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# Examining the Effectiveness of Cognitive Emotion Regulation Training on Negative Affect Decrease, Anger Control and Emotional Empathy Increase in High School Students with One/Both Divorced Parents in Tabriz

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**ABSTRACT**

**Background:** The aim of this study was to examine the effectiveness of cognitive emotion regulation training on negative affect decrease, anger control, and emotional empathy increase in high school students with one/both divorced parent. **Objective:** Research method was a quasi-experimental design with control and experimental groups, and follow-up. The population was all of high school students with divorced parents. 30 of them (15 female and 15 male) were selected as a sample by the use of Simple Random Sampling and randomly replaced in control and experimental groups. **Conclusion:** 10 sessions of intervention were conducted for experimental group. Results showed that intervention with CBT has been effective on control of anger and an increase of emotional empathy in high school students in comparison with control group in pretest–posttest, and the scores of negative affect have significantly declined.



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## INTRODUCTION

Each year, many people divorce (2.3 million) as there are marriages. More than 5 million men, women, and children are affected by separation and divorce each year. Students with divorced parents often suffer from emotional hardness and complication. They endeavor to seek release of negative moods and affects, intensive rage outburst, and need for empathy with attendants. Negative affective states are sometimes useful and inevitable. Even though, to get along with others, it is necessary to manage one's subjective experience of affect, especially its intensity and duration, and to manage strategically one's expression of affective state[39].

Negative effects have a profound effect on the quality of social interactions, social functioning and well-being [16,22,25]. Individuals with low negative affect are considered in a state of calmness and serenity whereas high negative affect reflects conditions of distress and emotional pain. Supportive of this distinction are health congruence studies among older adults that find a protective effect of optimism (positive affect) and lower depressive levels and higher pessimism (negative affect) with poorer functional status and higher levels of depression [28].

Generally teens suffering from parents' separation find negative affects relative to one or two parties and try to cope with them in a manner. One technique confronting negative affects is the repairing of negative effects that refers mainly to strategies, thoughts, and behaviors intended to improve negative mood and emotional states [12]. Consequently people try to regulate negative affects using various strategies [43]. with some strategies being more effective or successful than others [25,43]. Hostility and anger are significant predictors of coronary heart disease and poor health [17]. Furthermore, recent research indicates that people with chronic aggressive tendencies maintain poor social relationships [34]. Because chronic anger affects daily life and health, it is likely not serving the basic needs of the person and is therefore dysfunctional. Difficulties in affect regulation

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can have adverse consequences, from ordinary unhappiness to outright psychopathology [25], such as mood disorders [28]. generalized anxiety disorder [34]. personality disorders (Westen et al. 1997), and substance abuse [24,34].

The divorced parents' children who are chronically or problematically angry are often unable to appropriately deal with stress and therefore become frustrated, which inevitably leads to increased anger. It appears that acute or chronic dysfunctional anger can be harmful to people, causing impairment in their satisfaction, health, and relationships [9,21]. Anger is a maladaptive attempt at coping with a stressful environment, resulting in greater conflict and personal discomfort [21,2,35]. However, recent conceptualizations have focused on anger as an adaptive mechanism for dealing with obstructed goals and perceived threats (Cox et al.,1999; Stein & Levine, 1989), with healthy anger being differentiated from unhealthy anger in terms of how successfully the emotion serves the basic needs of the person [21].

Affective empathy, also called emotional empathy is the capacity to respond with an appropriate emotion to another's mental states[37]. One downside of emotional empathy occurs when people lack the ability to manage their own distressing emotions can be seen in the psychological exhaustion that leads to burnout. The purposeful detachment cultivated by those in medicine offers one way to inoculate against burnout. But the danger arises when detachment leads to indifference, rather than to well-calibrated caring [20].

Research has indicated that children's emotional, social, and behavioral adjustment is as important for school success as cognitive and academic preparedness[26]. Children, who have difficulty paying attention, following teacher directions, getting along with others, and controlling negative emotions, do less well in school [25]. They are more likely to be rejected by classmates and to get less positive feedback from teachers which, in turn, contribute to off task behavior and less instruction time[34].

According to this, we selected ognitive-behavioral therapy that draws upon the rich traditions of behavior modification and rational-emotive or cognitive therapy (Meichenbaum,1977), paying attention to social cognition (Dodge, 1993) as well as individual constructions of reality [29,7]. It may combine a variety of technique s such as relaxation, cognitive restructuring, problem-solving, and stress inoculation, but rather than being a mere form of technical eclectism, it is theoretically unified by principles of learning theory and information processing. This approach has elicited much interest in the treatment of affective disorders such as anxiety and depression, anger as revealed in research by Dobson (1989) and Van [11]. The goal of cognitive behavioral therapy is to help a person learn to recognize negative patterns of thought, evaluate their validity, and replace them with healthier ways of thinking. So, recent study was to utilize this approach for discoloring negative affect, managing anger and promoting the level of emotional empathy in such students.

At present, Iran confronts the huge wave of separation in young couples. Some of them have one or two child. Deep cultural problems, lack of joint fields in life, and especially financial problems are the factors that cause to divorce or separate parents. Their children suffer from kinds of psychic, social, affective, and behavioral difficulties. Three kind of those are more predominant than others: negative affect, anger, and emotional empathy decrease. So, the main purpose of this study is to examine the effectiveness of cognitive emotion regulation training on negative affect decrease, anger control, and emotional empathy increase in male high school students[8].

*Method:*

*Participants:*

We selected 30 (15 male and 15 female) adolescents (11 to 18 ages) with an average age of 14 years in two by the use of accessible sampling. According to the Tabriz hospitals reports, we found some of incurable patients on basis of their medical records or history.

*Apparatus:*

*1- Negative Affect Repair Questionnaire (NARQ):*

This questionnaire was designed by Saarni (1999) to assess strategies to "repair" negative affect. The instruction ("To cope with my current bad mood and to try to make myself feel better ... ") is followed by 24 items (see Appendix A). Patients rate how frequently they endorse each of the listed strategies on a 5-point Likert scale ranging from 0 (never) to 4 (always). The internal consistencies for the NARQ(e.g., Thayer et al., 1994; Parkinson & Totterdell, 1999), were satisfactory or good: = .79 for cognitive regulation strategies (8 items), = .63 for calming/ distractive strategies (6 items), =.71 for social strategies (5 items) and = .77 for externalizing strategies (5 items). Reliability coefficients (Cronbach's ) for the NARQ-subscales were calculated in the current sample: cognitive regulation strategies ( = .82), calming/ distractive strategies( = .70), social regulation strategies ( = .76) and externalizing strategies ( = .78).

*2-The Clinical Anger Scale (CAS):*

This scale was designed to measure the psychological symptoms presumed to have relevance in the understanding and treatment of clinical anger. 21 sets of statements were prepared for this purpose. In writing

these groups of items, the format from one of Beck's early instruments was used to design the Clinical Anger Scale (Beck , 1967; Beck, 1976). Each cluster of statements was scored on a 4-point Likert scale, with A = 0, B = 1, C = 2, and D = 3. Subjects' responses on the CAS were summed so that higher scores corresponded to greater clinical anger (21 items; range 0 - 63). A scoring procedure similar to Beck's (Beck et al., 1996) is used with the Clinical Anger Scale (CAS)--where a clinical anger score in a particular range is labeled in a manner similar to Beck's procedure. That is, clinical interpretation of the CAS scores is accomplished through the following interpretive ranges: 0-13 - minimal clinical anger; 14-19 - mild clinical anger; 20-28 - moderate clinical anger; and 29-63 - severe clinical anger. The internal consistency of the 21 items on the Clinical Anger Scale was analyzed by means of Cronbach alpha, and yielded reliability coefficients of .94 (males and females together), .95 (males only), and .92 (females only).

*3-Emotional Empathy Scale (EES):*

Mehrabian updated the Emotional Empathic Tendency Scale (EETS), creating a new 30-item emotional empathy scale (Appendix C) which contains 15 positively-worded and 15 negatively-worded items. Six negatively-worded items were included in the scale in order to reduce response bias (e.g., "I rarely take notice when other people treat each other warmly"). An attempt was made to include positive as well as negative emotional situations (e.g., "Being around happy people makes me feel happy, too"). A five-point response scale was used, where 1 was "Strongly Disagree" and 5 was "Strongly Agree". This scale has excellent internal consistency reliability (alpha = .87). Means for men and women are very different, the male mean of 29 (SD = 28) and a female mean of 60 (SD = 21). The scale is significantly and negatively correlated with measures of aggression and risk of violence, and positively correlated with a measure of Optimism-Pessimism. The scale yields a single score[30].

*Procedure:*

Firstly, we provided the Group CBT intervention method with details and prepared for conducting on participants. We conducted GCBT in 10 training (90 minutes) sessions for experimental group subjects. We have showed this program in Table 1.

**Table:** Summary of CBT training sessions for experimental group.

| Number | Sessions | Subject of sessions | Brief explanation |
|---|---|---|---|
| 1 | First | Being familiar with subjects, counseling process and therapeutic contract, therapist's introduction | Each subject introduces herself/himself; therapist introduces herself/himself, explain her/his own specialist and counseling process, shows that he/she find out their needs and help them with empathy. |
| 2 | Second | Exploring problematic interactions, evaluating attachment problem and safe attachment barriers, objectives and expectations, and conducting therapy agreement. | Therapist observes interactions subjects with parents in terms of emotional, cognitive, behavioral and interpersonal aspects, pays attention to strong points link, leads subject to attachment and emotional experiences, hypothesizes safe attachment and involvement in emotional, cognitive, behavioral and interpersonal aspects. |
| 3 and 4 | Third and Fourth | Defining subject appropriateness for CBT, strengthening therapy connection with subjects, and grasping more information. | If group therapy isn't effective, due to being high violence, individual therapy is offered. Connection empathy becomes stronger by use of reflex technique and confirming. The questions are asked for previous link with their parents about being wanted or unwanted. Therapist assigns their anger and negative mood level. |
| 5 | Fifth | Accepting confirmed feelings, exploring unsafe attachment and anxiety, anger and negative affects to others. | Using confirmation, opening dominant experiences related to attachment and focusing it here and now, using reflex art and recalled questions, and empathy art. |
| 6 | Sixth | Clarifying key emotional responses, strengthening connection therapy each subject, developing emotional experiences, accepting cycling connection with parents, clarifying and refining connections. | Therapist strengthens experiences by use of highlighting technique, and reinforces them to express key emotional responses. Therapist asks exploration questions. Grasping immediate feedback from subjects. Therapist reflexes connection patterns and cycles by use of tracking art, and reframes problematic connection in terms of its content and cycle. |
| 7 | Seventh | Expressing emotion, increasing attachment needs assignment, conducting severe personal connection with emotional experiences, becoming better emotional responses such as improving intrapsychic and interaction situation. | Suffered people express initial feelings and suffering people listen to them. Each talks to therapist about anger and negative emotions from separated parents and tells those emotions to her/his parents. Using empathy space. Deepening and highlighting interaction situation that express those emotions. |
| 8 | Eighth | Defining therapist's framework appropriateness with client's experience, deepening subject and parents' involvement, more acceptance | A framework is cited by client. Therapist grasps client a correct feedback. Suffering parents talk to their children about traumas that they have delivered and found them out. Therapist is care of this involvement, and when one party contacts with another, |

| | | | |
|---|---|---|---|
| | | by both parties, promoting new interaction methods, responding one party to another, focusing on own emotion not another, recognizing initial negative feelings, and expressing desires and trends. | he/she will return or stop this process and reinforce or support involvement of emotional experiences and new interactions by use of tracking and reflex techniques. |
| 9 | Ninth | Rebuilding interactions and changing events, more involvement both parties, clarifying their wants and desires, both signalize their own desires. | Usable techniques, like tacking, highlighting interactions, reframing interactions, leading new interactions. When one party positively responds, therapist will confirm, highlight and reinforce that response. Therapist is less active; instead, he/she reinforce and lead the process. Therapist make clients express and formulate their needs and wants. |
| 10 | Tenth | Rebuilding interactions, modifying clients' behavior, harmonizing internal feelings relative to their own emotions and conducting constant connection, changing interactions, prevailing obstacles of positive response, exploring new solutions for old struggles and problems. | Highlighting positive emotions for connecting each other. Suffering parents ask their children what behavior they clearly like. Their behaviors are different in sessions and home. Anger and negative emotion decrease in clients; instead, emotional empathy increases in them. Clients realize existing conditions (parents' separation). They show less aggression and stress. It cannot be helped that they accept parents have legally separated. |

*Results:*

In Table 2, descriptive data have shown about Pretest and Posttest scores NA and its subscales, anger, and EE and its subscales.

**Table 2:** Pretest and Posttest scores NA and its subscales, anger, and EE and its subscales.

| Groups | Tests | | N | Mean | | SD | | Minimum | | Maximum | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | |
| | Test | Subscales | | pre | post | pre | post | pre | post | pre | post |
| Experimental | Negative Affect | CRS | 15 | 19.93 | 21.00 | 3.69 | 3.40 | 14.00 | 15.00 | 27.00 | 27.00 |
| | | CDS | 15 | 19.46 | 20.33 | 2.64 | 2.46 | 16.00 | 17.00 | 24.00 | 24.00 |
| | | SS | 15 | 13.86 | 16.13 | 3.60 | 2.32 | 8.00 | 12.00 | 20.00 | 20.00 |
| | | ES | 15 | 10.93 | 12.46 | 3.36 | 2.99 | 6.00 | 8.00 | 18.00 | 18.00 |
| | | Total | 15 | 61.00 | 63.13 | 7.54 | 8.50 | 48.00 | 49.00 | 77.00 | 80.00 |
| | Danger | | 15 | 46.86 | 39.73 | 6.23 | 6.90 | 38.00 | 31.00 | 57.00 | 50.00 |
| | Emotional Empathy | Suffer | 15 | 2.93 | 3.80 | 1.27 | .861 | 1.00 | 2.00 | 5.00 | 5.00 |
| | | PS | 15 | 2.53 | 3.46 | 1.12 | .990 | 1.00 | 2.00 | 4.00 | 5.00 |
| | | RC | 15 | 3.53 | 1.93 | 1.06 | .798 | 2.00 | 1.00 | 5.00 | 3.00 |
| | | EA | 15 | 2.73 | 3.86 | .883 | .915 | 1.00 | 2.00 | 4.00 | 5.00 |
| | | FFOs | 15 | 3.06 | 4.20 | .798 | .774 | 2.00 | 3.00 | 4.00 | 5.00 |
| | | EC | 15 | 3.20 | 1.60 | 1.01 | .632 | 2.00 | 1.00 | 5.00 | 3.00 |
| | | Total | 15 | 17.7 | 21.0 | 2.18 | 3.35 | 14.00 | 16.00 | 21.00 | 27.00 |
| control | Negative Affect | CRS | 15 | 22.20 | 22.93 | 4.69 | 4.16 | 15.00 | 17.00 | 28.00 | 28.00 |
| | | CDS | 15 | 18.40 | 18.86 | 3.37 | 2.97 | 12.00 | 13.00 | 24.00 | 24.00 |
| | | SS | 15 | 11.13 | 11.80 | 2.94 | 2.65 | 7.00 | 8.00 | 16.00 | 16.00 |
| | | ES | 15 | 14.20 | 14.60 | 3.16 | 2.84 | 8.00 | 9.00 | 19.00 | 19.00 |
| | | Total | 15 | 52.73 | 49.53 | 5.29 | 5.69 | 42.00 | 41.00 | 60.00 | 57.00 |
| | Danger | | 15 | 48.60 | 45.20 | 7.31 | 8.76 | 37.00 | 30.00 | 59.00 | 58.00 |
| | Emotional Empathy | Suffer | 15 | 2.33 | 3.20 | 1.11 | .861 | 1.00 | 2.00 | 4.00 | 5.00 |
| | | PS | 15 | 2.20 | 2.40 | .861 | .632 | 1.00 | 2.00 | 4.00 | 4.00 |
| | | RC | 15 | 3.66 | 2.66 | 1.11 | 1.11 | 2.00 | 1.00 | 5.00 | 5.00 |
| | | EA | 15 | 2.46 | 2.60 | .833 | .828 | 1.00 | 1.00 | 4.00 | 4.00 |
| | | FFOs | 15 | 2.93 | 3.00 | .798 | .755 | 2.00 | 2.00 | 4.00 | 4.00 |
| | | EC | 15 | 2.73 | 2.73 | .798 | .798 | 1.00 | 1.00 | 4.00 | 4.00 |
| | | Total | 15 | 16.33 | 17.20 | 1.95 | 2.51 | 12.00 | 13.00 | 20.00 | 23.00 |

NA (Negative Affect), EE (Emotional Empathy), CRS (Cognitive Regulation Strategies), CDS (Calming/ Distractive Strategies), SS (Social Strategies), ES (Externalizing Strategies), PS (Positive Sharing), RC (Responsive Crying), EA (Emotional Attention), FFOs (Feel for Others), and EC (Emotional Contagion).

ANCOVA was used to test the hypotheses in the study. Results have been shown in Table 3 for posttest.
Hypothesis 1: Emotion regulation training causes to decrease negative affect in high school students.

**Table 3:** ANCOVA of scores of negative affect scale in control and experimental groups.

| Source | Type III Sum of Squares | df | Mean Square | F | Sig. | Partial Eta Squared |
|---|---|---|---|---|---|---|
| Corrected Model | 2203.468[a] | 2 | 1101.734 | 45.821 | .000 | .772 |
| Intercept | 30.838 | 1 | 30.838 | 1.283 | .267 | .045 |
| group | 238.808 | 1 | 238.808 | 9.932 | .004 | .269 |
| Negative affect pretest | 816.268 | 1 | 816.268 | 33.948 | .000 | .557 |

| | | | | | | |
|---|---|---|---|---|---|---|
| Error | 649.199 | 27 | 24.044 | | | |
| Total | 98056.000 | 30 | | | | |
| Corrected Total | 2852.667 | 29 | | | | |

a. R Squared = .772 (Adjusted R Squared = .756)

As Table 3 shown, there is a significant difference between two groups in the level of (P<0.05) and this means that the methods training of emotion regulation has been able to decrease the level of negative affect in high school students with one/both divorced parents.

**Table 4:** ANCOVA of scores of negative affect subscales in control and experimental groups.

| Variables | Source | Type III Sum of Squares | df | Mean Square | F | Sig. | Partial Eta Squared |
|---|---|---|---|---|---|---|---|
| CRS | Corrected Model | 411.745[a] | 5 | 82.349 | 93.132 | .000 | .951 |
| | Intercept | 12.538 | 1 | 12.538 | 14.180 | .001 | .371 |
| | group | .478 | 1 | .478 | .540 | .469 | .022 |
| | pretest | 232.319 | 1 | 232.319 | 262.740 | .002 | .916 |
| | Error | 21.221 | 24 | .884 | | | |
| | Total | 14909.000 | 30 | | | | |
| | Corrected Total | 432.967 | 29 | | | | |
| CDS | Corrected Model | 216.125[b] | 5 | 43.225 | 114.316 | .000 | .960 |
| | Intercept | .592 | 1 | .592 | 1.565 | .223 | .061 |
| | group | 1.962 | 1 | 1.962 | 5.190 | .032 | .178 |
| | pretest | 172.603 | 1 | 172.603 | 456.481 | .001 | .950 |
| | Error | 9.075 | 24 | .378 | | | |
| | Total | 11750.000 | 30 | | | | |
| | Corrected Total | 225.200 | 29 | | | | |
| SS | Corrected Model | 277.366[c] | 5 | 55.473 | 35.408 | .000 | .881 |
| | Intercept | 11.322 | 1 | 11.322 | 7.227 | .013 | .231 |
| | group | 12.760 | 1 | 12.760 | 8.144 | .009 | .253 |
| | pretest | 122.375 | 1 | 122.375 | 78.110 | .001 | .765 |
| | Error | 37.601 | 24 | 1.567 | | | |
| | Total | 6167.000 | 30 | | | | |
| | Corrected Total | 314.967 | 29 | | | | |
| ES | Corrected Model | 252.532[d] | 5 | 50.506 | 57.902 | .000 | .923 |
| | Intercept | 1.200 | 1 | 1.200 | 1.376 | .252 | .054 |
| | group | .351 | 1 | .351 | .402 | .532 | .016 |
| | pretest | 145.813 | 1 | 145.813 | 167.164 | .002 | .874 |
| | Error | 20.935 | 24 | .872 | | | |
| | Total | 5768.000 | 30 | | | | |
| | Corrected Total | 273.467 | 29 | | | | |

a. R Squared = .951 (Adjusted R Squared = .941)
b. R Squared = .960 (Adjusted R Squared = .951)
c. R Squared = .881 (Adjusted R Squared = .856)
d. R Squared = .923 (Adjusted R Squared = .907)

As Table 4 shown, there is a significant difference between two groups in the level of (P<0.05)on the basis of subscales and this means that the methods training of emotion regulation has been able to decrease level of negative affect subscales in high school students with one/both divorced parents.

Hypothesis 2: Emotion regulation training causes to manage anger in high school students.

**Table 5:** ANCOVA of scores of anger scale in control and experimental groups.

| Source | Type III Sum of Squares | df | Mean Square | F | Sig. | Partial Eta Squared |
|---|---|---|---|---|---|---|
| Corrected Model | 1599.391[a] | 2 | 799.696 | 58.982 | .000 | .814 |
| Intercept | 25.422 | 1 | 25.422 | 1.875 | .182 | .065 |
| group | 99.790 | 1 | 99.790 | 7.360 | .011 | .214 |
| Danger pre | 1375.258 | 1 | 1375.258 | 101.433 | .000 | .790 |
| Error | 366.076 | 27 | 13.558 | | | |
| Total | 56068.000 | 30 | | | | |
| Corrected Total | 1965.467 | 29 | | | | |
| a. R Squared = .814 (Adjusted R Squared = .800) | | | | | | |

As Table 5 shown, there is a significant difference between two groups in the level of (P<0.05) and this means that the methods training of emotion regulation has been able to decrease the level of anger in high school students with one/both divorced parents.

Hypothesis 3: Emotion regulation training causes to increase emotional empathy in high school students.

**Table 6:** ANCOVA of scores of emotional empathy scale in control and experimental groups.

| Source | Type III Sum of Squares | df | Mean Square | F | Sig. | Partial Eta Squared |
|---|---|---|---|---|---|---|
| Corrected Model | 253.178[a] | 2 | 126.589 | 33.667 | .000 | .714 |
| Intercept | .067 | 1 | .067 | .018 | .895 | .001 |
| group | 34.238 | 1 | 34.238 | 9.106 | .006 | .252 |
| Emotional empathy pretest | 144.878 | 1 | 144.878 | 38.531 | .000 | .588 |
| Error | 101.522 | 27 | 3.760 | | | |
| Total | 11299.000 | 30 | | | | |
| Corrected Total | 354.700 | 29 | | | | |
| a. R Squared = .714 (Adjusted R Squared = .693) | | | | | | |

As Table 6 shown, there is a significant difference between two groups in the level of ($P<0.05$) and this means that the methods training of emotion regulation has been able to increase the level of emotional empathy in high school students with one/both divorced parents.

**Table 7:** ANCOVA of scores of emotional empathy subscales in control and experimental groups.

| Variables | Source | Type III Sum of Squares | df | Mean Square | F | Sig. | Partial Eta Squared |
|---|---|---|---|---|---|---|---|
| Suffer | Corrected Model | 11.793[a] | 7 | 1.685 | 3.166 | .018 | .502 |
| | Intercept | .503 | 1 | .503 | .946 | .341 | .041 |
| | group | .293 | 1 | .293 | .550 | .466 | .024 |
| | pretest | 6.631 | 1 | 6.631 | 12.462 | .002 | .362 |
| | Error | 11.707 | 22 | .532 | | | |
| | Total | 391.000 | 30 | | | | |
| | Corrected Total | 23.500 | 29 | | | | |
| PS | Corrected Model | 23.096[b] | 7 | 3.299 | 15.215 | .000 | .829 |
| | Intercept | .307 | 1 | .307 | 1.416 | .247 | .060 |
| | group | 3.072 | 1 | 3.072 | 14.168 | .001 | .392 |
| | pretest | 11.836 | 1 | 11.836 | 54.583 | .001 | .713 |
| | Error | 4.771 | 22 | .217 | | | |
| | Total | 286.000 | 30 | | | | |
| | Corrected Total | 27.867 | 29 | | | | |
| RC | Corrected Model | 17.588[c] | 7 | 2.513 | 4.348 | .004 | .580 |
| | Intercept | .239 | 1 | .239 | .413 | .527 | .018 |
| | group | 4.704 | 1 | 4.704 | 8.142 | .009 | .270 |
| | pretest | 9.453 | 1 | 9.453 | 16.359 | .001 | .426 |
| | Error | 12.712 | 22 | .578 | | | |
| | Total | 189.000 | 30 | | | | |
| | Corrected Total | 30.300 | 29 | | | | |
| EA | Corrected Model | 22.078[d] | 7 | 3.154 | 6.147 | .000 | .662 |
| | Intercept | .013 | 1 | .013 | .026 | .873 | .001 |
| | group | 5.294 | 1 | 5.294 | 10.318 | .004 | .319 |
| | pretest | 9.018 | 1 | 9.018 | 17.575 | .002 | .444 |
| | Error | 11.289 | 22 | .513 | | | |
| | Total | 347.000 | 30 | | | | |
| | Corrected Total | 33.367 | 29 | | | | |
| FFOs | Corrected Model | 17.186[e] | 7 | 2.455 | 5.394 | .001 | .632 |
| | Intercept | .915 | 1 | .915 | 2.010 | .170 | .084 |
| | group | 6.565 | 1 | 6.565 | 14.423 | .001 | .396 |
| | pretest | 4.230 | 1 | 4.230 | 9.293 | .006 | .297 |
| | Error | 10.014 | 22 | .455 | | | |
| | Total | 416.000 | 30 | | | | |
| | Corrected Total | 27.200 | 29 | | | | |
| EC | Corrected Model | 18.922[f] | 7 | 2.703 | 11.339 | .000 | .783 |
| | Intercept | .186 | 1 | .186 | .779 | .387 | .034 |
| | group | 13.782 | 1 | 13.782 | 57.813 | .000 | .724 |
| | pretest | 8.421 | 1 | 8.421 | 35.325 | .001 | .616 |
| | Error | 5.245 | 22 | .238 | | | |
| | Total | 165.000 | 30 | | | | |
| | Corrected Total | 24.167 | 29 | | | | |

a. R Squared = .502 (Adjusted R Squared = .343)
b. R Squared = .829 (Adjusted R Squared = .774)
c. R Squared = .580 (Adjusted R Squared = .447)
d. R Squared = .662 (Adjusted R Squared = .554)
e. R Squared = .632 (Adjusted R Squared = .515)
f. R Squared = .783 (Adjusted R Squared = .714)

As Table 7 shown, there is a significant difference between two groups in the level of ($P<0.05$) and this means that the methods training of emotion regulation has been able to increase the level of emotional empathy subscales in high school students with one/both divorced parents.

*Conclusion and Discussion:*

The findings implied that GCBT has played an important and effective role in decreasing of negative emotion, managing anger, and increasing of emotional empathy in high school students The results are congruent with other studies documenting the effectiveness of CBT in the treatment of other affective disturbances, in particular, depression [12], negative emotion and anxiety [45], reduction of anger [3]. cognitive relaxation in increasing emotionally or cognitively empathy and control of anger [10], producing an even more effective regimen for managing anger [28].

In anger management, studies have revealed encouraging treatment effects. But the generalizability of these findings to various clinical and multicultural populations often needs to be established. Ultimately, the ability to predict and control anger as it occurs spontaneously in different groups of people within their own naturalistic settings is a challenge worth addressing. But more research is required to explore the relationship between affect regulation strategies and clinical disorders and to test the assumptions about negative affect regulation in clinical populations that underlie these treatments.

Different affect regulation strategies have divergent consequences for cognitive, affective, and social functioning [21]. In everyday life, negative affect regulation plays an important role for effective social interactions and well-being [21,18]. Individuals who are unable to regulate their negative affect are more likely to become physiologically over-aroused and to behave in ways that undermine the quality of social interactions [16]. The ability to regulate negative affects influences the functioning in public (e.g., at work or at school) as well as in private (e.g., in intimate relationships, friendships) situations [10,8]. Negative affect regulation processes are central to mental health [18]. But more research is required to explore the relationship between affect regulation strategies and clinical disorders and to test the assumptions about negative affect regulation in clinical populations that underlie these treatments.

The researchers therefore argue that anger attacks appear to represent a discrete clinical syndrome, worthy of a separate diagnostic category. Further evidence from pharmacological studies [10,11,21,9]. And discriminant studies [15,45], indicate that certain people suffer from a comorbid anger problem that is not part of another clinical syndrome. The findings also suggest that some people suffer from anger alone, without symptoms of depression or anxiety.

New versions of cognitive-behavioral therapy focus on the integration of treatments for deficits in negative affect regulation, for example in the therapy of depression and anxiety [5].

However CBT therapists would not only offer their clients emotional empathy, but also offer them philosophical empathy (i.e. showing their clients that they understand the underlying philosophies (beliefs or rules) upon which their emotions are based [13].The special meanings of words, sentences, and images can be one of the central focuses of the therapy. Therapists have to at the same time listen symptomatically and narratively /experientially. It also involves seeing - facial expression, gestures, movements, mimics and so on. Therapist constantly compares what is said with what is seen, seeking disharmonies, and comparing what is being said and seem with was previously communicated and observed. They must also have access to different theoretical views, not only cognitive behavioral theory, but sometimes also sociocultural, existential, gestalt, psychodynamic, system and narrative theories. Further, it is essential to be aware of what might been said but was not [33].

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