EFFECTS OF PROCESS AND REACH THERAPIES ON FORGIVENESS AMONG COLLEGE STUDENTS WITH HURTS IN GHANA

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ABSTRACT

The purpose of this study was to evaluate the effects of Process and REACH therapies on forgiveness and anger among college students with hurts in the Upper West region of Ghana. A quasi-experimental design was used for the study consisting of two treatment groups and a control group. Sixty second-year college students participated in the study. The Enright (2001) Forgiveness Inventory and Reynolds, Walkey, and Green (1994) Anger Self Report Questionnaires were used. Analysis of covariance at a significance level of 0.05 was utilised for the analysis of the data. The results of the study revealed that forgiveness therapies had significant positive effects on forgiveness among college students with hurts. Also, in the post-test, participants in the experimental groups and control group showed significant differences in their mean scores for anger. It was recommended that counsellors in Ghana should use the process and REACH therapies to promote forgiveness among students.

Keywords: College, Effects, Forgiveness, Hurt, Process, REACH, Students, therapy.

1. INTRODUCTION

People are inescapably upset in one way or another in daily human interactions at homes, schools, organisations, and offices as a result of perceived misconceptions about some issues such as conduct crises, power struggles, sex and racial differences, which may serve as sources of conflict among individuals. Individuals may become enraged as a result of the conflict, and they may be unable to forgive one other as a result of their rage. As a result, people accept a variety of approaches to dealing with and overcoming pain, the most common of which is forgiveness (Enright & Fitzgibbons, 2000).

The psychological explanation of interpersonal forgiveness involves the affective, cognitive and behavioural domains. When a person forgives another, the ascendancy of negative elements in each domain is reduced. Adverse emotions, such as anger, hatred, resentment, sadness and or contempt are given up (Richard, as cited in Enright, 2001). From a psychological perspective, letting go of anger or grudge or making a decision to forgive is a quality of growth-seeking individuals (Enright & Fitzibbons, 2000). In general, societies encourage individuals to forgive their transgressors because of the psychological, physiological and social benefits of forgiveness to individuals (Exline & Baumeister, 2000). In Ghana, the print media also caption the following as headlines with reference to the value of forgiveness: “Forgiveness: Your Restoration to Freedom”, “Forgiveness: Antidote to War” (Boakye, 2014). In order to neutralise or replace all negative emotions with positive emotions, forgiveness is the emotional linkage of positive impulses against unforgiveness (Worthington & Scherer, 2004). The positive sentiments are sympathy, empathy, compassion, romantic love and altruistic love (Worthington & Scherer). It is a blend of the inability to hold grudges growing weaker and the appearance of more constructive options and actions toward the wrongdoer (Haris, Luskin, Standford, Evans & Thoreson, 2002).

According to Worthington (2016), forgiveness is a deliberate change in one’s view of another following a wrongdoing. It is also seen by Mascakill (2004) as a way of changing negative attitudes towards the wrongdoer into good ones, give up hatreds and plans for possible vengeance, and bring a conclusion to the incident. This means that forgiveness involves stimulating an attitude of generosity or benevolence towards the wrongdoer while inhibiting attitudes of evasion and vengeance towards the wrongdoer (McCullough, 2001). It is noted that individuals, forgive in the context of deep psychological, emotional, physical or moral (Smedes, as cited in Freedman & Enright, 2017). Forgiveness offers a non-aggressive alternative to managing unfairness by forgoing bitterness, vengeance and anger and it gives the wounded person the chance to be cured of the hurt as well as responding positively. This arms the individual with an instrument to better manage with inside and outside distress (Baskin & Slaten, 2010).

Forgiveness intervention is a means of teaching persons with severe injuries about forgiveness and how forgiveness will be employed efficiently to manage unfairness (Baskin & Enright, 2004). There has been an increase in violence, bullying, harassment and abuses in the form of sexual, rape, verbal and physical in schools (Human Rights Commission, 2009). Also, in recent times, through my personal observation as a counsellor and a college tutor, I have observed that the college of education students are battling with hurts from friends, tutors, administrators and parents which require forgiveness of others. These hurts have a direct effect on the psychological well-being of the students. One of the psychological problems that many students are harbouring is anger, which may be so traumatising that students will like to revenge in the form of strikes, taking up weapons, physical attacks that need urgent intervention.

Research studies on forgiveness interventions indicate that, forgiveness is a potent tool for persons who experience profound emotional hurt such as anger as a result of unfair handling (Hunter & Kaufman, as cited in Baskin & Enright, 2004; Enright & Fitzgibbons, 2000; Recine, 2015). Enright and Fitzgibbons (2000) report that clients who participated in forgiveness interventions experience less rage, anxiety, and sadness. Enright and Fitzgibons also indicated that as persons learn to forgive, they also equally learn to show resentment in more suitable ways. Furthermore, Enright and Fitzgibbons have observed numerous psychological benefits of using forgiveness as an intervention tool. The most noteworthy among them is reduced level of fury and aggression, improved feelings of affectivity, enhanced capacity to regulate rage as well as improved ability to belief.

Research conducted using the Process and REACH therapies was seen to be successful in increasing forgiveness and decreasing fury in the United States of America and the United Kingdom. The acronym REACH stands for: Recall the hurt; Empathise with one who wounded you; Altruistic gift of forgiveness, Commitment to forgive; and Holding to forgiveness. The process therapy decreases anxiety, depression, grief and increases hope, self-esteem and willingness to forgive. (Recine, 2015; Enright & Fitzgibonns, 2000, Hebl & Enright, 1993; Coyle & Enright, 1997; Al-Mabuk, Enright, & Cardis, 1995; Freedman & Enright, 1996). Also, the Process therapy improves the emotional health and academic achievement of adolescents (Gambaro, Enright, Baskin & Klatt, 2008; Lijo & Annalakshmi, 2017). Barimah's (2019) study in Ghana also found that the Process therapy increased forgiveness but there was no significant disparity in the post-test mean score of anger in the treatment group and that of the control group.

The REACH therapy, on the other hand, is effective in changing attitudes and emotions expressed toward transgressors as implicated in a decrease in revenge and increase of empathy; conciliation and affirmation of the offender (McCullough & Worthington, 1995; McCullough, Worthington & Rachal, 1997). Nation, Wertheim and Worthington's (2017) study found improvement in overall forgiveness and emotional forgiveness but no change in well-being indicators such as anger. Research studies indicated that counsellors or therapists who had extensive training in the use of the Process and REACH therapies for a period of eight hours or more were effective and efficient in facilitating forgiveness interventions (Rainy, Readdick & Thyers, 2012). It is noted that in promoting forgiveness using the Process and REACH therapies, two measures need to be considered; that is, proximal and distal measures. The proximal measure is the variable directly assessed in the study whereas the distal is the variable indirectly assessed in a study (Rye & Pargament, 2002). The proximal measure in this study is forgiveness. In other words, the variable the Process and REACH therapies directly targeting during the intervention is forgiveness. On the other hand, the distal measure in this study is anger. This is because anger is not directly treated, but assessed after the therapies to determine the extent to which it has reduced following the intervention on forgiveness. This is because a negative relationship exists between forgiveness and anger.

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

that only one forgiveness intervention study has been conducted in Ghana by Barimah (2018) among college of education students in the Eastern Region using only Enright's Process therapy. This investigation was, therefore, conducted to examine the effects of Process and REACH therapies on forgiveness and anger among college students with hurts in the Upper West Region of Ghana.

1.1 Objectives of the Study

The specific study objectives are to:

1. evaluate the effects of the Process and REACH therapies on forgiveness among participants of the study;
2. examine what difference exists in the anger mean scores of participants exposed to the Process and REACH therapies of forgiveness and the control group.

2. RESEARCH METHODS

2.1 Research Design

This study employed a pre-test, post-test control group quasi-experimental design. An "in-situ investigation" or a "field investigation" is another name for a quasi-experiment. It is a type of experimental design where the researcher has minimal say or control over the selection of research subjects. According to Levy & Ellis (2011), the researcher cannot randomly allocate subjects in quasi-experiments and or safeguards that the sample chosen is homogeneous.

Assignment to conditions is through self-selection, in which units choose treatment for themselves (Shadish, Cook & Campbell, 2002). In this study, the first treatment group benefited from process therapy whereas the second group was given the REACH therapy. The design for the study is indicated in figure 1.

Figure 1: Pre-test, Post-test Control Group Design

G1 01 x 02

G2 03 x 04

G3 05 c 06

Where G1 = Treatment group 1 (Process therapy)

G2 = Treatment group 2 (REACH therapy)

G3 = Control Group

01 = Pre-test (Process therapy)

X = Treatment

02 = Post-test (Process therapy)

03 = Pre-test (REACH therapy)

04 = Post-test (REACH therapy)

05 = Pre-test (Control Group)

C = Control (No treatment)

06 = Post-test (Control Group)

Pre-test means collection of data before starting the treatment whereas the post-test indicates collection of data after the treatment.

2.2 Participants

The participants were all second year students from Ghana's Upper West Region's three Colleges of education, namely Tumu, Nasurat Jahan Ahmadiya (NJA) and McCoy Colleges of Education with a total population of 1,074 making up of 683 males and 391 females. The multistage sampling procedure was used to arrive at the sample for the study. All the 1,074 second year college students were screened to ascertain whether they met the inclusion criteria of the study. A total of 360 second year students in the three Colleges of Education in the Upper West Region of Ghana met the inclusion criteria. Tumu College of Education was made up of (127), NJA College of Education (146) and McCoy College of Education (87). Simple random sampling technique was employed to select 60 students for the study comprising 8 males and 12 females totalling 20 from Tumu College of Education, 11 males and 9 females totalling 20 from NJA College of Education and finally 7 males and 13 females summing up to 20 from McCoy College of Education. The determination of the size per group was based on some researchers that, the number for a group counselling in experimental research can range from 15-20 members (Javid & Ahmadi, 2019; Ohanaka & Ofuani, 2018; Kagu, 2010). In this case, participants from Tumu and McCoy Colleges of Education constituted the experimental groups for the Process and REACH therapies intervention respectively. Also, participants from NJA College of Education served as the control group.

2.3 Data Collection Instruments

Forgiveness Inventory (Enright, 2001) and the Anger Self Report Questionnaire (Reynolds, Walkey & Green, 1994) were the tools that were adapted for data collection. The Forgiveness Inventory is a 60-item, objective, self-report tool that measures how much a person is willing to forgive someone who hurts. It has three subscales, each with 20 items that assess the domains of Affective, Behaviour, and Cognition. The Anger Self Report Questionnaire has 30 items that measures general anger. The two instruments are all centred on the 6-point Likert type scale, with 1 denoting "Strongly Disagree," 2 denoting "Moderately Disagree," 3 denoting "Slightly Disagree," 4 denoting "Slightly Agree," 5 denoting "Moderately Agree," and 6 denoting "Strongly Agree."

The Forgiveness Inventory of Enright (2001) and the Anger Self-report questionnaire developed by Reynolds, Walkey, and Green (1994) were adapted and used for the study. The instruments were pre-tested using 50 second year students from St John Bosco's College of Education at Navrongo, in the Upper East Region of Ghana. The pre-testing was done to determine the content validity and dependability of the instruments. With regards to reliability of the instruments, test-retest reliability estimates for the instruments were calculated using the second

year students from St. John Bosco's College of Education. The test-retest for the pre-test revealed a reliability estimate of 0.516 for Affect, 0.825 for Behaviour, 0.377 for Cognition for the forgiveness instrument and 0.795 for the anger instrument. These were found to be reliable based on Cohen (1988) assertion that a correlation coefficient of 0.50 to 1.0 is deemed to be high. The internal consistencies of the instruments were estimated using Cronbach's Alpha reliability coefficient, reporting 0.940 for the forgiveness instrument and 0.790 for the anger instrument. The figures 0.940 and 0.790 respectively are reliable for use according to Pallant (2010). For the content validity, the instruments were given to my supervisors and two experts in measurement and evaluation for vetting. The supervisors' suggestions and the experts' suggestions were incorporated in the final copies of the questionnaires for the study.

2.4 Data Collection Procedure

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

The principals of the Colleges of education were once more asked for approval to enable the researchers to contact the Heads of the Counselling Unit of the Colleges of Education to nominate two (2) counsellors to be trained as research assistants to help in the administration of both the pre-test and post-test data as well as assisting the researchers in conducting the intervention. The instruments were given to the participants in each of the three institutions of education at a predetermined time and day in the Upper West Region of Ghana by the research assistants under the supervision of the researchers. Ethical considerations were adhered to.

The participants were briefed on the rationale of the study and were assured of confidentiality in the participation of the study. Also, participants were allowed to seek clarification about any item(s) in the questionnaires which might not be clear to them. Participants were also allowed to participate and withdraw from the study voluntarily. The data collected was in three phases by the research assistants under the supervision of the researchers. The pre-intervention (baseline) data were collected at lecture theatres using the Forgiveness Inventory and the Anger Self Report Questionnaire. Sixty second year college students responded to 60 items of each instrument. At the intervention stage, a period of eight weeks each was used for the Process and REACH therapy groups excluding the control group. There were eight sessions each for the Process and REACH therapy groups using the intervention manuals lasting for two hours per session. Finally, the post-intervention data; were collected two weeks after the intervention has been terminated using the same instruments from the treatment groups and the control group.

2.5 Data Processing and Analysis Procedure

The data collected were edited and coded serially for tabulation and analysis through SPSS (Statistical Product and Service Solution version 20). One-Way Analysis of Covariance (ANCOVA) was used to analyse the data.

3. RESULTS

Examining the effect of Process and REACH therapies on forgiveness among college students with hurts

The first objective of the study sought to examine the effect of Process and REACH therapies on forgiveness among college students with hurts. The findings of the test for the effects are indicated in Tables 1-3.

Table *1- ANCOVA Test for Effect of Process and REACH Therapies on Forgiveness*

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

*Significant at .05 level

The result in Table 1 shows that after controlling for the pre-test forgiveness scores, there was a significant disparity in the post-test forgiveness scores for the treatment groups and the control group, F (2, 56) = 5.708, p = .006, η_p^2=.169. The result indicates that the groups (Process therapy, REACH therapy and control group) explain 16.9% of the variances in forgiveness. Further, a post-hoc analysis was conducted to compare the group means to ascertain where the differences in means scores exist. Table 2 presents pairwise comparisons.

Table 2- *Sidak Adjustment for Pairwise Comparison (Forgiveness)*

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

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

The results from the multiple comparisons revealed a statistically significant disparity in the degree of forgiveness between respondents in the control group and those in the REACH therapy group (p=.010) as shown in Table 2. Similarly, a significant disparity in the degree of forgiveness was found among participants in the control group and the Process therapy group (p=.025). Conversely, no significant disparity was found between participants in the REACH and Process therapies group (p=.987). The adjusted or marginal means for participants in each group are shown in Table 3.

Table 3- *Estimated Marginal Means on Forgiveness*

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

The results in Table 3 indicate that after controlling for the pre-test scores on forgiveness for the subjects in the groups, the marginal mean scores of the participants in the control group (*M*=265.57, *SD*=8.03) was less than those in the REACH therapy group (*M*=300.38, *SD*=8.06). The marginal mean scores for the participants in the Process therapy group (*M*=296.90, *SD*=8.10) was greater than that of the participants in the control group (*M*=265.57, *SD*=8.03). Although there was a disparity in the marginal mean score between participants in the REACH therapy group (*M*=300.38, *SD*=8.06) and Process therapy group (*M*=296.90, *SD*=8.10), the disparity was not significant.

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

Examining Differences in the Anger Mean Scores of Participants exposed to the Process and REACH therapies and the Control Group

The second objective was to examine what difference exists in the anger mean scores of participants exposed to the Process and REACH therapies of forgiveness and the control group. Tables 4-6 present the details of the analysis.

Table 4- *ANCOVA Test for Differences between Process and REACH therapies on Anger*

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

*Significant at .05 level

In Table 4, there was a significant disparity between the post-test mean anger scores for participants in the treatment and control groups therapy F (2, 56) = 10.295, p<.05, η_p^2 =.269. The result further shows that the groups (Process therapy, REACH therapy and Control) explain 26.9% of the variances in anger. A post-hoc analysis was furthermore conducted to equate the estimated marginal group means for the groups as shown in Table 5.

Table 5 - *Post-hoc Analysis of the Groups regarding Anger*

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

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

In Table 5, it is evident that there is a significant disparity among the mean scores for anger of subjects in the REACH therapy group and those in the control group (p <.05). The participants in the Process therapy group and those in the control group also had significantly different mean scores for anger (p=.036). In contrast, there was no significant disparity found in the anger mean ratings of subjects among the REACH therapy group and those in the process therapy group. (*p*=.141). To have a better view of the results, the estimated marginal mean scores for anger are presented in Table 6.

Table 6- *Estimated Marginal Mean Scores for Anger*

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

As shown in Table 6, the results reveal that after controlling for the pre-test scores on anger for participants in the groups, the estimated marginal mean scores of the participants in the control group (*M*=101.37, *SD*=2.24) was greater than the mean scores of participants in the REACH therapy group (*M*=86.79, *SD*=2.27). Similarly, the marginal mean scores for the participants in the Process therapy group (*M*=93.24, *SD*=2.23) was less than those in the control group (*M*=101.37, *SD*=2.24). Participants in the process therapy group had an average level of anger that was greater than those in the REACH treatment therapy group. However, as noted, the difference was not statistically significant.

4. DISCUSSION

This result revealed that the Process and REACH therapies had a direct impact on a students' ability to forgive. This is based on the fact that these therapies can change attitudes, cognitions and behaviours. This result supports the views of (Enright, 2001; Worthington & Scherer, 2004), that when people forgive, they abandon their negative emotions, thoughts and behaviours towards the transgressor. Thus, when the participants were exposed to the Process and

REACH therapies, their unforgiving thoughts, such as revengefulness, hatred and anger towards their offenders, were changed or shaped to forgiveness tendencies like love, empathy, sympathy and compassion. The result also supports the views of (Worthington & Scherer, 2004; Enright, 1996; McCullough, Rachal & Worthington, 1997) that empathy, compassion and humility promote forgiveness. For instance, the average score in the control group was less than the average score of the REACH therapy group and the process therapy group. The result indicates that the Process and REACH therapies were effective in helping college students to overcome their hurts. The therapies showed significant improvement in the level of forgiveness among the participants. This finding confirms studies conducted by (Barimah, 2018; Barlow & Akhtar, 2018; Recine, 2015; Nation, Weitheim & Worthington, 2017) that clients who have been taken through forgiveness therapies show a significant change in forgiveness. In contrast, no significant treatment effects were found with respect to forgiveness among participants of a study conducted by Al-Mabuk, Enright and Cardis (1995).

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

There exists a relationship between forgiveness and anger as a mental health variable (Baskin & Enright, 2004). This means that when forgiveness level increases, anger level reduces. The results of this study indicated that the exposure of college students with hurts to the REACH and Process therapies of forgiveness contributed to a reduction in their levels of anger. During the intervention, participants were encouraged to have empathy, compassion, sympathy and love for their transgressors through role-play and didactics. The participants were also taken through a cognitive restructuring exercise to help the participants to let go of their unhealthy thoughts towards their offenders, such as hatred, revengefulness, avoidance and rage. The participants were also exposed to how to find meaning in suffering. Furthermore, the participants were exposed to the effects of deepening and easing anger on their physical and mental health. Consequently, there was an increased in forgiveness level which intended reduced the level of anger of college students with hurts. The finding confirms earlier findings of (Recine, 2015; Enright & Fitzgibbons, 2000) that an improvement in the forgiveness level of participants leads to a significant decrease in rage, stress, state anxiety and depression among clients. Contrary to Barimah (2018), this finding indicates that there was no statistically significant disparity between the experimental group's mean post-test

score for anger and that of the control group. This means an improvement in the forgiveness levels of college students has not yielded any significant effect on anger.

This finding is also inconsistent with the view of Nation, Weithein and Worthington (2017) who found no significant treatment effects concerning measures of depression and anxiety. This indicates that a significant improvement in forgiveness cannot result in an improvement in depression and anxiety. The current result also supports the view of (Haris, Luskin, Norman, Standford, Evans & Thoresen, 2006) that forgiveness interventions reduce negativity in thinking and emotions towards the target of wrongdoing as well as increasing positivity in thinking and emotions towards the wrongdoer. This might contribute to the significant effect that the therapies had on anger. The study implies that counsellors need to be aware that forgiveness interventions have the same level of potency in treating anger and other psychological problems like depression, anxiety, self-esteem and guilt. Another implication for counsellors is that in trying to treat anger, they should take note of the affective, cognitive and behavioural components of the clients. In addition, anger can be indirectly treated using forgiveness interventions, but not only through direct anger management techniques.

5. CONCLUSION AND RECOMMENDATIONS

The following were the conclusions drawn from the study. Firstly, Process and REACH therapies would be of great value to counsellors, psychologists and other mental health practitioners as an alternative means of treating their clients' anger when forgiveness levels are improved. This is because from the literature reviewed, the therapies have proven to be effective in combating mental health problems. Secondly, it seems the Process and REACH therapies have not been used in Ghana to facilitate forgiveness counselling, but the therapies proved to be effective in improving the level of forgiveness among college students with hurts which subsequently led to a reduction in their anger levels in this study. This means that the Process and REACH therapies are culture friendly and can be used in different cultures and settings across the world. The conclusion is that low levels of forgiveness in clients can be improved when the Process and REACH therapies are used by counsellors to facilitate forgiveness interventions. Considering the findings of the study, it is recommended that counsellors should endeavour to use Process and REACH therapies to improve students' forgiveness levels and general psychological well-being.

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