

## **A Comparison of the Effectiveness of the Process-based Forgiveness Intervention by Ordinary and Actor Therapist on the Anger of the Male Adolescents in Correctional Centers**

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### **Abstract**

The aim of this study was to compare the effect of process-based forgiveness done by ordinary therapists and actor therapists on the anger of male adolescents in correctional centers in Tehran, and therefore 30 patients of correctional centers in Tehran were selected on the basis of entry and exit criteria and randomly assigned to three groups of 10 people and evaluated using research tools. Research tools included demographic questionnaire of participants and AGQ aggression scale which is a common tool of anger and aggression measurement. The data were analyzed using multivariate analysis of covariance (MANCOVA), and one-way analysis (ANOVA). Statistical analyses confirmed the reduction of aggressive components in the experimental group patients who had received process-based forgiveness treatment than those who had not received any treatment. Also, the results showed that the effect size of the actor group therapist was higher than that of ordinary therapist. Therefore, it seems that the patients linked the attractiveness of propagandist with desirability of message and were most affected by those whom they loved more.

**Keywords:** aggression, actor therapist, process-based forgiveness

### **Introduction**

Adolescents feel more growth in their emotional experiences due to hormonal and cognitive maturity and exposure to wider social networks (Joe, 2010). One of the most common emotional states among adolescent is anger (Nunez, Schweitzer, Chai and Myers, 2015). According to Holykas (2004), anger is the individual's inner response to what entails their complaints (quoted from Klatt, 2008). From the perspective of evolutionary psychologists, anger stems from the history of organism and mixes with nature. This excitement in the evolutionary trend helps the survival of the individual and humanity in launching adaptive responses, especially it is highly efficient the fight-or-flight responses when confronting with risk (Herngahan and Olson, 2001; translated by Saif, 2010). In other words, anger refers to a label that is given to an unfavorable subjective experience and is in connection with cognitions and different verbal, physical and automatic reactions and also refers to a fugacious state that is eventually ended (Kianipour, 2011). However, uncontrollable anger threatens the individual's life, while suppressing anger is in conflict with human nature, and according to researches (Breen and Kashdan, 2011), this fact exposes the human at risk of different diseases so that if it is associated with other psychological disorders, it will have harmful consequences for the health of young people (Evren, Sar, Dalbudak, Oncu and Kakmak, 2009). Uncontrolled anger in adolescents endangers their compatibility and health at serious risk and if left untreated, usually disrupts their social functions (Kendall, 2000).

To help the adolescents to find applied and positive solutions to control feelings of anger is an urgent need. The feeling of anger and hatred that comes from unforgiving prevents honest

communication with others because of the aggressive reactions. Anger can cause problematic effects on daily functioning. Therefore, the forgiveness-based intervention is considered as an important method to restore hope and resolve anger (Beck, 2005). Several studies have shown that forgiveness has a positive correlation with mental health (webb, Toussiant and Conway-Williams, 2012), a positive relationship with life satisfaction (Eldeleklioglu, 2015), and a negative correlation with anxiety (Whited, Wheat and Kevin, 2010), and also a negative relationship with depression (Nsamenang, Webb, Cukrowicz and Hirsch, 2013).

Forgiveness therapy is an intervention in which a structured and systematic approach is used to enable the referents to forgive a painful happening or injustice in the past. Forgiveness is a step process to eliminate anger and create new hope (Louden and Gerber, 2008). In other words, forgiveness is a developmental and qualitative variable which changes views, feelings, attitudes, behaviors and interactions (Beth, 2006). One of the therapeutic patterns of forgiveness is Robert Enright's processing model. Enright and study group of human growth developed a model that consists of twenty units in four stages. At the first step which is called uncovering, the participants will be exposed to materials that increase their awareness and knowledge of the psychological factors that may prevent the victim from moving on the road to recovery. Also, the participants are faced with subject matters that may correct their ideology towards the wrongdoer, their future and the existential views. In the second stage which is called decision, the participants are encouraged to consider forgiveness as an active response to their offense and commit it. At the third stage which is called action, the participants are encouraged to reinterpret their offense, make empathy with the wrongdoer and start to accept suffering. The fourth stage that is the outcome or deepening, the participants are encouraged to deal with finding meaning, social support and purpose of life (Enright, 2001). Enright's model is exclusively effective for children and adolescents and also for mental health problems (Worthington, Jennings and Di Blasio, 2010). Since this process model with a long time is more effective than educational intervention and counseling (Baskin and Enright, 2004) and according to Iranian culture and also young subjects, Enright's process model was appropriate for use in this study.

Despite the somehow ambivalent results of some studies on children and adolescents (Hui and Chau, 2009), the results of the different studies indicate the effectiveness of forgiveness therapy in reducing anger (Beck, 2005; Watson, Rapee and Todorov, 2015; Deffenbacher, 2016; Ghamari-Givi, Mohebbi and Sadeghi, 2012; Lavafpour Nouri, Zaharakar and Azar-Housh-Fatideh, 2014); anxiety (Freedman and Knupp, 2003) and depression (Hui and Chau, 2009). Research shows that in correctional centers, forgiveness therapy along with conventional treatments used in these centers is more effective in reducing aggression in adolescents than other treatments that are used alone (Klatt, 2008). Peres (2007) in a study on the effectiveness of forgiveness therapy for adolescents with behavioral disruptive disorders of manner and stubborn-response, studied the effect of forgiveness as a clinical intervention in increasing the forgiveness of others and reducing disruptive behaviors of young offenders. The results showed that forgiveness interventions are effective to increase forgiveness in participants and reduce their disruptive behaviors. Also Kazemi (2009) by studying the effect of forgiveness therapy on anger management in female adolescents of secondary school concluded that training forgiveness therapy is effective in anger management among female adolescents and this effect has been statistically significant.

Considering the young population of the country, it is necessary to deal with the increase of crime among adolescents. According to the growing trend of crime and aggressive acts in adolescents and heavy expanses spending on training, correctional centers and health care, the need to find effective training and therapeutic programs to deal with the acts of violence and crime in adolescents is necessary. This study contributes to development of theoretical knowledge related to

forgiveness interventions on aggressive behavior among adolescents. In terms of applied view, the results of the present research can help the reeducation and correction of incompatible behaviors of young criminals in correctional centers and reduce the rate of crime and abnormal behaviors in them. In educational centers such as schools, counselors and educators using the results of this research as a preventive method can reduce anger and aggressiveness among young people and prevent the spread of crime.

According to all of the above-mentioned subjects and since the therapeutic effects of a popular actor therapist has not been studied in previous researches in the studied subject; therefore, the main subject of the present research is that whether the intervention of the process-based forgiveness is effective on male adolescents' anger in correctional centers, and if the extent of this effect by an ordinary therapist is different from that of an actor therapist.

### **Methodology**

The method used in this research is an empirical one in which triple group pretest-posttest design has been applied (Delawar, 2005). Pretest and posttest with control group consisted of two equal control groups and two equal experimental groups. Both groups were measured three times. The first measurement was done by performing a pre-test before the training, and the second measurement was performed after completion of training required. In order to form three groups using random sampling, 10 subjects were placed in the first group, 10 subjects in the second group and 10 others were placed in the control group. Thus, the three groups formed in this way were similar, and the measurements of dependent variables (the components of anger) were done simultaneously for all three groups. The diagram of the research design is briefly as follows:

**Table 1: Diagram of the research design**

Groups	Selection and replacement	Pre-test	Dependent variable	Post-test
First experimental group	R	T <sub>1</sub>	X	T <sub>2</sub>
Second experimental group	R	T <sub>1</sub>	X	T <sub>2</sub>
Control group	R	T <sub>1</sub>	---	T <sub>2</sub>

### ***Population, sample, and sampling methods***

The statistical population in this study consisted of all boys in the correction and rehabilitation center of Tehran province. The sample size consisted of 30 male individuals in the age range of 16-18 years. The reason for selection of this age range is the understanding and learning the concepts discussed in the treatment sessions and their ability to do relevant tasks in this field. The other criteria for entering the study were as following:

- Literacy at least to read and write,
- Having a criminal record of assault or murder,
- Not released before completion of the program in order to access the groups until the completion of measurement procedure.

### ***Measurement tools***

#### ***Aggression Questionnaire (AGQ)***

This questionnaire is one of the most successful measurement tools of aggression built by Buss and Perry in 1992. It includes 30 items that 14 items measure the anger, 8 items measure aggression and 8 items measure hatred. This tool is a self-report questionnaire in which the subject chooses one of the five options, from 1 (it does not completely describe me) to 5 (it completely describes me). People who acquire scores lower than mean have low aggression. The results of Buss and Perry's psychometric have shown that this questionnaire enjoys high internal consistency (0.89). Also, the correlation of subscales of the questionnaire with each other and with the total subscale

which varies between 0.25 and 0.45 indicates the appropriate validity of this tool. The retest coefficients obtained between subjects' scores at two times (test and retest) for all subjects (N=91), female subjects (N=48), and male subjects (N=38) were 0.7, 0.68 and 0.79 respectively. Also, the Cronbach's alpha coefficients (internal consistency) for all subjects were 0.87, for female subjects 0.86 and for male subjects 0.89 (Zahedifard, 2006).

In this study, the reliability coefficients of the questionnaire scales were as follows:

**Table 2: The reliability coefficients of the questionnaire scales**

Scale	Cronbach's alpha	Spearman-Brown
Anger	0.89	0.84
Aggression	0.78	0.77
Hatred	0.81	0.79

As can be seen, the reliability coefficients of the scales are at a good range.

#### **Procedure**

After the process of receiving the necessary permissions required for entering and performing the research in correctional and educational center, the researcher referred to the training center for male individuals at correctional and educational center, and a list of patients with their type of crime was prepared.

**Table 3: Brief description of the treatment protocol**

Faced with anger: Anger detection by identifying the destructive nature of anger and transferring the feelings of anger to conscious level;
Cognitive review of resentment: Thinking about resentment in order to disclose the comparison of the role of referent and offensive individual;
The decision to forgive: Considering forgiveness as an option and a right of choice, encouragement to commit to forgiveness;
Looking with a new approach: Presenting the concept of reinterpretation for new perception of the offensive person and seeing him/her as part of a more complex picture and understanding his/her vulnerabilities;
Internal purification: The empathizers try to purify the internal feelings through the suffering of offensive person and changing negative emotions in a positive direction and creating positive emotions, thoughts and behaviors through driving imagination;
Mitigation of suffering: Training to accept the resentment rather than to stop and worsen it;
Exploration of meaning and importance: Understanding their role in the persecution of others and seeing changes after suffering from a positive perspective;
Disclosure of shame and feeling guilt: Training to accept the fact that clients had needed to be forgiven in a period of time;
Decision on demanding forgiveness: Training the methods needed to demand forgiveness and apologize to clients, and also how to receive forgiveness;
Learning the correct principles to gain the forgiveness of others: Helping clients understand the key concepts of receiving forgiveness and differentiate between it and common misconceptions about the meaning of receiving forgiveness;
Fostering the receiving of forgiveness: Creating and training attitude of gratitude and eagerness to sacrifice a bit of self-esteem (the humble) when the forgiveness is presented to him/her;
Exploration of meaning in demanding and accepting forgiveness: Assisting the clients in finding the pain meaningful, experiencing wrongdoing against others, and confronting with human fallibility.

Among the listed individuals, 30 people who had the required criteria for participation in the research were randomly selected, and from these selected individuals 20 individuals were randomly assigned to the two experimental groups at two separated classes, and 10 people were selected as the control group. Then, the experimental groups received 12 sessions of training based on Enright's four-stage pattern in order to control anger, and the control group did not receive any training and just participated in pre-test. At the end of training sessions, the questionnaires were re-administered in all three groups.

The point that should be mentioned is that the description of meetings was completely coordinated by two therapists just before each session.

### Findings of the study

The demographic results show that the groups are not too different in terms of the frequency of education, age and type of crime.

**Table 4: Descriptive information of anger, aggression and hatred separately for measuring in groups**

Scale	Group	Parameter	Pre-test	Post-test
Anger	Actor therapist group	Mean	55.60	38.90
		Standard deviation	11.80	11.58
	Ordinary therapist group	Mean	56.8	42.6
		Standard deviation	12.2	10.34
	Control group	Mean	55.10	55.30
		Standard deviation	7.76	12.82
Aggression	Actor therapist group	Mean	32.01	24.90
		Standard deviation	6.97	7.03
	Ordinary therapist group	Mean	31.70	24.80
		Standard deviation	7.36	5.18
	Control group	Mean	31.60	30.03
		Standard deviation	4.86	4.21
Hatred	Actor therapist group	Mean	31.70	26.20
		Standard deviation	4.31	4.44
	Ordinary therapist group	Mean	31.40	27.60
		Standard deviation	4.16	5.29
	Control group	Mean	32.01	32.70
		Standard deviation	4.30	4.44

As can be seen from the results of the tables, the means of experimental groups at post-test have been reduced compared to those of pre-test.

**Table 5: MANCOVA test for actor therapist group**

Statistical indices	Test	Value	F	Hypothesis df	Error df	Sig.
Effect	Pillai's trace	0.77	14.33	3	13	0.001
		0.23	14.33	3	13	0.001
Differences of groups	Hoteling trace	3.31	14.33	3	13	0.001
		3.31	14.33	3	13	0.001

The results in the table, it can be described that forgiveness therapy treatment has reduced anger, aggression and hatred in clients. In this study, the components of aggression in the two

experimental groups and one control group have been studied, and the hypotheses have been designed in consistent with the research subject that to measure the after confirming the assumptions, the statistical test of multivariate analysis of covariance was used.

Results of this table show that there is a significant effect for the factor of actor therapist group. This effect shows that, at least, there is a significant difference between one of the components of aggression of the patients in the control group and actor therapist group (Wilks' Lambda=0.25,  $p<0.05$ ).

**Table 6: One-way variance analysis test embedded in multivariate covariance analysis**

Statistical indices Variables	Change source	SS	Df	F	Significance level	Effect size	Test power
Aggression	Group	138.48	1	9.99	0.006	0.40	0.85
Hatred	Group	205.14	1	19.18	0.001	0.56	0.98
Anger	Group	1257.82	1	8.66	0.01	0.37	0.81

As can be seen from the results in Table 6, the first hypothesis indicating the existence of significant difference between patients in experimental group and control group in components of aggression is confirmed. According to table 6, the achieved significance level for variables is lower than the significance level of 0.17 obtained from Bonferroni correction (dividing the significance level of 0.05 by 3 aggression components).

The effect sizes of the first experimental group, "practical significances" for variables of aggression, hatred and anger were 0.40, 0.56 and 0.37 respectively; i.e., for example, 37% of the total variance or individual differences of the variable of anger in patients of the first group is related to the effect of group. In addition, the high power of the test in the present study indicates that the null hypothesis is rejected correctly with a high probability.

**Table 7: MANCOVA test for ordinary therapist group**

Statistical indices Effect	Test	Value	F	Hypothesis df	Error df	Sig.
Differences of groups	Pillai's trace	0.61	6.90	3	13	0.005
	Wilk's Lambda	0.38	6.90	3	13	0.005
	Hotelling trace	1.59	6.90	3	13	0.005
	Roy's largest root	1.59	6.90	3	13	0.005

Table 7 shows that with multivariate analysis of covariance, there is a significant effect for the group factor. This effect shows that at least there is a significant difference between one of the component of aggression in patients in the two groups (Wilks' Lambda=0.61,  $p<0.05$ )

**Table 8: One-way variance analysis test embedded in multivariate covariance analysis**

Statistical indices Variables	Change source	SS	df	F	Significance level	Effect size	Test power
Aggression	Group	138.48	1	9.99	0.006	0.40	0.85
Hatred	Group	205.14	1	19.18	0.001	0.56	0.98
Anger	Group	1257.82	1	8.66	0.01	0.37	0.81

Based on results shown in the table above, the second hypothesis, which states there is a significant difference between the components of the aggression in patients in the ordinary therapist group and control group, is confirmed. As can be seen from the results in Table 8 the achieved significance level for variables is lower than the significance level of 0.17 obtained from Bonferroni correction (dividing the significance level of 0.05 by 3 aggression components).

The effect sizes of the first experimental group, “practical significances” for variables of aggression, hatred and anger were 0.37, 0.36 and 0.30 respectively; i.e., for example, 30% of the total variance or individual differences of the variable of anger in patients of the second group is related to the effect of group. In addition, the high power of the statistical tests in the research indicates that the null hypothesis is rejected correctly with a high probability.

The comparison of the results of the effect sizes of the ordinary therapist intervention and actor therapist intervention in Tables 6 and 8 indicates that the effect of actor therapist intervention is higher than that of ordinary therapist intervention in all variables. The most difference is for the component of hatred so that the effect size of the actor therapist group for the variable is 0.56, while it is 0.36 for the ordinary therapist group.

### **Discussion and conclusion**

Statistical analyses of research hypotheses that indicate the existence of a significant difference in aggression components of the patients in the experimental group who received the process-based forgiveness intervention than the group who had not received any treatment in this area (control group) are confirmed ( $p < 0.17$ ). This finding in relation to the effectiveness of forgiveness therapy in reducing aggression is consistent with the findings of Kazemi (2009), Ghamari-Givi, Mohebbi and Sadeghi (2012), Lavafpour Nouri, Zaharakar and Azar Housh-Fatideh (2014) in the country, and Beck (2005), Peres (2007), Klatt (2008), Watson, Rupp and Todorov (2015) and Deffenbacher (2016) abroad.

In explanation of this finding, it can be said that the etiology of forgiveness and aggressive behaviors such as revenge are rooted in the same principles. On the one hand, it has been suggested that aggression is a hostile reaction to make justice, and on the other hand, forgiveness is the compassionate and altruistic response to ignore justice. The logical result is that it can be expected that those who forgive injustice, they can reduce their aggressive tendencies. Giving advice to the participant to learn to forgive causes they can create emotional, cognitive and behavioral changes through releasing anger in a constructive way, seeing the event in the wrongdoer’s point of view, investigating the causes of suffering, examining the one’s own contribution to the resentment, studying the events in which they themselves have bothered the others, finding meaning in suffering, the events in which they have caused to bother others, find meaning in suffering, making a habit of forgiving and demanding for forgiveness, and also response to blame through the grace-like action of forgiveness (Park, 2002).

These findings are consistent with those of Peres (2007) on the effectiveness of forgiveness therapy for adolescents with disruptive behavior disorder of manner and stubborn-response disorder, which showed that forgiveness interventions were effective in increasing the rate of forgiveness and reducing their disruptive behaviors in participants. In this regard, the results obtained by Kazemi (2009) about the effect of training forgiveness therapy on anger management in female adolescents showed that training forgiveness therapy is effective in anger management in female adolescents, and this effect is statistically significant that is congruent with the results of the present study.

But about the more effectiveness of the actor therapist method compared to ordinary therapist method on anger of clients with regard to the obtained experiences by the researcher during the training, it seems that patients linked the propagandist’s attraction with the optimality of the message. Apparently, according to their age they were more influenced by those whom they loved. In explaining this finding, Aronson (2001) argues that where we are interested in a propagandist (not being interested in his/her professional), our behavior is such that we are trying to please him. As a result, if the propagandist asks us to change our beliefs, we do that. In addition, the research result shows that our beliefs are influenced by people who are both professional and reliable. Also, if a

propagandist argues about an issue that is apparently against his/her personal interests, his/her reliability (and influence) can be increased. Consistent with this finding, Chicken (2009) believes that about the beliefs and behaviors, at least in part, if we love a person and imitate him/her, the beliefs and behaviors of him/her are more effective on our beliefs and behaviors than the proportion of what their content allow. Also about the partial behaviors, if we love someone, we tend to affect him/her, even if it is clear that s/he is trying to affect us, and s/he makes benefit of this work.

Regarding the limitations of this study, we can refer to the design of the study which was an experimental one and included several sessions of intervention. According to the specific requirements of clients at the correctional centers, access to all patients in all sessions was not provided and due to some reasons such as punishment in some sessions, some clients were absent. Furthermore, since the access to the patients was only possible for one month for holding sessions, and then the holding place of some of them was changed or they were gotten free, the follow-up measurement was impossible due to limitation of time. Also, the present study was conducted only on the male gender, so the generalization of the results should be made with caution.

According to research findings and the results of statistical analysis as well as the high affectability of adolescents of in the correctional centers, it is suggested that the organization of prisons uses the cognitive behavioral group training to modify variables related to patients' mental health with contribution of expert therapists. Taking into account the patients' age at correctional centers and the inclination of many patients at these centers to correct their behaviors, the organization of prisons is suggested that, in addition to the social protections of the clients, the necessary trainings to control anger and the mental health skills are provided for them as brochures. Finally, regarding high affectability of the presence of actor therapist among the patients, it is recommended to invite popular celebrities in various fields for their presence among patients at correctional centers by notifying them of their effectiveness as well as providing the perfect platform for their presence.

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