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Exploring the Benefits of Forgiveness among Adolescents in Junior High Schools in Bimbilla in Ghana: A Comparative Study Based on Age

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Abstract: This study investigates the benefits of forgiveness among adolescents in Junior High Schools (JHS) in Bimbilla, Ghana, focusing on the influence of age on the effectiveness of forgiveness interventions. The study adopted a mixed-method experimental design, a purposive selection of eight JHSs within the Nanumba North Municipality, from which 60 adolescents were randomly chosen to participate. The study employed the Enright Forgiveness Inventory, Depression Mood Scale, and Anger Self-Report items to assess participants' emotional states before and after the intervention. The interventions were structured around the REACH model of forgiveness, which included sessions aimed at helping participants identify sources of hurt, understand the concept of forgiveness, and recognise the emotional costs of holding onto grievances. Qualitative data were analysed into themes using an interpretative lens. A two-way Analysis of Covariance (ANCOVA) was used to analyse the data. The findings revealed that exposure to forgiveness therapies significantly reshaped participants' negative emotions, leading to a marked decrease in feelings of anger and depression. Post-intervention assessments indicated that participants developed a more positive outlook towards their offenders, highlighting the transformative power of forgiveness in fostering emotional well-being. The study's results align with previous research, indicating that forgiveness interventions can effectively reduce negative emotional states and promote psychological resilience. The implications of these findings suggest that integrating forgiveness education into school curricula could be beneficial for enhancing the mental health of adolescents. By fostering an environment that encourages forgiveness, educators and mental health professionals can help mitigate the adverse effects of unresolved emotional conflicts, ultimately contributing to healthier interpersonal relationships and improved overall well-being among young individuals.

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1. Introduction

Forgiveness, on the other hand, improves happiness as well as cardiovascular health [1]. These authors posit that the functional neuroanatomy of giving interpersonal forgiveness or unforgiveness in response to personal misdeeds is yet unknown. Promoting and maintaining a safe atmosphere is essential to any mental health professional's job [2]. Children and adolescents, however, are not insulated from the severe difficulties that plague today's society. Adolescence is a pivotal time for depressive symptoms to appear, which can be understood as a failure to complete the developmental process of emotion regulation [3, 4]. Because of the hormonal changes connected with this developmental stage of life, adolescents have been reported to exhibit more extreme mood swings and emotional reactivity to social cues than persons of other [5]. They can have

normal mood swings or, in rare circumstances, moods and behaviours marked by destructive rage and depression, depending on their capacity to regulate emotions [6, 7]. Successful relationships are believed to be founded on the foundation of forgiveness. It is critical in our daily relationships across ethnic, social, religious, and economic divides. Forgiveness education is beneficial in lowering excessive anger and related emotional issues in adults [8, 9].

Not only in the United States but also around the world, adolescent anger in classroom settings has become a severe issue [10, 11]. Scholars now believe that “aggressive behaviour, which has been the primary focus of school prevention and remediation programmes for decades, should not be the primary or exclusive focus of treatment within schools because such programs do not always address the underlying emotions of anger and hostility that fuel aggressive acts [11, 12]. Research conducted over the last decade has connected teenage anger to negative consequences such as poor academic performance and delinquency, including substance misuse, social issues, and long-term behavioural disorders [11, 13-14]. Adolescents have specific vulnerabilities and, therefore, have particular needs. Adolescence is a time of great change for any child as they transition from childhood to adulthood. In their journey to becoming adults, children face huge changes physically, emotionally and socially. As they try to define who they are and find their way in the world, adolescents are likely to test boundaries and experiment with 'adult behaviours', which are essential to their long-term development but leave them more vulnerable to risk [15]. Becoming an adult is challenging, even in the most peaceful settings. Adolescence should be when the individual has a safe and clear space to come to terms with the changes they are facing, unencumbered by engagement in adult roles and with the full support of nurturing adults at home, at school and in the community. But this is rarely the case for adolescents living in conflict-affected contexts – their coming of age is instead surrounded by destruction and violence, and they are also likely to experience a breakdown in their critical support structures, including their families and broader communities [16].

One promising area for reducing depression and anger in children is forgiveness intervention [9, 17-18]. Forgiveness is a person's internal, psychological response to injustice perpetrated by another person (or people). Without condoning, excusing, or forgetting, a person who forgives lessens resentment and offers benevolence to a wrongdoer. Forgiveness has been proven to be an effective way of regulating the adverse effects of unforgiving attitudes. Depending on the offender's trustworthiness, a person who forgives may or may not reconcile with him or her [19]. The goal of forgiveness intervention is to assist the person in thinking about the perpetrator in new ways (reframing) and to generate empathy and compassion for the offender (while, at the same time, protecting oneself as necessary).

As Ghana seeks to reduce the incidence of conflicts by setting up the National Peace Council through an Act of Parliament in 2011, Act 818, forgiveness education must be paramount among adolescents in Bimbilla, particularly in Ghana. Therefore, this study will explore the gap in the literature on the effects of forgiveness education (Process and Reach models) on forgiveness, anger and depression among Junior High School Students in Bimbilla, Ghana. A study indicates that the REACH and PROCESS models have efficacy in enhancing adolescent forgiveness in reducing levels of depression among teenage students when their levels of forgiveness are increased through forgiveness counselling regardless of gender and age [20]. This implies that REACH and Process models were suitable interventions for adolescents with greater emotional regulation (increased forgiveness, reduced anger and reduced depression, enhanced sense of well-being, positive feelings and positive thoughts towards the offender) [21]. This study examined the benefits of forgiveness among adolescents and junior high school students in Bimbilla based on age. The study seeks to answer a research question - *What are the benefits of*

forgiveness after the intervention among adolescents in JHS in Bimbilla based on age? Three hypotheses:

- *H₀₁*: There is no significant effect of Process and REACH models on forgiveness among adolescents in JHS in Bimbilla based on age.
 - *H_{A1}*: Process and REACH models significantly affect age-based forgiveness among adolescents in JHS in Bimbilla.
 - *H₀₂*: There is no significant effect of Process and REACH models on anger among adolescents in JHS in Bimbilla based on age.
 - *H_{A2}*: Process and REACH models significantly affect anger among adolescents in JHS in Bimbilla based on age.
 - *H₀₃*: There is no significant effect of Process and REACH models on depression among adolescents in JHS in Bimbilla based on age.
 - *H_{A3}*: There is a significant effect of Process and REACH models on depression among adolescents in JHS in Bimbilla based on age.

1.1. Benefits of Forgiveness

Forgiveness comes with a slew of advantages that have been documented in several studies. According to Toussaint, Williams, Musick, and Everson (2001), forgiveness is linked to happiness and a fulfilled life. They discovered that in a study, participants believed that when they forgive others, they feel a weight lifted off their shoulders, leading to more good feelings and an improved sense of well-being. As a result, forgiveness can increase psychological and physical well-being and a stronger relationship with the offender. The research also showed that forgiveness of the self and others was directly and positively related to one's life satisfaction (. Toussaint, Williams, Musick, & Everson, 2001).

1.1.1. Forgiveness and Age

Studies have shown that age differences can influence one's willingness to forgive. Reports indicate that older adults are more often willing to forgive others, and when they do so, they experience more significant increases in self-reported mental health than younger adults [22]. Older people are generally more forgiving and less vengeful than younger people. Forgiveness is positively associated with age in a sample of adults studied. Their findings further indicated that younger adults forgive because they tend to be motivated by personal and social considerations. This shows that older persons tend to forgive mainly out of strong convictions that forgiveness should be practised unconditionally [23]. Carstensen's Socioemotional Selectivity Theory) posits that as people age, their goals gradually shift from future-oriented to more present-oriented ones, such as being emotionally satisfied. Having recognised that the years of life are becoming even more minor, people become less motivated to maintain high numbers of interpersonal relationships. Thus, as individuals pass through older adulthood, they choose social partners more and more for their emotional value, which optimises emotionally gratifying outcomes and is vested in the relationships they want to maintain [23]. Lack of forgiveness in later life is linked to depressive symptoms among women, and trait forgiveness is higher among the elderly [24]. Increased forgiveness among the elderly stems from the desire of older people to make sense of their lives and form their experiences and relationships into a coherent whole before their lives draw to a close.

Researchers investigated whether the age trend in forgiveness is partly attributable to age differences in time perspective. Eighty-nine younger and 91 older adults were randomised into three experimental conditions: time-expanded, time-limited, and neutral.

When the sense of time was manipulated by having participants imagine they would be emigrating soon or receiving a drug which would prolong their life, those with shortened time manipulation displayed higher levels of forgiveness. The results showed that older adults were more forgiving than younger adults. However, regardless of age, those in the time-limited condition were more forgiving than those in the time-expanded or neutral condition [25]. An age and time perspective interaction showed that only in older adults did a time-expanded manipulation lead to lower forgiveness than the neutral condition.

Moreover, when people have limited future-time perspectives, they benefit more from forgiveness [26]. People may become more forgiving with age because forgiveness helps them maintain meaningful, emotionally satisfying relationships despite inevitable relational transgressions. Therefore, forgiveness plays a more significant role as people age because it aims at securing stable and supportive relationships [23].

1.1.2. Depression and age

Like the common cold of psychological disorders, depression is the number one reason people seek mental health services. As many as 5 to 10 per cent of adults in the United States suffer from a severe pattern of depression in any given year, while another 3 to 5 per cent suffer from mild forms of the disorder. The depressive tendency relating to the female gender does not manifest itself before puberty, and the notable differences in the incidence of depression begin at the age of puberty [27]. The higher prevalence of major depression among females than males has been consistently observed among adults in the general population. In a cross-sectional study of adults aged 18-87, the result revealed a negative relationship between age and depressive symptoms. However, it is believed that depressive symptoms increase with age. For example, an 8-year longitudinal assessment of depression among adults aged 54-77 showed significant increases in depression for older groups (66 years and above). It has also been suggested that the relationship between age and depression is u-shaped. Thus, depressive symptoms decline from young adulthood to midlife and then begin to rise again with increasing age, making it a U-shape [28].

A study reported, "Although sex differences in depression are apparent in both adolescence and adulthood, these differences are not typically found among young people attending college". The study demonstrated that "college-aged males are more likely than college-aged females to respond to their symptoms of depression by engaging in activities that distract them from their problems that are distracting response style. Comparisons of the older and middle-aged adults groups indicated that the older and middle-aged adults had significantly lower depression than the college-aged adults did. From college age to middle age, depression steadily decreased and reached its lowest level in middle adulthood. At this point, depression levels stabilised, which focused more strongly on the resilience of elderly persons and the reduced prevalence of depression in old age" [29].

1.2. The Pyramid (REACH) Model of Forgiveness

Scientific research on strategies to foster forgiveness is scarce [1]. Worthington devised a forgiveness pyramid model in this context, proposing three fundamental components: empathy, humility, and commitment [1]. Empathy for each other's predicament is essential in promoting a softer climate between partners, allowing them to risk forgiving each other. Each spouse's humility helps this process by requiring the wounded partner to admit that she or he is not perfect and recall times when she or he has hurt the offending partner. This recognition of human fallibility and one's flaws, according to Worthington, leads to the realisation that forgiveness, which frees the offender from one's hatred, anger, or retribution, is the just or fair thing to do: forgiveness is thus seen as "the natural response to empathy and humility" [1]

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

Once the therapist considers that the partners have experienced enough empathy and gained enough humility to take this step, the fourth stage in the model is for them to vow to forgive(c) verbally. In the last stage (h), the individuals are encouraged to discover strategies to hold on to forgiveness in challenging circumstances because it is unavoidable that past injuries will be remembered [30].

Empathy, humility, and dedication are claimed to be three emotional experiences required for the model's effectiveness. The Enright Process and Reach models are the most often used forgiveness therapies [30]. People are informed about the negative repercussions of unforgiveness on their mental, physical, and emotional health using the reach model. The interventional method aims to help people recognise, embrace, and acknowledge their sentiments of anger, pain, and maybe revenge. Because the reach model is linked to decreased retribution and increased forgiveness, it is beneficial in transforming attitudes and feelings exhibited toward the offender and assisting couples.

2. Materials and methods

The study adopted a mixed-method experimental design. The population of this study consists of all adolescents in Junior High Schools in the Nanumba North Municipality of the Northern Region, Ghana. Purposive and simple random sampling techniques and Krejcie and Morgan's 1970 table of determination of sample size selection were used to select the municipality, schools, and junior high school adolescent students. The Nanumba North municipality and eight JHSs were all purposively selected. Simple random sampling techniques, Krejcie, and Morgan's (1970) table of determination of sample size selection were used to select sixty (60) respondents from the 348 qualified students who responded to the Enright Forgiveness Inventory, Depression Mood Scale and Anger Self-Report items for the study. The main instruments for data collection were questionnaires and interview guides. The interview schedule was used to gather the qualitative data.

In contrast, the quantitative data was gathered using the questionnaire - The instrument is rated on a six-point Likert scale from response options as 1=Strongly Disagree, 2=Moderately Disagree, 3=Slightly Disagree, 4=Slightly Agree, 5=Moderately Agree, 6=Strongly Agree. Qualitative data were analysed into themes using an interpretative lens. The quantitative data used a descriptive summary of the primary data using frequencies and percentages. The statistical software used to analyse the data was the Statistical Product for Service Solutions (SPSS) version 21. The research question was addressed using thematic analysis. A two-way Analysis of Covariance (ANCOVA) was used to analyse the quantitative data. The use of ANCOVA helped control extraneous variables.

2.1. Forgiveness Counselling Using the Enright Process Model Manual

The study was conducted in three phases: the pre-intervention phase, the intervention phase, and the post-intervention phase.

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

Intervention phase: The experimental groups received education/counselling sessions several times, two hours once a week for eight consecutive weeks. The control group, however, did not benefit from the education/counselling sessions during the intervention but received them after two weeks of the post-intervention phase.

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

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

Forgiveness is an influential tool counsellors use to deal with interpersonal transgression among individuals, societies, and organisations and increase positive thoughts and emotions. It is a cure for psychological problems such as anger, anxiety, depression, and self-esteem. The primary purpose of this intervention training is to use the process model of forgiveness to promote forgiveness and determine whether the process model will reduce depression.

2.2. Session 1: Introduction, Welcoming and Orientation

Objectives:

The objectives were to:

1. Get to know one another and also establish the goals for the counselling sessions;
2. Establish rules guiding the conduct of the intervention.
3. Determine the time of the meeting for the sessions.
4. Distribute the training manuals to the participants.

Activities

This session covers the researcher and participants' self-introduction, the goals for the intervention, and a discussion of the counsellor's and the participants' responsibilities during counselling. The researcher and the participants also considered the ground rules to guide group interaction and the election of group leaders in this session. The training manuals were distributed to members.

Session 2: The Sources of Hurt and Concept of Forgiveness

Objectives:

The objectives were to:

1. Assist participants in identifying the sources of hurt.
2. Explain what forgiveness is and what forgiveness is not
3. Discuss the differences between forgiveness and reconciliation
4. State reasons why they want to forgive.

Activities

1. The counsellor discussed with participants the sources of the hurt and the circumstances leading to the hurt. The sources of the hurt may include inter-ethnic conflict, friends, politicians, parents, roommates, examination failure, boy/girlfriend and even self. The hurt may come as a result of betrayal, ridiculing, insulting, cheating, unfaithfulness on the part of an intimate

relationship, rape/sexual abuse and divorce. The victim may feel angry, depressed, worried, disappointed, stressed, and loss of personal sense of worth.

2. What forgiveness is: Forgiveness has been conceptualised as an emotion-focused coping process or style that can help people manage negative psychological and emotional experiences (i.e. low levels of forgiveness) evoked by interpersonal conflict and stress [31, 32]. Forgiveness is a reasonable process of releasing the adverse effects of emotions to preserve or maintain the relationship. Other scholars define forgiveness as motivation-based [33]. Other researchers define forgiving as the set of motivational changes whereby one becomes;
 - a. I am demotivated to retaliate against an offending relationship partner.
 - b. Decreasingly motivated to disassociate from the offender and
 - c. Increasingly motivated by conciliation and goodwill for the offender despite the offenders' hurtful actions [34].

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

3. Discuss the differences between forgiveness and reconciliation. Forgiveness involves one person's response, but reconciliation is coming together in trust with two or more persons. Forgiveness entails the willingness to reconcile or wait in the hope that the transgressor changes his/her behaviour and apologises. Forgiveness is something the injured person can do on his/her own without any response from the transgressor. Reconciliation depends on a change in the offender's behaviour and often includes an admittance of wrongdoing and an apology.
4. Discuss with participants the reasons why they want to forgive. Forgiveness aids psychological healing, improves the physical and mental health of victims, and restores the victims' sense of personal power. It also encourages reconciliation between the offended and the offender and promotes hope for the resolution of conflicts.

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

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

Objectives:

The objectives were to:

1. Assist participants in identifying some causes of hurt.
2. Help participants identify the effects of hurt on their psychological well-being.
3. Help participants to find out the effects of deepening and easing hurt overtime.

Activities

Revise the salient issues of the previous session with participants and discuss any points they need clarification on, as well as the homework.

1. Brainstorm with participants the causes of hurt. Some causes of hurt are relational devaluation, self-esteem, insult, rejection, being judged wrongly, being ignored, sexual abuse, and chieftaincy conflict.
2. Brainstorm with participants the adverse effects of hurt on their psychological well-being.

Some adverse effects of hurt are: Depression, low self-esteem, anxiety, hostility, increase in heartbeat, increase in blood pressure leading to hypertension, increase in blood sugar level and sweating, cause danger to thinking, stress and unstable mood, and relationship problems.

3. Discuss with students the effects of deepening and easing hurt over time. Effects of easing hurt, negative thoughts and emotions will be removed, promoting reconciliation and mental and physical health; it will remove depression, sadness, anger, and frustration, increase your power, and restore self-esteem. Effects of deepening hurt over time lead to resentment, make you stressed, depressed and anxious, lower your self-image, lead to physical hostility, and promote negative thoughts and feelings toward self and the transgressor, thus jeopardising your relationships.

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

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

The objectives were to:

1. Assist participants in identifying the cost of not committing to forgiveness
2. Help participants identify the benefits of committing to forgiveness

Activities:

Revise the salient issues from the previous session with participants and discuss the homework.

1. Participants dramatised how they felt when they came into contact with someone who hurt them.
2. Discussed with the participants about the cost of holding on to hurt and not committing to forgiveness. The costs of holding on to hurt and not committing to forgiveness are:
 - a. Development of negative thought patterns and obsessing about the person (offender) and what occurred (offence).
 - b. Development of psychological problems such as depression, low self-esteem and anxiety
 - c. Increased hopelessness about the situation and perhaps life in general.
 - d. Revenge of the offence
 - e. Increase physical health problems such as heart attack, high blood pressure, weight loss and weight gain,

stress, depression, muscle tension and decreased lung function.

3. Discuss with the participants the benefits of committing to forgiveness. The benefits of committing to forgiveness are:
 - a. Restoring broken relationships.
 - b. Helps in healing inner emotional wounds such as depression, anger and stress.
 - c. Means of coping with stress, injury and pain.
 - d. Promote positive physical health.
 - e. Improve psychological health.

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

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

Objectives:

The objectives were to:

1. Assist participants in describing their feelings about the offender
2. Assist participants in identifying what life was like for the person who hurt them.
3. Assist participants in viewing the person who hurt them based on global and spiritual perspectives.

Activities

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

1. Brainstorm with participants their feelings for the one who hurt them. Positive feelings are sympathy, empathy, compassion, and love. Negative feelings are outright hatred, anger, avoidance, and the desire to revenge bitterness.
2. ParticipantIt made participants explore life for the person who hurt them: frustrating, unbearable stress, and not worth living.
3. They brainstormed with participants how they viewed the person who hurt them based on global and spiritual perspectives.

Global - not having feelings for others, no sympathy, no compassion, and no love for others.

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

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

Session 6: Nature of Compassion and Working Towards Compassion

Objectives:

The objectives were to:

1. Help participants explain the nature of compassion.
2. Help the participants work toward compassion.
3. Help participants identify changes in their feelings toward the person who hurt them,
4. Assist participants, and identify the kind of gift(s) they will give to the person who hurt them.

Activities

1. I brainstormed with the participants about the nature of compassion. Compassion shows empathy, mercy, pity, love, sorrow, and tenderheartedness toward someone suffering. It indicates deep awareness of another's suffering.
2. Participants were encouraged to use role-play to empathise with a victim who had hurt them. This was done in pairs.
3. The participants were asked to demonstrate changes in their feelings toward the person who hurt them. They likely indicated the following words: relieved, fearful, annoyed, angered, pleased, betrayed, satisfied, disappointed, loved, empathetic, sympathetic, and the like.
4. Participants discussed the kind of gift(s) they gave to the person who hurt them. These gifts were tangible, such as flowers, cards, hampers, certificates of appreciation, chocolates, Books, watches, and rings.
5. I asked each participant to identify the kind of gift he/she would like to give to the person who hurt him/her and why that gift was given to the person as a home exercise and terminated the session.

Session 7: Finding Meaning in Suffering.

Objectives

The objectives were to:

1. Help participants identify what they learnt from being hurt and their experiences.
2. Help participants identify what new purpose they may develop that involves
3. How do they interact with others as they think about their suffering?

Activities

I reviewed salient points from the previous session and discussed homework. Let each participant imagine dialoguing with the offender about what he/she learned from being hurt and the experiences gained. The lessons learned, and the experiences will be recorded in their notebooks for discussion by the entire group.

These lessons and the experiences learnt may include:

1. Compassion to the offender.
2. The reality of the interpersonal was injury.
3. Sympathy towards the offender.
4. I am giving up on hurt and developing an attitude of love, gratitude and appreciation.
5. It is recognising the reality of self and others.
6. I am gaining self-worth.
7. We are putting the past behind us and forgiving.
8. We are promoting unity.

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

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

Objectives

The objectives were to:

1. Identify specific problems that participants might have experienced during the intervention period.

2. Assess the group's progress over the entire intervention training period.
3. Appraise the individual growth, program achievement and leader's effectiveness.
4. Conduct the post-test.

Activities

1. Recapped and shared experiences participants gained during the entire period of the intervention training and then attended to any particular problem in this session
2. The counsellor facilitated an open discussion concerning whatever issues participants wished to raise.
3. Through the use of oral evaluation, feedback was obtained about the overall effectiveness of the counselling intervention.
4. Finally, the intervention process and follow-up will occur within two (2) weeks to conduct the post-test.

3. Findings and Discussion

This research question sought to understand participants' perception of the benefits of forgiveness based on age after REACH and Process models were used as interventions. Specifically, the qualitative results of this research question were: What are the benefits of forgiveness after the intervention among adolescent JHS students in Bimbilla based on age? The findings of this study were compared with the results from hypotheses one, two, and three. Several themes were outlined to discuss the participants' reactions.

3.1. Enhanced sense of well-being

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

"Previously, I used to feel very sad or guilty about things; I used to be sad about how I was treated. I used to get very emotional about these things, but after I realised the need to forgive and let it go, I became wise and mature and did not take things so emotionally or did not take things so much to my heart, and I could see a change. Also, a sense of satisfaction results from this" (Participant 3)

A participant shared similar views when she said,

"Whenever I forgave or asked for forgiveness, I tried to put my pride aside and show humility. I could empathise with the other person, and to my surprise, I felt contented and thrilled over what I did". (Participant 1)

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

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

3.2. Self-acceptance

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

"Looking back, I am quite pleased with how things have turned out so far. I have analysed each situation rationally, responded appropriately without making any effort to overreact, and tried to manage my emotions even when I was going through difficult situations" (Participant 1)

3.3. Competence to deal with challenge

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

Participant 3 said that she learned to accept situations because of how she looked at challenging situations. She understands that forgiveness is very much needed to have a peaceful life. She felt that it took some time, though, for everything to fall in place. Participants believed in their efforts and skills to resolve any issues. P3 narrated when she could deal with a conflict with a friend where forgiving was necessary. She said it was easy for her to resolve the issue when she was ready to look at it from a different perspective.

"I looked at the situation objectively and realised it had to be dealt with maturely and rationally. I gained more understanding of that difficult interpersonal situation, and I can tell undoubtedly that such strength derived from the patience and forgiving nature that I have acquired. Now I feel very confident in dealing with any challenging situation." (Participant 3)

The outcome of the analysis of the research question revealed that "anger and depression are generally emotional attributes and once participants were exposed to the therapies, their negative emotions, cognitions and beliefs were positively reshaped and cognitively restructured by practice through direct teaching" [16, 35].

The study's findings showed that "a sense of well-being was essential to having a fulfilling life, and most participants agreed to that". After the intervention, participants had positive feelings towards the offender and positive thoughts towards the offender. This results from participants' realisation of the importance of forgiveness and the effect of unforgiveness from the intervention process. This explains why the participants had a positive attitude and thoughts towards the offender after the intervention. This implies that "the Enright process and REACH models are efficacious in dealing with anger, unforgiveness and depression".

The findings of this study do not differ from the findings of a meta-analysis, which showed that the process-based forgiveness intervention theories were influential [36]. Similarly, previous studies confirmed that Enright's and Worthington's forgiveness intervention approaches have proved to be efficacious in enabling clients of different ages to forgive a past hurtful event or injustice of their offenders [37]. The findings of this study are also in line with the study's findings that "participants who received forgiveness treatments reported significantly greater forgiveness than participants who did not receive treatment" [38].

3.3.1. Hypothesis one

H₀1: There is no significant effect of Process and REACH models on forgiveness among adolescents in JHS in Bimbilla based on age.

H_A2: Process and REACH models significantly affect age-based forgiveness among adolescents in JHS in Bimbilla.

Hypothesis Seven examined the effect of the Process and REACH models on forgiveness among adolescents in JHS in Bimbilla based on 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 the age category. The pre-test forgiveness score was used as the covariate. The dependent variable was the post-test forgiveness score. Table 1 presents a summary of the results.

Table 1. Two-way ANCOVA Test for Differences between Process and REACH Models on Forgiveness based on age.

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

Source: Field Survey (2021)

The two-way ANCOVA analysis showed no significant difference in the anger mean scores of participants exposed to the Process and REACH models based on age: $F(2, 51) = .217$, $p = .806$, $\eta_p^2 = .008$ (Table 1). This indicates that participants within different age categories did not respond significantly differently to the Process and REACH models regarding reducing their anger levels. This further suggests that the two interventions worked equally for participants within all age brackets/groups.

3.3.2. Hypothesis two

H₀2: There is no significant effect of Process and REACH models on anger among adolescents in JHS in Bimbilla based on age.

H_A2: Process and REACH models significantly affect anger among adolescents in JHS in Bimbilla based on age.

Hypothesis two sought to test whether there is a significant effect of Process and REACH models on anger among adolescents in JHS in Bimbilla based on age. The hypothesis was tested by examining whether a difference exists in participants' mean scores exposed to the Process and REACH models of forgiveness based on 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 2.

Table 2. Two-way ANCOVA Test for Differences between Process and REACH Models on Anger based on age

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

Source: *Field Survey (2021)*

As presented in [Table 2](#), a two-way ANCOVA was performed to determine the differences in adolescents' anger levels in the Process model and REACH model groups based on age. The outcome of the analysis showed no significant difference in the anger mean scores of participants exposed to the Process and REACH models of forgiveness and the control group based on age, $F(2, 51) = .211$, $p = .811$, $\eta^2 = .008$. This result implies that participants within different age categories did not respond differently to the Process and REACH models regarding reducing anger. Thus, the Process and REACH models were equally effective for participants within all age brackets.

3.3.3. Hypothesis three

H₀₃: There is no significant effect of Process and REACH models on depression among adolescents in JHS in Bimbilla based on age.

H_{A3}: There is a significant effect of Process and REACH models on depression among adolescents in JHS in Bimbilla based on age.

The study also examined whether there is a significant effect of Process and REACH models on depression among adolescents in JHS in Bimbilla based on age. The hypothesis tested whether differences in depression levels existed among participants in the experimental groups (i.e., Process model and REACH model group) and those in the control group based on age. A two-way ANCOVA test was conducted to test this hypothesis. The independent variables were the groups (Process model, REACH model and control) and age. The pre-test depression score was used as the covariate. The dependent variable was the post-test depression score. [Table 3](#) presents a summary of the results.

Table 3. Two-way ANCOVA Test for Differences between Process and REACH Models on Depression based on age

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.	η^2
Corrected Model	3722.737 ^a	8	465.342	6.741	.000	.524
Intercept	1227.049	1	1227.049	17.776	.000	.266
Depression	1867.960	1	1867.960	27.061	.000	.356
Group	1445.807	2	722.904	10.473	.000	.299
Age	24.460	2	12.230	.177	.838	.007
Group * Age	78.508	3	26.169	.379	.768	.023
Error	3382.367	49	69.028			
Total	193274.000	58				

Dependent Variable: Depression Post-test

The outcome of the two-way ANCOVA analysis in [Table 3](#) showed no significant effect of the Process model and REACH model on depression based on age, $F(2, 49) = .177$,

$p=.838$, $\eta_p^2 = .007$. The result indicates that the participants across different age categories responded in the same way to the Process model and the REACH model in terms of reducing depression among adolescents. This further suggested that the two interventions equally worked for adolescents in JHS with different ages in reducing depression.

3.4. Final Model

The study generally found that the Process and REACH models significantly increased the level of forgiveness of adolescents in JHS in Bimbilla, which in turn reduced their level of anger and subsequently led to a significant reduction in depression levels. Also, the study showed that age and gender do not have a significant influence on the forgiveness, anger and depression levels of adolescents. The final model of this research, as displayed in Figure 1, illustrates the relationship between the Process and REACH models on forgiveness, anger and depression after exposing the adolescents in JHS in Bimbilla to the counselling intervention.

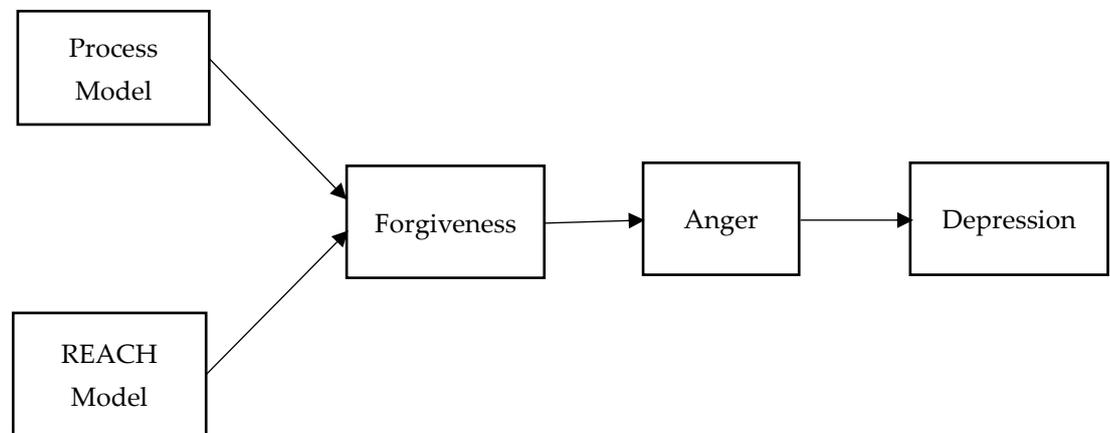


Figure 1. Final model.

3.4.1. Hypothesis one

H₀₁: There is no significant effect of Process and REACH models on forgiveness among adolescents in JHS in Bimbilla based on age.

H_{A1}: Process and REACH models significantly affect age-based forgiveness among adolescents in JHS in Bimbilla.

The result showed that the participants across different age categories responded the same to the Process model and the REACH model in enhancing forgiveness among JHS students in Bimbilla. This finding agrees with an earlier study that “age, gender and life status are not boundaries to the effectiveness of forgiveness interventions” [39]. The result further suggested that “the two therapies equally worked for JHS students with different ages in improving the level of forgiveness”. This finding suggests that “the process and the REACH models are effective for multidimensional age groups”. This present finding is consistent with previous research that “Enright's Process and Worthington's REACH models of forgiveness intervention approaches have been used in most forgiveness intervention research to enable clients of different ages to forgive a past hurtful event or injustice.

Furthermore, they reported that forgiveness interventions are not only effective in reducing adverse states and increasing positive states with younger age groups but also with older adults” [37]. This means that “these two models promote forgiveness among participants irrespective of age”. A similar study found that “forgiveness is positively associated with age” [40]. It was further suggested that “age difference can influence one's willingness to forgive. To them, older adults are more often willing to forgive others.

When they do so, they experience larger increases in self-reported mental health than younger adults" [40]. A Previous study indicated that "people become more forgiving with age because forgiveness helps them to maintain emotionally satisfying relationships even though relational transgressions are probably inevitable. Increased forgiveness among the elderly stems from the desire of older people to make sense of their lives and form their experiences and relationships into a coherent whole before their lives draw to a close. Younger adults forgive because they tend to be motivated by personal and social considerations. The implication for counsellors is that interventions to increase forgiveness can be implemented without regard for age" [41].

3.4.2. Hypothesis two

H₀₂: There is no significant effect of Process and REACH models on anger among adolescents in JHS in Bimbilla based on age.

H_{A2}: Process and REACH models significantly affect anger among adolescents in JHS in Bimbilla, regardless of age.

The study revealed that age is not a significant determinant of anger at post-test. This is because the participants within the different age groups did not respond significantly differently to the Process and REACH models regarding reducing anger. Anger is generally an emotional attribute. Once participants were exposed to the therapies, their negative emotions, cognitions and beliefs were positively reshaped and cognitively restructured by practice through direct teaching. On the other hand, the skills, knowledge and attitudes acquired by the participants due to their exposure to the Process model and the REACH model can also explain this result. Found that anger is only experienced in the early years and increases from late adolescence to adulthood; older adults were less likely to describe experiencing anger as a result of social conflict but did not differ from young adults in their level of emotions experienced and the like [42, 43-44]. Also, a similar study found no significant age difference in anger expressed at home [45]. These studies agreed that age reduces anger but did not state whether the difference has been statistically significant. The implication of this finding for counsellors is that "interventions aimed at reducing anger should be implemented without regard for age".

3.4.3. Hypothesis three

H₀₃: There is no significant effect of Process and REACH models on depression among adolescents in JHS in Bimbilla based on age.

H_{A3}: There is a significant effect of Process and REACH models on depression among adolescents in JHS in Bimbilla based on age.

The result indicates that "the participants across different age categories responded in the same way to the Process model and the REACH model in terms of reducing depression among adolescent JHS students in Bimbilla". This further suggested that "the two therapies equally worked for adolescent JHS students with different ages in decreasing depression. Depression is a severe psychological disturbance often accompanied by emotional, motivational, behavioural, cognitive, and physical symptoms that prevent people from carrying out the simplest of life's activities. It is one of the few major mental disorders [46, 47]. Depression is the number one reason people seek mental health services. When participants were exposed to the therapies, their negative emotional, motivational, behavioural, cognitive, and physical symptoms that prevented them from carrying out the simplest of life's activities were positively reshaped and cognitively restructured through practice and direct teaching [37].

On the other hand, this result can also explain the skills, knowledge, and attitudes acquired by the participants due to their exposure to the Process and the REACH models. The findings are inconsistent with the result of an earlier study that "even though sex differences in depression are apparent in both adolescence and adulthood, these differences are not typically found among young people. She, however, reported that

comparisons of the older and middle-aged adults groups indicated that the older and middle-aged adults had significantly lower depression than the college-aged adults" [29]. Similarly, a previous study established that "the relationship between age and depression is U-shaped. Thus, depressive symptoms decline from young adulthood to midlife and then begin to rise again with increasing age, making it a U-shape" [28]. A similar study found that "as many as 5 to 10 per cent of adults suffer from a severe pattern of depression in any given year. In contrast, another 3 to 5 per cent suffer from mild forms of the disorder. The depressive tendency relating to the female gender does not manifest itself before puberty, and the notable differences in the incidence of depression begin at the age of puberty. They, however, believed that depressive symptoms increase with age. These studies agreed that age plays a role in depression" [27]. The implication of this finding for counsellors is that interventions aimed at reducing depression should be implemented without regard for age.

4. Conclusions and Recommendations

The study indicates that both the REACH model and Process model are efficacious in reducing the level of depression among adolescent JHS students in Bimbilla when their levels of forgiveness are increased through forgiveness counselling, regardless of gender and age. The study also revealed that REACH and Process models were suitable interventions for adolescents with greater emotional regulation (increased forgiveness, reduced anger and reduced depression, enhanced sense of well-being, positive feelings and positive thoughts towards the offender). The study recommended that "Counsellors should offer forgiveness counselling to clients without taking gender and age into consideration since the process and REACH model have proved to be gender and age neutral". It is also recommended that "teachers and school administrators consider forgiveness interventions (the Process model and REACH model) as a very effective strategy for treating unforgiveness to improve students' psychological well-being".

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