



## The Impact of Emotional Regulation Training on Enhancing Emotion Management Competencies in Students

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### ABSTRACT

Disturbed mental health among students had a very strong negative impact on physical health, interpersonal communication, and academic ability. Mental health issues in students were caused by pent-up emotions or traumatic events they had experienced. At that time, there was no specific intervention on campus aimed at preventing mental disorders among students. As a result, many emotional problems went unaddressed, increasing the risk of mental disorders among students. The purpose of this study was to improve students' emotional management through emotional regulation training. This study was a quantitative research with a quasi-experimental design using a one-group pre-post-test approach. The respondents of this study were 100 nursing students. The instruments used included an emotional regulation questionnaire and an independent healthy achievement checklist that had been tested for validity and reliability. The data normality test was conducted using the Kolmogorov-Smirnov test, and data analysis was performed using the Wilcoxon test. The results of this study indicated a p value  $<0.05$ , demonstrating a significant difference in emotional regulation and emotional management before and after the emotional regulation training was administered. The conclusion of this study was that emotional regulation training was an appropriate intervention to address emotional problems, help improve emotional management skills, and prevent the risk of mental health disorders among students on campus.

Keywords: emotion management skills; emotion regulation; mental health; students

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## INTRODUCTION

Disturbed mental health of students has a very strong negative impact on physical health, interpersonal communication and academic abilities. (Liu et al., 2022) The college life of an individual is emotionally and intellectually more challenging than other levels of education. At this stage, students face many pressures and challenges that cause various physical, social and emotional difficulties. As a result of the changing social and emotional picture of students, they become more vulnerable to mental health problems such as depression, self-harm, and even suicide attempts. (Habib, 2021)

One of the problems that many students experience is loneliness. The relationship between loneliness and thoughts of self-harm is increasing. (McClelland et al., 2020) Loneliness and self-harm are seen as serious social and health problems, as they have many negative consequences for an individual's well-being and, in some cases, can lead to suicide. (Hasanah et al., 2020) Suicide attempts and suicide are two quite different things but have a complex relationship, both are included as part of suicide intent. (Idham et al., 2022) Suicide is associated with previous traumatic experiences or post-traumatic stress disorder (PTSD). Based on previous research, PTSD affects educational functions, thus disrupting the teaching and learning process. (Morissette et al., 2022)

Depression is one of the most common mood disorders across all walks of life, and globally more than 300 million people experience this condition. (Kusuma et al., 2021) Students are also not free from this problem, the prevalence of depression among students has gradually increased in recent years, even exceeding the general public, which has become a global phenomenon. Research has been conducted focusing on this topic, and the conclusion is that the high prevalence of depression among students cannot be ignored. (Liu et al., 2022) Research reveals that the prevalence of depression among Indonesian students reaches 33%. Another study shows that 43% of students report symptoms of depression that can interfere with their studies, and this has a negative impact on academic performance and causes negative thoughts. (Hasanah et al., 2020; Hikmat et al., 2022)

Mental health problems experienced by students such as self-harm, suicide attempts, PTSD, and depression are caused by emotional problems. The emotions that are pent up in students must be released through emotional regulation. Emotions stem from traumatic experiences, which can cause dysfunction of the emotional regulation mechanism and increase the risk of mental health disorders. Emotional problems experienced by students can stem from problems with parents, family, friends, lecturers, or partners. Resolving emotional problems will make students much happier, accept themselves, and be able to live life without emotional burdens. (Rania & Roswiyani, 2024) Research shows that emotional healing therapy produces calmness and changes in mindset in students. (Hafizah, 2020)

Currently, there is no specific intervention on campus to prevent mental disorders in students. As a result, many emotional problems are not handled and cause the risk of mental disorders in students. Based on this, this study aims to improve students' emotional management skills through emotional regulation training.

## RESEARCH METHOD

This type of research used quantitative methods. The research design used is a quasi-experimental with a one-group pre-post-test approach. (Frisca, 2022) Initial data collection was conducted by interviewing respondents. Furthermore, a pre-test was conducted by distributing questionnaires, followed by providing emotional regulation training intervention for 30-45 minutes for four meetings, and ending with a post-test. The stages of emotional regulation are as follows:

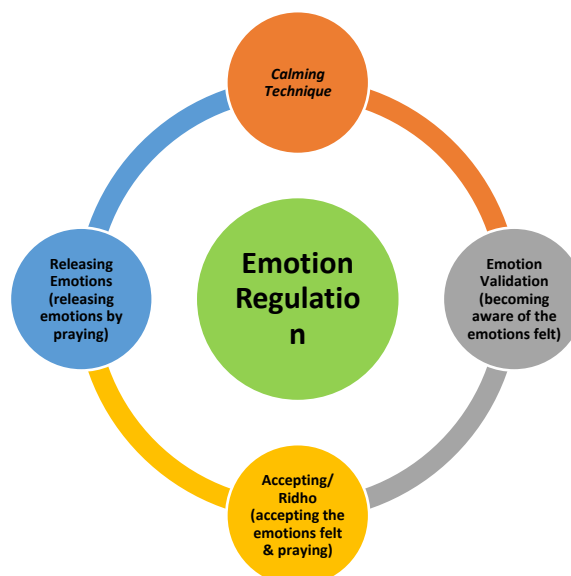


Figure 1. Stages of Emotional Regulation Training

This study was conducted at one of the nursing campuses in Indonesia. The respondents of this study were nursing students. Sampling used non-probability sampling techniques with purposive sampling. The sample obtained during the study was 100 respondents in the intervention group. The inclusion criteria of this study were nursing students, able to communicate well using Indonesian, willing to participate in the study until the post-test process.

The intervention in this study consists of emotional regulation training conducted in four sessions. Each session lasts between 30 to 45 minutes, and the training is led by a qualified psychiatric nurse. The training includes several stages aimed at improving participants' ability to manage their emotions. The first stage is releasing emotions, where participants are taught to express the emotions they are feeling, one of which is through prayer. The second stage is validating emotions, which involves teaching participants to recognize and accept the emotions they are experiencing without rejection. Next, participants are trained to accept those emotions with the concept of "Ridho," which means accepting the emotions that arise and praying to alleviate those feelings. The final stage is calming techniques, where participants are provided with strategies to calm themselves in stressful situations. The training is conducted consecutively over four sessions to ensure that participants can master each emotional regulation technique effectively.

The instruments used in this study were an emotional regulation questionnaire to measure the ability to carry out stages of emotional regulation training and an independent healthy achievement checklist to measure emotional management skills. This instrument has been tested for validity of 0.3673 and its reliability of 0.751 is declared valid and reliable. The data analysis used was the Wilcoxon test. This study has passed the ethical test with the number 452/EC/KEPK/FK-UNDIP/III/2022.

The data analysis in this study aimed to evaluate the effectiveness of the emotional regulation training on respondents' emotional regulation and emotional management abilities. The data were analyzed using descriptive statistics and inferential statistics to assess changes in respondents' emotional regulation and emotional management abilities before and after the intervention. The Wilcoxon test, a non-parametric statistical method, was used to determine the significance of the differences between the pre-test and post-test results.

## RESULTS OF STUDY

### a. Respondent characteristics

Table 1. Frequency Distribution of Respondent Characteristics (n=100)

| Variables                        | Mean ± SD     | Min ± Max |
|----------------------------------|---------------|-----------|
| Age                              | 18.95 ± 0.642 | 17 ± 21   |
| Variables                        | F             | %         |
| <b>Gender</b>                    |               |           |
| Man                              | 3             | 3         |
| Woman                            | 97            | 97        |
| <b>Religion</b>                  |               |           |
| Islam                            | 79            | 79        |
| Christian                        | 14            | 14        |
| Catholic                         | 5             | 5         |
| Other                            | 2             | 2         |
| <b>Relationship with parents</b> |               |           |
| Not close                        | 1             | 1         |
| Not close enough                 | 4             | 4         |
| Close enough                     | 11            | 11        |
| Near                             | 29            | 29        |
| Very close                       | 55            | 55        |

Based on table 1, the results of the descriptive statistical analysis of the frequency distribution, the average age of respondents was 19 years, the majority of respondents were female (97%), and had a very close relationship with their parents (55%).

### b. Respondents' emotional regulation data

Table 2. Frequency Distribution of Respondents' Emotional Regulation (n=100)

| Variables            | Category         | N (%)                                  |
|----------------------|------------------|--|
| Emotional regulation | <i>Pre-test</i>  | Poor emotional regulation<br>25 (25)   |
|                      |                  | Good emotional regulation<br>75 (75)   |
|                      | <i>Post-test</i> | Poor emotional regulation<br>0 (0)     |
|                      |                  | Good emotional regulation<br>100 (100) |

Based on table 2, the results of the descriptive statistical analysis of the frequency distribution show that before the intervention, most respondents had good emotional regulation (75%), while after the intervention, most respondents had good emotional regulation (100%).

**c. Emotional management acceptance data**

**Table 3. Frequency Distribution of Emotional Management (n=100)**

| Variables            |                  | Category                  | N (%)   |
|----------------------|------------------|---------------------------|---------|
| Emotional management | <i>Pre-test</i>  | Poor emotional management | 21 (21) |
|                      |                  | Good emotional management | 79 (79) |
|                      | <i>Post-test</i> | Poor emotional management | 4 (4)   |
|                      |                  | Good emotional management | 96 (96) |

Based on table 3, the results of the descriptive statistical analysis of the frequency distribution show that before the intervention, most respondents had good emotional management (79%), while after the intervention, most respondents had good emotional management (96%).

**d. Data normality test**

**Table 4. Normality Test Results (n=100)**

| Variables            |           | N   | P-value |
|----------------------|-----------|-----|---------|
| Emotional regulation | Pre-Test  | 100 | 0,001*  |
|                      | Post-Test | 100 | 0,000*  |
| Emotional management | Pre-Test  | 100 | 0,000*  |
|                      | Post-Test | 100 | 0,000*  |

\*Kolmogorov Smirnov test

Based on table 4, the results of the Kolmogorov Smirnov normality test on the variables of emotional regulation and emotional management pre-test and post-test have a p-value <0.05. This shows that the data is not normally distributed, so the bivariate test uses a non-parametric test, namely the Wilcoxon test.

**e. Differences between pre-test and post-test of respondents' emotional regulation**

**Table 5. Differences in Pre-Test and Post-Test of Respondents' Emotional Regulation**

| Variables            | <i>Pre-test</i> | <i>Post-test</i> | <i>P-value</i> |
|----------------------|-----------------|------------------|----------------|
|                      | Min ± Max       | Min ± Max        |                |
| Emotional regulation | 10 ± 24         | 18 ± 24          | 0,000*         |

\*Wilcoxon test

Based on table 5, the results of the Wilcoxon test obtained a p-value <0.05, namely there was a significant difference between the respondents' emotional regulation before and after being given emotional regulation therapy.

**f. Differences between pre-test and post-test on respondents' emotional management**

**Table 6. Differences in Pre-test and Post-Test of Respondents' Emotional Management (n=100)**

| Variables            | <i>Pre-test</i> | <i>Post-test</i> | <i>P-value</i> |
|----------------------|-----------------|------------------|----------------|
|                      | Min ± Max       | Min ± Max        |                |
| Emotional management | 3 ± 8           | 5 ± 8            | 0,000*         |

\*Wilcoxon test

Based on table 6, the results of the Wilcoxon test obtained a p-value <0.05, namely there was a significant difference between the respondents' emotional management before and after being given emotional regulation therapy.

## DISCUSSION

Emotion regulation is broadly defined as the ability to act effectively in the context of emotionally salient events. Emotion regulation can be defined as a process of recognizing, avoiding, or managing the intensity and duration of feelings from within, psychological emotions, attention processes, motivational states and/or behaviors related to emotions. Emotion regulation is not only related to oneself but also to others. (Hallauer et al., 2022; Kusaini et al., 2024) Self-perceived emotion regulation may be particularly important in childhood trauma, where individuals who have experienced trauma may maintain dysfunctional beliefs about their ability to cope with its effects. (Shepherd-McMullen et al., 2015; Yosep et al., 2023)

The link between difficulty regulating emotions and childhood trauma in children who experienced childhood sexual abuse is well established. (Blankenship & Hogge, 2024) One study found that individuals who had experienced early-onset chronic interpersonal trauma including childhood sexual abuse reported significantly higher scores on all measures of emotion regulation difficulties compared to individuals who had experienced late-onset, non-interpersonal and/or non-chronic trauma. (Blankenship & Hogge, 2024; Timmer-Murillo et al., 2023)

In addition, survey data from students showed that the frequency of trauma was related to difficulty in controlling emotions in students, but only for students who experienced physical, sexual, or emotional abuse trauma perpetrated by someone close to the victim, such as a parent. Children who are victims of violence tend to have difficulty in regulating emotions towards the traumatic events they experience. Overall, this study suggests that childhood trauma in childhood can interfere with normative emotion regulation processes. (Prof & Çakmak, 2023)

Emotion regulation has a strong relationship with self-harm behavior. The relationship between emotion regulation and self-harm is a topic related to individual behavior. Emotion regulation refers to a person's ability to control and manage their emotions (Rosner et al., 2019). Self-harm or self-injurious behavior is an action taken to reduce psychological pain. Research shows that individuals who have difficulty regulating their emotions are more likely to self-harm as a way to cope with problems (Peters et al., 2020).

Self-harm is often used to manage intense or unpleasant emotions, such as sadness, anger, or anxiety, because it provides temporary relief from these negative feelings. One of the primary reasons individuals engage in self-harm is to reduce the negative emotions they are experiencing. In addition, deficits in emotion regulation were significantly correlated with the frequency and severity of self-harm. They found that individuals who lacked skills in managing emotions were more likely to use self-harm as a way to cope with or distract themselves from painful emotions.

The ability to regulate emotions is essential for engaging with the social environment. Emotional regulation can be used for the process of processing positive and negative emotional experiences. (Yusuf & Kristiana, 2024) Someone who has good emotional regulation can behave positively and benefit themselves and others. This can be marked when individuals regulate emotions, then they can work together, help, make peace, share and so on. Likewise, proper emotional management gives rise to rational and conscious behavior. (Ezra Addo Setiawan et al., 2024)

Emotion regulation strategies can be adaptive, such as acceptance, problem solving, and positive refocusing, while other strategies are considered maladaptive, such as rumination, catastrophizing, and self-blame. (Chang et al., 2018) One important dimension in emotional regulation is the ability of a person's self-perception in regulating negative moods. Emotional regulation is a student's strategy to consciously or unconsciously manage emotional responses and express those emotions automatically or under control to achieve biological influence or social adaptation to regulate appropriate behavior to achieve a goal. (Miraharsi 'Aisyah & Hilmiyah Alfi Nadlifatul, 2023)

Emotion regulation plays a crucial role in how individuals manage their emotional responses, particularly in challenging situations or following traumatic experiences. As highlighted in the research, individuals who struggle with regulating their emotions often experience difficulties in both their emotional well-being and behavior, especially when trauma is involved (Hoyt et al., 2020; Panayiotou et al., 2021). The inability to manage emotions effectively can lead to maladaptive coping mechanisms such as self-harm, as individuals may turn to these behaviors as a way to alleviate intense emotions like sadness, anger, or anxiety (Radtke et al., 2020; Schuette et al., 2020). Trauma, particularly childhood trauma, is known to disrupt the natural processes of emotion regulation, leading to difficulties in emotional management that persist into adulthood. This is especially evident in individuals who have experienced interpersonal trauma, such as childhood sexual abuse, which can significantly hinder their ability to process and regulate emotions in a healthy way (Hughes et al., 2020).

There are several strategies for regulating emotions, including cognitive reappraisal, which is a type of cognitive shift that occurs early in the process of generating emotions (Chang et al., 2018). Reappraisal is the process of analyzing one's circumstances by changing one's perspective on potentially disappointing events in an effort to reduce their emotional impact (Almeida et al., 2023). The hope is that by re-evaluating the emotions experienced, cognitive reappraisal can reduce the manifestation of unpleasant emotions in a person. (Husnianita & Jannah, 2021)

The second strategy is the suppression of emotional expression (expressive suppression), to reduce behavioral reactions from unpleasant emotions, suppression of emotional expression is described as an external indicator that limits the activity of continuing emotional expression. This restraint on emotional expression is intended to stop further displays of emotional behavior. (Husnianita & Jannah, 2021) Several studies have shown that self-perceived emotion regulation ability is an important predictor of affect, cognition, and behavior.

## CONCLUSION

The results of this study found that there was a significant difference between emotional regulation and emotional management of respondents before and after being given emotional regulation training. Emotional regulation training is an appropriate intervention to overcome emotional problems, help improve emotional management skills, and prevent the risk of mental health disorders in students on campus. By improving their emotional regulation abilities, students can better cope with stress, manage difficult emotions, and enhance their overall psychological well-being, which can have a positive impact on their academic and personal lives.

The findings of this study highlight the importance of integrating emotional regulation training into student development programs to support their mental health and emotional well-being. Educational institutions should consider incorporating such training into their curricula to provide students with valuable skills for managing their emotions effectively. Furthermore, mental health professionals, such as counselors and psychiatric nurses, could play a crucial role in delivering these interventions, especially for students who may be experiencing emotional distress. Future research could explore the long-term impact of emotional regulation training on students' mental health, as well as investigate whether similar programs could be implemented in other settings, such as the workplace or community organizations, to foster better emotional management skills across different age groups and populations.

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## Conflict of Interest Statement

The authors declare that no conflicts of interest in this study.

## Human Ethics and Consent to Participate

This study has passed the ethical test with the number 452/EC/KEPK/FK-UNDIP/III/2022.

## Authors Contribution

Made substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data: MD, DYW, AS, EH, NSD, MA, SU, RH; Involved in drafting the manuscript or revising it critically for important intellectual content: MD, DYW, AS, EH, NSD; Given final approval of the version to be published. Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content: MD, DYW, AS, EH; Agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved: MD, DYW, AS, EH, NSD, MA, SU, RH.

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