UNIVERSITY OF CAPE COAST

EFFECTS OF FORGIVENESS EDUCATION ON ANGER AND DEPRESSION AMONG SENIOR HIGH SCHOOL STUDENTS IN THE YENDI MUNICIPALITY, GHANA

KOXWELL KABA TIIRE

2023

UNIVERSITY OF CAPE COAST

EFFECTS OF FORGIVENESS EDUCATION ON ANGER AND DEPRESSION AMONG SENIOR HIGH SCHOOL STUDENTS IN THE YENDI MUNICIPALITY, GHANA

BY

KOXWELL KABA TIIRE

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 Master of Philosophy degree in Guidance and Counselling

MAY 2023

DECLARATION

Candidate's Declaration

I hereby declare that the 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

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

Supervisor's Signature…… Date……

Name: ……

ABSTRACT

The purpose of this study was to explore the effects of forgiveness education on anger and depression among students in senior high schools in the Yendi Municipality, Ghana. The theory reviewed was the cognitive behavioural therapy. The quasi-experimental design was adopted for the study. The population of the study was made up of students in Yendi Senior High School and Dagbon State Senior High Technical School in the Yendi Municipality. A total of 40 students were involved in the study. Specifically, 20 students each were in the experimental group and the control group. Data were collected using a questionnaire made up of the Level of Anger Scale and Beck's Depression Inventory. The data collected were analysed using One-Way Analysis of Covariance (ANCOVA). The study revealed that there was a statistically significant effect of forgiveness education on anger among the respondents. Also, there was a statistically significant effect of forgiveness education on depression. On the basis of the findings, it was concluded that the Enright Process Model of Forgiveness effectively equips students to forgive their offenders and thus, reduce their levels of anger and depression. On the basis of the findings, it was recommended that school authorities should collaborate with school counsellors to organise forgiveness education treatment sessions for students with anger and depression issues to help them to overcome their situations.

ACKNOWLEDGEMENTS

Many people have contributed to the success of this thesis. First of all, I would like to express my profound gratitude to my supervisor, Prof. Godwin Awabil for all his guidance and support throughout this project. Also worthy of mention are my wife, Rita Sekwo and my children, Noble Awese Tiire, Bright Wepwone Tiire and Portia Teiwe Tiire for their prayers and words of encouragement that have sustained me throughout this endeavour.

To the authorities of Yendi Senior High School and Dagbon State Senior High Technical School, I say a big thank you for all their support during the period of my study. Finally, I am grateful to all my family and friends for their encouragement throughout the period of my study.

DEDICATION

To the family of Tiire.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

CHAPTER ONE

INTRODUCTION

In interpersonal relationships, there are bound to be issues that can affect the peace and sanity of relationships. Usually because interpersonal relationship damage is associated with anger and depression, the capacity to restore relationships via forgiveness may be linked to happiness and reduced anger and depression (Akhtar & Barlow, 2016). This study, thus, seeks to explore the impact of forgiveness education on anger and depression among adolescents in senior high schools in the Yendi Municipality. The study's introduction is covered in this chapter.

Background to the Study

When individuals experience some forms of hurts, violence or trauma, they are likely to remain chronically angry, hostile, or experience emotional turbulence (Akhtar & Barlow, 2018). Interpersonal hurts and aggression against an individual, according to Akhtar and Barlow, are associated with wide spectrum of long-term psychiatric difficulties. Forgiveness, on the other hand, is a response to being injured. The decision to ignore or overcome negative sentiment-based emotions, thoughts, and behaviours in favour of acquiring positive esteem for an offender, whether compassion, sympathy or kindness, is defined as forgiveness (Enright & Fitzgibbons, 2000; Wade & Worthington, 2005).

Generally, amount of evidence demonstrating the effectiveness of forgiveness education in improving various areas of psychological wellbeing in those who have been injured, abused, or traumatized is increasing. Medical practitioners, psychologists, counsellors, and academics have long been

interested in the health advantages of forgiveness, owing to its ability to reduce unpleasant thoughts and feelings resulting from wounds and damages to relationships among individuals (Wade, Hoyt, Kidwell, & Worthington, 2013). As a result, many governments have made enhancing the wellbeing of their citizens through a reduction of common mental health disorders and an improvement in positive emotions, a priority policy goal (UK Department of Health, 2011).

Drawing from the above instances, forgiveness has been shown to be a powerful tool for managing unpleasant emotions (Worthington & Scherer, 2004; Barcaccia et al., 2018). This is due to the fact that when people forgive, they experience a decrease in anger and resentful feelings, thoughts, and behaviours and have an increase in positive feelings towards those who offended them (Wade et al., 2013). From this statement, it is clear that when there is forgiveness, feelings would change. This has been confirmed by several researchers who have shown that people who forgive are likely to be much happier in life (Toussaint & Webb, 2005; Burnette, Davis, Green, Worthington, & Bradfield, 2009; Fehr, Gelfand & Nag, 2010). Other researchers have confirmed that when there is forgiveness, people are able to have control over their feelings of anger and depression (Gambaro, 2002; Harris et al., 2006; Akhtar & Barlow, 2018).

According to Santos-Longhurst (2019), anger is a natural, instinctive response to threats. Santos-Longhurst stressed that some anger is necessary for our survival, however, anger becomes a problem when you have trouble controlling it, causing you to say or do things you regret. The American Addiction Centres (n.d.) revealed that anger could be in several forms. This

could include chronic anger, which is prolonged; passive anger, which does not always come across as anger; overwhelmed anger, which is caused by too much life demands; self-inflicted anger, which is directed toward the self; judgmental anger, which is directed toward others; and volatile anger, which involves sometimes-spontaneous bouts of excessive or violent anger.

Depression on the other hand, has been viewed by Goldman (2019) as a mood disorder that involves a persistent feeling of sadness and loss of interest. It is different from the mood fluctuations that people regularly experience as a part of life. In the view of Santos-Longhurst (2019), anger can be a symptom of depression. Also, people who are depressed can express depression in the form of anger. Depression has been linked to anger in a number of studies (Howard et al., 2010; McPherson, Delva, & Cranford, 2007; Plichta, 2004). Additionally, depression is still seen as the most common mental health condition in those who are angry, upset, or violent (Golding, 1999).

Forgiveness education has been explored globally as a method of reducing anger in children and adolescents who have had traumatic life experiences or severe interpersonal damage (Enright, Rhody, Litts, & Klatt, 2014; Shechtman, Wade, & Khoury, 2009). It emphasizes minimizing anger, overcoming feelings of hurt, improving empathy and compassion, and extending skills for contemplating different views. Forgiveness education enables children and teenagers to see their offenders as people who should be respected and also empowers them treat people who offend them in a positive way (Enright et al., 2014). Forgiveness is also evolving as a significant means of providing healing to people who have survived profound, personal and

peculiar unfair offenses (Freedman & Zarifkar, 2015). This has prompted the consideration of how to introduce forgiveness education and interventions in schools to help pupils deal with issues of anger and pain.

In schools, forgiveness education is used with individual students, small groups, and classes to help improve interpersonal relationships among students (Skaar, Freedman, Carlon, & Watson, 2015). This is done through such programmes like bullying prevention interventions (Egan & Todorov, 2009; Enright, 2012). This could be in the sense that through forgiveness education, bullying could be managed effectively in the schools as students would be equipped to treat each other with respect and kindness. Several educational institutions are implementing social and emotional programmes and treatments to address children's bad and destructive sentiments (Kalantari, 2016; Wilson, 2016). As a result, Durlak, Dymnicki, Taylor, Weissberg, and Schellinger (2011) suggest that schools play a crucial role in teaching children and young people by encouraging their social, emotional, and moral growth in addition to their cognitive development. Gambaro, Enright, Baskin, and Klatt (2008) examined the extent to which "school-based forgiveness intervention" impacts on the psychological wellbeing and academic performance of students who have issues with anger. The study revealed that forgiveness education enhanced academic performance of the students and made them experience fewer detentions and suspensions than students who did not. Because difficulties with uncontrollable anger have become exceedingly frequent, with news of fury and violence reported regularly in the media, there is the need to pay attention to both anger and depression in society because of their connection to violence (Nolen-Hoeksema, Wisco & Lyubomirsky, 2008).

In Ghana and specifically the Yendi Municipality, there have been several incidents of violence because of the chieftaincy conflicts in that area. The chieftaincy institution in Ghana is as a result of land litigation, political polarization and issues of legitimate succession of the throne (Hughes, 2003). Dagombas, Konkombas, Nanumbas, Gonjas and Chokosis are the main ethnic groups involved in Chieftaincy and land disputes in and around the Yendi area (Assefa, 2000). Chronologically, incidents of violence have been reported in the Yendi area over an extended period of time. For instance, in 1994 there was a fight between Konkomba and Nanumba over the price and sale of a Black Guinea fowl. The Dagombas and Gonjas joined the Nanumbas to fight the Konkombas which affected the entire Northern Region (Assefa, 2000). The Yendi chieftaincy crises have been there for decades between the two rivalry gates of the Andani and Abudu of the royal family. In March, 2002 there was an attack by the Abudu's on an emissary of the Ya-Na Yakubu Andani II and resulted in destruction of his bicycle. That sparked off the fight between the two royal gates which led to the passing away of the Overlord of Dagbon Ya-Na Yakubu Andani II of the Andani gate (Tsikata & Seini, 2004).

Apart from the incessant fights between the Andanis and the Abudus there have been clashes in and around Yendi for various reasons. For instance, there was a communal clash over a pig between Dagombas and Konkombas at Nakpanchie near Yendi on November 2018. The clash that ensued between the two groups was believed to have been triggered by the killing of a pig that had destroyed a farm produce of a Dagomba. In 2019, the Konkombas fought the Chokosis of Chireponi over a piece of land. Most of these chieftaincy disputes reflect the absence of appropriate means of resolving minor conflicts

in and around Yendi (Tonah, 2007). These violence situations have been cited because they create a sense of hurt which make people angry and less likely to forgive.

The escalation of conflicts can hurt and affect the lives of the individuals in the communities where these conflicts occur. The hurtful feelings can lead to anger which can have detrimental effects on young people. This is because these conflicts are normally perpetuated by the youth and during and after the conflicts, there remain prolonged negative impact. such as loss of lives, schools closed down for months, houses are burnt, farms and farm products are burnt, businesses come to halt and human resources suffer (Tsikata & Seini, 2004). The aftermath of unforgiveness can have long term negative effects on the emotional health of individuals in conflict prone areas (Mennin & Farach, 2007).

From the forgoing, it appears that when there is the absence of forgiveness, then anger can last for long. Such uncontrolled anger has been shown in numerous studies to have a wide range of detrimental repercussions on physical, emotional, vocational, and relational functioning of individuals (Mennin & Farach, 2007; Mennin, Holloway, Fresco, Moore & Heimberg, 2007). Counselling is a key component to treating anger and depression issues. According to Gupta (2021), counsellors can help people experiencing anger and depression to understand their triggers and responses to anger, learn strategies to manage or diffuse it, and change thoughts and attitudes related to anger and depression. Rather than suppressing anger and counselling, the overall goal of counselling is to help individuals work through it so individuals can have a healthier, more balanced relationships (Cherney, 2020).

Counselling can provide people who are experiencing ongoing anger with tools to alleviate these feelings and help restructure their day to day life to reduce the levels of frustration they are experiencing. Counsellors are trained to help individuals identify their anger triggers and to learn how to respond in a non-aggressive manner (American Psychological Association, n.d.; Baguley, Doyle, McCarthy, Nott, Onus & Walker, 2010).

Anger and depression can both affect individuals and the society at large and as such there is the need for authentic interventions to help assist and equip people to control or overcome their anger and depression. Considering the dire consequence of anger and depression among in-school adolescents, providing different forms of treatment for at-risk adolescents cannot be downplayed (Barcaccia et al., 2019). It is against this background that the current study investigated the effects of forgiveness education on anger and depression among adolescents in the Yendi Municipality.

Statement of the Problem

People who have been harmed can experience a range of emotions, including persistent rage and animosity, which can lead to a cycle of violence in trying to exact revenge (Park, Enright, Essex, Zahn-Waxler, & Klatt, 2013; Shechtman, Wade, & Khoury, 2009). Harbouring anger and animosity can be detrimental to the lives of people in the future (Chida & Steptoe, 2009; Goldman & Wade, 2012).

The school as a social unit is mandated to groom students to exhibit desirable behaviours. This aim is realized by the works of guidance and counselling coordinators in schools. Counselling among other aims is concerned with assisting clients in overcoming the negative repercussions of

interpersonal injuries (Macaskill, 2005). As a result, forgiveness education is becoming increasingly popular as a means of managing unpleasant emotions and reducing despair (Barcaccia et al., 2019). This is because an individual's inability to forgive can cause emotions of failure and isolation, which can lead to the emergence of depressed symptoms.

Globally, some researchers have discovered a connection between forgiveness and depression (Burnette et al., 2009), forgiveness and anger (Watson, Rapee, & Todorov, 2017), and depression and anger (Balsamo, 2010; Watson, Rapee & Todorov, 2017). In spite of these numerous studies, the role of forgiveness education in dealing with both anger and depression has not been researched. In Africa, there have been some studies conducted on violence and anger (Gelaye, Philpart, Berhane, Fitzpatrick & Williams, 2008; Halcon, Blum & Beuhring, 2003; Abraham & Jewkes, 2005) but not on anger and forgiveness. In Ghana, the study of anger, depression and forgiveness education is fairly new. The study closely related to the current study was the study of Barimah (2019). Barimah, however, focused on the effect of Enright Process Model on levels of forgiveness and anger among college students in the Eastern Region of Ghana to the exclusion of depression. Thus, there is gap regarding the effect of forgiveness education on anger and depression in the Ghanaian literature, however, the problem of anger and depressive symptoms appear to be persistent among young people in the Yendi Municipality.

The violence in the Municipality has the potential of increasing the anger and depressive symptoms of the young people and ultimately affecting every aspect of their lives. In this sense, the current study was considered necessary. Finding out the impact of forgiveness education in dealing with

anger and depression can help make recommendations that can be helpful for the entire Yendi Municipality.

Purpose of the Study

The purpose of this research was to find out the effects of forgiveness education on anger and depression among adolescents in senior high schools in the Yendi Municipality, Ghana. Specifically, the study's objectives were to:

1. determine the effect of forgiveness education on anger among students in senior high schools in Yendi Municipality, Ghana,
2. determine the effect of forgiveness education on depression among students in senior high schools in Yendi Municipality, Ghana, and
3. explore the effect of forgiveness education on anger and depression among students in senior high schools in Yendi Municipality, Ghana on the basis of demographic variables, namely, gender and age

Hypotheses

Based on the purpose of the study, the following hypotheses were formulated to guide the study:

$H_0$1: There will be no statistically significant effect of forgiveness education on anger among senior high school students in the experimental and control groups in the Yendi Municipality, Ghana.

$H_1$1: There will be a statistically significant effect of forgiveness education on anger among senior high school students in the experimental and control groups in the Yendi Municipality, Ghana.

$H_0$2: There will be no statistically significant effect of forgiveness education on depression among senior high school students in the experimental and control groups in the Yendi Municipality, Ghana.

$H_1$2: There will be a statistically significant effect of forgiveness education on depression among senior high school students in the experimental and control groups in the Yendi Municipality, Ghana.

$H_0$3: There is no statistically significant difference in the effect of forgiveness education on anger in the experimental group with regard to gender.

$H_1$3: There is a statistically significant difference in the effect of forgiveness education on anger in the experimental group with regard to gender.

$H_0$4: There is no statistically significant difference in the effect of forgiveness education on depression in the experimental group with regard to gender.

$H_1$4: There is a statistically significant difference in the effect of forgiveness education on depression in the experimental group with regard to gender.

$H_0$5: There is no statistically significant difference in the effect of forgiveness education on anger in the experimental group with regard to age.

$H_1$5: There is a statistically significant difference in the effect of forgiveness education on anger in the experimental group with regard to age.

$H_0$6: There is no statistically significant difference in the effect of forgiveness education on depression in the experimental group with regard to age.

$H_1$6: There is a statistically significant difference in the effect of forgiveness education on depression in the experimental group with regard to age.

Significance of the Study

The findings of this research would be of significance to counsellors, educators and other researchers. In the first place, the results of the study will bring to light the role that forgiveness education plays in how anger and depression affects adolescents. This would enlighten counsellors on forgiveness education, anger and depression so that they can be of help to adolescents having issues with anger and depression. Again, the results of the study will empower educators as to the importance of forgiveness education and how to assist students with issues of anger and depression. The study's findings will contribute to the growing body of knowledge in Ghana about forgiveness education.

Delimitation

The study was delimited in its coverage. In the first place, the study dealt with how forgiveness education affected anger and depression. Also, the study focused on the influence of demographic variables on forgiveness education. The demographic variables studied were gender and age. In terms

of geography, the study covered senior high school students from first year to final year in the Yendi Municipality, Ghana.

Limitations

The study was limited in the sense that the use of questionnaire in collecting data may lead to biases which may affect the study. Also, the quasi-experimental design is associated with weaknesses and this can affect the results. The main weakness of the quasi-experimental design is that randomization is not used, limiting the study's ability to conclude firmly on a causal association between an intervention and an outcome. Ideally, a true experimental design should have been used to maximize the outcomes of the intervention. Also, since the study used a small sample for the intervention, generalisation of the results to large group would be limited.

Definition of Terms

The key terms used in the study are defined in this section:

Forgiveness education: Individuals are given instruction to empower them with the information and skills necessary to intentionally and purposefully release feelings of resentment or vengeance toward a person or group who has wronged them in order to reduce anger and depression.

Anger: This is an emotion defined by hostility toward someone or something that an individual believes has done them wrong on purpose.

Depression: This is a mood illness characterized by a persistent sense of sadness and a loss of interest.

Organisation of the Study

The research was divided into five sections. The introduction, background to the study, statement of the problem, purpose of the investigation, research questions, and significance of the study are all included in the first chapter. It also addresses the scope of the investigation, its constraints, the definition of words, and how the study is organized.

The review of related literature is included in the study's second chapter. The theoretical framework, conceptual framework, conceptual review, and empirical review are all part of it. The research techniques of the study are covered in Chapter three of this study. The research design, study region, population, sampling techniques, data collection instrument, data collection procedures, and data processing and analysis are all part of it. The study's findings are presented and discussed in the fourth chapter. Finally, the study's summary, results, and suggestions are covered in the final chapter. This chapter also includes suggestions for further investigation.

CHAPTER TWO

LITERATURE REVIEW

Introduction

The aim of this study was to explore the effects of forgiveness education on anger and depression among students in senior high schools in the Yendi Municipality, Ghana. This chapter deals with the review of related literature of the study. The main areas covered in the chapter are theoretical review, conceptual review, conceptual framework and empirical review.

Theoretical Review

This study was based on cognitive behavioural therapy.

Cognitive Behavioural Therapy (CBT)

Cognitive Behavioural Therapy (CBT) was propounded by Aaron Beck in the 1960s (Martin, 2019). The therapy was part of the early cognitive theories. The early cognitive theories were developed to respond to early behaviourists' views which did not put emphasis on cognition and emotions in describing behaviour (Nemade, 2006). Therefore, CBT was propounded as a means to combine both cognitive and behavioural aspects in describing behaviour.

Ccognitive behavioural therapy (CBT) is a type of psychotherapy approach that teaches people how to identify and alter harmful or distressing thought processes that affect their behaviour and emotions (Cherry, 2020). It lays emphasis on modifying instinctive and purposeful behaviours that might aggravate and contribute to emotional difficulties, sadness, and anxiety. The goal of the CBT is, therefore, to change the spontaneous negative thoughts and replace them with positive thoughts (Martin, 2019).

CBT has the advantage of being able to achieve results in a short period, with most emotional disorders needing five to ten months to resolve. During the counselling process, the client and counsellor/therapist collaborate to determine the nature of the issues and devise ways for dealing with them. Patients are also taught a set of concepts that they can use at any time during their life. CBT is also used to deal with a variety of concerns in an individual's life, including sleeping disorders, relational challenges, abuse of drugs and alcohol, anxiety, and depression (Hofmann, Asnaani, Vonk, Sawyer & Fang, 2012).

According to cognitive behavioural researchers, depression is caused by faulty ideas and judgments (Nemade, 2006). These can be experienced through social interaction, as when children in a dysfunctional family or society observe their parents and others struggle to cope with stressful situations or traumatic occurrences. Furthermore, according to cognitive behavioural theory, persons who are depressed think differently from people who are not depressed. Their depression comes from the different ways of thinking (Nemade, 2006). Depressed people have a tendency to perceive facts in negative ways and to blame themselves for any unfavourable events that happen to them. As a result, it is common for persons suffering from depression to perceive situations as far worse than they actually are.

According to Sahu, Gupta, and Chatterjee (2014), cognitive-behavioural therapy (CBT) is useful in depression and anger management. This is due to the fact that patients with depression frequently exhibit overt or hidden anger symptoms. Those with anger issues have a particularly difficult time during the symptomatic phase of depression. This means that when the

symptoms of depression are clearly visible, people with anger issues struggle a lot. They constantly get angry because of their feelings of depression.

Pharmacological treatment can help reduce depression and anxiety. This means that the use of drugs can help reduce depression and anxiety. However, in terms of anger, treatment procedures which does not involve drugs (non-pharmacological) can be the best (Sahu et al., 2014). This is because people with anger issues have to be assisted to cope with anger without the use of drugs. On this basis, CBT can be very useful in helping people cope with both anger and depression.

Models of Forgiveness

Two main research interventions that have dominated forgiveness research have been Process Based forgiveness intervention and Decision Based intervention (DiBlasio, 1998; Lundahl, Taylor, Stevenson, & Roberts 2008; Lin, Mack, Enright, Krahn & Baskin, 2004; Wade & Worthington, 2005).

Process Based Models of Forgiveness

The Process Based models argue that an individual who has been hurt should go through therapeutic treatment of several steps to reach forgiveness. The treatment spans at least six weeks. It is not a single event or a day encounter rather a process. The two models that have gained much recognition as process based interventions are the Enright Process Model and REACH Model by McCullough.

Enright Process Model

Enright and the Human Development Study Group presented a four-phase model with 20 distinct parts (Enright, 2001). The "uncovering phase,

decision phase, working phase, and deepening phase" are the four phases. Clients are exposed to materials aimed to raise understanding of psychological aspects that result from unjust acts and how they inhibit the client from moving on from the offense during the uncovering phase (Enright & Fitzgibbons, 2000). Enright and Fitzgibbons stated that in order to forgive, clients need to explore psychological defenses (e.g., denial, repressed or displaced anger) used in dealing with injustice. Clients need to acknowledge and express the anger and pain about the offense before they can forgive. Additionally, they stated that some clients may have feelings of shame that they need to work through. After this exposure, clients are provided with materials that can help them to change their views of the offender as well as their own perspectives of the offense.

During the decision phase, individuals are encouraged to view forgiveness in a different light by viewing it as an active response to offense so that he or she can take steps to forgive. In essence, clients address the issue of choosing to forgive or not to forgive at the decision phase.

This leads to the working phase where the individual begins to reorient him/herself by accepting what has happened and changing the way he or she views the offender (Enright & Fitzgibbons, 2000). Enright and Fitzgibbons stated that this phase is difficult but rewarding. Clients learn how to reframe or think about the situation and the offender in a different way. Empathic understanding and kindness are important concepts for this phase and they develop by gaining a new perspective about the offender

The final phase, the deepening phase involves individuals finding meaning in their lives and seeking for support to be able to have lasting

freedom from any mental torture created by the offense (Lin, Mack, Enright, Krahn & Baskin, 2004). Enright and Fitzgibbons (2000) noted that some clients are able to find new meaning in their lives from the suffering and forgiveness process. Thus, Enright and Fitzgibbons argued that when treatment ends, many clients have decreased levels of anger, anxiety, or depression and an increased sense of wellbeing. Enright Process Model has been deemed an effective model because it deals with the affective and cognitive aspects of issues that led to hurt in the quest to bring healing (Freedman & Enright, 2017).

REACH Model

McCullough and Worthington proposed the REACH model which proposed five-step approach to ensuring forgiveness (Wade & Worthington, 2005). REACH Model shares considerably similar characteristics with Enright's model (Lin, Mack, Enright, Krahn & Baskin, 2004). The approach suggests five steps: "recalling" the offense, developing "empathy" for the perpetrator, giving the offender a "altruistic" gift of empathy, publicly "committing" to forgive, and "holding" on to forgiveness (Wade & Worthington, 2005). The name of the model is derived from the first letters of each of the five steps. Thus, REACH.

In using the model, individuals are required to first recall the offense and hurt experienced. This is similar to the beginning of the Enright model, the uncovering phase, which encourages an exploration of the hurt or offense. After recall, the individual is made to develop some empathy, thus, viewing issues from the offender's point of view. This leads to the ability to offer the altruistic gift of forgiveness to the perpetrator. The term altruistic is used

because it depicts that forgiveness is an unselfish and sacrificial act. The individual is then made to commit to forgiving either through writing or speaking and finally holding on to the forgiveness. Thus, the final stage is to maintain forgiveness.

Decision-Based Model

The Decision-Based Model of Forgiveness was set-up or designed by McCullough and Worthington (1995). McCullough and Worthington designed the model to be brief, 1 or 2 hour, one-time intervention session where the idea of forgiveness is advanced to people. After selling the idea of forgiveness to individuals, they are encouraged to forgive people who have hurt them. The decision-based model is based on the premise that you can use one day to help a client forgive an injustice he has suffered, (DiBlasio, 1998). Thus, they do not believe in following a long process to teach forgiveness. Some of the techniques used in this model are group discussion and letter writing (Lin, Mack, Enright, Krahn & Baskin, 2004; McCullough & Worthington, 1995).

There are some similarities between the process-based models and the decision-based models. In the first place, both approaches use encouragement as their main source of ensuring that people forgive. In both models, people are encouraged to forgive and not forced. Secondly, both models try to instill empathy in people. By developing empathy for perpetrators, people are likely to forgive the perpetrators. Finally, both approaches emphasize the autonomy of clients and individuals to make a personal decision to forgive their perpetrators. Both models stimulate processing and decision-making, but the process-based models allow for substantially more time to study a wider range of issues in greater depth (Baskin & Enright, 2004).

Concept of Anger

According to Gonzalez (2015), anger is a strong feeling of aggravation or irritation towards or about something. Individuals can feel angry if they feel that someone has wronged, offended, or annoyed them. It is important to note that anger is a very normal feeling. It is an emotion that is felt because it is a protective mechanism of our bodies in response to something that is threatening us. Santos-Longhurst (2019) supported this by stating that rage is a normal, instinctual response to dangers. As a result, a certain amount of rage is required for survival. Anger, on the other hand, becomes an issue when the individual is unable to manage it.

Anger can be passive or aggressive. Passive rage can manifest as sarcasm, indifference, or meanness, and those who are feeling it may not even know it. Self-destructive behaviours such as missing school or work, estranging or isolating friends and family, or poor performance in specific professions or in social circumstances may be displayed by such people. Individuals who feel violent fury, on the other hand, are typically conscious of their feelings, even if they do not usually grasp the real source of their rage. They channel violent rage outbursts on scapegoats in some circumstances since dealing with the underlying issues may be too tough. As a result, aggressive anger can emerge as volatile or retaliatory rage, which can lead to physical harm to property and other people.

Anger has been found to be connected to a lot of factors. For example, most children in poor and disadvantaged urban communities are affected negatively by poverty and violence in the sense that: 1) they are frequently exposed to violence (both direct and indirect forms), and 2) they frequently do

not have the required resources and support of their significant others to effectively deal with situations and circumstances of violence (Holter, Magnuson, Knutson, Enright & Enright, 2008; Overstreet & Braun, 2000). When people experience both poverty and violence, they are at risk of "persistent and pervasive feeling of danger" in youngsters, putting them at risk for mental health issues in the course of their lives (Buckner, Beardslee & Bassuk, 2004, p. 420).

There have been studies which have found that children from low-income families have greater mental health issues compared to children from wealthier socio-economic backgrounds, including internalizing issues (“anger, anxiety, or depression”) and externalizing issues (“antisocial behaviour”) (Dearing, McCartney, & Taylor, 2006). Also, Buckner, Beardslee and Bassuk (2004) found that childhood exposure to violence was the strongest factor which predicted mental health issues within individuals or exhibited outwardly. In addition, the more a kid stays in poor environment, the worse these disadvantages become (Bolger, Patterson, Thompson, & Kupersmidt, 1995; Samaan, 2000). In some countries like Australia and the United States, some studies have shown that poverty in the life of a child from birth to age five has a negative impact on the emotional wellbeing of such individuals during the adolescent period (Spence, Najman, Bor, O'Callaghan, & Williams, 2002), and that poor mental health during adolescent period is connected to poor mental and physical wellbeing later in adult life (Spence, Najman, Bor, O'Callaghan, & Williams, 2002; Weissman et al., 1999).

Depression

Depression is “a mental condition characterized by a persistent sense of melancholy and loss of interest” (Goldman, 2019, p. 11). Depression is different from the regular mood swings experienced by almost everyone. According to Parekh (2017), depression is generally seen as a prevalent ailment which has the tendency to significantly affect the emotions, thoughts and actions of individuals. Depression is characterized by sorrow and/or a lack of interest in an activity which used to be of interest to the individual. Depression is also connected to several mental and physical difficulties and overall difficulty in the performance of activities either professionally or domestically.

Feeling sad or melancholy, losing interest or desire in things formerly liked, poor appetite, weight loss or increase which may not be related to issues with eating and sleeping problems (either lack of sleeping or too much sleeping) are all signs of depression, which can range from moderate to severe (Goldman, 2019). Aside these, some other signs of depression are lack of energy or frequent tiredness, regular engagement in activities which may not be purposeful, excessively slow in speaking and physical movement, feelings of worthlessness or guilt, reasoning, concentration and decision-making difficulties and in extreme cases suicidal ideation.

According to Parekh (2017), depression affects one out of every fifteen individuals (6.7%) each year, and one out of every six persons (16.6%) will experience depression at some stage of life. Even though depression may be experienced at any time, it is very common during the late adolescent period through to the mid-twenties, particularly among females more than males.

Depression is a serious health problem that is not just an important signal of poor psychological adjustment (Moussavi et al., 2007). Depressive disorders are one of the main contributors to the worldwide burden of illness (World Health Organization, 2008). Major depression, according to Sowislo and Orth (2013), affects a wide variety of people and is connected to poor functioning (Wade & Pevalin, 2004), poor habits at the workplace (Adler et al., 2006; Kessler et al., 2006), poor health and wellbeing (Räikkönen, Matthews, & Kuller, 2007), and increased rates of suicide behaviour (Berman, 2009).

Risk Factors of Depression

According to Parekh (2017), numerous factors can lead to depression. Some of these factors are the following:

Biochemistry: Differences in some brain chemicals may have a role in depressive symptoms. Neurotransmitters, for example, are "naturally occurring brain chemicals" that are thought to be influential in the experience of depression. When there are changes in how neurotransmitters work and the manner in which these neurotransmitters interact with neurocircuits which are responsible for mood and feelings can be influential in the experience of depression and the cure (Goldman, 2019). Depression is a genetic condition that can run in families. It is more prevalent among persons who have depression running in their families. If "one identical twin develops depression, the other has a 70% probability of developing the condition at some point in their lives" (Parekh, 2017, p. 2).

Biological differences: This has to do with depression which occurs due to issues and changes in brain functions. The changes or alterations in brain

functions even though the specific relevance may not be known are important in finding out what leads to depression. When there are variations in the hormonal activities in the body can influence the experience of depression among young people. Hormonal changes are usually common during pregnancy, after birth, period of menopause and when people are suffering ailments (Goldman, 2019). Aside this, people with poor self-esteem, who are quickly overwhelmed by stress, or who are gloomy may have a higher likelihood of suffering depression (Parekh, 2017).

Environmental factors: Individuals who are regularly experiencing violence, rejection, abuse, and poverty are more vulnerable to experiencing depression.

Concept of Forgiveness

Since there has not been agreement among scholars on what forgiveness is, there are a variety of definitions (Worthington, 2006). According to some writers, forgiveness helps to lessen unpleasant sentiments, thoughts, and motives against the perpetrator (McCullough, 2008). According to some studies, forgiveness happens when negative sentiments are surrendered and replaced with those that are positive (Holter, Magnuson, Knutson, Knutson-Enright, & Enright, 2008).

There have been several specific definitions offered for forgiveness. According to Enright (2011), forgiveness is a moral virtue that is freely given to an offender who has committed an unjust harm. Forgiveness may also be seen as a motivating shift from a negative to a positive attitude toward the perpetrator (Denham et al., 2005). Even if the offense is serious, these beneficial modifications may look as compassion toward the offender, accepting their perspective and acting in a prosocial manner toward them

(Wade, Johnson, & Meyer, 2008). In support of this, Worthington (2005) defined forgiveness as "a conscious, deliberate decision to release feelings of resentment or vengeance toward a person or group who has harmed you, regardless of whether they actually deserve your forgiveness" (p. 3).

Forgiveness entails letting go of the victim's resentment and revenge while still maintaining an understanding of the gravity of the transgression. Forgiveness does not entail forgetting, tolerating, reconciliation, acceptance, justification, excusing, disregarding, or absolving the perpetrator of blame (Baskin & Enright, 2004; Wade, Worthington, & Meyer, 2005).

Forgiveness has been conceptualized as a process that involves thinking, motivation, behaviour, and feelings (Worthington & Scherer, 2004; Van Dyke & Elias, 2007). Under the heading of forgiveness, two separate notions are explored. There are two types of forgiveness: decisional and emotional forgiveness (Worthington, 2006). The motive and behavioural purpose to respond to an offender in the same way as before the transgression is known as decisional forgiveness. Emotional forgiveness, on the other hand, refers to the transition from bad, unforgiving feelings to more positive feelings like "empathy", "sympathy", "compassion", and selfless love (Worthington & Scherer, 2004). The importance of this subjective change in emotional forgiveness for the general health and wellbeing of individuals cannot be overstated (Worthington, 2006; Denham et al, 2005). The difference necessitates that forgiveness be considered more than a cognitive effort, and that the emotional process of forgiveness be considered as well (Zembylas & Michaelidou, 2011).

Forgiveness has also been conceptualized as developmental concept. This is predicated on the belief that forgiveness takes time to develop, and that age disparities are noticeable (Everding, 2010; Gaughf, 2003). When it came to understanding the idea of forgiveness, Baskin and Enright (2004) noted that adolescents and youngsters varied from adults. Children are generally at the stage of expectational forgiving. As a result, if youngsters are under pressure to forgive, they are more likely to do so. Enright (2001) discovered that an adolescent's family and classmates had a major influence on their thoughts on forgiveness throughout this period.

Furthermore, age has been discovered to be a factor in the ability to forgive (Beth, 2006). That is, as people grew older, their readiness to forgive grew as well. Young people usually have a restitutional forgiving attitude when it came to forgiveness. In restitutional forgiveness, one only forgives if they can reclaim what was taken from them. In other cases, an individual may choose to forgive in order to alleviate or remove guilt about not forgiving the perpetrator. Adolescents may also think about how the perpetrators treat the victim after the incident. Adolescents were more likely to forgive if the victim was given back what had been taken away, if the perpetrator did not mean to damage or injure the victim, and if the offender gave an apology. Adolescents, unlike adults, do not get unconditional forgiveness (Enright, 2001; Beth, 2006; Vinsonneu & Mullet, 2001).

Anxiety, anger, sadness, and obsessions all disappeared after forgiveness, according to several of the earliest forgiveness researchers (Enright & Fitzgibbons, 2000; Enright & Fitzgibbons, 2010). Some studies have claimed that a lack of forgiveness exacerbates unpleasant feelings,

leading to greater sadness and emotional instability, which in severe circumstances can cause mental disorders (Hong, Jin, Hynn, Bae, & Lee, 2009; Kim & Im, 2006). In summary, forgiveness has a negative association with anger, sadness, and stress, but a good relationship with physical health, mental well-being, and relationship quality (Breen, Kashdan, Lenser, Fincham, 2010; Lawler-Row, Karremans, Scott, Elias-Matityahou & Edwards, 2008).

Concept of Forgiveness Education

Forgiveness Education has been viewed or defined in different ways by different authors. For instance, Lin et al. (2004) viewed forgiveness education as the provision of education and instruction to people to equip them with the capacity to "give up resentment and to respond with beneficence toward the person responsible for a severe injustice that caused deep, lasting hurts" (p. 1115). Similarly, Everding (2010) indicated that forgiveness education can be seen as a constructive way to teach people to cope with anger elicited by hurtful events they experience. In view of Everding's position, Barcaccia et al. (2019) thus suggested that forgiveness education is an effective way of regulating negative affect and decreasing depression.

Forgiveness education has a long track record of success in reducing emotional trauma and pain among adults (Everding, 2010; Lin et al., 2004; Reed & Enright, 2006). Regarding its conceptual nature, forgiveness education programmes are self-directed and controlled curricula which are founded on the Enright model of forgiveness, and have shown continuous effectiveness in

a variety of contexts (Enright, 2001; Enright & Fitzgibbons, 2000, Enright, et al., 2007).

Forgiveness education has been shown in several studies to assist victims in learning to forgive their perpetrators (Berry et al, 2005; Chan & Arvey, 2011; Enright & Fitzgibbons, 2010). Some current researchers have shown that there is general success in assisting individuals with profound injuries, using forgiveness education in order to reduce negative emotions like anxiety, bitterness, and anger while boosting good sensations like serenity and purpose (Ballard, 2017; Chung, 2016; Safaria, Tentama & Suyono, 2016).

Despite the fact that forgiveness education has been demonstrated to be helpful in lowering anger (Lin et al., 2004), forgiveness education treatments have yet to be incorporated and assimilated into the area of anger management (Enright & Fitzgibbons, 2010). Offenders are frequently put in anger management programmes with treatment handbooks and guide for rage which do not have any consideration for forgiveness, or just make a fleeting reference to forgiveness (McKay & Rogers, 2000; Potter-Efron, 2010; Rosenberg, 2005).

The majority of anger management books (Deffenbacher, Oetting, & DiGiuseppe, 2002; DiGiuseppe & Tafrate, 2003) concentrate on cognitive and behavioural methods, breathing exercises, and relaxation, at the neglect of forgiveness. The majority of present techniques are essentially unsuccessful, and programme outcomes are frequently limited and short-term (Heseltine, Howells, & Day, 2010). This means that the notion of forgiveness as a therapy intervention to aid individuals with anger has been overlooked in the field of anger management (Day, Gerace, Wilson, & Howells, 2008).

Empirical Review

This section reviews previous empirical literature connected to the current study. The review is done under sub-headings:

Relationship between Anger and Depression

Several researches have looked into the link between rage and depression. In this part, the researcher looked at a few of these investigations. In nonclinical, subclinical, and clinical samples, Mook, Van Der Ploeg, and Kleijn (2007) explored the interrelationships between "anxiety, anger, and depression at the trait level". Anxiety and depression were shown to be significantly associated among students, adults, medical, and psychiatric in-patients, according to the findings. In terms of the link among anger, anxiety and depression, the findings were significant, but considerably weaker than typically stated at the emotional state level. Furthermore, partial correlations showed that the findings concerning the link between anger and depression were mostly attributable to anxiety's mediating (causal) role.

In a study of Iranian students, Besharat and Pourbohlool (2012) investigated the mediation impact of anger rumination on the association between "trait-anger, state-anger, anger-in, anger-out, anger-control in, and anger-control out with mental health". This research comprised a total of 449 volunteer students (234 females and 215 males). The "Tehran Multidimensional Anger Scale (TMAS; Besharat, 2008)", the "Anger Rumination Scale (ARS; Sukhodolsky, Golub, & Cromwell, 2001)", and the "Mental Health Inventory (MHI) (Veit & Ware, 1983)" were administered to all individuals. In opposing directions, angry rumination influenced the association between characteristics of anger and anger management with

mental health. Also, anger at high levels was linked to poorer levels of psychological well-being and increasing levels of distress psychologically, according to the findings. Greater levels of anger management, on the other hand, were linked to wellbeing psychologically at a higher level and reducing rates of distress psychologically. For the relationship of anger dimensions with mental health, the mediation effect of angry rumination was complete for "psychological well-being" and partial for "psychological distress". In contrast, for the relationship of anger control aspects with mental health, the mediation impact of anger rumination was partial for "psychological well-being" and complete for "psychological distress".

Despite the fact that anger is not regarded as a mental disease, it has been linked to a number of psychological issues, including depression. Cassiello-Robbins and Barlow (2016) revealed that anger is elevated in times of depression. Similarly, Bailen, Haiijiing, and Thompson (2019) discovered that a higher degree of anger was substantially related with depression severity after analyzing 79 people. They went on to say that being angry about depression might make it worse. Galambos, Johnson, and Krahn (2018) showed that people who express anger at higher levels also had high levels of depression symptoms. This finding was made after studying 944 Canadian high school seniors over a twenty-five-year period.

In providing explanation for the relationship between anger and depression, according to Golden (2020), depression is strongly linked to inward-directed rage. Depression is connected with heightened self-criticism, a profound sense of guilt, and an associated sense of despair and helplessness, which may be regarded as the result of severe and continual self-judgment, a

bombardment of self-directed fury about displeasure with oneself. Anger directed inward is frequently the result of some sort of abuse.

Golden (2020) indicated further that anger can also be a consequence of depression. The relationship between depression and anger is therefore complex. It is therefore important that counsellors try to delve deeper into the relationship so that they can be more accurate in the diagnosis and management of both anger and depression.

Effects of Forgiveness Education on Anger

The effect of forgiveness education on anger has been explored in several studies. For example, Rahman, Iftikhar, Kim, and Enright (2018) investigated the efficacy of forgiveness treatment with abused early teenage girls in Pakistan. In all, eight female victims of child abuse who were aged 11 and 12 years old living at the "Child Protection and Welfare Bureau in Lahore, Pakistan", were randomly allocated to either an experimental or control group. For four months, the experimental group got forgiveness therapy on two occasions within a week while the control group received normal therapy without the forgiveness element. At the pretest, posttest, and 1-year follow-up, assessment was carried out for all the respondents to ascertain their levels of "forgiveness (Enright Forgiveness Inventory)", "anger (Anger Scale)", and "hope (Hope Scale)", with each assessment being carried out in four different stages with a 1-week gap. After one year, it was found that the experimental group had statistically greater levels of forgiveness and hope and a considerably lower level of anger in comparison to the control group. The findings suggest that forgiveness therapy can assist abused teenagers in dealing with the abuse.

Anderson (2006) studied the link between teenage resilience, forgiveness, and rage expression. “Wolin and Wolin's (1993) Challenge Model” and the “Forgiveness Process Model (Enright & Human Development Study Group, 1991)” served as the foundation for this investigation. The study was a single-subject, quantitative correlational study. The “Adolescent Resiliency Attitudes Scale (ARAS)”, the “Adolescent Version of the Enright Forgiveness Inventory (EFI)”, and the “Adolescent Anger Rating Scale (AARS)” were used to collect data from a convenience sample comprising 70 students from three Maine public high schools. Multiple regression analysis was used in carrying out the analysis. The scales and subscales were also subjected to correlational analysis. Several teenage resiliencies and types of forgiveness and some adolescent resiliencies and styles of rage expression were found to have significant connections. According to the findings, total resilience was strongly associated with both total forgiveness and total rage. The studies also revealed specific teenage resiliencies that substantially impacted the kinds of rage expression, but forgiveness did not.

Skolnicki (2016) also examined the effects of an asynchronous 2-hour online forgiveness in counselling workshop on licensed counsellors’ knowledge and beliefs about using interpersonal forgiveness in counselling. Respondents were 75 licensed counsellors (ages 23–73) who completed the Knowledge of Forgiveness in Counselling Survey developed for this study and Part 2 of the Forgiveness Attitudes Questionnaire (FAQ) (Kanz, 2000). Dependent *t*-tests were conducted and the results suggested that licensed counsellors through completing the workshop gained knowledge about forgiveness, found forgiveness in counselling more useful, and reported a

greater likelihood to use a forgiveness approach in counselling. Pearson r analyses indicated, however, that an increase in knowledge did not suggest that counsellors found forgiveness more useful, nor more likely to use forgiveness.

Kearns and Fincham (2004) studied "208 undergraduate students (105 men, 103 women)" who were studying Introductory Psychology course at a state college in New York to identify the attributes of forgiveness. In a subsequent study, Kearns and Fincham had "137 Introductory Psychology students (96 men, 41 women)" rate the attributes identified in the first study according to how well each attribute captured the meaning of forgiveness. The students viewed forgiveness as: ending a fight, fostering peace between two people, not harboring a grudge, and giving up the desire for revenge. However, the students had misconceptions about forgiveness with some thinking that forgiveness meant not remembering the offense, seeing reconciliation as an important part of forgiveness, and viewing forgiveness as including excusing or condoning the offense. Kearns and Fincham noted that these misconceptions could cause people to not want to forgive. Therefore, they recommended that forgiveness be taught as a process that does not equal reconciliation, forgetting about the offense, or condoning the offense.

In a correlational study of "179 undergraduate students from a mid-Atlantic State University", Berry, Worthington, O'Conner, Parrott, and Wade (2005) discovered that trait forgiveness was adversely related with trait anger. In a study of "200 university students in the United Kingdom", Barber, Maltby, and Macaskill (2005) investigated the connection between forgiveness

and anger rumination and discovered that angry recollections were a major component in forgiving oneself.

Gisi and D'Amato (2000) also investigated issues of anger among people who have suffered traumatic brain injuries and discovered that the association between anger even though was significantly negative, it was not a strong association. However, as anger grew, forgiveness dropped. In a different study, Seybold, Hill, Neumann, and Chi (2001) discovered a strong significant association between anger and forgiveness. They found this after investigating 68 people who had a range of "immunological, psychophysiological, and other physiological issues". Higher degrees of forgiveness were substantially related with lower levels of anger.

Furthermore, Rohde-Brown and Rudestam (2011) investigated the function of forgiveness in adjusting after divorce and discovered that there were significant associations between being furious and holding a grudge against the ex-spouse. It was revealed that the respondents who had high levels of "state-anger" had low levels of present "express forgiveness" and forgiving attitude toward their ex-spouse.

Moreover, Welton, Hill, and Seybold (2008) investigated "63 couples who were in the process of divorcing and attending mediation to hash out the terms of their divorce". The respondents completed "anger, empathy, cognitive perspective taking, and three forgiveness assessments". According to the findings, anger predicted degrees of forgiveness in some cases but not in others. Anger and forgiveness were discovered to have a weak but significant association. This association was discovered when a scale of forgiveness was used comprising issues of "vengeance, avoidance, and a more emotional

aspect of forgiving". Also, it was found that empathy was the strongest predictor of forgiveness, with a considerably higher connection.

Gambaro (2002) conducted an experimental study with middle school children to determine whether experiencing forgiveness would decrease trait anger in early adolescents. Gambaro's study included 12 respondents (6 females, 6 males) between the ages of 12 and 14 years who were allocated in a random form to the experimental (n = 5) or the control group (n = 7). The groups had two meetings in a week continuously for 15 weeks. The control group was a Rogerian-based group in which youth discussed their feelings about a hurtful incident but the counsellors did not introduce the topic of forgiveness. The adolescents in the experimental group were given the opportunity to work through their anger using Enright and his colleagues' model of forgiveness therapy, which was the basis of the Strengthening Families curriculum used. The study revealed that those in the experimental group had significant gains in forgiveness. Also, those in the control group had a slight gain in forgiveness, but Gambaro noted that the experimental group had a much larger gain. The experimental group also had a significant reduction in Trait Anger, in detentions and significant improvements in one-day in-school suspensions in comparison to the control group. The study showed no significant changes in one or three day out-of-school suspension(s), but out-of-school suspensions in the respondents' school were reported to be rare. Gambaro concluded that participating in forgiveness therapy was related to decreased trait anger, decreased aggression, and improved attitudes, relationships, and grades (writing, math, and social studies).

Effects of Forgiveness Education on Depression

The effect of forgiveness education on depression has been investigated by several researchers. For example, Barcaccia et al. (2019) investigated the link between variables important to teenagers' well-being, such as “forgivingness (dispositional forgiveness)”, “anger”, “sadness”, and “Hedonic Balance (HB)”. Specifically, 773 teenagers, 69 percent of whom were female, were evaluated for the fully mediational effect of the various aspects of anger in the connection between forgiveness and depression using a structural equation modeling technique. The findings revealed that forgiveness was “positively and negatively” associated to “HB and depression”, respectively. The results mean that teenagers who had higher HB and lower sadness reported a reduced overall likelihood of experiencing anger. Through the mediation of all aspects of Anger, forgivingness was also favourably connected to both HB and sadness. Furthermore, HB had a unique influence on Anger-control identified, implying that adolescents who forgave more had higher HB because they reported more practical and appropriate ways to regulate anger. The gender invariance of the model was supported. According to the findings, forgiveness is a key factor which can as protection against depression in teenagers, assisting them in efficiently controlling and managing anger, therefore promoting emotional wellness. As a result, undergoing forgiveness education in psychotherapy or counselling may reduce teenage sadness and enhance well-being.

Freedman (2018) also executed an educational intervention with “10 at-risk teenagers attending an alternative school in a Midwestern city”, with forgiveness as the objective. The adolescent respondents varied in age from 15 to 19 years old. A pre- and post-test design with randomized experimental and

active control groups was utilized. Twenty-one individuals were allocated at random to either the “experimental (forgiveness education class)” or “control groups (personal communications class)”. The groups met every day for 31 meetings totaling roughly 23 hours of instruction. The intervention was centered on Enright's forgiving process paradigm. Forgiveness, self-esteem, hope, sadness, and state-trait anxiety measures were among the dependent variables. Following the forgiveness instruction, the experimental group improved more in forgiveness and optimism than the control group and dropped considerably more than the control group in terms of anxiety and despair. Following the instruction, verbal responses from the experimental respondents demonstrated the good influence forgiveness had on the pupils.

Furthermore, Amiri, Moslemifar, Showani, and Panahi (2020) studied the efficacy of forgiveness therapy in the treatment of sadness, anxiety, and rage symptoms in female students suffering from love trauma syndrome. A single case quasi-experimental design with a multiple baseline was employed. Three respondents were selected through purposive sampling and received forgiveness therapy in 10 sessions. The respondents completed “Beck Depression Inventory”, “State-Trait Anxiety Inventory”, and “State-Trait Anger Expression Inventory” in the pre-treatment phase (baseline), during therapy sessions, and in the follow-up phase. In addition, Love Trauma Inventory and Millon Clinical Multiaxial Inventory (III) were administered to determine the inclusion criteria. The results indicated a significant decrease in symptoms of depression, anxiety and anger in the respondents. The findings showed that forgiveness therapy can be an effective intervention for the individuals who are struggling with negative outcomes of a romantic

relationship dissolution and can be implemented in situations wherein individuals hold a feeling of injustice, anger, and unforgiveness.

Barcaccia et al. (2018) investigated the functions of forgiveness and friendship in the psychological adjustment of abused adolescents. The study included 2,105 teenagers (aged 13 to 20) from central and southern Italy. According to the findings, teenagers who scored lower on forgiveness were more likely to be depressed and angry. The implication of the findings of the various studies reviewed is that forgiveness education can help reduce the experience of depression.

Relationship between Forgiveness Education, Anger and Depression

The relationships that exist among forgiveness education, anger and depression have also been explored. Studying these three variables has been done by a few studies. Holter, Magnuson, Knutson, Enright, and Enright (2008), for example, investigated the "impact of three classroom forgiveness education programmes for primary school kids in Milwaukee's center city". When the data was analyzed, it was shown that the first and fifth grade experimental groups saw a substantial drop in anger when compared to the control group. Both the experimental and control groups showed a reduction in anger in third grade. There were no significant between-group variations in depression.

Akhtar and Barlow (2018) also published the findings of a comprehensive "review and meta-analysis of the efficacy of process-based forgiveness treatments" in a group of adolescents and adults who had been subjected to a variety of harm or abuse. Randomized controlled trials were identified through the use of electronic databases and a review of the reference

sections of prior reviews. Each identified study was evaluated for the possibility of bias. To examine treatment effects, "standardized mean differences (SMDs)" and "confidence intervals (CIs)" were utilized. The findings show that forgiveness treatments can help reduce depression, anger and hostility, stress and suffering, and promote good emotions. There was also evidence of progress in both the condition and the attribute of forgiveness. The findings show relatively good evidence that forgiving a wide range of realistic interpersonal transgressions can be helpful in enhancing many aspects of mental wellbeing.

Ballard (2017) explored the relationship between anger, depression and forgiveness. A total of 187 patients seeking treatment to be able to manage anger at a Denver outpatient counselling clinic took part in the study. These individuals were put into two groups randomly. The first group received forgiveness counselling and anger management while the second group received standard anger treatment. The treatment was carried out in 12 90-minute sessions with one session carried out each week in small groups guided by lead facilitators. The study revealed that the respondents in both treatment groups reported clinically significant reductions in "state-anger" as well as gains in "anger-control" and forgiveness, with the experimental therapy surpassing the standard treatment on all end variables. The data show that including a forgiveness component in rage treatment may improve its efficacy. Furthermore, the findings show that forgiveness treatment may be effective not only with victims, but also with perpetrators.

Moore and Dahlen (2008) discovered that in a study of aggressive driving, individuals who forgave more had the likelihood of experiencing less

anger in a range of potentially triggering driving scenarios. Also, these individuals were involved in less aggressive driving behaviour and also expressed less driving rage. According to the findings, forgiveness has a negative connection with anger. Similarly, Lin et al. (2004) utilized forgiveness therapy in working with patients in a residential treatment center suffering from substance abuse. Compared to an alternative individual treatment, respondents who underwent forgiveness therapy improved greatly in "total and trait anger", "depression", "total and trait anxiety", "self-esteem", "forgiveness", and "vulnerability" to the usage of drugs than the individuals in the alternative treatment group.

Overall, the literature have shown that forgiveness education was suitable for both anger and depression experience. Through forgiveness education, anger reduced and depressive tendencies and symptoms also decreased.

Demographic Variables and Forgiveness Education

The roles of demographic variables in forgiveness education as reported in the literature are reviewed in this section. The demographic variables mostly studied are gender and age. Taysi and Orcan (2017) investigated "(a) how Turkish children and adolescents define forgiveness, (b) the relationship between self-reported forgiveness and the notions held by respondents, and (c) the relationship between self-reported forgiveness and age". In all, 367 Turkish children from elementary (N=220) and secondary (N=147) schools participated in the study. The "Enright Forgiveness Inventory" for Children (EFI-C) was utilised in the study, and respondents

were asked to define forgiveness. In this study, “conditional forgiveness”, “reconciliation”, disregarding the harmful occurrence, and emotive reactions were the four categories of respondents' forgiveness conceptions. Half of the study's respondents were found to be in the “conditional forgiveness category”. When compared to teenagers, Turkish young adults were identified to be primarily in the area of “conditional forgiveness”, “reconciliation”, and “emotional reactions”. Adolescents were mostly identified to be in the group of disregarding the painful incident. The category with the greatest identified forgiving mean score was “emotional responses”. Friends, siblings, instructors, and dads were frequently upset by respondents. There was no relationship observed between self-reported forgiveness and age.

Everding (2010) tested the difference between pretest and posttest scores in a forgiveness education intervention with teenagers at a local inpatient mental health institution. A forgiveness scale, an anger scale, a hope scale, a sadness scale, and a self-esteem scale were among the dependent variables. The intervention was carried out in a group setting utilizing the Journey to Forgiveness Curriculum (Knutson & Enright, 2006), with eight respondents meeting with the researcher once a week for 15 weeks. Following the intervention period, individuals' scores on the cognitive and behavioural subscales, as well as their total forgiveness score, improved statistically significantly. The emotional subscale on the forgiveness test did not yield statistically significant findings when combined with the other measures. Anderson (2006) examined the link between resilience, forgiveness, and anger expression in teenagers and discovered that age and gender had no influence on anger expression.

Similarly, Boman (2003) investigated gender differences in the emotional, behavioural, and cognitive components of rage in 102 first-year high school students. Boman discovered that the sensation of rage following therapy is the same for both males and girls. As a result, Bowman discovered no significant gender differences in rage experience. In their effort to create a new anger disorder scale, DiGiuseppe and Tafrate (2003) examined 1,300 adults ranging in age from 18 to 90 and studied 18 anger subscales. They discovered that while differences between men's and women's total anger ratings were not significant, he did discover disparities in how they experienced anger.

Birditt and Fingerman (2003) also investigated age and gender variations in the experience of depression. In general, women evaluated their discomfort as more acute than men and experienced distress for a longer period of time than males. This is even after receiving the same treatment for depression and stress. Statistically, however, the difference was not significant. Birditt and Fingerman also revealed that there were no variations in the experience of depression among different age groups after receiving treatment for depression. Throughout the literature the role of age in depression after forgiveness education has received only little attention.

In addition, Sloan and Sandt (2006) revealed that even though women are likely to experience more depression after receiving treatment for the depression, although the gender difference was not significant. In using several forms of treatment to deal with depression, it has been found that men and women respond comparably similar to the treatment (Sloan & Kornstein, 2003).

Muskin (2019) also revealed that in terms of anger caused by depression and frustration, younger and older individuals do not vary in terms of the level of anger after being provided with treatment. There are only a few studies which have explored the age difference in the levels of anger and depression of individuals after receiving forgiveness education or any form of treatment.

Conceptual Framework

The conceptual framework of the study is presented in Figure 1.

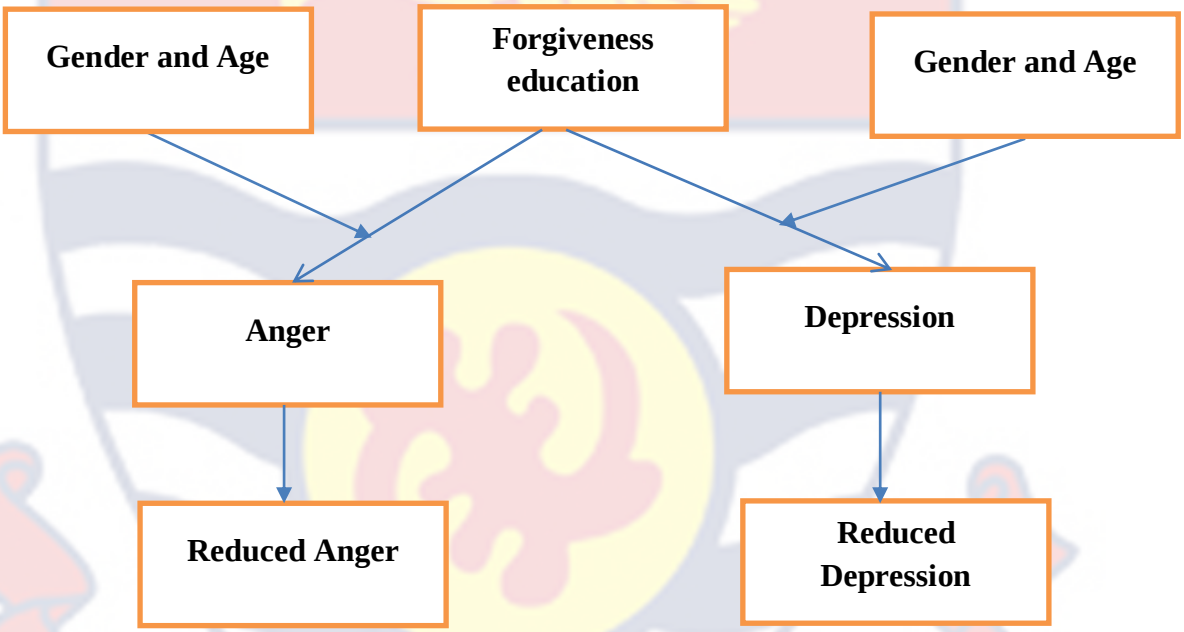

Figure 1: Conceptual Framework of Effect of Forgiveness Education on Anger and Depression
Source: Author

From Figure 1 it can be seen that forgiveness education would be an effective intervention for anger and depression. This conceptual framework depicts the focus of the study in testing the effects of forgiveness education on anger and depression. Based on previous literature forgiveness education have been found to be effective in reducing anger and depression among people (Enright, Rhody, Litts & Klatt, 2014; Shechtman, Wade & Khoury, 2009).

In studying the effect of forgiveness education on anger and depression, the role of some other variables has also been explored. In this study, the moderating variables are gender and age. The moderating variables are variables which can influence the level, direction, or presence of a relationship between variables. Thus, in this study gender and age can influence or moderate the relationship between forgiveness education and anger and depression. As a result, the study would seek to explore the differences in the effects of forgiveness education on anger and depression on the bases of gender and age.

Chapter Summary

This chapter reviewed literature related to the current study. The review covered the theoretical framework, conceptual framework, conceptual review and empirical review. The theory reviewed was the cognitive behavioural therapy. Concepts relating to anger, depression and forgiveness were reviewed. Previous empirical studies relating to the study were also reviewed. Overall, it was realised that even though there have been several studies in relation to forgiveness education and its effect on anger and depression internationally, the same cannot be said of Ghana. This study, therefore, attempts to bridge this gap in the literature.

CHAPTER THREE

RESEARCH METHODS

Introduction

The purpose of this study was to explore the impact of forgiveness education on anger and depression among students in senior high schools in

the Yendi Municipality, Ghana. This chapter discusses the methods used to carry out the study. It covers the research design, study area, population, sampling technique, data collecting instrument, data collection protocol, as well as data processing and analysis.

Research Design

Quasi-experimental design, specifically, the pre-test-post-test control group design was chosen for the study. According to Akinade and Owolabi (2009), the Pre-Test-Post-Test Design is a design where pre-test instruments are administered before the application of the experimental treatments for the group and also administering the post-test at the end of the treatment periods. White and Sabarwal (2014) also viewed Pre-Test-Post-Test design as useful in testing causal hypotheses where the particular programme being tested is viewed as an 'intervention' which is being evaluated.

A quasi-experimental design, according to Trochim (2006), is one that resembles an experimental design but lacks the crucial element - random assignment. Because randomly assigned groups are the main component of a real experiment, a quasi–experiment does not contain them. As a result, a quasi-experiment is not considered a real experiment. For example, when performing an experiment, a researcher is attempting to demonstrate that Variable 'A' influences or causes Variable 'B' to do something. The researcher wants to demonstrate causes and effects and they do this by including random assignments in the experiment. This is how a true experiment is usually done.

In quasi-experimental design, there are no random assignments. Without random assignment, there is no guarantee that the two groups are

similar in every respect prior to the experimental treatment or intervention. However, an initial observation such as a pre-test, can confirm that the two groups are at least similar in terms of the dependent variable under investigation. If after the experimental group has received treatment and the group differences with respect to the dependent variable are found, the researcher may reasonably conclude that the post-treatment differences are probably due to the treatment (Leedy & Ormrod, 2010).

In using this design, tests were given to the respondents to establish their baseline level of anger and depression, after which an intervention (forgiveness education) was given to them. After the intervention, the test was given again to the respondents to enable the researcher observe the differences between the pre-test and the post-test.

In pre-test-post-test control group design, there are two groups involved, one group is given the treatment and the results are gathered at the end. The control group receives no treatment, over the same period of time, but undergoes exactly the same tests. Therefore, in pre-test-post-test control group design, all individuals are assessed at the beginning of the study, the intervention is presented to the treatment group but not the control, and then all individuals are measured again (American Psychological Association, n.d.). The justification for using this design was to help establish the actual impact of forgiveness education on the anger and depression levels of adolescents in the Yendi Municipality, Ghana.

The pictorial presentation of the research design for the study is shown in Figure 2.

G1	01	X	02

G2	03	-	04

Figure 2: Pre-test, Post-test Control Group Design

Adapted from Awabil (2013)

Interpretations

G1 – Treatment Group

G2 – Control Group

01 – Pre-test (Treatment Group)

02 – Post-test (Treatment Group)

X – Treatment (Forgiveness Education)

03 – Pre-test (Control Group)

04 – Post-test (Control Group)

Study Area

The study was carried out in the Yendi Municipality. The Yendi Municipal Assembly was previously a District Assembly until being upgraded to the status of Municipality in 2007 (Ghana Statistical Service (GSS), 2014). It became a District in 1988 as a result of PNDC Law 207, Act 462, and LI 1443. The municipality is currently one of the country's 54 municipal assemblies. It is the Dagbon Kingdom's capital.

The Municipality is strategically located at the center of the eastern corridor of the Northern Region and has a landmass of 1,446.3 sq. km. (Source: Ghana Statistical Service, 2010). The Municipality shares boundaries with six other District Assemblies. These are Saboba District to the east, Chereponi and Zabzugu Districts to the south, Nanumba North Municipal to the north, Gushegu Municipal and Mion District to the west. The population of

the Municipality according to 2021 population and housing census stands at 154,421 with 76,142 males and 78,279 females.

More than two thirds (70.9) of the population aged 15 years and older are economically active with males (73.3%) being more likely to be economically active than females (68.6%). Of the economically active population, 95.8 percent are employed (GSS, 2014). In terms of occupation of the employed population, majority (65.4) are engaged as skilled agricultural, forestry and fishery workers (GSS, 2014). Most of these people are self-employed. Most of the people in the Municipality are Muslims in terms of their religious beliefs.

Population

The population of the study was made up of students in the two senior high schools in the Yendi Municipality. The schools are Yendi Senior High School and Dagbon State Senior High Technical School. These two schools were chosen because they are the only senior high schools within the municipality chosen as the study area. The population of students in Yendi Senior High School is 1,855 while the population of students in Dagbon State SHTS is 1,400. These were obtained from the respective school administrations. From this, it can be said the population for the study is 3255. This is made up of the population of the two schools.

Sampling Procedures

A sample in research has been defined by Gravetter and Forzano (2009) as the subset of the population for the study. The study began with a sample size of 345 people. This is based on Krejcie and Morgan's (1970)

sample size calculation table. The table is shown in Appendix E. The 345 students received and responded to the questionnaire.

Multistage sampling procedure was used in the study. In the first stage, stratified random sampling. In stratified sampling, the population is divided into relatively homogenous subsets called strata and then random samples are taken from each stratum (Albright, Winston, & Zappe, 2010). The strata used in this stage were the schools. This means that the respondents were selected on the basis of their schools (Yendi SHS and Dagbon State SHTS). The sample from each school was based on their respective populations. Therefore, the sample for each school was obtained by dividing the population for each sub-group by the total population and multiplied by the sample size. For instance, the sample for Yendi SHS was obtained as follows:

$$\frac{1855}{3255}\ X\ 345 = 197$$

Based on this, 197 students were sampled from Yendi SHS while 148 students were sampled from Dagbon State SHTS. The sample breakdown is shown in Table 1. Stratified sampling was considered appropriate because it helped ensure that students in the two schools (Yendi SHS and Dagbon SHTS) were sufficiently represented in the study.

In the second stage, the selection of the 345 students was done using convenience sampling. This means that those who were willing and available participated in the study. Convenience sampling was appropriate because it helped ensure that only those who had the willingness to participate in the study were sampled. In this sense, the respondents freely responded to all the items. After the 345 students responded to the questionnaire, the respondents

with high scores on the anger and depression inventories were selected for the experimental study.

Therefore, in the third stage, purposive sampling procedure was used. Purposive sampling procedure involves sampling based on a criterion which has been set by the researcher. In this study, the researcher was interested in students with high levels of anger and depression. This justified the use of the purposive sampling.

Based on the scoring of the scales used for the study as described under the section titled "Data Collection Instrument", anger scores above 52 were considered high while depression scores above 31 were considered high. Thus, 40 students who had high levels of anger and depression were involved in the study. According to Lenth (2001), with an estimated power of 0.95, a sample size of 40 or more is appropriate for an experimental study. This implies that in testing the hypotheses at 0.95 level, a sample of 40 or more is appropriate in an experimental study.

Specifically, 20 (10 males and 10 females) respondents each were in the control group and experimental group. This means that 20 students with high scores of anger and depression from Yendi SHS were purposively sampled to be in the study and in the same manner 20 students with high scores of anger and depression from Dagbon SHTS were involved in the study. The students from Yendi SHS were in the experimental group while students from Dagbon State SHTS were in the control group.

In essence, purposive sampling was used in selecting the 40 students for the actual experimental study. In purposive sampling, researchers select respondents based on some criteria. The criterion for this study was scoring

high in anger and depression. The breakdown of the sample size is shown in Table 1.

Table 1: Sample Breakdown of Study

School	Population	Initial Sample	Final Sample
Yendi SHS	1855	197	20
Dagbon State SHTS	1400	148	20
Total	3255	345	40

Source: Field Data (2021)

Data Collection Instrument

The main instrument that was used to gather data for this study was a questionnaire. The questionnaire comprised two different instruments. Specifically, the questionnaire was made up of adapted version of the Level of Anger Scale (LAS) and an adopted Beck's Depression Inventory.

The Level of Anger Scale (LAS)

The LAS was designed by Russell (2013) and measures perceived level of anger within three weeks preceding the study. In the scale there are statements like "I get mad often" and "Among my friends, I get angrier than others" which are all targeted at helping to identify the levels of anger among students. The scale is a "13-item scale" with an overall strong or high reliability (α= .876). This implies that there was a strong degree of internal consistency when the statements on the scale are taken into considerations. Respondents rate each item using a "5-point Likert-type scale". The scale comprised 1= strongly disagree, 2=disagree, 3=neutral, 4=agree and 5= strongly agree. Per the scoring of the scale, higher scores on the LAS gives the

indication that the level of perceived anger among the respondents was high. The scoring range of the LAS are indicated below:

1-26 – Normal level of anger

27-51 – Moderate level of anger

52-65 – High level of anger

The scale is suitable for measuring anger in adolescents aged between 10 and 19. In adapting the LAS, the researcher changed the original scoring guide from "A=Strongly Disagree (SD), B=Mildly Disagree (MD), C=Agree and Disagree equally (A/D), D=Mildly Agree (MA) and E=Strongly Agree (SA)" to "1= strongly disagree, 2=disagree, 3=neutral, 4=agree and 5= strongly agree". This new scoring guide was to aid ease of understanding than the original scoring guide.

Beck's Depression Inventory (BDI)

The Beck's Depression Inventory (BDI) is a "21-item self-report rating inventory" that assesses depression-related attitudes and symptoms (Beck et al., 1961). The BDI takes around 10 minutes to complete, but clients must have a fifth or sixth grade reading level to understand the questions (Groth-Marnat, 1990). The BDI contains items that seek to bring out the emotional state of sadness and unhappiness experienced by the respondents. The BDI thus describes the emotional state of the respondents. The BDI was adopted in its original state.

The scoring and interpretation of the BDI is as follows:

1-10 - These ups and downs are considered normal

11-16 - Mild mood disturbance

17-20 - Borderline clinical depression

21-30 - Moderate depression

31-40 - Severe depression

Over 40 - Extreme depression

Validity

Validity can be referred to as the extent to which an instrument contains what it is meant to cover. The validity of the instrument was ascertained by my supervisor and other experts in the field of counselling.

Reliability

The consistency with which an instrument measures what it wants to measure is referred to as its reliability. The original reliability coefficient obtained by Russell (2013) for the LAS was 0.876 which was deemed high by Russell.

Originally, the BDI's internal consistency varied from 0.73 to 0.92, with a mean of 0.86 (Beck, Steer, & Garbin, 1988). Overall, the BDI has a high level of internal consistency, with alpha values of 0.86 for psychiatric groups and 0.81 for non-psychiatric populations, respectively (Beck et al., 1988). These are the reliability coefficients of the obtained by the original developer or the BDI.

In this study, reliability coefficients were obtained for the two scales used after pilot testing. The adapted LAS had a reliability score of 0.821 while the BDI had a reliability of 0.782. The overall reliability of the entire questionnaire was 0.789 after the pilot testing. This shows that the instrument was reliable as Taber (2018) indicated that any reliability coefficient above 0.7 is considered acceptable.

Pilot Testing

In this study, the reliability of the instrument was ascertained after conducting a pilot test. Thus, the instrument was pilot-tested with 30 students in the Zabzugu Senior High School. This school is in the Zabzugu District which shares boundaries with the Yendi Municipality. The use of 30 students was considered appropriate because 30 was close to 10% of the sample for the study and this is appropriate according to Connelly (2008). The 30 students from the school were sampled using convenience sampling after getting permission from the school.

Data Collection procedure

A letter of introduction was obtained from the Department of Guidance and Counselling (See Appendix D) and taken to the schools to obtain permission to collect the data for the study. This was done after obtaining ethical clearance from the Ethical Review Board, of the College of Education Studies, University of Cape Coast (See Appendix C). The study had three main sections, comprising the pre-test, intervention and the post-test. The instrument was given to the sampled respondents for the pre-test (pre-intervention) stage. After the pre-test, an intervention was administered. The intervention comprised forgiveness education. Two main groups were set up, with one group getting the treatment and other group getting no treatment at all. Specifically, the treatment used the Enright Process Model of Forgiveness for the education.

Pre-Intervention

At this point, I had established a strong rapport with the individuals. The respondents were educated on the objective of the study and then made

aware of the time frame for which the study will run. The respondents were then categorized into two groups: experimental and control.

Intervention

The intervention took six weeks to complete. Each week, there were two sessions. Each session lasted for an hour. The treatment followed the four stages of "Enright's Process Model of Forgiveness". The four stages are as follows: the "uncovering phase", the "decision phase", the "working phase", and the "deepening phase".

Uncovering Phase (Two Weeks)

This was the first of the fourth stage. The objective of this phase was to help clients become aware of the effects of negative emotions like anger and depression. During the uncovering phase, I introduced the respondents to information meant to raise awareness of psychological elements like bitterness that arise as a result of unjust acts and how they impede the client from moving on from the offense (Enright & Fitzgibbons, 2000). In other words, I helped the respondents identify the destruction that long-term anger and depression can cause and then after helped them learn how to express their negative emotions in suitable ways. During this phase, respondents were made to acknowledge and express the anger and pain about the offense. Thus, their anger was validated so that they do not use defense mechanisms such as denial, repression or displacement in dealing with offenses. Also, their negative depressive emotions were explored. The view that individuals can go beyond their experience of anger and other negative emotions was also introduced and some myths surrounding anger and forgiveness were nullified.

How to express anger and negative emotions were also dealt with in this phase.

Decision Phase (Two Weeks)

The objective of the second phase was to help respondents make a decision on the need to forgive. During the decision phase, individuals were encouraged to view forgiveness in a different light by considering it as an active response to offense so that they can take steps to forgive. During this phase, forgiveness was offered as a way to cease harmful anger, and respondents were urged to think about forgiveness as a way to recover. The attendees spent time discussing how forgiveness is a decision that only the offended can make, and how forgiveness is a gift to both the aggrieved and the offender.

Working Phase (1 Week)

In this phase, the objective was to help respondents work through their negative emotions and thoughts can come out with a new perspective about their hurtful experiences. The working phase is where the individual begins to reorient him/herself by accepting what has happened and changing the way he or she views the offender (Enright & Fitzgibbons, 2000). Respondents learnt how to reframe or think about the situation and the perpetrator in a new way. Empathy and compassion are important concepts for this phase to help respondents gain a new perspective about the offender. This entailed assisting in the development of identification of the perpetrator as a person rather than merely the offender of the act. Respondents were instructed to consider their offenders' weaknesses that may have caused them to engage in the act. Gaining understanding of the perpetrator's contextual experience was

considered as a means to understand the offender more widely, but it was not used to justify his or her conduct. This phase was primarily concerned with learning to sympathize with the perpetrator by understanding the individual within a specific context. The objective was to have empathy for the offender while also working to reduce negative sentiments and thoughts.

Deepening Phase (1 Week)

In this phase, the objective was to teach respondents how to deal with hurtful emotions in better ways in the future. The final phase, the deepening phase involves individuals finding meaning in their lives and seeking for support to be able to have lasting freedom from any mental torture created by the offense (Lin, Mack, Enright, Krahn & Baskin, 2004). Respondents were taught to deal with the hurt they have experienced and not remain stuck in it. They were made aware that forgiveness would be good for them instead of staying angry.

Post-Intervention

After the intervention, the respondents in the two groups (experimental and control groups) were given the two instruments to complete. Thus, the respondents answered the Level of Anger Scale (LAS) and Beck's Depression Inventory (BDI) after the forgiveness education ended. The actual intervention lasted for six weeks. However, the researcher waited for three weeks after the intervention before giving out the scales for them to respond to. The reason why the researcher waited for three weeks after the intervention was to be sure that forgiveness education has had a far lasting impact.

Overcoming threats to validity

Validity in an experimental design refers to the extent to which the research determines cause-effect relationship, which could be internal or external (Ogah, 2013). Validity in experimental designs could be internal or external. Some threats to both internal and external validity which were addressed include history, maturation, testing, and experimental mortality. These threats were dealt with so that the validity of the results of the study was not affected.

Specifically, history includes some external factors or events that might occur during the course of a study beyond the control of the researcher. Basically, it is normally indicated that the longer a study goes on the higher the likelihood that the effects of history may become a threat to validity. In this study, the period between the pre-test and the post-test was nine weeks. This was made up of six weeks for intervention and post-test done three weeks after the intervention. This was not very long and as such helped reduce the effects of history.

In terms of maturation, these are changes which might occur in the respondents such as respondents getting fatigued, older or wiser than when the study began. These changes in the dependent variable may be due to normal developmental processes and could happen especially when the study period is quite long (Ogah, 2013). Again, by not making the study period span for too long a time maturation was dealt with.

When the same test is conducted two times or there is the likelihood that performance on the second and subsequent tests may be influenced by the taking of the first test. In this sense, the effects of pre-testing could affect the validity of the study. In dealing with this, the time between the two tests was

long enough (eight weeks) while the use of One-Way ANCOVA also helped reduce the effects of the pre-test by considering the pre-test scores as covariates.

Experimental mortality means the loss of subjects, a situation where some of the respondents of the experiment drop out of the study. By making sure the study did not last for too long, none of the respondents dropped out. Also, by providing some form of refreshment for the respondents during the period of the experiment, none of the respondents dropped since they had some incentive for participating.

Ethical Considerations

Respondents were made aware that they had choices in how they dealt with their pain and suffering. The University of Cape Coast's Institutional Review Board granted ethical approval. Informed permission, anonymity, autonomy, and secrecy were also important ethical issues. Before participating in the study, the respondents were educated on the study and their agreement was acquired. To ensure autonomy, the respondents were required to actively choose to participate in the study and were not compelled to reply to the questionnaires in the manner requested by the researcher.

The respondents were also assured of confidentiality and their responses treated with confidentiality and privacy. The identities of the respondents were not made known in the report. This helped ensure that there is respondent anonymity. Finally, there was a counsellor on stand-by from the University of Cape Coast during each of the sessions so that if any of the respondents experienced an emotional breakdown, the counsellor could assist

the respondent. However, there was no issue of emotional breakdown among the respondents during the study.

Data Processing and Analysis

The data gathered were coded and entered in Statistical Package and Service Solution (SPSS) version 212. The specific statistical tools for the data analysis are indicated in this section. The demographic characteristics of the respondents were analysed using frequencies and percentages. Hypothesis 1 was tested using One-Way ANCOVA since there was one independent variable (Groups) comprising two categories (experimental and control group), one dependent variable (Post-test scores for anger) and a covariate (pre-test scores for anger) which was controlled.

Hypothesis 2 was tested using One-Way ANCOVA since there was one independent variable (Groups) comprising two categories (experimental and control group), one dependent variable (Post-test scores for depression) and a covariate (pre-test scores for depression) which was controlled. Hypothesis 3 was tested using One-Way ANCOVA since there was one independent variable (Gender) comprising two categories (male and female), one dependent variable (Post-test scores for anger) and a covariate (pre-test scores for anger) which was controlled.

Hypothesis 4 was tested using One-Way ANCOVA since there was one independent variable (Gender) comprising two categories (male and female), one dependent variable (Post-test scores for depression) and a covariate (pre-test scores for depression) which was controlled. Hypothesis 5 was tested using One-Way ANCOVA since there was one independent variable (Age) comprising three categories, one dependent variable (Post-test

scores for anger) and a covariate (pre-test scores for anger) which was controlled. Hypothesis 6 was tested using One-Way ANCOVA since there was one independent variable (Age) comprising three categories, one dependent variable (Post-test scores for depression) and a covariate (pre-test scores for depression) which was controlled.

Chapter Summary

This chapter dealt with the methodology involved in conducting the study. The quasi-experimental design was adopted for the study. The population of the study was made up of students in two senior high schools in the Yendi Municipality. The schools are Yendi Senior High School and Dagbon State Senior High Technical School. An initial sample size of 345 was used for the study after which a final sample size of 40 students took part in the actual experimental work. Specifically, 20 students each were in the experimental group and the control group. Data were collected using two inventories, namely, the Level of Anger Scale and Beck's Depression Inventory. Data were collected in three phases, the pre-intervention, intervention and post-intervention phases. The data collected were analysed using inferential statistics.

CHAPTER FOUR

RESULTS AND DISCUSSION

Introduction

The purpose of this study was to explore the impact of forgiveness education on anger and depression among students in senior high schools in the Yendi Municipality, Ghana. This chapter presents the results and discussion of the study.

Demographic Characteristics

The demographic characteristics of the respondents are presented in this section. The demographic variables covered gender, age and groups of the respondents. These are presented in Table 2.

Table 2: Demographic Data of Respondents

Item	Frequency (f)	Percentage (%)
Gender		
Male	20	50.0
Female	20	50.0
Age (in years)		
15 and below	6	15.0
16-18	24	60.0
19 and above	10	25.0

Group		
Experimental (Yendi)	20	50.0
Control (Dagbon State)	20	50.0

Source: Field survey

It is shown in Table 2 that the study comprised 50% males and 50% females. Thus, the respondents were made up of 20 males and 20 females. Regarding the age of the respondents, it was shown that 60% of the respondents were within the ages of 16 and 18 years. The remaining respondents were 19 years and above (25%) and 15 years and below (15%). Generally, it is observed that majority of the respondents were aged between 16 and 18 years. This bears resemblance to the ages of the general population of students in senior high schools. Finally, it can be seen that an equal number of respondents (20 each) were in the experimental and control group. An equal number of respondents in each group helped to deal with any biases which could be introduced by differences in the number of respondents.

Testing of Hypotheses

Hypothesis One:

$H_0$1: There will be no statistically significant effect of forgiveness education on anger among senior high school students in the experimental and control groups in the Yendi Municipality, Ghana.

$H_1$1: There will be a statistically significant effect of forgiveness education on anger among senior high school students in the experimental and control groups in the Yendi Municipality, Ghana.

This hypothesis aimed at finding out the effect of forgiveness education on anger among students in senior high schools in the Yendi Municipality, Ghana. Two groups were tested in this study. These were the control group and the experimental group. In testing this hypothesis, one-way ANCOVA (analysis of covariance) was used. This helped to find differences in adjusted means after adjusting for the covariate (pre-test scores) so that it does not affect the results. One-Way ANCOVA is used when there is one independent variable while two-way ANCOVA is used when there are two independent variables. In this study, there was only one independent variable (groups).

Assumptions

The first assumption is that the dependent variable and covariate variable(s) should be measured on a continuous scale. In this study, the dependent variable (post-test scores for anger) and the covariate (pre-test scores for anger) were on a continuous scale.

The second assumption is that there should be one independent variable which should consist of two or more categorical, independent groups. In this study, there were two main independent groups (experimental and control). Also, there should be independence of observations. Thus, there must be different respondents in each group with no respondent being in more than one group. This was also observed in the study.

Normality Testing

The data should be normally distributed. Normality was tested using the Shapiro-Wilk statistic.

Table 3: Tests of Normality

		Shapiro-Wilk		
	Group	Statistic	df	Sig.
Post-test anger	Experimental	.911	20	.165
	Control	.952	20	.397

Source: Field survey

It can be seen in Table 3 that the significant values are all above .05. This implies that normality can be assumed for the data.

Homogeneity of Variances

There should be homogeneity of variances.

Table 4: Levene's Test of Equality of Error Variances

Dependent Variable: Post-test scores for Anger			
F	df1	df2	Sig.
.098	1	38	.756

Source: Field survey

It can be seen in Table 4 that the significant value is greater than of .05. This implies that equality of variances can be assumed.

Linear Relationship

The covariate should be linearly related to the dependent variable at each level of the independent variable.

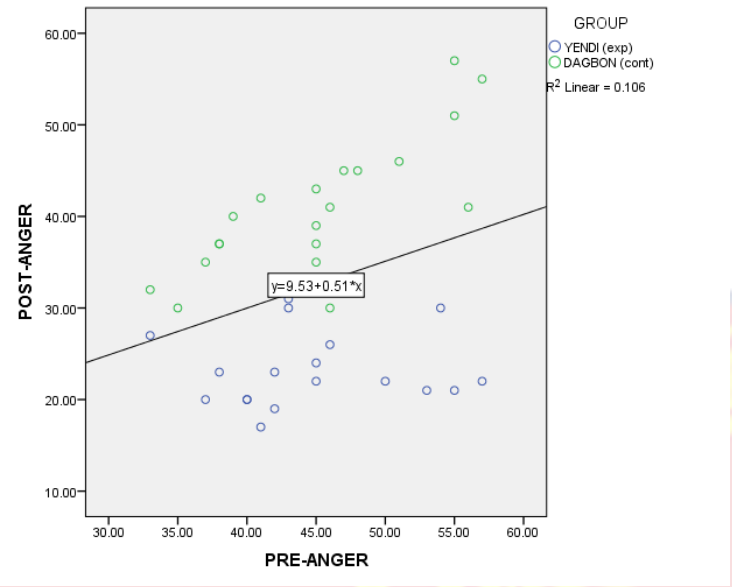

Figure 3: Linear relationship (Anger)

Source: Field survey

From the figure, it can be seen that the covariate (pre-test scores for anger) was linearly related to the dependent variable (post-test scores for anger) at each level of the independent variable. The figure is linear because, the dotted spots revolve around that straight line.

Having confirmed the major assumptions, it was appropriate to use the ANCOVA statistics. After conducting the ANCOVA test, the results are presented in Tables 5 and 6. In Table 5, the results for the test of between-subjects effects are presented whiles the adjusted mean estimates are shown in Table 6.

Table 5: Tests of Between-Subjects Effects

Dependent Variable: Post-test Scores - Anger

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared	Observed Power[b]
Corrected Model	3211.682[a]	2	1605.841	54.596	.000	.747	1.000
Intercept	98.692	1	98.692	3.355	.075	.083	.430
Pre-test	406.057	1	406.057	13.805	.001	.272	.951
GROUP	2755.875	1	2755.875	93.695	.000	.717	1.000

Error	1088.293	37	29.413
Total	46615.000	40	
Corrected Total	4299.975	39	

a. R Squared = .747 (Adjusted R Squared = .733)
b. Computed using alpha = .05

Source: Field survey

Table 5 shows that there was statistically significant effect of forgiveness education on anger among students in senior high schools in the Yendi Municipality, Ghana ($F_{(1, 37)}$ =93.695, p<.05, η^2=1.000). The implication of the results is that the experimental group and the control group differed in their anger scores after the intervention. The adjusted mean scores of the different groups are shown in Table 6.

Table 6: Adjusted Mean Estimates

Dependent Variable: Post-test scores - Anger

			95% Confidence Interval	
Group	Mean	Std. Error	Lower Bound	Upper Bound
Experimental	24.222[a]	1.213	21.765	26.680
Control	40.828[a]	1.213	38.370	43.285

a. Covariates appearing in the model are evaluated at the following values: Pre-test scores - Anger = 44.9500.

Source: Field survey

From Table 6, it can be seen that the respondents in the experimental group had lower adjusted mean scores (24.22) compared to the respondents in the control group (40.83). The scoring guide for the anger scale used in the study was such that higher mean implies high level of anger. On the basis of

this, it can be inferred that the respondents in the experimental group had reduced levels of anger after the intervention (forgiveness education).

Hypothesis Two:

$H_0$2: There will be no statistically significant effect of forgiveness education on depression among senior high school students in the experimental and control groups in the Yendi Municipality, Ghana.

$H_1$2: There will be a statistically significant effect of forgiveness education on depression among senior high school students in the experimental and control groups in the Yendi Municipality, Ghana.

This hypothesis sought to find the effect of forgiveness education on depression among adolescents in senior high schools in the Yendi Municipality, Ghana. Two groups were tested in this study. These were the control group and the experimental group. In testing this hypothesis, one-way ANCOVA (analysis of covariance) was used because there was only one independent variable (groups). Thus, after adjusting for the covariate (pre-test scores), the differences in the adjusted mean scores can be seen. The assumptions for using ANCOVA were first tested.

Assumptions

The assumption that the dependent variable and covariate variable(s) should be measured on a continuous scale was met in testing this hypothesis. This is because the dependent variable (post-test scores for depression) and the covariate (pre-test scores for depression) were on a continuous scale.

The assumption that the independent variable should consist of two or more categorical, independent groups was also met. In this study, there were two main independent groups (experimental and control). Further, the

assumption that there should be independent observation was met. Also, there were different respondents in each group with no respondent being in more than one group.

Normality Testing

The data should be normally distributed. This was tested using the Shapiro-Wilk statistic.

Table 7: Tests of Normality

		Shapiro-Wilk		
	Group	Statistic	Df	Sig.
Post-test depression	Experimental	.919	20	.194
	Control	.962	20	.592

Source: Field survey

It can be seen in Table 7 that the significant values for both the experimental and control groups are above .05. This implies that normality of the data can be assumed.

Homogeneity of Variances

There should be homogeneity of variances. The Levene's Test of Equality of Error Variances was used in testing this assumption.

Table 8: Levene's Test of Equality of Error Variances

Dependent Variable: Post-test scores - Depression			
F	df1	df2	Sig.
7.376	1	38	.110

Source: Field survey

It can be seen in Table 8 that the significant value is greater than of .05. This implies that equality of variances can be assumed.

Linear Relationship

It is expected that the covariate should be linearly related to the dependent variable at each level of the independent variable.

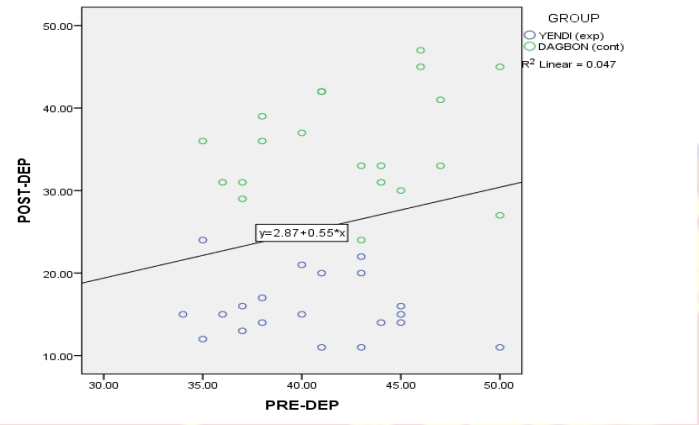

Figure 4: Linear relationship (Depression)

Source: Field survey

From the figure 2, it can be seen that the relationship between the covariate and the dependent variable is linear. The figure is linear because, the dotted spots revolve around that straight line.

The results of the ANCOVA test are shown in Tables 9 and 10.

Table 9: Tests of Between-Subjects Effects

Dependent Variable: Post-Test Scores Depression

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared	Observed Power[b]
Corrected Model	3924.073[a]	2	1962.037	67.952	.000	.786	1.000
Intercept	221.720	1	221.720	7.679	.009	.172	.770
Pre-test	3.673	1	3.673	.127	.723	.003	.064
GROUP	3688.148	1	3688.148	127.734	.000	.775	1.000
Error	1068.327	37	28.874				
Total	31412.000	40					
Corrected Total	4992.400	39					

a. R Squared = .786 (Adjusted R Squared = .774)
b. Computed using alpha = .05

Source: Field survey

Table 9 shows that there was statistically significant effect of forgiveness education on depression among students in senior high schools in the Yendi Municipality, Ghana ($F_{(1, 37)}$ =127.734, p<.05, η^2=1.000). The results mean that the experimental group and the control group differed in their depression scores after the intervention.

The adjusted mean scores of the different groups are shown in Table 10.

Table 10: Adjusted Mean Estimates

Dependent Variable: Post-test scores – Depression				
			95% Confidence Interval	
Group	Mean	Std. Error	Lower Bound	Upper Bound
Experimental	15.867[a]	1.216	13.403	18.331
Control	35.533[a]	1.216	33.069	37.997

a. Covariates appearing in the model are evaluated at the following values: Pre-test scores – Depression = 41.4500.

Source: Field survey

From Table 10, it can be seen that respondents in the experimental group had lower adjusted mean scores (15.87) than respondents in the control group (35.53). The nature of the depression scale shows that higher mean implied higher levels of depression. Therefore, the results connote that the respondents who received the forgiveness education intervention experienced reduced levels of depression compared to the respondents in the control group.

Hypothesis Three:

$H_0$3: There is no statistically significant difference in the effect of forgiveness education on anger in the experimental group with regard to gender.

$H_1$3: There is a statistically significant difference in the effect of forgiveness education on anger in the experimental group with regard to gender.

This hypothesis aimed at finding out the difference in effects of forgiveness education on anger in the experimental group with regard to gender. The post-test anger scores were compared for male and female respondents while adjusting for the effects of the pre-test scores using one-way ANCOVA (analysis of covariance) because there was only one independent variable (gender). The One-Way ANCOVA test was carried out with gender as the independent variable while adjusting for the effect of the pre-test (covariate). The results are shown in Tables 11 and 12.

Table 11: Tests of Between-Subjects Effects

Dependent Variable: Post-test scores – Anger

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared	Observed Power[b]
Corrected Model	16.553[a]	2	8.276	.338	.718	.038	.095
Intercept	152.648	1	152.648	6.238	.023	.268	.654
Pre-Test	5.302	1	5.302	.217	.648	.013	.072
Gender	13.345	1	13.345	.545	.470	.031	.107
Error	415.998	17	24.470				
Total	12097.000	20					
Corrected Total	432.550	19					

a. R Squared = .038 (Adjusted R Squared = -.075)

b. Computed using alpha = .05

Source: Field survey

It is shown in Table 11 that there was no statistically significant effect of forgiveness education on anger in the experimental group in relation to gender ($F_{(1, 17)} = .545$, $p>.05$, $\eta^2 = .107$). This means that male and female respondents in the experimental group did not respond significantly different to the intervention.

The adjusted mean scores of the male and female respondents are shown in Table 12.

Table 12: Adjusted Mean Estimates

Dependent Variable: Post-test scores – Anger

			95% Confidence Interval	
Gender	Mean	Std. Error	Lower Bound	Upper Bound
Male	23.324[a]	1.573	20.006	26.643
Female	24.976[a]	1.573	21.657	28.294

a. Covariates appearing in the model are evaluated at the following values: Pre-test scores – Anger = 44.9500.

Source: Field survey

From the results in Table 12, it can be seen that male respondents in the experimental group had lower adjusted mean scores (23.32) compared to female respondents (24.98). In essence, male respondents had reduced levels of anger after the intervention. However, the mean differences were not statistically significant as already indicated in Table 11.

Hypothesis Four:

$H_0$4: There is no statistically significant difference in the effect of forgiveness education on depression in the experimental group with regard to gender.

$H_1$4: There is a statistically significant difference in the effect of forgiveness education on depression in the experimental group with regard to gender.

This hypothesis aimed at finding out the difference in effects of forgiveness education on depression in the experimental group with regard to gender. The ANCOVA test was carried out with gender as the only independent variable while adjusting for the effect of the pre-test (covariate). The results are shown in Tables 13 and 14.

Table 13: Tests of Between-Subjects Effects

Dependent Variable: Post-test scores - Depression

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared	Observed Power[b]
Corrected Model	34.861[a]	2	17.430	1.243	.313	.128	.234
Intercept	108.735	1	108.735	7.756	.013	.313	.747
Pre-test	10.661	1	10.661	.760	.395	.043	.131
Gender	25.718	1	25.718	1.834	.193	.097	.248
Error	238.339	17	14.020				

Total	5266.000	20
Corrected Total	273.200	19

a. R Squared = .048 (Adjusted R Squared = -.004)

b. Computed using alpha = .05

Source: Field survey

It is shown in Table 13 that there was no statistically significant effect of forgiveness education on depression in the experimental group in relation to gender ($F_{(1, 17)}$ =1.834, p>.05, η^2 = .248). This means that male and female respondents in the experimental group did not respond significantly different to forgiveness education.

The adjusted mean scores of the male and female respondents are shown in Table 14.

Table 14: Adjusted Mean Scores

Dependent Variable: Post-test scores – Depression

			95% Confidence Interval	
Gender	Mean	Std. Error	Lower Bound	Upper Bound
Male	16.665[a]	1.185	12.165	17.164
Female	16.935[a]	1.185	14.436	19.435

a. Covariates appearing in the model are evaluated at the following values: Pre-test scores – Depression = 41.4500.

Source: Field survey

Table 14 shows that the male respondents in the experimental group had lower adjusted mean scores (16.66) compared to female respondents

(16.94). This shows that male respondents had reduced levels of depression

Dependent Variable: Post-test scores - Anger

after the intervention. However, the mean differences were not statistically significant as already indicated in Table 13.

Hypothesis Five:

$H_0$5: There is no statistically significant difference in the effect of forgiveness education on anger in the experimental group with regard to age.

$H_1$5: There is a statistically significant difference in the effect of forgiveness education on anger in the experimental group with regard to age.

This hypothesis aimed at finding out the difference in effects of forgiveness education on anger in the experimental group with regard to age. The post-test scores of anger were compared in terms of the age using one-way ANCOVA (analysis of covariance) since there was only one independent variable (age). The results are shown in Tables 15 and 16.

Table 15: Tests of Between-Subjects Effects

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared	Observed Power[b]
Corrected Model	105.635[a]	3	35.212	1.723	.202	.244	.365
Intercept	70.200	1	70.200	3.436	.082	.177	.414
Pre-test	18.418	1	18.418	.901	.357	.053	.145
Age	102.428	2	51.214	2.507	.113	.239	.429
Error	326.915	16	20.432				
Total	12097.000	20					
Corrected Total	432.550	19					

a. R Squared = .120 (Adjusted R Squared = .047)
b. Computed using alpha = .05

Source: Field survey

From Table 15, it can be seen that there was no statistically significant effect of forgiveness education on anger in the experimental group with regard to age ($F_{(1, 16)}$ =2.507, p>.05, η^2 =.429). This shows that respondents in the experimental group did not respond significantly different to forgiveness education with regard to age.

The adjusted mean scores of the different age groups are shown in Table 16.

Table 16: Adjusted Mean Estimates

Dependent Variable: Post-test scores – Anger

Age	Mean	Std. Error	95% Confidence Interval Lower Bound	95% Confidence Interval Upper Bound
15 and Below	22.553[a]	1.860	18.610	26.496
16-18	26.151[a]	1.372	23.242	29.059
19 and Above	20.009[a]	2.811	14.050	25.967

a. Covariates appearing in the model are evaluated at the following values: Pre-test scores – Anger = 44.9500.

Source: Field survey

Table 16 shows that the respondents aged 19 years and above had lower adjusted mean scores (20.01) compared to the other age groups. The age group with the highest adjusted mean score was the respondents between 16 and 18 years (26.15). This indicates that referring from the nature of the anger

scale, high mean score reflects high level of anger and vice versa. The mean differences were, however, not significant as indicated in the ANCOVA test in Table 15.

Hypothesis Six:

$H_0$6: There is no statistically significant difference in the effect of forgiveness education on depression in the experimental group with regard to age.

$H_1$6: There is a statistically significant difference in the effect of forgiveness education on depression in the experimental group with regard to age.

This hypothesis aimed at finding out the difference in effects of forgiveness education on depression in the experimental group with regard to age. The post-test scores of depression were compared in terms of the age. One-way ANCOVA was used because there was only one independent variable (age). The results are shown in Tables 17 and 18.

Table 17: Tests of Between-Subjects Effects

Dependent Variable: Post-test scores – Depression

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared	Observed Power[b]
Corrected Model	35.798[a]	3	11.933	.804	.510	.131	.185
Intercept	83.667	1	83.667	5.639	.030	.261	.607
Pre-test	5.932	1	5.932	.400	.536	.024	.091
Age	26.655	2	13.328	.898	.427	.101	.178
Error	237.402	16	14.838				
Total	5266.000	20					
Corrected Total	273.200	19					

a. R Squared = .116 (Adjusted R Squared = .042)
b. Computed using alpha = .05

Source: Field survey

Table 17 shows that there was no statistically significant effect of forgiveness education on depression in the experimental group with regard to age ($F_{(1,\ 16)}$ =.898, p>.05, η^2 =.178). This shows that respondents in the experimental group did not respond significantly different to forgiveness education with regard to their age.

The adjusted mean estimates of the various age groups are shown in Table 18.

Table 18: Adjusted Mean Estimates

Dependent Variable: Post-test scores – Depression				
			95% Confidence Interval	
Age	Mean	Std. Error	Lower Bound	Upper Bound
15 and below	17.551[a]	1.583	14.195	20.907
16-18	14.943[a]	1.165	12.474	17.413
19 and above	15.440[a]	2.330	10.500	20.380

a. Covariates appearing in the model are evaluated at the following values: Pre-test scores – Depression = 41.4500.

Source: Field survey

Table 18 shows that the respondents aged 16 to 18 years had lower adjusted mean scores (14.94) compared to the other age groups. The age group with the highest adjusted mean score was the respondents aged 15 years and below (17.55). When adjusted mean scores for depression are high, the indication is that depression levels are high and when the adjusted mean scores are low, the indication is that depression levels are low. On this basis, the respondents in the 15 years and below age group had high depression than those in the 16 to 18 years group. The mean differences, were, however, not statistically significant as already shown in Table 17.

Discussion

Effects of Forgiveness Education on Anger

The study showed that there was a statistically significant effect of forgiveness education on anger among students in senior high schools in the Yendi Municipality, Ghana. The implication of the results is that the experimental group and the control group had different anger scores after the intervention. Specifically, the respondents in the experimental group had lower adjusted mean scores compared to the respondents in the control group. This indicated that the respondents in the experimental had reduced levels of anger after the intervention (forgiveness education). It was, therefore, clear that forgiveness education significantly affected levels of anger among the students.

When people are taught to forgive those who hurt them, they develop the ability to forgive. When they are able to forgive, their level of anger reduces. This was confirmed in the current study. The current study's findings corroborate those of Rahman, Iftikhar, Kim, and Enright (2018), who investigated the effectiveness of forgiveness therapy with abused early teenage girls in Pakistan. For four months, the experimental group got forgiveness therapy twice a week, while the control group received treatment as normal. At the 1-year follow-up, the experimental group had statistically greater levels of forgiveness and hope and a considerably lower level of anger when compared to the control group. As a result, Rahman et al. verified that forgiveness treatment can help teenagers lessen their anger.

In a similar vein, the finding of the current study confirms the finding of Gambaro (2002) who conducted an experimental study with middle school

children to determine whether forgiveness would decrease anger in early adolescents. The respondents in the experimental group were given the opportunity to work through their anger using Enright and his colleagues' model of forgiveness therapy while the respondents in the control group did not receive such treatment. The study of Gambaro revealed that the respondents in the experimental group had a significant reduction in Trait Anger. Gambaro, therefore, concluded that participating in forgiveness therapy was related to decreased trait anger.

In addition, there have been several studies which have all shown that forgiveness can reduce anger. Berry, Worthington, O'Conner, Parrott, and Wade (2005) revealed that trait forgiveness was negatively associated to trait anger in a correlational research of 179 undergraduate students from a mid-Atlantic state university. The implication is that as forgiveness increased, so did anger. Gisi and D'Amato (2000) identified a significant but small negative relationship between anger and forgiveness in a study of persons with traumatic brain injuries. Although there was a weak relationship between the two variables, as anger increased, forgiveness decreased.

Furthermore, Seybold, Hill, Neumann, and Chi (2001) discovered a connection between anger and forgiveness in 68 community adults, which was associated with a range of immunological, psychophysiological, and other physiological variables. Higher degrees of forgiveness were substantially associated with lower levels of anger. This indicates that when forgiveness increased, so did anger levels. Rohde-Brown and Rudestam (2011) investigated the function of forgiveness in divorce adjustment and discovered strong associations between being furious and holding a lack of forgiveness

towards the ex-spouse. Respondents with high levels of state anger had low levels of present express forgiveness and forgiving attitude toward their ex-spouse.

Anderson (2006) studied the link between teenage resilience, forgiveness, and rage expression. The Adolescent Resiliency Attitudes Scale (ARAS), the Adolescent Version of the Enright Forgiveness Inventory (EFI), and the Adolescent Anger Rating Scale (AARS) were used to collect data from a convenience sample of 70 students from three Maine public high schools (AARS). These surveys' scales and subscales were subjected to correlational analysis. Several teenage resiliencies and forms of forgiveness, as well as some adolescent resiliencies and styles of rage expression, were found to have significant connections.

Both experimental and survey studies have shown that forgiveness is a major means of reducing anger. In this regard, forgiveness education can be deemed to be a major counselling tool that can be utilised to assist students who have anger issues. This is because the effects of forgiveness education in reducing anger have been proven. In most cases, after forgiving an offender, the emotions of anger would no longer exist. On this basis, by focusing on the emotions of anger and dealing with it, anger levels would reduce.

Effect of Forgiveness Education on Depression

The study found that forgiveness education has a statistically significant influence on depression among students in senior high schools in the Yendi Municipality, Ghana. The findings indicate that the respondents in the experimental group had a lower adjusted mean score than those in the control group. This means that the respondents who received the forgiveness

education intervention experienced reduced levels of depression compared to the respondents that did not receive forgiveness education.

When individuals are depressed, there is usually a cause or a preceding factor. By providing forgiveness education, individuals get the needed skills to forgive either the person who caused the depression or in some cases helps the individual to forgive himself. This can then help reduce the depressive feelings.

The connection between forgiveness education and depression has been established throughout the literature. Barcaccia et al. (2019) investigated the link between forgivingness (dispositional forgiveness), anger, and depression in one research. According to the findings, forgivingness was negatively associated to depression, implying that more forgiving teenagers had lower sadness since they reported a reduced overall inclination to experience angry. According to the findings, forgiveness is a key protective factor against depression in teenagers, assisting them in efficiently controlling and managing anger, therefore promoting emotional wellness. In essence, concentrating on forgiveness in therapy might reduce teenage sadness and enhance overall well-being.

In a similar vein, the present study's findings are consistent with those of Freedman (2018), who performed an educational intervention with 10 at-risk teenagers attending an alternative school in a Midwestern city with forgiveness as the objective. After the instruction, the experimental group received more forgiveness and optimism than the control group and dropped considerably more than the control group in anxiety and despair. Following the instruction, verbal responses from the experimental respondents

demonstrated the good influence forgiveness had on the pupils. The study of Freedman thus supported the view that forgiveness education can significantly reduce depression among students.

Furthermore, Amiri, Moslemifar, Showani, and Panahi (2020) studied the efficacy of forgiveness therapy in the treatment of sadness, anxiety, and rage symptoms in female students suffering from love trauma syndrome. A single case quasi-experimental design with a multiple baseline was employed. The results indicated a significant decrease in symptoms of depression, anxiety and anger in the respondents. The findings of Amiri et al. thus showed that forgiveness therapy can be an effective intervention for the individuals who are struggling with negative outcomes like depression. This was also supported in the current study.

From all these studies, it is evident that forgiveness education can help students to overcome their experience of depression. When Barcaccia et al. (2018) investigated the functions of forgiveness and friendship in the psychological adjustment of victimized teenagers in central and southern Italy, they verified this. They discovered that teenagers with lower forgiveness scores were more likely to be sad and angry. Adolescents who improved their forgiving skills were less likely to be depressed and angry.

In relation to all the previous studies mentioned along with the current study, it can be seen clearly that forgiveness education can help bring about reduced levels of depression. When people forgive, their levels of unhappiness are likely to reduce because their hurt feelings reduce. Forgiveness education focuses on the emotions of individuals and this focus helps in dealing with hurts. This is why essentially most of the literature confirm that depression

reduces after exposure to forgiveness education or therapy. This is a good indication for counsellors seeking to assist clients overcome depression.

Gender Difference in Anger after Forgiveness Education

In order to assess the gender differences in anger following forgiveness education, the post-test anger scores of male and female experimental group respondents were compared while controlling for the effects of the pre-test scores. From the results, males had reduced anger compared to females but this difference was not statistically significant. The import of the result is that males and females are likely to benefit from forgiveness education in the same manner.

However, it is also possible that anger in males can be down when compared to females. This is because when males forgive, it is very likely that they have really forgiven and not keeping the hurt again. For females, there is a possibility that they may still keep some hurts even after forgiving. A lot more research may be needed to be able to substantiate this argument.

The current study's findings corroborate the findings of Anderson (2006), who studied the link between resilience, forgiveness, and anger expression in teenagers and discovered that gender had no statistically significant influence on anger treatment. Similarly, Boman (2003) investigated gender differences in the emotional, behavioural, and cognitive components of rage in 102 first-year high school students. Boman discovered that the sensation of rage following treatment does not differ substantially across males and females. As a result, Bowman discovered no statistically significant gender differences in rage experience. This is similar to the current study.

Furthermore, DiGiuseppe and Tafrate (2003) explored 18 anger subscales in their attempt to build a new anger disorder scale, surveying 1,300 adults ranging in age from 18 to 90. They discovered, among other things, that differences in overall anger scores between men and women were not statistically significant. Specifically, women were found to be angry longer even after receiving treatment. These were confirmed in the current study.

Gender Difference in Depression after Forgiveness Education

To examine the gender differences in anger following forgiveness education, the post-test depression ratings of male and female experimental group respondents were compared while controlling for the effects of the pre-test scores. From the results, depression in males reduced compared to females but the difference was not statistically significant.

In discussing with previous studies, it can be said that the present study's findings are consistent with those of other researchers. Birditt and Fingerman (2003), for example, investigated gender variations in depression experience. In general, women evaluated their depression as more acute than men and experienced distress for a longer period of time than males. This is even after receiving the same treatment for depression. Statistically, however, the difference was not significant. This was the same finding in the current study. In the study of Birditt and Fingerman, the depression scores were self-evaluated but in the current study, the depression levels of the respondents were assessed by the researcher.

Similarly, Sloan and Sandt (2006) revealed that even though women are likely to experience more depression after receiving treatment, the gender difference was not statistically significant. This was like what was found in the

current study. It is possible that the difference in the levels of depression of males and females may not be statistically significant even though there may be some differences. Further, in using several forms of treatment to deal with depression, it has been found that men and women respond comparably similar to the treatment (Sloan & Kornstein, 2003).

All the findings of the previous studies used in this work suggest that even though women may still have a lingering of depressive emotions after treatment, the difference between the women and the men may not be statistically significant. A key point to note is that for females, when they forgive their offenders for hurting them, they are likely to still keep some hurt while males are likely to completely let go off every hurt.

Age Difference in Anger after Forgiveness Education

The post-test anger scores in the experimental group were examined across different age groups, and it was discovered that there was no statistically significant effect of forgiveness education on anger in the experimental group with regard to age. From the results, it is clear that regardless of the ages of individuals, their levels of anger are statistically likely to be similar after receiving forgiveness education.

In relation to previous studies, there is some support in the literature. However, there are not a lot of studies which have the same focus like the current study had. The few studies which were identified by the researcher were mostly in agreement with the current study. For instance, the finding supports the finding of Anderson (2006) that age had no statistically significant effect on anger expression after providing a form of treatment for the individuals involved. Anderson confirmed that individuals of different

ages are likely to have similar levels of anger after receiving same treatment. This means age is not a significant variable. This was the same thing reported in the current study.

Muskin (2019) also revealed that in terms of anger caused by depression and frustration, younger and older individuals do not vary in terms of the level of anger after being provided with treatment. Muskin's study compared younger and older people while the current study compared students who were all young but different ages. However, the findings of both studies showed similar results that age did not matter significantly in terms of levels of anger after being treated.

There is a limited number of studies which have explored the age difference in the levels of anger of individuals after receiving forgiveness education or any time of treatment. However, the few which the researcher identified have been supported by the findings of the current study.

Age Difference in Depression after Forgiveness Education

In terms of age, the study found that forgiveness education had no statistically significant influence on depression in the experimental group. This shows that respondents in the experimental group did not respond significantly different to the forgiveness education with regard to their age. Respondents aged 16 to 18 had lower adjusted mean scores than the other age groups, but the differences were not statistically significant. The implication is that the respondents had similar levels of motivation for the forgiveness education with regard to age.

In discussing the results obtained, the researcher observed that the existing literature which were accessible reported findings similar to the

current study. For instance, the finding of the current study supports the finding of Taysi and Orcan (2017) which found no correlation between self-reported forgiveness and age when related to anger and depression. This means that people of different ages respond in similar ways when they receive forgiveness education for depression. In essence, the finding of the current study was not in isolation.

Similarly, Birditt and Fingerman (2003) examined age differences in depression and revealed that there were no variations in the experience of depression among different age groups after receiving treatment for depression. Throughout the literature the age difference in depression after forgiveness education has received only little attention. This is because the researcher did not find a lot of research studies exploring this subject.

Chapter Summary

This chapter dealt with the results and discussion of the findings. Six hypotheses were tested in the study. Overall, it was found that forgiveness education reduced anger and depression among the respondents at post. However, there were no statistically significant differences across the demographic variables when the respondents were compared after the intervention. The implication is that forgiveness education can be carried out without considering the demographic variables of clients.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Introduction

This chapter presents the summary, conclusions and recommendations of the study. Implications for counselling and suggestions for further research are also given in this chapter.

Summary of Study

The purpose of this study was to explore the impact of forgiveness education on anger and depression among students in senior high schools in the Yendi Municipality, Ghana. The study sought to test six hypotheses. Specifically, the objectives of the study were to:

1. Determine the effect of forgiveness education on anger among students in senior high schools in Yendi Municipality, Ghana,
2. Determine the effect of forgiveness education on depression among students in senior high schools in Yendi Municipality, Ghana, and
3. Explore the effect of forgiveness education on anger and depression among students in senior high schools in Yendi Municipality, Ghana on the basis of demographic variables, namely, gender and age

The literature review of the study focused on the theoretical framework, conceptual framework, conceptual review and empirical review. The theory reviewed was the cognitive behavioural therapy. Concepts relating

to anger, depression and forgiveness were reviewed. Previous empirical studies relating to the study were also reviewed. Overall, it was realised that even though there have been several studies in relation to forgiveness education and its effect on anger and depression internationally, the same cannot be said of Ghana.

The quasi-experimental design was adopted for the study. The population of the study was made up of students in two senior high schools in the Yendi Municipality. The schools are Yendi Senior High School and Dagbon State Senior High Technical School. A total of 40 students were involved in the actual experimental study. This comprised 20 students each in the experimental group and the control group. Data were collected using a questionnaire made up of the Level of Anger Scale and Beck's Depression Inventory. The data collected were analysed using One-Way Analysis of Covariance.

Major Findings

The study found that forgiveness education had a statistically significant effect on anger among students in senior high schools in the Yendi Municipality, Ghana. As a result, the experimental and control groups' rage levels differed following the intervention. Those in the experimental group, in particular, had lower adjusted mean scores than respondents in the control group. This showed that the experimental respondents' levels of rage had decreased following the intervention (forgiveness education). As a result, it was evident that forgiveness instruction had a substantial impact on pupils' levels of anger.

The study found that forgiveness education has a statistically significant influence on depression among students in senior high schools in the Yendi Municipality, Ghana. The findings indicate that the experimental and control groups had different depression scores following the intervention. Respondents in the experimental group had a lower adjusted mean score than those in the control group. The depression scale scoring reveals that higher means suggested higher levels of depression. As a consequence of the findings, it was evident that individuals who got the forgiveness education intervention had lower levels of depression than those who did not get forgiveness education.

Furthermore, the study discovered that forgiveness instruction had no statistically significant influence on anger in the experimental group in regard to gender. This implies that male and female experimental group respondents did not respond substantially differently to the therapy, despite the fact that male experimental group individuals had lower adjusted mean scores than female respondents.

There was no statistically significant effect of forgiveness education on depression in the experimental group according to gender. This implies that the experimental group's male and female respondents did not respond substantially differently to the forgiveness instruction. Male experimental group respondents had somewhat lower adjusted mean scores than female respondents. However, the mean differences were not statistically significant.

In terms of age, there was no statistically significant effect of forgiveness instruction on anger in the experimental group. This shows that respondents in the experimental group did not respond significantly different

to the treatment with regard to their age. Even though the respondents aged 19 years and above had lower adjusted mean scores compared to the other age groups, the mean differences were, however, not significant.

Finally, the study found that forgiveness education had no statistically significant influence on depression in the experimental group regardless of age. This shows that respondents in the experimental group did not respond significantly different with regard to age. The respondents aged 16 to 18 years had lower adjusted mean scores compared to the other age groups but the mean differences were not statistically significant.

Conclusions

The conclusions of the study are based on the findings and they are as follows:

In the first place, forgiveness education is a very effective intervention for reducing anger and depression among students. Thus, the Enright Process Model of Forgiveness effectively equips students to forgive their offenders and, thus, reduce their levels of anger and depression. This was clearly what was found in the current study. Anger and depression levels reduce because the hurt emotions are dealt with through forgiveness education.

Also, it is concluded that when males and females are given forgiveness education, their levels of anger and depression would be similar at the end. This means that being male or female would not influence levels of anger and depression of students who have received forgiveness education.

Moreover, it is concluded that students of different ages are affected by forgiveness education at the same level in terms of their anger and depression. Thus, all students in spite of their ages, had reduced anger and depression

levels after forgiveness education. Generally, it can be realized that demographic variables are not a barrier to forgiveness education.

Recommendations

The following recommendations are made with reference to the findings and conclusions of the study:

1. Students with anger or depression issues should be referred by school authorities to the school counsellor for assessment to clearly establish the relationship between the two so that appropriate measures can be taken to deal with the anger and depression.
2. School authorities should collaborate with school counsellors to arrange forgiveness education treatment sessions for students identified to have anger issues to help reduce their levels of anger.
3. School authorities should collaborate with school counsellors to arrange forgiveness education treatment sessions for students who have issues with depression so that they can be assisted for their levels of depression to reduce.
4. In providing psychological assistance to students with anger and depression, school counsellors should not regard demographic variables as barriers to counselling, since there were no statistically significant gender and age differences at post-test.

Implications for Counselling

The following are implications for counselling based on the findings of the study:

1. School counsellors should improve on their expertise in the usage of the Enright Process Model as a means of forgiveness education

treatment. This can help them to effectively assist students with anger and depression issues.

2. School counsellors should make forgiveness education a key part of their treatment plan for students with anger and depression issues.
3. Forgiveness education should be made a part of the training process for counsellors across the country particularly in the University of Cape Coast and the University of Education, Winneba who are responsible for training counselling in Ghana. In an era where there are several explosive acts of students borne out of anger and depression, training in forgiveness education can be very helpful.

Suggestions for Further Research

The following suggestions are made for further research:

1. Future researchers can investigate into the major factors which cause anger and depression among students in senior high schools. By identifying the main factors leading to anger and depression, appropriate steps can be taken to curb the incidence of anger and depression.
2. Future researchers can apply the forgiveness education methods in treating anger and depression issues in other schools and regions in Ghana to see the applicability and the extent to which the current study can be replicated.

REFERENCES

Abraham, N., & Jewkes, R. (2005). Effects of South African men having witnessed abuse of their mothers during childhood on their levels of violence in adulthood. *American Journal of Public Health, 95,* 11– 16.

Adler, D., McLaughlin, T., Rogers, W., Chang, H., Lapitsky, L., & Lerner, D. (2006). Job performance deficits due to depression. *American Journal of Psychiatry*, *163*(9), 1569–1576.

Akhtar, S., & Barlow, J. (2018). *Forgiveness therapy for the promotion of mental well-being: A systematic review and meta-analysis*. https://journals.sagepub.com/doi/full/10.1177/1524838016637079

Akinade, E. A., & Owolabi, T. (2009). *Research methods: A pragmatic approach for social sciences, behavioural sciences and education*. Connel Publications.

Albright, S., Winston, W., & Zappe, C. (2010). *Data analysis and decision making* (4th ed.). Cengage Learning.

American Psychological Association. (n.d.). *Pretest–posttest design*. https://dictionary.apa.org/pretest-posttest-design

Amiri, F., Moslemifar, M., Showani, E., & Panahi, A. (2020). Effectiveness of forgiveness therapy in treatment of symptoms of depression, anxiety, and anger among female students with love Trauma Syndrome. *Journal of Advanced Pharmacy Education and Research, 10*(S1), 98-105.

Anderson, M. A. (2006). *The relationship among resilience, forgiveness, and anger expression in adolescents*. [Unpublished doctoral thesis, The University of Maine].

Assefa, H. (2000). Coexistence and reconciliation in the Northern Region of Ghana. In M. Abu-Nimer (Ed.), *Reconciliation, justice and coexistence: Theory and practice* (pp. 165-186). Lexington Books.

Awabil, G. (2013). *Effects of study and self-reward skills counselling on study behaviour of students in Ghanaian public universities*. [Unpublished doctoral dissertation, Ahmadu Bello University, Zaria, Nigeria].

Bailen, N., Haijing, W., & Thompson, R. (2019). Meta-emotions in daily life: associations with emotional awareness and depression. *Emotion, 19*(5), 776-787.

Ballard, M. S. (2017). *Integrating forgiveness therapy and the treatment of anger: A randomized controlled trial*. [Unpublished doctoral dissertation, University of Denver].

Balsamo, M. (2010). Anger and depression: Evidence of a possible mediating role for rumination. *Psychol. Rep., 106*, 3–12.

Barber, L., Maltby, J., & Macaskill, A. (2005). Angry memories and thoughts of revenge: The relationship between forgiveness and anger rumination. *Personality and Individual Differences, 39*(2), 253–262.

Barcaccia, B., Pallini, S., Baiocco, R., Salvati, M., Saliani, A. M., & Schneider, B. (2018). Forgiveness and friendship protect adolescent victims of bullying from emotional maladjustment. *Psicothema, 30*, 427–433.

Barcaccia, B., Pallini, S., Pozza, A., Milioni, M., Baiocco, R., Mancini, F., & Vecchio, G. M. (2019). Forgiving adolescents: Far from depression, close to well-being. *Front Psychology, 10*, 1725-1731.

Barimah, S. J. (2019). *Effects of Enright Process Model on forgiveness and anger among students of college of education in the Eastern Region, Ghana*. [Unpublished master's degree, University of Cape Coast].

Baskin, T. W., & Enright, R. D. (2004). Intervention Studies on Forgiveness: A Meta-Analysis. *Journal of Counselling & Development, 82*(1), 79–90.

Beck, A. T., Steer, R. A., & Garbin, M. G. (1988). Psychometric properties of the Beck Depression Inventory: Twenty-five years of evaluation. *Clinical Psychology Review, 8*(1), 77-100.

Berman, A. L. (2009). Depression and suicide. In I. H. Gotlib & C. L. Hammen (Eds.), *Handbook of depression* (pp. 510–530). The Guilford Press.

Berry, J. W., Worthington, E. L. Jr., O'Connor, L. E., Parrott, III L., & Wade, N. G. (2005). Forgivingness, vengeful rumination, and affective traits. *Journal of Personality, 73*, 183–226.

Besharat M. A. (2008). *Development and validation of Tehran Multidimensional Anger Inventory*. [Unpublished document, University of Tehran].

Besharat, M. A., & Pourbohlool, S. (2012). Mediation effect of anger rumination on the relationship between dimensions of anger and anger control with mental health. *International Journal of Psychological Research, 5*(2), 11-16.

Birditt, K. S., & Fingerman, K. L. (2003). Age and gender differences in adults' descriptions of emotional reactions to interpersonal problems. *The Journals of Gerontology: Series B, 58*(4), 237–245.

Bolger, K. E., Patterson, C. J., Thompson, W. W., & Kupersmidt, J. B. (1995). Psychosocial adjustment among children experiencing persistent and intermittent family economic hardship. *Child Development, 66*(4), 1107–1129.

Boman, P. (2003). Gender differences in school anger. *International Education Journal, 4*(2), 71-77.

Breen, W. E., Kashdan, T. B., Lenser, M. L., & Fincham, F. D. (2010). Gratitude and forgiveness: Convergence and divergence on self-report and informant ratings. *Personality and Individual Differences, 49*(8), 932–937.

Buckner, J. C., Beardslee, W. R., & Bassuk, E. L. (2004). Exposure to violence and low-income children's mental health: Direct, moderated, and mediated relations. *American Journal of Orthopsychiatry, 74*(4), 413–423.

Burnette, J. L., Davis, D. E., Green, J. D., Worthington, E. L., & Bradfield, E. (2009). Insecure attachment and depressive symptoms: the mediating

role of rumination, empathy, and forgiveness. *Pers. Individ. Dif.*, *46*, 276–280.

Cassiello-Robbins, C., & Barlow, D. (2016). Anger: The unrecognized emotion in emotional disorders. *Clinical Psychology: Science and Practice*, *23*(1), 66-85.

Chan, M. E., & Arvey, R. (2011). The role of forgivingness and anger in unfair events. *Personality and Individual Differences, 50*, 700–705.

Cherry, K. (2020). *What is cognitive behavioural therapy*? https://www.verywellmind.com/what-is-cognitive-behaviour-therapy-2795747

Chida, Y., & Steptoe, A. (2009). The association of anger and hostility with future coronary heart disease: A meta-analytic review of prospective evidence. *Journal of the American College of Cardiology*, *53*, 936–946.

Chung, M.-S. (2016). Relation between lack of forgiveness and depression: The Moderating effect of self-compassion. *Psychological Reports, 119*(3), 573–585.

Connelly, L. M. (2008). Pilot studies. *Medsurg Nursing, 17*(6), 411-412.

Day, A., Gerace, A., Wilson, C., & Howells, K. (2008). Promoting forgiveness in violent offenders: A more positive approach to offender rehabilitation? *Aggression and Violent Behaviour*, *13*(3), 195-200.

Dearing, E., McCartney, K., & Taylor, B. A. (2006). Within-child associations between family income and externalizing and internalizing problems. *Developmental Psychology*, *42*(2), 237–252.

Deffenbacher, J. L., Oetting, E. R., & DiGuiseppe, R. A. (2002). Principles of empirically supported interventions applied to anger management. *The Counselling Psychologist, 30*, 262-280.

Denham, S., Neal, K., Wilson, B., Pickering, S., & Boyatzis, C. (2005). Emotional development and forgiveness in children: Emerging evidence. In E. L. Worthington, Jr. (Ed.), *Handbook of forgiveness* (pp. 127–142). Routledge.

DiBlasio, F. A. (1998). The use of a decision-based forgiveness intervention within intergenerational family therapy. *Journal of Family Therapy, 20*, 77–94.

DiGuiseppe, R., & Tafrate, R. C. (2003). Anger treatments for adults: A meta-analytic review. *Clinical Psychology: Science and Practice*, *10*(1), 70–84.

Durlak, J. A., Dymnicki, A. B., Taylor, R. D., Weissberg, R. P., & Schellinger, K. B. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Child Development*, *82*(1), 405–432.

Egan, L. A., & Todorov, N. (2009). Forgiveness as a coping strategy to allow school students to deal with the effects of being bullied: Theoretical and empirical discussion. *Journal of Social and Clinical Psychology*, *28*(2), 198–222.

Enright, R. D. (2001). *Forgiveness is a choice*. APA Books

Enright, R. D. (2011, February). *Psychological science of forgiveness: Implications for psychotherapy and education*. Paper presented at the

conference, Neuroscience and Moral Action: Neurological Conditions of Affectivity, Decisions, and Virtue, Rome, Italy.

Enright, R. D. (2012). *The anti-bullying forgiveness programme: Reducing the fury within those who bully*. www.internationalforgiveness.com

Enright, R. D., & Fitzgibbons, R. (2000). *Helping clients forgive: An empirical guide for resolving anger and restoring hope*. American Psychological Association.

Enright, R. D., Rhody, M., Litts, B., & Klatt, J. S. (2014). Piloting forgiveness education in a divided community: Comparing electronic pen-pal and journaling activities across two groups of youth. *Journal of Moral Education*, *43*(1), 1–17.

Everding, T. R. (2010). *Helping adolescents forgive: The use of forgiveness education at an inpatient mental health facility*. [Unpublished thesis, University of Northern Iowa].

Fehr, R., Gelfand, M. J., & Nag, M. (2010). The road to forgiveness: a meta-analytic synthesis of its situational and dispositional correlates. *Psychol. Bulletin., 136*, 894–914.

Freedman, S. (2018). Forgiveness as an educational goal with at-risk adolescents. *Journal of Moral Education, 47*(4), 415–431.

Freedman, S., & Enright, R. D. (2017). The use of forgiveness therapy with female survivors of abuse. *Journal of Women's Health, 6*, 3-12.

Freedman, S., & Zarifkar, T. (2015). The psychology of interpersonal forgiveness and guidelines for forgiveness therapy: What therapists need to know to help their clients forgive. *Spirituality in Clinical Practice*, *3*(1), 45–58.

Galambos, N, Johnson, M., & Krahn, H. (2018). The anger-depression connection: between persons and within-person associations from late adolescence to midlife. *Developmental Psychology, 54*(10), 1940-1953.

Gambaro, M. E. (2002). *School-based forgiveness education in the management of trait anger in early adolescents*. [Unpublished doctoral dissertation, University of Wisconsin, Madison].

Gambaro, M. E., Enright, R. D., Baskin, T. A., & Klatt, J. (2008). Can school-based forgiveness counselling improve conduct and academic achievement in academically at-risk adolescents? *Journal of Research in Education, 18*, 16–27.

Gaughf, N. (2003). The developmental aspects of forgiveness. *The Sciences and Engineering, 63*(10-B), 4942-4948.

Gelaye B., Philpart, M., Berhane M.G.Y., Fitzpatrick L.A., & Williams M.A. (2008). Anger expression, negative life events and violent behaviour among male college students in Ethiopia. *Scandinavian Journal of Public Health, 5*(36), 56-81.

Ghana Statistical Service (GSS). (2014). *The Yendi Municipal Assembly*. Author.

Gisi, T. M., & D'Amato, R. C. (2000). What factors should be considered in rehabilitation: Are anger, social desirability, and forgiveness related in adults with traumatic brain injuries? *International Journal of Neuroscience, 105*(1-4), 121–133.

Golden, B. (2020). *How do depression and anger interact*? https://www.psychologytoday.com/us/blog/overcoming-destructive-anger/202011/how-do-depression-and-anger-interact

Golding, J. M. (1999). Intimate partner violence as a risk factor for mental disorders: A meta-analysis. *Journal of Family Violence, 14*(2), 99-132.

Goldman, B. D., & Wade, N. (2012). Comparison of forgiveness and anger-reduction group treatments: A randomized controlled trial. *Psychotherapy Research, 22*, 604–620.

Goldman, L. (2019). *What is depression and what can I do about it*? https://www.medicalnewstoday.com/articles/8933

Gonzalez, K. (2015). *Anger issues: Symptoms and causes*. https://study.com/academy/lesson/anger-issues-symptoms-causes.html

Gravetter, F. J., & Forzano, L. B. (2009). *Research methods for the behavioural sciences* (3rd ed.). Cengage Learning.

Groth-Marnat G. (1990). *The handbook of psychological assessment* (2nd ed.). John Wiley & Sons.

Halcon, L., Blum, R., & Beuhring, T. (2003). Adolescent health in the Caribbean: A regional portrait. *American Journal of Public Health, 93*, 1851–1857.

Harris, A. H., Luskin, F., Norman, S. B., Standard, S., Bruning, J., & Evans, S. (2006). Effects of a group forgiveness intervention on forgiveness, perceived stress, and trait-anger. *Journal of Clinical Psychology, 62*, 715–733.

Hedtke, K. A., Ruggiero, K. J., Fitzgerald, M. M., Zinzow, H. M., Saunders, B. E., Resnicki, H. S., Kilpatricick, D. G. (2008). A longitudinal

investigation of interpersonal violence in relation to mental health and substance use. *Journal of Consulting & Clinical Psychology, 74*, 633-647.

Heseltine, K., Howells, K., & Day, A. (2010). Brief anger interventions with offenders may be ineffective: A replication and extension. *Behaviour Research and Therapy, 48*(3), 246-250.

Hofmann, S. G., Asnaani, A., Vonk, I. J., Sawyer, A. T., & Fang, A. (2012). The efficacy of Cognitive Behavioural Therapy: A review of meta-analyses. *Cognitive Therapy and Research, 36*(5), 427-440.

Holter, A. C., Magnuson, C., Knutson, C., Knutson, J. A., & Enright, R. D. (2008). The forgiving child: The impact of forgiveness education on excessive anger for elementary-aged children in Milwaukee's central city. *Journal of Research in Education, 18*, 82-93.

Hong, S.-I., Jin, S.-O., Hyun, M.-H., Bae, S. M., & Lee, S.-H. (2009). A study of relationship among forgiveness, depression and depressive response styles. *The Korean Journal of Stress Research, 17*, 63–70.

Howard, L. M., Trevillion, K., Khalifeh, H., Woodall, A., Agnew-Davies, R., & Feder, G. (2010). Domestic violence and severe psychiatric disorders: Prevalence and interventions. *Psychological Medicine, 40*, 881-893.

Hughes, T. (2003). *Managing group grievances and internal conflict: Ghana country report*. http://www.clingendael.nl/cru/publications/2003/

Huppert, F. A. (2009). Psychological well-being: Evidence regarding its causes and consequences. *Applied Psychology: Health and Well-being, 1*, 137–164.

Jones, L. K. (2009). Emotionally focused therapy with couples – The social work connection. *Social Work Today*, *9*(3), 18-25.

Kalantari, S. (2016). *Why we should teach empathy to preschoolers*. https://greatergood.berkeley.edu/article/item/why_we_should_teach_empathy_preschoolers

Kanz, J. E. (2000). How do people conceptualize and use forgiveness? The Forgiveness Attitudes Questionnaire. *Counselling and Values, 44*(3), 174–188.

Kearns, N., & Fincham, F. D. (2004). A prototype analysis of forgiveness. *Personality and Social Psychology Bulletin*, *30*(7), 838-855.

Kessler, R. C., Akiskal, H. S., Ames, M., Birnbaum, H., Greenberg, P., Hirschfeld, R. M. A., Jin, R., Merikangas, K. R., & Wang, P. S. (2006). The prevalence and effects of mood disorders on work performance in a nationally representative sample of US workers. *American Journal of Psychiatry, 163*(9), 1561–1568.

Kim, K., & Im, H. (2006). An exploration of psychological process of interpersonal forgiveness: Focused on effects of empathy and apology on forgiving behaviour. *Korean Journal of Social and Personality Psychology*, *20*, 19–33.

Knutson, J. A., & Enright, R. D. (2006). *The journey toward forgiveness: A guided curriculum for children, ages 10-12*. International Forgiveness Institute.

Krejcie, R. V., & Morgan, D. W. (1970). Table for determining sample size from a given population. *Educational and Psychological Measurement*, *30*(3), 607-610.

Lawler-Row, K. A, Karremans, J. C., Scott, C., Edlis-Matityahou, M., & Edwards, L. (2008). Forgiveness, physiological reactivity and health: the role of anger. *International Journal of Psychophysiology*, *68*(1), 51-58.

Leedy, P. D., & Ormrod, J. E. (2010). *Practical research: Planning and design* (9th ed.). Pearson.

Lenth, R. V. (2001). Some practical guidelines for effective sample size determination. *Journal of the American Statistician*, *55*(3), 187-193.

Lin, W.-F., Mack, D., Enright, R. D., Krahn, D., & Baskin, T. W. (2004). Effects of forgiveness therapy on anger, mood, and vulnerability to substance use among inpatient substance-dependent clients. *Journal of Consulting and Clinical Psychology*, *72*(6), 1114–1121.

Lukin, K. (2017). *The nine steps of emotionally focused therapy for couples*. http://info.lukincenter.com/blog/emotionally-focused-therapy-for-couples

Lundahl, W. B., Taylor, J. M., Stevenson, R., Daniel, K. R. (2008). Process-based forgiveness interventions: A meta-analytic review. *Research on Social Work Practice*, *18*, 465-472.

Macaskill, A. (2005). The treatment of forgiveness in counselling and therapy. *Counselling Psychology Review*, *20*, 26–33.

Martin, B. (2019). *In-depth: Cognitive Behavioural Therapy*. https://psychcentral.com/lib/in-depth-cognitive-behavioural-therapy/#:~:text=Cognitive%20behavioural%20therapy%20(CBT)%20is,change%20the%20way%20they%20feel.

McCullough, M. E. (2008). *Beyond revenge: The evolution of the forgiveness instinct*. Jossey-Bass.

McCullough, M. E., & Worthington, E. L. Jr. (1995). Promoting forgiveness: A comparison of two brief psycho-educational group with a waiting-list control. *Counselling Value, 40*(1), 55-69.

McKay, M., & Rogers, P. (2000). *The anger control workbook*. New Harbinger Publications.

McPherson, M. D., Delva, J., & Cranford, J. A. (2007). A longitudinal investigation of intimate partner violence among mothers with mental illness. *Psychiatric Services, 58*, 675-680.

Mennin, D. S., & Farach, F. J. (2007). Emotion and evolving treatments for adult psychopathology. *Clinical Psychology: Science and Practice, 14*, 329-352.

Mennin, D. S., Holoway, R. M., Fresco, D. M., Moore, M. T., & Heimberg, R. G. (2007). Delineating components of emotion and its dysregulation in anxiety and mood psychopathology. *Behaviour Therapy, 38*, 284-302.

Mook, J., Van Der Ploeg, H. M., & Kleijn, W. C. (2007). Anxiety, anger and depression: Relationships at the trait level. *Anxiety Research, 3*(1), 17-31.

Moore, M., & Dahlen, E. R. (2008). Forgiveness and consideration of future consequences in aggressive driving. *Accident Analysis and Prevention, 40*(5), 1661–1666.

Moussavi, S., Chatterji, S., Verdes, E., Tandon, A., Patel, V., & Ustun, B. (2007). Depression, chronic diseases, and decrements in health: Results from the world health surveys. *The Lancet, 370*, 851-858.

Muskin, R. M. (2019). *Age differences in emotional reactivity to subtypes of sadness and anger*. [Unpublished master's thesis, Cleveland State University].

Nemade, R. (2006). *Cognitive theories of depression - Aaron Beck*. https://www.gulfbend.org/poc/view_doc.php?type=doc&id=13006

Nolen-Hoeksema, S., Wisco, B.E., Lyubomirsky, S. (2008). Rethinking rumination. *Perspectives on Psychological Science, 3*, 400–424.

Ogah, J. K. (2013). *Decision making in research process: Companion to students and beginning researchers*. Adwinsa Publications (Gh) Ltd.

Overstreet, S., & Braun, S. (2000). Exposure to community violence and post-traumatic stress symptoms: Mediating factors. *American Journal of Orthopsychiatry*, *70*(2), 263–271.

Parekh, R. (2017). *Depression: What is depression*? https://www.psychiatry.org/patients-families/depression/what-is-depression

Park, J. H., Enright, R. D., Essex, M. J., Zahn-Waxler, C., & Klatt, J.S. (2013). Forgiveness intervention for South Korean female adolescent aggressive victims. *Journal of Applied Developmental Psychology, 34*, 268–276.

Plichta, S. B. (2004). Intimate partner violence and physical health consequences: Policy and practice implications. *Journal of Interpersonal Violence, 19*, 1296-1323.

Potter-Efron, R. T. (2010). *Rage: A step-by-step guide to overcoming explosive anger*. New Harbinger.

Rahman, A., Iftikhar, R., Kim, J. J., & Enright, R. D. (2018). Pilot study: Evaluating the effectiveness of forgiveness therapy with abused early adolescent females in Pakistan. *Spirituality in Clinical Practice, 5*(2), 75–87.

Räikkönen, K., Matthews, K. A., & Kuller, L. H. (2007). Depressive symptoms and stressful life events predict metabolic syndrome among middle-aged women: A comparison of World Health Organisation, Adult Treatment Panel III, and International Diabetes Foundation definitions. *Diabetes Care, 30*(4), 872-877.

Reed, G. L., & Enright, R. D. (2006). The effects of forgiveness therapy on depression, anxiety, and posttraumatic stress for women after spousal emotional abuse. *Journal of Consulting and Clinical Psychology, 74*, 920–929.

Rohde-Brown, J., & Rudestam, K. E. (2011). The role of forgiveness in divorce adjustment and the impact of affect. *Journal of Divorce & Remarriage, 52*(2), 109–124.

Rosenberg, M. B. (2005). *The surprising purpose of anger: Beyond anger management: Finding the gift*. PuddleDancer Press.

Russell, J. L. (2013). *Instrument development: Youth forgiveness, youth anger, and youth emotional support*. [Unpublished doctoral dissertation, University of Wisconsin-Milwaukee].

Safaria, T., Tentama, F., & Suyono, H. (2016). Cyberbully, cybervictim, and forgiveness among Indonesian high school students. *TOJET: The Turkish Online Journal of Educational Technology, 15*(3), 40-48.

Sahu, A., Gupta, P., & Chatterjee, B. (2014). Depression is more than just sadness: A case of excessive anger and its management in depression. *Indian Journal of Psychological Medicine, 36*(1), 77-79.

Samaan, R. A. (2000). The influences of race, ethnicity, and poverty on the mental health of children. *Journal of Health Care for the Poor and Underserved, 11*(1), 100-110.

Santos-Longhurst, A. (2019). *Do I have anger issues? How to identify and treat an angry outlook*. https://www.healthline.com/health/anger-issues

Seybold, K. S., Hill, P. C., Neumann, J. K., & Chi, D. S. (2001). Physiological and psychological correlates of forgiveness. *Journal of Psychology and Christianity, 20*(3), 250–259.

Shechtman, Z., Wade, N., & Khoury, A. (2009). Effectiveness of a forgiveness programme for Arab Israeli adolescents in Israel: An empirical trial. *Peace and Conflict: Journal of Peace Psychology, 15*(4), 415–438.

Skaar, N. R., Freedman, S., Carlon, A., & Watson, E. (2015). Integrating models of collaborative consultation and systems change to implement forgiveness-focused bullying interventions. *Journal of Educational & Psychological Consultation, 25*, 1–24.

Skolnicki, D. L. (2016). *The effect of an online forgiveness in counselling workshop on licensed counselors' knowledge and beliefs about using interpersonal forgiveness in counselling*. [Unpublished doctoral dissertation, Kent State University College].

Sloan, D. M., & Kornstein, S. G. (2003). Gender differences in depression and response to antidepressant treatment. *Psychiatric Clinics of North America, 26*, 581–594.

Sloan, D. M., & Sandt, A. R. (2006). Gender differences in depression. *Women's Health, 2*(3), 425-434.

Sowislo, J. F. & Orth, U. (2013). Does low self-esteem predict depression and anxiety? A meta-analysis of longitudinal studies. *Psychological Bulletin, 139*(1), 213-240.

Spence, S. H., Najman, J. M., Bor, W., O'Callaghan, M., & Williams, G. M. (2002). Maternal anxiety and depression, poverty and marital relationship factors during early childhood as predictors of anxiety and depressive symptoms in adolescence. *Journal of Child Psychology and Psychiatry, 43*(4), 457–470.

Sukhodolsky, D. G., Golub, A., & Cromwell, E. N. (2001). Development and validation of the anger rumination scale. *Personality and Individual Differences, 31*, 689-700.

Taber, K. S. (2018). The use of Cronbach's Alpha when developing and reporting research instruments in science education. *Research in Science Education, 48*, 1273–1296.

Taysi, E., & Orcan, F. (2017). The conceptualisation of forgiveness among Turkish children and adolescents. *International Journal of Psychology, 52*(6), 473–481.

Tonah, S. (2007). *Ethnicity, conflicts and consensus in Ghana*. Woeli Publishing Services.

Toussaint, L., & Webb, J. R. (2005). Theoretical and empirical connections between forgiveness, mental health, and well-being. In E. L.

Worthington, Jr. (Ed.), *Handbook of forgiveness* (pp. 349-362). Routledge.

Trochim, W. M. (2006). *Survey research. Research methods knowledge base*. http://www.socialresearchmethods.net/kb/intrview.php.

Tsikata, D., & Seini, W. (2004). *Identities, inequalities and conflicts in Ghana*. Center for Research on Inequality, Human Security and Ethnicity (CRISE).

UK Department of Health. (2011). *No health without mental health: A cross-government mental health outcomes strategy for people of all ages*. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/138253/dh_124058.pdf

Van Dyke, C. J., & Elias, M. J. (2007). How forgiveness, purpose, and religiosity are related to the mental health and well-being of youth: A review of the literature. *Mental Health, Religion & Culture*, *10*(4), 395-415.

Veit, C. T., & Ware, J. E. (1983). The structure of psychological distress and well-being in general population. *Journal of Consulting and Clinical Psychology, 51*, 730-742.

Vinsonneu, G., & Mullet, E. (2001). Willingness to forgive among young adolescents: A comparison between two groups of different cultural origins living in France. *International Journal of Group Tensions, 30*(3), 267-278.

Vives-Cases, C., Ruiz-Cantero, M. T., Escriba-Aguir, V., & Mirralles, J. J. (2011). The effects of intimate partner violence and other forms of

violence against women on health. *Journal of Public Health, 33*(1), 15-21.

Wade, N. G., Hoyt, W. T., Kidwell, E. M., & Worthington, E. L. (2013). Efficacy of psychotherapeutic interventions to promote forgiveness: A meta-analysis. *Journal of Consulting and Clinical Psychology, 82*, 154–157.

Wade, N. G., Johnson, C. V., & Meyer, J. E. (2008). Understanding concerns about interventions to promote forgiveness: A review of the literature. *Psychotherapy: Theory, Research, Practice, Training*, *45*, 88–102.

Wade, N. G., Worthington, E. L. Jr., & Meyer, J. E. (2005). But do they work? A meta-analysis of group interventions to promote forgiveness. In E. L. Jr. Worthington, (Ed.), *Handbook of forgiveness* (pp. 423-439). Routledge.

Wade, N., & Worthington, L. E. (2005). In search of common core: A content analysis of interventions to promote forgiveness. *Psychotherapy: Theory, Research, Practice, Training, 42*, 160–177.

Wade, T. J., & Pevalin, D. J. (2004). Marital transitions and mental health. *Journal of Health and Social Behaviour, 45*(2), 155-170.

Watson, H., Rapee, R., & Todorov, N. (2017). Forgiveness reduces anger in a school bullying context. *J. Interpers. Violence, 32*, 1642–1657.

Weissman, M. M., Wolk, S., Goldstein, R. B., Moreau, D., Adams, P., Greenwald, S., Klier, C. M., Ryan, N. D., Dahl, R. E., & Wickramaratne, P. (1999). Depressed adolescents grown up. *JAMA, 12*(281), 1707-1713.

Welton, G. L., Hill, P. C., & Seybold, K. S. (2008). Forgiveness in the trenches: Empathy, perspective taking, and anger. *Journal of Psychology and Christianity*, *27*(2), 168–177.

White, H., & Sabarwal, S. (2014). *Quasi-experimental design and methods, methodological briefs: Impact evaluation 8*. UNICEF Office of Research.

Wilson, R. (2016). Empathy for the A. *Teaching Tolerance*, *52*, 53–55.

Wolin, S. J., & Wolin, S. (1993). *The resilient self: How survivors of troubled families arise above adversity*. Villard Books.

World Health Organisation. (WHO) (2008). *Depression and health*. Author.

Worthington, E. L. Jr. (2005). More questions about forgiveness: Research agenda for 2005-2015. In E. L. Worthington, Jr. (Ed.), *Handbook of forgiveness* (pp. 557-574). Brunner-Routledge.

Worthington, E. L. Jr. (2006). *Forgiveness and reconciliation: Theory and application.* Routledge.

Worthington, E. L. Jr., & Scherer, M. (2004). Forgiveness is an emotion-focused coping strategy that can reduce health risks and promote health resilience: Theory, review, and hypotheses. *Psychology and Health, 19*, 385-405.

Zembylas, M., & Michaelidou, A. (2011). Teachers' understandings of forgiveness in a troubled society: An empirical exploration and implications for forgiveness pedagogies. *Pedagogies, 6*(3), 250-264.

APPENDICES

APPENDIX A

UNIVERSITY OF CAPE COAST

COLLEGE OF EDUCATION STUDIES

DEPARTMENT OF GUIDANCE AND COUNSELLING

QUESTIONNAIRE FOR STUDENTS

The purpose of this study is to explore the impact of forgiveness education on anger and depression among adolescents in senior high schools in the Yendi Municipality, Ghana. Your participation in this study is very important. Any information you provide will be kept confidential. Please feel free to participate in the study.

Thank you.

Please respond by ticking [√] and writing where necessary.

Section A – Background / Demographic Information

Direction: Kindly provide the required information or put a tick **(√)** in the appropriate column to indicate your response to each of the items in this section.

1. Gender: Male [ ] Female [ ]

2. Age: 15 years and below [ ]16-18 years [ ] 19 years and above [ ]

3. School: ……

4. Form: ……

Section B: The Level of Anger Scale (LAS)

Directions: Think about how you have felt over the past 3 weeks, indicate the degree to which you agree or disagree with each statement below. Use the following scale: 1=Strongly Disagree (SD), 2= Disagree (D), 3=Neutral (N), 4= Agree (A) and 5=Strongly Agree (SA)

Statement	**1**	**2**	**3**	**4**	**5**
1. I often feel mad.					
2. My parents think I get angry a lot.					
3. Among my friends, I get angrier than others.					
4. I yell at others a lot.					
5. It is very easy for me to get frustrated.					
6. People always make me angry.					
7. I have angry thoughts at home.					
8. I hit/destroy things when I get frustrated.					

9. I have angry thoughts when I am at school.					
10. People often say that I am mean to others.					
11. It is difficult for me to overlook other people's mistakes.					
12. Other people think I tend to overreact.					
13. I feel like I am about to explode from all the anger inside me					

Section C: Beck's Depression Inventory

Circle the option that best describes how you have felt in that past few weeks.

1.

0 I do not feel sad.

1 I feel sad

2 I am sad all the time and I can't snap out of it.

3 I am so sad and unhappy that I can't stand it.

2.

0 I am not particularly discouraged about the future.

1 I feel discouraged about the future.

2 I feel I have nothing to look forward to.

3 I feel the future is hopeless and that things cannot improve.

3.

0 I do not feel like a failure.

1 I feel I have failed more than the average person.

2 As I look back on my life, all I can see is a lot of failures.

3 I feel I am a complete failure as a person.

4.

0 I get as much satisfaction out of things as I used to.

1 I don't enjoy things the way I used to.

2 I don't get real satisfaction out of anything anymore.

3 I am dissatisfied or bored with everything.

5.

0 I don't feel particularly guilty

1 I feel guilty a good part of the time.

2 I feel quite guilty most of the time.

3 I feel guilty all of the time.

6.

0 I don't feel I am being punished.

1 I feel I may be punished.

2 I expect to be punished.

3 I feel I am being punished.

7.

0 I don't feel disappointed in myself.

1 I am disappointed in myself.

2 I am disgusted with myself.

3 I hate myself.

8.

0 I don't feel I am any worse than anybody else.

1 I am critical of myself for my weaknesses or mistakes.

2 I blame myself all the time for my faults.

3 I blame myself for everything bad that happens.

9.

0 I don't have any thoughts of killing myself.

1 I have thoughts of killing myself, but I would not carry them out.

2 I would like to kill myself.

3 I would kill myself if I had the chance.

10.

0 I don't cry any more than usual.

1 I cry more now than I used to.

2 I cry all the time now.

3 I used to be able to cry, but now I can't cry even though I want to.

11.

0 I am no more irritated by things than I ever was.

1 I am slightly more irritated now than usual.

2 I am quite annoyed or irritated a good deal of the time.

3 I feel irritated all the time.

12.

0 I have not lost interest in other people.

1 I am less interested in other people than I used to be.

2 I have lost most of my interest in other people.

3 I have lost all of my interest in other people.

13.

0 I make decisions about as well as I ever could.

1 I put off making decisions more than I used to.

2 I have greater difficulty in making decisions more than I used to.

3 I can't make decisions at all anymore.

14.

0 I don't feel that I look any worse than I used to.

1 I am worried that I am looking old or unattractive.

2 I feel there are permanent changes in my appearance that make me look unattractive

3 I believe that I look ugly.

15.

0 I can work about as well as before.

1 It takes an extra effort to get started at doing something.

2 I have to push myself very hard to do anything.

3 I can't do any work at all.

16.

0 I can sleep as well as usual.

1 I don't sleep as well as I used to.

2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.

3 I wake up several hours earlier than I used to and cannot get back to sleep.

17.

0 I don't get more tired than usual.

1 I get tired more easily than I used to.

2 I get tired from doing almost anything.

3 I am too tired to do anything.

18.

0 My appetite is no worse than usual.

1 My appetite is not as good as it used to be.

2 My appetite is much worse now.

3 I have no appetite at all anymore.

19.

0 I haven't lost much weight, if any, lately.

1 I have lost more than five pounds.

2 I have lost more than ten pounds.

3 I have lost more than fifteen pounds.

20.

0 I am no more worried about my health than usual.

1 I am worried about physical problems like aches, pains, upset stomach, or constipation.

2 I am very worried about physical problems and it's hard to think of much else.

3 I am so worried about my physical problems that I cannot think of anything else.

21.

0 I have not noticed any recent change in my interest in sex.

1 I am less interested in sex than I used to be.

2 I have almost no interest in sex.

3 I have lost interest in sex completely.

APPENDIX B

RELIABILITY OUTPUT

Reliability Statistics

Cronbach's Alpha	N of Items
.789	34