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Anger is very ugly: Results from a classwide socio-emotional skills program

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Abstract

In school-aged children, healthy development of socio-emotional processes improves cognitive, social, and psychological well-being and promotes school and life success (Goleman, 1997; Mayer & Cobb, 2000; Greenberg, 2004; Zins & Elias, 2006; Brackett, Rivers & Salovey, 2011; Durlak, Weissberg, Dymnicki, Taylor & Schellinger et al., 2011). However, despite the number of evidence-based socio-emotional programs, issues in implementation and sustainability are present among school boards and districts (Greenberg, Weissberg, O’Brien, Zins, Fredericks, et al., 2003). The purpose of this study was to explore the effectiveness of a socio-emotional skills program on emotional literacy in grade three students. Using applied thematic analysis, results indicated that the Anger Blanket program may increase socio-emotional competencies, but this needs to be explored in future studies with enhanced methodology. Implications of this study highlight the need for coordinated development and integration of socio-emotional programming within schools and across school boards.

Keywords: emotional literacy, socio-emotional learning, socio-emotional competence

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Dedication

For my friends and family; I would not be where I am today without your love, encouragement, and unconditional support. And for everyone else; this paper is a testament that, if you really set your mind to something, success is always within reach. Don't be afraid to fail. And don't ever give up.

“...anything's possible if you've got enough nerve.”- J.K. Rowling

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I would also like to thank my friends, for reminding me to enjoy each day as it comes and for never allowing me to stop laughing, and my family, for always believing in me. You all have made this experience possible and I am grateful for each and every one of you.

Please note: the quotations in my title were used to indicate that the statement “anger is very ugly” was not my own and that I do not endorse anger as an “ugly” emotion. The expression was made by a student from the Anger Blanket program and I included this to reflect that children sometimes consider anger to be unpleasant and negative.

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Chapter 1: Introduction

The study of emotion has been a focal point of modern educational research. Since the 1990s, the influence of emotion on learning and development in children has been a particular area of increasing interest (Goleman, 1997; Gross, 1998; Zins & Elias, 2006; Gross 2015). Healthy emotion processes have been shown to positively influence cognitive, social, and psychological development (Goleman, 1997; Mayer & Cobb, 2000; Greenberg, 2004; Brackett, Rivers & Salovey, 2011; Durlak et al., 2011). Consequently, modern educational research encourages a ‘whole child’ approach to education and asserts the importance of adequate and equal attention to social, emotional, and academic development (Steiner, 1997; Elias, 2006; Zins & Elias, 2006). Literature supports the efficacy of fostering emotional competence in children through educational programming and researchers have begun to focus initiatives on the development of standardized programming in schools and across school boards (Greenberg et al., 2003). One area of considerable importance in facilitating the emotional competence of children is that of anger management (Kassinove & Tafrate, 2006; Kligyte, Connelly, Thiel & Devenport, 2013). Children who are able to effectively self-regulate their emotions are more likely to achieve social and academic success at school (Zins & Elias, 2006; Brackett et al., 2011). Thus, the goal of this study was to examine the effectiveness of the Anger Blanket Program (Aziz, 2012) which was designed to help elementary school children develop emotional literacy and coping skills surrounding the experience of anger.

Constructs Associated with Emotion-Based Research and Interventions

A single, universal construct for defining emotional competence has not been agreed upon by researchers and academics (Mayer & Cobb, 2000; Weare, 2003). A term widely used in North America, *emotional intelligence*, or EI, is a skill-set consisting of emotion awareness,

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knowledge, and regulation in the self and others and it is the conceptualized relation between cognition and affect (Mayer & Cobb, 1990). EI makes cognitive processes adaptive (Brackett et al., 2011). Furthermore, EI is the ability to monitor emotions pertaining to the self and others, to differentiate amongst them, and to use that information to guide actions and thoughts. It is described as a transformative process through four phases: (a) processing and emotional awareness, (b) the use of emotional knowledge to facilitate and guide thoughts, (c) understanding emotions, and (d) regulating them (Salovey & Mayer, 1990). It includes cognitive abilities such as problem-solving, decision-making, and critical thinking and socio-emotional skills such as empathy and perspective taking.

Research on emotional intelligence has explored the links between social intelligence, emotional intelligence, and educational outcomes and has drawn attention to the importance of promoting the development of these skills in all students (Weare, 2003; Goleman, 2006). However, the connotations associated with the term ‘intelligence’ has received criticism, as it is often associated with innate rather than learned ability and focuses attention on measurement rather than teaching and learning (Weare, 2003). This controversy has led to the development of more applied terms with the educational context. One construct, *emotional literacy*, is defined as the ability to competently be aware of, understand, and use emotional information in the self and with others (Steiner, 1997; Weare, 2003). Rather than implying ‘fixed’ capabilities, emotional literacy (EL) implies that emotion-related competencies can be learned. Associated abilities of EL include self-understanding, expressing, understanding, and managing emotions, understanding social situations, and making meaningful relationships. Like EI, EL consists of both socio-emotional competencies. A term not used commonly outside of the United Kingdom, EL has become increasingly meaningful in the educational context because it implies that

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competencies can be broken down, defined, taught, and encouraged in the same ways as verbal literacy (Weare, 2003).

Emotional literacy can apply to whole systems as well as individuals. In an educational context, it is positively correlated with school atmosphere, inclusivity, student attendance, and effective learning environments (Weare 2003; Jones, Bailey & Jacob, 2014). Emotional literacy is a concept that promotes emotion knowledge, learning, expression, and understanding of the self and others while fostering a collectively literate culture within and beyond school communities (Roffey, 2008). A construct with valuable educational implications, emotional literacy is worthy of recognition and application in the North American school systems. Considering the applied educational context of the current study, the term emotional literacy will henceforth be used when referring to the socio-emotional abilities and competencies of school-aged children

Furthermore, given that the emotional and social worlds are considered to be intertwined and interdependent (Elias, Weissberg, Shriver & Growald, 1997), the term *socio-emotional competence* (SEC) will be used in this study to refer to the mixing of social and emotional competence. Specifically, according to Goleman (1997), the two overarching categories of intrapersonal and interpersonal skills require, and share the following constructs: (a) self-awareness, (b) intrinsic self-motivation, (c) self-management, (d) social intelligence, and (e) empathy. Thus, emotional competence includes social competence. Lastly, the term *socio-emotional learning* (SEL) will be used when referring to the acquisition of skills associated with socio-emotional competence.

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The Anger Blanket Program. Due to the accumulating evidence supporting the importance of socio-emotional (SEL) programming in schools (Greenberg et al., 2003; Zins & Elias, 2006; Dusenbury, Calin, Domitrovich & Weissberg, 2015), the primary focus of this study was on the effectiveness of the Anger Blanket program (Aziz, 2012) - a six-week socio-emotional skills program targeting grade three students - on labeling and appraising feelings, managing stress and/or distress, interpersonal problem-solving, and expressing and verbalizing emotions appropriately, all of which are discussed in the literature as important coping strategies skills for children of this age (e.g., Dusenbury et al., 2015). Because the Anger Blanket program focuses on emotion management, this study also sought to explore the influence of the Anger Blanket program on the types of emotion-regulation strategies used by children. The Anger Blanket program will be presented in more detail later on.

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Chapter 2: Literature Review

In this section, I will first discuss emotion and emotion processes, including the associated benefits of adaptive processes and the consequences of maladaptive processes. Following this, I will discuss the importance of developing socio-emotional competences in a school-based context. Lastly, I will present the issues related to the development and implementation of school-wide socio-emotional programming.

The Function of Emotion

Leslie Greenberg (2004), the forefather of emotion-focused therapy, describes emotions to be foundational to the construction of the self and self-organization. When manifested properly, emotions can be adaptive and regulatory- preceding and influencing cognition and behaviour. Conversely, emotions can be dysregulated. Dysregulated emotions can lead to maladaptive thoughts and behaviours, as well as school, social, and psychological problems. One example of maladaptive behaviour is aggression. Aggression is considered a learned behaviour and is a known pathway to violence with anger often being the instigator (Goleman, 1997; Kassonov & Tafrate, 2006). Anger, considered a secondary emotion, is a learned defensive response against a primary feeling (Greenberg, 2004). With constant reinforcement and modeling, anger becomes a behavioural response that inhibits the acknowledgment or acceptance of other worthy emotions and responses.

Anger is an intense and commonly experienced emotion (Goleman, 1997). It is often considered a secondary emotion; one that is a reactive response supplementing other, underlying feelings (Greenberg, 2004). These feelings may be inappropriately labeled, misunderstood, or unwelcome. Usually passion-oriented, anger promotes aggressive behaviours, rumination, and

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harbored feelings in an individual. Although anger can be adaptively manifested and conducive to approach-related behaviours, it can often lead to dysfunction through dysregulation and reactive behaviours. Over time and into adulthood, dysregulated and disordered anger can develop into violence, substance abuse, mental health illness, and behavioural and personality disorders (Goleman, 1997; Simpson & Papageorgiou, 2003; Kassinove & Tafrate, 2006; Castillo, Salguero, Fernandez-Berrocal & Balluerka, 2013). When it comes to cognition, anger is inhibiting: it negatively affects ethical and rational decision-making (Klityte et al., 2013). As Leslie Greenberg (2004) described, anger is a supplementary response to fundamental emotions. An emotionally literate individual is one who can properly identify, regulate, and manifest emotional responses in adaptive ways; ultimately leading to the awareness that anger can often be a defensive reaction.

Anger-related atypical development is characterized by ‘hot problem-solving’: the act of eliminating negative emotions as fast as possible (Stegge & Terwogt, 2007). Hot problem-solvers tend to have sensitivity to anger-related appraisals and maladaptive responses to external stimuli. They may also lack emotional awareness characterized by insensitivity to internal cues. Such externalizing orientation develops into a ‘world-focused’ perspective typically characterized by the belief that others are adversaries (Stegge & Terwogt, 2007). Additionally, rumination, the compulsive act of focusing and dwelling on the causes and consequences of a negative emotional state, occurs in a context of anger. Rumination not only heightens angry moods, but it reinforces and maintains anger-related problems (Simpson & Papageorgiou, 2003). These types of anger-related inclinations perpetuate anger-driven behaviour; education and intervention could accommodate the elimination of such orientations.

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Emotion Influences on the Individual

A popular term associated with emotion is *valence*. Valence is the intrinsic attractiveness or aversiveness of a stimulus. Negative valence is associated with anger, and positive valence with joy (Lerner & Keltner, 2000; Potegal & Stemmler, 2010). Distinct emotions of the same valence are believed to have different effects on judgment and choice, which is specific to the individual. Individuals are equipped with different appraising processes associated with valence that elicit responses and assist in determining outcomes. Individuals respond to stressors within different domains (cognitive, rumination, or co-rumination) in response to different cues (Nicolai, Laney, Mezulis, 2013). These cues can be dependent (internal) or independent (external) in nature or can be a product of social or nonsocial stimuli. Further, event appraisals and coping strategies can be strongly influenced by inferences (Nicolai, Laney & Mezulis, 2013). Negative inferences are characterized by drawing negative conclusions about the self, making global attributes about the casual situation of events, and the belief that adverse consequences follow stressful events. Emotion appraisal is closely linked to perception and other cognitive processes and it is important to foster the adaptive development of these processes in conjunction with emotion education.

Developmental Differences in Emotion Processes

In addition to individual differences in emotion appraisal and response, emotion processes are considered developmentally specific. Emotion regulation consists of higher-order cognitive functioning that involves use of cognitive processes to recognize the complexity of presented challenges and develop the skills to navigate them (Larson, 2011). When a child moves towards an end state, there are many unknown variables and pathways to navigate which

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often result in unsuccessful outcomes with unintended consequences (Larson, 2011). Pre-adolescent children navigate their world utilizing egocentric, means-end processing and do not have the cognitive capacity to understand and effectively manage complex challenges. Resulting from these navigational challenges that present minimal perceived benefits, children might adopt strategies that are maladaptive, presenting short-term gains. Agency, defined as how one gains knowledge and learns effective strategies, comes with many challenges, as learning a new skill involves trial and error (Larson, 2011). Without support and guidance, children are left to navigate challenges on their own often developing maladaptive strategies to counterbalance the demands of complex processes.

As a preventative approach to maladaptive behaviours, programs that promote adaptive emotion processes aim to inhibit dysfunction. Children have the remarkable ability to learn and acquire new skills at an early age, due to the neural circuitry that fosters such growth (Greenberg, 2006). At the ages of 8 and 9 (grade three), children are also learning and developing ‘social’ emotions, including the ability to feel empathy, and take the perspective of others (Wadsworth, 1996; Ackerman & Izard, 2004). Additionally at this age, modeling, reinforcement, and learned discourses have become important factors fostering emotional literacy; ones that require higher-level thought processes (Zeidner, Matthews, Roberts & MacCann, 2003). Due to these developmentally-related sensitivities, it is important to encourage the development of socio-emotional competence as well as higher-order cognitive processes in this age group. It is because of this rationale that children in grade three were appropriate for this study.

Socio-Emotional Competence

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There are many associated benefits of socio-emotional competence. SEC has been positively linked to mental health and psychological resilience, school attendance, academic outcomes, and high-quality relationships (Weare, 2003; Roffey, 2008; Brackett et al., 2011). The inclination to engage in healthy behaviours is a characteristic of emotional literacy, with lessened negative tendencies associated with stress, depression, and loneliness (Saklofske, Austin, Rohr & Andrews, 2007; Windingstad, McCallum, Bell, & Dunn, 2011). According to the *Health of Canada's Young People Survey* (Freeman, King, Pickett & Craig, 2010), females have higher levels of emotional problems than males. Conversely, males have increased levels of behavioural problems as well as decreased tendencies for prosocial behaviour: both often associated with anger and aggression. The two most common types of dysregulated behaviour, depression and anger, are the result of an inability to regulate emotions and thought processes properly (Kassinove & Tafrate, 2006), highlighting the importance of fostering socio-emotional development in children.

Together, SEC promotes personal growth and well-being and is considered a protective factor against psychological problems (Brackett et al., 2011). The positive influence of emotional literacy on mental health also supports the development of psychological resilience (Greenberg, 2004). Psychological resilience is characterized by metacognitive processes including flexible thought-processing, undoing the effects of negative emotions, and stable positive affect. Socio-emotional competence also benefits psychological flexibility. A relatively young concept, psychological flexibility is a dynamic construct consisting of multiple skills that exist on a continuum (Kashdan & Rottenberg, 2010). These skills include behavioural, psychological, and cognitive resilience and the successful balance of desires, needs, and life domains. Conversely, psychological rigidity is when an individual is inflexible in these domains. This inflexibility is

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associated with psychopathology including mood and anxiety disorders (Kashdan & Rottenberg, 2010). This dynamic ability is considered the essence of health and is another associated outcome of SEC.

SEC is also an important predictor of school and life success. The skills important to this include metacognition, advanced prefrontal cortex functioning, prosocial behaviour, and healthy school climates (Goffman, 2006; Davis, Levine, Lench & Ouas, 2010). Emotional literacy is positively related to academic performance at school (Zins & Elias, 2006; Brackett et al., 2011). In fact, evidence suggests that children are unable to achieve academic and personal success without the proper development of SEC (Elias et al., 1997). Since emotions have a regulatory effect on cognition and behaviour, it aids in the ability to focus attention, communicate, and self-reflect (Cole, Michel, Teti, 1994; Roffey, 2008). Research indicates that learning is complex and is influenced by many factors such as social skills and psychological and cognitive processes. It is important to pay equal attention to these factors while designing and implementing socio-emotional skills programming.

SEC cultivates high-quality relationships. A study conducted by Schutte and colleagues (2001) determined that, in adulthood, emotional competence is positively related to an abundance of outcomes. These include, but are not limited to, empathic perspectives, self-monitoring in social situations, knowledge of and attending to social cues, better social and cooperative skills, and higher numbers of affectionate relationships. Socio-emotional learning in childhood fosters competencies and positive attitudes about the self, others, and school, while enhancing behavioural adjustment (Durlak et al., 2011). Higher levels of emotional awareness are associated with positive relationships and fewer negative interactions (Lomas, Stough, Hansen & Downey, 2012). Healthy relationships influence feelings of school connectedness

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leading to safe school climates, peer-inclusion, and prosocial behaviours (Crooks, Sonier, Wilson, Dale, Elliott, et al., 2012). A study by Kokkinos & Kipritsi (2012) found that bullying and peer victimization is negatively correlated with socio-emotional competence and, along with gender, is considered a significant proponent of bullying. Good quality relationships promote feelings of well-being, including happiness and self-fulfillment (Goleman, 2006). As Daniel Goleman suggests, nourishing relationships are the “single-most universally agreed-upon feature of the good life” (pp. 439) and it is unsurprising that our emotional well-being is dependent on social intelligence (2006). Socio-emotional competence promotes lifelong relationship skills that benefit the individual and others involved.

Being Emotionally Literate

Emotion is a set of expressed responses to many psychological subsystems and, if attuned to properly, is considered adaptive. Emotional literacy includes intra- and interpersonal skills related to the emotional system including regulation, awareness, management, and the socio-emotional system of social skills and empathy (Roffey, 2008). The implications of this go beyond the individual; emotional literacy extends beyond the school environment permeating other life domains as it fosters mutual respect, connectedness, and safety. When emotional literacy penetrates a school climate, the system itself is characterized by collective empathy and effective communication (Roffey, 2008). Emotional literacy fosters a sense of school connectedness- a factor promoting learning and safe schools (Crooks et al., 2012). If emotions are considered foundational to the construction of the self, emotional literacy is the glue that holds this together. Utilizing socio-emotional competencies and skills will lead to the propensity for lifelong adaptive functioning.

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Socio-Emotional Learning

There is extensive evidence supporting the effectiveness of SEL programming in educational systems (Elias et al., 1997; Zins & Elias, 2006; Dusenbury et al., 2015). However, policy reform and programming is poorly developed in schools and across school boards (Zins & Elias, 2006; Greenberg et al., 2003). When SEL is increased, emotional and behavioural difficulties are decreased, academic achievement is increased, and the quality of relationships are strengthened (Elias et al., 1997; Humphrey, Kalamouka, Wigelsworth & Lendrum, 2010; Lomas et al., 2012; Castillo et al., 2013). Students end up becoming productive, responsible, caring, and contributing members of society. Sometimes referred to as the missing piece of education, SEL programming is in need of systematic development. To optimally benefit the child and school, there are six areas in which SEL must come together. These include 1) accepting and controlling our emotions, 2) using metacognitive activities, 3) using activities that promote social interaction, 4) using activities that provide emotional context, 5) avoiding intense emotional stress in school, and 6) recognizing the relationship between emotions and health (Elias et al., 1997). Using these strategies, implementing programming initiatives will benefit the entire school system, from student, teacher, and administrative perspectives.

There is evidence indicating that during early childhood SEL is efficacious. A study by Denham and Burton (1996) investigated the effects of activities that promote relationship development and emotion awareness of four-year olds. After intervention, children showed increases in positive emotion and improved social functioning. This is significant from a developmental standpoint. Younger children, given the opportunity, have the capability of using metacognitive emotion regulation strategies, also known as meta-emotion (Davis et al., 2010). Further, children at this age are also able to exercise intrapersonal and hypothetical strategies. It

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is evident that the development and harnessing of socio-emotional competences can begin in early ages.

SEL Programming Issues. Developing SEC promotes both school and life success. It has been well documented that emotions affect how we learn, that prosocial relationships provide the foundation for lasting learning, and that socio-emotional-related skills can be taught (Zins & Elias, 2006). In their introductory chapter, Joseph Zins and Maurice Elias emphasize that effective schools intertwine socio-emotional competence and academic achievement and that instruction in these areas need to be integrated and coordinated (2006). However, despite the number of evidence-based SEL programs, issues in implementation and sustainability are present among school boards and districts. In order to adequately plan for and implement SEL programming in schools, Zins and Elias outline the necessary steps in addressing these issues (2006). First, current interventions need to be better designed, replicable, and need more support from longitudinal data. Efforts to institutionalize instructional standards to incorporate SEL programming into school culture and climate need to be applied at the federal level. Second, research will help identify the factors that reinforce the adoption of, adherence to, and sustainability of SEL interventions. Third, far fewer people have been trained in SEL instruction than are needed for widespread dissemination (2006). Since learning occurs in collaboration with teachers, peers, and parents and has strong social, emotional components, it is important to keep this in mind when enhancing learning environments. The school system plays an important role in fostering the social, cognitive, and emotional development of children yet they have limited resources to adequately address these areas (Durlak et al., 2011). Making SEL training a part of pre-service preparation and ongoing professional development opportunities should be a priority (Waaajid, Garner, & Owen, 2013). Lastly, the goal of school systems should be to systematically

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infuse SEL into program delivery (Zins & Elias, 2006). Both the educational and mental health care systems are characterized by fragmentation which results from a lack of integration and coordination (Greenberg et al., 2003). Disseminating this knowledge will help direct future research initiatives. Moving forward, further research is needed to systematically address, execute, and integrate these initiatives using the aforementioned strategies.

The implications associated with emotional literacy go beyond the individual and have everlasting effects. Emotional literacy is correlated with increased academic performance and school attendance, promotion of positive development of mental health and well-being, increased psychological resiliency, and advanced development of prosocial behaviour and empathy (Weare, 2003; Zins & Elias, 2006, Durlak et al., 2011). Socio-emotional problems are at the heart of the issues that plague schools, communities, and families (Elias et al., 1997); promoting and implementing school-based SEL initiatives is the key to tackling these issues. Framed by a cognitive-behavioural model of anger and a social-emotional approach, the current study aimed to evaluate the outcomes of an existing grade-three level socio-emotional skills program. Guided by developmental considerations, there were two main study goals: (a) to explore the effectiveness of the Anger Blanket program on the socio-emotional competences of students, and (b) to explore the effectiveness of the Anger Blanket program on the types of emotion regulation strategies used by these students.

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Chapter 3: Method

Participants

Twenty one boys and girls from two grade 3 classrooms in a middle-class suburban elementary school volunteered to take part in the study. The Anger Blanket program was provided to one class as a part of their regular classroom programming; ten of these students had signed and returned consent forms to participate in this study. Eleven more boys and girls from the other grade 3 classroom at the same elementary school signed and returned consent forms and served as the control group for this study. All children spoke English as their first language.

Materials

The Anger Blanket program. The purpose of the Anger Blanket program (Aziz, 2012) is to teach children that anger is a ‘blanket’ that covers underlying feelings and that, although the experience is intense, the blanket can be lifted to reveal hidden feelings. This six-week program teaches emotion vocabulary and labeling, precursors to anger-related feelings and aggressive behaviour, effective communication and decision-making skills, as well as regulation strategies (see Table 1). The program incorporates different elements of learning, such as interactive and self-guided discovery, through discussions and hands-on exercises and the use of stories and art. Sessions are classwide and are facilitated by professional youth and child workers. Each session takes approximately one hour of class time. Students receive a workbook that marks their progress throughout the program as well as activities to share with their parents at home.

The interview. Following each weekly Anger Blanket session, and during the focus group sessions, participants were asked *What did you learn about dealing with anger this week? What are some good/positive things that happened between you and your classmates this week?*

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Table 1

Week-by-week description of the Anger Blanket program

Week	Session	Topic of Lesson	Program Component
			Class Activity Example
1	1	<ul style="list-style-type: none"> • Introduction • What is anger? • What does being angry look/feel like? • When do people get angry? 	<ul style="list-style-type: none"> • Draw what anger looks/feels like to you – discuss patterns in how the pictures look (e.g. does anger look ugly?)
2	2	<ul style="list-style-type: none"> • Emotion awareness • How to recognize and successfully label emotions in oneself • Identify other emotions that may feel like anger (e.g. anxious, hurt, jealousy) 	<ul style="list-style-type: none"> • Read a story about a boy who lets anger take over and discuss negative consequences, then re-read and discuss what other possible emotions the boy could be feeling other than anger
3-4	3-4	<ul style="list-style-type: none"> • Understanding differences between emotions • Concept that anger can mask true feelings 	<ul style="list-style-type: none"> • Label some emotions that you sometimes may get confused with anger
5	5	<ul style="list-style-type: none"> • Recognizing body warning signs • Identifying possible causes (antecedents of anger) 	<ul style="list-style-type: none"> • How does your body warn you that you are getting angry?
6	6	<ul style="list-style-type: none"> • Emotion management and regulation strategies • Bringing it all together: emotion awareness, understanding, management, and regulation 	<ul style="list-style-type: none"> • What are some things you can do to calm down if you're feeling angry?
7-9	Review 1-3	<ul style="list-style-type: none"> • Review and reinforce concepts from previous weeks: emotion awareness, understanding, management, and regulation • Discuss positive/negative events with class – how emotions were labeled, what strategies were used to regulate/manage emotions 	<ul style="list-style-type: none"> • Re-read the story from week 2 • Go over management and regulation strategies from week 6 • Discuss relevant real life examples from students and how they dealt with and managed the negative emotion

Note: Table is from Dadd, Nowicki, Brown, and Aziz (2013).

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What are some not so good/negative things that happened between you and your classmates this week? Follow-up prompts were used to attain additional information in response to questions.

Each session finished with a final question asking if there was anything else participants would like to reveal about their experiences with anger. Focus groups were run for total of nine weeks: six weeks for the duration of the program plus an additional three-week follow-up period. Participants who did not receive the Anger Blanket program took part in their own focus group sessions, and were asked the same focal question as the intervention group. These focus group sessions were held within the same week as those attended by the intervention group. Sessions were facilitated by two master’s level graduate students in applied psychology programs at Western University. Responses to the question *What did you learn about dealing with anger this week?* were the focus of this study.

Procedure

Ethics clearance for this study was obtained by Western’s Non-Medical Research Ethics Board, and by the participating school board. The principal of the school where the study was conducted was approached by Ms. Aziz who had been informally asked at an earlier date to provide the Anger Blanket program to the students at this school. Both grade 3 teachers at the school were interested in having their classes participate in the study, therefore, a coin was tossed to determine which class was to take part in the intervention and control groups. An abridged version of the Anger Blanket program was provided to students in the control group following the completion of this study. Letters of Information and Consent were provided to students in both classes to take home to their parents or legal guardians. Children who returned signed consent forms were invited to take part in the study.

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Following the weekly Anger Blanket sessions, and including the three week follow up sessions post-program, participants were taken to a separate classroom for their focus group sessions. Intervention and control group focus sessions were conducted separately, and each session lasted for approximately 30 to 45 minutes, depending on the amount of discussion. Graduate student facilitators conducted and audio-recorded the focus group sessions. Sessions began with a general welcome then proceeded to the focal questions, with prompts as needed. Audio sessions were later transcribed, verbatim, by the graduate facilitators.

Research Design and Analysis

The design of this study involved a qualitative approach, framed around the focus group responses. Two separate qualitative data sets (the Anger Blanket group and the control group) were analyzed independently through applied thematic analysis (Cresswell, 1994; Braun & Clarke, 2006; Guest, MacQueen & Namey, 2012). This enabled data to be organized, condensed, and categorized into themes. Thematic analysis allows for the emergence of different categories and themes that can be used to direct future research consideration. Thematic analyses are considered a useful and flexible approach to analyze data from a study that is not theoretically bound, and can pinpoint, examine, and record themes within data. A theme captures important concepts from data in relation to its research question and is indicated by patterned responses among participants.

Analysis was framed by Dahlen and Deffenbacher's (2001) cognitive-behavioural model of anger, and James Gross' extended emotion-process model (1998; 2015). Dahlen and Deffenbacher's model posits that anger is an experiential state that includes four-related domains that co-occur and interact with each other. These domains include: (a) emotional/experiential, (b)

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physiological arousal, (c) cognitive processes, and (d) behavioural. The extended emotion-process model describes emotion regulation processes as a series of three stages: identification, selection, and implementation (Gross, 2015). At each stage, a series of strategies may be employed. These include: situation selection and/or modification, attentional deployment, cognitive change, and response modulation. These strategies can be further broken down into adaptive and maladaptive categories (Aldao, Jazaieri, Goldin & Gross, 2014). Maladaptive emotion processes include situation avoidance, situation modification, distraction, and thought suppression. Adaptive emotion regulation processes include cognitive reappraisal and acceptance. Keeping these conceptualizations of anger in mind, data analysis was performed using the following six phases to identify relevant patterns: (a) familiarization with data, (b) generating initial codes, (c) searching for themes, (d) reviewing themes, (e) defining themes, and (f) finalizing findings (Braun & Clarke, 2006). After themes were identified, comparisons between groups were made.

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Chapter 4: Results

Identifying Themes, Categories, and Subcategories

Responses from the control and Anger Blanket groups were analyzed to identify the essential features of the data. To achieve this, responses were coded, categorized, and arranged into themes using applied thematic analysis (Guest et al., 2012). Described below, this approach was simplified into a series of three steps. The advancement through each step facilitated the extraction of increasingly meaningful connections amongst the data.

Step 1: Text segmentation. Text segmentation was used to preserve the context of the original message. Responses that conveyed separate ideas were split into discrete units. For example, the statement *“I got angry because my brother was annoying me and I wanted to punch him but I knew I couldn’t because I knew I was going to get in trouble”* conveyed two separate messages and was divided into *“I got angry because my brother was annoying me”* and *“I wanted to punch him but I knew I couldn’t because I knew I was going to get in trouble”*. Following text segmentation, a total of 210 anger-related units of text were identified: the control group contributed 127 of these units and the Anger Blanket group contributed 83.

Step 2: Coding, categorizing, and inter-rater agreement. Each unit of text was assigned a code – a succinct label identifying the unit. For example, the units *“she got me mad”* and *“I was angry because I was scared”* were coded as ‘externally activated’ and ‘internally activated’, respectively. Codes that shared ideas were grouped together creating a category – a group of codes consisting of similar ideas. For example, the codes ‘externally activated’ and ‘internally activated’ were combined to create the category Activated Response. Some codes formed their own category when there were no other similar codes to group them with. For example, the code ‘consequence’ became the category Consequences of

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Anger. To enable consistency in this analysis, codes were exclusively designated to one category. Because of this, this step was prolonged and required multiple cycles of revisions.

Not representative of any theme, one statement - “*I felt happy [when I hit them]*” - was left of out this analysis because this response associates anger-related action tendencies with a positive outcome – in this case the release of negative feelings – and did not fit within any other category.

Due to the large number of irrelevant responses, a category for irrelevant statements was made. This category includes statements that were off-topic or repetitive (e.g. “*can you listen to this after?*”). These statements were not included in this analysis. Statements in this category can be found in Appendix A.

Upon completion of the coding and categorizing process, a total of 14 categories and 3 subcategories were identified. These categories were grouped into themes, are presented in Table 2 and will be discussed in more detail, below. To ensure consistency in the categorization of codes, a research assistant reviewed 20% of the categories. Interrater agreement was 80%. To resolve discrepancies and to address subsequent revisions to categories, a second round was considered necessary. Upon a second interrater review, agreement was 90%. Discrepancies were discussed and resolved.

Step 3: Sorting of categories and identification of themes. As groups of ideas were organized into categories, further connections amongst categories were arranged into themes – representations of recurrent ideas. Independent categories that did not share ideas with others formed their own themes. After this process, six themes were identified: Theme 1 – Anger is controllable, Theme 2 – Anger is reactive, Theme 3 – Anger is complex, Theme 4 – Anger has consequences, Theme 5 – Anger is uncontrollable, and Theme 6 – Anger is a secondary

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Table 2

Themes, categories, and subcategories

Theme	Category Subcategory
1 – Anger is controllable	Emotion Regulation Strategies
	Attentional Regulation Strategies
	Cognitive Regulation Strategies
2 – Anger is reactive	Response Modulation Strategies
	Strategies to Help Others
	Experiential Awareness
3 – Anger is complex	Behavioural Responses
	Activated Responses
	Intense Aspects of Anger
4 – Anger has consequences	Universal Aspects of Anger
	Multidimensional Aspects of Anger
	Inhibiting Aspects of Anger
5 – Anger is involuntary	Negative Aspects of Anger
	Anger has Consequences
	Anger is Uncontrollable
6 – Anger is secondary	Physiological Aspects of Anger
	Anger is a Secondary Emotion
	Irrelevant statements

emotion. The data from each theme was examined week by week and sorted by group and will be discussed later in this section. A description of each theme follows.

Theme 1 – Anger is controllable represents the strategies respondents used to consciously manage, and in some cases prevent, their anger. The categories comprising this theme are: (a) Emotion Regulation Strategies, (b) Strategies to Help Others, and (c) Experiential Awareness. Emotion Regulation Strategies are skills used to control and regulate anger, e.g., “*I have an anger ball at home and you have to squeeze it*”. This category contains

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three subcategories: (i) Attentional Regulation, (ii) Cognitive Regulation, and (iii) Response Modulation Strategies. Attentional Regulation is a strategy used to divert attention away from an emotion-eliciting situation. This is done through distraction and thought suppression e.g., “*if something distracts you, you forget about [being angry]*”. Cognitive Regulation is a strategy used to change the way one thinks about an emotion-eliciting situation. This is done by reappraisal or acceptance, e.g., “*when there is, like, little problems don’t make it into a big fuss*”. These two subcategories are evaluative; they explain how an individual would modify a future response. Response Modulation is a strategy that is used to manage an existing emotion, e.g., “*sometimes, um, I just hold my breath and pass out*”. This can be done by suppressing the behavioural response, avoiding aspects of the experience, or physiological down-regulation. Strategies to Help Others are used to regulate the emotional experience of peers, e.g., “*if you see a fight tell the teacher*”. Experiential Awareness reflects the awareness children have about the antecedents of anger, e.g., “*there are body warning signs: you get hot, heavy breathing, fast heart*”.

Theme 2 – Anger is reactive represents anger-induced action tendencies. The categories comprising this theme are: (a) Behavioural Responses, which are physical, externalized reactions to anger, e.g., “*when you’re mad you want to break stuff*” and (b) Activated Responses, which are elicited responses to a stimulus, e.g., “*when you’re angry you just kind of react*”. Modulation efforts nor loss of control is not indicated in these responses, differentiating this theme from Theme 1 – Anger is controllable and Theme 5 – Anger is involuntary.

Theme 3 – Anger is complex describes anger as an intricate and multifaceted emotion. Categories include: (a) Intense, (b) Universal, (c) Multidimensional, (d) Inhibiting, and (e)

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Negative Aspects of Anger. Intense Aspects of Anger describes anger as overpowering, e.g., *“you want to stop outside but don’t want to inside”*. Universal Aspects of Anger describes anger as a common emotion often experienced by others, e.g., *“sometimes anger the anger blanket covers up adults”*. Multidimensional Aspects of Anger describes anger as an experience involving multiple emotions, e.g., *“there are more different feelings than mad, sad, happy”*. Inhibiting Aspects of Anger describes the detrimental influence anger has on thinking, reasoning, or problem solving, e.g., *“when you’re angry your intelligence level goes down”*. Negative Aspects of Anger describes anger as a negative concept, e.g., *“anger is very ugly”*. Abstract, hypothetical notions underlie this theme. Objective anger-related consequences are included in Theme 4 – Anger has consequences. Responses that purely indicate physiological experiences are included in Theme 5 – Anger is involuntary.

Theme 4 – Anger has consequences describes the social or physical ramifications of anger that respondents have experienced or observed, e.g., *“when you’re angry you can hurt yourself”*. This theme has no categories.

Theme 5 – Anger is involuntary describes anger as an uncontrollable reaction without indication of regulation strategies. Categories include: (a) Anger is Uncontrollable, which describes a causal link between being angry and out of control, e.g., *“when you’re angry you do something you wouldn’t usually do”*, and (b) Physiological Aspects of Anger, which describes the involuntary, biological responses experienced during anger, e.g., *“when you’re mad it makes you want to throw up”*. Contrary to Theme 3 – Anger is complex, this theme indicates that regulation is external to locus of control.

Theme 6 – Anger is secondary describes anger as a response to a supplementary, and often unidentified or ignored, emotion. This can be due to emotional illiteracy, improper

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regulation strategies, or behavioural problems, e.g., “*the anger blanket covers up your real feelings*”. This theme has no categories.

Calculating Response Frequencies

To investigate the differences between and within groups over time, weekly response frequencies and relative percentages were calculated. The data were organized according to week as well as theme and can be found in Tables 3 and 4, respectively.

Analysis of Themes

Theme 1 - Anger is controllable. Responses describing anger as a controllable feeling formed the largest overall theme at 33%, or 71, of the total number of responses.

Control Group. The control group contributed 70% of this theme: a total of 50 responses. The majority of individuals responded with emotion regulation strategies that were behaviourally suppressive, e.g., “*tried to ignore so I went downstairs to my room and I read and I forgot about it*”. The remainder of individuals responded with cognitive regulation strategies and attempts to regulate others, e.g., “*when there is like little problems don't make it into a big fuss*” and “*if you see a fight you should go and tell a teacher*”.

This theme contained 40%, or 50, of the total number of control group responses - the largest amount of control group responses belonging to a single theme. The frequency of these responses fluctuated from week to week: Theme 1 contained 76% of these responses in the first week in contrast to 22% in the final week.

Anger Blanket Group. The Anger Blanket group contributed to 30% of this theme: a total of 21 responses. The majority of these responses were response modulation strategies; half of which were physiological down-regulation strategies. For example, in the first week one student responded “*I learned that you can calm yourself down by breathing in and out*”. Separate from

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Table 3

Focus group response frequencies and relative percentages sorted according to week and group

Theme	Control Group		Anger Blanket Group	
	Response <i>f</i>	Relative %	Response <i>f</i>	Relative %
Week 1				
Anger is controllable	16	73%	1	14%
Anger is reactive	5	23%	3	43%
Anger is complex	1	5%	2	29%
Anger has consequences	-	-	-	-
Anger is involuntary	-	-	1	14%
Anger is secondary	-	-	-	-
Total	22	100%	7	100%
Week 2				
Anger is controllable	5	22%	-	-
Anger is reactive	9	38%	6	50%
Anger is complex	2	8%	2	17%
Anger has consequences	3	13%	-	-
Anger is involuntary	5	21%	1	8%
Anger is secondary	-	-	3	25%
Total	24	100%	12	100%
Week 3				
Anger is controllable	11	39%	1	13%
Anger is reactive	13	46%	-	-
Anger is complex	2	7%	3	38%
Anger has consequences	-	-	1	13%
Anger is involuntary	1	4%	-	-
Anger is secondary	1	4%	3	38%
Total	28	100%	8	100%
Week 4				
Anger is controllable	6	46%	3	25%
Anger is reactive	4	31%	1	8%
Anger is complex	-	-	5	42%
Anger has consequences	2	15%	-	-
Anger is involuntary	1	8%	-	-

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Anger is secondary	-	-	3	25%
Total	13	100%	12	100%
Week 5				
Anger is controllable	1	25%	2	25%
Anger is reactive	1	25%	-	-
Anger is complex	-	-	4	50%
Anger has consequences	1	25%	1	13%
Anger is involuntary	1	25%	-	-
Anger is secondary	-	-	1	13%
Total	4	100%	8	100%
Week 6				
Anger is controllable	1	13%	-	-
Anger is reactive	5	63%	-	-
Anger is complex	-	-	1	17%
Anger has consequences	2	25%	4	67%
Anger is involuntary	-	-	-	-
Anger is secondary	-	-	1	17%
Total	8	100%	6	100%
Week 7				
Anger is controllable	1	10%	3	50%
Anger is reactive	3	30%	-	-
Anger is complex	-	-	3	50%
Anger has consequences	5	50%	-	-
Anger is involuntary	1	10%	-	-
Anger is secondary	-	-	-	-
Total	10	100%	6	100%
Week 8				
Anger is controllable	7	78%	5	50%
Anger is reactive	1	11%	-	-
Anger is complex	-	-	2	20%
Anger has consequences	1	11%	-	-
Anger is involuntary	-	-	2	20%
Anger is secondary	-	-	1	10%
Total	9	100%	10	100%
Week 9				

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Anger is controllable	2	22%	6	43%
Anger is reactive	7	78%	-	-
Anger is complex	-	-	5	36%
Anger has consequences	-	-	1	7%
Anger is involuntary	-	-	1	7%
Anger is secondary	-	-	1	7%
Total	9	100%	14	100%

Note: f = frequency; % = percentage.

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Table 4

Focus group response frequencies and relative percentages sorted by week, theme and group

Theme	Response Frequencies										
	Week									Total	
	1	2	3	4	5	6	7	8	9	<i>f</i>	%
1 – Anger is controllable											
Control group	16	5	11	6	1	1	1	7	2	50	40%
Anger Blanket group	1	-	1	3	2	-	3	5	6	21	25%
2 – Anger is reactive											
Control group	4	9	13	4	-	5	3	1	7	48	37%
Anger Blanket group	3	6	-	1	-	-	-	-	-	10	12%
3 – Anger is complex											
Control group	1	2	2	-	-	-	-	-	-	5	4%
Anger Blanket group	2	2	3	5	4	1	3	2	5	27	33%
4 – Anger has consequences											
Control group	-	3	-	2	1	2	5	1	-	14	11%
Anger Blanket group	-	-	1	-	1	4	-	-	1	7	8%
5 – Anger is involuntary											
Control group	-	5	1	1	1	-	1	-	-	9	7%
Anger Blanket group	1	1	-	-	-	-	-	2	1	5	6%
6 – Anger is secondary											
Control group	-	-	1	-	-	-	-	-	-	1	1%
Anger Blanket group	-	3	3	3	1	1	-	1	1	13	16%
Total											
Control group										127	100
Anger Blanket group										83	100

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the control group, the Anger Blanket group exhibited experiential awareness. For example, when facing anger one student suggests “*putting anger in the BAG*”. Developed by the Anger Blanket program, ‘BAG’ is an acronym that stands for bodily warning signs, always count, and go do something else. This mnemonic reminds students how to properly identify the physiological aspects anger and to manage them. Similar to a Response Modulation Strategy, the *G* in ‘BAG’ is also a regulation strategy. However, this strategy requires metacognition and awareness regarding the experience of anger. The majority of the responses in this theme were related to the teachings of the Anger Blanket program.

This theme contained 25%, or 21, of the total number of Anger Blanket group responses – the second-largest amount of Anger Blanket group responses belonging to a single theme. The frequency of these responses increased gradually over time: Theme 1 contained 14% of these responses in the first week in contrast to 43% of responses in the final week.

Control versus Anger Blanket. Both control and Anger Blanket groups had a high proportion of their responses belonging to Theme 1 in respect to the overall amount of responses. The majority of both groups responded with emotion regulation strategies. There were differences noted between the types of emotion regulation strategies used. For example, the strategy “*I get tape and wrap it around my thumb and bite it*” differed from the strategy “*when there are, like, little problems don’t make it into a big fuss*”. Emotion regulation strategies are often classified as adaptive and maladaptive in the literature (Gross, 1998). Because of this, an additional analysis was performed to reveal any subtle yet meaningful differences between groups. This exploratory analysis is detailed, below.

Exploratory Analysis. The category Emotion Regulation Strategies was analyzed to determine if groups differed in the types of strategies they used. The category Emotion

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Regulation Strategies is comprised of three subcategories: Attentional Regulation, Cognitive Regulation, and Response Modulation Strategies. For this analysis, Response Modulation Strategies was further broken down into 3 sub-strategies: (a) Physiological Down-Regulation, which is considered conscious modulation of physiological arousal, (b) Behavioural Suppression, which is considered actions taken to suppress behavioural expressions, and (c) Experiential Avoidance, which is considered attempts to avoid anger while it is being experienced. The responses belonging to these subcategories were classified as either adaptive or maladaptive using the criteria that follows (Gross, 1998; Bridges, Denham & Ganiban, 2004). An emotion regulation strategy is considered adaptive when attempts to experience and modulate emotions are made. Engagement in this experience is seen as adaptive. Typically, cognitive regulation strategies are adaptive in nature. An emotion regulation strategy is considered maladaptive when regulation is purely an attempt to minimize emotions. Avoidance of this experience is considered maladaptive. Typically, attentional regulation and various response modulation strategies, including behavioural suppression and experiential avoidance, are considered maladaptive (Gross, 1998; Bridges et al., 2004). Emotion regulation strategies were classified as either adaptive or maladaptive for both control and Anger Blanket groups and the frequencies and relative percentages of these classifications were subsequently calculated. This information can be found in Table 5.

Maladaptive regulation strategies accounted for 79% of control group responses; 59% of these were response modulation strategies. Approximately three quarters of response modulation strategies were behavioural suppression strategies. For example, “*sometimes um I just hold my breath and pass out*” and “*want to hit something but you know you can't*”. The remainder of strategies were represented by experiential avoidance. For example, “[*when you're angry*] you

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Table 5

Classification of maladaptive versus adaptive emotion regulation strategies, separated by group

Emotion Regulation Strategy	Control Group		Anger Blanket Group	
	Classification	Relative <i>f</i>	Classification	Relative <i>f</i>
Attentional regulation strategies	Maladaptive	5%	-	-
Cognitive regulation strategies	Adaptive	21%	Adaptive	14%
Response modulation strategies				
Physiological-down regulation	-	-	Adaptive	43%
Behavioural suppression	Maladaptive	56%	Maladaptive	14%
Experiential avoidance	Maladaptive	18%	Maladaptive	29%
	Maladaptive	79%	Maladaptive	43%
	Adaptive	21%	Adaptive	57%
Total		100%		100%

Note. In bold is the representing majority of the group.

should just try to ignore them and just walk away and don't think about it". Adaptive regulation strategies accounted for 21% of control group responses. For example, *"you shouldn't turn the smallest problem into the biggest problem"* and *"don't be angry"*. Adaptive regulation strategies accounted for 57% of the Anger Blanket group responses. Physiological down-regulation strategies represented three quarters of this. For example, *"I learned that you can calm yourself down by breathing in and out"* and *"put anger in the BAG"*. Physiological down-regulation strategies were directly taught by the Anger Blanket Program. Although physiological down-regulation is classified as a response modulation strategy – and response modulation strategies are typically considered maladaptive – for the purpose of this analysis it is defined an engaging and preventative strategy used to modulate the physiological experience of anger (Gross, 1998; Bridges et al., 2004). This process helps free up cognitive capacity to facilitate the employment of other strategies. With repeated practice, this strategy can become learned and automatized.

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Maladaptive strategies accounted for 43% of the Anger Blanket group responses. The majority of these strategies were represented by experiential avoidance, e.g., “*get away from the problem*” and “*go somewhere else and take a drink*”, and likely associated with the *G* ‘go and do something else’ of the ‘BAG’ mnemonic. Although considered maladaptive, these responses indicate a higher degree of metacognition with regard to anger awareness and decision-making processes. The majority of these responses occurred in the three-week follow-up period after Anger Blanket program was completed.

Theme 2 - Anger is reactive. Responses describing anger as a reactive response formed the second-largest overall theme at 27%, or 58, of the total number of responses.

Control Group. The control group contributed to 83% of this theme: a total of 46 responses. The majority of children in this theme consider anger an activated response without any indication of accountability or responsibility of resulting consequences. For example, “*she got me mad*” and “*I was angry because I was scared*”.

This theme contained 37%, or 46, of the total number of control group responses - the second-largest amount of control group responses belonging to a single theme. The frequency of these responses increased over time: Theme 2 contained 19% of these responses in the first week as compared to 78% in the final week.

Anger Blanket Group. The Anger Blanket group contributed to 17% of this theme: a total 10 responses. In contrast to the control group, the Anger Blanket group responses were more objective in nature. Responses were typically associated with hypothetical characteristics of anger, e.g., “*your face gets mad*,” “*you feel like breaking stuff*”, “*kids say words like ‘I’m so mad’*”, not necessarily associated with behaviours they do themselves. There were no responses that were considered activated responses.

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This theme contained 12%, or 10, of the total number of Anger Blanket group responses - the third-smallest amount of Anger Blanket group responses belonging to a single theme. The frequency of these responses decreased gradually over time: Theme 2 contained 43% of these responses in the first week as compared to zero responses in the final week.

Control versus Anger Blanket. Theme 2 was a common theme for the control group: over one third of the control group considers anger to be reactive. This difference represents one of the largest gaps between groups.

Theme 3 - Anger is complex. Responses describing anger as a composition of complex components formed the third largest overall theme at 15%, or 32, of the total number of responses.

Control Group. The control group accounted for 16% of this theme: a total of five responses. Responses include multidimensional, e.g., “*I felt angry but I don’t know why he was angry at me*” and “*you feel like you’re sad, mad, you’re anything else but happy*”, and inhibiting aspects of anger, e.g., “*sometimes it’s hard to [walk away from] because the bully might not listen*”.

This theme contained 4%, or five, of the total number of control group responses - the second-smallest amount of control group responses belonging to a single theme. The frequency of these responses were negligible overtime: after week three Theme 3 did not contain any control group responses.

Anger Blanket Group. The Anger Blanket group accounted for 84% of this theme: a total of 27 responses. Immediately, student responses reflected content learned from the Anger Blanket program, e.g., “*I learned that there are many different kinds of feelings, that kids use like happy, sad, mad and forget about the others*” and “*the anger blanket is imaginary*”. Respondents

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also indicated universal and negative aspects of anger, e.g., “*sometimes the anger blanket cover up adults*” and “*anger is very ugly*”. All five subcategories are represented by this group.

This theme contained 33%, or 27, of the total number of Anger Blanket group responses- the largest amount of Anger Blanket responses belonging to a single theme. The frequency of these responses stayed consistent over time: Theme 3 contained 29% of these responses in the first week as compared to 36% in the final week.

Control versus Anger Blanket. This theme was represented by a third of the total number of Anger Blanket group responses. In contrast to the control group, the Anger Blanket group primarily considers anger to be a complex, abstract concept. This is a reflection of the Anger Blanket Program.

Theme 4 - Anger has consequences. Responses describing the causal consequences of anger formed the fourth-largest overall theme at 10%, or 21, of the total number of responses.

Control Group. The control group accounted for 67% of this theme: a total of 14 responses. Responses indicated a direct link between anger and resulting consequences, e.g., “*I feel guilty [after]*”, “*I made him cry*”, and “*[you can] hurt yourself*”.

This theme contained 11%, or 14, of the total number of control group responses- the third-largest amount of control group responses belonging to a single theme. The frequency of these responses were low but consistent over time: Theme 4 contained 13% of these responses in the first week as compared to 11% in the second-last week.

Anger Blanket Group. The Anger Blanket group accounted for 33% of this theme: a total of seven responses. Similar to the control group, respondents linked actions to consequences, e.g., “*you make dumb choices*”. The Anger Blanket group responded with projected, hypothetical behavioural pathways anger is associated with, e.g., “*anger is one letter away from danger*” or

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“*anger can lead to danger and to violence*”. These responses were directly taught by the Anger Blanket Program.

This theme contained 8%, or seven, of the total number of Anger Blanket group responses- the second-smallest amount of Anger Blanket responses belonging to a single theme. The frequency of these responses were sporadic over time and were present for only four of the nine weeks.

Control versus Anger Blanket. A small amount of responses from both groups associated anger with consequences. The control group responses represented events that were experienced personally whereas the Anger Blanket group responses were descriptions of hypothetical pathways of anger.

Theme 5 - Anger is involuntary. Responses describing anger as an involuntary reaction formed one of the smallest overall themes at 7%, or 14, of the total number of responses.

Control Group. The control group accounted for 64% of this theme: a total of 9 responses. Responses associated a clear lack of control with being angry, e.g., “*people get angry they lose control of themselves*” and “*when my brother gets angry he can’t control it*”. Some described this reaction as undeniable, e.g., “*anger is when you’re mad and sometimes get out of control*” and “*physical can lead to something worse, like out of controllness*”. The physiological state of anger is also considered involuntary, e.g., “*he used to get really red in the face*”.

This theme contained 7%, or 9, of the total number of control group responses- the second-smallest amount of control group responses belonging to a single theme. The frequency of these responses were highest in week two at 26%. After week seven, this theme did not contain any control group responses.

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Anger Blanket Group. The Anger Blanket group accounted for 36% of this theme: a total of five responses. Similar to the control group, respondents suggested anger is uncontrollable, e.g., “*takes over your body, controlling your body and you can’t control yourself*” and “*when you’re mad you can’t control your body*”. Physiological distinctions were also made, e.g., “[*anger*] *makes you want to throw up*” and “*your temperature goes up*”.

This theme contained 6%, or five, of the total number of Anger Blanket group responses- the smallest amount of Anger Blanket responses belonging to a single theme. The frequency of these responses were very low and negligible over time.

Control versus Anger Blanket. This theme was not adequately represented by either group.

Theme 6 - Anger is secondary. Responses describing anger as a secondary emotion formed one of the smallest overall themes at 7%, or 14, of the total number of responses.

Control Group. The control group did not accurately represent this theme and accounted for 7%: a total of one response. This response, “[*when you’re angry you*] *might feel betrayed*”, indicates that anger is a response to an underlying feeling.

Theme 6 contained <1% of the total number of control group responses - the smallest amount of control group responses belonging to a single theme.

Anger Blanket Group. Almost an exclusive theme, the Anger Blanket group accounted for 93% of this theme: a total of 13 responses. These responses describe anger as an experience and not a feeling, i.e., “*not feeling angry but acting angry*”. The Anger Blanket program teaches children, very concretely, that anger is a blanket that covers true, underlying feelings.

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This theme contained 16%, or 13, of the total amount of Anger Blanket group responses - the third-largest amount of Anger Blanket responses. The frequency of these responses were highest in the third week at 38% and dropped to 11% in the final week when the Anger Blanket Program was no longer running.

Control versus Anger Blanket. Theme 6 was almost exclusively represented by the Anger Blanket group, which was a prominent difference between the control and Anger Blanket group. The concept of the anger as a cover to underlying feelings was a primary learning goal of the Anger Blanket program.

Final Remarks

The results described above indicate a difference between the control group and Anger Blanket group responses. Overall, the Anger Blanket group exhibited higher levels of emotion literacy (i.e. understanding, awareness), as outlined in Theme 1 – Anger is controllable, Theme 3 – Anger is complex, and Theme 6 – Anger is a secondary emotion. The Anger Blanket group also demonstrated greater knowledge and use of adaptive emotion regulation strategies, as indicated in our exploratory analysis. This knowledge is a reflection of the Anger Blanket program content. Contrary to this, the control group demonstrated greater knowledge and use of maladaptive emotion regulation strategies and placed greater emphasis the reactive nature of anger and its resulting consequences, as outlined in Theme 1 – Anger is controllable, Theme 2 – Anger is reactive, and Theme 4 – Anger has consequences. The implications of these results and future research direction are discussed in the following discussion section.

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Chapter 5: Discussion

The purpose of this study was to determine the influence of a class-wide socio-emotional skills program, the Anger Blanket program, on the socio-emotional-related competencies of grade three students. For this age group, desirable competencies include labeling feelings, managing stress and/or distress, interpersonal problem-solving, and expressing and verbalizing emotions appropriately (Dusenbury et al., 2015). It is widely known that emotional competence in children is positively related to academic, social, and health outcomes (Goleman, 1995; Greenberg et al., 2003; Brackett et al., 2011; Durlak et al., 2011; Castillo et al., 2013). Typically grouped together, the infusion of socio-emotional competence into educational programming has been receiving increasing attention since the 1960s (Goleman, 1995; Durlak et al., 2011). Experts emphasize the importance of stimulating socio-emotional development as early as possible and maintaining this effort throughout childhood and adolescence (Greenberg et al., 2003; Zins & Elias, 2006; Humphrey et al., 2010; Garner & Waajid, 2012). In the current study, a thematic analysis procedure was used to uncover six themes in the interview data gathered from participants in the intervention and control groups: (a) anger is controllable, (b) anger is reactive, (c) anger is complex, (d) anger has consequences, (e) anger is uncontrollable, and (f) anger is a secondary emotion. Compared to the control group, students who participated in the Anger Blanket program had higher levels of SEC including self-awareness and emotion identification, stress management, and responsible decision-making. A discussion of these results, the study's limitations, and implications follow.

Overall, the majority of Anger Blanket students identified anger as a complex, controllable, and secondary emotion. Compared to the control group, comments reflected higher levels of emotion awareness and understanding, greater use of adaptive emotion regulation

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strategies, abstract thinking, and problem solving. Contrarily, the majority of the control group students identified anger as a controllable and reactive emotion. Compared to the Anger Blanket group, these comments reflected greater use of maladaptive emotion regulation strategies and included more concrete descriptions of anger.

Some of the students from the Anger Blanket group conceptualized anger as a complex emotion (i.e. “*There [are] more different feelings than mad, sad, or angry*”), demonstrating an understanding that anger exists on several separate, albeit interacting, dimensions. Others labeled anger as a controllable emotion (i.e. “*Count to 10 to calm yourself down*”), with the majority reporting adaptive regulation processes such as physiological down-regulation. Similar to the Anger Blanket group, some students from the control group also labeled anger as a controllable emotion (i.e. “*I get tape and wrap it around my thumb and bite it*”). However, the majority of this group also cited maladaptive emotion regulation processes such as response modulation strategies. In comparison, some participants in the control group described anger as a reactive emotion (i.e. “*Sometimes people get angry and push people and do really bad stuff*”) suggesting that anger is a behavioural manifestation catalyzed by an internal or external stimulus. A few of the participants in the Anger Blanket group described anger as a secondary response to an underlying feeling or thought (i.e. “*Anger is covering your real feelings*”). This was a concept represented almost exclusively by this group.

A few other differences between group responses were also observed. For example, the Anger Blanket students reported abstract, hypothetical ramifications of anger (i.e. “*when you’re angry you make poor choices, not the ones you usually make*” or “*anger is one letter away from danger*”). Students from this group demonstrated the ability to generalize their knowledge to future and/or hypothetical settings. The control group students reported a mix of hypothetical

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consequences and personal experiences (i.e. *“I feel guilty [after]”* or *“I hit my bed and hurt my knuckles”*). The majority of these responses described behavioural consequences by indicating that anger might make you “hurt something” or “someone”. Students from the Anger Blanket group described both physiological and uncontrollable elements of anger (i.e. *“makes you want to throw up”* or *“when you’re mad you can’t control your body”*) in contrast to students from the control group who mainly labeled anger as uncontrollable (i.e. *“he was actually getting out of control”*).

Of these results, two distinct findings are salient: how emotion knowledge was constructed and anger was perceived. The control group described their emotions concretely (*“you feel out of control”* or *“she got me mad”*) and reactively (*“when you’re angry you kind of react”*) without indicating an understanding that emotions can be experienced differently. The Anger Blanket group described their emotions abstractly (*“sometimes when you get angry it feels like it’s a bit mountain but actually it’s a little hill”*) and showed higher levels of self-awareness (*“the anger blanket covers you and you have to discover your real feelings so you’re not angry anymore”*). Furthermore, the control group perceived anger as a behavioural manifestation (*“get really upset and have to go out into the hallway to calm down”* or *“want to squeeze or break something”*). Whereas the Anger Blanket group perceived anger as a complex experience influenced by and including various factors (*“sometimes the anger blanket covers up adults”*, *“you make it a big problem even though it’s a little one”*, or *“when you are mad and can’t talk or deal with the problem you get more angry”*).

These results indicate that the Anger Blanket program may have improved SEC in grade three students. These competencies include self-awareness, labeling feelings, management of stress, and making responsible decisions. The overall findings of this study imply that the Anger

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Blanket program (a) provides a framework for grade three students to conceptualize anger, (b) has the potential to foster the skills necessary for socio-emotional competence, (c) promotes the use of cognitive processes such as higher-order thinking and meta-emotion, and (d) assists in the identification, selection, and/or implementation of adaptive emotion processes.

According to the Collaborative for Academic, Social, and Emotional Learning, age-appropriate education for elementary-level students includes labeling feelings, making responsible decisions, and managing stress (Dusenbury et al., 2015), which are the main focus of the Anger Blanket program. According to CASEL (Dusenbury et al., 2015), elementary level students will be increasingly successful at establishing healthy relationships, executing this autonomously, and expressing emotions appropriately (Dusenbury et al., 2015). Thus, given the focus of the Anger Blanket program, it should, at the very least, make for a promising, developmentally-appropriate SEL program for grade three students. The preliminary results of this study provide the grounds for further development and empirical support.

Limitations and Constraints

There were several limitations to this study. First, the Anger Blanket project was piloted in two classrooms from one school. Although control and experimental group status was randomly assigned to the classrooms with the flip of a coin, it was not possible to randomly assign each student to control and experimental groups. Consequently, it is unclear if the study results were due to the intervention or to unique aspects of each class. Because of these constraints, caution must be used when generalizing these results to other settings. More methodologically sound research will make it possible to evaluate and investigate the effectiveness of the program further. To address this in future studies, a few recommendations

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follow. The Anger Blanket program needs to be run in multiple classrooms from different schools. This will increase the sample population and also create a better opportunity to capture socio-economic diversity spread across communities. Lastly, a longitudinal design would allow for the exploration of the long-term benefits of the Anger Blanket program. Although responses reflected Anger Blanket-related content at the end of a three-week follow-up, a longer follow-up period will make it possible to ascertain the long-term effects of the program.

Second, since baseline levels of SEL-related competencies were not used in this study, it was not possible to determine if the Anger Blanket program was solely responsible for the outcome of this study. As reflected in the data, however, there was an increase in the prominence of Anger Blanket-related themes as students progressed through the weekly program sessions. Surprisingly, a similar observation was seen on a smaller scale in the control group overtime. It is speculated that weekly group discussions may have had an educational effect on participants indicating that group discussion about emotions facilitates active thinking and guided discovery leading to a collaborative learning process, with or without a formal intervention. Making use of pre-test data in future studies will address this limitation. Another limitation was that different interviewers were assigned to the control and Anger Blanket groups. Due to this, it is unclear if inconsistencies in interview style influenced student responses. Related to this are the kinds of probes interviewers used with participants as some situations required interviewers to use guiding questions to clarify student inquiries or keep them on track. A way to attempt to control for this in future studies would be to have the same interviewer involved in both focus groups.

Qualitative studies are an essential component to research and create the opportunity to explore what is not achievable through quantitative frameworks, as they are embedded with flexibility, address ambiguity, and are most useful for developing theories (Ely, 1991; Cresswell,

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1994; Jacques, 2014; Cresswell, 2014). A qualitative framework was important for the present study because it allowed for the unique interpretation of results creating a framework to draw inferences, explore implications in other settings, and direct future research. Thus, although these results may not be generalizable to other contexts due to sampling procedures and lack of inferential data analyses, the data suggest that programs, such as the Anger Blanket, appear to have some efficacy in promoting SEL and SEC among elementary school children. However, pre-test and post-test measures on social competence, emotional literacy, and emotion self-regulation administered to randomly selected intervention and control group participants would enhance the internal and external validity of the study.

Implications and Future Directions

The implications of the study are twofold. First, results suggest that the Anger Blanket program may be effective in increasing levels of socio-emotional competencies in grade three students. In contrast to the control group, the Anger Blanket group demonstrated higher levels of emotion awareness, stress management, and responsible decision-making. The literature supports the feasibility of SEL programming in school classrooms and experts emphasize the importance of this being implemented as early as preschool (Goleman, 1995; Denham & Burton, 1996; Garner & Waajid, 2012). Second, emotional competence is associated with psychological and pro-social development (Goleman, 1995; Roffey 2008) and is predictive of cognitive, behavioural, and social competence, academic success, and psychological well-being (Schutte et al., 2001; Bracket et al., 2011; Durlak et al., 2011; Luthar et al., 2014). Improving emotional competence and its correlates in school-aged children is foundational to their school and life success.

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These findings support the Anger Blanket program as a potential age-appropriate approach to integrating socio-emotional learning in grade three classrooms. The focus of the Anger Blanket and similar programs is for universal prevention and promotion (Zins & Elias, 2006). This approach needs to be viewed within the context of the school support system, by taking into consideration a continuum of services based on needs (Zins & Elias, 2006). This system, consisting of three levels, supports holistically the socio-emotional and academic growth of all students. This is done providing broad, universal support to all and progressing to targeted, direct intervention for those who require additional support. In order to increase the quality of programs as well as make advances in this development, research is needed to systematically develop, standardize, and implement this initiative.

The effectiveness of targeted programs on improving socio-emotional competence in children is well documented (Payton, Wardlaw, Graczyk, Bloodworth, Thompsett, et al., 2000; Zins & Elias, 2006; Dusenbury et al., 2015). Regardless, efforts and implementation of effective SEL programming are uncoordinated and disorganized (Greenberg et al., 2003). There is strong support for the importance of adequate development of SEL programming in schools that should be coordinated from preschool throughout high school and integrated into the existing curriculum (Greenberg et al., 2003; Zins & Elias, 2006). Further, attempts at implementing SEL programming should begin at the federal level where a comprehensive, standardized approach can be implemented (Greenberg et al., 2003). Moving forward, further research is needed to systematically (a) develop age-appropriate SEL programs like the Anger Blanket program, (b) coordinate integration and implementation of SEL programs into the existing curriculum, and (c) to standardize this initiative in classrooms across Canada.

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Developing socio-emotional competence promotes both school and life success (Zins & Elias, 2006). It is well documented that emotions affect how we learn, that prosocial relationships provide the foundation for lasting learning, and that socio-emotional-related skills can be taught (Zins & Elias, 2006). However, despite the number of evidence-based SEL programs, issues in implementation, sustainability, and fragmentation are present among school boards and districts. The purpose of this study was to explore the SEL-related outcomes of a local socio-emotional skills program, Anger Blanket program, for grade three students. Results indicate that the Anger Blanket program may increase SEL-related competencies, but this needs to be explored in future studies. Implications from this study emphasize the need for further research to develop a coordinated approach to the integration of SEL programming within classrooms and across schools. Moving forward, attention to the issues of programming sustainability and maintenance is important.

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Appendix A: Irrelevant Statements

Control Group

“Can you listen to this after?”

“Um I forgot what I was going to say sometimes, sometimes it just flies out of my head”

“Um how do you are you like can you listen to those after?”

“Isn't that called fainting?”

“Don't know”

“No, no this is what I did to someone”

“She took mine”

“This guy thought it would [indiscernible] to pull out the chair [indiscernible] someone tried to sit down and he fell and hit his side and he got suspended”

“My uncle got way too drunk...he threatened my friend jenny”

“Got scared [that my uncle got really drunk] and I just wanted to run out of the room”

“I was in this restaurant...person got drunk... threw the banjo to the ground and almost set the place on fire”

“He just plays around with us so that's why we do like ahhh attack”

“He thinks that I am the only one who's getting in trouble so I just grab something from my hat”

“The prankster...he was pulling the fire alarm and he made my cousin cry”

“Once I was playing...then she got bored and sat on the couch like I don't know... I'm confused”

“I forgot what I was going to say”

“My brother has anger problems but he actually doesn't so my mom is like get some rope and duct tape and put the duct tape on his mouth and tie him up so he could get calm”

“For him no but playing games ya”

“I don't know”

“My mom went to his house yesterday”

“I'm so worried that she can't come to school because she needs to move”

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“I know where his house is it's on my street”

“She is too tiny”

“Um I forgot”

“My mom knew but she didn't get that angry at us”

“I was angry because... what was it again”

“But sometimes they follow you”

“I tackle for fun”

Anger Blanket group

“My cheeks get red, maybe it's because she is smiling”

“There are different reasons for your face to turn red... like smile, laugh, angry”

“You can tell cause they're smiling and their face is red”

“But I saw the real AB”

“I just lost my thought”

“I lost it again”

“What was the question?”

“Because of that word I can't remember”

“It means, I don't know what it means”

“Could you tell by my moustache”

“Are you an adult?”

“We learned to make AB”

“Can we listen to the recording?”

“Learned another angry feeling but I forget”

“I just wanted to say, uh, oh”

“Our teacher taught us that”

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“Self-control is like you can control yourself and not get all wild”

“I learned that, uh I lost it”

“I forget”

“Um I don't know”

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CURRICULUM VITAE

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EDUCATION

Master of Education, Educational Psychology/Special Education

September 2012- anticipated completion: March 2017

Western University, London, Ontario

Bachelor of Arts, Specialization in Psychology, Minor in Geography

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Brescia University College, Western University, London, Ontario

AWARDS AND DISTINCTIONS

Spring, 2012

University of Western Ontario, London, Ontario

Dean's Honor List

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Dean's Honor List

RESEARCH EXPERIENCE

2012-anticipated completion: March 2017

Western University, London, ON

Master of Education, Educational Psychology/Special Education

Graduate Thesis

Supervisor: Dr. Elizabeth Nowicki, Ph.D

“Anger is very ugly”: results of a classwide socio-emotional skills program for grade three students.

2016-Present

Adult Eating Disorders Services

London Health Sciences Centre, London, ON

Research Assistant

Supervisor: Dr. Philip Masson, C.Psych

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Assisted with the development of a laxative tapering protocol for adults with eating disorders who misuse laxatives for program evaluation.

2016-Present

**Child & Adolescent Eating Disorders Program
London Health Sciences Centre, London, ON**

Research Assistant

Supervisor: Dr. Debbie Vanderheyden, C.Psych

Database management of a symptom tracking protocol as a part of service evaluation.

2015-Present

**Adult Eating Disorders Services
London Health Sciences Centre, London, ON**

Psychometrist

Supervisor: Dr. Philip Masson, C.Psych

Program evaluation of various treatment services for adults and young adults with eating disorders.

RELEVANT WORK EXPERIENCE

London Health Sciences Centre

Adult and Child & Adolescent Eating Disorders Programs

Psychometrist, March 2015– Present

The eating disorders program at London Health Sciences Centre (LHSC) provides evidence-based treatment for individuals with eating disorders. My role as a full-time psychometrist is to evaluate LHSC’s treatment services for program evaluation and development. Job responsibilities include conducting semi-structured clinical interviews - including administration of the Eating Disorder Examination - and completion of various research duties including literature reviews, statistical analyses using SPSS, and ethics protocols.

London Health Sciences Centre

Paediatric Medical Day Unit

Casual Unit Clerk, May 2008 – December 2015

The Paediatric Medical Day Unit (PMDU) is a multidisciplinary ambulatory service providing subspecialty services to children

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diagnosed with chronic and acute medical illness. As a casual unit clerk, I was responsible for casual clerical and secretarial support to various subspecialty services, each one requiring different knowledge and skill sets. Duties include appointment registration and scheduling, managing clinic flow and demands, and facilitating effective communication between multidisciplinary teams.

London Health Sciences Centre

Healthy Eating and Activity Program/ REACH program

Part-time Research Assistant, March 2010- March 2011

The Healthy Eating and Activity and REACH programs were a part of a study conducted by a team of medical physicians and professionals at LHSC and Western University to determine the effectiveness of interventional programming for childhood obesity. My responsibilities included referral management, participant enrolment, education and orientation of new participants/families, scheduling and registering appointments, and database management.