

Effectiveness of Compassion Focused Therapy in managing Difficulties in Emotional Regulation, Grief and Anger Among College Students

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The study explores the relationship between emotional regulation difficulties, grief, and anger management among college students and examines the effectiveness of Compassion-Focused Therapy (CFT) in managing emotional regulation difficulties, grief, and anger among college students. Forty postgraduate students (ages 20–23) were selected through screening and purposive sampling. The State Difficulties in Emotion Regulation Scale, Grief Impairment Scale, and Anger Management Scale – Brief Trait Version assessed the variables. Participants underwent seven CFT sessions on alternate days. Data analysis included Mean, Standard Deviation, t-value, Cohen's d, correlation, and regression. Results indicate a correlation between emotional regulation difficulties and grief, as well as between emotional regulation difficulties and anger management. However, anger management showed no correlation with grief. CFT significantly reduced emotional regulation difficulties and grief while improving anger management. These findings suggest that CFT enhances emotional regulation, grief processing, and anger management, contributing to better mental health and well-being.

Keywords: Difficulties in Emotional Regulation, Grief, Anger Management and Compassion Focused Therapy

Difficulties in emotional regulation or emotional dysregulation involve challenges in managing emotional responses. Individuals experiencing this may find it hard to control intense emotional reactions, often feel overwhelmed by negative emotions, and struggle with stress management. It refers to difficulties in managing and responding to emotions in a typical way. This issue is frequently observed in children and adolescents and can continue into adulthood, affecting various aspects of life. Individuals with emotional dysregulation might struggle to control their emotions, leading to angry outbursts, feelings of anxiety or depression, or engaging in self-destructive behaviours. They may react to situations inappropriately or disproportionately, impacting their quality of life, including social interactions, personal life, work, and relationships. Studies have highlighted that emotional dysregulation can

result from a combination of genetic influences, neurobiological factors, adverse early life experiences, and mental health disorders, such as borderline personality disorder, ADHD, and anxiety disorders (Roshany and Smkhani, 2024; Ozbay and Celik, 2024).

Grief, another significant emotional challenge, refers to the profound emotional suffering experienced after a major loss, particularly the death of a loved one. It encompasses a wide range of emotional, physical, and behavioral responses, impacting an individual's overall well-being. Grief can stem from various types of loss, including death, divorce, loss of a job, or even financial difficulties. Symptoms of grief can include intense sadness, despair, anger, irritability, guilt, and anxiety, alongside physical issues like fatigue, changes in

appetite or sleep patterns, and heart palpitations (Katzman and Papouchis, 2022). The grieving process often follows a pattern, as described by the Kubler-Ross model (1960) which include stages like denial, anger, bargaining, depression, and acceptance. However, not all individuals go through these stages in a linear order (Johannsen et al., 2022).

Anger is a complex emotion that arises as a response to frustration, perceived injustice, or a feeling of threat. It is often characterized by tension and hostility, which can either be reactive or proactive. Anger can be triggered by external events such as interpersonal conflicts, work-related stress, or societal injustices, as well as by internal factors like unresolved trauma, mental health disorders, and hormonal imbalances (Katzman & Papouchis, 2022). While anger in itself is not inherently harmful, unmanaged or poorly regulated anger can lead to serious negative consequences, including health issues and reduce the capacity of the immune system (Bronsi et al., 2020). Chronic anger is also associated with mental health challenges such as depression, anxiety, and substance abuse (Ozbay & Celik, 2024). Furthermore, uncontrolled anger can result in damaged relationships, poor decision-making, and difficulties in maintaining social or professional connections.

Anger management involves learning how to express and control anger in healthy and constructive ways. It is essential to differentiate between passive, aggressive, and assertive anger. Passive anger may manifest as sarcasm or avoiding confrontations, whereas aggressive anger is typically expressed through overt behaviours such as yelling, violence, or verbal abuse. Assertive anger, however, is healthy and involves expressing anger directly, respectfully, and without causing harm to others (Johannsen et al., 2022). This healthier form of anger management involves

not suppressing the emotion, but rather addressing it through self-awareness and proper communication skills.

Compassion-Focused Therapy (CFT) can be particularly effective in addressing emotional dysregulation, grief, and anger. CFT promotes self-compassion and emotional resilience, helping individuals counter self-critical thoughts that often exacerbate negative emotions. Researches demonstrated CFT's effectiveness in improving emotional regulation and psychological health in various populations, including students (Neda Tabesh Mofrad and Nastaran Mansouriyeh, 2023) and individuals with cardiovascular disease (Bronsi, Golmakani, & Del, 2020). Additionally, studies indicate that CFT helps individuals manage grief and reduce emotional disturbances by fostering a more compassionate and understanding self-view, which can be beneficial in managing emotions like anger (Johannsen et al., 2022). CFT also integrates mindfulness and relaxation techniques to regulate emotional responses, which can be especially valuable for college students struggling with emotional regulation due to academic and social pressures (Ozbay and Celik, 2024).

Objectives

1. To assess the level of Difficulties in Emotional Regulation among college students
2. To examine the level of Grief among college students
3. To figure out the level of Anger Management among college students
4. To find out the effectiveness of Compassion Focused Therapy in managing the Difficulties in Emotional Regulation, Grief and anger among college students
5. To explore the relationship of Difficulties in Emotional Regulation,

Grief and Anger Management among college students

Hypotheses

- i. There will be a significant difference in managing Difficulties in Emotional Regulation after Compassion Focused Therapy
- ii. There will be a significant difference in managing Grief after Compassion Focused Therapy
- iii. There will be a significant difference in managing Anger after Compassion Focused Therapy
- iv. There will be a relationship between Difficulties in Emotional Regulation and Grief among college students
- v. There will be a relationship between Difficulties in Emotional Regulation and Anger Management among college students
- vi. There will be a relationship between Grief and Anger Management among college students
- vii. CFT was found to be effective in managing Emotional Regulation, Grief and Anger Management among college students

Method

Sample

The study included female postgraduate students within the age range of 20 to 23 years. 70 participants were selected and after assessing the levels of difficulties in emotional regulation, grief and anger. 40 participants were selected for the study. Purposive random Sampling method was adopted.

Tools

Difficulties in Emotional Regulation - It was developed by Lavender et al., in 2017, is a 21-item self-report measure assessing state-

level difficulties in emotion regulation. The scale comprises four subscales: Nonacceptance, Modulate, Awareness, and Clarity.

The Grief Impairment Scale (GIS) was developed by Lee and Lee (2022) as a mental health screening tool to efficiently identify bereaved adults experiencing clinically significant impairment due to grief. It comprises five items rated on a five-point scale. The scale demonstrated strong reliability, with omega coefficients (ω) ranging from 0.80 to 0.88.

The Anger Management Scale – Brief Trait Version was developed by Hamby, Stith, Grych, and Banyard (2013). In this brief version, five items were selected from the Self-Awareness and Calming Strategies subscales and modified to evaluate anger management across all types of relationships. The scale demonstrated strong internal consistency, with a coefficient alpha of 0.87 in the main sample. Its validity was supported by moderate to strong correlations with other regulatory strengths, such as Endurance ($r = .64$) and Emotional Awareness ($r = .43$), as well as strong correlations with well-being measures, including Subjective Well-being ($r = .51$).

Procedure

Forty college students, aged 20 to 23 years, were selected through a pre-assessment. The selected participants underwent Compassion-Focused Therapy for one week on alternate days for 2 hours per day and a post-assessment was conducted after seven days.

Results

Table 1 shows the distribution of the levels of difficulties in emotional regulation, grief and anger management among college students. After the therapy, many students improved emotional regulation, with fewer in the moderate and high categories. Grief levels

also decreased, indicating better coping strategies. The participants managed their

anger after the therapy. These findings highlight overall improvements in emotional regulation, grief, and anger management.

Table 1. Distribution of the levels of Difficulties in Emotional Regulation, Grief and Anger Management among college students

Variables	Therapy		Levels		
			Low	Moderate	High
Difficulties in Emotional Regulation	Before	N	9	28	3
	Therapy	Percent	22.5	70	7.5
	After	N	34	6	0
	Therapy	Percent	85	15	0
Grief	Before	N	3	14	23
	Therapy	Percent	7.5	35	57.5
	After	N	16	21	3
	Therapy	Percent	40	52.5	7.5
Anger Management	Before	N	22	15	3
	Therapy	Percent	55	37.5	7.5
	After	N	0	23	17
	Therapy	Percent	0	57.5	42.5

Percentages are rounded off

Table 2. Mean, Standard deviation, t value and Cohen's d for Difficulties in Emotional Regulation, Grief and Anger Management among college students (N=40)

Variables		Mean	Standard Deviation	t	Cohen's d
Difficulties in Emotional Regulation	Before Intervention	54.18	10.29	14.83**	1.37
	After Intervention	41.2	8.58		
Grief	Before Intervention	8.80	2.91	11.66**	1.28
	After Intervention	5.48	2.23		
Anger Management	Before Intervention	11.0	2.9	14.64**	1.22
	After Intervention	15.2	3.91		

** Significant at 0.01 level

Table II shows significant improvements in emotional regulation, grief, and anger management after Compassion-Focused Therapy (CFT). The intervention effectively reduced difficulties in emotional regulation and grief while enhancing anger management skills. These changes can be attributed to CFT's focus on developing self-

compassion, emotional awareness, and cognitive restructuring, which help individual process emotions more effectively. By fostering a compassionate mindset, participants were able to regulate their emotions better, enhance coping strategies. These findings highlight the positive impact of CFT on emotional well-being. Cohen's d

indicates a standardized difference between before- and after-intervention, demonstrating that Compassion-Focused Therapy is

effective in managing difficulties in emotional regulation, grief, and anger management among college students. Thus, Alternative Hypotheses 1, 2, 3 and 7 are accepted.

Table 3. Correlation between Difficulties in Emotional Regulation, Grief and Anger Management among college students (N=40)

		Difficulties in Emotional Regulation	Grief	Anger Management
Difficulties in Emotional Regulation	Pearson Correlation	1	.314*	-.739**
	Sig. (2-tailed)		0.048	0
Grief	Pearson Correlation	.314*	1	-0.208
	Sig. (2-tailed)	0.048		0.198
Anger Management	Pearson Correlation	-.739**	-0.208	1
	Sig. (2-tailed)	0	0.198	

*Correlation is significant at the 0.05 level (2-tailed).

**Correlation is significant at the 0.01 level (2-tailed).

Table III shows significant relationships among difficulties in emotional regulation, grief, and anger management among college students. A positive correlation between difficulties in emotional regulation and grief was observed at the 0.05 level, indicating that higher emotional regulation difficulties are associated with increased grief. Additionally, difficulties in emotional regulation and anger management exhibited a negative correlation at the 0.01 significance level, suggesting that students with better emotional regulation tend to

manage their anger more effectively. However, no significant correlation was observed between grief and anger management. These findings highlight the crucial role of emotional regulation in influencing both grief and anger management, emphasizing the need for targeted interventions to strengthen emotional regulation skills for better emotional well-being. Thus, Alternative Hypotheses 4, and 5 are accepted and 6 is rejected.

Table 4. Regression analysis for Difficulties in Emotional Regulation and Grief among college students (N=40)

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	R Square Change
1	.314 ^a	.099	0.75	2.799	0.99

- a. Predictors: (Constant), Difficulties in Emotional Regulation
- b. Dependent Variable: Grief

Table IV shows a weak positive relationship (R = .314) between difficulties in emotional regulation and grief, explaining only 9.9% of the variance (R² = .099). This

suggests that as emotional regulation difficulties increase, grief levels may also rise. The small effect size and adjusted R² value of 0.75 indicate limited generalizability, while

the standard error (2.799) highlights variability in grief scores. The R^2 change value of 0.99 further suggests that emotional regulation difficulties contribute little to explaining grief. Overall, while emotional regulation may influence grief, other factors like coping strategies, social support, and psychological flexibility likely play a more significant role.

Discussion

The findings indicate changes in emotional regulation, grief, and anger management among college students. After the therapy, more students showed lower difficulty in regulating emotions, suggesting better emotional control. This shift may be linked to an intervention or natural adjustment over time. Similarly, a decrease in grief levels was observed, with more students moving into the low and moderate categories, indicating improved coping strategies. For anger management, post-test findings showed few students at the lowest level, with an increase in moderate and high levels. This pattern indicates a shift in how students handle anger, possibly influenced by external factors or structured support. The outcomes highlighted the connection between emotional regulation, grief, and anger management, emphasizing the need to address these aspects holistically. Further, the study highlights Difficulties in emotional regulation are associated with both grief and anger management, whereas grief and anger management do not have any relationship with each other. Findings suggest that challenges in emotional control can heighten grief experiences, while better emotional regulation supports better anger management skills. However, no strong connection was found between grief and anger management, suggesting that they function independently in this context. Following the intervention, significant progress was seen in emotional regulation, grief processing, and anger management,

demonstrating the impact of structured support. Reduced struggles with emotions and grief indicate the development of adaptive coping mechanisms. Additionally, better anger management skills reinforce the effectiveness of interventions in fostering healthier emotional responses. These findings emphasize the importance of integrating psychological support strategies to enhance emotional well-being among students.

Limitations

- Future research could include a more diverse sample for broader insights.
- Long-term follow-ups are necessary to determine the sustained impact of the intervention.
- Future research could explore other factors influencing this relationship.

Suggestions

- Compassion Focused Therapy could be integrated into support programs for college students to address emotional regulation, grief and anger management.
- Educational institutions might consider incorporating CFT into their counselling services to help students navigate their emotional and psychological challenges more effectively.

Implications

This study underscores the effectiveness of Compassion-Focused Therapy (CFT) in enhancing emotional regulation, alleviating grief, and managing anger among college students. The results demonstrate significant improvements in emotional control, reductions

in grief, and better anger management, highlighting CFT's potential as a valuable intervention in educational settings. Research in this area has also emphasized

the role of emotional regulation in coping with grief and anger. By fostering emotional resilience, CFT may support improved academic and social functioning and contribute to the overall well-being of students. Future studies could explore the long-term impact of CFT and its relevance for diverse student populations.

Conclusion

The present study explored the effectiveness of Compassion-Focused Therapy (CFT) in managing emotional regulation, grief, and anger among college students. The results indicate that CFT significantly helped to overcome the difficulties in emotional regulation, grief coping, and anger management. Emotional regulation difficulties were closely linked to grief, and improvements in regulation also supported better anger management, highlighting the need for holistic interventions.

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