

Waging peace through forgiveness in Belfast, Northern Ireland II:

Educational programs for mental health improvement of children

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Abstract

Peace efforts that focus on children occur infrequently and are rarely researched. Because excessive anger can lead to violence and because student anger is an important and increasing concern within the school setting, three studies were done to address this issue within Belfast, Northern Ireland. In Study 1, 309 first-grade students from Belfast, and Milwaukee and Madison, Wisconsin completed the Beck Anger Inventory-Youth. Children in the two impoverished and violent environments presented with statistically significantly greater anger than those in Madison. In Studies 2 and 3, using a teacher/psychologist consultation model, psychologists instructed and supported teachers who led forgiveness interventions with first-grade children (N= 36 experimental, 57 control) and third-grade children (N= 35 E, 49 C) in Belfast. In each case, the children whose classrooms were randomly assigned to the forgiveness intervention reduced statistically significantly in anger relative to the children whose classrooms were in the control group. For the third grade study, the children in the experimental condition also improved more in forgiveness and reduced more in psychological depression than their control counterparts. Implications for peace education regarding anger reduction in schools, especially in socially contentious regions, are discussed.

Keywords: anger, Belfast, forgiveness, peace, poverty, violence, primary grades

Waging peace through forgiveness in Belfast, Northern Ireland II:
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In 2003 in this journal, we presented a peace proposal for the mental health improvement of children in Belfast, Northern Ireland, a community characterized by impoverished and violent environments, through forgiveness education (Enright, Gassin, & Knutson, 2003). Our thinking was that research has shown the effectiveness of forgiveness therapy in reducing excessive anger and related emotional difficulties in adult samples (see, for example, Lin, Mack, Enright, Krahn, & Baskin, 2004; Reed & Enright, 2006). We wondered if this approach could be extended to children, especially in Belfast. We developed two goals: 1) in the short-run to improve the mental health of the students, especially by reducing anger, through forgiveness education programs delivered by classroom teachers and 2) in the long-run to implement this program from grade 1 (primary 3 in Belfast) through high school so that, once they are adults, these students will be psychologically sophisticated forgivers. The expectation is that they then will forge a deeper and more lasting peace in their community than their forebears because they may be less angry and will have a tool, forgiveness, for reconciliation. To date, we have completed evaluations on grades 1 and 3 (primary 3 and 5), which are the basis of this article.

Children and Anger

Children's anger within classroom settings has become a serious problem not only in the United States but also across the globe (Campano & Munakata, 2004; Fryxell, 2000; Thurman, 2006; World Health Organization, 2006). Current thinking among scholars is that aggressive behavior, while the main emphasis in school prevention and remediation programs for decades (see, for example, Derzon, 2006), should not be the primary or exclusive focus of treatment

within schools because such programs do not necessarily target the underlying emotions of anger and hostility that fuel aggressive acts (Fitzgibbons, Enright, & O'Brien, 2004; Fryxell, 2000; Gansle, 2005). In fact, research over the past decade has linked children's anger to such deleterious outcomes as below average academic performance, delinquency, including substance abuse, difficulties in interaction with peers, and long-term behavioral disorder (Deffenbacher, Lynch, Oetting, & Kemper, 1996; Enright & Fitzgibbons, 2000; Fryxell, 2000; Furlong & Smith, 1998; Lipman et al., 2006). Children's anger, along with related negative emotions and behaviors, can be particularly pronounced in impoverished and violent communities, whether in the United States or abroad (Curran & Miller, 2001; Enright, Gassin, & Knutson, 2003; Gassin, Enright, & Knutson, 2005; Lipman et al., 2006).

Environments of poverty and violence, in which many students may be angry, make this approach potentially appealing. This especially would be the case in communities with few psychological resources. Within-school psychological services in Belfast's central-city, or what the locals call the "interface" areas, are limited. For example, in every school involved in the studies here, there was no psychologist or counselor affiliated with the school.

The "interface" areas are characterized by Catholic and Protestant neighborhoods being in close proximity to each other, although the actual neighborhoods are segregated by religion and ethnicity (Irish or English; see Cairns & Darby, 1998). Heatley (2004), in analyzing the interface areas, concluded that 69% of people living in such areas are near or below the poverty level; 31% of the community tends to be unemployed, compared with a Northern Ireland (NI) average of 14%; and 41% receive income support, compared with an average of 21% across NI. Because of the presence of paramilitary personnel within the neighborhoods, children perceive

the threat of violence (Curran & Miller, 2001). The deleterious effects of poverty and violence on children's well-being are reviewed in Enright, Gassin, & Knutson (2003).

Anger reduction programs in schools. A few programs that are intended to help children with their anger have shown some success, while others report no difference between experimental and control groups (Lipman et al., 2006). Two notable programs are Student Centered Aggression Replacement Education (SCARE) and Social Skill Trainings (SST); see, for example, Hermann and McWhirter (2003) and Kellner and Bry (1999). Gansle (2005), in reviewing the literature on anger reduction programs in schools, concluded that most programs, using the cognitive behavioral model, help children *control*, not necessarily reduce or eliminate, the anger. The programs are typically administered by professionals other than the teachers, taking children's time from classroom activities and increasing costs for implementation. Most anger-reduction school programs are centered on adolescents and those in upper elementary school, not in the primary grades (Fryxell, 2000; Hermann & McWhirter, 2003).

Forgiveness Interventions

One promising area for reducing anger in children is forgiveness intervention (Lin, Mack, Enright, Krahn, & Baskin, 2004; Reed & Enright, 2006; Worthington, 2005). Forgiveness is a person's internal, psychological response to another person's (or people's) injustice. A person who forgives reduces resentment and offers beneficence to an offender, without condoning, excusing, or forgetting. A person who forgives may or may not reconcile with the offender, depending on the trustworthiness of that offender (see Enright & Fitzgibbons, 2000). The gist of forgiveness intervention is to help the person think about the offender in broader ways than just the offense itself (reframing) and to cultivate empathy and compassion toward the offender (while, at the same time, protecting oneself as necessary).

The concept of unconditionality. Researchers have developed a variety of interventions that assist people in forgiving offenders who have been considerably unfair. One of the key social-cognitive processes in these programs, including the ones in Belfast, is *unconditionality*, based on Piaget's concept of conservation (Enright & the Human Development Study Group, 1994). Unconditionality is the understanding that all people are equal, regardless of personal characteristics (e.g., socioeconomic status, athletic ability). Offering forgiveness involves acting on this social-cognitive understanding and the moral principle of inherent worth (all people have value) that develops from it.

Research on forgiveness therapy. Forgiveness therapy programs with adults have been successful in reducing anger, anxiety, and/or depression. Most have used randomized, experimental and control group designs with pretests, post-tests, and follow-up testing (Al-Mabuk, Enright, & Cardis, 1995; Coyle & Enright, 1997; Freedman & Enright, 1996; Hebl & Enright, 1993; Lin et al., 2004; McCullough, Worthington, & Rachal, 1997; Park, 2003; Reed & Enright, 2006; Rye et al., 2005).

The present studies. Despite the considerable success of forgiveness therapy as a way to reduce anger and related emotions across diverse samples and with different therapists, there are no studies with early elementary school children. Can classroom teachers in Belfast, where psychological services are few, be instructed and supported by psychologists in the use of forgiveness interventions that are developmentally appropriate for their primary grade students? If so, can teacher-led forgiveness interventions help reduce anger in the students, especially in children who are exposed to poverty and violence in their communities?

Three studies are presented. First, a study of anger in first-grade children is described across three communities: Belfast, Northern Ireland, noted for what the locals call "The

Troubles,” or ethnically-motivated violence, central-city Milwaukee, which has challenges of poverty, violence and racism, and serving as a comparison with these two, Madison, Wisconsin, a medium size-city (approximately 250,000 residents) in which poverty and violence are not prevalent (3 murders in 2005, for example; Madison Police Department, 2006). We intend to examine the degree of anger in these first-grade samples and thus to discern the need for intervention to reduce anger in primary grade samples in Belfast. Study 2 reports on a forgiveness intervention for first-grade (Primary 3) children in Belfast, in which psychologists developed a forgiveness intervention and then supported teachers in their delivery of that intervention to the students. Study 3 extends the work of Studies 2 by implementing the program in a more developmentally advanced sample of third grade (Primary 5) children within Belfast. The research hypothesis in Studies 2 and 3 is this: Children in the experimental group, who are taught forgiveness concepts by the classroom teacher, will show improved psychological health compared to their control group counterparts.

Study 1

There is some disagreement in the published literature of the extent to which the current generation of children in Belfast is psychologically affected by The Troubles. For instance, Cairns and Wilson (1993) state that children have coped relatively well with the violence. On the other hand, Curran and Miller (2001) report that referrals of children in particular to psychiatric services increase after major acts of violence.

To begin discerning the extent of the problem of anger in early primary school, we selected six schools in Belfast, Northern Ireland, all of which, as we already stated, are in what the locals call “the interface areas” of the city.

The Irish Catholic children virtually all go to Catholic schools or to Irish schools, which receive some government support, but preserve their religious or cultural identity. A simplified difference between Catholic and Irish schools is this: Parents who send children to Catholic schools wish to emphasize the *Catholic* (religious) aspects of Irish Catholicism, whereas parents who send children to Irish schools wish to emphasize the *Irish* (cultural, historical, and language) aspects of Irish Catholicism. The Protestant children go to state schools, but retain a predominantly Protestant identity even within the school setting. For example, many of the state schools were formerly Protestant, private schools, with a church and rectory near or on the school grounds. The children wear uniforms to school in all three kinds of schools, similar to private schools in the United States.

To make the comparisons to Belfast as close as possible, we chose “alternative” or private schools in Milwaukee’s central-city. We chose Milwaukee because of its poverty and violence in the central city. Statistics show that even though the Midwestern city has about a third of the population of all of Northern Ireland, Milwaukee has approximately two-and-a-half times the number of murders of Northern Ireland (Police Service of Northern Ireland, 2005). Levine (2002) reports that in Milwaukee’s central-city: the population declined by 45.2% between 1970-2000; the poverty rate was 44.3% in 1999; deindustrialization has left only 19% with industrial jobs, compared to 41% in 1970; and the median income was 40% of the Milwaukee metro area median.

We chose alternative schools in Milwaukee because all of the schools in the interface areas of Belfast, whether Catholic, Irish, or state, have more in common with American private than public schools (uniforms and acknowledgment of religious holidays, for example). We chose private schools in Madison for the same reason. No perfect match in terms of race or

ethnicity for the comparison group exists so that it can be compared directly to both Belfast and Milwaukee. Madison, thus, was considered a reasonable compromise in that it has many people of European descent, like Belfast, and it shares the Wisconsin Midwest culture with Milwaukee.

Methods

Participants

For the Belfast sample, participants included 93 students from seven first grade (Primary 3) classrooms in seven different schools (32 females, 61 males). Two Protestant, one Irish, and four Catholic schools participated. All students were currently living in areas near to their schools, and 98% were ethnically either Irish or English. The SES of the families was predominately working class and lower class. Many of the families in the study had the attitude that economically they could not afford to move out of their neighborhood, even though they did not like the high level of violence that they experienced in their community.

For the Milwaukee sample, participants included 150 first-grade students from 11 classrooms in six schools in the central city (78 females, 72 males). One Catholic, one Lutheran, and four non-religious private schools participated. The SES of the families was predominantly lower class and working class. Seventy-eight percent of the sample was African-American, 17% Hispanic, 3% Asian, and 2% European American.

For the Madison sample, participants included 66 first grade students from four separate schools (39 females, 27 males). Three Catholic schools and one Protestant school participated. The predominant SES of the families was lower middle and middle class. Eighty-five percent of the sample was European American, 8% Hispanic, and 7% African-American. The modal age of the children across the three communities was 7-years-old.

Instrument

The Beck Anger Inventory—Youth (BANI-Y). The Beck Anger Inventory for Youth (Beck, Beck, & Jolly., 2001) is designed to assess angry affect and cognitions associated with anger that are prominent in a variety of childhood disorders including Oppositional Defiant Disorder and Conduct Disorder. The Beck Anger Inventory for Youth manual suggests that it may be particularly useful in identifying anger in children who are reacting to family/life circumstances. All participants in the three cultures were orally administered the scale by a trained university student (training is described below in *Testing Procedures*). The 20 items are scored using a 0 (never) to 3 (always) scale. The raw scores are then converted to T-Scores, or standard scores as per the manual's instructions, with a high score representing high anger. T-Scores adjust raw scores to take into account gender differences in responding to the scale. A representative from Harcourt Assessments informed us that the use of the T-Scores is appropriate for our samples because we did oral administration to circumvent any reading problems and the assessments took place in the spring semester when most of the participants were 7-years-old; no 6-year-olds were in the sample upon which the T-Scores were normed (Prince-Embury, 2006). Validity with other anger measures is reported as adequate and the Cronbach's alpha of internal consistency is reported as .91 in the manual (Beck, Beck, & Jolly., 2001). Cronbach's alpha for this study, collapsing all data across the three sites, was .85.

Testing Procedures

Each child was individually and orally presented the items by one of three trained college students from the United States. Each researcher was first trained by a professor with three decades of experience in assessment, who explained the nuances of oral scale administration with children; the researchers next piloted the interview process on each other and then did pilot work with at least five children, supervised by an advanced researcher, at a local school in

Madison. To enhance concentration and understanding in each participant, each interviewer used a response board that had the choices from 0 (never) to 3 (always) printed in large letters on the board. Children, if they wished, could simply point to their answer for any given question.

Results and Discussion

A 3 (community) by 2 (gender) ANOVA was run on the anger T-Scores. The analysis yielded a significant between-community difference, $F(2, 306) = 7.64, p < .001$, but no gender differences or a community-by-gender interaction. Means and standard deviations for the anger T-Scores by community, along with the reported clinical ranges, are in Table 1. The post-hoc Fisher LSD analysis revealed that the anger level in Milwaukee was statistically significantly greater than Madison (a mean difference of 6.80, $p < .001$) with a medium to large effect size ($d = 0.59$) by Cohen's (1988) criteria (95% CI 0.87 to 0.28). The anger level in Milwaukee did not differ from Belfast (a mean difference of 2.89, $p < .061$). From a statistical standpoint, the level of anger in central-city Milwaukee and the interface areas of Belfast are similar for these samples. The anger level in Belfast was statistically significantly greater than in Madison (a mean difference of 3.91, $p < .04$), with a medium effect size ($d = 0.36$) by Cohen's (1988) criteria (95% CI 0.67 to 0.33).

From a clinical perspective, the children in Milwaukee are in the mildly elevated level of anger severity. This is of clinical import because we did not choose an at-risk sample among eligible children, but instead assessed all children in a given classroom for whom we had parental consent. In Belfast, the children are approaching a mildly elevated level of anger, but are still within the high average range, again a concern in that we did not choose a clinical sample of children. In contrast, the children in Madison show an average level of anger.

It does appear that the children in Belfast could benefit from an anger reduction program, in this case a forgiveness intervention. When we consider the arguments in the published literature regarding the current emotional health of Belfast's children, it appears, in this study at least, that there is cause for some concern. It seems reasonable for educators in that community to devise preventive and remedial programs for children's emotional well-being.

Study 2

The next step was to build a forgiveness intervention so that children could learn the necessary concepts and to see whether those children participating would benefit psychologically, in terms of anger reduction, compared to children in a control group. We chose first-grade (Primary 3) teachers and classrooms in Belfast, Northern Ireland because: a) the children showed a profile of anger that is of clinical concern and b) students in the interface environments, based on the published literature, are at-risk for emotional health compromise and violence more than children in other parts of the United Kingdom and therefore may benefit from a peace intervention focused on forgiveness.

Participants

The same sample from Belfast grade 1 (Primary 3), as described in Study 1, was employed in this intervention research. The experimental group consisted of 36 students (13 females, 23 males) from two Protestant classrooms and one Catholic classroom. The control group consisted of 57 students (19 females, 38 males) from one Irish classroom and three Catholic classrooms.

Instrument and Testing Procedure

The Study 1 data collection formed the pretest data of Study 2. The Cronbach's alpha of internal consistency reliability for the anger scale in this sample was .87. The researchers were

blind to treatment condition. The participants were tested at pretest, approximately one week prior to the intervention, and at a one-month follow-up after the intervention ended in May.

Research Design

Seven classrooms were randomized (through the use of a table of random numbers by the two consulting psychologists, who subsequently informed each of the principals of the schools) such that three classrooms were assigned to the experimental condition and four to the wait-list control condition. A fourth experimental classroom was unable to begin the program because of its (unexpected) requirement that all materials be translated into Gaelic, a prohibitive financial and time cost. The control group Irish school did not have this requirement. The principals and the teachers were aware that they would receive the intervention starting in the first or second year, and, after random assignment, were informed of which year. Because both groups were getting an intervention at some point, the principals and teachers were satisfied to be in either group.

Consultation

Each teacher attended a one-day workshop with a licensed psychologist (over 20 years of experience) and a developmental psychologist (over 10 years of experience). Three themes were emphasized at the workshops: the concept of forgiveness from its ancient origins to modern philosophical analysis and psychological studies; a discussion of how people go about forgiving those who hurt them; and an examination of the forgiveness manual for teachers. Books and related materials that accompanied the manual were distributed at that time. The workshop took about five hours to complete.

Forgiveness Intervention

An intervention manual consisting of 17 sessions was written by the licensed and developmental psychologists for the teachers' use (Knutson & Enright, 2002). Each session was written to take approximately 45 minutes or less and each was to occur approximately once per week for the entire class. Additional activities in the manual at the end of each session are described in case a teacher wishes to extend the learning.

Prior to implementing the program, the teachers were given the manual to review, and then they received direct instruction and continued support from the two psychologists for the purpose of understanding the program, and how best to implement it with their students. The psychologists supported the teachers through continued contact with them throughout the time period of the intervention. For both Studies 2 and 3, the interventions took place during the spring semester.

The gist of the program is that forgiveness is taught through the medium of story. Through stories such as Dr. Seuss' *Horton Hears a Who*, *Horton Hatches the Egg*, *The Sneetches*, and *Yertle the Turtle*, the children learn that conflicts arise and that we have a wide range of options to unfair treatment. The manualized intervention is divided into three parts. First, the teacher simply introduces certain concepts that underlie forgiveness (the inherent worth of all people, kindness, respect, generosity, and beneficence), without mentioning the word forgiveness. In Part Two, the children hear stories in which the story characters display instances of forgiveness through inherent worth, kindness, respect, generosity, and beneficence (or their opposites of unkindness, disrespect, and stinginess), toward another story character who acted unfairly. In Part Three, the teacher helps the children, if they so choose, to apply the five principles (inherent worth, kindness, respect, generosity and beneficence) toward forgiving a person who has hurt them.

Throughout the implementation of this program, teachers make the important distinction between *learning about* forgiveness and *choosing to practice* it in certain contexts. The program is careful to emphasize the distinction between forgiveness and reconciliation. A child does not reconcile with an unrepentant student who bullies, for example. The teachers took great care to impress upon the children that the exercises in Part Three of forgiving were not necessary, but completely optional. In fact, the children were not asked to discuss their own hurt with the class, but instead to think about the issues. Children were encouraged to approach the teacher if they were feeling uncomfortable. None availed themselves of this.

Treatment Fidelity Check

To insure that each teacher taught the program in accordance with the manual, a questionnaire was provided at the end of each written session for the teacher to complete. Questions included: Whether the students actively participated in a given session, learned the concepts in a concrete way, found the material difficult, found the material meaningful, and responded well or not within the session. No audio or video-taping was allowed because of policies in Belfast schools. Throughout the semester, a member of the team either visited each school, at least three times to observe the sessions, or emailed approximately fortnightly to discuss progress. At the end of the spring semester, the research team members discussed the program with the teachers to assure that compliance with the program occurred. No teacher was approached for lack of fidelity to the program.

Results and Discussion

Because our hypothesis was that the forgiveness intervention group would do better than the control group, and the fact that this hypothesis is supported by numerous studies with adults showing the effectiveness of forgiveness interventions, a t-test gain-score analysis was conducted

with a one-tailed test. The use of this particular statistic follows the precedence of previously published forgiveness therapy research, and is considered “sufficiently reliable for research purposes” when certain conditions – such as high pre-test reliability – are met (Williams & Zimmerman, 1996; Zimmerman & Williams, 1998, p. 350). For Studies 2-3, gender and anger (as well as gender and depression in Study 3) were tested first within each condition (experimental or control), no significant differences were found, and so gender was consolidated.

As can be seen in Table 2, the experimental group decreased statistically significantly more in anger than the control group. The effect size ($d=.41$) is medium by Cohen’s (1988) criteria (95% C.I. of -0.82 to 0.02). From a clinical standpoint, the experimental group started above the clinical cut-off for anger and went into the average range following intervention.

Because the means of any intervention with statistically-significant results may be prone to regression toward the mean from pretest to post-test, we examined this possibility relative to the overall sample pretest mean of 54.44. As Table 2 shows, the experimental group went below this mean, suggesting a successful intervention not caused by statistical artifact. The high internal consistency reliability further suggests that the children were not randomly responding.

This is the first indication that classroom teachers, in consultation with psychologists, can successfully effect a change in the level of anger for the children in the classroom through a forgiveness intervention. The fact that two-thirds of the intervention consisted of *learning about* forgiveness rather than *forgiving someone*, as is the typical intervention in the previously published studies, is interesting for the psychological theory of forgiveness. Why should learning about forgiveness reduce anger in young children? As a speculation, the intervention asked the children to change their cognitive perspective of injustice toward offenders. A basic point of the program was to engage the students in the cognitive developmental concept of

unconditionality, reframing whom wrongdoers are, not to condone, excuse, or hastily reconcile, but to see them in broader contexts than the hurtful act. This may be a key reason for the shift in anger as the children applied this thinking to their own situation.

Study 3

The purpose of this study was to examine the effectiveness of forgiveness intervention with a more developmentally advance sample of third grade (Primary 5 in Belfast) students. Because the upper primary grades are a time of more intensive instruction and learning, we, therefore, were able to introduce a more sophisticated forgiveness intervention and to add dependent measures to the outcome study.

Participants

A sample from Belfast grade 3 (Primary 5) was employed here. The experimental group consisted of 35 students (16 females, 19 males) from two Protestant classrooms and one Catholic classroom. The control group consisted of 49 students (30 females, 19 males) from one Protestant classroom and two Catholic classrooms. Participants in this study were 98% ethnically either Irish or English. Because one child in the experimental group and two in the control group were not available for part of the assessments, the reported sample sizes in Table 2 vary across the dependent variables. The modal age of the children was 9.

Instruments

Besides the BANI-Y to assess anger (Cronbach's $\alpha=.89$ in this study), we chose the Enright Forgiveness Inventory for Children and the Beck Depression Inventory-Youth. Pilot testing in first grade (Primary 3) indicated that some of the students were not yet ready for a forgiveness inventory because they could not remember what they had identified as a deep hurt those many months before. We expected the third grade children to remember, and that turned

out to be the case. The depression scale asks difficult questions of sadness and negative thinking that some teachers thought best to withhold until third grade.

Enright Forgiveness Inventory For Children (EFI-C). The EFI-C is a 30-item children's version of the Enright Forgiveness Inventory (the most commonly used assessment tool for forgiveness; Enright, 2000). Children describe an incident in which they were unjustly hurt by someone. Most students in this study reported injustices from other students, friends, and siblings and not The Troubles. The items include 10 that relate to thoughts, 10 that relate to behaviors, and 10 that relate to feelings. Children are aided in their responses by an interviewer who shows them four circles: large green, for strong yes, scores 0; small green, for weak yes, scores 1; small red, for weak no, scores 2; large red, for strong no, scores 3. The interviewer marks down the children's response for them. Of the 30 items, 15 are positive and 15 are negative, with positive and negative items reverse scored from one another. This results in scores ranging from 0 (less forgiveness) to 90 (more forgiveness). Validity in forgiveness education interventions and relationship to school-related behaviors is adequate (Gambaro, 2002). Cronbach's alpha in this sample is .94, similar to other studies (see Gambaro, 2002).

The Beck Depression Inventory—Youth (BDI-Y). The Beck Depression Inventory for Youth was designed to assess levels of depression syndromes and disorders (Beck, Beck, & Jolly, 2001). It includes an assessment of child's negative thoughts toward themselves, their world, and their future, consistent with Beck's well known model of depression. We used 19 of the BDI-Y items (one item that asked about a child's desire to die was deemed culturally inappropriate for these children, and was not used). The items were all scored on a 0 (never) to 3 (always) scale. Raw scores were converted to T-Scores as per the manual; validity is reported as adequate (Beck et al., 2001). Cronbach's alpha in the manual is .88 and in this sample was .87.

Testing Procedure

All children were individually administered the three scales, anger, forgiveness, and depression, in random order by one of three trained university students from the United States who were blind to treatment assignment.

Research Design and Consultation

The six classrooms of children were randomly assigned to the experimental group, receiving the forgiveness intervention, or to the wait-list control group. Randomization was as described in Study 2. All teachers were instructed and supported as in Study 2.

Forgiveness Intervention

The 15-session third-grade program, as in first-grade, was manualized (Knutson & Enright, 2005) and presented by the same two psychologists to the teachers at a one-day instructional workshop. The message of forgiveness was delivered through the medium of story. The children focused first on the definition of forgiveness and on inherent worth. Teachers next presented the different aspects of beneficence apart from forgiveness. Beneficence in the context of forgiveness followed. The final seven sessions focused on teaching the children to forgive someone who was unfair to them by appropriating the learning from the first eight sessions. As in the previous intervention, the concept of unconditionality was a central part of the program: As the child sees the unconditional worth of all people, then even those who act unfairly are persons who are ends in and of themselves and should be treated as such. Key literature included *The Velveteen Rabbit* (Williams, 1958) and *Rising above the Storm Clouds* (Enright, 2004).

Results and Discussion

As in the Study 2, the t-test gain-score analysis was conducted as a one-tailed test. As can be seen in Table 2, the experimental group decreased statistically significantly more in anger

and in depression than the control group. The effect size for anger ($d=.70$) is medium to large (95% C.I. of -1.14 to -0.24) and for depression ($d=.38$) is medium (95% C.I. of -0.81 to 0.07), by Cohen's (1988) criteria. From a clinical standpoint, the experimental group started at the mildly elevated level of anger and went into the average range following intervention. The experimental group, in the high average range for depression before intervention, went to the average level after intervention.

For forgiveness, the experimental group gained statistically more than the control group in the degree to which they forgave an offender who hurt them deeply, with a medium effect size ($d=.57$) by Cohen's (1988) criteria (95% C.I. of 0.12 to 1.01). The experimental group gained approximately 18 points in forgiveness whereas the control group gained less than six points on the scale. The people and incidents targeted by the participants were typical childhood offenses such as someone taking a ball without permission, or being called a name by a peer, or being excluded from a game. No child mentioned violence, although, based on teacher reports, violence such as petrol bombs exploding in the night, is a common occurrence in the interface areas. In each case the researchers reported that at the delayed post-test the children remembered the person and the incident that they had identified on the pretest.

Regression toward the mean was again examined. Five conclusions are drawn: First, as in Study 2, the internal consistency reliabilities are high, negating a conclusion of random responding. Second, the depression and forgiveness findings do not lend themselves to such a conclusion. Third, the anger findings suggest that the experimental group went *below* and the control group *stayed below* the pretest mean (50.75 in this study). Fourth, the experimental group showed comparable gains and post-test scores as the experimental group in Study 1, where no regression toward the mean patterns are indicated. Fifth, if they were randomly responding,

the participant in the experimental group would be unlikely to show improvement across three dependent variables. It does appear from this study that a forgiveness intervention can lead to a decrease in anger compared with a control group that is not given the intervention. In both Studies 2 and 3, qualitative reports from teachers were very favorable and all teachers indicated an interest in continuing with the program in the future.

General Discussion

The three studies suggest that children in the impoverished and violent areas of Belfast, Northern Ireland are angrier than the average child and are in need of intervention. The two intervention studies replicated one another with regard to the anger variable. We should note that forgiving another person usually means that resentment toward that person is reduced. In the studies here, we observed a general effect of anger reduction, not specified toward an offender. We say it is a general effect because the BANI-Y assesses the child's general level of current anger, not targeted toward any particular person. The third grade findings included improvements in forgiveness and decreases in psychological depression for those receiving the forgiveness intervention relative to those who have not. Given previous findings with adolescents and adults, the results are consistent with past studies.

That the children on the EFI-C implicated age-mates rather than perpetrators of The Troubles shows the developmental nature of the interventions. We predict that it will not be until later adolescence that students begin struggling with the meaning of the ethnic conflicts that have lasted for centuries. The foundation for this kind of thinking, and concomitant action based on the insights, is being formed in these primary-grade programs.

Approximately two-thirds of each intervention was devoted to the children *learning about* forgiveness rather than *practicing forgiving someone*, as is the case in all other

interventions to date. The social-cognitive developmental theme of unconditionality, in which the children are taught to see people more deeply than might have been the case prior to intervention, may be a key to the findings across the dependent variables. Concrete thinkers might be swayed by concrete features of another person, whether that is a frown, or a clinched fist, or other forms of potential aggression. Learning the concept of cognitive unconditionality involves seeing beyond surface, concrete features and to the person him- or herself.

Philosophers (see Kant, 1788/1997; Kreeft, 1990) tell us that we are more than just our bodies. We have an essence of personhood and thus should be treated as ends and not means to an end. Furthermore, unconditionality seems to foster this kind of thinking that seems to directly target resentment, which is at the heart of anger when treated unfairly. This theme of unconditionality was featured across all aspects of the first- and third-grade curricula. If the children applied this learning across their varied experiences of injustice from others, it is not surprising that the anger variable showed significant reduction for the experimental group relative to the control group.

The effect sizes (ranging from .38-.70) across the four variables of the two intervention studies are generally comparable to the average effect size for adult *group* forgiveness interventions (.59) reported by Baskin and Enright (2004). These results are noteworthy for three reasons. First, all of the teachers were implementing a forgiveness intervention for the first time. The effect sizes suggest that this was not a hindrance to their success with the treatment manual and the delivery of services. Second, the children in these studies were between six- and nine-years-old. The fact that results can be generally comparable to motivated adults, who volunteered for the forgiveness interventions, suggests the potential of these interventions for other psychologist/teacher collaborations. After all, even though the children gave verbal assent to the program and parents gave written consent to the assessments, the children cannot be

expected to have approached the task with the same degree of initial motivation or cognitive complexity as adults who respond to advertisements for psychotherapy. Third, as already stated, the intervention centered mostly on learning about forgiveness rather than direct practice of forgiving and yet anger in general was reduced in a clinically significant way.

The age of the children put a restraint on what could be studied. For example, academic achievement is not assessed in any formal way in the samples that we chose. No achievement tests are given and report cards are of the narrative variety, not easily quantified for research purposes. Besides this, our intent for this series of studies is centered primarily on anger-reduction. We wanted to ascertain whether or not a consultation model that included a teacher-led forgiveness intervention could reduce anger in young children. The answer is in the affirmative.

We see anger reduction in the short-run, as was observed here, as a means to an end much later in the children's schooling and in their adult years within a contentious environment. If anger can be reduced from an elevated range, or stay within the average range, then the children may be less at-risk for aggression and academic underachievement later in their schooling (see Park, 2003). Such programs, once the students are adults, may provide a tool for increased dialogue and possibly even reconciliation with those from the other ethnic and religious group with whom they have been in conflict for centuries. If the students can learn the lessons of unconditionality, then they may be able to deduce, years later, that even those considered their enemy have inherent worth and therefore are worthy of respect. Of course, this long-term goal must wait years of education and research before conclusions can be drawn, but the deductions from past research and the studies presented here are encouraging.

As a footnote to this wider perspective, we should not think of improved emotional health or forgiveness education as substitutes for social programs that are intended to reduce poverty and/or violence. Children from environments of poverty and violence need both internal coping strategies, tools for effecting peace, and social justice.

Two limitations are worth noting. First, randomization was on the classroom- rather than the child-level, resulting in a quasi-experimental design. We were not interested in whether a classroom as a whole reduced anger, but instead whether the individual children became less angry. Analyzing on the classroom-level would take at least a decade to amass a sufficient sample size. Our replicated results with the anger variable strengthen the conclusions. Second, the necessity of signed and returned parental consent forms resulted in a 60% parental response rate in Milwaukee. Madison and Belfast, with their 90% response rate, were not affected.

We have shown that primary school teachers, who work on forgiveness interventions with psychologists, can have an influence on reducing children's anger, and in the case of third grade, on reducing their level of psychological depression. Both variables are being implicated in the published literature as predictive of children's success within the school setting (Forsterling & Binser, 2002; Park, 2003). We have taken a first step toward further success for these students, all of whom are potentially at-risk because they live in a socially contentious region, characterized by both poverty and violence, and have few psychological resources on which to draw.

Gandhi has said that if true peace is ever to be achieved in communities, then we must begin with the children. Continued steps along this path of peace through forgiveness education may pay dividends for communities in conflict that we can hardly fathom today, but may indeed be realized in the future.

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Table 1

Means, Standard Deviations, and Post-Hoc Comparisons for Significant Two-Way ANOVA Results

	<u>Beck Anger T-Scores</u>		<u>ANOVA</u>	<u>Post hoc</u>
	<u>M</u>	<u>SD</u>	F (2, 306)	
(1) Madison 1 st (N = 66)	50.53	10.04	7.64**	1 < 2 ** 1 < 3 *
(2) Milwaukee 1 st (N = 150)	57.33	12.59		2 > 1 ** 2 = 3
(3) Belfast P3 (N = 93)	54.44	11.87		3 > 1 * 3 = 2

* $p < .05$; ** $p < .001$

Beck T-Scores and Clinical Ranges

Score	Severity Level
T = 70 +	Extremely Elevated
T = 60-69	Moderately Elevated
T = 55-59	Mildly Elevated
T < 55	Average

Table 2
Means, Standard Deviations, *t*-tests, and Effect Size for Dependent Variables

	<u>Pretest</u>		<u>Delayed Posttest</u>		<u>Gain Score</u>		<u>Gain Score</u> <u>t-test</u>	<u>Cohen's d</u>
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>		
<u>Belfast 1st Grade (Primary 3)</u>								
Experimental								
Anger (n=36)	56.19	10.35	50.50	10.27	-5.69	9.99	1.90*	.41
Control								
Anger (n=57)	53.33	11.28	52.23	13.04	-1.11	12.16		
<u>Belfast 3rd Grade (Primary 5)</u>								
Experimental								
Anger (n = 34)	55.53	11.78	50.03	11.15	-5.50	10.57	3.12*	.70
Depression (n = 34)	53.59	11.59	50.12	13.58	-3.47	8.67	1.67*	.38
Forgiveness (n = 35)	68.22	20.43	86.51	18.85	18.29	23.99	2.56*	.57
Control								
Anger (n = 49)	47.42	9.93	49.24	8.68	1.82	10.47		
Depression (n = 49)	50.49	8.35	50.35	10.26	-0.14	9.05		
Forgiveness (n = 47)	77.28	23.91	83.19	22.60	5.91	19.70		

* $p < .05$

Note. The T-Score clinical ranges for depression are the same as those for anger.