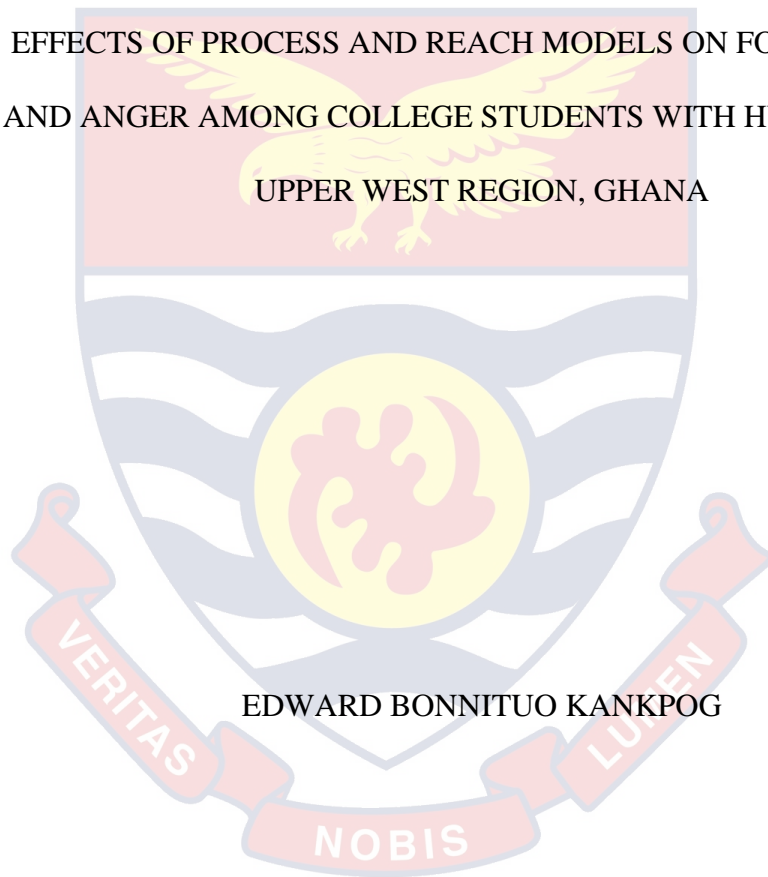UNIVERSITY OF CAPE COAST

EFFECTS OF PROCESS AND REACH MODELS ON FORGIVENESS

AND ANGER AMONG COLLEGE STUDENTS WITH HURTS IN THE

UPPER WEST REGION, GHANA

EDWARD BONNITUO KANKPOG

2020

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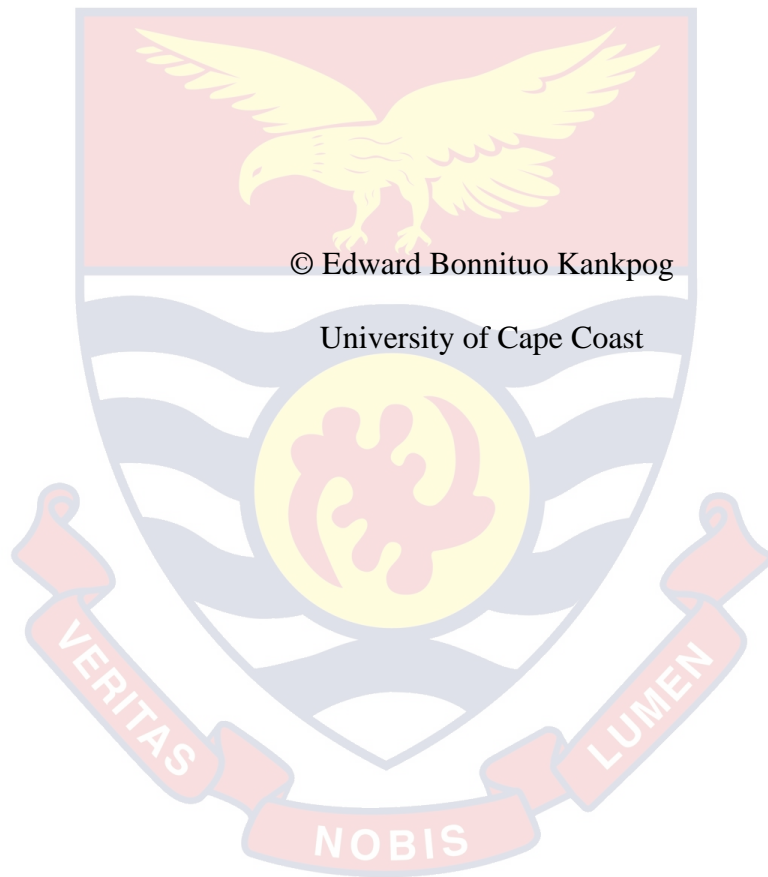
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UPPER WEST REGION, GHANA

BY

EDWARD BONNITUO KANKPOG

Thesis submitted to the Department of Guidance and Counselling of the

Faculty of Educational Foundations, College of Education Studies, University

of Cape Coast, in partial fulfilment of the requirements for the award of

Doctor of Philosophy degree in Guidance and Counselling

JUNE 2020

DECLARATION

Candidate's Declaration

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

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

Name: ………………………………………………………………………..

Supervisors' Declaration

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

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

Name: ……………………………………………………………………….

Co-supervisor's Signature: …………………………   Date: ……………...

Name: ……………………………………………………………………

ABSTRACT

The purpose of this study was to evaluate the effects of Process and REACH models on forgiveness and anger among college students with hurts in the Upper West Region, Ghana. REACH is an acronym which stands for: Recall the hurt, Empathise with the one who hurt you, Altruistic gift of forgiveness, Commitment to forgive and Hold on to forgiveness. A Quasi-experimental design was adapted for the study. This study used three groups, consisting of two experimental groups and a control group. A total of 60 second year college students in the Upper West Region of Ghana, who had low level of forgiveness and high level of anger, participated in the study. The Enright (2001) Forgiveness Inventory and Reynolds, Walkey and Green (1994) Anger Self Report Questionnaires were adapted for the study. Analysis of Covariance (ANCOVA) at significant level 0.5 was used for the data analysis. The study revealed that the Process and REACH Models had significant positive effects on forgiveness among college students with hurts. Participants reported a high tendency to forgive persons who offended them. The study also indicated that significant differences existed in the mean scores of anger of participants exposed to the experimental groups of forgiveness and the control group at post-test (among college students with hurts). In addition, the study revealed that gender and age were not significant determinants of forgiveness and anger among college students at post-test. Based on the findings and conclusions, it was recommended that counsellors in Ghana should use the Process and REACH Models in counselling because the two therapies have the potency of improving the college students' forgiveness level as well as reducing their anger levels.

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Furthermore, my sincerest thanks go to my wife and children for their support, encouragement and prayers. Finally, I acknowledge all those who assisted me in the data collection and analysis, especially Frank Quansah.

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DEDICATION

To my late Dad and Mum and the Kankpog family.

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CHAPTER ONE

INTRODUCTION

In daily human interactions at homes and in schools, organisations and offices, people are bound to hurt one another in one way or the other due to perceived misconception about certain issues, such as personality crises, power struggles, sex and race which may be sources of conflict among the individuals. The conflict experienced may generate intense anger among the individuals leading to unforgiveness as a result of the hurt they nurture.

Background to the Study

Individuals adopt various means in responding to hurt. One of the ways people try to overcome hurt or grudge is forgiveness. The psychological explanation of interpersonal forgiveness involves the affective, cognitive and behavioural domains. When a person forgives another, the ascendancy of negative elements in each domain is reduced. Negative emotions, such as anger, hatred, resentment, sadness and or contempt are given up (Richard, as cited in Enright, 2001). From a humanistic point of view, letting go of anger or grudge or making a decision to forgive is a quality of growth-seeking individual (Enright, 2000; Fitzgibbons, 2000). In general, societies encourage individuals to forgive their transgressors because of the psychological, physiological and social benefits of forgiveness to individuals (Exline & Baumeister, 2000).

It is noted by Jenkins (2012) that the primary understanding of the meaning and purpose of forgiveness is intrinsically connected to the perception of right and wrong, good and evil, repentance and redemption. The

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philosophy of forgiveness is embedded in Judeo-Christian beliefs as the teachings of various faith traditions emphasise the benefits and importance of forgiving. For instance, illustrations of the value of forgiveness are found within the sacred texts of most of the world's religions (Hope, 1987). In the Christian context, one of the most notable expressions of forgiveness was spoken by Jesus Christ during his crucifixion, "Father, forgive them for they do not know what they are doing" (Luke 23:34 quoted by Dickson, 2006, p.1480).

In the Islamic perspective, Shakir (2015) quoted Surah XLII (42): 36, 39, 40 & 43 as:

Those who avoid the greater crimes and shameful deeds, and when they are angry, they forgive… The recompense of an injury is an injury equal to it, but if a person forgives and reconciles, his reward is due from Allah… and but if anyone show patience and forgive, that would truly be an exercise of courageous will and resolution in the conduct of affairs (p. 242).

From the Hindu perspective, Prakash (1985) states that:

Forgiveness is truth, forgiveness is (source and support of) the past and the future...this world is upheld by forgiveness" … "Abused, insulted, beaten, let him still forgive (all injuries) from low and vile, from his superiors, from his equals; so shall he attain perfection (pp. 227, 228).

From the Bhagvad Gita, if you want to see the brave, look for those who can forgive. Also, from the Buddha, hatred never ceases by hatred but it is only healed by love. This is seen as the ancient and eternal law (Kornfield, as cited

in Jenkins, 2012). To the adherents of African Traditional Religion, especially among the Igbos of Nigeria, religion and culture are interwoven and any attempt in understanding forgiveness among the Igbo people is nothing less than the cross-cultural appreciation of the diversity of Christians thoughts and practices within the rich context of African Traditional Religion (Mbah, 2013).

According to Mbah (2013), "To undertake a task of articulating forgiveness among the traditional Igbo society is like searching for fossils of antiquity where one has to excavate in many places with the hope of stumbling onto something for analysis" (p.34). This means that the Igbos of Nigeria have no recorded history based on forgiveness and they need to rely only on oral tradition, such as storytelling and myths told and not from written sources. To Mbah (2013), the adherents of African Traditional Religion among the Igbo people of Nigeria saw forgiveness as a will for attempting engagement as a harmonious co-existence with others who share the same existential space in finding their ways in a chaotic universe. This means that forgiveness can be obtained by negotiating and dialoguing among members who peacefully live in a community. These statements from the various religions indicate that forgiveness is part of human life and it is one of the valuable assets of humanity that is upheld by all religious traditions of the world.

Forgiveness is one of the ways that people reduce unforgiveness. Forgiveness involves positive emotions, such as empathy, sympathy, compassion and love as against negative emotions of unforgiveness, such as anger, resentment, revenge and avoidance (Worthington & Scherer, 2004). According to Toussaint and Worthington (2017), "Unforgiveness is the harbinger of worse mental and physical health, and economic, social and

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spiritual problems. It is a combined embodied experience of resentment, bitterness, hostility, hatred, anger and fear" (p. 29). Boakye (2014) opined that over 60% of all our diseases like high blood pressure, stroke, diabetes and kidney failure are caused by unforgiving spirits.

Boakye (2014), in his opinion, regards unforgiveness as:

> When you keep hurts, you simply keep drinking poison and expect to die! Heal yourself by forgiving anyone who offends you because when you forgive you are the only one who benefits. The one you forgive gets only the cramps from your table (p. 3).

Again, he opines that one's refusal to forgive no matter how justified you are:

> You will be miserable. You will act like someone who is caged in a prison he has built for himself and has the key in his pocket, and all you need to do is to put the key into the lock, turn it and walk out of the prison (Boakye, p. 3).

Forgiveness, according to Worthington and Scherer (2004), is used as a coping strategy to reduce stressful reactions of a transgressor. The need for forgiveness is directly highlighted by both foreign and the local media in recent times, which includes the following; "Forgiveness: It is good for Your Health" and "Forgiveness Reduces Stress" (ABC News, as cited in Lamb, 2005).

In Ghana, the print media also caption the following as headlines with reference to the value of forgiveness: "Forgiveness: Your Restoration to Freedom", "Forgiveness: Antidote to War" (Boakye, 2014). Forgiveness is the emotional juxtaposition of positive other-oriented emotions against negative unforgiveness, which eventually results in neutralisation or replacement of all

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or part of those emotions with positive emotions (Worthington & Scherer, 2004). The positive emotions are sympathy, empathy, compassion, romantic love and altruistic love (Worthington & Scherer). Forgiveness is the combination of unforgiveness reduction and the emergence of more positive thoughts, feelings and or behaviours towards the offender (Harris, Luskin, Norman, Standford, Evans, & Thoresen, 2006).

Joseph Butler, in his 1796 sermon in Britain, described forgiveness as a change of heart and an overcoming of anger within oneself on a moral ground (Murphy, as cited in Lamb, 2005, p.64). Forgiveness is also seen as the economy of the heart, saves the expense of anger, the cost of hatred and the waste of spirits (Moore as cited in Hannon, Finkel, Kumashiro, & Rusbult, 2011).

Forgiveness is an intentional change in one's perception of another following a transgression (Worthington, 2016). It is turning negative feelings towards the perpetrator into positive feelings, giving up grudges and thoughts of revenge, which may not involve reconciliation and drawing a line over an event (Mascakill, 2004). This means that forgiveness involves promoting an attitude of goodwill or benevolence towards the transgressor while inhibiting attitudes of avoidance and revenge towards the transgressor (McCullough, 2001).

Forgiveness is an intention statement that states one's intent to forswear revenge or avoidance and to treat the person as a valuable and valued person (Worthington, 2016). This indicates that forgiveness can be cognitive, moral, emotional, behavioural and decisional. Therefore, individuals, forgive in the context of deep psychological, emotional, physical or moral (Smedes, as cited

in Freedman & Enright, 2017). Forgiveness offers a non-aggressive alternative to coping with injustice by forgoing resentment, revenge and rage and gives the person the opportunity to be healed of the wrong as well as respond in a positive way. This equips the person with a tool to better cope with internal and external distress (Baskin & Slaten, 2010).

Forgiveness intervention, on the other hand, entails educating people with deep hurts about forgiveness and how forgiveness can be used to effectively cope with injustice (Baskin & Enright, 2004). There has been an increase in violence, bullying, harassment and abuse in schools. This denotes that colleges of education are not exempted. These abuses are in the form of sexual abuse, rape, verbal and physical (Human Rights Commission, 2009).

Also, in recent times, through my personal observation as a counsellor and a tutor in Tumu College of Education, I have observed that the college of education students are battling with issues of hurts from friends, tutors, administrators, assessment officers, financial officers, parents, boyfriends, girlfriends which require forgiveness of others. These hurts emanate from sexual harassment, rape, cyberbullying, the award of low scores in continuous assessment, issues of intimate relationships, inability to meet financial obligations and poor grades and low academic achievements. These issues encountered by college students in their daily lives affect their psychological well-being or mental health. One of the mental health or psychological problems that many of the college students are harbouring as a result of these problems is anger, which may be so traumatising that students will like to revenge in the form of strikes, taking up weapons, physical attacks that need urgent intervention.

Forgiveness is integral to emotional constructs, such as anger (Baskin & Enright, 2004). Research studies on forgiveness interventions indicate that forgiveness may be helpful for people who experience deep emotional pain, such as anger because of unjust treatment (Hunter & Kaufman, as cited in Baskin & Enright, 2004).

Forgiveness has been found to reduce anger and hostility (Enright & Fitzgibbons, 2000; Recine, 2015). Anger is typically thought to be an emotional state that arises due to frustration, or perceived transgression (Spielberger, 2015). Thus, anger is experienced when someone feels hurt, offended or abused. Anger, according to Davidson et al. (as cited in McCullough, Pargament & Thoresen, 2000), has two major forms of expression that is, constructive and destructive anger. Constructive anger involves engaging in instrumental thoughts and actions to rectify the situation, cognitive restructuring, and interpersonal problem-solving whereas the destructive anger involves harm, rage, revenge, retaliation as well as hostile rumination and imagery. The constructive and destructive anger expression may be seen in the form of verbal and non-verbal (facial and physical expression) and cognitive. Thus, persons with destructive anger expression stand to benefit more from the advantages of forgiveness, such as the reduction of rage and hostile ruminations than those who constructively express more anger (McCullough, Pargament & Thoresen, 2000).

Enright and Fitzgibbons (2000) report that forgiveness counselling reduces anger, anxiety, and psychological depression of clients. Enright and Fitzgibbons also indicate that as people learn to forgive, they also learn to express anger in more appropriate ways. Furthermore, Enright and Fitzgibbons

have observed numerous psychological benefits of using forgiveness as an intervention tool. The most significant among them is decreased level of anger and hostility, increased feelings of love, improved ability to control anger, enhanced capacity to trust and freedom from subtle control of individuals and events of the past. Apart from this, forgiveness intervention is also seen as a means of improving certain types of disorders, such as disruptive, anxiety and attention-deficit hyperactive disorders in children; acting out, substance abuse and anxiety disorders in adolescents and bipolar, panic and impulse control in adults (Enright & Fitzgibbons).

Research conducted in the USA and UK using Process and REACH Models was seen to be effective in promoting forgiveness and reducing anger. REACH is an acronym which stands for: Recall the hurt, Empathise with the one who hurt you, Altruistic gift of forgiveness, Commitment to forgive, and Hold on to forgiveness. The Process Model decreases anxiety, depression, anger, grief and increases hope, self-esteem, and willingness to forgive (Recine, 2015; Enright & Fitzgibonns, 2000, Hebl & Enright, 1993; Coyle & Enright, 1997; Al-Mabuk, Enright, & Cardis, 1995; Freedman & Enright, 1996). Also, the Process Model improves the emotional health and academic achievement of adolescents (Gambaro, Enright, Baskin & Klatt, 2008; Lijo & Annalakshmi, 2017).

The REACH Model, on the other hand, is effective in changing attitudes and emotions expressed toward transgressors as implicated in a decrease in revenge and increase of empathy; conciliation and affirmation of the offender (McCullough & Worthington, 1995; McCullough, Worthington & Rachal, 1997; Nation, Wertheim & Worthington, 2017). It is noted that in promoting

forgiveness using the Process and REACH models, two measures need to be considered; that is, proximal and distal measures. The proximal measure is the variable directly assessed in the study whereas the distal is the variable indirectly assessed in the study (Rye & Pargament, 2002). The proximal measure in this study is forgiveness. That is, the variable the Process and REACH models are directly measuring to see whether it will lead to forgiveness toward a specific offender.

On the other hand, the distal measure in this study is anger. This is because anger is not directly measured, but assessed when forgiveness levels are improved leading to reduction in anger. In addition, in facilitating forgiveness interventions, it is noted that leaders who are trained for more than eight hours are deemed to be more effective in promoting forgiveness interventions (Rainey, Readdick & Thyer, 2012). Also, an effective forgiveness intervention is considered to last for a minimum of six hours (Rainey, Readdick & Thyer). Lundahl, Taylor, Stevenson and Robert (2008) are also of the view that an effective forgiveness intervention includes a process that last for more than a day.

According to Worthington, Sandage and Berry (2000), clinically relevant interventions of six hours or more duration produce a change in forgiveness (effect size) that is, reliably different from zero than a non-clinically relevant intervention; that is, one or two hours different from zero (p.234). It is also indicated that the amount of time thinking about forgiveness is important in the amount of forgiveness a person can experience (p.234). To facilitate forgiveness, the forgiveness intervention should include an educational

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component to ensure that the participants fully understand what forgiveness does or entails (Fincham & Kashdan, 2004).

Statement of the Problem

The myriad of challenges, such as sexual harassment, cyberbullying, rape, verbal and physical abuses faced by students in schools affect their safety and well-being (Human Rights Commission, 2009). Also, through my personal observation as a tutor and a counsellor in Tumu College of Education, most of the college students are confronted with issues of hurts emanating from cyberbullying, sexual harassment, verbal and physical abuses, low academic achievement, the award of low continuous assessment marks by some college tutors and financial problems. These problems among the college of education students are sources of resentment and anger among the students. Such resentment and anger have psychological effects on the mental and physical health of the students which need intervention (Enright & Fitzgibbons, 2000).

Forgiveness intervention has been proven to be an effective tool in combating these psychological problems (Basken & Slaten, 2010). The field of forgiveness studies has produced five meta-analyses of studies from 2004-2014 (Recine, 2015). These meta-analytic studies were all conducted in the USA which were Baskin and Enright (2004); Wade, Worthington and Meyers (2005); Lundahl, Taylor, Stevenson and Roberts (2008); Rainey, Readdick and Thyer (2012) and the most recent meta-analyses conducted by Wade, Hoyt, Kidwell and Worthington (2014). These meta-analyses were built on the findings of each other and they only included forgiveness intervention studies which the effects sizes were calculated by the authors (Recine, 2015). Forgiveness process-based

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interventions were developed as a means of coping with unforgiveness like anger (Enright, 2001).

An effect of the absence of intervention studies on forgiveness among college students is the cause of the increase in unforgiveness leading to psychological problems, such as anger. Up to date, many of the forgiveness intervention studies in counselling are conducted in the United States of America and the United Kingdom (Barlow & Akhtar, 2018; Baharudin, Amat & Jailani, 2011). In Africa, sufficient attention has not been given to forgiveness studies in counselling. The importance of forgiveness intervention studies has been proven to be an effective tool in combating psychological problems like anger (Baskin & Slaten, 2010; Enright & Fitzgibbons, 2000).

Despite the value of forgiveness intervention studies in counselling, it appears that only one forgiveness intervention study has been conducted in Ghana by Barimah (2019) among college of education students in Eastern Region using only Enright's process model. It also appears that the process and REACH models have not been used to promote forgiveness among college of education students in the Upper West Region of Ghana. Also, considering the cultural background of Sub-Saharan Africa in cultural differences between the Western world and Sub-Saharan Africa, is it still possible to apply these models to solve similar issues in Africa?

Purpose of the Study

The purpose of this study is to find out the effects of process model and REACH models on forgiveness and anger among college students with hurts in the Upper West Region of Ghana. The specific study objectives are to:

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1.   evaluate the effects of the Process and REACH models on forgiveness among participants of the study;

2. examine what difference exists in the anger mean scores of participants exposed to the Process and REACH models of forgiveness and the control group;

3. assess the effect of Process and REACH models on forgiveness on the basis of gender among college students with hurts;

4. examine what difference exists in the anger mean scores of participants exposed to the Process and REACH models of forgiveness and the control group on the basis of gender;

5. investigate the effect of Process and REACH models on forgiveness on the basis of age among college students with hurts and to

6. investigate whether difference exists in the anger mean scores of participants exposed to the Process and REACH models of forgiveness and the control group on the basis of age.

Assumptions of the Study

The following are the assumptions of the study:

1. Process and REACH models are effective in improving forgiveness.

2. An increase in forgiveness would lead to a reduction in anger.

3. Forgiveness involves affect, behaviour and cognitions.

4. An increase in anger leads to unforgiveness.

5. Personal variables, such as age and gender can have an influence on forgiveness and anger at post-test.

Hypotheses

The following research hypotheses guided the study:

1. H_01: There is no significant effect of Process and REACH models on forgiveness among college students with hurts.

   H_11: There is significant effect of Process and REACH models on forgiveness among college students with hurts.

2. H_02: There is no significant difference in the anger mean scores of participants exposed to the Process and REACH models of forgiveness and the control group.

   H_12: There is significant difference in the anger mean scores of participants exposed to the Process and REACH models of forgiveness and the control group.

3. H_03: There is no significant effect of Process and REACH models on forgiveness on the basis of gender among college students with hurts.

   H_13: There is significant effect of Process and REACH models on forgiveness on the basis of gender among college students with hurts.

4. H_04: There is no significant difference in the anger mean scores of participants exposed to the Process and REACH models of forgiveness and the control group on the basis of gender.

   H_14: There is significant difference in the mean scores of participants exposed to the Process and REACH models of forgiveness and the control group on the basis of gender.

5. H_05: There is no significant effect of Process and REACH models on forgiveness on the basis of age among college students with hurts.

   H_15: There is significant effect of Process and REACH models on forgiveness on the basis of age among college students with hurts.

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6. $H_0 6$: There is no significant difference in the anger mean scores of participants exposed to the Process and REACH models of forgiveness and the control group on the basis of age.

$H_1 6$: There is significant difference in the anger mean scores of participants exposed to the Process and REACH models of forgiveness and the control group on the basis of age.

Significance of the Study

This study's findings may hopefully benefit counsellors, psychologists, college students and researchers in several ways. Firstly, it may provide counsellors and psychologists with useful information from the perspective of clients in terms of forgiveness. This may urge counsellors and psychologists to learn more about the universal constructs of forgiveness. Secondly, the study may afford counsellors with information about the necessary variables/factors that are essential in promoting forgiveness interventions using the process and REACH models. Thirdly, the study may encourage counsellors and mental health practitioners to use forgiveness interventions as a means of treating mental health problems such, as anger, depression and self-esteem.

In addition, the study may improve the college students' forgiveness levels when taken through the forgiveness counselling intervention using the Process and REACH models. Furthermore, the study may serve as an alternative source for treating the college students' anger when their forgiveness levels are improved by exposing the students to the Process and REACH models. Also, the findings will help establish the efficacy of the Process and REACH models used in the study in dealing with the issues of forgiveness and anger. Finally,

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the study would serve as a source of reference material to researchers who would like to conduct an intervention study on forgiveness.

Delimitation of the Study

This study was delimited to finding out the effects of Process and REACH models on forgiveness and anger among college students with hurts in the Upper West Region, Ghana. It was delimited to only Tumu, Nasurat Jahan Ahmadiya and McCoy Colleges of Education. The study also covered only second year college students with hurts, such as rape, sexual harassment, intimate relationships, bullying, physical attack and hurts arising from quizzes, examination grades in the Upper West Region of Ghana. Furthermore, only anger among the psychological variables was considered. Other psychological variables such as anxiety, loneliness, guilt, depression and self-esteem were not covered in this study. Finally, first and third year students were not part of the study because the first year college students had just started college life and the third year college students were also in various communities doing their final year teaching practice.

Limitations of the Study

The major limitation of the study was that a follow-up was not conducted after the post-test to find out whether the gains made in counselling had been sustained. In addition, generalisability of the results would be a problem to other colleges of education outside the Upper West Region of Ghana because of cultural and geographical factors. Notwithstanding these limitations, the purpose of the intervention using the Process and REACH models to find out the effects on forgiveness and anger among college students with hurts in the Upper West Region of Ghana was achieved.

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Definition of Terms

In this study, the following terms were operationally defined as they were used in the study:

Adult: An adult student aged 25 and above

College students: Teacher trainees in a college of education.

CoE: College of Education

Hurt: Any harm experienced from another person

Late adolescents: College student aged from 17-20 years old

Young adults: College students aged from 21-24 years old

Organisation of the Study

In Chapter One, the background to the study, statement of the problem, the objectives of the study and assumptions of the study were presented. Also, in this chapter, the hypotheses, the significance of the study, delimitations of the study, limitations of the study and preliminary definition of terms were discussed. In Chapter Two, the literature review was based on the theoretical background, conceptual framework and empirical review of the study. Chapter Three focused on the methods-research design, population, sample and sampling techniques, instruments, sources of data, data collection procedure, data management and ethical issues. Chapter Four was based on the results and discussion of results.

The final chapter, Chapter Five, encompassed the summary, conclusions and recommendations and areas for further research.

CHAPTER TWO

LITERATURE REVIEW

The purpose of this study was to find out the effects of the Process and REACH models on forgiveness and anger among college students with hurts in the upper West Region of Ghana. This section reviews the related literature from journals, magazines and periodicals that have a link on the topic of the study. The literature review, considered the concept of forgiveness. This highlighted what forgiveness is, what forgiveness is not, the impact of forgiveness on mental and physical health and the models of forgiveness. The concept of anger was also highlighted. This focused on what anger is, causes of anger and impact of anger on health. The review further covered some underlying theories that would provide the theoretical base of the study, the conceptual framework and some previous studies were reviewed for the empirical evidence of the study.

1. **Conceptual Review**

This section was divided into two (2) subsections thus:

   I. **Concept of Forgiveness**

     a) What forgiveness is

     b) What forgiveness is not

     c) Impact of forgiveness on mental and physical health.

     d) Models of Forgiveness

   II. **Concept of Anger**

     a) What anger is

     b) Causes of anger

c) Impact of anger

2. Theoretical Framework

3. Conceptual Framework

4. Empirical Studies

a) Forgiveness and mental/physical health problems

b) Forgiveness and gender

c) Forgiveness and age

d)   Anger and gender

e) Anger and age

Conceptual Review

Concept of Forgiveness

What forgiveness is

The concept of forgiveness has been explored in many ways, according to Kaminer, Stein, Mbanga and Zungu-Dirwayi, as cited in (Baharudin, Amat, Jailani, & Sumari, 2011). The concept came from different disciplines, such as theology, psychology, philosophy, political science and the like which make it a multi-dimensional construct (Cosgrove & Konstam, 2008; McCullough, Pargament, & Thoresen, 2000).

The concept of forgiveness is complicated that often makes it misunderstood by individuals in the general population as well as academicians, helping professionals and religious leaders (Freedman & Chang, 2010). Some scholars have tried to define forgiveness based on their conceptual and empirical works. According to Lijo (2018), there are broadly two main approaches of defining forgiveness. The first approach tries to differentiate forgiveness from

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unforgiving actions and the second approach tries to explain the processes and outcome of forgiveness.

Forgiveness has also been described as a virtue in the Judaeo-Christian tradition, but current advocates base their definition on a concept outlined by Joseph Butler, in his 1796 sermon, in which he describes forgiveness as a change of heart and an overcoming of anger within oneself on a moral ground (Murphy, as cited in Lamb, 2005). According to the Webster's New World Dictionary cited in (Burtler, Dahlin, & Fife, 2002, p. 233), to forgive is "to give up resentment against or the desire to punish; pardon (an offense or offender"). McCullough, Pargament and Thoresen (2000) defined forgiveness as: "An intra-individual, prosocial change towards a perceived transgressor that is situated within a specific interpersonal context" (p.9).

According to McCullough (2008), forgiveness is a set of motivational changes which an individual becomes decreasingly motivated to take revenge against an offender; decreasingly motivated to avoid the offender, and increasingly motivated by good will for, and a desire to reconcile with the offender despite the offender's harmful actions. Forgiveness is letting go of a victim's negative affection, cognition and behaviour in response to considerable injustice and may positively respond toward the offender (Rye & Pargamant, 2002). It involves the reduction of negative emotions, thoughts and behaviours, and an increase in more positive feelings, cognitions and behaviours towards a perpetrator, an event, and oneself, without necessary restitution, retribution or reconciliation (Webb, Toussaint & Conway-Williams, 2012).

According to Cosgrove and Konstam (2008), forgiveness is the willingness to abandon one's right to resentment, negative judgment and

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negative behaviour towards the one who unjustly acted. In addition, forgiving involves the voluntary fostering of underserved qualities of compassion, generosity and sometimes, even love towards the offender. Forgiveness is also seen as a decrease in negative thoughts, feelings and behaviour towards an offender and perhaps, over time, a gradual increase in positive thoughts, feelings and sometimes, even behaviour towards an offender can occur (Enright, 2001; McCullough, Pargament & Thoresen. 2000). Forgiveness is eliminating resentment and motivations toward revenge. It is the foregoing of resentment or revenge when a wrongdoer's actions deserve it and instead giving the offender a gift of mercy, generosity and love or beneficence when the wrongdoer does not deserve them (Worthington, 2006). This means when people forgive, they give up their anger to which they are entitled and to give to their offender a gift to which the victim is entitled.

Forgiving is a long, difficult and painful process depending on the nature of the offense and the length of time the offended lived with it (Enright, 2001). Enright construed that genuine forgiveness does not mean forgetting that the offense occurred, condoning or excusing the offense, renouncing efforts to obtain restitution or legal justice, suppressing or no longer feeling anger about what has happened. In addition, genuine forgiveness does not require the offender to first admit the offense, ask for forgiveness, make appropriate restitution and finally need not and sometimes ought not to result in reconciliation. Normally, true conciliation requires not only the offer of forgiveness by the offended, but also, the acceptance of the forgiveness as a gift by the offender and the ability of both parties to re-establish mutual trust or interpersonal safety in the relationship (Enright, 2001). Again, Enright saw

forgiveness as a response to unfairness that includes the reduction of more negative feelings, thoughts and behaviours toward a transgressor. The concept of forgiveness emanates when one person perceives to have damaged or been damaged by another person. The one asking for the forgiveness is attempting to reduce the level of guilt felt over the wrong done, while the person demanding that others ask their forgiveness is seeking to exhort recompense for damage caused. Guilt reduction strategies include denial and projection of responsibility onto others (Scobie & Smith-Cook, 1994).

According to Cosgrove and Konstam (2008), forgiveness is a person's progression, moving from a position of hatred, resentment and bitterness to one of the diminishments of anger and desire for revenge toward the perceived wrongdoer. Forgiveness involves the cancelling of a debt by a person who has been hurt or wronged. When one person harms or transgresses against another person, this action effectively creates an interpersonal debt (McCullough, Pargament & Thoresen, 2000). The cancellation of the debt can take multiple channels, such as cognitive that entails deciding not to think about the debt; affective, that is, ceasing to feel angry about the debt; behavioural that involves deciding not to seek repayment or punishment for the debt and spiritual; that is, deciding to relinquish control of the debt to God (Hebl & Enright, 1993).

According to Baumeister, Exline and Sommer and Enright and the Human Development Study Group as cited in Rainey (2008), forgiveness has been conceptualised as an interpersonal event. Interpersonal forgiveness is seen as an intervention which an individual forgives another person (who is not present in the forgiving process). Also, it is an intervention which two people (couple) are present and one is forgiving the other. In addition, the process of

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one person forgiving another (as opposed to forgiving self) whether or not the other person is present is considered as interpersonal forgiveness which implies interaction (Rainey, 2008). Furthermore, interpersonal forgiveness refers to forgiveness of others which involve forgiving another for some harm (Human Development Study Group, as cited in Rainey (2008). Thus, forgiveness is an intention statement, stating one's intent to forswear revenge or avoidance and to treat the offender as a valuable and valued person. This involves the motivation and behavioural intention to respond to the transgressor in a similar manner before the offense. This process is called decisional forgiveness (Worthington, 2016). Forgiveness is the emotional replacement of unforgiving emotions by positive-oriented emotions like love, respect, compassion, empathy and sympathy instead of harbouring negative emotions like resentment, bitterness, anger, hatred and fear. This process is called emotional forgiveness (Worthington, 2016; Worthington & Scherer, 2004; Ripley & Worthington, 2002). It is also a process that leads to the reduction of unforgiveness, such as bitterness and anger and the promotion of positive regard, such as love, compassion, or simply, sympathy and pity for the offender (Wade & Worthington, 2011).

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

> Taking back your power. Taking responsibility of how you feel. For you and not for the offender. A trainable skill. About the healing and not about the people who hurt you. Becoming a hero instead of a victim and finally, a choice (p. 15).

Walrond-Skinner, as cited in Lijo (2018), proposes a topology of seven types of forgiveness. Firstly, premature instantaneous forgiveness which is an

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authentic form of forgiveness indicating denying or forgetting the transgression. Secondly, arrested forgiveness denotes that forgiveness is denied between the victim and wrongdoer. Thirdly, conditional forgiveness is the acceptance of forgiveness under some conditions, such as apology, acceptance and change in unacceptance behaviour. In addition, pseudo or mutual forgiveness is the forgiveness which immature forgiveness is given or accepted in the necessity to restore the pre-conflict relations. Also, collusive forgiveness is the process of avoiding conflict or opposition even if there is unresolved severe injustice. Furthermore, repetitious forgiveness involves the successive but incomplete attempts to stop relational transgressions. The final one is, the authentic process of forgiveness, which is the unconditional, self-regarding, altruistic pro-social motive to avoid revenge for the good of self and the transgressor.

Enright, Santos and Al-Mabuk, as cited in Lijo (2018), also suggests six types of forgiveness. Firstly, revengeful forgiveness is forgiveness after revenge. Secondly, restitutional forgiveness relieves guilt after restoring the relationship. Thirdly, exceptional forgiveness is granted under social pressure. Furthermore, lawful exceptional forgiveness is granted after considering moral code or authority. Moreover, forgiveness for social harmony is granted to reduce the established social harmony and peace. Finally, forgiveness as an act and expression of unconditional love. According to Lijo (2018), the first approach addresses various types of forgiveness and non-forgiveness and their motives whereas the second approach defines forgiveness in terms of dynamics in the forgiver and wrongdoer and the motives and outcome of the dynamics.

Individuals forgive in context of deep, personal and unfair hurt. This injury may be psychological, emotional, physical or moral (Smedes, as cited in

Freedman & Enright, 2017). If forgiveness will take place, the victim has to admit that the injury occurred and that he or she was hurt. The victim must also recognise wrongdoing as he or she works through feelings of pain, anger and resentment (Freedman & Enright, 2017).

What forgiveness is not

Sometimes, many people confuse forgiveness with reconciling, excusing, forgetting, pardoning and accepting even though forgiveness is different from all these terms (Worthington, 2016; Baskin & Enright, 2004; Enright, 2001). Forgiveness entails one person's response, but reconciliation is two or more persons in trust coming together (Freedman & Enright, 2017). Forgiveness may include the willingness to reconcile or wait with the hope that the transgressor changes the unacceptable behaviour and/or apologise. Forgiveness is something that the injured person can do alone without any response from the transgressor (Freedman & Enright). Reconciliation is dependent on a change in the offender's behaviour and often includes an admittance of wrongdoing and/ or an apology (Freedman & Enright).

Impact of Forgiveness on Mental and Physical Health

Learning to forgive is one of the life's most demanding and meaningful task that often requires certain professional intervention (Pargament, as cited in Luskin, Ginzburg & Thoresen, 2005). For one to learn how to forgive hurt or harm, professionals in counselling and psychology must take the person through forgiveness intervention for the person to let it go the hurt, harm, pain and anger to reap the benefits of forgiveness. Forgiveness intervention is a way of processing an experience that one has been offended but able to forgive the wrongdoer. The components processed involve expressing anger, examining

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the perpetrator from an empathic viewpoint, considering the choice of forgiveness in deepening the feeling of forgiveness (Lam, 2005).

According to Baskin and Enright (2004), forgiveness is helpful for treating deep emotional problems like anger, depression and anxiety. Unforgiving, ruminating on real-life offence was associated with negative valence, anger, sadness, emotional arousal and decreased perceived control (Worthington & Scherer, 2004). Also, narcissism, neuroticism, anger, depression, hostility and resentment are associated with low levels of forgiveness (Ashton, Paunonena, Helmes & Jackson, 1998). Forgiveness enhances reduction in anger, depression, anxiety and promotes the individual's well-being (Recine, 2015; Enright & Fitzgibbons, 2000; Baskin & Enright, 2004; Coyle & Enright, 1997; Freedman & Enright, 1996; Lin, Mack, Enright, Krahn & Baskin, 2004). This relieves the transgressor from psychological pain (Williamson & Gonzale, 2007). The relief of the psychological pain will enable the transgressor to make decision to activate the process of changing his/her perspective; vision and feelings leading to positive experiences (Toussaint & Friedman, 2009). Toussaint and Jorgensen (2008) saw forgiveness as an effective coping strategy during interpersonal misunderstanding and conflict. It also increases empathy, compassion and perspective-taking in adults (McCullough, Worthington & Rachal, 1997).

Forgiveness education helps to build character, improve academics and reduce behavioural delinquency in children and adolescents (Gambaro, Enright, Baskin & Klatt, 2008). To Worthington and Scherer (2004), forgiveness is a way of reducing hostility, self-reported aggression as well as increasing empathy and also a way of improving relationships in parent-adolescent

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interaction (Al-Mabuk, Enright & Cardis, 1995). In addition, forgiveness offers adolescents an opportunity to not only reduce anger, depression and anxiety but also allows adolescents to develop positive traits, increase empathy, perspective-taking, moral development and a desire to see the world as less hostile place (Klatt & Enright, 2009).

It has also been revealed that forgiveness restores broken relationships and improves one's well-being. When people forgive, they abandon their negative emotions, thoughts and behaviours towards the transgressor (Enright, 1996; Worthington & Scherer, 2004). It reduces painful experiences and malevolent reactions and increases love-based emotions and actions (Beach & Davila, as cited in Mro'z et al., 2017; Hargrave & Sells, 1997).

High levels of forgiveness are associated with factors of psychological, emotional, and physical well-being such as happiness (Maltby, Day & Barber, as cited in Misler, 2010), better sleep quality, less fatigue and fewer somatic complaints (Lawler et al, as cited in Misler, 2010), greater life satisfaction, less anxiety and reduced depression (Al-Mabuk, Enright & Cardis, 1995; Coyle & Enright, 1997; Freedman & Enright, 1996; Hebl & Enright, 1993).

Emotional forgiveness reduces the stressfulness of unforgiveness and prevents stress-related disorders (Worthington & Scherer, 2004; Toussaint & Worthington, 2017). Forgiveness affects mental and relational health of persons. For instance, frequent forgivers may have better mental health which may lead to fewer suicides. Also, frequent forgivers may affect relationships and thus provoke fewer homicides, incidents of road rage, or accidents (Worthington & Scherer, 2004). Forgiveness may foster more perceived security and/or greater positive self-evaluation and optimistic thoughts that

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strengthen "host resistance" in taking offense, doing so may reduce the probability of fear, anxiety, anger, hostility, depression and/or hopelessness, which increase physical disease risk (Segersrom, Taylor, Kemeny, & Fahey; Everson, Goldberg, Kaplan, Julkunen, & Salonen; Everson, Kauhanen, & Kaplan, as cited in McCullough, Pargament, & Thoresen (2000). Forgiveness may serve as stronger perceived competence or self-efficacy to take needed steps to reduce disease-enhancing or pathogenic agents. For instance, the individual may take action to alter chronic hostile feelings, helpless beliefs, stable and global attributions, which in turn may increase positive stimulus-out come expectations (Bandura; Thoresen etal.; as cited in McCullough, Pargament & Thoresen, 2000).

Unforgiveness results in the arousal of the autonomic reactions in humans, such as skin conductance, heart rate and blood pressure. Thus, forgiveness decreases the physiological indicators of stress (heart rate, blood pressure and skin conductance (Witvliet, Ludwig & Vander Laan 2001). Also, reductions in hostility brought about by behavioural interventions that emphasise becoming forgiving will lead to reduction in coronary problem (Witvliet et al., 2001). In addition, unforgiving responses of blame, anger and hostility will cause impaired health condition, such as coronary heart diseases and death (Witvliet, Ludwig & Vander Laan, 2001). Forgiveness also plays a role in recovery from cancer (Pingleton, as cited in Toussaint, William, Musick & Everson, 2001). Hence, forgiveness heals individuals psychologically and physically, but unforgiveness will cause impaired health problems.

Models of Forgiveness

The models that are proposed to promote forgiveness interventions, subsequently follow.

The Process Model of Forgiveness (Enright, 2001)

The Enright Forgiveness Model is based on the assumption that; forgiveness is a process that entails gradual change in reactions to the offending person. The approach focuses on changing feelings, thoughts and behaviours towards those who have been hurtful. Thus, it is made up of a set of affective, behavioural and cognitive processes that progress in stages. Individuals who engaged in the forgiveness process, are encouraged to begin by making very small changes, such as reframing from making negative comments about the hurtful person. The small change in behaviour may be accompanied by incremental changes in thoughts and feelings about the hurtful person (Ingersoll-Dayton, Campbell & Ha, 2009).

The Enright's Model is a 17-step model of forgiveness intervention, and later expanded to a 20-step model (Enright & Fitzgibbons, 2000). This model of forgiveness looks at forgiveness as a process, which progresses through 20 different steps or units overtime. The units are not linear, but involve four main phases as follows: the uncovering phase, decision phase, work phase and deepening phase (Baskin & Enright, 2004).

Firstly, the uncovering phase, involves admitting the facts of the offense and examining its negative consequences. Here, the victim gains insights into how the injustice and subsequent injury have compromised their lives. A step to offer forgiveness to an offender is clarifying the nature of the offense and how it has compromised the offender's life. This objectively signifies in

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determining who did what to whom. In this process, one cannot forgive an offense that does not occur, although one may be able to resolve the anger aroused by the perceived offense when the actual nature of the event is understood. Psychologically, people cannot forgive an offense meted out against another, although they can forgive the secondary or indirect effects which they themselves do experience after someone else has been offended. Thus, victims confront their own anger toward the person who has injured them which encompasses exploring and expressing their hurt, bitterness and resentment.

Secondly, in the decision phase, the victim gains an accurate understanding of the nature of forgiveness and makes a decision to commit in forgiving on the basis of his understanding. Here, the victim hopes that learning to forgive one's offense will free the offender from further avoidable suffering. The victim sees forgiveness as an option and makes a decision to forgive. This involves feeling a need in changing and deciding to forgive the offender by making a commitment to begin the process of forgiveness.

Thirdly, the work phase actually involves working on forgiving. The person gains a cognitive understanding of the offender and begins to view the offender in a new light resulting in a positive change in the affection about the offender, self, and the relationship. This involves working toward an accurate understanding of the offender. This may involve reframing, that is, rethinking the offensive situation or seeing the offender from a new perspective as a person who is, in fact, a human being, and not evil incarnate. Other actions include working toward realistic empathy and compassion for the offender, courageously and assertively bearing the pain caused by the offense and finally

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giving the offender the moral gift of forgiveness. Therefore, it involves trying to see the offender through different eyes and with softened heart or developing compassion for the offender. The final stage is the deepening phase. In this stage, the victim finds increasing meaning in the suffering, feels more connected with others and experiences decreased negative affection and at times, a renewed purpose of life. In the process of forgiving, the victim finds release from emotional prison of unforgiveness, bitterness, resentment and anger (Worthington & Scherer, 2004). When the ability of the victim deeps to forgive, the victim may find new meaning in one's life suffering and a new purpose in life for having unjustly suffered (Fraenkil, 2006). This will call for the need for an individual to ask for forgiveness from others and even towards one's transgressor. In summary, it involves finding meaning and purpose in the offense and experiencing the benefits of forgiveness. Here, the victims will start to make adjustments in their perspectives as they forgive the offender and experience a release from their feelings of anger, hurt and resentment.

According to the Enright's model, forgiveness involves a number of skills that can be learnt. He suggested that individuals engaged in the process of forgiveness should begin by identifying a single person who has been hurtful. The skills of forgiveness can be applied to an individual and later generalised to others who have been hurtful. Enright suggested the use of a journal during the forgiveness process and provided numerous questions that individuals can use for reflection (Ingersoll-Dayton, Campbell, & Ha, 2009).

This therapeutic model developed by Enright (2001) shows promise for men and women from various religious, non-religious and ethnic backgrounds (Ingersoll-Dayton, Campbell, & Ha, 2009). The Process Model is associated

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

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

The Pyramid (REACH) Model of Forgiveness (Worthington, 1998)

This model is a brief psychoeducational, cognitive-behavioural affective model with interventions ranging from 1-8 hours. The model was designed to create "a set of emotional, cognitive, and behavioural experiences, producing in turn, states of calm openness" (McCullough, Rachal, & Worthington, 1997, p.1159).

This model of forgiveness was developed by Worthington (1998) based on his Empathy- Humility-Commitment Theory (The Pyramid Model). Worthington posits: "Narcissism is a natural enemy to empathy and humility and forgiveness is a natural response to empathy and humility" (p.64). Empathy has been seen as a proximal cause of forgiveness. This indicates that subcultures that value empathy may be more prone to respond to forgiveness interventions than groups that do not value forgiveness (McCullough, Rachal & Worthington,

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1997). Worthington's Pyramid Model later became known as the acrostic REACH, the model of reaching forgiveness.

The REACH model is made up of a 5-step intervention process, namely: Recall the hurt, that requires the victim to acknowledge the hurt and make decision to forgive. Here, the individual needs to decide that you are not going to pursue payback, but you will treat the person who hurt you as a valuable person as well as empathising with the one who hurt you. Empathy is getting yourself in the person's chair. This means that the victim should try to experience how the offender feels. Empathy promotes sympathy and love that help the injured person to heal from the hurt. Altruistic gift of forgiveness means that the victim should give forgiveness as an unselfish altruistic gift to the one who hurt you. Commitment to forgive can be done by writing a note to yourself if you have actually forgiven and finally holding on to forgiveness which is demonstrated by showing empathy and love to the offender. Empathy, humility, and commitment are the three emotional experiences posited as essential to the model's effectiveness (Worthington, 1998; Rainey, 2008). Thus, in this model, forgiveness is hypothesised to be initiated by empathy for the offender, humility in the offendee and strengthened through a public commitment to forgive the offender.

The REACH model provides participants with information on how unforgiveness negatively affects their mental, physical and emotional well-being (Rainey, 2008). The REACH model is often associated with stress-and-coping theory which forgiveness is seen as a coping response to stress resulting from a hurtful offence (Worthington, 2006; Worthington & Scherer, 2004; Toussaint & Worthington, 2017). Thus, people are motivated to practise helpful

emotion-based, cognitive-change and environmental manipulation coping mechanisms to enhance their emotional experience of forgiving and hence reduce the stress of unforgiveness (Worthington, 2006; Toussaint & Worthington, 2017). During the intervention process, 25% of the time is spent on symbolic and experiential techniques. The emphasis is on teaching participants who can recognise, accept and acknowledge their feelings of anger, hurt and revenge. The intent is for the participants to learn empathy, genuineness and positive regard toward the offender (Rainey, 2008). In using the REACH model, substantial time is needed to help clients think through and emotionally experience forgiveness (Kurusu, 1996).

Worthington's REACH model is very effective in changing the attitudes and emotions expressed toward the transgressor as implicated in decrease in revenge and increase of empathy, conciliation and affirmation of the offender (Toussaint, Shields & Slavich, 2016; McCullough, Rachal & Worthington, 1997). Empathy-based interventions are successful, but take time to develop empathy for an offender. Brief interventions of two hours or less will not reliably promote much forgiveness, but they will start the process of forgiveness (Worthington, Kurusu, Collins, Berry, Ripley & Baier, 2000). In addition, the model is effective in helping couples or partners to resolve their interpersonal conflicts (Lijo, 2018). Thus, this model is offense-specific.

Cognitive Development Model (1991)

This model was the first to be developed by Enright and the Human Development Study Group based on Kohlberg's Moral Development Theory as cited in Baharudin, Amat, Jailani and Sumari (2011). The stages of Kohlberg's Moral Development, according to Spidell and Liberman as cited in

(McCullough, Pargament & Thoresen, 2000), are: Firstly, heteronomous morality which entails that justice should be decided by authorities. Secondly, individualism which involves a sense of reciprocity that defines justice. Thirdly, mutual interpersonal expectation which states that the group consensus should decide what is wrong and right. Fourthly, social system and conscience where societal laws are guides to justice. In addition, social contract which people hold a variety of opinions and values and rules of one's group. Finally, universal ethical principle where the sense of justice is based in maintaining the individual rights of all persons. Six stages of forgiveness were suggested that include revengeful forgiveness, restitutional or compensational forgiveness, lawful expectational, expectational forgiveness, forgiveness as a social harmony and forgiveness as love.

The first two stages involve a distortion of forgiveness when forgiveness and justice are confused. Forgiveness can only occur after the wrongdoer has been subjected to revenge or appropriate punishment. The middle two stages imply that forgiveness is promoted by social pressure from significant others and forgiveness and justice are no longer confused. The fifth stage suggests that a person is willing to forgive if social harmony is restored by an act of generosity. The final stage indicates that a person unconditionally forgives because it promotes a true sense of love. This model describes a psychological response; that is, forgiveness encompasses six components, namely absence of negative affect, judgment and behaviour toward an offender and the presence of positive affect, judgment and behaviour toward the same person (Enright, 2001). These psychological responses occur in the face of deep unfair hurt. This model suggests that as individuals develop cognitive skills, they become more

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capable to assume the perspectives of others (Baharudin, Amat, Jailani & Sumari, 2011). Some intervention studies that used the model were (Enright, Santos, & Al-Mabuk, 1989; Subkoviak, Enright, Wu, Gassin, Freedman, Olson & Sarinpolous, 1995; Girard & Mullet, 1997).

Decision-Making Model (DiBlasio, 1998)

DiBlasio emphasised the decision-making aspect of forgiveness. Decision-based forgiveness is defined as the cognitive letting it go resentment and bitterness and need for vengeance (DiBlasio, 1998). This model suggests that people can make choices and have cognitive control over whether or not to forgive. DiBlasio states that when forgiveness is understood to be driven primarily by feelings, people may wait for a long time. To him, forgiveness is viewed as an act of the will, a choice to let it go or to hold on (DiBlasio). People can separate their thoughts of resentments and bitterness from their feeling of hurt. The negative thoughts often prevent healing, as cognitive and emotional energy are misdirected into bitterness (DiBlasio). This exposes the victim to unresolved resentment that can lead to deterioration in their physical health, emotional stability, cognitive functioning, behavioural responses and spiritual well-being (DiBlasio). This, according to some therapists, will make victims benefit from anger, and an attempt to remove the anger too quickly can disempower the victim (Devenport, as cited in DiBlasio, 1998). In this decision-based model, the victims become empowered when they make cognitive choices that promote harmony in their relationships, peace within themselves and, for believing clients serenity with God (DiBlasio). When forgiveness comes in counselling sessions, it is often loosely defined and viewed as an on-going process (DiBlasio & Proctor, as cited in DiBlasio, 1998). The feelings of

the hurt and pain can take some time to resolve while a decision to seek or grant forgiveness promotes healing.

According to DiBlasio, a therapy that starts with forgiveness may create goodwill between people and a sense of peace within oneself. This goodwill and the sense of peace between people permit therapy to proceed unencumbered by offensiveness and resentments while clients work out issues like hurt, anger, breakdown in communication, dissolution of intimacy, dysfunctional behaviours and the like. DiBlasio (1998) notes that a victim should not forgive out of a sense of capitulation and complete disregard for self-integrity. Thus, a therapy involving forgiveness should work in maintaining the self-respect of the victim and offender and act to stop or prevent the offense from recurring. The decision-based model has been effective in breaking dysfunctional patterns from the past that have been carried into new families (DiBlasio).

DiBlasio (1998) enumerated nine steps that therapists could use to assist family members to resolve their conflicts. Firstly, perceptions of past family life need to be considered. With this, the therapist suggests to the family members that they get one another's perceptions of what grows up in the family. The family members are cautioned to tolerate each perception, and that, one's true perceptions can greatly differ from another's own. This is because individuals see things from different vantage points. In this session, the therapist regulates the flow so that people can have an opportunity to articulate their memories and feelings. Secondly, it is the definition and contraction of the situation. This is because old unresolved issues often emerge during the exchange. In this case, the subject of forgiveness, its utility, benefits and limitations are reviewed. The belief systems of family members are discussed, especially the spiritual beliefs

of clients about forgiveness. This is because forgiveness is seen in the context of spirituality by some clients (Worthington & DiBlasio, as cited in DiBlasio, 1998). For instance, the believers of Christianity consider that holding unforgiveness separates one from a relationship with God (Mathew 6: 14-15; 18:35; Mark 11:25 quoted by Dickson, 2006; pp.1344-1345; 1367-1368 & 1413-1414). In this step, guidelines are set with family which each family member will be given the opportunity to seek forgiveness for their own offenses. The family members are reminded that this is not the time to hold expectations of others, but instead, a time for personal accountability. Forgiveness should be considered as a free-will endeavour, and not result from manipulation or control of another. This means that family members are cautioned that one may choose to forgive or not to forgive. Thirdly, statement of the offense follows. The therapist will explicitly ask the offender to state the offense. The statement must clearly indicate that the offender believes that an offense has been committed. The duty of the therapist is to patiently work with the offender until a clear statement is articulated that reflects a sufficient degree of culpability and there is adequate specificity. The fourth step is asking questions about the offense and explanation. People easily forgive when they have enough information about the offense which they extend forgiveness (Hargrave, 1994). Empathy increases when there is information and explanation about the offence. This is because empathy can help to reduce the defensiveness and facilitate softening, help the victim to have accurate information about the offence, rather than depending on imagination which can be worse than actual reality (DiBlasio, 1998).

To Hargrave (1994), insights and understanding of past offences are important elements for healing within the intergenerational family system.

There is risk that the added information may make the situation hurtful as details are learned for the first time, but aside that, comfort usually follows as information is 'out on the table' and the opportunity to settle the problem is at hand (DiBlasio, 1998). When the questions are exhausted by family members, the therapist may add a few questions that may help in the ultimate understanding of the offence. In addition, at this stage, the therapist must be on the alert to intercept inappropriate questions from family members. Also, the therapist requests that the offender summarises the reason(s) why the offence was committed. The fifth step of DiBlasio is, disclosure of the hurt and pain. The aim of the therapist is to create a climate for the victim(s) to give full accounting of feelings. The therapist requires the victim to completely describe the feelings for better understanding of the hurt. All the feelings must be completely exhausted because some of the victims are out of touch with their underlying anger and resentment. In exploring the victim's feelings, the therapist uses basic therapy skills, such as listening, empathy and acceptance. Also, ample time should be given to each victim to reveal the feelings because some offences hurt more than one person. The offenders benefit by hearing the extent of the pain caused by their behaviour. This disclosure puts the offenders through a measure of suffering. The suffering and shame are helpful for the building of empathy of the offender for the victim and also helpful for self-forgiveness (Ward, as cited in DiBlasio, 1998).

In some cases, the victim's anger excessively leads to sharp and very cruel statements that can ultimately do more harm than good. The expression can even be a way that the victim is seeking revenge by purposively inflicting pain on the offender. The duty of the therapist is to take a break and allow the

victim to get the thoughts together. The sixth step is to plan to stop or prevent offensive behaviour. The seeking and granting of forgiveness often go together, but can be independent of the other (DiBlasio, 1998). A decision to stop or prevent the offensive behaviour should be followed up with action. This requires a clearly laid out plan to facilitate the ability of the other to forgive. This gives the offender an opportunity to turn away from the reprehensible behaviours (DiBlasio). The offender should come up with as many items for a plan as possible. The plan may include a measure of symbolic or actual restitution which is not incompatible to forgiveness. An example of a plan is a parent who was overly critical might find a person with whom to speak on a weekly basis about how to send acceptable messages.

The restitution provided is to restore the offender to a more relative place of equality with the victim (DiBlasio,1998). However, to DiBlasio trust is a basic factor in any relationship. This is backed by Veenstra, as cited in DiBlasio (1998), that, trust is the ultimate goal of forgiveness process. Hence, the plan should contain a way that an offender can rebuild trust. The seventh step is caution to the forgiver. The forgiver is cautioned by the therapist that, by definition, granting forgiveness means that they cannot use the offence as a weapon against the offender in the future. Forgiveness does not mean that discussions about the offence end, but working through residual problems and feelings is necessary. The discussion should be for constructive purposes to build up, rather than tear down the relationship (DiBlasio, 1998). The forgiveness intervention tends to bring a measure of healing to the hurt. Nevertheless, some clients may feel surges of anger or resentment built even after granting forgiveness. In this situation, the forgiver should not treat the

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feelings as a sign that forgiveness has not occurred, but instead use cognitive and or spiritual methods to regulate the unwanted thoughts. The eighth step is the formal request. In this stage, the offender may request forgiveness for the offence. The therapist suggests that the offender takes time to give a heartfelt request. The therapist requires the offender to summarise some of the things said in the preceding steps.

To Darby and Schlenker, as cited in DiBlasio (1998), elaborating on the actual apology has been found to lead to forgiveness. In this stage, according to DiBlasio, the therapist can suggest that offenders do one or a combination of three things when verbalising request for forgiveness; firstly, sit next to the victim; secondly, take the victim's hand and finally, get down on their knees. It is found that human touch is powerful, and it assists in the connections between an offender and the victim if the two can tolerate the physical closeness (DiBasio). Also, it is seen that getting down on the knees is helpful because it adds to the component of humility and repentance that is beneficial to the offender and the victim (Madanes, as cited in DiBlasio, 1998). The therapist may formalise the request of forgiveness by recording the date and time of the request and ask family members to record each of their forgiveness moments. With this, the therapist serves as a witness who at any time, can document that the forgiveness moment occurred.

The final step of DiBlasio's (1998) cognitive decision model is ceremonial act. In all cultures, ceremonial acts function to mark the transition into certain developmental phases. They clearly represent and signal to one's group, a rite of passage (Erikson, as cited in DiBlasio). To DiBlasio, ceremonial acts for forgiveness need not be public; however, he emphasises that they signal

to the family and community that transition has occurred. The ceremonial acts symbolise emotional bonding of the family and reinforce the cognitive commitment of forgiveness and perhaps the reconciliation that has been achieved. After each member of the family has had an opportunity to state an offence to go through the ensuing eight steps, the family is asked to plan a ceremonial act to represent the forgiveness. This can be between individuals or designed for the entire family. The therapist must assist family members with ideas to come out with a ceremonial act if they lack ideas. An example of a family ceremonial act could be 'creation of a family album which each family member brings a written paragraph on family strengths and possible photographs. The creation of the album reflects the forgiveness and future unity of the family (DiBlasio). Interventions that used this model were (Hargrave & Sells, 1997; Murray, 2000).

Hargraves's Forgiveness Model (1994)

This model is derived from the contextual family therapy, according to Boszormenyi-Nagy, Boszomenyi-Nagy and Spark as cited in Baharudin, Amat and Jailan (2011). The core of this model is based on relational ethics (Boszormenyi-Nagy & Krasner, cited in Hargrave & Sells, 1997) which deals with the subjective balance of justice, trustworthiness, loyalty, merits and entitlement between members of a relationship. Relational ethics are rooted in the idea that people have an innate sense of justice that demands balance between what they are entitled to receive from a relationship and what they are obligated to give to maintain relational existence (Hargrave & Sells, 1997). This implies that when people engage in relationships that have balance of give and take over a period of time, the innate sense of justice is satisfied and

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trustworthiness is established in the relationship. On the other hand, when there is a consistent or severe imbalance between the relational give and take, the sense of justice is violated and individuals feel cheated or over benefited by the relationship (Hargrave & Sells, 1997). This resulting lack of trust drives individuals to destructive entitlement or self-justifying efforts to secure an entitlement (Boszormenyi-Nagy & Krasner, cited in Hargrave & Sells, 1997). Destructive entitlement can manifest itself in diverse ways, including paranoid attitudes, hostility, rage, emotional cut-offs and destructive harm to other individuals (Boszormenyi-Nagy & Krasner, cited in Hargrave & Sells, 1997).

To Hargrave (1994), it is this destructive entitlement that results in family pain and hurt. Using this model, Hargrave believes that individuals who are victims of family pain will transform the violations of love and trust into feelings concerning themselves and actions in future relationships. Hargrave construes that when individuals are violated, they are likely to feel rage as they experience uncontrolled anger toward the victimiser or shame as they accuse themselves of being unlovable and not deserving of a trustworthy relationship. To Hargave, individuals who are victims of family pain experience a wide range of feelings and actions as they alternate in shame and rage, control and chaotic cycles.

Hargrave (1994) maintained that efforts aimed at forgiveness, such as the release of blame and reconciliation are therapeutic opportunities to deal with the destructive entitlement and to heal family relationships. Hargrave saw forgiveness as a multi-stage process attained little at a time over a long period of time. According to him, there are two main categories of forgiveness. Firstly, exoneration which is defined as the effort of a person who has experienced

injustice or hurt is to lift the load of culpability of the person who caused the hurt (Hargrave & Sells, 1997). Exoneration includes two stations, namely insight and understanding. Insight allows one to recognise and alter destructive patterns that perpetuate unjust re-enactments. Understanding allows for recognition of the limitations of the victimiser without removing their responsibilities.

The second stage of Hargraves's categories is forgiveness. It comprises the final two stations: giving an opportunity for compensation and an overt act of forgiveness. The overt act of forgiving enables the offended to provide opportunity for the offender to demonstrate love and trust. This trust can only be restored in a relationship when the victim and victimiser do not forget the past, but make efforts to live differently as a result of remembering it. Unlike other models, Hargrave does not define forgiveness as a sequential stage process, rather, it is viewed as a reciprocating interaction between four stations as a progressive effort to forgive and restore relationships (Hargrave & Sells, 1997). This model, developed by Hargrave as a family therapy, is used to resolve marital conflict among couples (Lijo, 2018). Some intervention studies that utilised this model were (Hargrave & Sells, 1997; Murray, 2000).

The forgiveness models discussed highlighted a fundamental difference. The first two models, namely Enright's (2001) Model and Worthington's (1998) Model are process-based whereas the last three Cognitive Development Model, DiBlasio's (1998) Model and Hargrave's (1994) Model, are decision-based. This means that forgiveness interventions can be process-based and decision-based. The study conducted by me used only the process-

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based models. The decision to use the process-based models was based on the efficacy of the process-based models in counselling interventions.

According to Baskin and Enright (2004), the process-based models, when compared with control groups in counselling interventions for measures of forgiveness and other emotional health measures like anger, the process-based group interventions show significant effects whereas the decision-based interventions show no significant effects. For instance, the mean size for levels of forgiveness in a decision-based intervention versus a control group (4 interventions with a total n = 188), was $d_1f = 0.04$ (95% confidence interval [CI]: 0.24 to 0.16). The fact that the confidence interval encompassed zero, the result could be considered to differ from zero. Thus, the results indicated no significant difference in forgiveness between those receiving a decision-based intervention and those receiving no intervention. Also, the mean effect size for levels of forgiveness in a process-based group intervention (3 interventions total n=120) was $d_2f=0.82$ (95% CI: 0.43 to 1.21). This effect size can be considered in terms of the average person in the intervention group doing well or better than the 75% of the control group. The mean effect size for levels of forgiveness in the process-based individual interventions (2 interventions, total n=22 was $d_3f=1.66$ (95% CI: 0.68 to 2.64). This effect size can be considered in terms of the average person in the intervention group doing well or better than 95% of the control group.

Furthermore, in terms of the mean size for all emotional health dependent variables in the decision-based interventions versus their control groups (2 interventions with a total n=102) was $d_1e=0.16$ (95% Cl: -0.16 to 0.48). The fact that this CI encompasses zero, the result cannot be considered to

differ from zero; thus heterogeneous results. The mean effect size for all non-forgiveness dependent variables in process-based group intervention (3 interventions, total n=120 was d2e=0.59 (95% CI:0.28 to 0.90), with homogeneous results. This effect size can be considered in terms of the average person in the forgiveness group doing well or better than 65% of the control group. In addition, the mean effect size for all non-forgiveness dependent variables in the process-based individual intervention (2 interventions, total n=22) was d3e=1.42 (95% CI: 0.65 to 2.18), with homogeneous results. Here, the effect size can be described in terms of the average person in the intervention group doing as well or better than 92% of the control group.

Concept of Anger

Anger is a basic human emotion (Kroner & Reddon, 1995). It is a mental, physical and emotional response to a threat or to harm done in the past by a person or an event. Anger takes many different forms from irritation to blinking rage or resentment that festers over years (Defoore, 2007; Carrion, 2013). According to Spielberger (2015), anger is seen in two forms, namely, state and trait anger. The state anger refers to the feelings of anger that a person is experiencing whereas the trait anger refers to the tendency of a person to be angry across situations. Anger is made up of a combination of physical, mental and social factors. It is influenced by our feelings and emotional make up, how we view the world, and what happens around us (Carrion, 2013).

The psychological explanation of anger recognises our mood as the key part of the anger, but not the only part (Black, Donald & Henderson, 2005). To understand anger and its causes, it is better to look at the various components that trigger anger in a systematic way and to see how they fit together and

influence each other. Thus, we need to understand our mood, thoughts, bodily reactions and impulsive behaviour and the outside world (Black, Donald & Henderson, 2005). The outside world is identified as; problems with others, debts and practical problems, frustration events and stress (Black et al., 2005). The relationship between the inner world, mood, bodily reactions and angry behaviour is coined as the vicious cycle of anger (Black et al., 2005). This is illustrated in Figure. 1
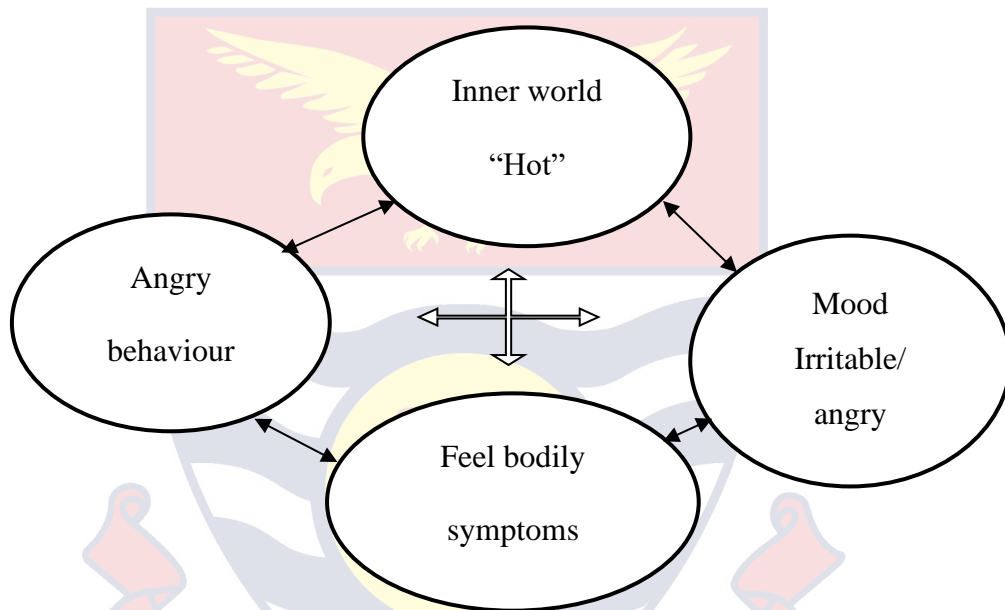
Figure 1- Vicious cycle of anger (Adopted from Black et al., 2005).

The components of anger have direct influence on one another. For instance, angry behaviour can cause an angry response from others. Also bodily signs of anger can lead persons to feel out of control and this can make our mood worse. Also, "hot" thoughts can make us feel more enraged.

Causes of Anger

Anger, as a natural healthy emotion is a feeling that a person has when threatened or opposed. This is made up of a combination of physical, mental and emotional (psychological) factors (Carrion, 2013).

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One of the causes of anger in humans is our negative thinking. The negative thinking of humans would direct our attitudes into incorrect direction and raises our chances of going off when the anger builds up. Persons who refuse to see the positive in life are generally shallow. Persons who think that they are hopeless are prone to anger in their daily lives. A person who is an "if" person will be postulating "what if this occurs" or "what if that occurs". This person will be potential failure as results of irrational fears which will be the source of his/her anger (Black, Donald & Henderson, 2005).

Second, drugs and alcohol is a source of anger. Drugs such as cocaine, caffeine, heroine, valium, xanex, marijuana affect a person's mind-set and induce anger in drug addicts. Many individuals have issues with stress, anxiety, depression and self-regard due to developmental defects that make them to consume liquor or take in drugs to reduce the situation. This may increase their problem(s) and make them angrier (Frey, 2003).

Third, personality disorders are a source of anger. Psychological disorders, such as depression, manic depression, insomnia, schizophrenia, anxiety and post-partum depression contribute significantly to anger (Lahey, 2012; Glassman & Hadad, 2012; Coon & Mitterer, 2013). Depression is one of the fundamental causes of anger. This is because depression occasionally plays pranks on the brain as a result of a chemical imbalance that cannot be controlled.

Also, anger is caused by reacting to outside events or persons, such as loss of a loved one and worrying about failure of paying a debt. Persons with upsetting thoughts, feelings and memories from the past could be a cause of anger (Black et al., 2005, Frey, 2003).

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Research has shown that people tend to be angrier than others as a result of their tolerance for frustration. This may be a heredity issue due to the type of genes (Kendler et al., as cited in Lahey, 2012). This may also suggest that such people do not learn how to handle and express their feelings in other ways. Furthermore, stress is one of the causes of anger. Anger is not a condition; it is a symptom that indicates that your life is not balanced. Insufficient sleep, poor eating habits, working without rest, automatic negative feelings, imagining the worst, holding unrealistic standards and taking too much responsibilities are stressful that can cause extreme irritation and anger (Coon & Mitterer, 2013; Frey, 2003).

In addition, family members, peers and friends can be sources of anger. Persons model anger from the family, peers and friends that they have contact with throughout their lives. Some persons come from families that are poor in handling emotions and interactions. Such families possess high levels of anger and they are likely to have difficulty with anger. Also, children model anger from their peers. Thus, anger is learnt (Frey, 2003). Finally, unforgiveness has been a serious cause of anger. People who do not forgive experience bitterness, hatred, fear, revenge, resentment, rage which serve as sources of anger (Boakye, 2014; Worthington & Scherer, 2004).

Impact of Anger on Health

Anger gets the mind and body ready for action. It arouses the nervous system, increases the heart rate, blood pressure, blood flow to muscles, blood sugar level and sweating. It also sharpens the senses and increases the production of adrenalin, a hormone produced at times of stress (Suman, 2016). In addition, anger affects the way we think. When we are first faced with threat,

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anger quickly helps us to translate complex information into simple terms; "right" or wrong. This can be useful in an emergency as we do not waste valuable time in weighing up the consequence of the act (Suman, 2016).

Secondly, chronic and excessive anger, such as explosive temper-lashing out physically predisposes the person to anxiety, unstable moods, tendency towards impulsive, including problems with alcohol and fear of being abandoned (Eastridge, 2013; Frey, 2003). Also, anger is an emotion likely to cause problems in relationships in the family, at work and with friends. Persons with long-term anger problem tend to be poor in making decisions, take more risks than other people and they are more likely to have substance misuse problems (Baumeister, Stillwell, & Wotman, as cited in Kroner & Reddon, 1995). Finally, anger is a major cause of mental health problems, including depression, anxiety and self-harm, such as suicide. Anger is also linked overall poor health conditions, such as high blood pressure, colds, flu, coronary heart disease, stroke, cancer, and gastro-intestinal problems (Suman, 2016).

Theoretical Framework

Forgiveness Theories

Forgiveness is multi-faceted, encompassing complex connection of social, psychological, cognitive, emotional and physical factors (Witvliet, 2001). The Theories that provided the framework for the study were the Personality or Trait Theory and the Psychological Theory.

Personality Theory

This theory is an integrated theory with its components as personality, spirituality and stress-and-coping. The proponent of this theory is Worthington (2006). In Worthington's (2006) forgiveness theory, much attention is given to

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the importance of personality and its influence on the disposition to forgive. The history of personality is synonymous with the search for an appropriate unit for studying persons (McCullough, Pargament & Thoresen, 2000). Mc Adams (1996) articulated a framework for understanding the individuality of human. He proposes that knowing a person requires being privy to information at three levels of personality, namely comparative dispositional trait, contextualised personal concerns and integrative life stories. These three levels provide vantage points or perspectives from which to approach the scientific study of persons, and of more immediate concern, the study of forgiveness and personality (McCullough, Pargament & Thoresen, 2000).

The first level relatively comprises unconditional, decontextualised and comparative dimensions of personality called 'traits', which are characteristics of describing the most general and observable aspects of a person's behavioural patterns. These traits are valuable descriptive features of persons, owing to their normative and non-conditional properties (McCullough, Pargamant & Thoresen, 2000). Forgiveness has been studied as a trait called forgivingness, a disposition toward benevolence instead of anger and resentment and to live in harmony with others (Emmons, 2000).

Forgiveness is seen as a virtue because it is a disposition to abort one's anger at a person one thinks to have wronged one or by seeing one in the benevolent terms provided by reasons characterised by forgiving. A forgiving person is one who tends to be aware of anger-mitigating circumstances and has a highly developed emotion-management skills that ensure and regulate anger and related forgiveness-inhibiting emotions (McCullough, Pargamant, & Thoresen, 2000). In addition, a forgiving person has a chronic concern to be in

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benevolent harmonious relationship with others, the ability to take the view points of sufferers and detach from personal experience of having been harmed (McCullough, Pargament & Thoresen, 2000). Forgiveness is correlated to a higher order of personality factors, such as those in the Five factors (Big Five) personality taxonomy, namely openness to experience, conscientiousness, extraversion, agreeableness and neuroticism (McCrae & Costa, as cited in McCullough, 2001).

Personality traits are a sort of "recognisable signature" of an individual and how the individual is expected to typically respond to the environment (McAdams & Pals, 2006, p. 207). The disposition to forgive is mostly strongly related to two of the higher-order dimensions; agreeableness and emotional stability (Ashon, Paunonen, Helmes, & Jackson; Berry et al., in press; McCullough et al., McCullough & Hoyt, as cited in McCullough, 2001). Agreeableness is a personality dimension that incorporates traits, such as altruism, empathy, care and generosity. Agreeableness is also the tendency to be kind, sympathetic, pleasing and warm in interactions with others (Toussaint & Worthington, 2017). Trait theorists and researchers highly rate agreeable people on descriptors, such as 'forgiving' and low on descriptors, such as 'vengeful'. Highly agreeable people tend to thrive in the interpersonal realm than less agreeable people do (McCullough, 2001). Specifically, research on the disposition to forgive has confirmed the agreeableness-forgiveness association (McCullough & Hoyt, as cited in McCullough, 2001).

It is clear that people who dispositionally appear incline to forgive also possess lower-order traits that agreeableness subsumes. For instance, as compared to people who are not inclined to forgive, they tend to be less

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exploitative and more empathic towards others (Tangney, Fee, Reinsmith, Boone & Lee, 1999). In addition, people who are dispositionally inclined to forgive report higher levels of moral responsibility and demonstrate a greater tendency to share resources with people who have been rude and inconsiderate to them (Ashton, Paunonen, Helmes & Jackson, 1998).

Also, involving the Big Five taxonomy, vengefulness is related to two of the Big Five personality factors, namely neuroticism and agreeableness (McCullough, Bellah, Kilpatrick, & Johnson, 2001). Firstly, people high in neuroticism experience frequent negative affectivity, instability of affect, and greater sensitivity to negative events. Neuroticism with negative affectivity predisposes people who are easily offended and angered and higher in vengefulness (Manzi & Perugini; Martin & Watson, as cited in McCullough, Bellah, Kilpatrick & Johnson, 2001). Secondly, vengeful people are low in agreeableness. Agreeableness is one of the Big Five personality traits with the greatest relevance for how people conduct their interpersonal relationships (Grazano, Jensen-Campbell & Hair, as cited in McCullough, Bellah, Kilpatrick & Johnson, 2001).

Agreeableness reflects a prosocial orientation towards others that encompass qualities, such as altruism, kindness and trust (McCullough, Bellah, Kilpatrick & Johnson, 2001), but people, low in agreeableness have greater amounts of conflict with peers and difficulties in relational closeness and commitment (Asendorpf & Wilpers, as cited in McCullough, Bellah, Kipatrick & Johnson, 2001) and empathy deficits (Ashton etal., 1998); hence, vengefulness is associated with less forgiving, greater rumination about the offence, higher negative affectivity and lower life satisfaction (McCullough,

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Bellah, Kilpatrick & Johnson, 2001). Thus, agreeableness predicts lower revenge motivation and greater benevolence motivation while neuroticism predicts greater avoidance motivation and lower benevolence motivation (McCullough, 2000).

Neto and Mullet (2004) stipulate that the interpersonal dimension of personality is linked to forgivingness while the intrapersonal dimensions are not much linked. The intrapersonal traits, such as anger, rumination and anxiety are negatively correlated with forgiveness. Also, McCullough, Pargament and Thoresen (2000) indicate that revenge seeking and rumination are powerful inhibitors of forgiveness. Forgiveness is positively associated with characteristics, such as agreeableness, altruism and gratitude (Neto & Mullet, 2004). Arslan and Oral (2017) also opine that self-compassion, agreeableness and extraversion to positively predict forgiveness whereas rumination and conscientiousness negatively predict forgiveness.

Narcissism, neurotic defences, emotional non-disclosure and inability or reluctance to empathise are obstacles to forgiveness (Strelan & Covic, 2006). Narcissism is characterised by tendencies towards grandiose ideas, exhibitionism and defensiveness in response to criticisms; interpersonal relationships that are characterised by feelings of entitlement, exploitativeness, and lack of empathy (Raskin & Terry, 1988). Narcissism may serve as a central organising construct that subsumes other forgiveness-related traits, such as humility, empathy, and grandiosity (McCullough, Pargament & Thoresen, 2000). According to Worthington (1998), narcissism is an inhibitory effect on forgiveness process. To Worthington, one key dimension of narcissism is the difficulty in empathic functioning. In addition, humility, which is the keeping

of one's success and positive qualities in perspective, would not agree with the narcissistic spectrum. Narcissistic persons are prone to excessive self-enhancement and poor self-perception accuracy which inhibits forgiveness (John & Robin, 1994). Forgiveness is seen as a natural response to humility and empathy whereas narcissism is the natural enemy to empathy and humility (Worthington, 1998). Lack of humility or excessive self-focus found in a trait of narcissism cannot promote forgiveness (McCullough, Pargament & Thoresen, 2000). Brandsma as cited in McCullough, Pargament and Thoresen (2000) outline three general contexts in which forgiveness occurs, particularly for the narcissistic individual. Firstly, to forgive, one must re-experience the hurt of the violator which allows less threat and greater capacity for empathy. This requires a humbling of the self and relinquishment of grandiosity. Secondly, forgiveness requires abandoning of the egocentric position of seeing others in light of one's own needs and developing insights into the offender's own motives. Finally, a commitment not to engage in retributive opportunities, that is taking vengeance.

Emotional stability is a personal dimension that involves low vulnerability to the experience of negative emotions. People who are emotionally stable tend not to be moody or overly sensitive. Several studies demonstrate that people who are emotionally stable score higher on measures of disposition to forgive than their less emotionally stable counterparts (Ashton, Paunonen, Helmes & Jackson, 1998).

Religiousness and spirituality are personality dimensions that may be related to the disposition to forgive and are distinct from the 'BIG FIVE' personality traits (McCullough, 2000). These coincide with the third level of

Mc Adams (1996) levels of personality that concerns with how persons make sense of who they are in the world and how they create life stories that provide their lives with overall unity, meaning and purpose. Forgiveness and spirituality are related (Pargament, McCullough & Thoresen, 2000). Thus, a study of the use of forgiveness therapy requires a spiritual perspective. This is because forgiveness is understood in a larger context of life as a profoundly spiritual experience and process (Patton, 2000). For instance, to Christians, forgiveness is the core of religious tradition whose members believe that change and transition from unforgiveness to forgiveness are possible and real (Rye et al., as cited in Browne, 2009). Also, the riches of metaphor that religious systems provide: for instance, in viewing major life changes as involving the death and burial of an old life and resurrection to a new one may be a potent means of activating forgiveness tendencies or incorporating forgiveness into one's identity (McCullough, Pargament & Thoresen, 2000). In addition, the use of religious stories or parables can serve as a powerful source of inspiration and guidance for those desiring to seek forgiveness, even under the most trying circumstances. A clear example is the prodigal son (Luke 15:11-32, International King James Version quoted by Dickson, 2006 pp.1462-1463).

It is also noted that people who view themselves to be more religious or spiritual highly tend to value forgiveness and see themselves as more forgiving than people who consider themselves less religious or spiritual. More religious people are also slightly less prone to vengeance than less religious people (Toussaint & Worthington, 2017; McCullough, 2001). Beyond exhorting people to forgive each other, religion encourages compassion and empathy; emotions that foster forgiveness (McCullough, Rachal & Worthington, 1997)

and the compassion and empathy model forgiving actions through scripture and ritual (Pargament & Rye, as cited in McCullough, Pargament & Thoresen, 2000).

Worthington (2006) saw forgiveness and its process in terms of coping with stress. Worthington and Scherer (2004) recommend that the study of the link between unforgiveness, forgiveness, stress, coping and health. They suggest four theoretical propositions linking unforgiveness, emotional forgiveness and health. Firstly, unforgiveness is stressful; secondly, unforgiveness can be reduced by several coping strategies; thirdly, forgiveness is one way to reduce unforgiveness and finally; forgiveness, as a coping strategy, is related to health. Worthington's (2006) stress-and-coping theory is based on Lazarus and Folkman's stress and coping model as cited in (Browne 2009; Toussaint & Worthington, 2017). Lazarus and Folkman's theory suggests that when we perceive something in our environment that poses a threat, potential harm or a significant challenge, we feel stress. The stress that we experience impacts all levels of functioning through stimulating behavioural, emotional and biological responses that when chronic, ultimately erode our health as cited in Toussaint and Worthington (2017). Worthington's (2006) stress-and-coping model of forgiveness stipulates that forgiveness is an emotion-focused coping mechanism that reduces stressful effects of injustice gap and promotes health and well-being.

A transgression is appraised as a stressor which ignites a series of reactions that may be physiological, cognitive, motivational, behavioural or emotional (Worthington, 2006; Toussaint & Worthington, 2017). Thus, unforgiveness is a reaction to interpersonal transgression. People cope with

unforgiving feelings related to interpersonal transgression by focusing on either the problem or the accompanying emotions (Worthington). Emotional forgiveness is the replacement of negative emotions by positive oriented emotions (Worthington). This definition is in line with Lazarus and Folkman's model of emotion-focused coping strategy. Emotion-focused coping focuses on managing one's emotions in the midst of stressful event. This may involve distancing one's self from a stressful situation, denying its occurrence or impact or fantasising about a better place or time. This, according to Worthington (2006), can produce decisional forgiveness. Problem-focused coping emphasises dealing directly with the problem at hand, trying to reduce its impact, or finding alternatives and solutions may also result in emotional forgiveness.

Forgiveness is similar to coping (Strelan & Covic, 2006; Worthington, 2006; Worthington & Scherer, 2004) and it is made up of the following concepts: (a) the forgiveness process is a reaction to stress; (b) primary and secondary appraisal are responses to transgressions and continue throughout the process; (c) coping strategies provide a framework to explain what people do when they forgive and how they do it; (d) forgiveness and coping can be useful tools when facing difficult situations in the future; (e) forgiveness and coping are both intra-and interpersonal processes and (f) forgiveness processes and coping are rarely linear as positive and negative responses co-occur as individual spirals toward psychological equilibrium. Worthington (2006) categorised coping into: Firstly, assimilating coping is finding an existing method of coping while accommodating finds a new way to cope. Secondly, approach coping deals with the problem whereas avoidance coping involves

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withdrawing oneself from the problem. Thirdly, prosocial coping seeks support and antisocial coping opposes a person, and asocial coping involves cognitive reconstruction. Finally, effortful coping requires energy and involuntary coping is automatic. People forgive by using problem-focused, emotion-focused, future-oriented strategies toward interpersonal transgressions. In sum, one's disposition to forgive is a function of one's inherent traits, goals and personal strivings, life narratives and the mode and manner one will cope with stress.

Psychological Theory

The psychological theory is based on empathy and transgression, generous attribution and appraisals. This theory is attributed to McCullough, Rachal and Worthington (1997). Empathy and perspective-taking facilitate many prosocial qualities such as willingness to help others (Batson, as cited in McCullough, 2000) and forgiving (McCullough, 2000). Empathy has been defined as the vicarious experience of another person's emotional state and by others as a specific emotion characterised by compassion, tenderness, and sympathy (McCullough, 2001). Empathy, as an emotional state, strongly correlates with the extent to which a victim forgives the transgressor for a particular wrong doing. The extent to which people forgive transgressions are highly correlated with the extent to which they experience empathy for the transgression (McCullough et al., 1997) and avoidance and revenge motivations (McCullough, Rachal, Sandage, Worthington, Brown & Hight, 1998).

Empathy explains why some socio-psychological variables influence forgiveness. For instance, the well-known effect of the transgressor's apologies on the victims' likelihood of forgiving apparently is almost totally mediated by the effects of the victims' empathy for the transgressor (McCullough et al.,

1997). When transgressors apologise, they indirectly express some degree of fallibility and vulnerability which may cause victims to feel empathetic, thereby motivating them to forgive the transgressor (McCullough, 2001). The extent to which the offender makes sincere apologies or expressions of remorse have a great influence on forgiveness (McCullough, Rachal, Worthington, Brown & Hight, 1998). It is noted that sincere apologies and expressions of remorse may be the most potent factors under the offender's control for influencing the likelihood that an offended relationship partner will forgive (McCullough, 2000). In addition, relational factors, particularly closeness, commitment and satisfaction are vital determinants of forgiving. Specifically, people are most likely to forgive in relationships that are characterised by closeness, commitment and satisfaction (McCullough, 2000).

Research on psychological interventions designed to help clients forgive specific transgressions reveal that empathy fosters forgiveness (McCullough, 2001; McCullough, 2000; Worthington, 1998). Empathy for the transgressor has been found to be the only psychological variable shown to help people to forgive specific real-life transgressions when experimentally manipulated or induced (McCullough, Rachal & Worthington, 1997).

Another factor associated with the extent to which someone forgives a specific transgression is the extent to which the victim makes attributions and appraisals about the transgression and transgressor (McCullough, 2001). Persons who have forgiven their transgressors appraise the transgressors as more likable (Bradifield, as cited in McCullough, 2001) and the transgressors' explanations for the transgressions as more adequate and honest (Shapiro, as cited in McCullough). People who tend to forgive their spouses also tend to

attribute less responsibility to their spouses for their negative behaviour than do people who do not tend to forgive their spouses (Fincham, 2000).

The more people ruminate about an offence, the more difficulty they appear to have in forgiving the offense (McCullough, 2000). Rumination about a specific transgression is associated with the degree to which the person forgives. Rumination, or the tendency to experience intrusive thoughts, affects and images about past events, appears to affect forgiveness (McCullough, 2001; McCullough, 2000). The more people reflect about a transgression, the higher are their levels of revenge and avoidance motivation (McCullough, 2001; McCullough, 2000). Victims who continue to ruminate about a particular wrong doing make considerable less progress in forgiving the transgressor (McCullough). Angry rumination fuels hostility, vengeance, seething bitterness and grudges which lead to anger disorders, such as anxiety and depression (Toussaint & Worthington, 2017). The degree to which individuals reduce their ruminations about a particular transgression over time is a good predictor of how much progress they will make in forgiving their transgressor. In sum, the psychological theory stipulates that forgiveness is based on the ability to experience empathy for a transgressor and the attributions and appraisals of the transgressions as well as the tendency for one to experience intrusive thoughts and images about past events.

Conceptual Framework

A conceptual framework explains either graphically or in a narrative form, the main variables to be studied and the presumed relationships among them (Herberman & Mills, 1994). It is a conception of what is out there that the

researcher plans to study and what is going on with the things and why. This is a tentative assumption of the issue the researcher is looking at.

In this study, from the statement of the problem, the variables identified are the intervention models which are the Process Model and the REACH Model. The Process and REACH Models are the independent variables whereas forgiveness and anger are the dependent variables. The Process Model of intervention is seen to be effective in decreasing anger, anxiety, depression and self-grief and increases hope, self-esteem and willingness to forgive (Recine, 2015; Enright & Fitzgibbons, 2000; Hebl & Enright, 1993; Coyle & Enright, 1997; Al-Mabuk et al., 1995; Freedman & Enright, 1996). The REACH Model is effective in changing attitudes and emotions expressed toward transgressors leading to a decrease in revenge and increase of empathy, conciliation and affirmation of the offender (Nation, Wertheim & Worthington, 2017; McCullough et al., 1997).

The conceptual base of this experimental study is that forgiveness and anger are constructs which are functions of emotions, behaviours and cognitions. When participants are taken through a well-planned and structured intervention, using the Process and the REACH Models of forgiveness, the participants' forgiveness levels will improve as a result of positive change of emotions, behaviours and cognitions towards the one who hurts. This will lead to a reduction in anger towards the perpetrator. The conceptual framework is illustrated in a diagram form in Figure 2.
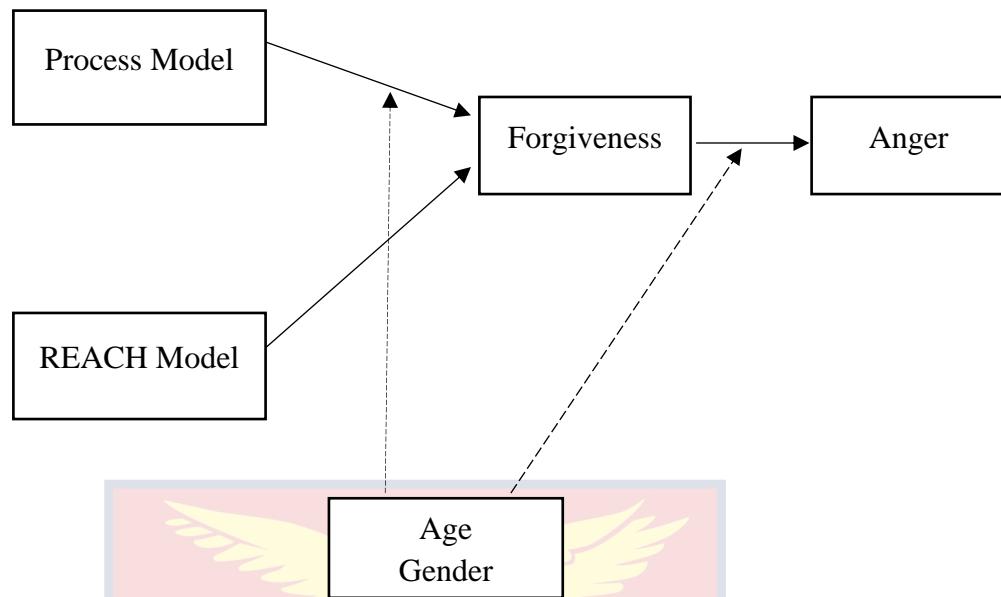
Figure 2 - A model of predictability of Process and REACH models of intervention on Forgiveness and its Relationship with Anger.

Looking at the conceptual framework, it is clear that anger has not directly been treated but assessed in the study. This is because anger is not directly measured in the study. It is a distal measure (Rye & Pargament, 2002). The main target of the study is to measure forgiveness using the Process and REACH models. Forgiveness is a proximal measure; that is, the variable directly measured (Rye & Pargament, 2002). Considering the relationship between forgiveness and anger as a mental health variable, it is clear that when forgiveness is increased, there will be a high level of forgiveness, positive affectivity, positive behaviour and positive cognition toward the transgressor and anger will also be ultimately reduced towards the perpetrator of the hurt.

On the contrary, if there exists an increase in unforgiveness, there will be a low level of forgiveness, negative affectivity, negative behaviour and negative cognition which will also lead to an increase in anger, high level of anger, negative affectivity, negative behaviour and negative cognition. Also,

age and gender are serving as mediating variables between the Process and REACH models and forgiveness as well as anger because age and gender can have an influence on forgiveness levels and anger levels of participants of the study.

Empirical Studies

The empirical review is based on five main areas, namely forgiveness and mental health issues, forgiveness and gender, forgiveness and age, anger and gender and anger and age.

Forgiveness and Mental and Physical Health Issues

This section is based on studies done on forgiveness and mental health issues, such as anger, anxiety, depression and self-esteem. Hebl and Enright (1993) studied 26 elderly women in the UK using the Process model of forgiveness with a mean age of 74.5 who were emotionally hurt and randomly assigned to a control group and a forgiveness intervention group. The study revealed that the experimental group showed significantly higher forgiveness profiles at post-test compared to the control group. Also, the intervention group experienced an improvement in self-esteem, state-anxiety, trait-anxiety, and depression.

A study conducted by Nation, Werthein and Worthington (2017) in the University of Australia with a sample of 130 community-based adults found that the immediate treatment group reported improvement in overall forgiveness and emotional forgiveness as well as a reduction in avoidance motivations with a large effect size than the delayed treatment group. The study also found no change in revenge motivations, decisional forgiveness and well-being indicators, such as depression and anxiety. Tangney, Fee, Reinsmith, Boone and

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Lee (1999) evaluated individual differences in the propensity to forgive their offenders with 285 undergraduate participants in Boston. The results showed that individuals who forgave others for wrongful acts committed against them showed marked reduction in negative emotions, such as anger, aggression and revenge.

In Ouintana-Orts and Rey's (2018) study with a sample of 1,650 secondary school adolescents in Spain, found that cyber-victimised adolescents with high forgiveness levels compared with cyber-victimised adolescents with low forgiveness levels significantly reported lower levels of cyberbullying behaviours, such as cyber-aggression and cyber-victimisation than the adolescents with low levels of cyberbullying. In a related study conducted by Quintana-Orts and Rey (2018) in Spain, using 1,044 early adolescents, the results indicated that victimised and cyber-victimised adolescents with high levels of forgiveness were found to significantly report higher levels of forgiveness. Similarly, adolescents reporting traditional victimisation and higher levels of forgiveness levels also showed lower levels of suicidal risk.

Al-Mabuk, Enright and Cardis (1995) studied 96 parental-love deprived college students in the UK using the Process model of forgiveness who were randomly assigned to a control group and an experimental group. The results showed only a modest effect. The experimental group gained more in hope and in one aspect of forgiveness than the control group. This indicated that forgiveness was not significant. In a related study by Allemand, Hill and Steiner (2013) with 78 adults in Switzerland, with age range of 50-90, the results indicated that the forgiveness intervention reduced the levels of perceived actual

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transgression, painfulness, transgression related emotions, cognitions and negative affectivity.

Freedman and Knupp (2003) examined the impact of forgiveness on adolescent adjustment to parental divorce in a sample of Midwestern junior high students. The results of the study indicated that the respondents demonstrated a forgiving behaviour toward their divorced parents. In addition, they found a remarkable increase in the psychological well-being in hope and anxiety of the experimental group and positive behaviour towards their parents. A study conducted by Freedman and Enright (1996) with 12 Caucasian incest survivors with an average age of 36 years from the Midwestern community-USA using a randomised experimental design, the experimental group indicated a significantly greater reduction in state-anxiety, trait-anxiety, self-esteem, depression and a greater increase in forgiving the perpetrator, and in hope using the Process model of forgiveness.

In a study conducted by Jafari, Yousefi and Manshaee (2014), among 260 high school adolescents in Isfahan, to determine the relation between forgiveness and rumination of mothers with depression, the results indicated that rumination of mothers had a significant and positive relationship with depression of adolescents. Also, forgiveness of mothers has a negative and significant relationship with depression. In Kirmani's (2015) study at Jaipur city with college students, the results showed no significant association among gratitude, forgiveness and subjective well-being in a group as a whole. A study conducted by Utami, Praptamojiti, Wulan and Fauziah (2018), using a sample of 226 adolescents found self-esteem as a predictor of adolescents subjective well-being, whereas forgiveness and perception of family harmony did not

serve as predictors of subjective well-being in adolescents. In Orth, Berking Walker, Meier and Znoji (2008), study in Germany using a sample of 347 participants, the results revealed that adjustment facilitated forgiveness, but forgiveness did not facilitate adjustment. Barimah's (2019) study, with 26 participants of education students in the Eastern Region of Ghana, using the Process Model of Enright, the results indicated a significant improvement in the levels of forgiveness among college students. However, there was no significant improvement in the levels of anger among college students.

Also, a study conducted by Reed and Enright's (2006), with 20 women experiencing spousal emotional abuse ages between 35-54 in Midwest city among psychologically abused American women, found that participants taken through forgiveness intervention experienced greater improvement in depression, trait anxiety, posttraumatic stress symptoms, self-image, forgiveness, environmental mastery and finding meaning in suffering. In addition, Lee and Enright (2014), in their study with women with fibromyalgia, who experienced parental abuse at childhood, indicated that forgiveness intervention could help to alleviate physical and psychological symptoms. The study found a greater improvement in forgiveness and overall fibromyalgia health from pre-test to the post-test and in forgiveness and state anger from the pre-test to the follow-up test than the fibromyalgia health intervention participants.

Coyle and Enright's (1997) study, with 10 "postaborttion" men who were randomly assigned to either experimental or control group in the USA using the Process model of forgiveness, revealed a greater improvement in forgiveness, state anxiety, state anger and grief among the treatment group than

the control group. Another study conducted by Harris, Luskin, Norman, Stanford, Evans and Thoresen (2006) with 259 adults at San Francisco Bay area who experienced a hurtful interpersonal transgression found that the group intervention study reduced negative thoughts and feelings about the target transgression two to three times more effectively. The study also produced significantly greater increase in positive thoughts and feelings towards the transgressor. The study also revealed significant treatment effects for forgiveness, self-efficacy, forgiveness generalised to new situations, perceived stress and trait anger.

A related study conducted by Witvliet, Ludwig and Vander Laan (2001) of 35 females and 36 males introductory psychology students at Hope College in Holland on interpersonal offenses was found that unforgiving thoughts promoted more aversive emotion, insignificantly higher corrugators (brow) electromyogram, skin conductance, heart rate and blood pressure changes from baseline. Also, the results that forgiving thoughts promoted greater perceived control and comparatively lower physiological stress responses, such as increased heart rate, increased blood pressure and increased sweating. Wade and Worthington (2011) study with 91 undergraduates found that positive feelings of forgiveness were uniquely predicted by dispositional forgiveness and by the participant's deliberate attempt to forgive the offense. Besides this, the results also revealed that different patterns of predictors suggested unforgiveness and forgiveness were not necessarily related.

Lin, Mack, Enright, Krahn and Baskin (2004), in their study with 14 substance use and abused inpatients in America, found that participants who completed the forgiveness intervention had significantly more improvement in

total trait anger, depression, total trait anxiety, self-esteem, forgiveness and vulnerability to drugs use than did the alternate group. The forgiveness group emotionally became healthier than the control group. Thus, the experimental group's need for drugs substantially declined relative to the control group. Hansen, Enright, Baskin and Klatt as cited in Enright (2009), in their study with terminally ill cancer patients, found that after a 4-week intervention, the forgiveness group showed greater improvement in psychological health (less anger, more hopefulness toward the future) than the control group. Wade, Bailey and Shaffer (2005), in their study of 59 clients from three university counselling centres in the United States, found that clients who explicitly talked about forgiveness reported more overall improvement in their presenting symptoms-anger, depression, hope and self-esteem.

In a study conducted by Ingersoll-Dayton, Campbell and Ha (2009), with 20 older adult men and women aged 57-82 who participated in the forgiveness intervention indicated that participants experienced long-term improvement with respect to forgiveness and depression, short-term improvement of physical health with no change in relation to anxiety or social support. Enright, Hotler, Baskin and Knutson (2008), in their study with elementary school children at Milwaukee's central city-Northern Ireland, found the following: Firstly, among the first-grade and fifth-grade children those in the forgiveness group became less angry relative to those in the control group at one-month follow-up assessment using randomisation and instruction was done by the class teachers. Secondly, among the third-grade children, those in the forgiveness group became less angry from pre-test to the one month follow up instruction by classroom teachers. The control group also became less angry

from pre-test to the one-month follow up instruction by classroom teachers. They found that the teachers in the forgiveness group and teachers from the same schools in the control group frequently taught the children so that the control participants were indirectly introduced to forgiveness.

A similar study was conducted by Enright, Knutson, Hotler, Baskin and Knutson (2007) among first-grade and third grade primary school children at Belfast, Northern Ireland, found the following: Firstly, among the first-grade (primary children), those in the forgiveness group became less angry relative to those in the control group at one-month follow-up instruction by the classroom teachers. Secondly, among the third-grade (primary 5) children, those in the forgiveness group became less angry and depressed relative to those in the control group at one-month follow-up instruction by classroom teachers.

A study conducted by Gambaro, Enright, Baskin and Klatt (2008) at Wisconsin among academically at risk middle school adolescents found that adolescents in the forgiveness group not only improved in emotional health than those in the control group, but also improved more in academic achievement than the control participants. A related study conducted by Park (as cited in Enright, 2009) among at-risk middle and high school students in Seoul, Korea came out with similar results.

Hannon, Finkel, Kumashiro and Rustbult (2011), in their study with randomised sample of 58 married couples at the University of Carolina at Chapel Hill to find out whether conciliatory behaviour predicted lower blood pressure revealed that victim conciliatory behaviour not only lowered blood pressure, but also lowered the perpetrators' blood pressure. Toussaint, Williams, Musick and Everson's (2001), in their study in the USA with a

national probability data to systematically examined age difference in the association between forgiveness, religiosity and spirituality and respondents reports of mental and physical health conducted at the University of Michigan's Institute of Social Research, found the following: Firstly, there were age differences in the levels of forgiveness of others and feeling forgiven by God. This means that, age as a variable has an influence on the levels of forgiveness based on spirituality. Secondly, middle and old adults showed higher levels of forms of forgiveness than younger adults. Thirdly, the relationship between forgiveness of others and respondents mental and physical health varied by age. Finally, forgiveness of others was more strongly related to mental health and physical health for middle and old age than for young adults.

Toussaint, Shields and Slavich's (2016) study with college students of 332 ranged in age from 16-79 years in the USA using the Process model revealed that the levels of forgiveness, stress and mental and physical health symptoms each showed a significant change and individual variability in change over time. Krause and Ellison (2003), in their nationwide survey of whites and African Americans in America, examined the relationship between forgiveness to others and psychological well-being in late life using a sample of 1,500 participants, revealed that older individuals who forgave others for their wrongful acts committed against them, reported fewer depression symptoms than other elderly who were uncompromisingly unforgiven. McCullough, Worthington and Rachal (1997), in America studied the interpersonal relationship among 239 students and found that forgiveness was strongly associated with reconciliatory behaviour and avoidance of destructive behaviour towards the offending partner. They concluded that forgiveness

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enhanced constructive behaviour which led to the strengthening of a weakened relationship.

McCullough and Worthington's (1995) study with a sample of 86 undergraduate psychology students in Virginia, in two brief psycho-educational interventions indicated that the self-enhancement and interpersonal groups decreased the feeling of revenge, increased positive feelings toward the offender and greater reports of conciliatory behaviour. The self-enhancement group also increased affirming attributions toward the offender, decreased feelings of revenge and effectively increased conciliatory behaviour more than the interpersonal group. The results indicated a significant difference between the intervention group and the control group. This is because the intervention group demonstrated higher levels of forgiveness than the control group. It was also found that a brief psychoeducational one-hour intervention produced a modest amount of forgiveness in groups.

Rye and Pargament's (2002), study of 58 college students in mid-size Western State University, found that the participants in both intervention conditions significantly improved more than those in the comparison condition on measures of forgiveness and existential well-being. In addition, the study found no effects with respect to measures of hope, depression, religious well-being, anxiety and hostility. Staub, Pearlman, Gubi and Hagengimana (2005), study among the Tutsi and Hutus in Rwanda, found a reduction in trauma symptoms, enhancing acceptance or creating a more positive orientation in members of each group toward the other group (Tutsi and Hutus). The results further indicated that the Tutsi and Hutus participants in the integrated group showed a more positive orientation or greater readiness to reconcile.

A survey of 2,616 female and male twins reported that forgiveness reduced the risk of externalising disorders, such as nicotine dependence, alcohol dependence, drug abuse or dependence and adult antisocial behaviour. The results from the survey also indicated that unrevengefulness reduced the risk in internalising disorders, such as major depression, generalised anxiety disorder, phobia, panic disorder and/or bulimia nervosa (Kendler, Liu, Gardner, McCullough, & Larson, as cited in Lijo, 2018). Seybold, Hill, Neumann and Chi (2001) examined the relationship between forgiveness and a variety of immunological, psychophysiological and other physiological conditions in a sample of 68 adults and found that higher level of forgiveness was an indicator of healthy habits like less smoking, lower anxiety, lower anger, lower depression and a more task coping. In addition, people with higher levels of forgiveness had lower haematocrit levels and lower white blood cell counts. Finally, lower forgiveness levels were found to be related to higher T-helper/cytotoxic cell ratio.

Recine's (2015) meta-analytic study at Wisconsin University in the USA found that forgiveness interventions were helpful in addressing mental health problems. That is, forgiveness interventions resulted in more hope and less depression and anxiety. In addition, the meta-analyses indicated that people who received forgiveness interventions reported more forgiveness than those who had no interventions. Barlow and Akhtar's (2018) study of adolescence and adults revealed that forgiveness interventions were effective in the reduction of anger and hostility, stress and distress and in promoting positive affect. Also, the results indicated an improvement in state and trait forgiveness. Spratto's (2011) study in the South-eastern US with 75 males in a large all-male

correctional facility, found a relationship among forgiveness, anger and crime, but the relationship was not significant.

Wade, Hoyt, Kidwell and Worthington's (2014) meta-analyses conducted in the USA also found that people who received forgiveness interventions reported more forgiveness than those who had no interventions. The findings also indicated that forgiveness interventions resulted in more hope, less depression and anxiety than no treatment. A related study conducted by Wade, Worthington and Meyers (2005) in the USA, found forgiveness interventions effective in promoting forgiveness among clients. Worthington, Kurusu, Collins, Berry, Ripley and Baier (2000), studies of college students from an introductory psychology class in Virginia Common Wealth University, found no significant difference between the treatment groups and control group in terms of forgiveness.

Another study conducted by Ripley and Worthington (2002), using 48 couples found that the treatment groups resulted in better communication patterns, but not more forgiveness than the control group. This indicated that there was no significant difference between the outcomes of the treatment group and the control group. Luskin, Ginzburg and Thoresen (2005), studied 55 undergraduate and graduate students at West Coast University and the results indicated that participants who were in the intervention group showed a significant improvement in their tendency to forgive, willingness to forgive the transgressor, level of hurt, anger, perceived self-efficacy, hope and spiritual growth.

A study conducted by Burtler, Dahlin and Fife (2002), with 307 participants in the US, indicated that forgiveness was an acceptable intervention

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for clients experiencing marital problems. Fayyaz, Fatemeh and Beshharat (2011) also examined forgiveness in clinically depressed, non-clinically-depressed and normal people using a sample of 151 participants in Iran. The results showed that the normal group were forgiving more than the clinically depressed group. The results also indicated that forgiving others protect people against negative effects of anger, hatred and revenge and prevents people from becoming depressed. In addition, the study found no significant difference between the non-clinical and the clinical depressed groups.

In a study conducted by Lijo and Annalakshmi (2017), with a sample size of 90 participants in India to promote resilience among institutionalised adolescents through fostering probabilistic orientation, forgiveness and gratitude revealed that the evidence-based positive intervention had improved the probabilistic orientation, forgiveness and gratitude of the institutionalised adolescents. Furthermore, the intervention was found to have resulted in the enhancement of resilience, academic achievement as well as the overall well-being of the participants.

Cardak's (2013) study on the relationship between forgiveness and humility among 343 university students in Turkey revealed that humility and dimensions of humility-openness, self-forgetfulness, modest self-assessment and focus on others were positively related to forgiveness. A study conducted by Hirsch, Webb and Jeglic (2011), in North-eastern US University with a sample of 372 ethnically diverse college students, found that forgiveness of self was significant moderator of the association between inward and outward anger and suicidal behaviour. The study also showed that the interventions targeting

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anger via the promotion of forgiveness might be useful in the prevention of suicidal ideation and attempts.

In Al-Sabeelah, Alraggad and Ameerch's (2014) study, which examined the relationship between forgiveness and personality traits and mental health among a sample of 450 undergraduate students at Al-Balaqa Applied University in Jordan revealed that there was a significant positive correlation between forgiveness traits, personality traits and mental health. Also, Lawler-Row and Piferi, as cited in Al-Saleeh and Ameerch (2014) study of 425 adult examinees with ages 50-95 revealed that forgiveness traits had positive relationship with health behaviours, social support, mental welfare and psychological well-being and negative with depression and stress and no relationship seen between forgiveness and physical signs.

Maltby, Mascaskil and Day (2001), in their study examining the relationship between forgiveness, character, social desirability and public health with a sample of 324 British Graduates in a research, named the failure to forgive yourself and others. The results indicated that failure to forgive yourself was accompanied by high levels of depression and anxiety in men and women. Yip and Tse's (2009) study, which examined the relationship among dispositional forgiveness of others, interpersonal adjustment and psychological well-being, showed that interpersonal adjustment acts to be a moderator between the disposition of forgiveness of others and psychological well-being. Also, dispositional forgiveness of others improved interpersonal adjustment and psychological well-being and might protect against interpersonal experiences and perceptions relating to depression. Russell's (2013) study also indicated a relational dimension among anger, forgiveness and support.

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Toussaint, Shields, Dorn and Slavish (2016), studied the effects of life time stress exposure on mental health and physical health among 148 young adults from a mid-sized liberal arts college campus in Midwest and found that each greater life time stress severity and lower levels of forgiveness uniquely predicted worse mental health and physical health. In addition, a graded stress forgiveness interaction effect was revealed, where association between stress and mental health was weaker for persons exhibiting more forgiveness. Orcutt's (2006) on interpersonal forgiveness and psychological distress symptoms among 182 female undergraduate college students in US showed that offense-specific (as compared with dispositional) forgiveness toward an offender of a self-identified interpersonal transgression was significantly negatively related to psychological distress symptoms.

Akhtar, Dolan and Barlow's (2016), study in the UK results indicated that state forgiveness had strong ties with the participants' perceived sense of mental well-being, including reduction in negative affect, feeling positive emotions, positive relations with others, spiritual growth, a sense of meaning and purpose in life as well as greater sense of empowerment. Asgari and Roushani's (2013), study among a sample of 300 students of Ahwaz University found an acceptable high validity and reliability of the forgiveness scale and the students' mental health. Also, the results found a significant correlation between forgiveness and mental health. Sadiq and Ali's (2012), study of 120 married women in Karachi found positive relationship of avoidance motivation with anger and hostility whereas a negative relationship with life satisfaction. The results also revealed a negative relationship of benevolence motivation with anger and hostility and a positive relationship with life satisfaction.

Arslan and Oral (2017) investigated forgiveness levels in terms of self-compassion, rumination and personality traits among 840 students of Pamukkale University and the results indicated that self-compassion and extraversion were both positive significant predictors of self-forgiveness. However, rumination, neuroticism, openness to experience, agreeableness and conscientiousness of personality traits do not predict self-forgiveness. In addition, self-compassion, rumination and extraversion, agreeableness and conscientiousness are significant predictors of forgiveness of others whereas self-compassion, extraversion and agreeableness predict forgiveness of others positively, rumination and conscientiousness predict negatively.

Forgiveness and Gender

Many scholars have conducted researches to find out the relationship between forgiveness and gender. Toussaint (2005) conducted a study to find out gender differences and the relationship between empathy and forgiveness with 127 community residents in California, who completed self-report measures of empathy and forgiveness. The results showed that, women were more empathetic than men, but showed no significant gender difference in forgiveness. A similar study was conducted by Mascakil, Maltby and Day (2002) among 324 undergraduates in Britain and the results revealed that women have higher empathy than men but not in any of the forms of forgiveness. This study indicated that there was no significant difference between the scores of the men for forgiveness and those of women for forgiveness.

Fehr, Gelfand and Nag's (2010), meta-analysis of 53 studies and 8,366 participants found no significant relationship between forgiveness and gender.

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An additional 23 studies with 3,364 participants also reported no significant forgiveness and gender differences. For instance, McCullough et al., as cited in (Fehr, Gelfand & Nag, 2010), reported the following in their study 4: "We determined through a series of T-test that males and females participants' scores…did not differ" (p. 1595).

Kmiec (2009) examined the relationships among sex, empathy and forgiveness among a sample of 108 undergraduates, aged 18 to 35 years' psychology students at East Carolina University. The results showed that men had higher levels of state forgiveness than women, while no sex difference was found with respect to trait forgiveness. State forgiveness refers to forgiving a specific offense or a single act of forgiveness for a particular offense (Roberts, 1995) whereas trait forgiveness refers to one's actual tendency toward forgiveness. This is termed as forgivingness, which is a general propensity to forgive across a wide variety of situations, harm and relationships (Roberts, 1995).

A study conducted by Lana Jurcec, Mijiocevic and Zagreb (2010), on gender differences in the relationship between forgiveness and depression and happiness among 600 college students comprising 300 males and 300 females at the University of Zagreb, showed that males reported stronger revenge motivation than females. This meant that females were able to forgive more than men. This study did not show gender difference between males and females in terms of forgiveness. Kirman's (2015) study among 219 college students at Jaipur City indicated a significant difference in boys and girls in measures of gratitude and forgiveness. Girls scored higher on these two measures from

which it could be inferred that girls were more forgiving and more gratitude than that of boys.

Lerner (2006) examined gender and forgiveness in early married couples among a sample of 314 Causacian, African -Americans and Asians in Virginia and the results revealed that on the relationship between gender and forgiveness, unforgiveness and forgiveness related variables, men scored higher than women. However, the results were not significant. In addition, with regard to gender difference in response to transgressions in marriage based on marital forgiveness, seriousness of the transgression and frequency of transgression, men scored higher on overall marital forgiveness than women and the results were significant. The results also indicated that females were more successful in granting forgiveness than males. In a related study conducted by Jackson as cited in Lerner (2006), with a sample of 201 individuals, who were in a married or committed relationships of a year or more in one Western and one Midwestern state found gender to significantly influence forgiveness, intimacy and trust in the relationship.

A meta-analytic study conducted by Miller, Worthington and Mcdaniel (2008), on gender and forgiveness in US using 53 articles reporting 70 studies addressed gender and forgiveness, found that females were more forgiving than men with a mean deviation of 0.281. This meta-analysis suggested potential moderators influencing the gender differences in forgiveness which include differences in processing forgiveness, dispositional qualities and situational cues. The results showed a significant difference existed in gender responses to forgiveness.

Abid's (2017) study to determine the importance of males' and females' forgiveness in mental health with 120 diagnosed depressed patients randomly selected from Nishtar hospital revealed that females scored higher on forgiveness and mental health than males. Ayten and Ferhan (2016) study with a sample of 295 universities of Jordan and Turkey students, found that female students had higher means in vengeance which was an aspect of forgiveness than male students and that female students were more likely to be satisfied with life than male students.

Forgiveness and Age

Age can have an impact on forgiveness. A study conducted by Steiner, Allemand and McCullough (2011), on age differences in forgiveness and the role of transgression frequency and intensity among Swiss adults aged 20-83, showed that older adults were on the average, more willing to forgive others than the younger ones. Also, the frequency and intensity of transgression were negatively related to age. Lawler-Row and Piferi, as cited in Steiner, Allemand and McCullough (2011), found an age effect in forgiveness in a study of adults ranging in age from 50 to 95 years, with older adults describing themselves as being more forgiving than the middle-aged adults. This study indicated that older adults were more forgiving than middle-aged adults.

Ghaemmagbami, Allemand and Martin's (2011) study on forgiveness in younger, middle-aged and older adults with respect to age and gender matters in Germany revealed that middle-aged adults expressed more avoidance than younger adults. Also, young adults had a greater motivation to seek revenge than middle-aged and older adults. The study found a significant association between age and forgiveness of others, the feeling of forgiven by God and

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general tendency to forgive, but not with self-forgiveness. The study also found an association between age and the negative strategy of forgiveness (revenge, avoidance), but not an association with the positive strategy (benevolence). Avoidance was higher among the middle-aged adults than in the other age groups. The study also found that forgiveness was more manifest subject in everyday life for the middle-aged adults and women. A meta-analysis conducted by Fehr, Gelfand and Nag (2010), using 23 studies with 3,364 participants found forgiveness and age significant but very small.

In a study conducted by Doran, Kalayjian, Toussaint and DeMeucci (2012), examining the relationship between trauma and forgiveness among a sample of 117 older and young participants (ages ranged from 20 to 60 years) in post-conflict Sierra Leone, revealed that forgiving behaviour and total forgiveness among older participants was significantly higher than the younger participants. The results further indicated that the willingness to forgive was more highly associated with low trauma-related stress for older people than for younger participants.

Cheng and Yim's (2008) study on age differences in forgiveness using randomised experimental groups; time-expanded, time-limit and neutral among 91 college students in the US showed that older adults were more forgiving than younger adults, but regardless of age, those in the time-limited condition were more forgiving than those in the time-expanded or the neutral group. Sadaq and Mehanz (2017) conducted a comparative analysis of forgiveness among 150 adolescents, adults and old age participants at Pakistan to establish significant difference among the age groups. The results revealed a significant difference that existed among the groups. The older participants reported more forgiveness

than adolescents and adults. Girard and Mullet's (1997) study of 236 adolescents to establish the relationship between forgiveness and age, the results indicated a global increase in the propensity to forgive from adolescence to old age. Enright, Santos and Al-Mabuk (1989) conducted two studies with 59 college students in study one and 60 college students in study two. The results of the studies showed that people who understood forgiveness developed with age.

Anger and Gender

Research indicates that there exist differences between males and females in decision-making processes and expression of emotions (Brandits & Garofalo, 2012). Females were found to be more emotionally expressive and males were found to have more reputation of being susceptible to anger (Burt, 2014). Females expressed anger similarly to males but experienced difficulty in recognising and admitting the emotions due to social constraints (Suman, 2016). Males commonly and comfortably tended to portray more anger and this is because males feel comfortable in expressing anger because it is socially accepted.

Other studies indicated that male and female self-reports revealed no significant difference in anger. The studies revealed that males and females might express and respond to situations differently, but they generally experienced similar levels of anger (Buntaine & Costenbader, 1997; Zimprich & Mascherek, 2012).

There exists a cultural misconception in Western society that women were less aggressive than men and did not exhibit excessive anger (Caring, Buttel & Dutton, as cited in Burt, 2014). This existed in Western culture until

the report of the US National Family Violence Survey of 1975 revealed that females could just be as angry as males and expressed excessive anger in the same way just like males.

Ramirez, Sancho and Abdreu (1999) study of 632 university students of both sexes in Japan, Spain and US to find out cultural and gender differences in anger expression. The results indicated that men showed a higher justification of physical aggression act in any situation and direct verbal aggression in non-defensive circumstances.

Ramirez, Fujihara and Goozen's (2001) study examined cultural and gender differences in anger and aggression and found a higher level of anger among male participants in a sample of Dutch population. A study conducted by Baggio (1993) on sex differences in behavioural reactions to provocation of anger revealed that anger was found in more reports by male participants than females.

Stiffler's (2008) study examined variables that influenced the expression of anger showed that there was no statistically significant difference between male total anger and female total anger. Burt's (2014) study in Florida examined gender differences in males and females anger among adolescent population revealed gender differences that females exhibited more anger expression as well as less anger control. On the contrary, Boman's (2003) study which investigated gender differences in school anger at South Australia found that girls and boys did not differ in their experience of anger, but also the belief that girls were more likely to positively express anger than boys.

In a related study, Thomas (1989) examined gender differences in anger expression and health implications using 239 mid-life men and women in a

longitudinal study in Tennessee revealed significant differences between men and women in the likelihood of discussing anger and expressing anger via physical symptoms, women were found higher in both. The study also found correlates of anger symptoms for both men and women as levels of education, optimism, poor health habits and external locus of control. Other correlates were to be gender specific. For instance, women exhibited more anger symptomology, were not suppressors of their anger, but directed their anger outward, taking it out on others and blaming others. Again, Thomas' (2002) study with a sample of 405 participants at South Eastern University found significant age and gender differences in the propensity to overtly expressed anger, with younger women (20s and 30s) having the highest mean score on total expressed anger.

In a survey by DiGuieppe, as cited in Dittamn (2003), using 1,300 people ages 18-90, found differences in men's and female's total anger scores, were not significant, but found differences in the way they experienced anger. Generally, men scored higher in physical aggression, passive aggression and experiences of impulsively dealing with anger, revenge motive to their anger and a higher score in coercing people whereas women were found to be angry longer, more resentful and less likely to express their anger. In addition, DiGuiseppe as cited in Dittmn (2003) found that anger decreased with age and differences in the domain of anger between males and females for those older than 50, men were still likely to be aggressive and women were more likely to have longer episodes of anger. In sum, there was no clear indication of gender differences in anger. This might be situational and probably based on social, ethnic and cultural setting and norms.

Anger and Age

Some scholars postulated that aging was associated with improvements in the capacity to regulate emotions (Gross, Carstensen, Pasupathi, Tsai, Skorpen, & Hsu, 1997; Lawson, Kleban, Rajagopal & Dean, 1992). Older adults reported lower levels of experienced anger in their everyday lives than the younger ones (MaConatha, Leone, & Amstrong, 1997).

In a study conducted by Birditt and Fingerman (2003), it was revealed that older adults were less likely to describe anger as a result of social conflict, but did not differ from young adults in their levels of other emotions experienced. In contrast, a study conducted by Philipps, Henry, Hosie and Milne (2006) at Scotland found that older adults outwardly expressed anger less often and reported more inner control strategies as compared to the younger ones.

Kunzman, Richer and Schmukle (2013) examined age difference in the frequency of sadness and anger among some Germans showed that late adolescents indicated the highest anger. In addition, their cross-sectional and longitudinal study revealed that the frequency of anger increased from late adolescence into young adulthood.

Schieman's (1999) study to investigate whether older people were less angry using data from 1981 representative sample of 951 physically disabled persons from Canada and 1996 national probability sample of 1450 US respondents found negative association between age and anger. In the Canadian sample, older persons were more likely to occupy widowhood and retirement, live with fewer people, have less interpersonal engagement, have fewer life events which explained their lower anger. Also, in the US sample, age differences in household composition, satisfaction with family life and financial

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issues, religious involvement and socio-emotional outlook also led to lower anger among older adults. Finally, this study indicated that the psychosocial and structural environment experienced differently by age was a predictor of risk of anger.

Anderson's (2006) study at University of Marine with a sample of 70 students in three Marine Public schools found the following: firstly, significant relationships were found between several adolescent's resiliencies and types of anger expression. The results indicated that total resiliency significantly correlated with total forgiveness as well as anger expression. Secondly, the result also identified a particular adolescent's resiliencies that significantly predicted types of anger expression, while forgiveness did not predict types of anger expression. Finally, the results revealed that age and gender had no significant effects on anger expression. Wrosch, Barlow and Kunzman (2018) examined the experience of sadness and anger in a sample of older adults in US and found that anger was only experienced in early years and not in advanced and old age.

Summary of the Review

The review of the literature revealed that forgiveness was a construct explained by many scholars based on their theoretical orientations. The review indicated that forgiveness was a change of heart and a way of overcoming anger within oneself on moral grounds. Thus, forgiveness involves moral, religious, cognitive, emotional, behavioural, decisional and interpersonal constructs. The literature reviewed also indicated that individuals forgive when they let go deep, unfair interpersonal hurt experienced from a transgressor as a result of their

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daily interactions which cause the victim severe psychological, emotional, mental and physical pain.

According to the personality theory of forgiveness, one's disposition to forgive is a function of one's innate traits, goals and personal strivings, life narratives and the mode in manner one will cope with stress. The psychological theory of forgiveness stipulates that, forgiveness is based on the ability of a victim to experience empathy for the transgressor, and the attributions and appraisals of the transgressions as well as the tendency for one to experience intrusive thoughts about the past events.

On the impact of forgiveness on the mental and physical health of people, the review indicated that forgiveness is helpful in treating emotional problems, such as anger, depression, anxiety and self-esteem; relieves the transgressor from psychological pain; promotes empathy and compassion and as a coping strategy during interpersonal conflicts. On the other hand, unforgiveness is associated with negative valence, anger, emotional arousal, and neuroticism. Unforgiveness is also associated with health-associated problems, such as high blood pressure, increase in heartbeat, skin conductance, coronary heart diseases and even death. The literature further revealed that the Process and REACH models have positive effects on forgiveness and mental health variables, such as anger, anxiety, depression, hope and self-esteem among learners in the universities, colleges, middle and primary schools.

In terms of forgiveness and gender, the literature reviewed showed that women were more empathetic than men, but showed no gender difference. This meant that there was no significant difference in terms of males and females response to forgiveness. Also, the literature indicated that males reported strong

revenge motivation than females which indicated that females are more forgiving than men. With respect to forgiveness and age, the literature indicated that older people were more forgiving than the younger ones and middle-aged adults. Furthermore, younger adults had a greater motivation to seek revenge than middle-aged and older adults.

With respect to anger and gender, the literature indicated no clear differences between gender in terms of anger. The differences in anger and gender may only exist based probably on the cultural factor(s). In terms of anger and age, the literature revealed that older adults reported lower levels of anger outwardly, express anger less than the younger ones. It was also revealed that late adolescents indicated higher anger, and the frequency of anger decreases from late adolescence into young adulthood.
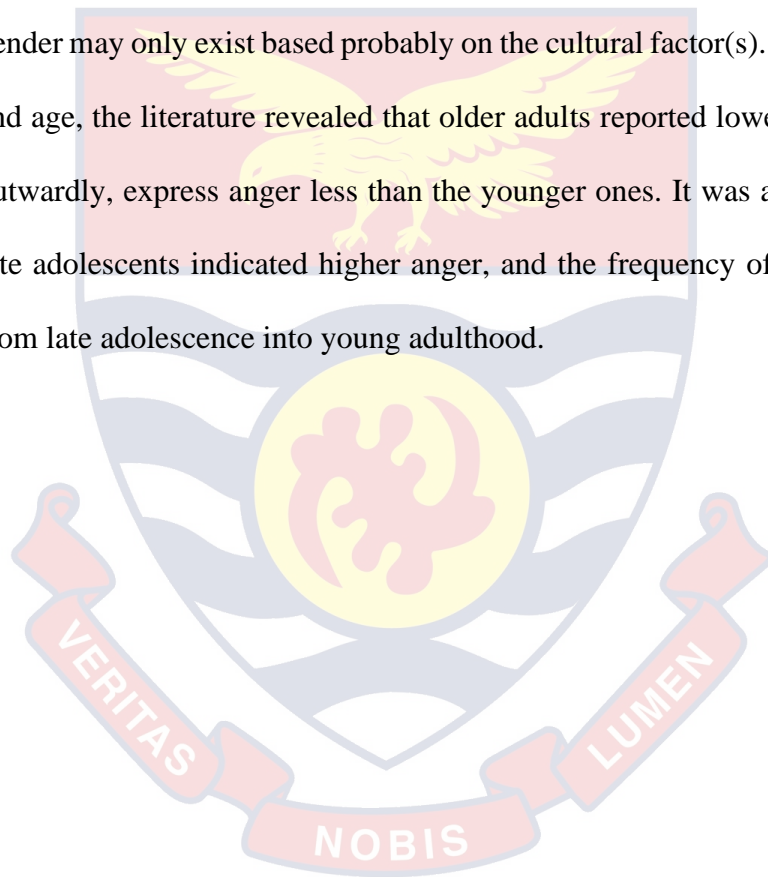
CHAPTER THREE

RESEARCH METHODS

The purpose of this study was to find out the effects of the Process and REACH models on forgiveness and anger among college students with hurts in the Upper West Region of Ghana. This chapter is made up of research design, treatment procedure, selection of participants, instruments, data collection procedure and the methods of data analysis.

Research Design

The research design adopted for this study was a quasi-experimental study. A quasi-experiment, also known as 'field-experiment' or 'in-situ experiment', is a type of experimental design which the investigator has limited leverage and control over the selection of study participants. In quasi-experiments, the researcher does not have the ability to randomly assign the participants and or ensure that the sample selected is homogeneous as desirable (Leedy & Ormrod, as cited in Levy & Ellis, 2011). Quasi-experiments lack random assignment. Assignment to conditions is by means of self-selection, which units choose treatment for themselves (Shadish, Cook & Campbell, 2002). However, researchers who use quasi-experiments may still have considerable control over selecting and scheduling measures, over how nonrandom assignment is executed, over the kinds of comparison groups which the treatment groups are compared, and over some aspects of how the treatment is scheduled (Shadish, Cook & Campbell).

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A quasi-experimental design is partly, but not fully true experimental research. This type of research controls some, but not all of the sources of internal validity (Amedahe & Asamoah-Gyimah, 2018). Quasi-experimental designs are similar to randomised experimental designs because they involve manipulation of an independent variable, but differ as the subjects are not randomly assigned to treatment and experimental groups. Quasi-experimental designs make use of intact groups because the subjects cannot be randomly assigned to treatment conditions, although the researcher manipulates the independent variable and exercise controls to enhance the internal validity of the results (Amedahe & Asamoah-Gyimah, 2018; Ary, Jacobs, Sorensen & Walker, 2014; Gay, Mills & Airasian, 2009).

The quasi-experimental pre-test, post-test non-equivalent control group design was used for this study. This is because the colleges were intact groups instead of randomly composed samples. In addition, the design was ideal because it was more frequently used, practical and flexible to conduct, used small sample size and where randomisation was not possible (Owusu, Monney, Appiah & Wilmont, 2010). The researcher had two experimental groups formed and one control group. The experimental groups were A and B and the control group was C. All the three groups took a pre-test after the treatment groups were given the experimental treatment and the control group no treatment and each group was post-tested at the end of the study. The post-test scores on the dependent variables were compared to ascertain the effectiveness of the treatment.

Treatment Procedure

The intervention procedure was in line with the pre-test-post-test control group design. This is indicated in Table 1.

Table 1- *Pre-test-Post-test Control Group Design*

Group	Groups A	Groups B	Group C
Pre-test	O_1	O_2	O_3
Treatment	X_1	X_2	
Post-test	O_4	O_5	O_6

Table 1 indicates that the O_1, O_2 and O_3 denote pre-test, X_1 and X_2 denote the treatments that were carried out, and O_4, O_5 and O_6 denotes post-tests. With the design indicated, the experimental groups; thus, Process model (A), REACH model (B), were pre-tested and post-tested. The only groups that were given the treatment were the experimental groups (A & B). The control group C was not given any treatment. The members in this group were allowed to go about their normal activities, but they took part in the post-test. There was no follow-up to see whether the gains obtained by the participants after the treatment were sustained or otherwise.

Controlling extraneous variables

Extraneous variables are factors that affect the outcome of the independent variable, but unknown to the researcher and not controlled by the researcher. Extraneous variables tend to control or affect the independent variables negatively (confound) if not controlled by the researcher (Amedahe & Asamoah-Gyimah, 2018). Extraneous variables may include the leaders' personality, the temperature of the testing room, time of testing, home support, selection bias, diffusion bias, maturation and history bias and experimental mortality.

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To control the extraneous variables in this study, the two experimental or treatment groups and the control group must be homogeneous in characteristics at each college. This is to control selection bias. The control group was a distant away from the two experimental groups to prevent the control group from getting the intervention materials. This checked diffusion bias. The same instruments were used for both pre-test and post-test for the experimental groups and the control group. This ensured that any change in behaviour or attitude towards forgiveness and anger was observed between pre-test and post-test. This was also to eliminate bias in the instrumentation.

The treatment sessions were interactive and activity-based to inspire the interest of the participants. Also, the treatment period was not unnecessarily long to prevent fatigue and boredom among participants. This controlled maturation and history biases. In addition, snacks were served in some of the sessions to sustain the interest of the participants in the activities. This helped to avoid experimental mortality. An Analysis of Covariance (ANCOVA) was also used in the data analyses to offset any extraneous variables on the dependent variables due to the exposure to the pre-test. Thus, the influence of exposure to the pre-test was eliminated (Pallant, 2004).

Population of the Study

The population for the study comprised all second year students in the three colleges of education in the Upper West Region Ghana, namely Tumu, Nasurat Jahan Ahmadiya and McCoy Colleges of Education with a total population of 1,074. The second year students were chosen because they had been in the colleges of education for a year and they were readily available for the study. The first year students were not used because they just started college

life and not yet adjusted to the colleges and the third year students were not on campus. They were at out segment programme at various communities doing teaching practice

Table 2– *Distribution of Second Year College of Education Students in Upper West Region of Ghana*

Name of College	Male	Female	Population
Tumu CoE	213	175	388
NJA CoE	319	137	456
McCoy CoE	151	79	230
Total	683	391	1,074

Source: Colleges of Education Principals Platform (2018)

Sampling Procedure and Assignment

In this study, the multistage sampling procedure was used to arrive at the sample for the study. Three colleges of education in the Upper West Region were selected for the study using a purposive sampling technique. They were Tumu, Nasurat Jahan Ahmadiya and McCoy Colleges of Education.

In this study, all the 1,074 second year college students were screened using the instruments (Attitude Scale of Enright, 2001 & Anger Self-Report Scale of Reynolds, Walkey & Green, 1994) to ascertain whether they met the criteria of the study i.e. whether they were unforgiving and they had anger. Any second year college student who scored below 210 in the Attitude Scale i.e. Enright Forgiveness Inventory was unforgiving and was eligible and any second year college student who scored 105 and above in the Anger Self Report Scale of Reynolds, Green and Walkey, was deemed to have anger and therefore met the criteria. In this case, 360 second year students in the three Colleges of Education in Upper West Region of Ghana met the criteria. These were made

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up of Tumu College of Education (127), NJA College of Education (146) and McCoy College of Education (87). I screened the entire population of the study to enable me to have more respondents who met the criteria for the study, that is, participants who were unforgiving and they had anger. Simple random sampling technique was then used to select 60 students for the study. Tumu College of Education was made up of 8 males and 12 females totalling 20. NJA College of Education was made up of 11 males and 9 females totalling 20, and finally McCoy College of Education was also made up of 7 males and 13 females summing up to 20. The determination of the size per group was informed by the assertions of Gravetter and Forzano (2015), who posit that in experimental research, it is desirable to have a minimum of 15 cases in each group to compare. Also, it is indicated by some researchers that the number for a group counselling can range from 15-20 members (Agi, 2017; Javid & Ahmadi, 2019; Ohanaka & Ofuani, 2018; Kagu, 2010).

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

College	Population	No. who qualified	Final Sample Size
Tumu CoE	388	127	20
NJA CoE	456	146	20
McCoy CoE	230	87	20
Total	1,074	360	60

Source: Field data (2018).

In this case, participants from Tumu and McCoy Colleges of Education constituted the experimental groups for the Process model intervention and the REACH model intervention respectively. NJA College of Education, on the other hand, served as the control group. NJA and McCoy Colleges of Education

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were not preferred as experimental groups because they were faith-based institutions and it would be possible for their religious inclination to influence the outcome of the study. In addition to this, McCoy College of Education was preferred to NJA College of Education because of proximity, convenience and cost effectiveness. Tumu College of education was also chosen because the researcher is a tutor and counsellor at the college. This would reduce travelling cost and other expenses at the intervention stage of the research.

Table 4 - *Selection of Participants*

Step	Sampling Technique	Purpose
1.	Purposive Sampling	Used to select the three colleges of education and second year college of education students in Upper West Region.
2.	Simple Random Sampling	Used to select participants for the intervention. This is to give an equal chance to all elements of the population to ensure fairness.

Sources of Data

This study made use of primary and secondary data. The primary data was obtained from the fieldwork using Enright's (2001) forgiveness Inventory and Reynolds, Walkey and Green's (1994) Anger self-report Questionnaire. The secondary sources were journals articles, journals and textbooks

Data Collection Instruments

Two main scales were used for the data collection. The instruments that were adapted for the data collection were:

Attitude Scale (Enright, 2001).

This inventory is the most commonly used to measure forgiveness (Subkoviak, Enright, Wu, Gassin & Freedman, 1995). This instrument is a 60-item objective self-report measure of the degree to which one forgives another who has hurt him or her (Enright & Rique, 2004). This instrument is divided into three subscales of 20-items each that assess the domains of Affect, Behaviour and Cognition. Each subscale is further divided into two internal subscales made up of 10 positive and 10 negative items.

The subscales of the Enright Forgiveness Inventory are presented as follows; The Affect subscale compose of 10-items for Positive Affect (e.g., good will, tenderness) which are 1, 3, 4, 6, 7, 11, 15, 17, 18, 19 and 10-items for Negative Affect (e.g. repulsion, resentment towards an offender) which are 2, 5, 8, 9, 10, 12, 13, 14, 16 and 20. The Behaviour subscale consists of 10-items for Positive Behaviour (e.g. show friendship, be considerate) made up of 21, 25, 27, 28, 30, 32, 35, 37, 38, 40 and 10-items for Negative Behaviour (e.g., avoid, ignore) toward the offender made up of 22, 23, 24, 26, 29, 31, 33, 34, 36 and 39. Finally, the Cognition subscale compose of 10-items for Positive Cognition (e.g. nice person) which are 44, 45, 47, 50, 51, 54, 56, 57, 59, 60 and 10-items for Negative Cognition (e.g., a bad person) towards the offender which are 41, 42, 43, 46, 48, 49, 52, 53, 55 and 58.

The range of score of the instrument is from 60-360, with high scores representing high levels of forgiveness. Reed and Enright (2006) report an alpha coefficient of 0.98. The instrument is based on six-point Likert-type scale with response options as 1=Strongly Disagree, 2=Moderately Disagree, 3=Slightly Disagree, 4=Slightly Agree, 5=Moderately Agree, 6=Strongly Agree. Each item

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of the instrument is rated based on the 6-point Likert scale. To obtain the Enright Forgiveness Inventory total score, all the sixty items are added to give a total score of 360. A score of 210 and above will not qualify a participant for the study. This means participants who will score below 210 will be considered for treatment. This means the higher the score, the higher the level of forgiveness, and the lower the score, the lower the level of forgiveness. This means participants who scored below 210 were considered for the intervention. In scoring, all Positive Affect, Positive Behaviour and Positive Cognition are scored as follows: Strongly Disagree=1, Moderately Disagree=2, Slightly Disagree=3, Slightly Agree=4, Moderately Agree=5 and Strongly Agree=6.

In scoring all the Negative Affect, Negative Behaviour and Negative Cognition, the items are reversed scored. The items are scored as follows: Strongly Disagree 6, Moderately Disagree 5, Slightly Disagree 4, Slightly Agree 3, Moderately Agree 2 and Strongly Agree 1,

The section E of the Attitude Scale consist of (5) pseudo-forgiveness items which are not part of the Attitude Scale but meant for construct validity. A score of 20 or higher on the pseudo-forgiveness items indicates that the respondent is engaging in something other than forgiveness. Respondents who scored below 20 in this section were considered for the study.

Anger Self-Report Questionnaire (Reynolds, Walkey & Green, 1994)

This instrument was developed by Reynolds, Walkey and Green (1994), comprising 30 statements, were used to screen the presence of anger. This is based on six-point Likert-type scale with response options as 1=Strongly Disagree, 2-Moderately Disagree, 3=Slightly Disagree, 4=Slightly Agree, 5=Moderately Agree and 6=Strongly Agree. This 30-item form of the ASR was

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developed to measure a single anger factor. The total score of the responses of the ASR questionnaire was 180 and a minimum score of 30. A score of 105 and above would qualify a participant for the study. This indicates the higher the score, the higher the anger. This means participants who scored 105 and above suggested a high level of anger and they were considered for the intervention. The instrument is short, highly reliable and homogeneous measure of anger with the internal consistency of 0.89 based on the responses of 101 male university students and 100 female university students selected in New Zealand (Reynolds, Walkey & Green, 1994).

Data Collection Procedure

An introductory letter was obtained from the Department of Guidance and Counselling of the University of Cape Coast, and ethical clearance from the College of Education Studies Ethical Review Board (CES-ERB) from the University of Cape Coast to enable me to collect the data. The introductory letter and ethical clearance were personally presented to the principals of the colleges of education to ask for permission to use their students to participate in the study.

Again, I sought permission from the Principals of the Colleges of Education to enable me to contact the Heads of the Counselling Unit of the Colleges of Education to nominate two (2) counsellors to be trained as research assistants to help in the administration of both the pre-test and post-test as well as assisting me in conducting the intervention. At an agreed date and time, the instruments were administered to participants in each of the three colleges of education in the Upper West Region of Ghana by the research assistants under the supervision of the researcher. At each college, 20 participants took part in

the pre-test and post-test, that is, 20 in Tumu College of Education as the experimental Group A, 20 in McCoy College of Education as experimental group B and 20 in NJA College of Education as the control group C. In sum, sixty participants took part in the pre-test.

The experimental groups A and B and the control group C were each handled by two research assistants under the supervision of the researcher in their intact groups. In conducting the pre-test, 20 copies of the Attitude Scale of Robert Enright and the Anger Self Report (ASR) Questionnaire of Reynolds, Walkey and Green, were administered to the experimental groups A and B and the control group C. The participants were briefed on the purpose of the study and they were assured of confidentiality in the participation of the study. Also, participants were given the opportunity to seek clarification about any item(s) in the questionnaires which might not be clear to them. All the pre-test responses were collected from the respondents by the research assistants for me. After the pre-test, it took two weeks before the start of the intervention by the research assistants under the supervision of the researcher.

In conducting the intervention, the two experimental groups A and B denoting Process and REACH Models were exposed to the experimental treatment. The control group C was not given any experimental treatment; they were allowed to go about their normal daily activities. Under the supervision of the researcher, each experimental group was taught once a week lasting for two hours by the research assistants for a period of eight weeks. This is in line with Lundahl, Taylor, Stevenson and Roberts (2008) that an effective forgiveness intervention should include a process that would last for more than a day. Also, the two research assistants were allowed to at least run two groups in each

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treatment condition. This was to address the concern that leaders were confounded with treatment condition (McCullough, Pargament & Thoresen, 2000).

In the experimental group A, the participants were exposed to the sources of hurt, how to react to hurts, cost and benefits of committing to forgiveness, broadening your view about the one that hurt you, nature of compassion and working towards and finding meaning in suffering. The experimental group B was also exposed to sources and concept of forgiveness, recalling the hurt, empathise with the one who hurt you, giving an altruistic gift of forgiveness, commitment to forgiveness and holding on to forgiveness. The interaction in the experimental groups (A&B) was in the form of discussion, role play, direct teaching/instruction, reflections and doing home assignments. This was done in a friendly environment to ensure effective participation of all members in the group.

After the eighth-week treatment, there was an interval of two weeks before the post-test was conducted. This was to ensure that participants did not reproduce what was learnt verbatim during the intervention period. The same instruments that were administered were re-administered to the participants of the two treatment groups and the control group. In sum, sixty copies of both the Attitude Scale and Anger Self Report Questionnaire was administered at the post-test. The post-test responses were also collected by the research assistants for me.

Pre-testing the Instruments

It is the trying out of a particular research instrument (Baker, as cited in Teijlingen van & Hundley, 2001). The pre-testing highlighted whether the

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proposed instrument to be used is appropriate or too complicated for the study. It pinpoints the nature of the wording and order of the questions, or range of answers on multiple-choice questions (Teijlingen van & Hundley, 2001). The pre-test identifies ambiguities in questions and the range of possible responses for each question. It also ensures that the data collected from the questionnaire are valid and reliable. It enables the researcher to make decisions about time and reaction of participants about the instrument (Williams, 2003).

For this study, the Attitude Scale of Enright and the Anger Self Report Questionnaire of Reynolds, Walkey and Green (1994), was adapted and used in different setting (Colleges of Education in Upper West Region, Ghana). This is because there was the need for pre-testing to be done to ascertain the suitability for the use of the instruments in the local setting. St. John Bosco's College of Education in Northern Ghana was randomly selected for the pre-testing. Fifty second year students were randomly selected from St. John Bosco's college of education at Navrongo in the Upper East Region of Ghana for the pre-test of the instruments.

The rationale behind the pre-testing was to re-shape the instruments into a form which had fewer errors. Again, the nature of the constructs involved in this study required stability of the behavioural patterns of the respondents.

Reliability and Validity

Reliability of an instrument is the degree of consistency with which it measures whatever it purports to measure. It is also seen as the extent to which the measuring instrument is free from random error (Ary, Jacobs, Sorensen & Walker, 2014). Reliability is the degree to which a test consistently measures whatever it measures. Reliability talks about consistency of scores produced

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(Gay, Mills & Airasian, 2009). Due to this, test-retest reliability estimates were computed to find out how consistent the behaviours of the respondents were with regard to the constructs measured. Additionally, the internal consistency was also estimated using Cronbach's Alpha reliability coefficient. Tables 5 and 6 present summaries of the results.

Table 5- *Descriptive Statistics for Pre-test*

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Affect	65.20	50	11.47	1.62
	Affect B	66.38	50	9.12	1.29
Pair 2	Behaviour	72.78	50	6.66	.94
	Behaviour B	71.86	50	7.14	1.01
Pair 3	Cognition	68.86	50	7.89	1.12
	Cognition B	70.04	50	6.53	.92
Pair 4	Anger	107.50	50	17.90	2.53
	Anger B	106.66	50	18.64	2.64

Source: Field Survey (2018)

Table 5 presents the descriptive statistics of the variables to give a better appreciation of the constructs being measured. These include the means and standard deviations scores of the dimensions during the two separate administration.

Table 6 presents the results of the test-retest conducted. The same instruments were administered on two separate occasions to examine the stability of behaviours over time.

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Table 6- *Test Retest for Pre-test*

		N	Co-efficient (R_t)	Sig.
Pair 1	Affect & Affect B	50	.516	.000*
Pair 2	Behaviour & Behaviour B	50	.825	.000*
Pair 3	Cognition & Cognition B	50	.377	.007*
Pair 4	Anger & Anger B	50	.795	.000*

Source: Field Survey (2018)

*Significant at .05 level; Names with the label "B" are the names for the second testing.

The results, as shown in Table 6, revealed stability in the behaviours under investigation. In other words, there was stability over the time period of the administration. Taking affect, for instance, a stability estimate of .516 ($p<.001$) was attained indicating that respondents had similar/consistent affect towards someone who had hurt them. Behaviour towards a person who had hurt the respondents ($R_t=.825$, $p<.001$), Thought about a person who had hurt the respondents ($R_t=.377$, $p=.007$) and anger towards such persons ($R_t=.795$, $p<.001$) were all consistent over some time period.

Table 7 presents the internal consistency of the scales used for the study.

Table 7– *Internal Consistency*

Dimension	No. of items	Cronbach Alpha
Affect	20	.727
Behaviour	20	.819
Cognition	20	.717
Overall forgiveness	60	.940
Anger	30	.790

Source: Field Survey (2018)

The reliability estimate of the scales used in this study ranged from .717 to .819 indicated in (Table 7). This indicates the presence of high internal consistency among the items in each scale. That is, it indicates the way the items cling on each other to measure the constructs since all the constructs coefficients were above 0.70. According to Pallant (2010), a reliability estimate of 0.70 or above is sufficient and acceptable. Based on Pallant's assertion, all the reliability estimates of the scales used in this study were sufficient and therefore reliable.

Validity is also important in considering an instrument for measurement. The validity of an instrument is the extent to which an instrument measures what it claims to measure (Ary, Jacobs, Sorensen & Walker, 2014). It is the degree to which a test measures what it is supposed to measure and, consequently, permits appropriate interpretation of scores. Validity aids in the development and evaluation of test (Gay, Mills & Airasian, 2009). To assess the content validity of the instruments, Forgiveness Inventory-Attitude Scale and Anger Self Report questionnaire, the instruments were given to my supervisors and two experts in measurement and evaluation for vetting. The suggestions of my supervisors and the experts were incorporated in the final copies of the questionnaires. This aided in modifying the instruments for accurate measurement of the constructs the instruments intended to measure.

Intervention Procedure

Each of the two treatment groups was taken through 8-week group forgiveness counselling each lasting two hours. The session, plans for the Process model of intervention and the REACH model of intervention treatments are indicated in the appendices. The summary is presented below.

Using the Process Model of Forgiveness by Enright (2001)

Session 1: Introduction, Welcoming and Orientation

In this session, the researcher, two research assistants and the participants met for the first time. This was to enable them do self-introduction, establish rapport, set goals for the intervention, routines or rules that guided the conduct of the intervention and determining the periods of meeting. There was also the distribution of the training manuals for the intervention counselling to the participants. The participants were allowed to ask questions for clarification. The researcher and the research assistants thanked the participants and urged them to meet for the next session in the following week at the same venue and agreed time.

Session 2: **The Sources and Concept of Forgiveness**.

Here sources of hurt and circumstances leading to hurt, what forgiveness is and what it is not, the distinction between forgiveness and reconciliation were presented to the participants by the two research assistants for discussion. Participants were made to do the following as home exercise:

1. What kind of hurts have you experienced?

2. Who hurt you and how deeply were you hurt?

3. What are the reasons for wanting to forgive?

The researcher thanked the participants and urged them to punctually meet for the next session in the following week. Also, under the supervision of the researcher, the session smoothly went on because participants were actively involved.

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

The research assistants and participants reflected over the previous week's assignment. Anger was discussed based on the causes, effects and how they dealt with anger as a psychological problem. There was also discussion on the effects of deepening or easing anger over time. Participants were assigned to write letters on hurts which they did not intend to send to the person who hurt them (offender) about their anger and the struggles they endured. The researcher thanked the participants for their mutual cooperation and active participation in the activities. Under my supervision, the session was successful because there was effective contribution of members to the discussion.

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

There was reflection of the previous exercise with participants. The research assistants discussed with the participants whether forgiveness worked or whether they should consider different course instead of forgiveness. The research assistants also discussed with the participants whether they were willing to consider forgiving. As home work in their notebooks, participants were asked to write about five reasons each why they considered forgiving and unforgiving. In this session, members were enthusiastic in the activities.

Session 5: Broadening Your View on the Person that hurt You.

There was reflection on the homework that the respondents did. The research assistants then introduced the topic "broadening your view about the person that hurt you". There was discussion on what life was for the person that hurt you. Participants also looked at how they viewed the one who hurt them based on global and spiritual perspectives. As a home assignment, participants were allowed to identify the vulnerabilities in the person's childhood,

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adolescence or adulthood and a way of seeing the person as redeemable within their belief system. The researcher thanked the participants and urged them to meet on time for the next session in the following week. The session was a successful one as all members were contributing. Participants also demonstrated interest in the homework.

Session 6: Nature of Compassion and Working Towards Compassion

The research assistants and participants reflected on the home assignment of the previous session given. After the reflection, there was a discussion on the nature of compassion and how to work towards it. This was done by using guided imagery exercise. The participants discussed whether they noticed any changes in their feeling towards the person who hurt them. The participants were made to discuss the kind of gifts they would give to the person who hurt them (offender). They were asked to write about five changes in their feeling towards the one who hurt them as part of their homework. This session was successful because members took a keen interest in the practical exercise.

Session 7: Finding Meaning in Suffering.

In this session, the research assistants took the participants through finding meaning in suffering. The discussion was based on what they learnt from hurt and their experiences from hurt, whether it made them stronger, more sensitive or mature. The participants discussed the new reason they might develop that involved how they interacted with others as they contemplated their suffering. The participants were asked to list five lessons learnt from hurt and their experiences as their homework. In this case, the participants effectively contributed to the discussion.

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

The research assistants summarised all the activities from 1-7 of the sessions. This required an open discussion on the whole intervention training. With this, the participants were made to orally evaluate the intervention. After that, the participants were served snacks and the intervention session was then terminated. The researcher thanked the participants for their cooperation and effective contribution throughout the intervention period. There were two weeks time intervals after which the post-test was administered to the participants, including those in the control group.

Using the REACH Model of Forgiveness by Worthington (1998)

Session 1: Introduction, Welcoming and Orientation

In this session, the researcher, two research assistants and the participants did self-introduction, setting of goals for the intervention, routines or rules that guided the conduct of the intervention and determined the time for meeting. Finally, the training manuals for the forgiveness counselling were distributed to the participants. The participants were allowed to ask questions for clarification on any issue about the intervention. The researcher and the research assistants thanked the participants and urged them to meet at the same venue at the appointed time for the next session in the following week.

Session 2: The Sources and Concept of Forgiveness

The research assistants discussed the sources of the hurt, what was and was not forgiveness with the participants. The participants were taken through the differences between forgiveness and reconciliation by the research assistants. The participants also discussed decisional and emotional forgiveness. Each participant was asked to write about five effects of emotional

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unforgiveness as their homework by the research assistants. The participants'
attendance was very good.

Session 3: Recall the Hurt

The research assistants and the respondents had group discussion on hurt
and the difficulties involved in forgiving. The benefits of forgiveness to a
relationship and to the forgiver were also discussed. As homework a participant
with hurt was asked to write five (5) sentences about the value of forgiving a
transgressor. They were also asked to list at least five hurts that they
experienced. The participants' interaction was good. There was also an effective
and lively discussion of issues.

Session 4: Empathising with the One Who Hurt You

In this session, the participants and the research assistants reflected on
the previous week exercise. The research assistants then took the participants
through how to empathise with the ones who hurt them. The research assistants
encouraged the participants to write letters expressing their feelings about the
harmful events and the offender and express that they were working to forgive
the offender. The participants were also asked to talk about other's experiences
concerning the hurt by using words like disappointed, annoyed, angry,
worthless, pleased, satisfied and frustrated. With multiple repetitions with
sympathy, compassion and love, the participants were asked to do the empty
chair exercise. The participants with hurts were asked to do the following as
homework:

1. What reasons did your victims have for responding the way that they
   did?

2. What were some of your reactions towards the offender?

The participants enjoyed the empty chair exercise and the hypothetical letters discussed.

Session 5: Altruistic Gift of Forgiveness

There was reflection of the previous home exercise by the research assistants and the participants. The participants were taken through focusing on feelings of freedom received after seeking divine forgiveness and forgiveness from others by the research assistants. The participants who were interpersonally hurt were asked to write letters of gratitude to persons who hurt them as their homework. The sessional activities were successful and there was greater participation of members in the activities. The researcher thanked members for their effective participation and urged them to punctually meet the following week at the same venue for the next session.

Session 6: Commitment to Forgiveness

Reflections on the previous week exercise were done by the research assistants and participants. The research assistants took the participants through the activities that would encourage them to forgive. The activities were the presentation of certificates, letters and washing the hands of the transgression. The participants were asked to write about how much they emotionally forgave and how they felt about forgiveness. The participants effectively participated in the washing of the hand exercises and the presentation of the letters to their offenders.

Session 7: Holding onto Forgiveness

The research assistants and the participants recapped the exercise of the previous week and discussed the home exercise. The research assistants and the participants discussed the topic: holding onto forgiveness. The participants and

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the research assistants discussed the following: love, compassion, sympathy, empathy which were emotional strategies or ingredients of holding onto forgiveness. The participants and the research assistants also discussed ways of controlling rumination. The participants were made to write about negative emotional feelings that worried them and how they affected their emotional health and how would forgiveness help in overcoming these negative emotional feelings. In this session, the participants openly acknowledged the benefits of the cognitive restructuring exercise that they were taken through which would help them to overcome their emotional feelings.

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

In this final session, there was a recap of the activities of sessions 1-7 by the research assistants and participants. There was an open discussion on the entire forgiveness counselling. The participants orally evaluated the forgiveness intervention. Snacks were served to the participants by the researcher and the counselling session was terminated. There was an interval of two weeks after which the post-test was administered to the participants, including those in the control group.

Ethical Issues

In conducting research, ethical considerations are considered to safeguard the rights of the participants. An ethical consideration involves the norms that guide the conduct of a study. These are built on trust between the researcher and participants, and the researchers have the responsibility just as they expect participants to behave in the same way (Gay, Mills & Airasian, 2009).

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In conducting this study, the participants of the study were protected from any consequence as a result of the study. Informed consent and confidentiality were ensured. Thus, participation in the study was voluntary and participants could also withdraw at any time. Also, the research proposals in addition to the instruments went through the Ethical Review Board of the College of Education Studies-University of Cape Coast for a thorough review. I informed the respondents about the purpose of the study and the objectives that were to be achieved after the study. All questions concerning the study were read to the participants and clarifications were made when there was the need to do that.

Training of Research Assistants

Five days training session, each lasting two hours, was given to six research assistants who were all professional counsellors by the researcher before pre-testing of the instruments. The research assistants were selected based on their experiences with data collection and knowledge in the area of the study. The scope of the training was based on discussing the instruments, purpose and objectives of the study, how to facilitate forgiveness counselling using the Process and REACH models to improve forgiveness leading to a reduction in anger, how to conduct pre-test and post-test in experimental research, test administration and scoring and finally data management.

Data Management Plan

A data management plan is a document that describes how data will be treated during a project and what happens with the data after the project ends. The data management plan typically covers all or portions of the data life-cycle from data discovery, collection and organisation, through quality

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assurance/control, documentation and use of data, to data preservation and sharing with others and dissemination approaches (Michener, 2015).

The pre-test data that was collected from the Colleges of Education students in the Upper West Region of Ghana using the Attitude Scale-Forgiveness Inventory and the Anger Self-Report Scale was handled by the researcher. The data was converted into a soft copy for analysis and protected with a password. This was to ensure confidentiality, maintenance of trust of the respondents and protection of the respondents' dignity and rights. Accurate data was used for the study and this data would be used again for future studies. The data would be discarded after a period of five years by burning of the hard copies of the inventories and deletion of the soft copy which was protected by the password. All protocols recommended by the College of Education Studies Ethical Review Board (CES-ERB)-University of Cape Coast were considered.

Data Processing and Analysis Procedure

In processing the data for analysis, the responses to the respondents' questionnaires were coded for tabulation. All items in the questionnaires were also edited to check whether the respondents had attended to all the items in the questionnaires and all the relevant portions of the questionnaires. The Statistical Product and Service Solution Version 20 for descriptive and inferential statistics were used for the analysis of the data.

Two main statistical techniques were used in the data analysis. Descriptive statistics which summarised data from a sample using indices, such as the mean or standard deviation, frequencies, percentages and inferential statistics which drew conclusions from data that were subject to random variation. This study employed frequencies, percentages, the means and

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standard deviations to first describe the data to give an overview of the results after which the inferential statistics were carried out to test the effects of the intervention. The inferential statistics indicated whether the intervention had been significant or otherwise.

The participants' demographic data, such as age, gender and marital status were analysed using frequencies and percentages. Hypotheses 1 and 2 were tested using One-way Analysis of Covariance (ANCOVA). Hypotheses 3, 4, 5 and 6, on the other hand, were tested using Two-way Analysis of covariance (ANCOVA). This helped to take away the effect of the pre-test from the post-test performance. The test of ANCOVA was carried out for each treatment group with the Process model of forgiveness intervention and the REACH model of forgiveness intervention. The use of the ANCOVA helped to control extraneous variables. Thus, the scores on the pre-test were treated as a covariate to control pre-existing differences between the groups. This was to help eliminate the effect of exposure of the participants to the pre-intervention data collection instruments on the dependent variables (Pallant, 2004). ANCOVA does this by adjusting scores on the pre-test as a covariate to control for the pre-existing differences between the groups

Chapter summary

The following issues were discussed in this chapter: the research design, population, sampling procedure, instruments and data collection procedure. In addition, ethical issues, training of research assistants, data management and data analyses were discussed. One major limitation of this study was that a follow-up was not conducted after the post-test to ascertain whether the gains made in the intervention had been sustained.

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CHAPTER FOUR

RESULTS AND DISCUSSION

The major purpose of this study was to find out the effects of Process and REACH models on forgiveness and anger among college students with hurts in the Upper West Region of Ghana. The study employed a quasi-experimental pre-test-post-test (non-equivalent) design. The study involved three groups: two experimental groups and one control group. The participants were selected based on their low levels of forgiveness and high levels of anger. The first experimental group was exposed to the Process model whereas the second experimental group was exposed to the REACH model. The participants in the control group went about their normal activities without being exposed to any therapy of interest to the researcher. This chapter presents the results of the study. The chapter is presented in two parts; the first part presents the demographic characteristics of participants, whereas the second part presents the results and discussions based on each hypothesis.

Demographic Characteristics of Participants

The demographic characteristics of the participants were gender, age and marital status. The details of this information are shown in Tables 8 to 10.

Table 8- *Gender Distribution of Participants*

| SEX | GROUPS | | | | | | | |
| | Process | | REACH | | Control | | Total | |
	N	%	N	%	N	%	N	%
Male	8	40.0	7	35.0	11	55.0	26	43.3
Female	12	60.0	13	65.O	9	45.0	34	56.7
Total	20	100	20	100	20	100	60	100.0

Source: Field Survey (2019)

From the results in Table 8, 56.7% of the participants selected for the study were females whereas 43.3% were males. For the control group, there were more male participants (55%) than female participants (45%). The majority of the participants in the experimental group who were exposed to the Process model were females (60%). Similarly, the second experimental group which received the REACH model was dominated by female participants (65.0%).

Table 9 provides the age distribution of participants in the study with respect to the various groups of interest.

Table 9- *Age Distribution of Participants*

AGE (years)	GROUPS							
	Process		REACH		Control		Total	
	N	%	N	%	N	%	N	%
17-20 years	2	10	2	10.0	1	5.0	5	8.3
21-24 years	14	70.0	13	65.0	16	80.0	43	71.7
25 and above	4	20.0	5	25.0	3	15.0	12	20.0
Total	20	100	20	100	20	100	60	100

Source: Field Survey (2019)

As shown in Table 9, the larger proportion of the participants were within the age ranges of 21 to 24 years (71.7%). About 20% of the participants were 25 years and above. Few others were between 17 to 20 years (8.3%). There seemed to be a common trend of age distribution regarding the groups. For all the three groups, a larger proportion of the participants were between 21 to 24 years; 80% of those in the control group, 70% in experimental group A (Process model), and 65% of those in experimental group B (REACH model).

The distribution of participants with regard to marital status based on the groups is shown in Table 10.

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Table 10- *Distribution of Participants Regarding Marital Status Based on the*

    Group

MARITAL	GROUPS							
STATUS	Process		REACH		Control		Total	
	N	%	N	%	N	%	N	%
Single	16	80.0	19	95.0	16	80.0	51	85.0
Married	4	20.0	1	5.0	4	20.0	9	15.0
Total	20	100	20	100	20	100	60	100

Source: Field Survey (2019)

The results, as shown in Table 10, indicate that the majority of the participants were single (85%) whereas 15% were married. In all the groups, it appeared the unmarried participants were dominant; 80% were in the control group, 80% were in the group exposed to the Process model, and 95% were in the group exposed to REACH model.

Hypotheses Testing

This section of the report focuses on presenting the main results of the study. Particularly, hypotheses guiding the study were tested. Prior to testing these hypotheses, preliminary analyses were conducted to check for assumptions and also to find out whether the groups were similar from the beginning of the study or not. Again, assumptions specific to the particular types of analyses employed were also conducted. Generally, the hypotheses were tested using an alpha level of .05.

Normality Test

For all inferential analysis, a decision must be made regarding whether to use a parametric statistical tool or non-parametric statistical tool. Testing the normality of the data helps provide an answer to whether to use a parametric test tool or not, taking into consideration, how the variables were measured. It

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must be said that satisfying this assumption is critical to parameter estimations. The normality assumption is tested using data gathered on variables which at one point in time were used as a dependent variable in testing any of the hypotheses.

With regard to this study, the normality assumption was tested using data on a number of variables. These variables were used as the dependent variable(s) in testing the hypotheses which guided the study. Although there exist several ways of testing for the normality of data (such, as Q-Q plot, histogram, Kolmogorov-Smirnov), Shapiro-Wilk test, was used to test the normality of the data because it is appropriate for data with small sample size (Field, 2009). Shapiro-Wilk test is also preferred because it provides a better power than the other techniques (Ghasemi & Zahediasl, 2012). The details of the results are shown in Table 11.

Table 11- *Test for Normality (Shapiro-Wilk)*

Constructs	Statistic	Df	Sig.
Affect	.990	60	.897
Behaviour	.961	60	.052
Cognition	.973	60	.216
Forgiveness (Post-test)	.983	60	.546
Forgiveness (Pre-test)	.962	60	.061
Anger (post-test)	.981	60	.471
Anger (Pre-test)	.971	60	.164

Source: Field Survey (2019)

The results, as shown in Table 11, indicate that the normality assumption for the dependent variables has not been violated. This was because the p-values were greater than .05. Affect, for instance, had a p-value of .897, Behaviour had

.052, and Cognition had .216. The pre-test data for forgiveness and anger were checked for normality because they were used to test for group equivalence.

Comparing Between Group Equivalence

To choose the appropriate statistical tool to use, it was important to test for between-group equivalence (Process group, REACH model group and control group). This was to ensure that the groups were equal in terms of characteristics of interest before the start of the experiment since the study used intact groups. Thus, the groups were compared on forgiveness and anger to find out whether they were equivalent or not on these constructs. One-way Analysis of Variance (ANOVA) was conducted for comparing the groups on forgiveness and anger.

As it had been earlier indicated, the pre-test scores for forgiveness and anger have been tested for normality (see Table 11). The homogeneity of variance assumption was tested before the actual ANOVA test. The result on the homogeneity test is shown in Table 12.

Table 12- *Homogeneity of Variance Assumption*

Dimensions	F statistics	df1	df2	Sig.
Forgiveness	2.038	2	57	.140
Anger	2.826	2	57	.070

The homogeneity of variance assumption was also met for data on forgiveness, $F(2, 57) = 2.038$, $p=.140$. Since the homogeneity of variance assumption was met, one-way ANOVA was conducted to establish group equivalence for forgiveness and anger. For data on anger, the homogeneity of variance test assumption was not violated, $F(2, 57)=2.826$, $p=.070$. Table13 presents the details of the results on the ANOVA results.

Table 13- *ANOVA Test for Pre-test Scores (Forgiveness & Anger)*

		Sum of Squares	Df	Mean Square	F	Sig.
Forgiveness	Between Groups	9861.233	2	4930.617	3.608*	.033
	Within Groups	77905.750	57	1366.768		
	Total	87766.983	59			
Anger	Between Groups	2975.700	2	1487.850	5.501*	.007
	Within Groups	15417.550	57	270.483		
	Total	18393.250	59			

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

Results in Table 13 revealed a statistically significant difference in forgiveness level of participants in the three groups (Process model, REACH model and control groups), $F (2, 57) =3.608$, $p=.033$. This is an indication that the groups had different levels of forgiveness prior to the start of the study. The result again found a statistically significant difference in the level of anger of participants in the three groups (Process model, REACH model and control groups), $F (2, 57) =5.501$, $p=. 007$. The result implies that the three groups differ on the level of anger prior to the conduct of the study.

Further analysis was conducted to find out where exactly the difference was coming from. Tukey Honestly Significant Difference (HSD) procedure was used for the multiple comparisons. The details of the analysis are shown in Table 14.

Table 14- *Multiple Comparison (Tukey HSD)*

Dependent Variable	(I) Group	(J) Group	Mean Difference (I-J)	Sig.
Forgiveness	Control	REACH	-15.350*	.047
		Process	16.050*	.048
	REACH	Control	15.350*	.047
		Process	31.400*	.009
	Process	Control	-16.050*	.048
		REACH	-31.400*	.009
Anger	Control	REACH	8.700*	.016
		Process	17.250*	.002
	REACH	Control	-8.700*	.016
		Process	8.550*	.035
	Process	Control	-17.250*	.002
		REACH	-8.550*	.035

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

The result in Table 14 reveals a statistically significant difference in the level of forgiveness of participants in the control and REACH model group ($p=.047$). Statistically significant difference was also found in the levels of forgiveness for the participants in the control group and Process Model group ($p=.048$). The levels of forgiveness differed significantly for participants in the REACH model group and Process model group ($p<.001$).

The groups were also found to differ from one other with regard to the levels of anger. A significant difference was found in the levels of anger for the participants in the control and REACH Model group ($p=.016$). A similar difference was also found for the participants in the control and Process model group ($p=.002$). The levels of anger also differed significantly for participants in the REACH model group and Process model group ($p=.035$).

The preliminary analysis shows that the groups prior to the start of the experiment were dissimilar with the characteristics of interest (i.e. forgiveness and anger). There was the need, therefore, to control for the pre-test scores of the participants which require the use of Analysis of Covariance (ANCOVA). ANCOVA adjusts the post-test scores based on their initial difference on the pre-test. This makes the group as if they started at the same level with regards to the characteristics of interest (i.e. forgiveness and anger). However, for ANCOVA to be conducted, certain assumptions should be met. Paramount of these assumptions is normality and homogeneity of regression slopes. The normality assumption has been met as earlier indicated (see Table 11). The homogeneity of regression slopes assumptions was then tested. Tables15 and 16 show the results of the homogeneity of slopes assumption for forgiveness and anger.

Table 15- *Homogeneity of Slopes Assumptions (Forgiveness)*

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.
Corrected Model	20655.843	5	4131.17	3.00	.018
Intercept	90805.86	1	90805.86	65.89	.000
Group	5986.30	2	2993.15	2.17	.124
Forgiveness (pre-test scores)	7638.11	1	7638.11	5.54	.022
Group * Forgiveness	4069.18	2	2034.59	1.48	.238
Error	74418.89	54	1378.13		
Total	5056750.00	60			
Corrected Total	95074.73	59			

Dependent Variable: Forgiveness (post-test)

As shown in Table 15, a non-significant interaction was found between the independent variable (three groups) and the covariate (pre-test scores of forgiveness) based on the dependent variable, $F (2, 54) = 1.48$, $p = .238$. This

indicates that the homogeneity of regression slopes assumption was not violated for data on forgiveness. This guarantees the use of ANCOVA for analysis involving forgiveness.

Table 16- *Homogeneity of Slopes Assumptions (Anger)*

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.
Corrected Model	2506.81	5	501.36	5.16	.001
Intercept	3937.80	1	3937.80	40.50	.000
Group	330.01	2	165.01	1.70	.193
Anger (pre-test scores)	294.48	1	294.48	3.03	.088
Group * Anger	265.50	2	132.75	1.37	.264
Error	5250.79	54	97.24		
Total	535664.00	60			
Corrected Total	7757.60	59			

Dependent Variable: Anger (post-test)

The result in Table 16 revealed a non-significant interaction between the independent variable (three groups) and the covariate (pre-test scores of anger) based on the dependent variable, $F(2, 54) = 1.37$, $p=.264$. This indicates that the homogeneity of regression slopes assumption was not violated for data on anger. This guarantees the use of ANCOVA for analysis involving anger.

Hypothesis One

$H_0 1$: There is no significant effect of Process and REACH models on forgiveness among college students with hurts.

$H_1 1$: There is significant effect of Process and REACH models on forgiveness among college students with hurts.

This research hypothesis sought to examine the effect of Process and REACH models on forgiveness among college students with hurts. The purpose is to find out whether the three groups (Process model, REACH Model and Control) differ on the level of forgiveness while controlling for their pre-test

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scores. The dependent variable was the post-test forgiveness score whereas the pre-test forgiveness score served as a covariate. In testing this hypothesis, one-way ANCOVA was used to compare the post-test scores for the participants in the experimental groups and the control group while controlling for their pre-test scores. The results of the test for the effects are shown in Table 17.

Table 17- *ANCOVA Test for Effect of Process and REACH Models on Forgiveness*

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	21631.34	3	7210.445	5.607	.002	.231
Intercept	101568.19	1	101568.191	78.983	.000	.585
Forgiveness (pre-test scores)	7534.40	1	7534.401	5.859	.019	.095
Group	14680.21	2	7340.102	5.708*	.006	.169
Error	72012.85	56	1285.944			
Total	5057045.0	60				
Corrected Total	93644.18	59				

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

The result in Table 17 shows that after controlling for the pre-test forgiveness scores, there was a significant difference in the post-test forgiveness scores for the experimental groups and the control group, $F(2, 56) = 5.708$, $p = .006$, $\eta_p^2 = .169$. The result indicates that the groups (Process model, REACH model and control) explain 16.9% of the variances in forgiveness. Further, a post-hoc analysis was conducted to compare the group means to ascertain where the differences in means scores exist. Table 18 presents pairwise comparisons.

Table 18- *Sidak Adjustment for Pairwise Comparison (Forgiveness)*

(I) Group	(J) Group	Mean Difference (I-J)	Std. Error	Sig.
Control	REACH	-34.808*	11.347	.010
	Process	-31.334*	11.439	.025
REACH	Control	34.808*	11.347	.010
	Process	3.474	11.500	.987
Process	Control	31.334*	11.439	.025
	REACH	-3.474	11.500	.987

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

The results from the multiple comparisons revealed a statistically significant difference in the level of forgiveness between participants in the control group and those in the REACH model group ($p=$.010) as shown in Table 18. Similarly, a significant difference in the level of forgiveness was found between participants in the control group and the Process model group ($p=$.025). However, no significant difference was found between participants in the REACH and Process models group ($p=$.987). The adjusted/marginal means for participants in each group are presented in Table 19.

Table 19- *Estimated Marginal Means (Forgiveness)*

Groups	Mean	SD
Control	265.57	8.03
REACH	300.38	8.06
Process	296.90	8.10

Source: Field Survey (2019)

The results in Table 19 indicate that after controlling for the pre-test scores on forgiveness for the participants in the groups, the marginal mean

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scores of the participants in the control group (M=265.57, SD=8.03) was less than those in the REACH model group (M=300.38, SD=8.06). The marginal mean scores for the participants in the Process model group (M=296.90, SD=8.10) was greater than that of the participants in the control group (M=265.57, SD=8.03). Although there was a difference in the marginal mean score between participants in the REACH model group (M=300.38, SD=8.06) and Process model group (M=296.90, SD=8.10), the difference was not significant.

The result indicates that both the REACH and Process models of forgiveness were effective in helping college students with hurts to forgive persons who had offended them. It was evident that the participants who were given the two therapies (Process and REACH models) showed a significant improvement in their levels of forgiveness after the intervention had been administered. When the results were further compared to the control group, they had the same level of effectiveness. This is to say that both therapies equally worked in terms of improving forgiveness among students with hurt.

Hypothesis Two

H$_0$2: There is no significant difference in the anger mean scores of participants exposed to the Process and REACH models of forgiveness and the control group.

H$_1$2: There is significant difference in the anger mean scores of participants exposed to the Process and REACH models of forgiveness and the control group.

The objective of the research hypothesis two was to determine whether significant difference existed in the mean scores on anger of the participants in

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the experimental and control groups at post-test. In other words, the objective of this hypothesis was to find out whether the three groups (Process, REACH and control groups) of forgiveness were different on the level of anger while controlling for their pre-test scores on anger. The dependent variable was the post-test score on anger whereas the pre-test anger score served as a covariate. In testing this hypothesis, one-way ANCOVA was used to compare the post-test scores for participants in the experimental groups and the control group while controlling for their pre-test scores. Table 20 presents the details of the analysis.

Table 20- *ANCOVA Test for Differences between Process and REACH Models on Anger*

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	2241.316	3	747.105	7.584	.000	.289
Intercept	3917.194	1	3917.194	39.766	.000	.415
Anger (pre-test scores)	582.616	1	582.616	5.915	.018	.096
Group	2028.269	2	1014.135	10.295*	.000	.269
Error	5516.284	56	98.505			
Total	535664.000	60				
Corrected Total	7757.600	59				

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

The result in Table 20 indicates that significant difference exists in the mean scores on anger of participants in the experimental and control groups at post-test, $F(2, 56) = 10.295$, $p<.05$, $\eta_p^2 =.269$. The result further shows that the

groups (Process Model, REACH Model and Control) explain 26.9% of the variances in anger. A post-hoc analysis was further conducted to compare the estimated marginal group means for the groups as shown in Table 21.

Table 21- *Post-hoc Analysis of the Groups regarding Anger*

(I) Group	(J) Group	Mean Difference (I-J)	SD	Sig.
Control	REACH	14.583[*]	3.228	.000
	Process	8.128*	3.139	.036
REACH	Control	-14.583*	3.228	.000
	Process	-6.455	3.211	.141
Process	Control	-8.128*	3.139	.036
	REACH	6.455	3.211	.141

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

It is evident from Table 21 that there is a significant difference between the anger mean scores of the participants in the control group and those in the REACH model group ($p<.05$). A significant difference was also found in the anger mean scores of the participants in the control group and those in the Process model group ($p=.036$). In contrast, no significant difference was found in the anger mean scores of participants in the REACH model group and those in the Process model group ($p=.141$). To have a better view of the results, the estimated marginal mean scores for anger are presented in Table 22.

Table 22- *Estimated Marginal Mean Scores for Anger*

Group	Mean	SD
Control	101.37	2.24
REACH	86.79	2.27
Process	93.24	2.23

Source: Field Survey (2019)

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As shown in Table 22, the result revealed that after controlling for the pre-test scores on anger for participants in the groups, the estimated marginal mean scores of the participants in the control group ($M=101.37$, $SD=2.24$) was greater than the mean scores of participants in the REACH model group ($M=86.79$, $SD=2.27$). Similarly, the marginal mean scores for the participants in the Process model group ($M=93.24$, $SD=2.23$) was less than those in the control group ($M=101.37$, $SD=2.24$). The mean score for anger for the participants in the Process model group was greater than the mean score of the REACH model group. However, the difference was not significant as indicated earlier.

Generally, the results revealed that the REACH and Process models promoted forgiveness which intended reduced the level of anger of college students with hurt. This is because forgiveness is serving as a proximal measure and anger as a distal measure. The participants demonstrated sufficient and significant reduction in the levels of anger after their level of forgiveness increased.

Hypothesis Three

H_03: There is no significant effect of Process and REACH models on forgiveness on the basis of gender.

H_13: There is significant effect of Process and REACH models on forgiveness on the basis of gender.

Hypothesis three sought to examine the effect of Process model and REACH model on forgiveness on the basis of gender. A two-way ANCOVA test was conducted to test this hypothesis. The independent variables were the groups (Process model, REACH model and control) and gender. The pre-test

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forgiveness score was used as the covariate. The dependent variable was the post-test forgiveness score. Table 23 presents a summary of the results.

Table 23- *Two-way ANCOVA Test for Effects of Process and REACH Models on Forgiveness on the basis of Gender*

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	27449.269	6	4574.878	3.663	.004	.293
Intercept	106004.139	1	106004.139	84.874	.000	.616
Forgiveness	6093.784	1	6093.784	4.879	.032	.084
Group	16651.723	2	8325.862	6.666	.003	.201
Gender	3523.522	1	3523.522	2.821	.099	.051
Group * Gender	2427.686	2	1213.843	.972	.385	.035
Error	66194.914	53	1248.961			
Total	5057045.000	60				
Corrected Total	93644.183	59				

Source: Field Survey (2019)

The result from the two-way ANCOVA revealed no significant effect of Process and REACH models on forgiveness on the basis of gender, $F(1, 53)=2.821$, $p=.099$, $\eta_p^2 = .051$ (Table 23). The result indicates that male and female participants responded differently to the Process and REACH models in terms of enhancing forgiveness among college students, but the difference was not significant. This further suggests that the two therapies equally worked for the male and female college students in improving the level of forgiveness.

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Hypothesis Four

H$_0$4: There is no significant difference in the anger mean scores of participants exposed to the Process and REACH models of forgiveness and the control group on the basis of gender.

H$_1$4: There is significant difference in the anger mean scores of participants exposed to the Process and REACH models of forgiveness and the control group on the basis of gender.

Hypothesis four sought to find out whether differences existed in the anger mean scores of the participants exposed to the Process model and REACH model of forgiveness and the control group based on gender. A two-way ANCOVA test was performed to test this hypothesis. The independent variables were the groups (Process model, REACH model and control) and gender. The pre-test anger score was used as the covariate. The dependent variable was the post-test anger score. The details of the analysis are shown in Table 24.

Table 24- *Two-way ANCOVA Test for Differences Between Process and REACH Models on Anger on the basis of Gender*

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	2512.490[a]	6	418.748	4.231	.001	.324
Intercept	3378.446	1	3378.446	34.138	.000	.392
Anger	715.717	1	715.717	7.232	.010	.120
Group	1803.039	2	901.520	9.110	.000	.256
Gender	59.045	1	59.045	.597	.443	.011
Group * Gender	217.642	2	108.821	1.100	.340	.040
Error	5245.110	53	98.964			
Total	535664.00	60				
Corrected Total	7757.600	59				

Source: Field Survey (2019)

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A two-way ANCOVA was performed to determine the differences in the level of anger of college students in the Process and REACH models groups on the basis of gender (Table 24). The result revealed no significant gender effect of the therapies in reducing anger $F(1, 53) = .597$, $p = .443$, $\eta_p^2 = .011$. This result shows that the male and female participants did respond differently to the Process and REACH models in terms of reducing anger, but the difference was not significant. This implies that the Process and REACH models were equally effective for both male and female participants.

Hypothesis Five

H_05: There is no significant effect of Process and REACH models on forgiveness on the basis of age.

H_15: There is significant effect of Process and REACH models on forgiveness on the basis of age.

Hypothesis five sought to examine the effect of Process and REACH models on forgiveness on the basis of age. A two-way ANCOVA test was conducted to test this hypothesis. The independent variables were the groups (Process model, REACH model and Control) and age. The pre-test forgiveness score was used as the covariate. The dependent variable was the post-test forgiveness score. Table 25 presents a summary of the results.

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Table 25- *Two-way ANCOVA Test for Effect of Process and REACH Models on Forgiveness on the basis of Age*

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	26414.686[a]	9	2934.965	2.183	.039	.282
Intercept	93036.034	1	93036.034	69.193	.000	.581
Forgiveness	4493.067	1	4493.067	3.342	.074	.063
Group	1001.359	2	500.680	.372	.691	.015
Age	201.207	2	100.604	.075	.928	.003
Group * Age	4762.525	4	1190.631	.885	.479	.066
Error	67229.497	50	1344.590			
Total	5057045.000	60				
Corrected Total	93644.183	59				

Source: Field Survey (2019)

The result from the two-way ANCOVA, as shown in Table 25, revealed no significant effect of the Process and REACH models on forgiveness on the basis of age, $F (2, 50) =.075$, $p=.928$, $\eta_p^2 = .003$. The result indicates that participants who were within different age categories did not respond significantly different to the Process and REACH models in terms of reducing their levels of anger. This further suggests that the two therapies equally worked for both participants within all age brackets. Thus, an implication to counsellors is that the two therapies can be used to reduce anger of clients within any age group.

Hypothesis Six

H_06: There is no significant difference in the anger mean scores of participants exposed to the Process and REACH models of forgiveness and the control group on the basis of age.

H_16: There is significant difference in the anger mean scores of participants exposed to the Process and REACH models of forgiveness on the basis of age.

Hypothesis six sought to test whether there existed a difference in the anger mean scores of the participants exposed to the Process and REACH models of forgiveness on the basis of age. A two-way ANCOVA test was performed to test this hypothesis. The independent variables were the groups (process, REACH model and control) and age. The pre-test anger score was used as the covariate. The dependent variable was the post-test anger score. The details of the analysis are shown in Table 26.

Table 26 - *Two-way ANCOVA Test for Differences between Process and REACH Models on Anger on the basis of Age*

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	2813.954[a]	9	312.662	3.162	.004	.363
Intercept	3054.518	1	3054.518	30.893	.000	.382
Anger	691.014	1	691.014	6.989	.011	.123
Group	926.396	2	463.198	4.685	.014	.158
Age	128.093	2	64.046	.648	.528	.025
Group * Age	505.993	4	126.498	1.279	.291	.093
Error	4943.646	50	98.873			
Total	535664.00	60				
Corrected Total	7757.600	59				

Source: Field Survey (2019)

A two-way ANCOVA was performed to determine the differences in the level of anger of college students in the Process and REACH models groups on the basis of age (Table 26). The result revealed no significant difference in the anger mean scores of the participants exposed to the process and REACH models of forgiveness and the control group on the basis of age $F(2, 50) = .648$, $p= .528$, $\eta_p^2 = .025$. This result shows that participants who were within different age categories did not respond differently to the Process and REACH models in terms of reducing anger. This implies that the Process and REACH models were equally effective for both participants within all the age brackets.

In sum, this study revealed that the process and REACH models of forgiveness significantly increased the level of forgiveness of college students with hurts which subsequently reduced their level of anger. Also, the study showed that age and gender did not have a significant influence on forgiveness and anger. The final model of this study is indicated in Figure 3, which illustrates the relationship of the Process and REACH models of forgiveness on forgiveness and anger after exposing the college students to the forgiveness counselling intervention.
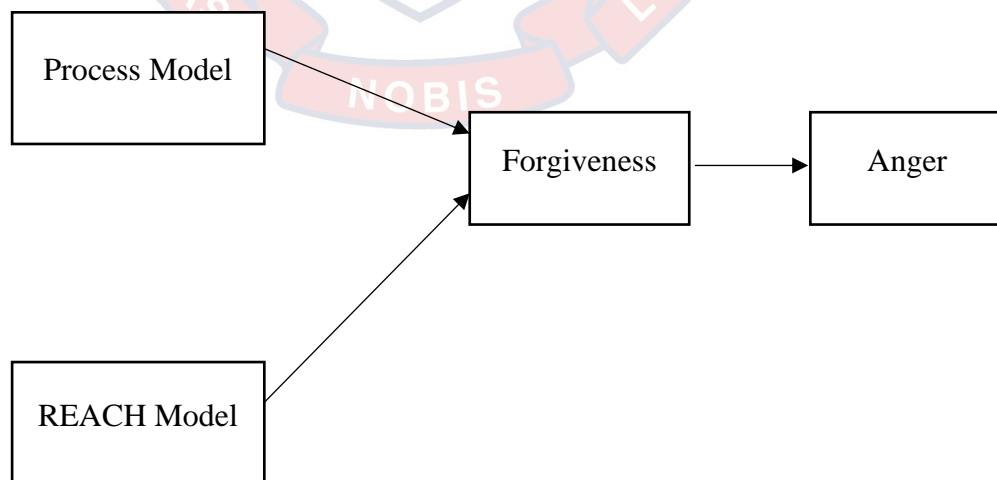
Figure 3- Final model

Discussion of Findings

Hypothesis One

$H_0 1$: There is no significant effect of Process and REACH models on forgiveness among college students with hurts.

$H_1 1$: There is significant effect of Process and REACH models on forgiveness among college students with hurts.

This result revealed that the Process and REACH models had a direct impact on a person's ability to forgive. This is based on the fact that these models have the ability to change attitudes, cognitions and behaviours. This result supports the views of (Allemand, Hill, & Steiner, 2013; Enright, 2001; Worthington & Scherer, 2004), that when people forgive, they abandon their negative emotions, thoughts and behaviours towards the transgressor. Thus, when the participants were exposed to the Process and REACH models, their unforgiving thoughts, such as revengefulness, hatred and anger towards their offenders, were changed or shaped to forgiveness tendencies like love, empathy, sympathy and compassion. The result also supports the views of (Worthington & Scherer, 2004; Enright, 1996; Worthington, 1998; McCullough, Rachal & Worthington, 1997) that empathy, compassion and humility promote forgiveness. For instance, the mean score in the control group (M=265.57, SD=8.03) was less than that of the REACH model (M=300.38, SD=8.06) and the process model (M=296.90, SD=8.10). The result indicates that the Process and REACH models were effective in helping college students to overcome their hurts.

The Process and the REACH models showed a significant improvement in the level of forgiveness among the participants. The finding confirms studies

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conducted by (Barimah, 2019; Barlow & Akhtar, 2018; Recine, 2015; Wade, Worthington & Meyer, 2005; Nation, Weitheim & Worthington, 2017) that clients who have been taken through forgiveness therapies show a significant change in forgiveness. In contrast, no significant treatment effects were found with respect to forgiveness among participants of the study (Al-Mabuk, Enright & Cardis, 1995; Fayyaz, Fatemeh & Beshhatat, 2011; Ripley & Worthington, 2002).

Another probable explanation of the result is that those who facilitated the forgiveness interventions using the Process and REACH models were experienced and had adequate training on how to use the therapies. That might promote the effectiveness of the interventions leading to a significant improvement in the level of forgiveness among the college students. This confirms the previous Rainey, Readdick and Thyer's (2012) study by those therapists who trained for more than eight hours were more effective in facilitating forgiveness interventions. The eagerness, enthusiasm, motivation, spending more time expressing empathy, expressing more affect, experiencing group affiliation, social support from group members, punctuality and the direct involvement of the participants in the therapeutic activities could have contributed to this result. The implication of this is that if therapists will ensure the effectiveness of forgiveness interventions, the participants need to be encouraged and motivated to take active roles in the therapeutic activities.

Another implication of the finding for counsellors is that in facilitating forgiveness interventions, more attention need to be paid to the affect, behaviour and cognition of clients because forgiveness involves changes in these variables. Furthermore, therapists must ensure that clients develop empathy,

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compassion, love and humility for their transgressors which are active ingredients or emotional qualities for forgiveness processes.

Hypothesis Two

H_02: There is no significant difference in the anger mean scores of participants exposed to the Process and REACH models of forgiveness and the control group.

H_12: There is significant difference in the anger mean scores of participants exposed to the Process and REACH models of forgiveness and the control group.

There exists a relationship between forgiveness and anger as a mental health variable (Baskin & Enright, 2004). This means that when forgiveness level increases, anger level reduces because anger is indirectly treated. The results of the study indicated that an exposure to the REACH and Process models of forgiveness contributed to a reduction in the level of anger of college students with hurts. During the intervention, participants were encouraged to have empathy, compassion, sympathy and love for their transgressors through role-play and didactics. The participants were also taken through cognitive restructuring exercise to help the participants to let it go their unhealthy thoughts towards their offenders, such as hatred, revengefulness, avoidance and rage. The participants were also exposed to how to find meaning in suffering. Furthermore, the participants were exposed to the effects of deepening and easing anger on their physical and mental health. Consequently, there was an increased in forgiveness level which intended reduced the level of anger of college students with hurts.

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The finding confirms earlier findings of (Akhtar, Dolan & Barlow, 2016; Lee & Enright, 2014; Lana Jurcec, Mijocevic & Zagreb, 2010; Hirsch, Webb & Jeglic, 2011; Klatt & Enright, 2009; Enright & Fitzigibbons, 2000) that an improvement in the forgiveness level of participants leads to a significant reduction in anger, stress, state anxiety and depression among clients. This finding also supports the views of (Seybold, Hill, Neumann & Chi, 2001; Yip & Tse, 2009; Hansen, Enright, Baskin, Klatt, in the press as cited in Enright, 2009) that higher levels of forgiveness are an indication of lower levels of anger, depression and lower anxiety. However, this finding is contrary to Barimah (2019), that there was no significant difference in the post-test mean score of anger in the experimental group and post-test mean score of anger in the control group. This means an improvement in the forgiveness levels of college students has not yielded any significant effect on anger.

This finding is also inconsistent with the views of (Rye & Pargamant, 2002; Nation, Weithein & Worthington, 2017) who found no significant treatment effects with respect to measures of hope, depression, religious well-being, anxiety and hostility. This indicates that a significant improvement in forgiveness cannot result in an improvement in mental health. Furthermore, the finding is contrary to (Kirmani, 2015; Sprato, 2011) who found no significant association among gratitude, forgiveness, subjective well-being, anger and crime. The current result also supports the views of (Haris, Luskin, Norman, Standford, Evans & Thoresen, 2006; Allemand, Hill & Steiner, 2013) that forgiveness interventions reduce negative thoughts and feelings towards the target of transgression as well as increasing positive thoughts and feelings towards the transgressor.

In addition, the result is consistent with Enright and Human Development Study Group cited in Murray (2000) that receiving forgiveness occurs when an individual has offended another, and then the offended person willingly offers the cessation of negative attitudes, thoughts and behaviours and substitutes more positive feelings, thoughts and behaviours towards the offender. This might contribute to the significant effect that the therapies had on anger. The implication of this study is that counsellors need to be aware that forgiveness interventions have the same level of potency in treating anger and other psychological problems like depression, anxiety, self-esteem and guilt. Another implication for counsellors is that in trying to treat anger, they should take note of the affective, cognitive and behavioural components of the clients. In addition, anger can be indirectly treated using forgiveness interventions, but not only through the anger management techniques. Finally, college students can make use of forgiveness interventions involving either the process model or the REACH model as a way of treating their anger.

Hypothesis Three

$H_0 3$: There is no significant effect of Process and REACH models on forgiveness on the basis of gender.

$H_1 3$: There is significant effect of Process and REACH models on forgiveness on the basis of gender.

The results of the study indicate that the Process and REACH models are gender neutral in their effects on forgiveness. This means that male and female students did not respond significantly different to the Process and REACH models. Thus, the implication of the finding is that the Process and REACH models equally work for male and female students. This finding is

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supported by Lundahl, Taylor, Steveson and Roberts (2008) that gender, age and life status did not limit the effectiveness of forgiveness interventions. This finding is further supported by Ingersoll-Dayton, Campbell and Ha (2009) that the therapeutic model developed by Enright showed a great promise for men and women from the various religious, non-religious and ethnic backgrounds. The implication of this for counsellors is that the process and REACH models can be used to improve forgiveness for all manner of persons irrespective of gender, religion and ethnic background.

Other studies conducted to find out the relationship between forgiveness and gender (for example Abid, 2017; Ayten & Ferhan, 2016; Lana Jurcee, Mijocevic & Zagreb, 2010; Fehr, Gelfand & Nag, 2010; K miec, 2009; Toussaint, 2005; Macaskil, Maltby & Day, 2002) found that there is a relationship between gender and forgiveness, but has no significant effect on forgiveness. Perhaps, the participants' use of the various skills, knowledge and techniques, such as empathy, compassion, letting it go anger in the group may be attributed to the results. This is because both male and female participants were exposed to the process and REACH models of forgiveness intervention which significantly improved their forgiveness levels.

On the contrary, Miller, Worthington and Mcdaniel (2008) meta-analysis found females to be more forgiving than men. The finding indicated a significant difference existed in gender responses to forgiveness. The potential moderators influencing the gender differences include differences in processing forgiveness, differences in dispositional qualities and situational cues. Also, Lerner (2006) with regard to gender differences in response to marital satisfaction, found that men scored higher than women in marital satisfaction

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and the result was significant. In addition, Kirman (2015) study found a significant difference in boys and girls in measures of gratitude and forgiveness, that is, girls are more forgiving and more gratitude than that of boys. This means that there has been a significant effect of gender on forgiveness.

Hypothesis Four

$H_0 4$: There is no significant difference in the anger mean scores of participants exposed to the Process and REACH models of forgiveness and the control group on the basis of gender.

$H_1 4$: There is significant difference in the anger mean scores of participants exposed to the Process and REACH models of forgiveness and the control group on the basis of gender.

The result in the hypothesis four denotes that the mean scores on the anger of the participants in the experimental and control groups did not differ significantly with regard to gender. This implies that gender is not a significant determinant of mental health variables, such as anger at post-test. The counselling implication is that interventions that focus on reducing anger can be carried out without taking gender into consideration. Studies that back the finding are (Suman, 2016; Zimprich & Mascherek, 2012; Stiffler, 2008; Buntaine & Constenbader, 1997). In the view of Suman, females express anger similar to males, but females experience difficulty in recognising and admitting emotions due to social constraints. Buntaine and Constenbader, Zimprich and Mascherek found that males and females express and respond to situations differently, but generally experience similar levels of anger. Stiffler found no statistically significant difference between male total anger and female total anger. Also, Burt's (2014) study at Florida among the adolescent's population

and DiGuiseppe survey as cited in Dittamn (2003), in the US, indicated gender differences that females exhibited more anger expression as well as less anger control than males, but never indicated whether there had been a significant difference.

On the contrary, Thomas' (1989) longitudinal study in Tennessee found a significant difference between men and women in the likelihood of discussing and expressing anger. The study found correlates of anger symptoms among both genders as education, optimism, health habits, internal locus of control and others which were gender specific. For example, women exhibited more anger symptomology, blaming and outward expression of anger. In addition, Thomas' (2002) study also found a significant gender difference in the propensity to overtly express anger, with younger women (those in their 20s and 30s) having the highest mean score on total expressed anger.

Another indication of this finding is that the participants continually used empathy, love and sympathy as well as the direct teachings to manage their emotions, cognitions and behaviours. The result also revealed how active and instrumental participants were involved in the therapeutic process and how effective the leaders were in facilitating the therapies. The implication of this finding for counsellors is that the two therapies are effective and can be used for all manner of persons irrespective of gender.

Hypothesis Five

H$_0$5: There is no significant effect of Process and REACH models on forgiveness on the basis of age.

H$_1$5: There is significant effect of Process and REACH model on forgiveness on the basis of age.

The study revealed that participants who were within different age groups did not respond significantly different to the Process and REACH models in terms of forgiveness on the basis of age. This means that the Process and the REACH models are effective for multi-dimensional age groups. This finding supports the views of Lundahl, Taylor, Steveson and Roberts (2008) that age, gender and life status did not limit the effectiveness of forgiveness interventions. On the contrary, Sadiq and Menhanz (2017) found a significant difference among adults and old age participants in their study. In addition, Fehr, Gelfand and Nag (2010), in their meta-analyses, found forgiveness and age significant, but very small. However, there are other studies that attested that there had been an effect of age on forgiveness, but never stated whether the effect had been significant or not.

Among some are: Doran, Kalajian, Toussaint and De Meucci (2011) found that forgiving behaviour among older people was significantly higher than young participants; willingness to forgive was associated with low trauma-related stress for older people than the younger participants. Also, Steiner, Allemand and McCullough (2011) found that older adults were on the average more willing to forgive than the younger ones. Gbaemmagbami, Allemand and Martin (2011) found that the middle-aged adults expressed more avoidance than young adults; young adults had greater motivation to seek revenge than middle-aged and older adult. All these studies did not specifically state whether the effect had been statistically significant or not. The result depicted how active the participants were engaged in the therapies as well as the effectiveness and the depth of training the leaders had in using the Process and REACH Models to facilitate forgiveness. This view is supported by Rainey, Readdick and Thyer

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(2012) that an effective leader facilitating forgiveness intervention(s) must be trained for more than eight hours. Thus, an implication of this result is that counsellors who are willing to facilitate forgiveness interventions must go through proper orientation and training to enable them to acquire skills that will effectively cater for the needs of all the age groups. Another implication for counsellors is that interventions aimed at increasing forgiveness can be implemented without considering age limit.

Hypothesis Six

H_06: There is no significant difference in the anger mean scores of participants exposed to the Process and REACH models of forgiveness and the control group on the basis of age.

H_16: There is significant difference in the anger mean scores of participants exposed to the Process and REACH models of forgiveness and the control group on the basis of age.

The study revealed that age was not a significant determinant of anger at post-test. This is because the participants who were within the different age groups did not respond significantly different to the Process and REACH models in terms of reduction of anger. Anger is generally an emotional attribute (Recine, 2015; Baskin & Enright, 2004) and one's participants were exposed to the therapies, their negative emotions, cognitions and beliefs will be positively reshaped or cognitively restructured by practice or direct teaching. On the other hand, the skills, knowledge and attitudes acquired by the participants as a result of their exposure to the Process and REACH models can also explain for this result.

There are some studies conducted to establish the relationship between age and anger. Among some are Kunzman, Richer and Schumkle (2018) found late adolescence indicating the highest anger and that anger increases from the late adolescence to adulthood. Birditt and Fingerman (2003) found older adults less likely to describe experiencing anger as a result of social conflict, but did not differ from young adults in their levels of emotions experienced and the like. Also, a study conducted by Thomas (2002) found no significant age difference in anger expressed at home. These studies agreed that age played a role in terms of reducing anger, but did not state whether the difference had been statistically significant. The implication of this finding for counsellors is that interventions aimed at reducing anger should be implemented without regard for age.

Chapter Summary

Chapter four presented and discussed the main results of the study based on the six research hypotheses tested. The implications of the findings were also discussed. The study came out with the following findings:

1. The Process and REACH models of forgiveness were effective in helping college students with hurt to forgive those who hurt them.

2. Process and REACH models were effective in reducing the anger levels of college students with hurts.

3. Gender did not have significant influence on forgiveness when students were exposed to Process and REACH models.

4. Gender did not have significant influence on anger when using Process and REACH models.

5. Process and REACH models were effective for all age groups in terms of improving forgiveness.

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6. Process and REACH models were effective for all age groups in terms of reducing anger when their forgiveness levels were improved.

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CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This chapter is the summary, conclusions and recommendations of the study. The summary is made up of the objectives of the study, some areas of the methods and the major findings of the study. The conclusions of the findings of the study and the recommendations of the study are also highlighted. In addition, areas for further studies are suggested.

Summary of the Study

The main purpose of this study was to find out the effects of Process and REACH models on forgiveness and anger among college students with hurts in the Upper West Region of Ghana. The specific objectives of the study were: Firstly, to evaluate the effects of the process and REACH models on forgiveness among college students with hurts. Secondly, to examine what difference exists in the anger mean scores of the participants exposed to the process and REACH models of forgiveness and the control group. Thirdly, to assess the effect of the process and REACH models on forgiveness on the basis of gender among college students with hurts. In addition, the study was to examine whether there exists a significant difference in the mean scores of anger of the participants exposed to the process and REACH models of forgiveness on the basis of gender among college students with hurts. Furthermore, it was to investigate the effect of Process and REACH models on forgiveness on the basis of age among college students with hurts. Finally, to investigate whether there exists a significant difference in the anger mean scores of the participants exposed to

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the process and REACH models of forgiveness and the control group on the basis of age among college students with hurts.

The study employed a quasi-experimental pre-test-post-test (non-equivalent) design. The study involved three groups; two experimental groups and one control group. The participants were selected based on their low levels of forgiveness and high levels of anger. The multi-stage sampling procedure was used to select the participants for the study. In this study, 60 participants were selected for the study. Two main instruments were adapted for the study. These were Attitude Scale developed by Enright (2001) and the Anger Self-Report Questionnaire (ASR) developed by Reynolds, Walkey and Green (1994). Analysis of Covariance (ANCOVA) was used in testing the hypotheses.

Major Findings

The main results of the study are:

1. The hypothesis that there is no significant effect of Process and REACH models on forgiveness among college students with hurts was rejected. The Process and REACH models had significant positive effects on forgiveness among college students with hurts to forgive persons who offended them. Also, the Process and REACH models were effective in terms of improving forgiveness levels of college students with hurt when compared to the control group.

2. There is no significant difference in the anger mean scores of participants exposed to the Process and REACH models of forgiveness and the control group was rejected. The participants demonstrated a sufficient and significant reduction in their levels of anger. The therapies

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- Process and REACH models were effective in reducing the level of anger of college students with hurts.

3. There is no significant effect of Process and REACH models on forgiveness on the basis of gender failed to be rejected. Thus, gender did not have a significant influence on forgiveness when the students were exposed to the Process and REACH models. In other words, male and female college students did not respond significantly different to the Process and REACH models.

4. There is no significant difference in the anger mean scores of participants exposed to the Process and REACH models of forgiveness and the control group on the basis of gender failed to be rejected. Thus, gender did not have a significant influence on anger when college students were exposed to the Process and REACH models. In other words, male and female participants did not respond significantly different to the Process and REACH models in terms of reducing anger.

5. The hypothesis that there is no significant effect of Process and REACH models on forgiveness on the basis of age failed to be rejected. The result indicated that participants who were within the different age groups did not respond significantly different to the Process and REACH models in terms of forgiveness. The Process and REACH models were effective for all age groups.

6. The hypothesis that there is no significant difference in the anger mean scores of participants exposed to the Process and REACH models of forgiveness and the control group on the basis of age failed to be rejected. The result indicated that participants who were within different

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age categories did not respond significantly different to the Process and REACH models in terms of reducing anger. This implies that the therapies were equally effective for both participants within all the age brackets.

Conclusions

The following conclusions were drawn from the study:

The Process and REACH models would be of great value to counsellors, psychologists and mental health practitioners as an alternative means of treating their clients' anger when forgiveness levels are improved. This is because from the literature reviewed, the models have proven to be effective in combating mental health problems. Also, it was found that age and gender had no significant influence on forgiveness and anger levels of clients when using the Process and REACH models in counselling interventions. This finding supports existing studies that were conducted using the Models in USA and UK in the literature reviewed.

Finally, it seems the Process and REACH models have not been used in Ghana to facilitate forgiveness counselling, but the models proved to be effective in improving the level of forgiveness among college students with hurts which subsequently led to a reduction in their anger levels in this study. This means that the Process and REACH Models are culture friendly and can be used in different cultures and settings across the world.

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Counselling Implications

1. Unforgiveness in clients can be reduced when the Process and REACH models are used by counsellors to facilitate forgiveness interventions.

2. Counsellors should adapt forgiveness therapies (Process and REACH models) as an alternative means of managing their clients' anger.

3. Counsellors need to be aware that forgiveness interventions geared toward increasing forgiveness can be carried out without considering gender.

4. There is the need for counsellors to note that forgiveness counselling aimed at reducing anger can be conducted without regard for gender.

5. Counsellors need to note that counselling interventions aimed at increasing forgiveness can be carried out without regard for age.

6. Counsellors need to also note that counselling interventions aimed at reducing anger can be implemented without considering age.

Recommendations

The following recommendations were put forward.

1. Counsellors should endeavour to use the Process and REACH models in forgiveness interventions to improve students' forgiveness level.

2. The Process and REACH models should be used by counsellors as an alternative means of treating their clients' anger in addition to the conventional anger management techniques.

3. Counsellors should render forgiveness counselling to clients without regard for gender because gender was neutral.

4. Counsellors should offer forgiveness counselling to clients without taking age into consideration because age proved to be neutral.

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5. The Process and REACH models should be used by counsellors to render forgiveness counselling to clients to reduce their anger levels when their forgiveness levels are improved without considering males and females.

6. Counsellors, psychologists and mental health practitioners should use the Process and REACH models to increase the level of forgiveness of their clients that would intend lead to a reduction in their anger levels without considering age

Suggestions for Further Research

1. Future studies should be conducted on the efficacy of the Process and REACH models on forgiveness and any of the mental health variables, such as anxiety, depression, and self-esteem among college students.

2. Further studies should also be done on the effects of the Process and REACH models on forgiveness and anger among college students using a mixed-method. This will expand the work because this study could not include the qualitative aspect due to time and other constraints.

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APPENDIX A

FORGIVENESS QUESTIONNAIRE

UNIVERSITY OF CAPE COAST

COLLEGE OF EDUCATION STUDIES

FACULTY OF EDUCATIONAL FOUNDATION

DEPARTMENT OF GUIDANCE AND COUNSELLING

ATTITUDE SCALE

Demographic

Kindly tick the appropriate option that is applicable to you.

1. Gender: Male   [ ]   Female   [ ]

2. Age: 17-20 [ ]   21-24   [ ]

         25 and above   [ ]

3. Marital status: Single [ ]   Married [ ]   Divorced   [ ]

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

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

SECTION A

1. How deeply were you hurt when the incident occurred? (circle one)

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

2. Who hurt you? (circle one)

Child   Spouse   Relative   Friend of the   Friend of the same

                                                                 gender opposite gender

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3. Is the person living? (circle one)

   Yes   No

4. How long ago was the offense? (Please write in the number of days or

   weeks, etc)

………days ago   ……weeks ago   ……months ago ……years ago

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

…………………………………………………………………………………

…………………………………………………………………………………

…………………………………………………………………………………

SECTION B

Now, please answer a series of questions about your current attitude towards

this person. We do not want your rating of past attitudes, but your ratings of

attitudes right now. All responses are confidential, so please honesrly answer

by ticking [√] the appropriate option.

Strongly Disagree   = **SD**

Moderately Disagree = **MD**

Slightly Disagree   = **SD**

Slightly Agree   = **SA**

Moderately Agree   = **MA**

Strongly Agree   = **SA**

	Statements	SD	M D	SD	SA	MA	SA
1.	I feel warm towards him or her						

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2.	I feel negative towards him or her						
3.	I feel kindness towards him or her.						
4.	I feel happy towards him or her.						
5.	I feel hostile towards him or her.						
6.	I feel positive toward him or her.						
7.	I feel tender towards him or her.						
8.	I feel unloving towards him or her.						
9.	I feel repulsed towards him or her.						
10.	I feel resentment towards him or her.						
11.	I feel goodwill towards him or her.						
12.	I feel angry towards him or her						
13.	I feel cold towards him or her.						
14.	I feel dislike towards him or her.						

15.	I feel caring towards him or her						
	Statements	SD	MD	SD	SA	MA	SA
16.	I feel bitter towards him or her.						
17.	I feel good towards him or her.						
18.	I feel affection towards him or her.						
19.	I feel friendly towards him or her						
20.	I feel disgust towards him or her.						

SECTION C

This set of items deals with your current behaviour towards the person. Consider how you do act or would act towards the person in answering the questions. For each item, please tick [√] the option matching your level of agreement that best describes your current behaviour or probable behaviour. Please do not skip any items. Thank you.

Strongly Disagree   = **SD**

Moderately Disagree = **MD**

Slightly Disagree   = **SD**

Slightly Agree   = **SA**

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Moderately Agree   = **MA**

Strongly Agree   = **SA**

	Preamble *Regarding this* *person,……………..*	SD	MD	SD	SA	MA	SA
21.	I do or would show friendship.						
22.	I do or would avoid coming into contact with.						
23.	I do or would ignore.						
24.	I do or would neglect.						
25.	I do or would help.						
26.	I do or would put him or her down.						
	Preamble *Regarding this* *person,……………..*	SD	MD	SD	SA	MA	SA
27.	I do or would treat gently.						
28.	I do or would be considerate.						
29.	I do or would speak evil of him or her.						
30.	I do or would reach out to him or her.						
31.	I do or would not attend to him or her.						

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32.	I do or would lend him or her a hand.						
33.	I do or would not speak to him or her.						
34.	I do or would act negatively.						
35.	I do or would establish good relations with him or her.						
36.	I do or would stay away						
37.	I do or would do a favour.						
38.	I do or would aid him or her when in trouble.						
39.	I do or would be biting when talking with him or her.						
40.	I do or would attend his or her party.						

SECTION D

This set of items deals with how you currently think about the person. Think about the kinds of thoughts that occupy your mind right now regarding this particular person. For each item please tick [√] the option matching your level of agreement that best describes your current thinking. Please do not skip any item.

Strongly Disagree   = **SD**

Moderately Disagree = **MD**

Slightly Disagree   = **SD**

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Slightly Agree   = **SA**

Moderately Agree   = **MA**

Strongly Agree   = **SA**

	Statement	SD	MD	SD	SA	MA	SA
41.	I think he or she is wretched.						
42.	I think he or she is evil.						
43.	I think he or she is horrible.						
44.	I think he or she is of good quality.						
45.	I think he or she is worthy of respect.						
46.	I think he or she is dreadful.						
47.	I think he or she is loving.						
48.	I think he or she is worthless.						
49.	I think he or she is immoral.						
50.	I think he or she is a good person.						
51.	I think he or she is nice.						
52.	I think he or she is corrupt.						
53.	I think he or she is a bad person.						
54.	Regarding this person, I wish him or her well.						

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

SECTION E

In thinking through the person and event you just rated, please consider the following final questions by ticking [√] the option that is appropriate to you.

Strongly Disagree   = **SD**

Moderately Disagree   = **MD**

Slightly Disagree   = **SD**

Slightly Agree   = **SA**

Moderately Agree   = **MA**

Strongly Agree   = **SA**

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	Statements	SD	M D	SD	SA	MA	SA
61.	There really was no problem now that I think about it.						
62.	I was never bothered by what happened.						
63.	The person was not wrong in what he or she did to me.						
64.	My feelings were never hurt.						
65.	What the person did was fair.						
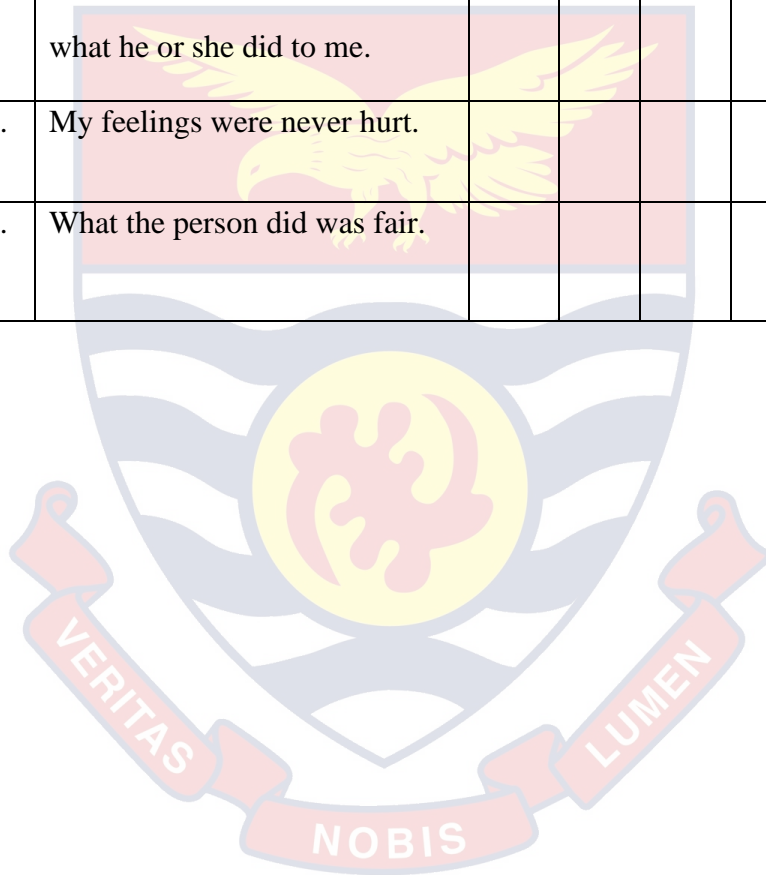
APPENDIX B

ANGER SELF-REPORT SCALE

FACULTY OF EDUCATIONAL FOUNDATIONS

COLLEGE OF EDUCATION STUDIES

DEPARTMENT OF GUIDANCE AND COUNSELLING

UNIVERSITY OF CAPE COAST

ANGER SCALE

Demographic

Kindly tick the appropriate option that is applicable to you.

Gender: Male [ ]   Female [ ]

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

Marital status: Single [ ]   Married [ ]   Divorced   [ ]

I will like you to carefully consider each of the following statements and indicate the response that applies to you. There are no right or wrong responses, I just want to know how you feel. Please just tick [√] next to each statement according to the amount of your agreement or disagreement for items 1-30.

Strongly Disagree   = **SD**

Moderately Disagree   = **MD**

Slightly Disagree   = **SD**

Slightly Agree   = **SA**

Moderately Agree   = **MA**

Strongly Agree   = **SA**

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	Statements	SD	MD	SD	SA	MA	SA
1	I get angry easily						
2	I seldom strike back, even if someone hits me first.						
3	I never feel hate towards members of my family.						
4	Even when my anger is aroused, I don't use strong language.						
5	If I am angry, I readily let people know it.						
6	Sometime I feel that I could injure someone.						
7	I will criticize someone to their face if they deserve it.						
8	I find that I cannot express anger at someone until they have really hurt me badly.						
9	Even when people yell at me, I don't yell back.						
10	At times I have a strong urge to do something harmful or shocking.						
11	I have many quarrels with members of my family.						
12	I don't feel guilty when I swear under my breath.						

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	Statements	SD	MD	SD	SA	MA	SA
13	Feeling angry is terrible.						
14	I have physically hurt someone in a fight.						
15	At times I feel like smashing things.						
16	I find it easy to express anger at people.						
17	My conscience would punish me if I tried to exploit someone else.						
18	I hardly ever feel like swearing.						
19	I couldn't hit anybody if I were extremely angry.						
20	I hardly ever get angry.						
21	I find it hard to think badly about anyone.						
22	I can think of no good reason for ever hitting anyone.						
23	I am rarely cross and grouchy.						
24	In spite of how my parents treated me, I didn't get angry.						
25	I could not put someone in their place even if they needed it.						
26	When I really lose my temper, I am capable of slapping someone.						

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27	It's easy for me not to fight with those I love.						
28	If someone annoys me, I am apt to tell them what I think of them.						
29	It's useless to get angry.						
30	If someone crosses me, I tend to get back at them.						

THANK YOU

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APPENDIX C

PROCESS MODEL MANUAL

FORGIVENESS COUNSELING USING THE PROCESS MODEL MANUAL (GROUP A)

Preamble

Forgiveness has been a powerful tool in resolving interpersonal transgression among individuals, societies and organisations and increasing positive thoughts and emotions. Forgiveness is a cure to psychological problems such as anger, anxiety, depression and self-esteem. The main purpose of this intervention is to use the process model of forgiveness to promote forgiveness and also to find out whether an increase in forgiveness would translate into a reduction in anger.

Session 1: Introduction, Welcoming and Orientation

Objectives: The objectives of this session were:

1. To introduce self to one another and how participants will like to be called during the training sessions.

2. To establish goals for the entire training.

3. To establish rules guiding the conduct of the intervention.

4. To determine the time of meeting for the sessions.

5. To distribute the training manuals to the participants.

Activities:

In this session, there was self-introduction of the researcher, research assistants and participants. The goals for the intervention training were set by the researcher, research assistants and the participants. The ground rules governing the intervention training were established by the researcher and the participants. The rules were made up of punctuality, regularity, respect and tolerance for

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members in giving and receiving constructive feedback among members of the intervention group. Finally, there was distribution of the training manuals to members.

Session 2: The Sources and Concept of Forgiveness

Objectives: The session objectives were:

1. To assist participants and identify the sources of hurt

2. To explain what forgiveness is

3. To explain what forgiveness is not

4. To give four (4) differences between forgiveness and reconciliation

5. To state in two sentences how deeply they were hurt

6. To state four (4) reasons why they want to forgive

   Activities:

   1. An ice breaker was used to start the session. For instance, participants were asked to state one thing that they liked most and why and one thing that they would never forgive in their life and why?

   2. Explain the objectives of the session outlined to participants

   3. Discuss with the participants' sources of the hurt and circumstances leading to the hurt.

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

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4. Discuss with participants what forgiveness is and what forgiveness is not

- Forgiveness is an intention statement stating one's intent to forswear revenge or avoidance and to treat the person as a valuable and valued person (Worthington, 2016).

- An act of deliberately giving up resentment toward an offender while fostering underserved qualities of beneficence and compassion toward that offender (Freeman & Enright, 1996).

- Forgiveness is also conceptualised as both self and interpersonal event (Baumeister; Exline & Sommer; Enright and Human Development study group as cited in Rainey, 2008). Self-forgiveness involves the release of negative affect and self-blame associated with past wrong doings, mistakes and regrets. Interpersonal on the other hand, involves forgiving another person for some harm.

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

-Taking back your power

-Taking responsibility of how you feel

-For you not the offender

- A trainable skill

- About your healing and not about the people who hurt you.

-Becoming a hero instead of a victim

-A choice

Forgiveness is not:

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

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

- Forgetting- removing awareness of the offense from consciousness.

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

5. Discuss with participants the distinction between forgiveness and reconciliation.

   - Forgiveness involves one person's response but reconciliation is coming together in trust by two or more persons.

   - Forgiveness entails the willingness to reconcile or waiting with the hope that the transgressor changes his/her behaviour and or apologise.

   - Forgiveness is something the injured can do on his/her own without any response from the transgressor.

   - Reconciliation is dependent on a change in the offender's behaviour and often times include an admittance of wrong doing and or apologising.

6. Discuss with participants why they will want to forgive.

   - Aids psychological healing.

   - Improves physical and mental health of victims

   - Restores the victims' sense of personal power.

   - Encourages reconciliation between the offended and offender.

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- Promotes hope for resolution of conflicts.

7. Allow participants to ask questions to clarify issues discussed. Give participants homework and terminate the session.

   Evaluation: The session was effective because participants were involved actively.

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

Objectives:

1. To assist participants explain the nature of anger

2. To enable participants identify some causes of anger

3. To help participants identify the effects of anger on their psychological well-being

4. To help participants to find out the effects of deepening and easing their anger overtime.

Activities:

1. Revise salient issues of the previous session with participants

2. Discuss with participants any point that needs clarification.

3. Discuss the homework with participants

4. Explain the session objectives to the participants

5. Explain the nature of anger to participants

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

6. Brainstorm with participants the causes of anger

   The causes of anger are:

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- Negative thinking.

- Drugs and alcohol.

- Personality disorder-depression, stress, anxiety.

- Environmental factors-loss of job, loss of love one, and unemployment, marital problems.

- Family background/peers.

- Modelling anger.

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

   Effects of anger are:

- Increase in heart beat

- Increase in blood pressure leading to hypertension

- Increase in the blood sugar level and sweating

- Endangers thinking

- Predisposes the victim to anxiety, stress and unstable mood.

- Relationship problems

- Leads to depression.

8. Discuss with students the effects of deepening and easing anger overtime.

   Effects of easing anger

- Negative thoughts and emotions will be removed.

- Promotion of reconciliation.

- Promotion of mental and physical health

- It will remove sadness, anger, frustration.

- It increases your personal power.

- It restores self-esteem.

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Effects of deepening anger overtime.

-It leads to resentment

-It makes you stressed, depressed and anxious.

- Your self-image may be lowered

- It leads to physical hostility.

-It promotes negative thoughts and feelings toward self and the transgressor.

-You may be avoided or isolated by friends

-It may lead to rumination.

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

Evaluation: Effective contributions of members to the discussion.

Session 4: The Cost and Benefits of Committing to Forgiveness

Objectives:

1. To assist participants to identify the cost of not committing to forgiveness

2. To help participants to identify the benefits of committing to forgiveness

Activities:

1. Recap salient points of the previous session. Also, discuss the homework.

2. Let participants role-play a scenario of how they feel when they come into contact with someone who hurt them.

- Heart beat increases, muscles become tensed, sweating profusely, confused and cannot think, blood pressure increases, feels like attacking, looking less important, depressed, insulting, puffing, avoiding the person.

3. Discuss with the participants the cost of not committing to forgiveness
   The costs of not committing to forgiveness are that

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- It will lead to the development of negative thoughts patterns and obsessing about the person and what occurred.

- There will be habitual emotional responses such as depression and anxiety.

- There will be development of hopelessness about the situation and perhaps life in general.

- It will lead to revenge and not condoning the offense

- The victim will hold on to the grudge. This will lead to physical health problems such as heart attack, high blood pressure, weight loss and weight gain, stress, depression, muscle tension and decreased lung function.

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

   The benefits of committing to forgiveness are that

- It will decrease the tendency to project angry feelings to others in future relationships.

- It is a way of restoring broken relationships.

- It helps in healing inner emotional wounds such as depression, anger and stress.

- It is a means of coping with stress, injury and pain.

5. Summaries the session activities and give home assignment

   Let each participant discuss four (4) reasons why they need to commit to forgiveness?

   Evaluation: Participants were enthusiastic in the intervention activities.

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

Objectives:

1. To help participants describe the feelings they had for the one who hurt them.

2. To help participants identify what life was like for the person who hurt them.

3. To help participants view the person who hurt them based on global and spiritual perspectives.

Activities: Revise salient points of the previous session. Also, discuss the homework with participants.

1. Brainstorm with participants the feelings they had for the one who hurt them on the board.

   Positive feelings are sympathy, empathy, compassion and love.

   Negative feelings are: hatred, anger, avoidance and revenge.

   3. Let participants explore what life was like for the person that hurt them.

   - Frustrating

   - Competitive

   - Unbearable

   - Not worth living.

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

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

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

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

Evaluation: Participants demonstrated interest in the home exercises given to them.

Session 6: Nature of Compassion and Working Towards Compassion.

Objectives:

1. To help participants explain the nature of compassion

2. To help the participants work toward compassion

3. To help participants identify changes in their feelings toward the person who hurt them

4. To assist participants, identify the kind of gift(s) they will give to the person who hurt them

Activities:

Brainstorm with the participants the nature of compassion.

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

2. Let participants use role-play to empathise with a victim who hurt them. This will be done in pairs.

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

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

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

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

Evaluation: Participants took keen interest in the practical exercises during the sessional activities.

Session 7: Finding Meaning in Suffering (Logotherapy)

Objectives:

1. To help participants identify what they learnt from being hurt and their experiences

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

Activities:

1. Revision of salient points of the previous session and discussion of homework

2. Ask each of the participants to be in an imagined dialogue with the offender dialoguing what he/she learnt from being hurt and the experiences gained. The lessons learnt and the experiences should be recorded in their notebooks for discussion by the entire group

These lessons learnt and the experiences may include:

  - Compassion to the offender

  - Coming to terms with the reality of the interpersonal injury

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- Prayerful, meditation

- Giving up of anger and seeking love, gratitude and appreciation

- Recognising the reality of self and others

- Gaining self-worth

- Putting the past behind and forgive

- Promoting unity

3. Let each participant identify a new purpose he/she developed that involves

how they interact with others as they contemplate their suffering

Evaluation: Participants contributed effectively to the discussion

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

Objectives:

1**.** To identify specific problems that participants might have experienced

   during the intervention period

2. To look at the progress of the group over the entire period of the

   intervention training

3. To appraise the individual growth, program achievement and leader's

   effectiveness

4. To conduct the post-test

Activities:

1. Recap and share experiences participants faced during the entire period of

   the intervention training. Use active listening skills to elicit any peculiar

   problem(s) to be attended to in this final session.

2. Facilitate an open discussion concerning whatever issues participants wish

   to raise

3. Use oral evaluation to obtain feedback about the overall effectiveness of the

   intervention counselling.

4. Terminate the intervention and draw participants' attention that there will be

   a two weeks' follow-up exercise.

5. Follow-up within the two (2) weeks' time and conduct the post-test.

APPENDIX D

THE REACH MODEL OF FORGIVENESS COUNSELLING MANUAL

GROUP B

Preamble

Many people are hurt in the cause of interactions with people at home, school, work place and social gatherings that create intense anger, hatred, betrayal, fear and disappointments. This generates impaired psychological problems in the persons who are hurt such as anger, anxiety, depression, insomnia, hopelessness and low self-esteem. One effective way of addressing this phenomenon is to use forgiveness intervention or counselling. Empirical evidence indicates that persons who participate in forgiveness interventions experience salubrious effects including reduced levels of anxiety (Coyle & Enright, 1997) and depression (Freeman & Enright, 1996). Forgiveness is also linked to social support because it reduces negative emotions like anger and hostility toward others (Worthington as cited in Ingersoll-Dayton, Campbell, & Ha, 2009). As indicated in the previous manual, the purpose of the forgiveness intervention or counselling is to promote forgiveness among college students with the hope that increased forgiveness would translate into reduced anger.

Session 1: Introduction, Welcoming and Orientation

Objectives:

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1. To introduce self to one another and how members want to be called throughout the entire training period

2. To set the goals for the entire intervention training

3. To establish rules and routines governing the intervention training

4. To determine the periods of meeting

5. To distribute the training manuals to participants

Activities:

In this session, there was self-introduction of the researcher, research assistants and participants. The goals for the intervention training were established by the researcher, research assistants and the participants. The ground rules governing the intervention training were set by the researcher and participants. The rules were made up of punctuality, regularity, respect, and tolerance for members in giving and receiving constructive feedback among members of the intervention group. Finally, the training manual were distributed.

Session 2: The Source and Concept of Forgiveness

Objectives: The objectives of this session were:

1. To assist participants to identify the sources of hurt

2. To explain what forgiveness is

3. To explain what forgiveness is not

4. To differentiate between forgiveness and reconciliation

6. To explain decisional forgiveness

7. To explain emotional forgiveness

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Activities:

1. An ice breaker was used to start the session. Participants were asked to mention one thing that they liked most and why they liked it and one thing they would never forgive and why.

2. The objectives of the session were explained to the participants.

3. Discuss with the participants' sources of the hurt and circumstances leading to the hurt.

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

4. Discuss the sources of hurt with the participants.

   - Let each participant list the sources of the hurt in order of severity and let each explain why. These may include friends, tutors, parents, roommates, classmate, assessment officers and so forth.

   - Let them discuss among themselves how they feel about the hurt-worried, sad, angered, disappointed, surprised, frightened, annoyed.

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

- Forgiveness is an intention statement stating one's intent to forswear revenge or avoidance and treat the person as a valuable and valued person (Worthington, 2016).

- An act of deliberately giving up resentment toward an offender while fostering underserved qualities of beneficence and compassion toward that offender (Freeman & Enright, 1996).

- Forgiveness has been seen as a person's progression, moving from a position of hatred, resentment and bitterness to one of diminishment of anger and desire for revenge toward the perceived wrongdoer (Cosgrove & Konstam as cited in Baharudin, Amat, Jailani & Sumari, 2011).

- Forgiveness is also conceptualised as both self and interpersonal event (Baumeister; Exline & Sommer; Enright and Human Development Group as cited in Rainey, 2008).

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

Interpersonal forgiveness involves forgiving another for some harm.

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

-Taking back your power.

- Taking responsibility of how you feel.

- For you not for the offender.

-Trainable skill.

- About the healing and not about the people who hurt you.

- Becoming a hero instead of a victim

- A choice.

Forgiveness is not:

- Condoning (failing to see the action as wrong and in need of forgiveness).

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

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- Forgetting (removing awareness of the offense from consciousness).

- Pardoning (granted only by a representative of society such as a judge).

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

-Forgiveness involves one person's response but reconciliation is the coming together in trust by two or more persons.

- Forgiveness entails the willingness to reconcile or waiting in the hope that the transgressor changes his/her behaviour and or apologise.

- Forgiveness is something the injured can do on his/her own without any response from the transgressor.

- Reconciliation is dependent on a change in the offender's behaviour and often times include an admittance of wrong doing and or apologising.

5. Brainstorm with participants' decisional and emotional forgiveness.

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

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

8. Give homework and end the session.

Evaluation: Participants attendance was very good.

Session: 3 Recall the Hurt

Objectives:

1. To assist participants to recall the hurt

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2. To help participants identify the difficulties involved in forgiveness

3. To enable participants to identify the benefits of forgiveness to a relationship

4. To enable the participants to identify the benefits of forgiveness to the forgiver

Activities:

1. Review the previous session activities and discuss the homework with the participants

2. Assist the participants to recall the hurt by reflecting five minutes about the hurt. Among some of the hurts were rape, partner unfaithfulness, cyberbullying, betrayal by a friend, physical abuse, parental neglect, teasing, gossiping, stalking, low scores in continuous assessment low academic achievement, sexual harassment and restriction of physical space in dormitories. Discuss with the participants that there was no victimisation, blaming but objective.

3. Let participants be in groups of five each to discuss the difficulties involved in forgiving.

   - Giving up anger

   - Misunderstanding of forgiveness

   - Parents never showed forgiveness

   - Forgiveness is impossible

   - Lowering one's power or dignity

4. Brainstorm and discuss the benefits of forgiveness to a relationship.

   - Promotes hope for the resolution of conflicts

   - Helps bring about reconciliation between the offended and

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the offender

- Promotion of peace

- Breeds unity

5. Brainstorm and discuss the benefits of forgiveness to the forgiver.

- Aids in psychological treatment/healing through positive

change in affect

- Improves physical and mental health

- Restores the victims' sense of personal power

6. Give homework and terminate the session.

Evaluation: Participants interaction was good. There was also effective

and lively discussion of issues.

Session 4: Empathise with the One Who Hurt you.

Objectives:

1. To help participants demonstrate how to empathise with the one who

hurt them

2. Assist members to write letters expressing their feelings about the

harmful event and the offender and to express that they were working

toward forgiving the offender

3. To help embers talk about the experiences of the hurt

Activities:

1. The researcher and members reflected on the previous session exercise

2. In pairs, assist members to demonstrate how to empathise with their

offender. Let one of the participants in the group serve as the victim and

the other as the offender

3. Guide members to write hypothetical letters expressing their feelings about a harmful event and an offender and express that they were working to forgive the offender. Provide this guide to members to enable them write the letters:

    - State and discuss three negative feelings about the event and the offender in the letter

    - State and discuss three positive feelings about the event and the offender in the letter

    - Discuss two efforts you are making to forgive the offender in the letter

4. Discuss samples of some of the written letters with members in the class.

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

6. Give homework to members and end the session

Evaluation: Participants enjoyed the empty chair exercise and the hypothetical letters discussed.

Session 5: Altruistic Gift of Forgiveness

Objectives:

1. Explain to members altruistic gift of forgiveness

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2. To help members focus on feelings of freedom they received from divine forgiveness after seeking forgiveness

3. Assist members to focus on feelings of forgiveness received from forgiveness of others after seeking forgiveness

Activities:

1. Altruistic gift of forgiveness was explained to members.

2. The researcher and members reflected on the previous home exercise.

3. Let some of the participants demonstrate how to empathise with the offender using the empty chair exercise

4. Discuss with members their feelings of divine forgiveness

Altruistic gift of forgiveness denotes that the victim will give forgiveness as altruistic gift to the one who hurts you. This is an act that benefits the transgressor without any ulterior motive.

Divine forgiveness is based on spirituality or religion. This forgiveness is based on one's faith. One forgives if he/she is highly spiritual or religious. Thus, one's feelings of divine forgiveness are dependent one's spirituality or spiritual level. Those who are more spiritual have the tendency to be more forgiving than their less spiritual counterparts (McCullough, 2001).

Divine forgiveness binds the individual to the spiritual Being. There exists much feeling of unity between the person and the spiritual being. The person's life is also renewed as a new one.

5. Discuss with members their feelings of forgiveness of others

Forgiveness of others is an interpersonal one. This is a type of forgiveness whereby one forgives another for a harm done. This exists between others. Forgiveness of others will lead to the following:

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- Release of emotional feelings like anger and resentment

- Gaining of one's power

- Breeding unity

- Reconciliation

- Promotion of self-esteem

Give homework and terminate the session.

Evaluation: The sessional activities were successful and in fact there was greater participation of members in the activities.

Session 6: Commitment to Forgiveness

Objectives: Here participants would:

1. Explain commitment to forgiveness

2. Demonstrate how to present letters and certificates to a transgressor

3. Demonstrate how to wash the hands of a transgression

Activities:

1. Revise the previous week exercise with participants. Also, discuss the homework with the participants.

2. Discuss with participants' commitment to forgiveness.
   Commitment to forgiveness entails how one is emotionally and intellectually bounded to forgiveness. This involves a promise or agreement to forgive.

3. Put members in pairs, one serving as a victim and the other as an offender. Let one of them (victim) present a certificate or a letter to the offender. Let them repeat the process where the victim would then serve as the offender and the offender as the victim. Let the participants

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practice this over and over during the session for at least up to 15 minutes.

4. With a container of available water demonstrate to the participants on how to wash the hands of the transgression. Ask members of the group to practice the exercise of washing the hands of the transgression. Let each participant demonstrate the washing of the hands.

5. Let the participants write about how much they emotionally forgave and how they felt. This would serve as homework and terminate the session.

   Evaluation: Participants effectively participated in the washing of the hand exercises and presentation of the letters to their offenders.

Session 7: Holding on to Forgiveness.

Objectives:

1. To discuss four (4) ingredients of holding on to forgiveness

2. To help participants identify and demonstrate four (4) ingredients of holding on to forgiveness

3. To help participants identify ways of controlling rumination

Activities:

1. Recap the previous week exercise and discuss the homework with participants.

2. Discuss the following ingredients with the participants':

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

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

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

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

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

4. Discuss with participants' ways of controlling rumination.

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

5. Recap the salient points of the session, give homework and terminate the session.

6. Let participants write about:

    a. Two negative emotional feelings that worried them

    b. State two (2) ways by which they affect their emotional health

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c. Discuss two (2) ways that forgiveness would help to overcome these emotional feelings.

Evaluation: Participants openly acknowledged the benefits of the cognitive restructuring exercise that they were taken through and that it would help them to positively change toward their offenders.

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

Objectives:

1. To find out specific problems experienced by participants during the intervention training period

2. To assess the progress of the group over the entire period of the intervention training

3. To evaluate the individual growth, programme achievement and the researcher's effectiveness

4. To administer the post-test

Activities:

1. Recap all the activities of session 1-7. Use questions and answers techniques to recap the salient points. Also, clarify any issue that participants were in doubt at this last phase.

2. Encourage an open discussion concerning challenges or issues that members wish to address.

3. Evaluate the session orally to obtain feedback of the effectiveness of the intervention training.

4. Terminate the session and draw participants' attention that there will be a two (2) weeks' follow-up exercise.

5. Follow-up within the two (2) weeks time to conduct the post-test.

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APPENDIX E

INTRODUCTORY LETTER

UNIVERSITY OF CAPE COAST

COLLEGE OF EDUCATION STUDIES

FACULTY OF EDUCATIONAL FOUNDATIONS

DEPARTMENT OF GUIDANCE AND COUNSELLING

Telephone: 0332091854
Email: dgc@ucc.edu.gh

**UNIVERSITY POST OFFICE
CAPE COAST, GHANA**

Our Ref: DGC/L.2/VOL.1/ 29

Your Ref:

19th August, 2019

TO WHOM IT MAY CONCERN

LETTER OF INTRODUCTION

We introduce to you, Edward Bonnituo Kankpog a student pursuing a Ph.D Programme in Guidance and Counselling at the Department of Guidance and Counselling of the University of Cape Coast. As a requirement, he is to submit a Thesis on the topic: *"Effects of Process Model and Reach Model on Forgiveness and Anger among College Students with Hurts in the Upper West Region, Ghana."* We are by this letter affirming that, the information he will obtain from your Institution will be solely used for academic purposes.

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

Thank you.

Dr. Stephen Doh Fia
HEAD OF DEPARTMENT

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APPENDIX F

ETHICAL CLEARANCE

UNIVERSITY OF CAPE COAST
COLLEGE OF EDUCATION STUDIES
ETHICAL REVIEW BOARD

UNIVERSITY POST OFFICE
CAPE COAST, GHANA

Our Ref: CES-ERB/ucc-edu/v3/17-48

Date: March 4, 2019

Your Ref: ....

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Secretary, CES-ERB
Prof. Linda Dzama Forde
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Dear Sir/Madam,

ETHICAL REQUIREMENTS CLEARANCE FOR RESEARCH STUDY

The bearer, Edward Bonnituo Kankpoog Reg. No ED/GRC/16/0005 is an M.Phil. / Ph.D. student in the Department of Guidance and Counselling .... in the College of Education Studies, University of Cape Coast, Cape Coast, Ghana. He / She wishes to undertake a research study on the topic:

Effects of Process and Reach Model on forgiveness and anger among college students with hurts in the Upper West Region ....

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

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

Thank you.
Yours faithfully,

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

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