fact that both forgiveness interventions have the same level of effectiveness in treating depression and other psychological

problems like anxiety, self-esteem and guilt. Also, counsellors need to understand that depression can be treated indirectly using forgiveness interventions. Finally, adolescent students can make use of forgiveness interventions involving either the process model or the REACH model as a way of treating their depression.

Although the two therapies were found to be efficacious in reducing depression levels of students, the result revealed that none of them were found to be more effective than the other. That is to say that REACH model and Process model had similar levels of effectiveness with regards to reducing depression among JHS students in Bimbilla.

Hypothesis Four

$H_0$4: There is no significant effect of Process and REACH models on forgiveness among adolescents in JHS in Bimbilla on the basis of gender.

H_A4: There is a significant effect of Process and REACH models on forgiveness among adolescents in JHS in Bimbilla on the basis of gender.

The results showed no significant difference in the forgiveness mean scores of participants exposed to the process and REACH models of forgiveness on the basis of gender. This finding suggests that these two models are equal in their effects on forgiveness. This result revealed that male and female participants did not respond differently to the Process model and REACH model in terms of enhancing forgiveness. This implies that the Process model and REACH model were equally effective for both male and female participants in terms of reducing unforgiveness. This result is

consistent with previously reviewed literature stressing that there is no gender difference in trait and state forgiveness among students Macaskill, Maltby, and Day cited in Matsuyuki, (2011), and Toussaint and Webb, (2005). Again Ingersoll-Dayton, Campbell and Ha (2009) reported that the Enright therapeutic model of forgiveness has shown a great promise for men and women from various religious and non-religious backgrounds. The implication of this for counsellors is that the process and the REACH models can be used to improve forgiveness for all manner of persons irrespective of gender, religion and ethnic background. The finding further support Coyle and Enright cited in Raj, Elizabeth and Pardmakumari, (2016) that the use of explicit forgiveness interventions can help both men and women suffering from serious offenses increase forgiveness and decrease psychological symptoms. Fehr et al. (2010), Macaskill (2005), Toussaint and Webb (2005), Toussaint et al. (2008) confirmed that females were found to be more forgiving than males on average, this assertion is inconsistent with the current findings. Also, another inconsistent finding was reported by Miller and Worthington (2010) which established that husbands reported higher scores on overall marital forgiveness (i.e., trait forgiveness in marital relationship) than wives in their study with recently married couples. Toussaint et al. (2008) reported women were found to be more forgiving than men which is contrary to this current finding. Their finding indicated a significant difference existed in gender responses to forgiveness studies and it indicates the impact of religiosity, gender role, and empathy on difference in forgiveness. For example, that women were found to be more religious and spiritual than men, which might have contributed to women's trait forgiveness. Furthermore, Fehr, Gelfand,

and Nag (2010) report from their study that females are characteristically more forgiving than males, whereas males are more vengeful than females.

Hypothesis Five

$H_0$5: There is no significant effect of Process and REACH models on anger among adolescents in JHS in Bimbilla on the basis of gender.

H_A5: There is a significant effect of Process and REACH models on anger among adolescents in JHS in Bimbilla on the basis of gender.

The results showed no significant difference in the anger mean scores of participants exposed to the process and REACH models of forgiveness on the basis of gender. This finding suggest that these two models are equal in their effects on anger. This result revealed that male and female participants did not respond differently to the Process model and REACH model in terms of reducing anger. This implies that the Process model and REACH model were equally effective for both male and female participants in terms of reducing anger. Research indicates that differences exist between adolescent males and females with regard to behavioral decision-making processes and expression of emotions (Brandts & Garofalo, 2012). Although research depicts females as more emotionally expressive, males have a reputation of being more predisposed to anger. According to Sadeh, Javdani, Finy, and Verona (2011), females experience anger, but may express it differently than males. For example, instead of expressing anger by striking objects, adolescent females may talk to friends or peers (Fischer & Evers, 2011). Conversely, other studies purported that females express anger similarly to males, but experience difficulty recognizing and admitting the emotion due to social expectations and constraints (Karreman & Bekker, 2012). Males, on the other

hand, tend to display anger more commonly and comfortably (Fischer & Evers, 2011). One of the many reasons that adolescent males may feel comfortable expressing anger is because it is socially acceptable (Burt et al., 2013).

An extensive number of studies have investigated anger; however, there appears to be a lack of studies exploring anger differences between genders. Karreman and Bekker (2012) conducted a study on gender differences, investigating autonomy-connectedness between genders. Their study indicated differences related to anger and sensitivity between genders. However, the study did not attempt to determine whether males and females were equal in anger at the beginning or end of the study. Similarly, Burt, Patel, and Lewis (2012) reported that incorporating social and relational competencies into anger management groups reduced anger, but there was no discussion of anger differences between genders. Sadeh et al. (2011) indicated that women expressed more self-anger (i.e., anger directed internally toward themselves) than males, but did not investigate whether differences existed between genders before the study.

Although limited, a small number of studies have attempted to examine anger differences between genders. Similar to Sadeh et al. (2011), Fischer & Evers (2011) found that females expressed subjective anger, or self-anger, more often than males. Buntaine and Costenbader (1997) found that both genders' self-reports (assessments) indicated no significant differences. Upon further examination of their data, however, they concluded that although self-reports specified no differences, males verbally reported higher responses of anger. In contrast, Zimprich and Mascherek (2012) in agreeing to this

study, determined that no anger differences existed between males and females. They declared that although genders may express anger and respond to situations differently, they generally experience similar levels of anger. As can be seen from the preceding studies, inconsistences exist in the literature. Contradicting studies indicate that researchers are unclear as to whether differences in anger exist between genders.

Hypothesis Six

$H_0$6: There is no significant effect of Process and Reach models on depression among adolescents in JHS in Bimbilla on the basis of gender

H_A6: There is a significant effect of Process and Reach models on depression among adolescents in JHS in Bimbilla on the basis of gender.

The result indicates that male and female participants did not respond significantly different to the Process model and the REACH model in terms of reducing their level of depression. This further suggests that the two therapies equally worked for both genders. Thus, an implication to counsellors is that the two therapies can be used to reduce depression of both male and female clients. This result further suggests that the two therapies equally worked for both genders. Addis (2008) reported that gender plays a role in the way all individuals respond to distressing emotions ranging from basic negative affect to an episode of major depression. Albert (2015), on his part attributed the role of gender to two psychological variables contributing to the gender difference in depression, these are interpersonal orientation and rumination. The current findings are in line with the results obtained by Nolen-Hoeksema, (2002) that there are no differences between the men and women in the number of hospitalisations for depressive episodes, this therefore, implies that both sexes

suffer the same level of depression. Similarly, the result is consistent with report by Brownhil et al. (2005) that men feel depression in the same way as women, but the difference lies on what men 'do' when they are depressed. On the contrary to this finding Lee et al.,(2017) and Girgus et al.,(2017) asserted in their findings that adolescent, young adult, and middle-aged adult girls and women are more likely to be diagnosed with greater symptoms of depression when compared to boys and men of similar ages.

The finding of this study suggests that participants continually use cognitive restructuring to manage their emotions, cognitions and behaviours. The result also shows how participants were involved in the therapeutic process and how they understood the effect of unforgiveness on their wellbeing. The implication of this finding for counsellors is that the two therapies are effective and can be used for all manner of persons irrespective of gender.

Hypothesis Seven

$H_0$7: There is no significant effect of Process and REACH models on forgiveness among adolescents in JHS in Bimbilla on the basis of age.

H_A7: There is a significant effect of Process and REACH models on forgiveness among adolescents in JHS in Bimbilla on the basis of age.

The result showed that the participants across different age categories did not respond differently to the Process model and the REACH model in terms of enhancing forgiveness among JHS students in Bimbilla. This finding agrees with Lundahl (2015) assertion that age, gender and life status are not boundaries to the effectiveness of forgiveness interventions. The result further suggested that the two therapies equally worked for JHS students with

different ages in improving the level of forgiveness. This finding suggests that the process model and the REACH models are effective for multi-dimensional age groups. This present finding is consistent with Lopez et al. (2021) confirmation that Enright's process and Worthington's REACH models of forgiveness intervention approaches have been used in majority of forgiveness intervention research to enable clients of different ages to forgive a past hurtful event or injustice. Furthermore, they reported that forgiveness interventions are not only effective in reducing adverse states and increasing positive states with younger age groups, but also with older adults. This means that these two models promote forgiveness among participants irrespective of age. Again, Konstam et al. (2003), Girard et al. (2018), McCullough et al. (2005) found that forgiveness is positively associated with age. They suggested that age difference can have influence on one's willingness to forgive. To them, older adults are more often willing to forgive others, and when they do so, they experience larger increases in self-reported mental health than younger adults.

Likewise the findings of Lawler-Row and Piferi (2006); Ermer and Proulx (2016); Cheng and Yim (2008); Allemand et al. (2012); McCullough et al. (2005), indicated that people become more forgiving with age because forgiveness help them to maintain, emotionally satisfying relationships even though relational transgressions are probably inevitable. Increased forgiveness among the elderly stems from the desire of older people to make sense of their lives and form their experiences and relationships into a coherent whole before their lives draw to a close. The younger adults forgive because they tend to be motivated by personal and social considerations. The implication for

counsellors is that interventions aimed at increasing forgiveness can be implemented without regard for age.

Hypothesis Eight

$H_0$8: There is no significant effect of Process and REACH models on anger among adolescents in JHS in Bimbilla on the basis of age.

H_A8: There is a significant effect of Process and REACH models on anger among adolescents in JHS in Bimbilla on the basis of age.

The study revealed that age is not a significant determinant of anger at post-test. This is because the participants who were within the different age groups did not respond significantly different to the process model and REACH model in terms of reduction of anger. Anger generally is an emotional attribute Recine, (2015) and Baskin and Enright, (2004) and once participants were exposed to the therapies, their negative emotions, cognitions and beliefs were positively reshaped and cognitively restructured by practice through direct teaching. On the other hand, the skills, knowledge and attitudes acquired by the participants as a result of their exposure to the Process model and the REACH model can also explain for this result. There are studies conducted to establish the relationship between age and anger. Among some are Wrosch, Barlow and Kunzmann (2018), Kunzman, Richer and Schumkle (2013), Phillips, Henry, Hosie and Milne (2006), Birditt and Fingerman (2003) and Schieman (1999). For instance, Wrosch, Barlow and Kunzman (2018) found that anger is only experienced in early years; Kunzman, Richer and Schumkle (2013) found late adolescence indicating the highest anger and that

anger increases from late adolescence to adulthood; Birditt and Fingerman found older adults less likely to describe experiencing anger as a result of social conflict but did not differ from young adults in their level of emotions experienced and the like. Also, a study conducted by Thomas (2002) found no significant age difference in anger expressed at home. These studies agreed that age plays a role in terms of reducing anger but did not state whether the difference has been statistically significant. The implication of this finding for counsellors is that interventions aimed at reducing anger should be implemented without regard for age.

Hypothesis Nine

$H_0$9: There is no significant effect of Process and REACH models on depression among adolescents in JHS in Bimbilla on the basis of age.

H_A9: There is a significant effect of Process and REACH models on depression among adolescents in JHS in Bimbilla on the basis of age.

The result indicates that the participants across different age categories responded in the same way to the Process model and the REACH model in terms of reducing depression among adolescent JHS students in Bimbilla. This further suggested that the two therapies equally worked for adolescent JHS students with different ages in decreasing depression. Depression is a serious psychological disturbance often accompanied by emotional, motivational, behavioural, cognitive, and physical symptoms that prevent people from carrying out the simplest of life's activities, (American Psychiatric Association, 2013), it is one of the few major mental disorders (Addis, 2008).

Depression is the number one reason people seek mental health services Lenzo et al., (2016) when participants were exposed to the therapies, their negative emotional, motivational, behavioural, cognitive, and physical symptoms that prevented them from carrying out the simplest of life's activities were positively reshaped and cognitively restructured through practice and direct teaching. On the other hand, the skills, knowledge and attitudes acquired by the participants as a result of their exposure to the Process model and the REACH model can also be explained for this result. The findings is inconsistent with result of Nolen-Hoeksema (2002) that even though sex differences in depression are apparent in both adolescence and in adulthood, these differences are not typically found among young people she however reported that comparisons of the older and middle-aged adults groups indicated that the older and middle-aged adults had significantly lower depression than the college-aged adults. Rothermund and Brandtstadter, (2003) similarly established that the relationship between age and depression is U-shaped. Thus, depressive symptoms decline from young adulthood to midlife and then begin to rise again with increasing age making it a U-shape. Lenzo et al. (2016) on their part found that as many as 5 to 10 percent of adults suffer from a severe pattern of depression in any given year, while another 3 to 5 percent suffer from mild forms of the disorder. The depressive tendency relating to the female gender does not manifest itself before puberty and the notable differences in incidence of depression begin at the age of puberty. They however, believed that depressive symptoms increase with age. These studies agreed that age plays a role in depression. The implication of

this finding for counsellors is that interventions aimed at reducing depression should be implemented without regard for age.

CHAPTER FIVE

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Introduction

This chapter is the summary, conclusions and recommendations of the study. The summary is made up of the objectives of the study, some areas of the methods and the main findings of the study. The conclusions of the findings of the study and the recommendations are also highlighted. In addition, areas for further studies are suggested.

Summary of the Study

The purpose of this study was to examine the effect of REACH and Process Models on forgiveness, anger and depression among 11 to 19-year-old adolescents in Junior High Schools in Bimbilla, Ghana. Specifically, the study sought to examine the effect of:

The intervention on forgiveness, anger and depression among adolescent JHS students who experienced hurts in Bimbilla.

Forgiving behaviour after the intervention among adolescents in JHS in Bimbilla on the bases of gender.

Forgiveness after the intervention among adolescents JHS students in Bimbilla on the bases of age.

1. Process and REACH models on forgiveness among adolescents in JHS in Bimbilla.
2. Process and REACH models on anger among adolescents in JHS in Bimbilla.
3. Process and REACH models on depression among adolescents in JHS in Bimbilla.
4. Process and REACH models on forgiveness among adolescents in JHS in Bimbilla on the basis of gender.
5. Process and REACH models on anger among adolescents in JHS in Bimbilla on the basis of gender.
6. Process and REACH models on depression among adolescents in JHS in Bimbilla on the basis of gender.
7. Process and REACH models on forgiveness among adolescents in JHS in Bimbilla on the basis of age.
8. Process and Reach models on anger among adolescents in JHS in Bimbilla on the basis of age.
9. Process and REACH models on depression among adolescents in JHS in Bimbilla on the basis of age.

The study employed a quasi-experimental pre-test-post-test (non-equivalent) design. The population of the study comprised all Junior High School students in the Nanumba North Municipality of the Northern Region, Ghana. The total population of the study was made up of two thousand five hundred and sixty (2560) JHS students in the Municipality. The accessible

population was 1636. About 55% (952) of the students were males, while 45% (684) were females. The study involved three groups; two experimental groups and one control group. The first experimental group was administered the Process model intervention whereas the second intervention group was exposed to the REACH model intervention. The participants were selected based on their low levels of forgiveness and high levels of anger and depression. The multi-stage sampling procedure was used to select the participants for the study. In this study, 60 participants were selected for the study. Each group had 20 participants. Three main instruments were adapted for the study. These are Attitude Scale developed by Enright (2001) and the Anger self-report Questionnaire (ASR) developed by Reynolds, Walkey and Greene (1994) and Depressed Mood Scale by Radloff (1977). One-way and Two-way Analysis of Covariance (ANCOVA) was used in testing the hypotheses.

Key Findings

1. The study revealed that Process and REACH models were efficacious in terms of increasing the forgiveness level of adolescents in JHS in Bimbilla. Thus, the adolescents were able to forgive people who wronged them by experiencing positive feeling and positive thoughts towards their offenders. Thus the two interventions were found to be effective in enhancing forgiveness among the adolescents.
2. It was also revealed that the Process and REACH models were effective in terms of reducing levels of depression among adolescents in JHS in Bimbilla. Further, it was evident that the adolescents were less depressed on the issues that hurt them. Although, the two therapies

were found to be effective in reducing depression among the adolescents, the therapies equally worked such that none of them was effective than the other.

3. It was discovered that the REACH model and Process model were potent enough to reducing anger levels of adolescents in JHS. Even though the two therapies were found to be effective in reducing anger of adolescents, none of them were found to be more effective than the other.
4. The study showed that gender did not have a significant effect on the forgiveness level of adolescents when they were exposed to the Process and REACH models. In other words, male and female adolescents did not respond significantly different to the Process model and REACH model.
5. Further results revealed that gender did not have a significant influence on anger when the adolescents were exposed to the Process and REACH models. In other words, male and female participants did not respond significantly different to the Process model and REACH model in terms of reducing anger.
6. The result found that male and female adolescents did not respond significantly different to the Process model and the REACH model in terms of reducing their level of depression.
7. The result indicated that the adolescents who were within the different age groups did not respond significantly different to the process model and REACH model in terms of forgiveness. Thus, the Process and

REACH models equally worked for the adolescents irrespective of their ages.

8. The result discovered that the adolescents who were within different age categories did not respond significantly different to the Process model and REACH model in terms of reducing anger. This implies that the therapies were equally effective in reducing anger for adoelscents within all age brackets.
9. The result found that the adolescents across different age categories responded in the same way to the Process model and the REACH model in terms of reducing depression. Thus, the therapies were similarly effective in reducing depression for adoelscents within all age brackets.

Conclusions

Based on these findings, the following conclusions are made:

1. Both the REACH model and Process model have the efficacy in enhancing forgiveness among adolescent JHS students in Bimbilla.
2. The REACH model and Process model have the efficacy in reducing levels of depression among adolescent JHS students in Bimbilla when their levels of forgiveness are high.
3. The REACH model and Process model are effective in improving the forgiveness level of adolescent JHS students in Bimbilla irrespective of their gender and age.
4. Both the REACH model and Process model are efficacious in reducing the level of depression among adolescent JHS students in Bimbilla

when their levels of forgiveness are increased through forgiveness counselling regardless of gender and age.

5. Both REACH and Process models were good interventions for the adolescents in showing greater emotional regulation (increased forgiveness, reduced anger and reduced depression,enhanced sense of well-being, positive feeling and positive thoughts towards the offender).

Contributions of this Study

The current study has enormous theoretical, methodological and practical significance, and also implications for the field of forgiveness education and research literature in several ways.

The adolescents who participated in this study showed greater emotional regulation (less anger,depression and unforgiveness) less anti-social behaviour and more pro- social behaviour.These expectations were what the study sought to accomplish for adolescents who were identified in the community as being “at-risk” for anger, depression and unforgiveness.

In the long run, these adolescents would grow into adulthood with the tools of forgiveness- REACH and Process models, given their learning over many years. Thus equipped, these adolescents would be less quick to act on anger and depression and be more quick to forgive before trying to implement justice in their own way. As the history of the conflict has too often confirmed that attempts at justice, when so many in the community are angry do not lead to the most satisfying of outcomes. REACH and Process Models may temper this and help promote greater fairness throughout Bimbilla.

Another contribution of the study concerns the application of REACH and Process models on anger, depression and forgiveness among adolescent JHS students in Bimbilla. There was no evidence in the literature that suggests that the effects of REACH and Process models on anger, depression and forgiveness among JHS students in Bimbilla as used in this study has been conducted any where in Ghana. This study contributed to the literature forgiveness, anger and depression among adolescents students who has been hurt through conflict. The focus of most forgiveness interventions in Ghana has been on general hurts and among adult students in the Tertiary level, none of the studies so far has been conducted among adolescent students in Ghana. As Ghana seeks to reduce the incidence of conflicts by setting up the National Peace Council by an Act of Parliament in 2011 (Act,818), this study had provided significant findings on the effects of forgiveness education on anger, depression and forgiveness among the adolescents who have been hurt through conflict and helped to increase forgiveness, reduce anger and provided safe and healthy school environment for the adolescent.The present study is therefore novel and groundbreaking in the field of forgiveness education research in Ghana.

There was also no evidence in the literature regarding investigations of the extent to which adolescents who have experienced hurt as a result of conflict and therefore depressed have been handled in Ghana.

The findings from the present study informed the formulation of a forgiveness model (figure 2) to be used in investigations of effects of REACH and Process models on forgiveness, anger and depression among adolescent JHS students. The findings emphasised the roles of gender and age as not

having an influence on the effectiveness of the interventions among the adolescents in JHS in Bimbilla.

Methodologically, the study adopted the mixed method experimental desigh, applied within quasi-experiments as one of the first in Ghana to use this method on adolescents in a conflict zone who have experienced enormous hurt., the last stage was to determine how the qualitative findings added to the experimental results; this was done by helping to explain the experimental outcomes.The integration came after the experiment concluded as a follow-up to help explain the experimental outcome. The procedure involved conducting the experiment and collecting and analyzing the qualitative data where it fits into the experiment.

Counselling Implications

1. When reducing unforgiveness among clients, counsellors can use REACH model and Process model to facilitate forgiveness interventions.
2. In managing adolescents/clients who have depressions counsellors can also adopt REACH model and Process model to help them.
3. School counsellors should be trained by experienced Psychologists in the Universities in the use of forgiveness interventions (REACH model

and Process model) since these interventions have proven effective for students with forgiveness, anger and depression issues.

4. Counsellors need to encourage and support adolescent students/clients who have emotional problems such as anger, stress, anxiety and depression to join forgiveness therapy groups.
5. To ensure effective use of the REACH model and Process model interventions clients should to be encouraged by counsellors to play significant roles in the sessional activities throughout the intervention period.
6. Counselling workshops and seminars should be organised by school authorities and school counsellors to sensitise adolescent students and the general public on the efficacy of forgiveness therapies -REACH and Process Models.
7. Counsellors need to be aware that facilitating forgiveness therapies involves a lot of logistics such as leaflets, notebooks/jotters, physical space, furniture, and didactic materials (manuals) since client need to take active part in the whole process.
8. Counsellors need to be aware that personal variables such as age and gender will not have any impact on the effectiveness of forgiveness interventions especially REACH model and Process model.
9 Counsellors need to understand that counselling interventions aimed at increasing forgiveness can be carried out without regard for age.

Recommendations for Policy, Practice and Methodology

The following recommendations were put forward for this study.

1. Counselling Centres should be set up by District Education Offices and the Distrct Assemblies in the community so that students can visit the centre anytime they feel hurt. Regular seminars, lectures and symposia should be organized regularly by Counsellors and Psychologists using the efficacy of forgiveness therapies (Process and REACH Therapies) for students to be sensitized on the need to patronise forgiveness interventions.
2. Government should provide adequate funds and support to encourage the conduct of research in forgiveness counselling since it is a new concept in Africa and Ghana in particular.
3. Proper training should be given periodically by the Ghana Education Service to counsellors in the use of the Process and REACH models, this will equip counsellors and teachers with adequate skills in the use of the two models to assist the adolescents overcome mental health problems in schools.
4. Counsellors should organise training programmes with parents in conjuction with Non-governmental organisations on the use of the Process and REACH models. This will bring to awareness of the interventions and encourage parents to seek assistance anytime their adolescents are in need of assistance.
5. Counsellors should offer forgiveness counselling to clients without taking gender and age into consideration since the process and REACH model have proved to be gender and age neutral
6. Forgiveness interventions (the Process model and REACH model) should be considered by teachers and school administrators as a very

effective strategy for treating unforgiveness to improve students psychological well being.

7. Ministry of Education should assist counsellors to handle the affective, cognitive and behavioural components of the client/student with the use of forgiveness interventions.
8. Counsellors need to train Headteachers on these counselling interventions with the aim of helping these headteachers appreciate the effectiveness of these interventions at reducing depression among adolescents in the Junior High Schools in Ghana.
9. Research experts need to be aware that both qualitative and quantitative research approaches can be utilized to bring about a better impact on interventions such as REACH and Process models of forgiveness.

Suggestions for Further Research

Other areas requiring research are as follows:

1. The REACH model and Process model in future can be used to assess the efficacy on other mental health variables such as anxiety, self-esteem, and stress among JHS students in Bimbilla.
2. Future research should explore the effect of the REACH model and Process model on forgiveness and other mental health variables among senior high school students in Bimbilla.
3. Future researchers should find out the effects of forgiveness interventions on mental health variables such as anxiety and stress on students in the higher levels of education.

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APPENDICES

APPENDIX A

FACULTY OF EDUCATIONAL FOUNDATIONS

COLLEGE OF EDUCATION STUDIES

DEPARTMENT OF GUIDANCE AND COUNSELLING

UNIVERSITY OF CAPE COAST

INTERVIEW GUIDE

Before the Intervention

Research Question 1

1 What offences caused you great hurt or pain?

Research Question 2

2 How deeply did you feel about the offence?

3 How do you feel about the person who offended you?

4 What kinds of thought do you have about the person/ persons who offended you badly?

5 How do you behave toward the person/persons who offended you?

Research Question 3

6 What strategies are you using to manage the hurt?

After the Intervention

Research Question 4

7 How do you feel towards the person/persons who offended you?

8 What kinds of thought do you have about the person/persons who offended you badly?

9 How would you behave towards the person/persons who offended you badly?

APPENDIX B

ANGER SELF-REPORT SCALE

FACULTY OF EDUCATIONAL FOUNDATIONS

COLLEGE OF EDUCATION STUDIES

DEPARTMENT OF GUIDANCE AND COUNSELLING

UNIVERSITY OF CAPE COAST

Demographic

Kindly tick the appropriate option that is applicable to you.

Gender: Male [ ] Female [ ]

Age: 13-17 [ ] 18-19 [ ] 20 and above [ ]

A Christian ( ). A Moslem ( )

I will like you to consider carefully each of the following statements and indicate the response that applies to you. There are no rights or wrong responses, I just want to know how you feel. Please just tick [√] next to each statement according to the amount of your agreement or disagreement for items 1-30.

Strongly Disagree = **SD**

Moderately Disagree = **MD**

Slightly Disagree = **SD**

Slightly Agree = **SA**

Moderately Agree = **MA**

Strongly Agree = **SA**

	Statements	SD	MD	SD	SA	MA	SA
1	I get angry easily						
2	I seldom strike back, even if someone hits me first.						
3	I never feel hate towards members of my family.						
4	Even when my anger is aroused, I don't use strong language.						
5	If I am angry, I readily let people know it.						
6	Sometime I feel that I could injure someone.						
7	I will criticize someone to their face if they deserve it.						
8	I find that I cannot express anger at someone until they have really hurt me badly.						
9	Even when people yell at me, I don't yell back.						
10	At times I have a strong urge to do something harmful or shocking.						
11	I have many quarrels with members of my family.						

12	I don't feel guilty when I swear under my breath.						
	Statements	**SD**	**MD**	**SD**	**SA**	**MA**	**SA**
13	Feeling angry is terrible.						
14	I have physically hurt someone in a fight.						
15	At times I feel like smashing things.						
16	I find it easy to express anger at people.						
17	My conscience would punish me if I tried to exploit someone else.						
18	I hardly ever feel like swearing.						
19	I couldn't hit anybody if I were extremely angry.						
20	I hardly ever get angry.						
21	I find it hard to think badly about anyone.						
22	I can think of no good reason for ever hitting anyone.						
23	I am rarely cross and grouchy.						
24	In spite of how my parents treated me, I didn't get angry.						
25	I could not put someone in their place even if they needed it.						

26	When I really lose my temper, I am capable of slapping someone.						
	Statements	**SD**	**MD**	**SD**	**SA**	**MA**	**SA**
27	It's easy for me not to fight with those I love.						
28	If someone annoys me, I am apt to tell them what I think of them.						
29	It's useless to get angry.						
30	If someone crosses me, I tend to get back at them.						

THANK YOU

APPENDIX C

UNIVERSITY OF CAPE COAST

COLLEGE OF EDUCATION STUDIES

FACULTY OF EDUCATIONAL FOUNDATIONS

DEPARTMENT OF GUIDANCE AND COUNSELLING

DEPRESSION MODE SCALE

Demographic data

Gender: Male [ ] Female [ ]

Age: 13-16 [ ] 17-19 [ ] 20 and above [ ]

A Christian ( ). A Moslem ( )

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

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

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

SECTION B: ENRIGHT FORGIVENESS INVENTORY

Please answer the series of questions about your current attitude towards this person. We want your ratings of attitudes right now not the past.

All responses are confidential so please answer honestly.

Strongly Disagree = **SD**

Moderately Disagree = **MD**

Slightly Disagree = **SD**

Slightly Agree = **SA**

Moderately Agree = **MA**

Strongly Agree = **SA**

	Statement	**SD**	**MD**	**SD**	**SA**	**MA**	**SA**
1	I feel warm towards him or her						
2	I feel negative towards						
3	I feel kindness						
4	I feel happy towards him or her						
5	I feel hostile towards him or her						
6	I feel positive towards him or her						
7	I feel tender towards him or her						
8	I feel unloving towards him or her						
9	I feel repulsed towards him or her						
	I feel resentment						
11	I feel goodwill towards him or her						

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

SECTION C

This set of items 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. Thank you.

	Statement	**SD**	**MD**	**SD**	**SA**	**MA**	**SA**
21	Regarding this person, I do or would show friendship						
22	Regarding this person, I do or would						
23	Regarding this person, I do or would ignore						

24	Regarding this person, I do or would neglect						
25	Regarding this person, I do or would help						
26	Regarding this person, I do or would put him or her up or down						
27	Regarding this person, I do or would treat gently						
28	Regarding this person, I do or would be Considerate						
29	Regarding this person, I do or would speak ill of him or her						
30	Regarding this person, I do or would reach out to him or her						
	Regarding this person, I do or would not attend to him or her						
32	Regarding this person, 1 do or would lend him or her a hand						
33	Regarding this person, I do or would not speak to him or her						
34	Regarding this person, I do or would act Negatively						
35	Regarding this person, I do or						

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

SECTION D

This set of items 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. Thank you.

	Statement	SD	MD	SD	SA	MA	SA
41	I think he or she is wretched						
42	I think he or she is evil						
43	I think he or she is horrible						
44	**I** think he or she is of good quality						
45	I think he or she is worthy of respect.						
46	I think he or she is dreadful						
47	**I** think he or she is loving						
48	I think he or she is worthless						-
49	I think he or she is immoral						
50	I think he or she is a good person						
51	I think he or she is nice						
52	I think he or she is corrupt						
53	I think he or she is a bad person						
54	Regarding this person I wish him or her wee						
55	Regarding this person, I disapprove of him or her						
56	Regarding this person, I think favourably of him or her						
57	Regarding this person, I hope he or						

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

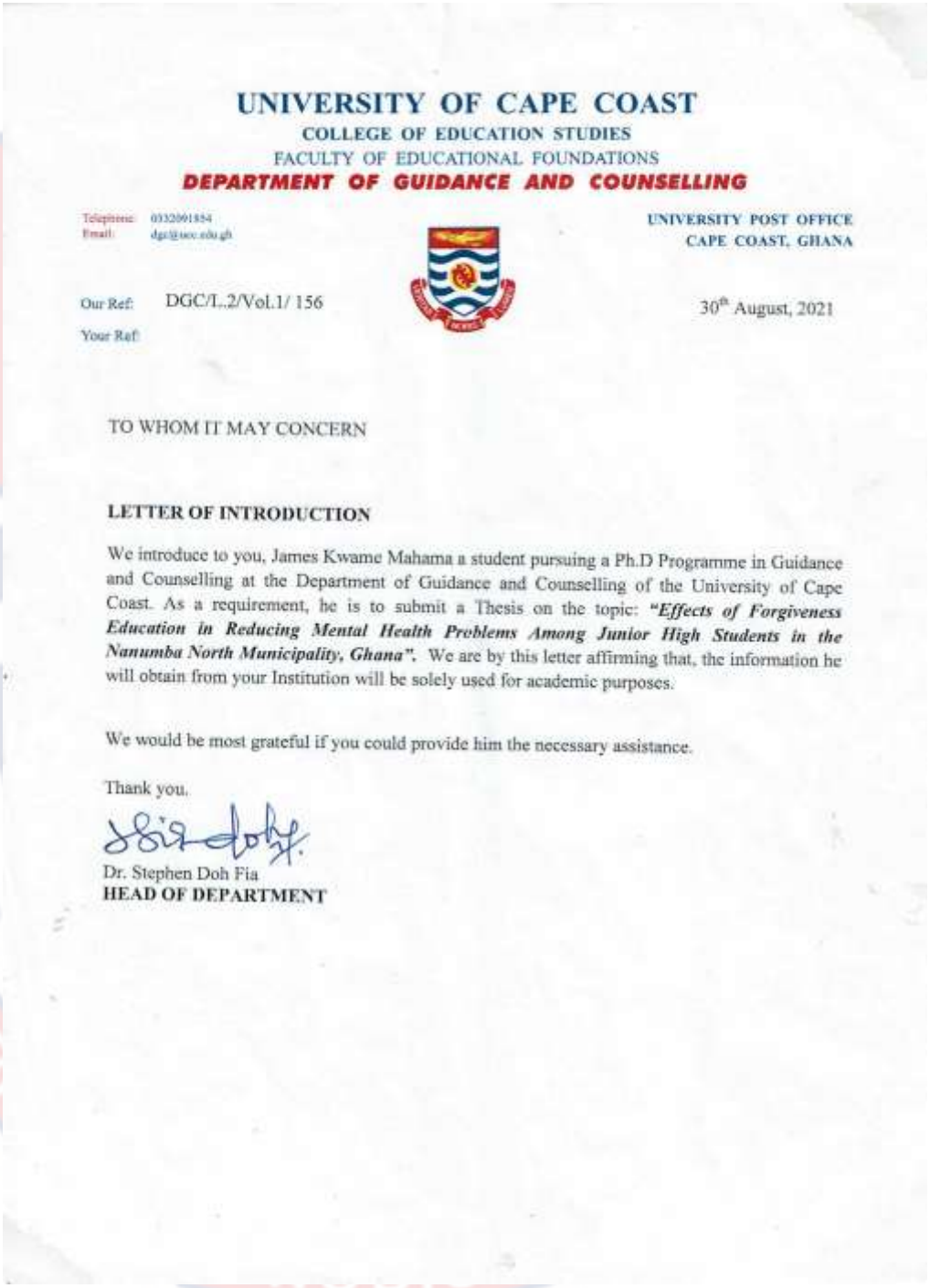
SECTION E

IN THINKING THROUGH THE PERSON AND EVENT YOU JUST RATED, PLEASE CONSIDER THE FOLLOWING QUESTIONS.

	STATEMENT	**SD**	**MD**	**SD**	**SA**	**MA**	**SA**
61	There really was no problem now that I think about it.						
62	I was never bothered by what happened.						
63	The person was not wrong in what he or she did to me						
64	My feelings were never hurt						
65	What the person did was fair						

APPENDIX D

LETTER OF INTRODUCTORY



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

Telephone: 0332091854
Email: dgc@ucc.edu.gh

UNIVERSITY POST OFFICE
CAPE COAST, GHANA

Our Ref: DGC/L.2/Vol.1/ 156

Your Ref:

30th August, 2021

TO WHOM IT MAY CONCERN

LETTER OF INTRODUCTION

We introduce to you, James Kwame Mahama a student pursuing a Ph.D Programme in Guidance and Counselling at the Department of Guidance and Counselling of the University of Cape Coast. As a requirement, he is to submit a Thesis on the topic: ***"Effects of Forgiveness Education in Reducing Mental Health Problems Among Junior High Students in the Nanumba North Municipality, Ghana".*** We are by this letter affirming that, the information he will obtain from your Institution will be solely used for academic purposes.

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

Thank you.

Dr. Stephen Doh Fia
HEAD OF DEPARTMENT

GHANA EDUCATION SERVICE

In case of reply the number and date of this Letter should be quoted.

Our Ref: No: GES/NR/BL/
Your Ref: No
E- mail: deobimbilla@gmail.com

REPUBLIC OF GHANA

Municipal Education Office
Post Office Box 3,
Nanumba North
Bimbilla N.R

14th July, 2021

INTRODUCTION LETTER

I humbly introduce to you the bearer of this letter Mr. Mahama James Kwame from E. P. College of Education who is in your school for a special exercise.

Kindly give him the needed assistance and support.

Thank in advance

Yours faithfully,

Alhaji Abubakari Iddi Sadick
(A/D Supervisor)
For: Municipal Director

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

Telephone: 0332091854
Email: dgc@ucc.edu.gh

UNIVERSITY POST OFFICE
CAPE COAST, GHANA

30th August, 2021

The Chairman
Institutional Review Board
U. C. C.
Cape Coast

LETTER OF INTRODUCTION

We introduce to you, James Kwame Mahama a student from the Department of Guidance and Counselling, University of Cape Coast. He is pursuing Ph.D in Guidance and Counselling.

As part of her requirement, he is expected to work on a thesis titled:

EFFECTS OF FORGIVENESS EDUCATION IN REDUCING MENTAL HEALTH PROBLEMS OF JUNIOR HIGH SCHOOL STUDENTS IN NANUMBA NORTH MUNICIPALITY, GHANA.

He has successfully defended his proposal and is seeking for ethical clearance to collect data for the study.

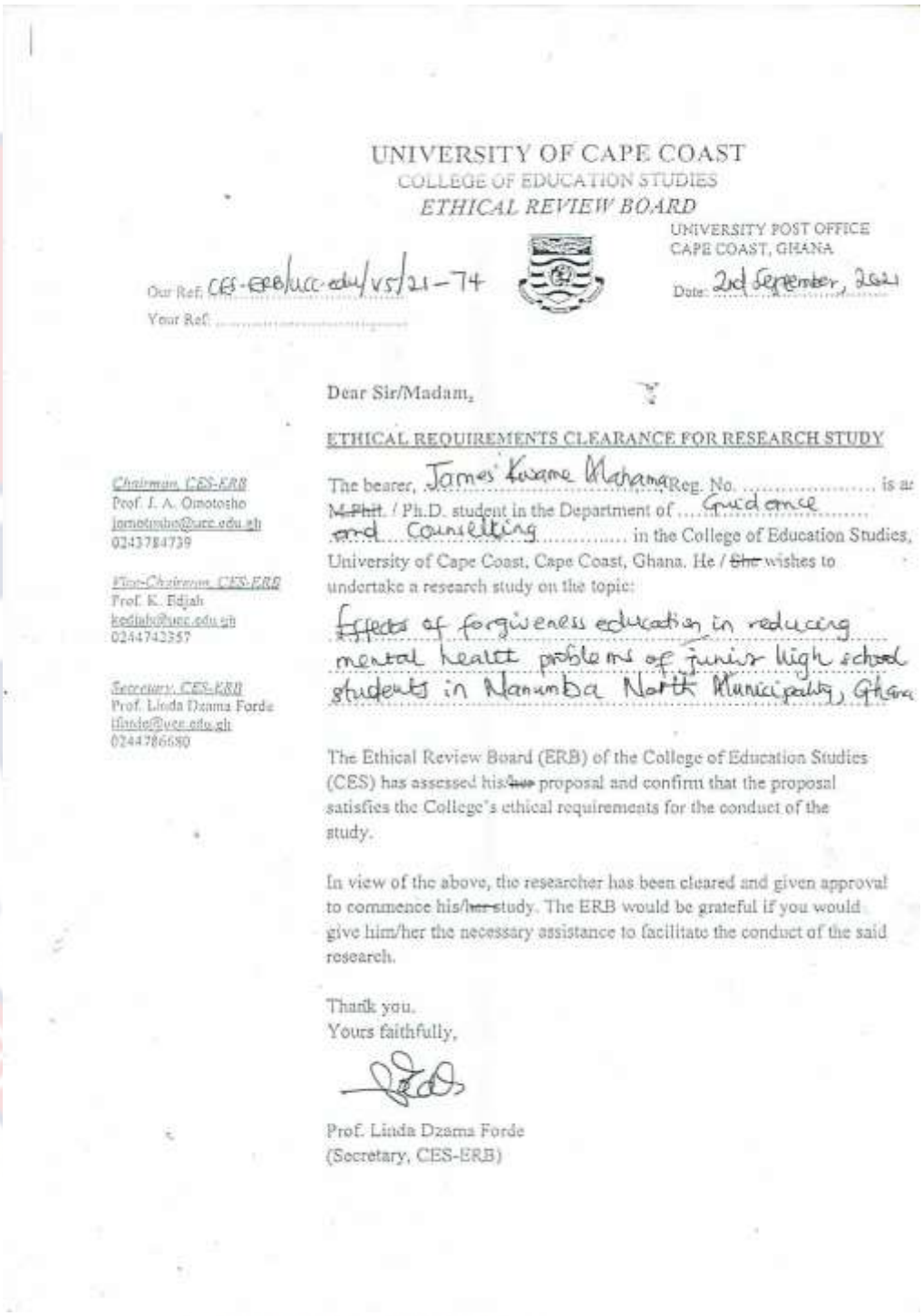
We would be most grateful if you could provide him the necessary assistance for ethical clearance for his study.

Thank you.

DR. STEPHEN DOH FIA
HEAD OF DEPARTMENT

APPENDIX E

ETHICAL CLEARANCE



UNIVERSITY OF CAPE COAST
COLLEGE OF EDUCATION STUDIES
ETHICAL REVIEW BOARD

UNIVERSITY POST OFFICE
CAPE COAST, GHANA

Our Ref: CES-ERB/ucc.edu/vs/21-74
Your Ref:
Date: 2nd September, 2021

Dear Sir/Madam,

ETHICAL REQUIREMENTS CLEARANCE FOR RESEARCH STUDY

The bearer, James Kwame Mahama Reg. No. ..... is an ~~M.Phil.~~ / Ph.D. student in the Department of Guidance and Counselling in the College of Education Studies, University of Cape Coast, Cape Coast, Ghana. He / ~~She~~ wishes to undertake a research study on the topic:

Effects of forgiveness education in reducing mental health problems of junior high school students in Nanumba North Municipality, Ghana

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

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

Thank you.
Yours faithfully,

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

Chairman, CES-ERB
Prof. J. A. Omotosho
jomotosho@ucc.edu.gh
0243784739

Vice-Chairman, CES-ERB
Prof. K. Edjah
kedjah@ucc.edu.gh
0244742357

Secretary, CES-ERB
Prof. Linda Dzama Forde
ldzama@ucc.edu.gh
0244786680

APPENDIX F

PERMISSION LETTER

E.P. College of Education, Bimbilla.
Post Office Box 16
Bimbilla
20th July, 2021.

The Concerned Parent
Junior High Schools
Bimbilla.

Dear Sir,

PERMISSION TO USE YOUR CHILD/ WARD .

With the highest sense of humility, I wish to inform you of my intention to use your child/ward to collect data on the Effects of REACH and Process Models on Forgiveness, Anger and Depression, a Ph.D Thesis in the Bimbilla township.

In this regard, I am writing to formally inform you of my intentions.

I am most grateful to all of you parents. If for any reason you do not wish your child/ ward partake in this study, do call. My number is provided below

Yours faithfully,

James Kwame Mahama
(0244873417)

APPENDIX G

PARENT CONSENT FORM

Name of Child ..... Date of Birth .....

Parent/ Guardian

.....

Address:

.....

..... Postcode

Tel (day): .....Tel (evening): .....

Mobile: ..... e-mail: .....

Does your child suffer from any medical conditions/allergies that the program should be aware of (to determine inclusion or exclusion

.....

.....

.....

Please provide details of medication that must be administered:

.....

.....

.....

.....

Emergency contact details: (If different from above)

Name: ..... Telephone no: .....

Relationship to child:

.....

CONSENT (please read carefully)

a) I agree to my son/ daughter taking part in the activities of the study.
b) I confirm to the best of my knowledge that my son/ daughter does not suffer from any medical condition other than those listed above.
c) I consent to my son/ daughter travelling by any form of transport.
d) I understand that the Living Together/Vivre Ensemble programs activities include a photography and film component in which my child will be both photographed and a photographer. I understand that these images will be part of a final exhibit, future Living Together programming.

Signed ..... (Parent/ Guardian) Date: .....

APPENDIX H

CHILD ASSENT FORM

I am *Mr. JAMES KWAME MAHAMA from* University of Cape Coast. I am doing a study on *(The* effects of Process and REACH models on forgiveness, anger and depression among JHS adolescent students Bimbilla*)*. I am asking you to take part in the research study because *(you qualify from the pre-test study for this project.)*

For this research, I will *(ask you some questions about how you feel about people who hurt you, and how you get along with).* I will keep all your answers private, and will not show them to *(your parent(s)/guardian, friends or anybody).* Only people from University of Cape Coast working on the study will see them.

I don't think that any big problems will happen to you as part of this study.

You can feel good about helping me to *(make things better for other adolescents who might have problems at their school.)*

You should know that:

- You do not have to be in this study if you do not want to. You won't get into any trouble with *University of Cape Coast, your teachers, or the school)* if you say no.
- You may stop being in the study at any time. *(If there is a question you don't want to answer, just leave it blank.)*
- Your parent(s)/guardian(s) were asked if it is OK for you to be in this study. Even if they say it's OK, it is still your choice whether or not to take part.
- You can ask any questions you have, now or later. If you think of a question later, you or your parents can contact me at *(0244873417,0546856039)*
- **Sign this form only if you:**
- have understood what you will be doing for this study,
- have had all your questions answered,
- have talked to your parent(s)/guardian about this project, and
- agree to take part in this research

_____

Your Signature Name Date

_____

Name of Parent(s) or Guardian(s)

_____

Researcher explaining study

Signature Name Date