



Research Article

Spiritual Resources for Anger Management: Spirituality Integrated Cognitive Behavioral Group Therapy

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Abstract

This study aims to examine the effects of a group counseling program based on spirituality-integrated cognitive behavioral therapy on adolescents' trait anger, anger control, external dysfunctional emotion regulation, and positive religious coping. The research used a quasi-experimental design with a pretest-posttest control group. Criterion sampling, which is one of the purposive sampling types, was used in the selection of the participants in the study. Participants who met the criteria determined within the scope of the study were ranked according to their scores. Then, odd-numbered ones were assigned to the control group, and even-numbered ones were assigned to the experimental group. While the mean age of the experimental group (n=10) comprising 6 female and 4 male participants was 16.1, the mean age of the control group (n=10) comprising 8 female and 2 male participants was 15.4. The psychological counseling program was applied to the experimental group with 8 sessions, each lasting 90 minutes. The trait Anger and Anger Style Scale, Religious Coping Scale, and Adolescent Emotion Regulation Scale were used as data collection tools. Mann-Whitney U Test and Wilcoxon Signed Rank Test were used in data analysis. As a result of the study, it was found that the cognitive behavioral therapy-based group spiritual counseling program significantly decreased adolescents' trait anger and external dysfunctional emotion regulation skills, and significantly increased their anger control and positive religious coping levels. The findings were discussed within the literature framework and recommendations were presented.

Keywords:

Adolescence • Spiritually Oriented Cognitive Behavioral Therapy • Anger Management

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Adolescence, characterized as the transitional stage between childhood and adulthood, is a dynamic period in which many physiological, cognitive, social, and emotional changes occur (Burnett & Blakemore, 2009; Jaworska & MacQueen, 2015). Hall (1904), who pioneered scientific studies on adolescence, described this period of conflict and mood swings as the “storm and stress” period. Adolescents may encounter behavioral problems such as anger and aggression in adapting to the changes experienced in this period, where emotional ups and downs are intense (Anjanappa et al., 2019; Rahman et al., 2014). In the study conducted by Spielberger (1999), it was seen that adolescents scored higher on trait anger and lower scores on anger control compared to participants in other developmental stages (as cited in Marcus, 2017).

Anger is one of the basic human emotions (Ekman, 1971). Novaco (2016) defined anger as a subjective emotional state accompanied by antagonistic cognitions and physiological arousal. Like many emotions, anger is not inherently problematic, but it can cause problems due to its intensity, frequency, and behavioral effects (Howels & Day, 2002). Although anger is functional, it is an emotion that can cause behaviors such as avoidance and aggression when it cannot be controlled. At this point, the way of expressing anger becomes essential. Anger can be expressed in many forms, such as violence, self-harm, and, more commonly, physical and verbal aggression (Blake & Hamrin, 2007). When expressed healthily, anger can be constructive and corrective in interpersonal communication (Soykan, 2003). Inappropriate expressions of anger can cause physical, social, and psychological problems during adolescence. Feindler and Engel (2011) stated that inappropriate expression of anger concerns parents, educators, and mental health professionals. Blake and Hamrin (2007) emphasized that how anger is expressed can cause significant social problems, especially for school-age adolescents.

Anger management is based on emotion control. Zimmermann and Iwanski (2014) showed that age significantly affects the use of adaptive emotion regulation strategies for anger. In this respect, adolescence is a reasonable period for observing emotion regulation processes. Stapley and Haviland (1989) concluded in their study that anger is one of the most common emotions experienced during adolescence. At this point, the role of emotion regulation in anger control comes to the fore. Emotion regulation consists of external and internal processes responsible for monitoring, evaluating, and changing one’s emotional reactions and characteristics to achieve one’s goals (Thompson, 1994). Mauss, Cook, Cheng, and Gross (2007) stated that regulating emotions, especially in anger, supports psychological well-being. Robertson et al. (2011) stated that dysfunctional emotion regulation is associated with aggressive behavior. In addition, Silk, Steinberg, and Morris (2003) stated that understanding the emotion regulation processes in adolescence is important for solving possible

pathologies in the coming years (as cited in Öpöz, 2017). In this context, it is thought that regulating anger during adolescence is important.

It is essential for individuals to gain awareness about anger in anger control. In addition, learned emotions, thoughts, and behaviors that cause anger and mediate the expression of anger also play an important role in this process (Wong, 1995). At this point, cognitive behavioral therapy (CBT) uses techniques to change anger's cognitive, emotional, and behavioral components. CBT interventions aim to provide adolescents with more adaptive information processing and coping skills (Down et al., 2011).

The CBT approach is widely used in solving problems that arise as a result of expressing anger in dysfunctional ways (Lee & DiGiuseppe, 2018). Cognitive behavioral-based anger management therapy is based on the work of Novaco (1975). In the following years, adolescents (Feindler & Ecton, 1986), university students (Deffenbacher et al., 2002), adults (Fuller et al., 2015), the elderly (Ceramidas, 2012), police officers (Gerzina & Drummond, 2000), substance abusers (Reilly & Shopshire, 2000) and studies on individuals with intellectual disabilities (Rose et al., 2000) show that CBT group practices have become widespread. In addition, Down et al. (2011) frequently stated in adolescent anger management studies that group interventions are cost-effective. Related meta-analysis studies also show that CBT is effective on various samples such as children (Candelaria et al., 2012), adolescents (Sukhodolsky et al., 2004), adults (Del Vecchio & O'Leary, 2004; DiGiuseppe & Tafrate, 2003; Saini, 2009), adult male offenders (Henwood et al., 2015). In this respect, it can be said that CBT-based anger control programs are effective in anger management.

The spiritually-oriented cognitive-behavioral approach, which forms the basis of our study, is an area that has been developing recently (Sperry & Shafranske, 2005). Cognitive behavioral therapy is one of the most frequently used approaches in integrating spiritual techniques into therapy (Daniels & Fitzpatrick, 2013). Studies have shown that spiritually-oriented CBT has many factors, such as depression (Good, 2010), anxiety (Barrera et al., 2012), trauma (Wang et al., 2016), eating disorders (Tonkin, 2005), and addiction (Hodge, 2011). Appears to be used in the treatment of the problem. When we look at the studies on anger, Burns (2003), in his thesis study in which he examined the correlation between spirituality, anger, and aggression in adolescent boys, found that higher cognitive orientation towards spirituality had a negative and significant correlation with trait anger, reactive anger, and instrumental anger scores. In another study, Vannoy & Hoyt (2004) concluded a significant decrease in the anger levels of the participants as a result of the spiritually-oriented CBT application for adults in prison.

Studies show that religious and spiritual practices are the main methods of dealing with physical, social, and psychological problems. In terms of anger control, it can be said that

individuals' beliefs play an important role in this process (Yeğin, 2010). Tavrıs (1989) also stated that from the past to present, great philosophers and religious leaders such as Seneca, Descartes, and Gandhi gave various advice for individuals to keep their anger under control (as cited in Del Vecchio and O'Leary, 2004). At this point, Pargament et al. (1988), one of the pioneers of studies on how religious values affect people's struggle with their difficulties, stated that religion plays a vital role in problem-solving processes and suggests the concept of "religious coping." Individuals can use various religious coping methods against the difficulties they experience in daily life. At this point, religious and spiritual resources play an important role in the problem solving. When religious coping models are examined, it is seen that positive and negative religious coping come to the fore. Positive religious coping methods are associated with a sense of spirituality, a secure relationship with God, and meaning in life, while negative religious coping methods are associated with a less secure relationship with God, a weak worldview, and a religious struggle in search of meaning (Pargament et al., 1998). It is emphasized that positive religious coping discussed in this study is associated with life satisfaction (Putman et al., 2011; Van Dyke et al., 2009), positive self-perception (Cunningham, 2004) and low stress (Pirutinsky et al., 2020). In addition, Corsini (2009) stated that the religious coping strategies used by individuals to regulate their anger are effective. Özgül (2017) found in her study that positive religious coping reduces trait anger and increases anger control. Bjorck and Kim (2009) concluded that positive religious coping negatively correlates with trait anger. Studies in this context show that positive religious coping contributes to anger management.

In light of all this literature, this study aims to examine the effects of cognitive and behavioral-based group spiritual counseling on trait anger, anger control, positive religious coping, and adolescents' external dysfunctional emotion regulation levels. The following hypotheses were tested in the study:

- (i). There will be a statistically significant decrease in favor of the experimental group between the trait anger scores of the spiritually integrated cognitive behavioral therapy-based group and the experimental and control groups.
- (ii). There will be a statistically significant increase in favor of the experimental group between the anger control scores of the spiritually integrated cognitive behavioral therapy-based group and the experimental and control groups.
- (iii). There will be a statistically significant increase in favor of the experimental group between the spiritually integrated cognitive behavioral therapy-based group and the positive religious coping scores of the experimental and control groups.
- (iiii). There will be a statistically significant decrease in favor of the experimental group between the spiritually integrated cognitive behavioral therapy-based group and the external dysfunctional emotion regulation scores of the experimental and control groups.

Method

Research Design

This research used a quasi-experimental design with pretest–posttest control group. Quasi-experimental models are experimental research used when participants are not randomly assigned to the group (Creswell, 2014). In this context, the independent variable of the research is a cognitive behavioral therapy-based group spiritual counseling program. The dependent variables are anger, emotion regulation, and religious coping skills. The design of the study is presented in Table 1.

Table 1.
Research design

Pre-Test–Post-Test Quasi-Experimental Design with Control Group			
Experimental Group	Pre-test	Group Counseling Based on Spiritually Integrated Cognitive Behavioral Therapy	Post-test
Control Group	Pre-test	no intervention	Post-test

Study Group

The participants of the study consisted of 20 10th and 11th grade students between the ages of 14–18 studying at a high school on the European side of Istanbul. While 6 of the students in the experimental group were girls and 4 were boys 8 of the students in the control group were girls, and 2 were boys. Criterion sampling, one of the purposive sampling types, was used to select the participants in this study. Before the study, the relevant scales were administered to high school students voluntarily. In this context, the criteria for participation in the research are; based on the behavioral observations of the students, teacher recommendations, guidance service orientation, and a 75% or higher score in Trait Anger and Anger Style Inventory’s trait anger scale (Act in Spielberger, 1988; Snyder et al., 1999). Students who meet the specified criteria are ranked according to their scores. Then, odd-numbered ones were assigned to the control group, and even-numbered ones were assigned to the experimental group.

Data Collection Tools

The State-Trait Anger Expression Inventory (STAXI)

The Turkish validity and reliability study of the scale developed by Spielberger et al. (1983) was performed by Özer (1994). Scale items have a 4-point Likert-type scoring. The first 10 items of the 34-item scale measure trait anger and 24 items measure anger expression styles. The anger expression style subscale also has three sub-dimensions: anger in, anger out, and anger control. The values obtained as a result of Cronbach’s alpha analysis were 0.79 for the trait anger dimension, 0.84 for the anger control dimension, 0.78 for the anger-out dimension, and 0.62 for the anger-out dimension. In this study, trait anger and anger control sub-dimensions of the scale were used because

they focused on reducing the trait anger levels of adolescents and increasing anger control. The lowest score that can be obtained from the trait anger scale is 10, and the highest score is 40. The lowest score on the anger control scale is 8, and the highest is 32. High scores from the trait anger scale indicate high levels of anger, and high scores from the anger control scale indicate that anger can be controlled.

Religious Coping Scale (RCS)

The Religious Coping Scale developed by Abu-Raiya, Pargament, Mahoney, and Stein (2008) was adapted into Turkish by Ekşi and Sayın (2016). As a result of the confirmatory factor analysis for the construct validity of the Religious Coping Scale, the scale's 10-item and 2-factor structures were confirmed. The scale's Cronbach alpha internal consistency coefficient was calculated as .91 for the positive religious coping subscale and .86 for the negative religious coping subscale. Positive and negative religious coping scores are calculated separately in the scale. Since the content of the group counseling program focuses on the practical use of religious and spiritual resources in anger processes, the positive religious coping sub-dimension of the religious coping scale was used within the scope of the study. The raw score from the positive religious coping subscale ranges from 7 to 28. A higher positive religious coping subscale score reflects more positive religious coping. Psychometric studies of the Turkish version have shown that the scale has the same structure as the original form.

Regulation of Emotions Questionnaire (REQ)

The Turkish adaptation of the scale developed by Phillips and Power (2007) was made by Duy and Yıldız (2014). Scale items have a 5-point Likert-type scoring. The confirmatory factor analysis confirmed the measurement tool's four-dimensional structure. The scale consists of external dysfunctional emotion regulation, internal dysfunctional emotion regulation, internal functional emotion regulation, and external functional emotion regulation dimensions. The Cronbach's Alpha coefficients of the scale were found to be .76 for the external dysfunctional emotion regulation sub-dimension, .68 for the internal dysfunctional emotion regulation sub-dimension, .74 for the internal functional emotion regulation sub-dimension, and .57 for the external functional emotion regulation sub-dimension, respectively. Since the group counseling program deals with emotion regulation in the context of anger, the external functional emotion regulation sub-dimension of the emotion regulation scale for adolescents was used within the scope of the study. An exemplary item of the external functional emotion regulation sub-dimension is as follows: "I take my anger/sadness out physically (e.g., fight, hit) from others." As the scores obtained from the external functional emotion regulation sub-dimension increase, the frequency of the emotion regulation method used by the adolescent for that sub-dimension also increases. As the score decreases, the rate of using that method decreases.

Data Analysis

In the analysis of the data nonparametric methods were preferred because the sample size was smaller than 30 ($n=20$) and the data did not meet the assumption of normal distribution. In this context, the non-parametric Mann-Whitney U test was used to compare the pre-test and post-test scores of the participants in the experimental and control groups. In addition, Wilcoxon Signed Rank Test was conducted to reveal whether the post-test scores of the experimental and control groups differed significantly compared to the pre-test scores. IBM SPSS 25 statistical package program was used in the statistical data analysis process.

Procedure

The group counseling program was developed and implemented by the researcher. The researcher works as a psychological counselor in a school. He received Cognitive Behavioral Therapy and spiritual counseling training in his doctoral education. He also conducted group counseling sessions during his undergraduate and graduate education.

Related research in the preparation phase of the group counseling program based on cognitive behavioral therapy integrated with applied spirituality (Boyalı, 2022; Emre & Keskinoglu, 2022; Saçar, 2022; Kara, 2019; Kirca & Hatun, 2021; Snyder Badau & Esquivel, 2005; Öz, 2008; Yavuz, 2022) were examined, and applications were determined in line with the purpose of the study and used directly or through adaptation. The content of the prepared program was evaluated by two experts in the field of Guidance and Psychological Counseling, and the program was finalized in line with the feedback. Before starting the group work, individual interviews were conducted with the students in both the experimental and control groups. Parents' permission was obtained regarding the student's participation in this process. In addition, ethics committee approval (01-20) was obtained for the study.

The program was carried out in 8 sessions of 90 minutes to be implemented once a week in the 1st Term of the 2022-2023 academic year. The pre-test applications using

Table 2.
Sessions and Session contents

Sessions	Session Content
Week 1	Introductions, setting group rules, 8 basic emotions
Week 2	Anger and types of anger, dimensions of anger, relationship between anger and spiritual resources
Week 3	Anger and its physiological effects, causes of anger, the effect of spirituality on anger
Week 4	Cognitive processes associated with anger, types of cognitive processing with spiritual content, coping expressions
Week 5	Core beliefs about anger, anger management, communication skills
Week 6	Anger and aggression, coping strategies, spiritual resources in the process of coping with anger
Week 7	Mindfulness, spiritual coping skills, forgiveness
Week 8	Summary, sharing experiences

the Trait Anger and Anger Style Scale, the Religious Coping Scale and the Difficulty in Emotion Regulation Scale were carried out before the first session, and the post-test applications were carried out in the last session. Although no study was conducted for the control group, warm-up games, determined activities, and homework were given to the experimental group in each session within the program’s scope.

As can be seen in Table 2, in the first session, firstly, information was given about the program. Group rules were determined together with the members after the activity called Introduce Friend was applied for the group members to get to know each other. In the last part of the session, emotions were introduced using Plutchik’s wheel of emotion. The second session aimed to have information about anger and anger types, be aware of anger’s physical, behavioral, and cognitive dimensions, and establish a relationship between anger and spiritual resources. The spiritual sentence completion test was applied at the end of the session. In the third session, the physiological changes accompanying the feeling of anger, the situations that cause anger, and the effects of spirituality on anger were studied. In the fourth session, the subjects explored cognitive processes related to anger, irrational thought patterns, types of cognitive processing with spiritual content, coping expressions, and spiritual coping expressions took place. The fifth session emphasized core beliefs about anger, anger control processes, and using I language in communication. The sixth session, it was aimed to distinguish between anger and aggression, to have information about functional and dysfunctional strategies used in the coping process, and to realize the effect of spiritual resources on coping with anger. In the seventh session, relaxation techniques, anger management, spiritual coping strategies, and forgiveness were studied. Finally, in the eighth session, the group process was reviewed, and the process was terminated by taking evaluations by the group members.

Results

In this part of the research, the findings obtained as a result of the analysis of the data collected within the scope of the research are included.

Table 3.

Descriptive statistics on the pretest and posttest scores of the experimental and control groups

Scales	Experimental Group				Control Group			
	Pre-test		Post-test		Pre-test		Post-test	
	X	Sd	X	Sd	X	Sd	X	Sd
STAXI - Trait-Anger	33.40	1.83	29.30	5.10	32.70	1.70	34.20	1.81
STAXI -Anger Control	15.20	3.45	19.50	5.75	14.30	1.63	13.20	2.44
RCS-Positive Religious Coping	17.40	3.09	20.80	4.49	18.30	2.71	16.10	2.33
REQ- External Dysfunctional Emotion Regulation	16.60	2.71	12.70	2.05	18.50	2.54	18.00	4.05

When Table 3 is examined, it is seen that the anger control and positive religious coping post-test average scores of the experimental group increased compared to the pre-test scores. Trait anger and external dysfunctional emotion regulation post-test mean scores decreased compared to the pre-test scores. Table 3 shows the results of the Mann Whitney-U Test to test the significance of the difference between the pre-test scores of the experimental and control groups.

Table 4.

The results of the Mann Whitney-U Test were applied to test the significance of the difference between the experimental and control group pre-test scores.

Scales	Group	N	Mean Rank	Sum of Ranks	U	Z	p
STAXI - Trait-Anger	Experimental	10	11.55	115.50	39.500	-,810	,418
	Control	10	9.45	94.50			
STAXI -Anger Control	Experimental	10	11.60	116.00	39.000	-,839	,401
	Control	10	9.40	94.00			
RCS-Positive Religious Coping	Experimental	10	9.70	97.00	42.000	-,610	,542
	Control	10	11.30	113.00			
REQ- External Dysfunctional Emotion Regulation	Experimental	10	8.65	86.50	31.500	-1.409	,159
	Control	10	12.35	123.50			

As seen in Table 4, trait anger ($U=39.50$, $p>.05$), anger control ($U=39.00$, $p>.05$), positive religious coping ($U=42.00$, $p>.05$), and external dysfunctional No statistically significant difference was found between the pre-test averages of the experimental and control groups in terms of emotion regulation ($U=31.50$, $p>.05$) scores. Based on the findings, the experimental and control groups have similar characteristics regarding the compared variables.

Table 5.

Wilcoxon Signed Ranks Test results regarding the pretest-posttest scores of the experimental group

Scales	Group	N	Mean Rank	Sum of Ranks	Z	P
STAXI - Trait-Anger	Negative Rank	7	5.86	41.00	-2.203	,028
	Positive Rank	2	2.00	4.00		
	Ties	1				
	Total	10				
STAXI -Anger Control	Negative Rank	2	3.25	6.50	-2.156	,031
	Positive Rank	8	6.06	48.50		
	Ties	0				
	Total	10				
RCS-Positive Religious Coping	Negative Rank	3	2.67	8.00	-2.015	,044
	Positive Rank	7	6.71	47.00		
	Ties	0				
	Total	10				
REQ- External Dysfunctional Emotion Regulation	Negative Rank	8	5.44	43.50	-2.501	,012
	Positive Rank	1	1.50	1.50		
	Ties	1				
	Total	10				

When Table 5 is examined, trait anger ($z=-2.20, p<.05$), anger control ($z=-2.15, p<.05$), positive religious coping ($z=-2.01, p<.05$), and A statistically significant difference were found between external dysfunctional emotion regulation ($z=-2.50, p<.05$) pretest and posttest scores. These findings show that cognitive behavioral therapy-based spiritual counseling with the group significantly decreased the trait anger and external dysfunctional emotion regulation scores of the students in the experimental group. At the same time, there was a significant increase in anger control and positive religious coping scores.

Table 6.
Wilcoxon Signed Ranks Test results regarding the pretest-posttest scores of the control group

Scales	Group	N	Mean Rank	Sum of Ranks	Z	p
STAXI - Trait-Anger	Negative Rank	3	4.17	12.50	-1.566	,117
	Positive Rank	7	6.07	42.50		
	Ties	0				
	Total	10				
STAXI -Anger Control	Negative Rank	8	4.50	36.00	-1.612	,107
	Positive Rank	1	9.00	9.00		
	Ties	1				
	Total	10				
RCS-Positive Religious Coping	Negative Rank	6	4.83	29.00	-1.550	,121
	Positive Rank	2	3.50	7.00		
	Ties	2				
	Total	10				
REQ- External Dysfunctional Emotion Regulation	Negative Rank	2	8.50	17.00	-.664	,507
	Positive Rank	7	4.00	28.00		
	Ties	1				
	Total	10				

As seen in Table 6, there was no statistically significant difference between the control group’s trait anger ($z=-1.56, p>.05$), anger control ($z=-1.61, p>.05$), positive religious coping ($z=-1.55, p>.05$) and external dysfunctional emotion regulation ($z=-.664, p>.05$) pre-test post-test scores.

Table 7.
The results of the Mann Whitney-U Test were applied to test the significance of the difference between the experimental and control group post-test scores.

Scales	Group	N	Mean Rank	Sum of Ranks	U	Z	P
STAXI - Trait-Anger	Experimental	10	7.75	77.50	22.500	-2,092	,036
	Control	10	13.25	132.50			
STAXI -Anger Control	Experimental	10	13.60	136.00	19.000	-2.358	,018
	Control	10	7.40	74.00			
RCS-Positive Religious Coping	Experimental	10	13.55	135.50	19.500	-2.328	,020
	Control	10	7.45	74.50			
REQ- External Dysfunctional Emotion Regulation	Experimental	10	6.80	68.00	13.000	-2.284	,005
	Control	10	142.00	142.00			

As seen in Table 7, statistically significant differences were found between the trait anger ($z=2.09$, $p<.05$), anger control ($z=-2.35$, $p<.05$), positive religious coping ($z=-2.32$, $p<.05$) and external dysfunctional emotion regulation ($z=-2.28$, $p<.05$) post-test scores of the experimental and control groups. According to the findings, it was determined that the anger control and positive religious coping post-test scores of the students in the experimental group were significantly higher than those in the control group. The trait anger and external dysfunctional emotion regulation post-test scores were significantly lower than those in the control group.

Discussion

Although spiritually-oriented CBT applications related to anger management have found little place in the literature, studies have shown effective results on anger (Angus, 2001; Vannoy & Hoyt, 2004). This study investigated the effects of a group counseling program based on spirituality-integrated cognitive behavioral therapy on adolescents' trait anger, anger control, external dysfunctional emotion regulation, and positive religious coping. A total of 20 high school students, 6 boys and 14 girls participated in the study, organized in a quasi-experimental design with a pretest-posttest control group. In the analyzes made before the counseling with the group, no significant difference was found between the experimental and control groups in terms of trait anger, anger control, emotion regulation, and positive religious coping levels. A counseling program based on cognitive behavioral therapy integrated with spirituality was applied to the experimental group, and no action was taken against the control group. The Mann Whitney-U Test was used to test whether there was a significant difference between the post-test scores after the implementation of the group counseling program. As a result of the analysis, it was concluded that anger control and positive religious coping levels showed a significant positive difference. It was found that the levels of trait anger and external dysfunctional emotion regulation showed a significant difference in the negative direction. Finally, in the analyzes carried out to test whether there is a significant difference between the pre-test and post-test scores of the experimental group, a significant difference was found in terms of trait anger, anger control, external dysfunctional emotion regulation, and positive religious coping pre-test post-test scores. However, it was concluded that there was no significant difference in the control group's pre-test and post-test scores. These findings show that the group counseling program based on spirituality-integrated cognitive behavioral therapy applied within the scope of the study decreased the trait anger and external dysfunctional emotion regulation levels of adolescents while increasing their anger control and positive religious coping levels.

Anger is an experiential state of cognitive, emotional, and physiological components. At this point, CBT offers an approach that emphasizes that our thoughts

are determinative of our emotions and behaviors (Beck, 2021). CBT is a frequently used approach in anger interventions (Candelaria et al., 2012; Henwood et al., 2015). Within the scope of the study, it was observed that the anger control levels of the adolescents increased, and their trait anger levels decreased in the analyzes made as a result of the application of the cognitive behavioral therapy-based group spiritual, psychological counseling program. There are studies in the related literature that support this finding. Feindler and Ecton (1986) taught relaxation and cognitive behavioral techniques with the CBT-based anger control program they developed based on problems such as being unable to cope with their anger, withdrawing or acting aggressively, frequently fighting at school, and emotional deprivation. It is concluded that they could control it. Şekerci et al. (2017) concluded that CBT group interventions decreased trait anger while increasing anger control in a group counseling study with adolescents. Similar group studies have also shown that cognitive behavioral therapy programs are effective in reducing the trait anger of adolescents and increasing anger control (e.g., Sütçü et al., 2010; Duran & Eldeleklioğlu, 2005). In addition, meta-analysis studies (Fernandez et al., 2018; Özabacı, 2011; Sukhodolsky et al., 2004) show that CBT gives effective results on anger.

Anger is one of the most common emotions experienced during adolescence (Stapley & Haviland, 1989). Considering the physical, emotional, and psychosocial effects of anger, it is thought that the ability to regulate anger and emotion gains importance, especially during adolescence. Phillips and Power (2007) classified emotion regulation strategies as internal-functional, internal-non-functional, external-functional, and external-non-functional. In external dysfunctional emotion regulation, individuals cannot control negative emotions and thoughts, such as anger, sadness, and anger, and direct them to the people around them (Phillips & Power, 2007). As a result of the group counseling applied within the scope of the study, it was observed that there was a significant decrease in the external dysfunctional emotion regulation levels of adolescents. It is stated that the intense use of dysfunctional emotion regulation strategies may cause emotional and behavioral problems in adolescents (Goodman, 1997). Studies in the literature have drawn attention to the relationship between emotion regulation and anger. Öpöz (2017) concluded that as adolescents' emotion regulation difficulties increase, their anger control decreases significantly, while their trait anger levels increase significantly. Cenkseven Önder and Canoğulları (2020) concluded in their study that external dysfunctional emotion regulation significantly predicted anger. Similarly, Karababa (2020) found a positive and significant correlation between trait anger and external dysfunctional emotion regulation variables in his study examining the correlation between trait anger, emotion regulation strategies, and loneliness. However, Rosmarin (2018) emphasizes that various spiritual/religious beliefs and practices, such as gratitude, forgiveness, and prayer, are also effective in emotion regulation. In this context, emotion regulation

theory offers an important approach for researchers who want to include spirituality/religion in CBT practices (Rosmarin, 2018). Considering the effect of the cognitive behavioral therapy-based group spiritual counseling program applied to adolescents on the emotion regulation variable within the framework of the relevant literature, it can be said that the research results support the hypothesis developed.

Another critical finding obtained within the scope of the study is a significant increase in positive religious coping levels of adolescents as a result of group counseling. Positive religious coping strategies can help individuals respond more effectively to challenging situations (Cunningham, 2004). Putman et al. (2011) found that positive religious coping was associated with lower trait anger levels. In his study, Cunningham (2004) also concluded that positive religious coping is a significant predictor of anger control. These findings support the idea that religious coping strategies can be included in anger control group intervention programs for adolescents.

Due to the scope of this study, some factors limit the conclusions that can be drawn from the data. First, the criteria determined within the scope of criterion sampling may create limitations. Within the scope of the research, teacher recommendations and guidance service orientation, which are the criteria for participation in the research, may be specific to the teachers' experience. This may make it difficult for future studies to replicate the established criteria. However, using the Trait Anger Scale (Spielberger, 1988) as a quantitative criterion partially removes this limitation. Secondly, the gender ratio of the participants is not balanced since the high school where the application was made was predominantly female. This situation may prevent adolescents from explaining anger management processes because their anger experiences may differ according to gender (Park et al., 2010; Wong et al., 2018). Subsequent studies can be designed by considering the balanced gender distribution. In addition, the lack of follow-up measurements of the study may cause limitations in examining the program's effect and continuity. It may be recommended to conduct follow-up studies in different time periods for the interventions applied in future studies. Finally, in this study, which was designed using a quasi-experimental design, the participants were not randomly assigned to the experimental and control groups. However, no significant difference was found as a result of the comparison of the pre-test scores of the experimental and control groups. This supports the reliability of the study results.

The findings obtained within the scope of the study show that the group counseling program decreases the adolescents' trait anger and external dysfunctional emotion regulation levels and increases anger control and positive religious coping levels. In this context, integrating emotion regulation skills and positive religious coping methods into group interventions applied in developing anger control skills will significantly contribute to adolescents' anger-experiencing processes.

Ethical approval. All procedures related to the study named “Spiritual Resources for Anger Management: Spirituality Integrated Cognitive Behavioral Group Therapy” were carried out in accordance with the ethical standards of Marmara University Institute of Educational Sciences Research and Publication Ethics Committee (ethics committee approval date and number 19.01.2023/01- 20)

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