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Efficacies of Process and REACH Therapeutic Models on Forgiveness of Counsellor Trainees

Jones Clifford Akosah¹  | Godwin Awabil² | Linda Dzama Forde²

¹College of Psychology, Birmingham City University, Birmingham, UK | ²Counselling Centre, University of Cape Coast, Cape Coast, Ghana

Correspondence: Jones Clifford Akosah (jones.akosah@bcu.ac.uk)

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ABSTRACT

Objectives: People who have learnt how to forgive others tend to be better forgiveness counsellors. This study delves into the effectiveness of the Process and REACH therapeutic models on forgiveness for counsellor trainees.

Methods: The researchers used the sequential explanatory mixed method model, which involved the use of a questionnaire and interview guide to gather data for the study. The research design of the study was quasi-experimental and an interview. Two hypotheses and one research question were formulated to guide the study. The population of the study consisted of graduate students from three Ghanaian universities, totalling 80 individuals. They comprised 34 males and 46 females. Sampling techniques that were used for both the quantitative and qualitative aspects were simple random sampling and purposive sampling, respectively. The Enright Forgiveness Inventory was used to collect pre- and post-test data. For the quantitative aspect, the data were analysed using Analysis of Covariance (ANCOVA). For the qualitative aspect, data reduction technique and content analysis were used to analyse the data.

Results: The study revealed that the Process and REACH therapeutic models had significant positive effects on forgiveness among participants. However, there was no significant difference in the forgiveness level of participants on the basis of gender.

Recommendations: Based on these findings, it is recommended that professional counsellors and psychologists should consider these two therapies as alternatives to improving forgiveness levels in their clients' lives.

1 | Introduction

People frequently experience interpersonal wounds, which can range from minor to severe (Kanz 2000). Various factors can contribute to this, including violence in significant conflicts between governments and tribes in certain parts of the world. In their daily lives, individuals can encounter numerous forms of violence, such as spousal abuse, child rape and family violence. These issues often leave victims feeling bitter, unforgiving and angry. Without psychological support, such individuals may struggle with forgiveness. Kanz (2000) noted that scholars have shown increased interest in the psychological concept of forgiveness, leading to a growing presence of forgiveness-related studies

in psychological literature. Originally a subject of theological and philosophical study, forgiveness has also gained recognition in therapy and neuroscience (Freedman and Enright 1996). More recently, several studies (Chen et al. 2019; Fincham and Maranges 2023; Fincham and May 2024; Toussaint, Shields, and Slavich 2016; Toussaint and Worthington Jr. 2017; Wang and Xu 2022) have collectively highlighted the ongoing interest in forgiveness within psychological research and its potential benefits for mental health and well-being.

Forgiveness has emerged as a critical focus of psychological inquiry worldwide, given its significant implications for mental health, interpersonal relationships and overall well-being.

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Summary

- Implications for practice and policy
 - Incorporation of Forgiveness Therapy in Counsellor Education: Since both the Process and REACH models were effective in fostering forgiveness, universities and counselling training programmes could integrate forgiveness therapy as a core part of counsellor education. Training future counsellors in these models may better equip them to handle clients struggling with forgiveness, which could enhance client outcomes and support counsellors' personal growth.
 - Standardisation of Forgiveness Therapy in Mental Health Practice: Mental health organisations and regulatory bodies may consider endorsing the Process and REACH models as standard therapeutic approaches for forgiveness counselling. Given their positive impact on trainees' emotional and cognitive well-being, these models can serve as reliable frameworks to promote emotional resilience and mitigate feelings of anger or resentment in clients.
 - Gender-Inclusive Therapy Practices: The study found no significant gender differences in the effectiveness of these therapeutic models, suggesting that both male and female clients can benefit equally from forgiveness therapy. This supports a gender-inclusive approach in forgiveness counselling, ensuring that therapists apply these models across diverse client populations without bias.
 - Cultural Adaptation of Forgiveness Models: The success of the Process and REACH models within a Ghanaian context suggests their applicability across different cultures. Mental health practitioners can adapt these models to be culturally sensitive, which could improve their acceptance and effectiveness in diverse settings.
 - Promotion of Forgiveness to Improve Counsellor Well-being: Since low forgiveness levels in counsellors can affect their professionalism and client outcomes, institutions could provide ongoing support for counsellor well-being, including workshops and counselling sessions that incorporate forgiveness therapy. This can help counsellors maintain psychological stability and mitigate the risk of burnout.

Across diverse cultural and societal contexts, the concept of forgiveness has been studied through theoretical and empirical lenses, offering profound insights into its role in emotional and psychological healing (Toussaint and Worthington Jr. 2017). Despite these advancements, a substantial portion of the research has been conducted in Western contexts, where individualistic values often shape forgiveness processes. Less attention has been paid to collectivist cultures, such as those in Africa, where forgiveness may be influenced by communal relationships and societal expectations (Worthington et al. 2020).

Globally, therapeutic models of forgiveness, such as the Process Model and the REACH Model, have garnered widespread recognition for their effectiveness in experimental and clinical settings. For instance, Baskin and Enright (2004) demonstrated the

efficacy of the Process Model in reducing anger and promoting forgiveness in diverse populations, while Worthington (2001) outlined the success of the REACH Model in fostering emotional reconciliation and commitment to forgiveness. These models provide structured, evidence-based approaches to addressing the psychological dimensions of forgiveness, yet their application in non-Western settings remains underexplored.

This study contributes to the growing international literature by examining the efficacy of the Process and REACH therapeutic models within the Ghanaian context. Ghana represents a unique intersection of traditional communal values and emerging individualistic influences, offering a distinctive cultural backdrop against which to explore forgiveness. Previous research in Ghana has highlighted the potential of these models to improve forgiveness among specific groups, such as teacher trainees (Barimah 2018; Mensah 2022), but no studies have focused on counsellor trainees, who are both recipients and prospective practitioners of forgiveness interventions.

Counselling psychologists have sought to define forgiveness from a non-religious perspective, following Freedman and Enright's (1996) theory. According to Enright and Fitzgibbons (2000), forgiveness involves consciously choosing to set aside one's right to anger and other reactions in favour of treating the offender according to the ethical principle of beneficence, including virtuous love, kindness, empathy and unconditional worth. However, definitions of forgiveness vary among scholars (Worthington, as cited in McCullough, Pargament, and Thoresen 2000).

The Process and REACH therapeutic models are rooted in well-established theoretical frameworks that provide a structured approach to facilitating forgiveness. The Process Model of forgiveness, developed by Enright and Fitzgibbons (2000), is grounded in cognitive-behavioural principles and focuses on four key phases: uncovering, decision-making, work, and deepening. Each phase guides individuals through a systematic journey of recognising their emotional pain, making a conscious choice to forgive, engaging in cognitive reframing, and experiencing personal growth and resilience. This model emphasises the transformative potential of forgiveness as an ongoing process rather than a singular event.

The REACH Model, proposed by Worthington (2001), offers a complementary perspective by breaking down forgiveness into five actionable steps: remembering the hurt (R), empathising with the offender (E), altruistically offering forgiveness (A), committing to the forgiveness decision (C) and holding onto forgiveness (H). This model is underpinned by theories of empathy, altruism and commitment, and is designed to help individuals move beyond emotional pain through practical and relational interventions. The REACH Model has been widely applied in both individual and group therapy settings, demonstrating efficacy in reducing anger, fostering emotional healing and promoting reconciliation.

Counsellor trainees, like teacher trainees, are often exposed to significant psychological distress during their academic journey. Research by several authors (e.g. Bilgin 2000; Erkan et al. 2012) has shown that university students face challenges

in relationships, familial ties and emotional stability. Counsellor trainees may experience emotional hurt from relationships and friendships during their time on campus. While feeling autonomous without family support, they must also restructure their relationships. Trainees are likely to make mistakes in their decisions regarding relationships, careers and education, which can affect their ability to forgive themselves and others (Capan and Aricioğlu, 2014). These negative emotions may carry over into future therapy sessions post-graduation.

Wade, Johnson, and Meyer (2008) have noted that forgiveness research is relatively new and may not be well-known to counsellors, making them unaware of the potential benefits of forgiveness therapy for themselves. After a decade of research on forgiveness, Garzon et al. (2002) concluded that while forgiveness has become an accepted psychological intervention among researchers, many practitioners do not incorporate it into their practice. However, the available research on this specific topic is limited. A 2014 meta-analysis by Wade et al. examined 54 randomised controlled trials comparing forgiveness interventions. This study found that forgiveness treatments were effective in promoting forgiveness and improving mental health outcomes. However, it did not specifically address the adoption rate of these interventions among practitioners.

In Africa, research on forgiveness is still in its early stages, and further investigation is needed to understand what must be forgiven, how people approach forgiveness, and strategies to foster it across the continent (Worthington et al. 2020). In Ghana, researchers have engaged in innovative studies on forgiveness. For instance, some studies (Barimah 2018; Kankpog 2019; Mensah 2022) examined forgiveness using the Enright Process Model and REACH model, focusing on college of education students in different regions. A similar study focused on married teacher trainees (Osei-Tutu et al. 2019).

However, no study appears to have been conducted among counsellor trainees in Ghana, even though they too require forgiveness counselling or therapy. Moreover, they are likely to use this therapy in their work after graduation. Ghanaian trainee counsellors would particularly benefit from forgiveness interventions in addressing their psychological distress. Recent research demonstrates the efficacy of Process and REACH models in enhancing forgiveness levels and reducing anger among college students in Ghana (Kankpog 2019). These interventions can significantly contribute to professional development by equipping counsellors with skills to address interpersonal conflicts and emotional distress. They also support personal growth by helping trainees manage their own emotional challenges and reduce anger and depression levels. The cultural relevance of forgiveness interventions is particularly compelling, with study showing their effectiveness in the Ghanaian context (Kankpog 2019). By incorporating these approaches, trainee counsellors can expand their therapeutic toolkit and address local mental health needs more comprehensively. Given the limited research on forgiveness interventions in the African context, training counsellors in these techniques can bridge critical knowledge gaps and promote further research in Ghana. Ultimately, integrating forgiveness interventions will enable Ghanaian counsellors to develop culturally appropriate skills for addressing interpersonal conflicts and promoting mental well-being.

This study assumes that if counsellor trainees find the REACH and Process therapeutic models effective, they will be more inclined to use them to help clients with low forgiveness. It is important to note that forgiveness counselling is not explicitly included in counsellor education programmes in Ghana. Counsellors who lack psychological stability risk harming their clients, as their instability can affect their professionalism. According to Moorhead et al. (2012), counsellors must be aware of their own pain and healing process to fully understand their clients. Rønnestad and Skovholt's (2001) study found that significant personal experiences, whether positive or negative, greatly influence therapists' professional standards. Reflecting on these experiences is crucial for effectiveness as a psychotherapist. Additionally, they discovered that early childhood personal events, such as neglect and exploitation, impact professional growth (Rønnestad and Skovholt 2001).

Empirical research consistently demonstrates that gender significantly influences forgiveness experiences and emotional processing (Chettri and Deepthi 2023). Women and men may exhibit distinct patterns of emotional and decisional forgiveness, with variations in how they perceive and implement forgiveness strategies (Miller, Worthington, and McDaniel 2008). Cultural and social contexts in Ghana further shape these gender-based differences, potentially moderating how counsellor trainees engage with therapeutic interventions. By investigating these nuanced gender-specific responses, researchers can develop more targeted and effective forgiveness models that account for individual emotional experiences and processing mechanisms (Fehr, Gelfand, and Nag 2010). Understanding these gender variations is not about creating divisive narratives, but about enhancing therapeutic approaches to ensure more personalised and impactful interventions. Such an approach allows for a more sophisticated and nuanced understanding of forgiveness as a complex psychological process that transcends simplistic gender stereotypes.

Methodologically, the few existing studies on forgiveness in Ghana have relied heavily on quantitative methods, creating a methodological gap. For instance, Barimah (2018) and Kankpog (2019) employed quasi-experimental designs. To gain a more comprehensive understanding of forgiveness, this study used mixed methods to expand research on the topic.

Consequently, this study examined how the REACH and Process therapeutic models impacted counsellor trainees' forgiveness to enhance their psychological well-being and professional growth. The study also explored the influence of gender on participants' forgiveness levels.

2 | Method

2.1 | Research Design

This study employed a sequential explanatory mixed methods design, as described by Creswell and Plano-Clark (2007). This approach involves two distinct phases: quantitative data collection and analysis followed by qualitative data collection and analysis. The primary purpose of this design is to use qualitative findings to explain, expand or contextualise the quantitative

results, creating a comprehensive understanding of the research problem.

In the quantitative phase, a quasi-experimental design was used to assess the effects of the Process and REACH therapeutic models on forgiveness among participants. Pre-test and post-test data were collected using the Enright Forgiveness Inventory (EFI). The quantitative findings provided initial insights into the efficacy of the interventions and highlighted differences between experimental and control groups.

The qualitative phase followed, using semi-structured interviews to explore participants' cognitive, emotional, and behavioural experiences during and after the interventions. Purposive sampling was employed to select participants who exhibited significant changes in forgiveness levels, as identified in the quantitative phase. This phase aimed to provide a deeper understanding of the mechanisms underlying the observed quantitative outcomes.

The integration of the two phases was achieved through a combined analysis and interpretation of findings. The research hypotheses and question were formulated to reflect this integration, emphasising the complementarity of the quantitative and qualitative data:

H0 1. There is no significant effect of the Process and REACH therapeutic models on forgiveness among participants compared to a control group.

H1 1. There is a significant effect of the Process and REACH therapeutic models on forgiveness among participants compared to a control group.

H0 2. There is no significant difference in forgiveness levels between male and female participants in the Process therapeutic model group and the REACH therapeutic model group.

H1 2. There is significant difference in forgiveness levels between male and female participants in the Process therapeutic model group and the REACH therapeutic model group.

Research Question: How do participants' cognitive, emotional and behavioural experiences reflect the impact of the Process and REACH therapeutic models?

By aligning the hypotheses and research question with the sequential explanatory mixed methods design, this study demonstrates how quantitative and qualitative findings complement and enrich each other. This integrated approach allows for a nuanced interpretation of the data, addressing both the effectiveness of the interventions and the lived experiences of participants (Creswell and Plano-Clark 2007; Leedy and Ormrod 2015).

2.2 | Population and Sample

The study targeted all first-year Master of Philosophy counsellor trainees at Ghanaian universities, comprising 80 students (34 males and 46 females) for the 2021/2022 academic year.

The accessible population consisted of 30 students from the University of Ghana, Methodist University Ghana, and the University of Education, Winneba. Regarding the pretest screening and sample inclusion, 30 respondents who scored below 210 on the Enright Forgiveness Inventory (EFI) were considered to have low forgiveness and were eligible to partake in the study. The sample was divided into three groups of 10 trainees each. The selection of 10 trainees per group was supported by Jacobs et al. (2012), who recommend that counselling/education groups typically consist of 5–15 members. According to Corey (2012), groups should be large enough to encourage engagement and small enough to ensure regular participation without losing the “group” dynamic.

Sampling techniques used for both the quantitative and qualitative aspects included simple random sampling and purposive sampling. Purposive sampling was used to select three institutions from among counsellor educator institutions registered with the Ghana Psychology Council. This selection was based on accreditation, proximity and convenience. Each selected institution offers a counselling programme that trains students at the postgraduate level. Simple random sampling was used to select intact groups for the intervention and control.

For the selection of interviewees, purposive sampling was used to choose four counsellor trainees from the experimental groups (two from each group) who had undergone forgiveness counselling. They were selected based on their scores being high outliers (i.e. very high forgiveness mean scores) after the interventions. It is worth noting that while the interventions worked for all participants, the researchers choose the four outliers (those with the highest scores) to understand the exceptional outcomes. Their experiences could offer deeper insights into the factors contributing to the success of the interventions.

According to Creswell and Plano-Clark (2007) and Leedy and Ormrod (2015), after obtaining quantitative results, researchers can undertake qualitative data collection in an attempt to explicate the quantitative phase results, such as significant results, outlier results or surprising outcomes. It should be noted that there were no outliers for low scores after the intervention. The four interviewees included three females and one male, all married and aged 30 or above. This selection method is also supported by Creswell (2012) and Blustein et al. (1997).

2.3 | Data Collection Instruments

One questionnaire was utilised to gather quantitative information, and a semi-structured interview was also employed to collect qualitative information.

2.3.1 | Enright Forgiveness Inventory

The groundbreaking forgiveness laboratory at the University of Wisconsin uses the Enright Forgiveness Inventory (EFI) as its primary tool for forgiveness research. The EFI is an objective indicator of how much a person can forgive someone, a group, or something else that has gravely and unjustly wronged them. It consists of 60 items assessing positive and

negative affect, cognition, and behaviour, and is based on a six-point Likert-type scale with response options as follows: 1 = strongly disagree, 2 = moderately disagree, 3 = slightly disagree, 4 = slightly agree, 5 = moderately agree, 6 = strongly agree. According to Enright, scores of the inventory range from 60 to 360, with higher scores reflecting greater forgiveness. The average score is 210; participants who score below 210 may need forgiveness counselling. This was the inclusion criteria used to select study sample. The overall measure demonstrated excellent internal consistency in studies involving participants in late adolescence and middle adulthood ($\alpha = 0.98$; Subkoviak et al. 1995), older adults ($\alpha = 0.97$; Hebl and Enright 1993) and middle-aged and older wives ($\alpha = 0.98$; Decaportale-Ryan et al. 2013). The study also found the internal consistency to be good ($\alpha = 0.92$).

2.3.2 | Semi-Structured Interview Guide

To allow for flexibility in responses while ensuring that all key areas are covered, the researchers designed the interview guide based on the forgiveness literature. The guide had three areas: cognitive experience, emotional experience and behavioural experience. It included questions like, "How have your thoughts about forgiveness changed after participating in the Process and REACH interventions?" "In what ways do you think these models have influenced your cognitive approach to conflicts?" "Can you describe any changes in your emotional responses to past grievances since completing the intervention?" "How do you feel about forgiveness now compared to before?" "Have you noticed any changes in how you handle conflicts or approach relationships since the intervention?" "Can you provide examples of any specific behaviours that have changed as a result of the training?"

To validate the interview guide, an informal interview was conducted with three students selected from the Catholic University of Ghana since the actual interview would make use of four participants. Their comments and suggestions about the guide were provided to experts for their professional judgement to improve it. The face and content validity of the Enright Forgiveness Inventory was assessed by experts, ensuring that the indicators accurately captured the meaning of the construct as indicated in the instruments.

2.4 | Data Collection Procedure

The researchers obtained a letter of introduction from the University of Cape Coast Institutional Review Board. This letter was sent to the appropriate departments at various universities, enabling the researchers to obtain the contacts and email addresses of the students after meeting with them in person to introduce the research assistants. Participants were later contacted by the research assistants via phone calls to remind them about the study. In collecting the pre-test data, copies of the EFI were administered at the University of Ghana, Methodist University Ghana, and the University of Education, Winneba. After the eighth week of treatment, the questionnaires were administered again to the participants of the two treatment groups (University of Ghana and Methodist University Ghana) and the

control group (University of Education, Winneba) to obtain their post-test data. All the pre-test responses from the respondents were collected on the same day. To ensure that our presence as researchers did not affect the data collected from the experimental groups, we strictly adhered to the designed intervention manuals for the study. Additionally, the research assistants were included in this process to allow for variations. For the qualitative data, four participants were selected after the post-test based on their outlying scores, which qualified them to take part in the interview. Two participants were selected from each of the Process and REACH model groups. The interview session was recorded using an audio tape.

2.5 | Ethical Considerations

The researchers obtained ethical clearance from the University of Cape Coast's Institutional Review Board, which enabled us to collect data from the field. Ethical principles, such as informed consent and confidentiality of responses, were strictly adhered to throughout the research process. Informed consent forms were given to all participants who took part in the study. Participants agreed to the consent form by appending their signature. This included agreeing to participate in the experiment as well as consenting to have the interview audio-recorded. Participants were informed that they were free to skip any question they felt uncomfortable with or withdraw from the research at any point. The identities of the participants and their responses were kept confidential. Regarding the qualitative study, participants were made aware in advance that whilst quotes would be utilised in the final research report, no personally identifying information (names, locations, etc.) would be shared during data transcription or in the report itself.

For debriefing, participants were given a general idea of what the researchers were investigating and why their involvement in the study was necessary. After the study, participants who received no treatment were informed of the reason for this. They were also allowed to ask questions to clarify any concerns. The control group was, however, given treatment after the study concluded. A trauma counsellor was on standby in case a participant became emotionally distressed due to memories of past hurt being triggered. It was planned that such a participant would be immediately isolated from the group and attended to by the trauma counsellor. However, this situation did not occur at all during the study.

2.6 | Intervention Procedure

The study was carried out in three phases: pre-counselling, counselling and post-counselling. Each phase comprised several activities.

2.6.1 | Pre-Counselling Phase

In this phase, the researchers and research assistants administered the EFI to the participants to collect baseline data. This was done 2 weeks before the treatment commenced. The University of Ghana and Methodist University Ghana were

TABLE 1 | ANCOVA test for effect of Process and REACH therapeutic models on forgiveness.

Source	Type III sum of squares	df	Mean square	F	Sig.	Partial Eta squared
Corrected Model	92520.066	3	30840.022	395.892	0.000	0.979
Intercept	7914.299	1	7914.299	101.596	0.000	0.796
Forgiveness	2.799	1	2.799	0.036	0.851	0.001
Group	85331.401	2	42665.700	547.698*	0.000	0.977
Error	2025.401	26	77.900			
Total	936568.00	30				
Corrected Total	94545.467	29				

*Significant, $p < 0.05$.

used as the experimental groups for the Process Model and the REACH Model, respectively. The University of Education, Winneba, served as the control group.

2.6.2 | Counselling Phase

The University of Ghana experimental group received the Process Model face-to-face intervention while the Methodist University Ghana experimental group received the REACH Model face-to-face intervention. The control group, which was the University of Education, Winneba, received no treatment. Each of the treatment groups underwent 8 weeks of forgiveness counselling, with each session lasting 1 h per week. The researchers led all sessions with the help of research assistants.

2.6.3 | Post-Counselling Phase

This was the final phase of the intervention procedure. The EFI was re-administered to the three groups after 2 weeks to ascertain if the two models (Process Model and REACH Model) had any effects on the counsellor trainees.

2.7 | Data Processing and Analysis

For the quantitative aspect of the research, both descriptive and inferential statistics were used to analyse the data. To test hypothesis 1, one-way Analysis of Covariance (ANCOVA) was employed. This was because one-way ANCOVA involves one independent continuous variable, one dependent continuous variable, and one or more continuous covariates. Hypothesis 2 was tested using two-way Analysis of Covariance (ANCOVA). Two-way ANCOVA includes two independent categorical variables (with two or more levels or conditions), one continuous dependent variable and one or more continuous covariates.

For the qualitative phase of the study, data reduction techniques and content analysis were utilised to examine the audio recordings of the interviews. Again, researcher triangulation was employed to enhance credibility and minimise bias. Each researcher independently analysed the interview data, identifying themes and patterns related to the impact of the Process and REACH therapeutic models. After the initial independent

analyses, the researchers compared and discussed their findings to resolve discrepancies and refine interpretations. This collaborative approach ensured that the themes were grounded in the data rather than influenced by individual perspectives. By engaging in researcher triangulation, the study ensured a more comprehensive and trustworthy analysis of participants' qualitative experiences, particularly given the sensitive and subjective nature of forgiveness therapy.

2.8 | Reflexivity

Since all the researchers are also lecturers in psychology and counselling, our professional background and personal values have inevitably shaped this research. Our interest in forgiveness therapy stems from both academic knowledge and observations of its potential within therapeutic and cultural contexts, particularly in Ghana.

Aware of this dual role as researchers and educators, we sought to remain objective throughout the study, regularly reflecting on how our perspectives might influence data collection and interpretation. The mixed-methods approach enabled us to balance quantitative findings with qualitative insights, reducing bias and enhancing credibility.

Recognising the sensitive nature of forgiveness, we prioritised ethical considerations to ensure participants felt safe and supported during the intervention. This reflective process has deepened our appreciation of forgiveness therapy's relevance in promoting psychological and professional growth.

3 | Results

3.1 | Hypotheses

H0 1. There is no significant effect of the Process and REACH therapeutic models on forgiveness among participants compared to a control group.

H1 1. There is a significant effect of the Process and REACH therapeutic models on forgiveness among participants compared to a control group.

This research hypothesis allowed the researchers to determine how the Process and REACH therapeutic models affected participants' capacity for forgiveness. The goal was to compare the levels of forgiveness between the three groups (control, Process and REACH Model) whilst controlling for pre-test scores. The pre-test forgiveness score was a covariate whilst the post-test forgiveness score was the dependent variable. To test this hypothesis, one-way ANCOVA was employed to evaluate the post-test scores of participants in the experimental categories with those in the control group whilst accounting for their pre-test scores. Table 1 displays the outcomes of the test for the impacts.

As shown in Table 1, there was a significant difference between the experimental groups' and the control group's post-test forgiveness scores after controlling for the pre-test forgiveness scores, $F(2, 26) = 547.698$, $p < 0.05$, and $\eta_p^2 = 0.977$. The findings suggest that group (control, Process and REACH Model) accounted for 97.7% of forgiveness variation.

To compare the group means, a post hoc analysis was also performed. Pairwise comparisons are shown in Table 2.

From the findings of the multiple comparisons in Table 2, participants in the control group and those in the REACH Model group exhibited substantially different levels of forgiveness

($p < 0.001$). Forgiveness levels among participants in the Process Model group and the control group were noticeably different ($p < 0.001$). However, there was no discernible difference between participants in the Process Model and REACH Model groups ($p = 0.993$).

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

H0 2. There is no significant difference in forgiveness levels between male and female participants in the Process therapeutic model group and the REACH therapeutic model group.

H1 2. There is significant difference in forgiveness levels between male and female participants in the Process therapeutic model group and the REACH therapeutic model group.

TABLE 2 | Sidak adjustment for pairwise comparison (forgiveness).

(I) Group	(J) Group	Mean difference (I-J)	Std. error	Sig.
Control	REACH	-117.135*	4.042	< 0.001
	Process	-118.097*	4.090	< 0.001
REACH	Control	-117.135*	4.042	< 0.001
	Process	-0.962	3.952	0.993
Process	Control	118.097*	4.090	< 0.001
	REACH	0.962	3.952	0.993

*The mean difference is significant at the 0.05 level.

TABLE 3 | Two-way ANCOVA test for differences in the forgiveness levels of participants on the basis of gender.

Source	Type III sum of squares	df	Mean square	F	Sig.	Partial Eta squared
Corrected model	92585.888	6	15430.981	181.117	< 0.001	0.979
Intercept	7713.777	1	7713.777	90.538	< 0.001	0.797
Forgiveness	1.355	1	1.355	0.016	0.901	0.001
Group	84369.385	2	42184.692	495.131*	< 0.001	0.977
Gender	45.321	1	45.321	0.532	0.473	0.023
Group × gender	20.603	2	10.301	0.121	0.887	0.010
Error	1959.578	23	85.199			
Total	936568.000	30				
Corrected total	94545.467	29				

*Significant, $p < 0.05$.

The purpose of this hypothesis was to determine whether there was any gender-based differences in participants' levels of forgiveness. This was investigated using a two-way ANCOVA test. The groups (control, REACH and Process models) and gender were the independent factors. The covariate employed was the forgiveness score from the pre-test. The post-test forgiveness score served as the dependent variable. The findings are summarised in Table 3.

The two-way ANCOVA results in Table 3 show that there is no significant difference in the forgiveness levels of participants based on gender, $F(1, 23) = 0.532$, $p = 0.473$. As a result, the null hypothesis was upheld. In terms of improving their forgiveness, male and female participants did not respond differently to the Process therapeutic model and the REACH therapeutic model. This shows that the two therapies had an equivalent impact on male and female students' forgiveness levels. The study also found no significant interaction effect of the Process Model and the REACH Model on forgiveness based on gender, $F(2, 23) = 0.121$, $p = 0.887$, $\eta_p^2 = 0.010$.

4 | Qualitative Results

The qualitative analysis revealed three overarching themes that encapsulated participants' experiences: cognitive shifts, emotional changes and behavioural adaptations. Each theme comprised several subthemes, illustrating the transformative effects of the Process and REACH therapeutic models.

4.1 | Cognitive Shifts

4.1.1 | Reframing Offender's Actions

Participants described gaining new perspectives on the motives and circumstances of their offenders. One participant noted, "I do not wish that he fails in life anymore. I have added him to my prayer point."

4.1.2 | Understanding Forgiveness

Many participants reported that the interventions helped them understand forgiveness as a dynamic, non-linear process. As one stated, "After the intervention, after our sessions, I realized that forgetting about it is not the same as forgiveness, and so I went back like we studied, analysed the offender, or the party who offended me, analysed his behaviour and then I was able to realize why he did so and accept him for that."

4.2 | Emotional Changes

4.2.1 | Reduction in Anger and Resentment

Participants consistently highlighted a decrease in negative emotions. For example, one remarked, "Honestly, after the therapy it's like I am a whole new being. Honestly, I realized that I was no more angry again. I had nothing against him."

4.2.2 | Development of Empathy

Several participants shared that they developed empathy for their offenders, with one stating, "I felt sorry for him. I got to know that he was a victim of a similar incident in his childhood days."

4.3 | Behavioural Adaptations

4.3.1 | Improved Interpersonal Interactions

Participants reported more positive interactions with others, including their offenders. One participant explained, "Now it's all smiles, honestly, everybody who sees me sees the change, and I would say I'm a whole new being now. That is the effect of the therapy, I would say."

4.3.2 | Proactive Forgiveness Practices

Some participants adopted forgiveness as a guiding principle in their lives, with one sharing, "I made a conscious decision to permanently forgive him and forget about it. I looked him in his previous apartment but I got to know that he had relocated." An overview of themes and subthemes is provided in Table 4.

This thematic analysis underscores the profound impact of the Process and REACH models on participants' cognitive, emotional, and behavioural domains. The qualitative findings provide a richer understanding of the quantitative results, illustrating the personal and interpersonal transformations facilitated by these interventions.

5 | Findings

The quantitative data demonstrated the significant effects of the Process and REACH therapeutic models in enhancing forgiveness levels, as evidenced by higher post-test scores among participants in the experimental groups. These statistical improvements were further enriched by the qualitative findings, which provided a deeper understanding of the mechanisms driving these changes.

For instance, the quantitative results revealed no significant differences between the two therapeutic models, indicating their comparable efficacy. The qualitative analysis elucidated this equivalence by showcasing shared experiences across both groups, such as reductions in anger, cultivation of empathy and proactive behavioural changes. One participant's narrative about "feeling free of the burden of anger" mirrored the quantitative increase in their forgiveness score, emphasising the emotional transformation facilitated by the interventions.

Moreover, the integration revealed nuanced gender dynamics. While the quantitative analysis found no significant gender differences in forgiveness levels, qualitative insights suggested that male and female participants might engage with forgiveness processes differently. For example, some male participants

TABLE 4 | Summary of themes and subthemes with representative quotes.

Theme	Subtheme	Representative quote
Cognitive shifts	Reframing offender's actions	<ul style="list-style-type: none"> • “I do not wish that he fails in life anymore. I have added him to my prayer point.” • “I began to look at issues from different perspectives in life. My thoughts about the offender and her family have become a little positive.”
	Understanding forgiveness	<ul style="list-style-type: none"> • “After the intervention, after our sessions, I realised that forgetting about it is not the same as forgiveness, and so I went back like we studied, analysed the offender, or the party who offended me, analysed his behaviour and then I was able to realise why he did so and accept him for that.” • “This made me realise that should I even meet him in town, he's not going to have any negative effect on me. So, I would say it has been positive.”
Emotional changes	Reduction in anger and resentment	<ul style="list-style-type: none"> • “Honestly, after the therapy it's like I am a whole new being. Honestly, I realised that I was no more angry again. I had nothing against him.” • “I remember I spoke to the facilitator after the intervention, thanking him so much. I feel so much relieved and do not fear and harbour pain toward him.”
	Development of empathy	<ul style="list-style-type: none"> • “I felt sorry for him. I got to know that he was a victim of a similar incident in his childhood days.” • “I never knew he was ever ready to speak with me. I like the therapy and wish others will also learn about it.”
Behavioural adaptations	Improved interpersonal interactions	<ul style="list-style-type: none"> • “Now it's all smiles, honestly, everybody who sees me sees the change, and I would say I'm a whole new being now. That is the effect of the therapy, I would say.” • “Although I am not living with him anymore, whenever I meet him I will talk with him.”
	Proactive forgiveness practices	<ul style="list-style-type: none"> • “I made a conscious decision to permanently forgive him and forget about it. I looked him in his previous apartment but I got to know that he had relocated.” • “The therapy was not easy to process but I remember one technique about washing your hand really changed my mind about my offender. I let everything go and called him the next day.”

emphasised cognitive reframing, while female participants highlighted emotional healing and empathy.

This integrated approach underscores the value of combining quantitative breadth with qualitative depth. Together, the findings demonstrate how the Process and REACH models not only improve forgiveness at a measurable level but also foster profound cognitive, emotional, and behavioural shifts in participants. These insights provide a holistic understanding of forgiveness interventions, reinforcing their applicability and cultural relevance in diverse settings.

6 | Discussion

This section summarises the study's findings with respect to the research question and hypotheses. It focuses on how the two models, Process and REACH, affected counsellor trainees'

forgiveness levels, combining participants' quantitative and qualitative responses. The section also describes concerns and gaps observed in the quantitative study through participant explanations, clarifications and elaborations.

6.1 | Effectiveness of REACH and Process Models

Pertaining to hypothesis one and the enquiry about how the Process and REACH models affected forgiveness among trainee counsellors, the study discovered that participants in both the REACH Model and the Process Model showed a significant increase in their degree of forgiveness following the application of the treatment. This implies that individuals in the experimental groups were significantly more forgiving than individuals in the control group. These findings align with prior studies, such as Kankpog (2019) and Mensah (2022), who also found that the REACH and Process models were successful in lowering the

hurts of university students in Ghana. Similarly, Goldman and Wade's (2012) study reported higher reductions in desire for vengeance in both treatment conditions compared to the control group, along with a significant decrease in ruminating about the offence. Coyle and Enright (1997) demonstrated that treatment group participants experienced a higher level of forgiveness and reduced fear, anger, and sadness compared to the control group, findings that resonate with the outcomes of the present study.

In addition, Park et al. (2013) reported significant declines in hostility, aggressiveness, and delinquency following forgiveness therapy, with improvements in empathy and emotional well-being. These prior findings reinforce the robustness of the therapeutic interventions observed in the current study. Participants in the present research also shared similar reductions in negative emotions and desire for revenge, while demonstrating improvements in cognitive processing and emotional well-being after the interventions.

The qualitative responses of participants further illustrated the efficacy of the REACH and Process therapeutic models. Participants reported positive transformations in cognition, behaviour, and emotions. For example, two participants described themselves as "totally new creatures" with no lingering anger toward their offenders. Another participant shared that she was able to let go of grief after thoroughly evaluating the behaviour of the attacker. These accounts align with Browne's (2009) qualitative findings, which described forgiveness as a difficult, non-linear process motivated by a desire to release the tension caused by transgressions. Although participants' journeys varied, all were ultimately driven by a need to find peace and freedom.

Participants in this study also reported overcoming challenges such as resentment, anxiety, and adverse health effects, illustrating the transformative power of forgiveness. The qualitative data revealed significant cognitive changes, with participants describing a shift from negative thoughts and desires for retaliation to more empathetic and compassionate perspectives. Affectively, participants reported the disappearance of anger, sadness and fear, replaced by inner peace and joy. These changes in cognition and emotion translated into observable behavioural improvements, as noted by their families and friends, who commented on their warmth and acceptance. Participants themselves reported exhibiting goodwill and positive behaviour toward their offenders without malice or strife.

The success of these therapeutic models may also be attributed to the professional facilitation provided during the sessions. Forgiveness, as documented extensively in psychological literature, was well understood and effectively implemented by facilitators, ensuring meaningful engagement and outcomes for participants.

6.2 | Gender Differences in Forgiveness

Regarding the second hypothesis, which explored whether the Process and REACH therapeutic models influenced forgiveness differently based on gender, the study found no significant gender-based differences. Both male and female participants responded similarly to the interventions, demonstrating equivalent

improvements in forgiveness. These findings align with previous studies, such as Berry et al. (2001), Girard and Mullet (1997), Kankpog (2019) and Mensah (2022), which reported no gender differences in forgiveness outcomes. Other research, including Subkoviak et al. (1995), Toussaint and Webb (2005) and Worthington, Sandage, and Berry (2000), also supports the conclusion that forgiveness is not inherently influenced by gender.

However, some studies have presented mixed findings. For instance, Miller, Worthington, and McDaniel's (2008) meta-analysis suggested that women are generally more forgiving than men, particularly when forgiveness is operationalised as a reduction in vengeance. Similarly, Rijavec, Jurčec, and Mijočević (2010) found that men were more inclined to seek retribution than women. The absence of gender differences in the current study may be attributed to the specific characteristics of the sample—counsellor trainees—who are likely predisposed to value forgiveness as a professional skill. This context may have mitigated any potential gender-based differences, as participants understood the importance of forgiveness for their mental health and future professional roles.

6.3 | Limitations of the Study

The researchers acknowledge that focusing on just outliers means the qualitative findings might not reflect the full range of participants' experiences. However, these four provide valuable insights into the best-case scenarios. A questionnaire was used in the collection of data, but it was not without weaknesses. One such weakness was that it may have been prone to response biases. To help minimise this, the items were carefully worded and explained to respondents.

Also, since surveys do not offer the chance to gather more information through probing, prompting, and question clarification, we gave explanations as to how to answer the questions which were not clear to participants. Gathering study participants to meet for the sessions was sometimes difficult, although they were all on campus. To overcome this, we designed a timetable and clearly communicated to them the meeting times and venue hours before the actual meeting occurred.

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

6.4 | Counselling Implications

The Process and REACH therapeutic models are effective in bringing about high forgiveness among people; therefore, counsellors can draw on them. In this study, participants' cognitions, emotions and general behaviour were positively impacted. Counsellors can utilise these models to change the three domains of clients' lives. The Process and REACH therapeutic models are effective in improving forgiveness levels of clients irrespective of their gender; therefore, counsellors employing the

two therapeutic models of forgiveness should not let this personal variable influence them.

From this study, it is important to note that studying outliers could help refine interventions by identifying factors that lead to greater success, which might inform future interventions for a more tailored outcome.

7 | Conclusions

The Process and REACH therapeutic models of forgiveness have been revealed as effective tools for dealing with low forgiveness levels by this study. This could benefit counsellors, clinical psychologists and other mental health practitioners in their quest to assist clients in this regard. From the empirical studies reviewed, the Process and REACH therapeutic models have shown to be efficacious in dealing with psychological issues. This finding was supported by the responses of participants who took part in the interview after the intervention. The study further found that gender did not have any significant influence on forgiveness levels of clients when the Process and REACH therapeutic models were used as intervention tools. These findings have a lot of empirical support from existing research works conducted all over the world. Therefore, the current findings generally confirm what has previously been reported in forgiveness literature. Finally, the Process and REACH therapeutic models have demonstrated success in terms of cultural sensitivity. The two models have been successfully applied in Ghana to facilitate forgiveness counselling. The models can, therefore, be applied in different cultures and settings around the world.

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Ethics Statement

The protocol for this study was registered with the Ethical Review Board of the College of Education Studies, University of Cape Coast in Ghana, who also gave approval before data collection. The committee approval code was CES/ERB/UCC-EDU/46/22-45.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The datasets used during the current study are available from the corresponding author on reasonable request. Portions have been anonymised due to its sensitive nature.

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