

The effect of emotional awareness education, based on emotion focused therapy, on young adults' levels of optimism¹

Duygu odaklı terapiye dayalı duygusal farkındalık eğitiminin genç yetişkinlerin iyimserlik düzeylerine etkisi

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Abstract

The aim of this research was to study the effects of an Emotional Awareness Training Programme, based on Emotion-Focused Therapy, on the optimism levels of young adults. The experimental and control groups of this research consisted of twenty four young adults. In the study, an Optimism Scale was used in order to determine the optimism levels of these young adults. Both the experimental and control groups were given the scale as a pre-test and a post-test. A set of activities, generated by the principles and techniques of Emotion-Focused Therapy, were applied to the experimental group for ten weeks. There were no studies conducted within the control group. The Mann-Whitney U Test and Wilcoxon Signed Ranks Test were used to find out if there were any differences between the Optimism Scale pre and post-test scores, which were applied to the experimental and control groups at the end of the sessions. At the end of the statistical analysis, it was observed that Emotional Awareness Training created a significant difference in the young adults' levels of optimism. According to this finding, it has been concluded that an Emotional Awareness Training Programme, based on Emotion-Focused Therapy, raises the optimism levels of young adults.

Keywords: Emotion, optimism, emotional awareness, emotion-focused therapy.

Özet

Bu araştırmanın amacı, Duygu Odaklı Terapiye dayalı olarak hazırlanan Duygusal Farkındalık Eğitiminin genç yetişkinlerin iyimserlik düzeylerine etkisini incelemektir. Araştırmanın deney ve kontrol grubu toplam 24 genç yetişkinden oluşmaktadır. Araştırmada genç yetişkinlerin iyimserlik düzeylerini belirlemek amacıyla İyimserlik Ölçeği kullanılmıştır. Deney ve kontrol gruplarına bu ölçek ön-test ve son-test olarak uygulanmıştır. Deney grubu ile 10 hafta boyunca Duygu Odaklı Terapi ilke ve teknikleri doğrultusunda oluşturulmuş bir dizi etkinlik uygulanmıştır. Kontrol grubu ile hiçbir çalışma yapılmamıştır. Oturumların sonunda deney ve kontrol gruplarına uygulanan İyimserlik Ölçeği ön-test ve son-test puanları arasında fark olup olmadığını belirlemek için Mann-Whitney U Testi ve Wilcoxon İşaretli Sıralar Testi kullanılmıştır. İstatistiksel analizler sonucunda Duygusal Farkındalık Eğitiminin, genç yetişkinlerin iyimserlik düzeyi üzerinde anlamlı bir fark oluşturduğu görülmüştür. Bu bulguya göre Duygu Odaklı Terapiye dayalı olarak geliştirilen Duygusal Farkındalık Eğitim programının genç yetişkinlerin iyimserlik düzeyini yükselttiği sonucuna varılmıştır.

Anahtar Sözcükler: Duygu, iyimserlik, duygusal farkındalık, duygu odaklı terapi

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Introduction

A human, since s/he starts to comprehend the world, strives to express his/her emotions, thoughts and behaviour to the people around him/her. This feature, together with being unique, as an individual's success in expressing and making others understand his/her emotions, is evaluated as an improvement concerning life skills. Expressing his/her thoughts, and others' skill in understanding these thoughts, strongly affects the individual, physically and mentally (Salovey, Rothman, Detweiler, & Steward, 2000; Cohen & Pressman, 2006). According to this, any lack that the individual experiences in expressing his/her thoughts and the others' skill, or lack of it in understanding these thoughts, is a sign of some defectiveness concerning life skills.

Emotion is explained as awareness related to an emotion or a slice of life together with physiological and physical situations that can be measured and the expressions that can be observed through their behaviour by others (Morgan, 2009). As well as the emotions which can affect the individual in different ways, these same emotions could create different effects in different individuals. These different effects are shaped through both physical and cognitive processes, and influence memory, thinking and the imagination (Greenberg, 2004). It is also thought that emotions with this systematic structure affect the processes of perception and this is parallel to the cognitive processes (Izard, 1989). Emotions are *universal*, as they emerge as a result of life events; *useful* as they are communication tools; *complex* as they bear many different emotions; *various* in terms of expression; *organizer* as they organize the behaviour and *private* as they defend the personality (Plutchik, 2001). Emotion is the basic action point in one's life and, together with this idea, the thought that without emotion the behaviour will not exist (Greenberg, 2008), is carried, that the emotion has a different place within the process of behavioural change. Though emotional living may improve, together with consistence skills, they may not be realized socially. While individuals try to block and limit these unwanted emotional situations, they try to develop the emotions that are socially acceptable. According to this, individuals need emotional regulation skills (Niedenthal, Krauth-Gruber, & Ric, 2006).

When the effects of the emotions on personality are considered, an individual's genetic structure and living in society are considered. Genetic structure plays a role in determining the different emotional limens, especially social dynamics which play a great role in the way of emotional expressions and socializing of the behaviour (Izard, 1991). Total emotional responses that individuals show to certain environmental factors make up the personality (Revelle & Scherer, 2010). So, personality is evaluated as the systematic reflection of emotion, behaviour, cognition and target. The permanency of precise emotional processes and experience mostly show the emotions as inseparable personality features. One of the approaches based on emotion is the Emotion Focused Therapy approach. This approach draws a route for the consultant to understand the individual's emotional processes and how to undertake therapeutic interventions by highlighting process intervention and process focusing.

As Emotion Focused Therapy includes the principles of a humanistic-experimental approach, it is also named a Process-Experimental Therapy (Elliot, Watson, Goldman, & Greenberg, 2005). Though previously known as the couple therapy model, by giving emotion a central role in the personality, the term Emotion Focused Therapy has been used as a single and couple therapy since the 1990s (Elliot & Greenberg, 2007; Greenberg, 2010; Prochaska, 2010). Emotion Focused Therapy began to work with humanistic approaches rather than behaviouristic ones in therapies; however, in time, demands for practice and with the light of the results gathered from emotion theories and neurological researches (Paivio & Pascal-Leone, 2010), the Emotion Focused Therapy Approach emerged in its permanently developing state (Johnson, 2004). This approach is still developing. The Emotion Focused Therapy Approach may raise the level of optimism, as well as improving the individual's skill in expressing the emotions and realizing them.

The term optimism is generally defined as one's belief in coming across good things instead of bad ones, concerning the situation s/he is going through (Scheier & Carver, 1992; Chang, 2001). While optimism is defined as the ability to adapt to life, pessimism is seen as mental defectiveness (Daco, 1989). Goleman (2009) defines optimism as a strong expectation, despite all the difficulties and obstacles.

When the related literature is read, it can be seen that there are two different approaches concerning optimism. The first definition of optimism which is put forward by Scheier and Carver (1992) frames optimism as expectations related to the future. While the optimistic believe that good things will happen, the pessimistic believe this in reverse. This approach gives importance to the definition of the individual's targets and their expectations and efforts. It is also named as a self-adjustment model, as it gives importance to the individual's effort to improve in the appropriate behaviour to reach targets. The tendency towards optimism is evaluated as a supporting mechanism to get over the obstacles that they face on the way to reach their targets. From this point, optimism is defined as a personality feature independent of an individual's circumstances. In this approach, an optimistic individual goes on to show behaviour related to their target, without losing expectation (Scheier & Carver, 2002). Looking from an optimistic or pessimistic frame for the future defines the level of the tendency towards optimism (Burger, 2006; Taylor, 1998).

Another approach has been developed by Seligman (2007). Seligman handles the individual's optimistic tendencies, according to their general explanations about things which have happened. In this approach, when something bad happened in an individual's life, their explanation for the event can affect their struggle against it. Whilst the way of explanation may reduce the individual's strength to struggle and motivation to solve it, it may also help him/her to solve the problem easily (Peterson, 2000; Seligman, 2007).

While in the dispositional optimism approach, optimism shows an attitude of unrealized experience, the explanatory style of optimism approach consists of an evaluation of experience. When reviewing the literature, an optimistic tendency is associated with effective coping strategies, low depressive features and physical health (Scheiere & Carver, 1992; Bennett & Elliot, 1995; Nicholls, Polman, Levy, & Backhouse, 2008). The explanatory style of the optimism approach is associated with a high level of motivation and achievement (Colligan et al., 1994; Buchanan & Seligman, 1995).

If the individual believes that he is not successful and this failure is valid on many occasions, then s/he will show generalized inevitability behaviour and, depending on their control perception, s/he will experience the inevitable result (Türküm, 1999; Peterson & Park, 2007). An individual's failure in controlling the results is accepted as the source of the individual's tendency towards pessimism which leads the way to a lack of self value and, when combined with the supporting inevitability, this level of incapability becomes deeper with depressive behaviour. According to the research, while evaluating the internal explanations about their uncontrollability on an individual's life and having no effect upon it, the optimistic and pessimistic individuals explain their consequences differently: a) internal or external definitions towards the event (personification); b) the changeability or non-changeability of the effects of the event (permanence); c) the perception of the effects of the event personally or generally (generality) (Abramson, Seligman, & Teasdale, 1978; Gilham, Shatte, Reivich, & Seligman, 2001).

Biological development of the individual, obstacles that are set by their social expectations, social change and confusion peculiar to the 21st century, lead the way for a change in a human's needs and expectations. An Emotion Focused Therapy Approach can add awareness to the emotional obstacles that the individual experiences and the emotions that are accepted as the main factor of the personality. In this respect, the aim of this study is to form Emotion Focused Therapy

(Greenberg, 2004) principles, techniques and Emotional Awareness Education, but moreover to test the effect on young adults' levels of optimism. In research, these hypotheses are tested:

1. The optimism level of the young adults who attend the Emotional Awareness Education is higher, at a significant level, than those who do not attend.
2. The optimism level total of post-test scores of the young adults who attend the Emotional Awareness Education is higher, at a significant rate, than the optimism level total in pre-test scores.
3. There is no significant difference between the optimism level total pre-test and post-test scores of the young adults who do not attend the Emotional Awareness Education.

Method

Participants

A ten-week Emotional Awareness Education announcement was made in Samsun for ones aged between twenty and thirty years of age. As a result, 51 people applied for this education. These people filled in the Personal Information Form and the Optimism Scale. The maximum score in the Optimism Test out of fifty one people was 94, and the minimum score was 58; the standard deviation was 9.1, the average was 74.6. Whilst forming the group, the scores below the average score, the scores that they achieved and features from their personal information form were taken into consideration and two groups were formed by the pairing method randomly, one of which was the experimental and the other, the control group.

The average age of the experimental group was 23.7 years, and, in the control group, it was 24.5 years. In each group, there were seven females and five males. When the level of education is considered, in the experimental group there was one primary, six high school and five university graduates; in the control group there were seven high school and five university graduates. In each group, just one female was married. Group members were interviewed beforehand and an informed approval form was taken.

The Mann-Whitney U Test was completed to see if there was a significant difference between the pre-test scores of each group. The test's statistical results are given in Table 1.

Table 1. Mann-Whitney U Test results concerning experimental and control group total pre-test scores of levels of optimism

Group	N	X	Rank Average	Rank	Sum	U	P
Exp. Group	12	69.2	12.29	147.50		69.500	.885
Control Group	12	69	12,71	152.50			

$p > .05$

When Table 1 is considered, it can be seen that there is no significant difference between the optimism scale pre-test of the experimental or the control group and they can be considered as equal ($u = 69.50; p > .05$).

Research Design

In this research, “Pre-test/Post-test Control Group Design” based experimental patterns are used. Pre-test with a control group and post-test model patterns are accepted as one of the most effective patterns to guarantee internal reliability (Büyüköztürk, 2001). In this research, the independent variable is Emotion Focused Therapy based upon Emotional Awareness Education; the dependent variable is the individual’s level of optimism. Emotional Awareness Education is practiced with the experimental group every week for ninety, to one hundred and twenty minutes, and for ten sessions. No practice is undertaken with the control group. Whether the Awareness Education makes a difference or not, at the end of the ten-week education process, the optimism scale (post-test) is undertaken by the control and the experimental group.

Instruments

Optimism Scale: In this research, in order to determine the level of optimism, an “Optimism Scale” and “Personal Information Form” are used, as developed by Balcı and Yılmaz (2002). These forms were designed by the researcher to detect whether the applicants were within the scope of the research and the groups’ sex, age, marital status and level of education. The Optimism Scale was developed by Balcı and Yılmaz (2002) to assess an individual’s level of optimism. The Optimism Scale is made up of twenty four questions which are on the likert type scale of 4. The reliability of the scale was measured with the Cronbach Alfa Internal Consistency, test-retest and test-half-test. The Cronbach Alfa coefficient is .96. The scale was performed with 290 university students at four week intervals and as a result, Pearson Moments Multiplication Correlation coefficient is .61 and the test-half-test method reliability coefficient is .91. For the scale’s validity study, the “Life Management Test” was adapted by Aydın and Tezer (1991). This test was performed with 290 students at the same time and the correlation score between the two scales was found to be .55. Factor analysis was done to detect the scale items’ structure validity and whether it is multidimensional or not. Except for one item (item no.1), all of them were gathered in the first factor. The validity and reliability of the scale was again studied with fifty one young adults by the researchers. As a result of this analysis, the internal reliability coefficient of the optimism scale (Cronbach Alpha) was .88 and the split-half reliability correlation score between the two halves was .80. The validity was studied by correlating the scale with the Life Orientation Test developed by Aydın and Tezer (1991). The correlation coefficient between the two measures was found to be .71. The results showed that the scale was valid and reliable in this sample.

Emotional Awareness Education Programme

The Emotional Awareness Education Programme used in this research is a frame programme based on emotion focused therapy, to raise the young adults’ emotional awareness and to develop emotional arrangement and conversion skills. The Education Programme, Emotion Focused Therapy principles and practices (Greenberg & Paivio, 2003; Johnson, 2004; Greenberg, 2004; Paivio & Pascual-Leone, 2010; Greenberg & Safran, 1987; Watson, Goldman, & Greenberg, 2007) and the subjects’ emotions and expression of the emotions (Kuzucu, 2007; Koçak, 2003; Dökmen, 1995; Leahy, 2010; Voltan-Acar, 2002; Voltan-Acar 2010; Altınay, 1999; Erkan, 2006; Abacı, 2010; Schiling, 2009; Konrad & Hendl, 2001) are shaped by scanning related literature and practice methods. In this education programme, in order to raise their emotional awareness and level of optimism, are stated the following: realizing the positive or negative emotions to develop emotional awareness; developing empathy skills towards oneself and others around; giving meaning to the first and the second emotions by realizing emotional schemes; increasing positive emotions and decreasing negative ones; discovering their internal dialogues by realizing positive

features and wrong beliefs about themselves and understanding and finishing the unfinished things. The following activities were included in the sessions:

1. *Session:* Meet with members of the group and be aware of the counselling environment for their thoughts and feelings. Group members share expectations about the programme and structure their expectations in line with realistic thought. Informing about the programme’s principles, objectives, content, process nature and group rules. Identification of emotions and the concept of learning in human life.

2. *Sessions:* Improving vocabulary about emotions. Be aware of self-defining emotions. Express their feelings easily in the group.

3. *Sessions:* Informing about sensitivity to the emotions. Accept the negative and positive emotions. Focus on the physical effects of emotions.

4. *Sessions:* Focus on their feelings for the last week. Express their feelings using body language. Try to understand the emotions of others from their body language. Understanding the emotions of others, using role play.

5. *Sessions:* Improving in awareness of their own feelings. Try to understand others physically and empathise.

6. *Sessions:* Focusing bodily reactions on sadness. Awareness of the mood caused by the event. Informing about primary and secondary emotions. Awareness of primary and secondary emotions in self-experience.

7. *Sessions:* Aware of the primary and secondary emotions experienced in the last week. Awareness of disturbing, unfinished business. Expressing their feelings to others who have unfinished business. Improving in empathy towards others.

8. *Sessions:* Awareness of the emotional schemes. Coping with negative moods. Practice breathing and relaxation exercises. Conversion of negative emotions to positive emotions with breathing exercises.

9. *Sessions:* Increasing positive feelings and decreasing negative feelings. Exploring internal dialogues. Awareness of the mistaken belief about positive characteristics in the emotional change process.

10. *Sessions:* Determining a new emotional focus. Evaluation of the process and group members by themselves; sharing of emotions and opinions. Leaving the group with positive feelings.

Findings

In this chapter, the difference between the control and the experimental groups’ pre-test and post-test average scores are stated in order.

Hypothesis 1: “The optimism level of the young adults who attend the Emotional Awareness Education is higher at a significant level than those who do not attend.” To test the hypothesis, the experimental and the control groups’ optimism level post-test total scores from the Optimism Scale are analyzed with the Mann-Whitney U Test; statistical analysis results are shown in Table 2.

Table 2 Comparison of the experimental and the control groups’ optimism level post-test total scores

Group	N	Rank Average	Rank Sum	U	P
Experimental Grp. Post-test	12	16.75	201.00	21.000	.003*

Control Grp.			
Post-test	12	8.25	99.00

* $p < .05$

As seen in Table 2, the difference between the total scores of the young adults who attended the Emotional Awareness Education and the total scores of the young adults who did not, is significant at .05 level ($u = 21.000, p < .05$). This result shows that Emotional Awareness Education raises the optimism levels of young adults. This result supports the first hypothesis of the research.

Hypothesis 2: “The optimism level total post-test scores of the young adults who attend the Emotional Awareness Education are higher at a significant rate than the optimism level total pre-test scores.” To test the second hypothesis, the experimental group’s Optimism Scale pre-test and post-test total scores are stated with Wilcoxon Signed Rank Sum Test results in Table 3.

Table 3. *The Comparison of the experimental group’s pre-test and post-test total scores of optimism level*

Pre-test/Post-test	<i>N</i>	Rank Average	Rank Sum	<i>z</i>	<i>p</i>
Negative rank	0	.00	.00		
Positive rank	10	5.50	55.00	-2.809	.005*
Equal	2				

* $p < .05$

As seen in Table 3, concerning the experimental group who attended the Emotional Awareness Therapy, the optimism level pre-test and post-test total scores are in favour of the post-test (positive sum), thus a statistically significant difference is seen ($z = -2.809, p < .05$). This result supports the second hypothesis of the research.

Hypothesis 3: “There is no significant difference between the optimism level total pre-test and post-test scores of the young adults who do not attend the Emotional Awareness Education.” To test the third hypothesis, the control group who did not attend the Emotional Awareness Education Optimism Scale, Optimism level post-test and pre-test scores are presented via Wilcoxon Signed Rank Sum Test on Table 4.

Table 4. *Comparison of the control group’s optimism level pre-test and post-test total scores*

Pre-test/Post-test	<i>N</i>	Rank Average	Rank Sum	<i>z</i>	<i>p</i>
Negative Rank	6	7.08	42.50		
Positive Rank	4	3.13	12.50	-1.540	.124
Equal	2				

$p < .05$

As seen in Table 4, there is no statistically significant difference between the pre-test and post-test scores of the control group’s level of optimism. ($z = -1.540, p > .05$) This result shows

that, of the young adults who did not attend Emotional Awareness Education, the level of optimism shows no significant difference. This result supports the third hypothesis of the research.

Discussion

The findings show that there is a significantly different rise in the level of optimism of the young adults who attended the Emotional Awareness Education based on Emotion Focused Therapy. It can be seen that related literature supports this result, when it is looked at from the point of positive emotions towards the subject, hope, emotional awareness, struggling skills and optimism frame (Rim, 1990; Puskar et al., 1999; Chang, Rand, & Strunk, 2000; Hatchett & Park, 2004).

Positive thinking styles like optimism and hope have been important topics in the field of psychological counselling and guidance in recent years. It is the aim to raise the positive feelings and the level of hope of the individual in Emotion Focused Therapy. With the help of this, the individual will get rid of the effect of his inappropriate emotions, be more flexible towards life, develop struggling strategies to cope with the problems. Because of this, support of the positive emotions of the individual and a positive personality image are put at the centre by Emotion Focused Therapy (Greenberg, 2004). In this approach, which is also called an experimental approach, the aim is to make the individual relive the negative memories in a configured environment, to become aware of their negative emotions, face their own inevitability and develop new emotions (Johnson, 2004).

Positive emotions reduce the effect of negative life events (Synder & Lopez, 2007) and increase the awareness of the individual towards personal resources (Fredrickson, 2002). The process of Emotion Focused Therapy proceeds by discovering the individual's own negative emotions; realizing, explaining, reflecting and changing these into positive emotions (Greenberg, 2004; Watson et al., 2007). To create positive emotions within the individual, positive imagining studies are undertaken and this imagining is supported by cognitive structures (Greenberg & Watson, 2006). The education programme prepared for this research considers these principles and the process. In relation to the Emotion Focused Therapy Application, it aimed to focus on the events' emotional world, rather than the emotions themselves. This involved finding the first emotion equivalent in their own perception of positive or negative events and to start an appropriate emotional changing process with supporting emotions. Towards the target of the individuals controlling their own lives, the tendency towards optimism may rise and this can be an expected result because, in most research studies, the optimists believe that they have control over the main events in their hands (Darwill & Johnson, 1991; Wenglert & Rosen, 2000). Additionally, individuals whose level of optimism is high, function well, emotionally and physically. It also explains that optimism has control over self-respect, control perception, psychologically good moods, motivation and health (Ben-Zur & Debi, 2005; Baldwin, Kennedy, & Armata, 2008).

Research based upon the circumstances that the individual is in, show that the emotional situation affects the thinking style at a high rate (Mayer & Hanson, 1995). Positive emotions bring about positive change. (Greenberg & Goldman, 2008). From this point of view, it is thought that positive emotions lead to optimism, whereas negative emotional states lead to pessimism. Fredrickson and Levenson (1998), claim that individuals who see events positively have the capacity to struggle with negative emotions. According to Fredrickson (2004), activating positive emotions is the centre of emotional transformation and the most important step. Optimism is, mentioned as an emotion, a precaution for negative emotions, of an expansive and constructive structure; optimism develops hope and self-sacrifice, with the ability to produce creative solutions. Positive emotions improve people's instant thought-action repertoire, thus it helps to construct permanent energy resources to cope with life.

Positive life experiences are related to the individual's hope and tendency to optimism (Lazarus & Lazarus, 1994). According to this, in hard conditions, it is hard to uncover the positive

emotions, which is important in terms of struggling strategies (Folkman, 2008). Struggling with problems is related to struggling with emotions. Positive emotions lead the way to positive expectations concerning the future (Lazarus & Lazarus, 1994).

Puskar et al., (1999) observed that there is a negative correlation between optimism and depression; individuals, whose level of optimism is high, make use of problem-focused struggling strategies and, while the level of optimism rises, the level of anxiety decreases. A similar situation is valid for ones who receive medical treatment (Matthews & Cook, 2009). It is diagnosed that heart patients who have higher levels of optimism have positive symptoms concerning their emotional and physical conditions (Bedi & Brown, 2005). There is a negative correlation between the tendency towards optimism, depressive symptoms and low self-respect (Taylor, Budescu, & McGill, 2011). Blaming oneself, suppressing the emotions and avoiding emotions are related to pessimism (Scheier, Carver, & Bridges, 1994). Considering healthy people, there is a significant correlation between optimism and information processing.

Optimism is related to the information processing style, whilst pessimism is related to the experimental information processing. According to this, it can be seen that there is a strong relationship between one's being optimistic and having psychological conditions (Chang & Farrehi, 2001). According to the findings of the research, Emotional Awareness Education based on Emotion Focused Therapy is effective in raising the levels of optimism of young adults.

While evaluating the findings, it should be remembered that the research was carried out with volunteers who live in Samsun. To remove these limits, in different populations (childhood, adolescence, adulthood, senescence), by discussing different variables, studies will be carried out to enlighten new research concerning the optimistic tendency and emotional awareness. Additionally, it is thought that optimism will add to the field of psychological counselling and guidance about the Emotion Focused Therapy Approach and the life skills of young adults.

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