Adolescents' Emotional Awareness, Regulation, and Transformation: Emotion-Focused Therapy as Anger Management

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Aimed at addressing increased violence and aggression in the school setting, this study evaluated the use of Emotion-Focused Therapy (EFT) in managing anger level and intensity of selected adolescents. These adolescents were 16 high school students on Strict Disciplinary Probation status whose level of anger was determined using the Adolescent Anger Rating Scale. The two-phase study first consisted of developing a tool to measure the effectiveness of EFT—a tool referred to as the Emotional Awareness, Regulation and Transformation Scale (EARTS). The second phase involved the conduct of the therapy as a psychotherapeutic intervention intended to help selected adolescents deal with anger. A significant improvement was observed from pretest-posttest data on EARTS at the conclusion of the 12-session EFT.

KEYWORDS: anger, instrumental anger, reactive anger, anger control, anger management, emotion-focused therapy, adolescence

INTRODUCTION

Adolescence is unquestionably a developmental stage that is both exciting and challenging. As a transition period from childhood to adulthood, the earliest influential conceptualization of this age group led to the storm-and-stress view

of Stanley Hall in the early 1900s. Part of this adolescent perspective describes a turbulent time charged with conflict and mood swings, stress and unhappiness. Although it is not a universal and global adolescent experience to have major difficulties, Steinberg (2002) postulated that some adolescents encounter serious psychological and behavior problems that disrupt not only their lives but also the lives of their significant others. These problems vary from substance abuse and depression and suicide to crime and delinquency during adolescence, affecting a worrisome number of teenagers.

Smith and Furlong, in their study on anger and aggression among Filipino students, disclosed that anger is an important correlate of student aggression, and that there is a clear link between high levels of anger and problem behavior in school, poor academic performance, peer rejection, and psychosomatic complaints (cited in Campano & Munakata, 2004). Moreover, uncontrolled anger is cited as one of the factors linked to serious school violence. One interesting yet very disturbing observation was that students in private schools reported high mean scores in physical aggression, verbal aggression, anger, school hostility, and destructive expression compared to public school students.

Balana (2010) reported that most high school students suffer from violence. This was from a study "Towards a Child-Friendly Environment—Baseline Study on Violence Against Children," a collaborative survey by Plan International, United Nations Children's Fund (UNICEF), the Australian Government Overseas Aid Program (AusAid), Council for the Welfare of Children (CWC), and Philippine Women's University. According to the study, verbal abuse is the most prevalent form of violence at all school levels, including being shouted at, cursed, ridiculed, teased or humiliated. Physical violence included pinching, throwing things at a child, spanking, making a child stand under the sun, locking a child in a room or enclosed space, and sexual assault. What is more disturbing is that the acts of violence increase in frequency as the child moves up to higher grade levels.

Anger is inarguably a universal truth in the field of human behavior. It is one of the basic emotions alongside happiness, sadness, fear and disgust. Anger is pervasive and powerful. It is also widely misunderstood and ignored (Mental Health Foundation, 2008).

Regardless of age, sex, culture, socio-economic status, educational attainment and other social categorizations, anger has been experienced by almost everybody. Simon (2005), however, observed that anger is not a popular topic of study—angry people are not fun to be around

and are difficult to treat. DiGiussepe and Tafrate (cited in Feindler, 2006), stated that anger studies may be unpopular because "no one likes to hug a porcupine." One can expand a porcupine to a snake or a skunk. Like these animals, when angry people are threatened, they can become verbally argumentative, volatile and at times, menacing.

A thorough review of the psychological disorders listed in the latest edition of the Diagnostic and Statistical Manual (DSM) (APA, 2000) shows at least five disorders that included anger as either necessary or sufficient to reach a diagnosis. These disorders are oppositional defiant disorder, conduct disorder, borderline personality disorder, intermittent explosive disorder, and bipolar depression (DiGiusseppe, 2001).

Studies reveal that during adolescence, there is clearly an increase in behavior that can be considered "problematic" or "at risk," such as drug use, truancy, school suspensions, vandalism, stealing, and precocious and unprotected sex. Many of these problematic behaviors are symptoms of conduct disorder—one of the most common reasons for referral of a child or adolescent for psychological or psychiatric treatment. The DSM clearly stipulates that evidence of conduct disorder is one of the criteria for the diagnosis of antisocial personality disorder (APD) in adulthood. In 2001, a Canadian-based Children's Mental Health publication disclosed that the prevalence of conduct disorder is estimated at between 1.5% and 3.4% of the general child and adolescent population. The onset of conduct disorder tends to peak in late childhood and early adolescence. About 40% of children and adolescents with conduct disorder eventually develop APD. In nondiagnostic terms, this type of behavior has been termed psychopathy, sociopathy, or dissocial personality disorder (Nelson, Finch & Hart, 2006).

Deffenbacher, Oetting and DiGiuseppe (2002) emphasized that psychologists need to be informed about anger because they often work with anger-involved people. To work with angry individuals necessitates tailor-fit programs that are carefully designed to answer their varying needs. This paper attempted to explore emotion-focused therapy (EFT) as an approach to managing anger in adolescents. Anger, as a powerful emotion, is dealt with via an approach drawing out emotions in an individual. EFT was developed by Leslie Greenberg, a Canadian psychologist who, in 1979, started employing this therapy with couples, publishing *Emotionally Focused Couples Therapy* in 1988 and *Facilitating Emotional Change in Individual Therapy* in 1993. EFT is essentially a therapy that focuses on working with "lived emotion"

in the session. Whereas both psychodynamic and cognitive therapies tend to work more with conscious cognition, the focus in EFT is on how to work with people's actual feelings and changing emotions in the session, so that the real emphasis is on trying to understand emotional processes and how emotions change (http://www.mentalhelp.net/poc/view_doc.php?type=doc&id=36618). EFT is an integrative approach, combining client-centered, gestalt, and cognitive principles. It also includes interactional systemic perspectives that elucidate humanistic insights with an empirical approach.

Like other humanistic approaches, EFT adheres to the notion that what best explains human behavior is the subjective experience of reality. To further evaluate the effectiveness of EFT on adolescents with anger problems, the tool Emotional Awareness, Regulation and Transformation Scale (EARTS) was developed.

REVIEW OF RELATED LITERATURE

The common English language definition of "anger" is that it is a strong passion or emotion of displeasure or antagonism, excited by a real or supposed injury or insult to one's self or others, or by the intent to do such injury (www.webster-disctionary.net). Feindler (2006) recorded five varied definitions and descriptions of anger (citing Kennedy, 1992, Novaco, 1998, and Spielberger, 1999). Kennedy wrote that anger was an affective state experienced as a motivation to act in ways that warn, intimidate or attack those who are perceived as challenging or threatening. Anger is coupled with and is inseparable from sensitivity to the perception of challenges or a heightened awareness of threats or irritability. It can be inferred that Kennedy's analysis emphasized anger as a passion and motivational state that promote approach and even aggressive actions.

Novaco defined anger as a negatively toned emotion subjectively experienced as an aroused state of antagonism towards someone or something perceived to be the source of aversive event. This definition focused on the interpersonal nature of anger and the fact that there is usually a perceived stimulus thought to be aversive. Spielberger's exposition of anger was a more fundamental concept than either hostility or aggression as found in his anger, hostility and aggression (AHA) syndrome. Anger refers to a psychobiological emotional state or condition that consists of feelings that vary in intensity from mild irritation or annoyance to intense fury and rage, accompanied by

activation of neuroendocrine processes and arousal of the autonomic nervous system.

In addition, Mills (2005) described anger as a natural and mostly automatic response to pain of one form or another (physical or emotional). Anger can occur when people do not feel well, feel rejected, feel threatened, or experience some loss. The type of pain does not matter; the important thing is that the pain experienced is unpleasant. Because anger never occurs in isolation but rather is necessarily preceded by pain feelings, it is often characterized as a 'secondhand' emotion. Also, anger is an experiential state consisting of emotional, cognitive and physiological components that co-occur, rapidly interacting with and influencing each other in such a way that they tend to be experienced as a feeling state (Deffenbacher, 1999).

In 1995, Kemp and Strongman conducted an historical analysis of anger theory and management, reviewing how social scientists understood the emotional state called anger. First was a standard, uncomplicated analysis of anger made by Izard (1991), who listed the following causes of anger: restraint, the blocking or interrupting of goal-directed activity, aversive stimulation, being misled or unjustly hurt, and moral indignation. He viewed it as an emotion that interacts with disgust and contempt, and as adaptive. Anger mobilizes energy and can be justified as an appropriate defense against assertiveness. Furthermore, anger is often undesirable and typically avoided in so far as possible. He also suggested that not expressing anger could result in health problems. Although, in Izard's view, anger is not the only cause of aggression, appropriate expression of justified anger may even strengthen the relationship between the angry person and the person who is the target of the anger.

From the same 1995 review, the following antecedents of anger were identified: the failure of friends, the failure of strangers, inappropriate rewards, the failure of relatives, inconvenience, and the failure to reach goals. In the particular context of personal relationships, they pointed to unjust treatment, the violation of norms, and damage to property.

It is noteworthy that the fullest and most far-reaching consideration of anger (and aggression) by a psychologist in recent decades has been made by Averill (1982) who took a firm social constructionist standpoint. His simple starting point is that anger is antisocial, unpleasant, negative, and very common. Taking up the point that anger is very common, Averill further pointed out that its main target is a loved one, a friend, or an acquaintance. Its aim is

often to change whatever conditions have brought it about. Always, there is a perceived wrong, something that was done either purposely or through negligence. In other words, the cause of anger is either an unjustified act or an avoidable accident. Averill also characterized many ways to express anger, but argued that people tend to dwell on the more dramatic of these, mainly involving physical aggression. More often than not, in Western society, anger is dealt with by talking things over or seeing the conflict as a series of problems that can be solved. Many episodes of anger are seen by people as having beneficial outcomes, even though the experience of anger might have been unpleasant. More recently, Kalat (2011) described anger as associated with a desire to harm people or drive them away.

Bernstein (2003) stated that anger, unlike other mental disorders, is highly contagious, and one of its most salient symptoms is not realizing that people have it. In another distinct way of looking at anger, Averill illustrated that "anger can be thought of as an architect's blueprint. The availability of the blueprint does not cause a building to be constructed, but it does make the construction easier. In fact, without the blueprint, there might not be any construction at all."

Deffenbacher (cited in Wilde, 2002) has proposed that angry individuals tend to possess numerous cognitive processing patterns that lead to increased levels of anger. He enumerated seven types of cognitive errors often committed by anger-prone individuals, the first being poor estimation of probabilities. Second, thinking pattern concerns their attributional errors. The third cognitive error involves overgeneralization—using overly broad terms when describing time like excessive use of "always" and "never" and using global descriptions for people like stupid, lazy, and so on. The fourth pattern is dichotomous thinking (employing black-and-white thinking). The fifth is inflammatory labelling. The sixth error deals with demandingness, as anger-prone individuals believe others should not act in certain ways or that they must not behave as they have, in fact, behaved. The last cognitive error of an angry individual involves catastrophic thinking.

Anger Management Studies

Considering the possible effect and magnitude of what an angry person is capable of doing, anger management programs have been created to address issues of controlling or regulating but not

eliminating emotions because anger, as one of the basic emotions, also serves a favorable purpose. Anger activates behaviors and has strong reinforcing qualities.

In the mid-1970s, the topic of anger control seemed to have arisen from a flurry of books and papers by Novaco (cited by Kemp & Strongman, 1995), who viewed anger as an emotional response to provocation, a response that occurs in three modalities—cognitive, somatic-affective, and behavioral. Thus, there are appraisals, tension and agitations, and withdrawal and antagonism. Management of anger is then based on group discussion of the problems involved in the anger. Encouraged is a self-exploration of the situations that lead to anger, followed by an imagery-based reliving of recent angry experiences. Therapists suggest that the angry feelings clients experience are influenced by their own thoughts and offer clients an account of the functions of anger.

This was followed by so-called stress inoculation where clients are taught relaxation skills to control their arousal and various cognitive controls to exercise on their attention, thoughts, images, and feelings. They are taught to see the provocation and the anger itself as occurring in a series of stages, each of which can be dealt with. Programs dealing with managing anger come in a form of techniques as a specialized form of interventions or as incorporated in several therapeutic approaches.

Meta analyses suggest that psychosocial interventions reduce anger. Effect sizes vary from study to study, but overall effect sizes tend to be moderate to large and to suggest fairly reliable, consistent treatment effects of anger reduction interventions. It is also notable that studies with short-term (e.g. 1-month) and long-term (12-15th month) follow ups reveal maintenance of effects. What are generally accepted to be effective are the cognitive behavioral interventions, as well as group anger management interventions rather than individual treatment.

A major premise of Emotion-Focused Therapy (EFT) is that emotion is foundational in the construction of the self and is the key determinant of self-organization. At the most basic level of functioning, emotions are an adaptive form of information-processing and action readiness that orients people to their environment and promotes their well-being (Greenberg, 2004). Therapists who practice EFT use specific tasks to work with clients' emotional processing to facilitate changes in clients' emotions schemes, how they treat themselves, and how they interact with others (Watson, Goldman, & Greenberg, 2007).

EFT relies on three major empirically-supported principles for enhancing emotion-processing. The first and most general goal in EFT is the promotion of emotional awareness. Increased emotional awareness is therapeutic in a variety of ways. Becoming aware of and symbolizing core emotional experience in words provides access both to the adaptive information and action. Awareness also helps people make sense of their experience and promotes assimilation of it into their ongoing self-narratives. One very important thing to note in emotional awareness is not thinking about feelings; it involves feeling the feeling in awareness. Acceptance of emotional experience as opposed to its avoidance is the first step in awareness work. Having accepted the emotion rather than avoided it, the therapist then helps the client in the utilization of emotion.

The second principle of emotional processing involves the regulation of emotion. Emotions that require regulation generally are either secondary emotions such as despair and hopelessness, or primary maladaptive emotions such as the shame of being worthless, the anxiety of basic insecurity and/or panic. Linehan (cited in Greenberg, 2004) stated that clients with under regulated affect have been shown to benefit from validation and the learning of emotion and distress tolerance skills. Emotion regulation skills involve such things as identifying and labelling emotions, allowing and tolerating emotions, establishing a working distance, increasing positive emotions, reducing vulnerability to negative emotions, self-soothing, breathing and distraction.

The third and probably most fundamental principle of emotional processing involves the transformation of one emotion into another. Although the more traditional ways of transforming emotion either through their experience, expression and completion or through reflection on them to gain new understanding does occur, EFT found another process to be more important—a process of *changing emotion with emotion*. This novel principle suggests that a maladaptive emotional state can be transformed best by undoing it with another more adaptive emotion. In time the coactivation of the more adaptive emotion along with or in response to the maladaptive emotion helps transform the maladaptive emotion. The philosopher Spinoza was the first to note that emotion is needed to change emotion, pointing out that "an emotion cannot be restrained nor removed unless by an opposed and stringer emotion. Reason clearly is seldom sufficient to change automatic emergency-based emotional responses.

In this study, the EFT was conducted in a group setting. In

determining the group size, several experts stated almost similar figures ranging from 4 to 12. Corey and colleagues (2010) said that the desirable size for group process depends on several factors, namely age of clients, experience of the leader, type of group, and problems to be explored.

THEORETICAL FRAMEWORK

This study was anchored on Lazarus' (1991) theory of cognitive appraisal of emotion (Figure 1). This is expressed in terms of his cognitive-motivational-relational view of emotion and coping processes. He characterized anger, like other negative emotions, as resulting from harm, loss, or threat, but with any blame for these being attributed to someone. For the angry person, the implication is that whoever caused the harm, loss, or threat could have exercised control and not done it, if he or she had so wished. More particularly, Lazarus argued that a matter of general importance to people is the preservation of their ego identity. Any assault on this will prompt anger, a reaction which is to an extent dependent on personality and on one's recent history of being demeaned. In Lazarus's terms, adult human anger is spurred by "a demeaning offence against me and mine" and in this context, even a simple frustration can imply being demeaned. However, anger "can be transformed readily by cognitive (or emotion-focused) coping processes."

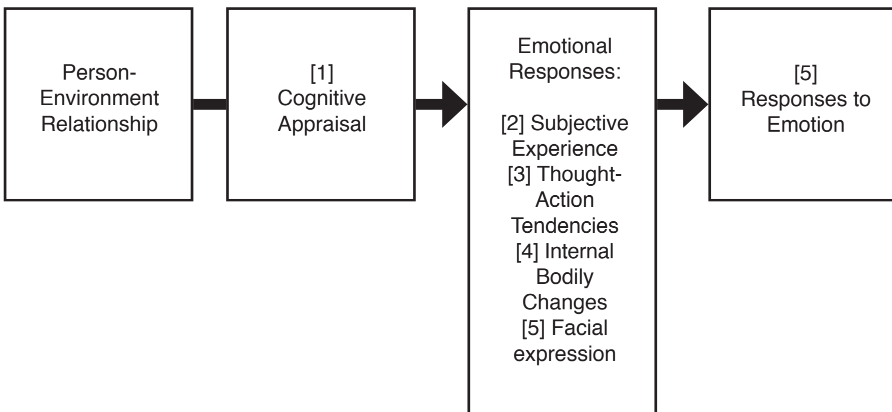

Figure 1. Lazarus' theory of cognitive appraisal of emotion.

At the heart of Lazarus's theory of emotion is the process of appraisal—i.e., cognition is a necessary part of emotion—always characterized as being both primary and secondary. With respect to the primary appraisal of anger, there must be a relevant goal at stake, an incongruence involved with respect to reaching that goal and concern with the preservation of self-esteem against assault. If these conditions are met and the primary appraisal that leads to anger is made then, according to Lazarus (1982), secondary appraisals follow. Blame, for example, is apportioned: if to an external agent, then anger will result; if it is self-directed, anger also results. As Izard (1991) suggested, Lazarus argued that for anger to occur, one must believe that whoever is blameworthy was capable of control (i.e., of not doing whatever was done) but chose not to exercise it. Further, anger also involves the appraisal that the best way of dealing with the offense is to attack. Moreover, if one has the expectation that there is a good possibility that attack will provide a successful way of coping, then anger is more likely to result.

Lazarus also had some interesting comments about the implications of anger and its control: [1] anger is often inhibited, particularly if it seems that its expression might produce a strong retaliation; [2] expressed anger can be both useful and dangerous, but uncontrolled anger may be both counterproductive and physically unhealthy; and, [3] there are many types of extreme, lasting, or recurrent anger, or the inability to express anger at all, any of which may be pathological. Of course, whether or not these manifestations are regarded as pathological will depend on time, place, and culture (Kemp & Strongman, 1995).

CONCEPTUAL FRAMEWORK

Using Thompson's input-throughput-output model (1967), the primary conceptual framework of this study (Figure 2) shows that assessment of the participants' anger level served as the input, wherein pretesting was conducted. Applying Lazarus' construct of the psychology of anger, this study recognized the importance of assessing the anger level of the individual. The assessment covered instrumental anger, reactive anger, anger control and the total anger. Instrumental anger refers to a negative emotion that is considered as a triggering factor that leads a person to retaliate. Reactive anger is the immediate angry response, while anger control refers to the

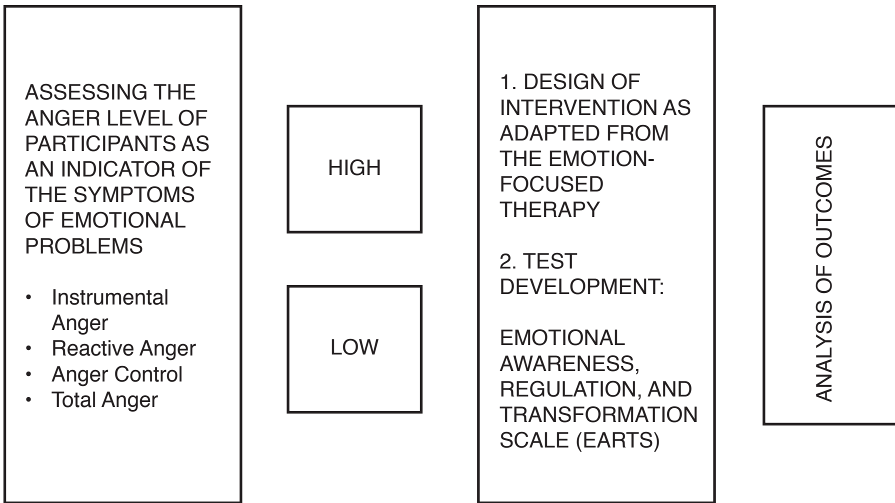

Figure 2. Conceptual Model of the Study.

proactive behavioural-cognitive method a person uses to deal with his or her anger. These appear in the input box.

The next box is labelled "High" as this indicates possible symptoms of emotional problems leading to anger from those who are pretested. Those who scored in the lower range were not included in the intervention. Then, using Emotion-Focused Therapy (EFT), an intervention was designed and implemented in 12 sessions, thrice a week. An instrument was also developed to measure the effectiveness of the modules designed. This tool, Emotional Awareness, Regulation and Transformation Scale (EARTS) underwent the process of test development, validation and internal consistency check. Analysis of the outcomes was done as part of the output box.

STATEMENT OF THE PROBLEM

The primary objective of this study was to determine the effectiveness of emotion-focused therapy (EFT) as an approach in anger management among adolescents at a private high school in Davao City. Specifically, it sought to answer the following questions:

1. What is the profile of the participants' anger response patterns according to Instrumental Anger, Reactive Anger, Anger Control,

and Total Anger?

2. What is the psychological profile of the experimental group participants?
3. What is the level of pretest and posttest scores of the experimental and control groups in emotion-focused therapy principles in terms of emotional awareness, emotional regulation, and emotional transformation?
4. Is there a significant difference in the level of pretest scores of the experimental and control groups before the implementation of emotion-focused therapy (EFT)?
5. Is there a significant difference in the level of post test scores of the experimental and control groups after the implementation of EFT?

METHOD

In order to evaluate the effectiveness of Emotion-Focused Therapy among adolescents identified with anger, a true experimental design, specifically the Randomized Pretest-Posttest Control group design was utilized. Participants were randomly assigned to experimental and control groups. All participants were pretested on the dependent variable, the experimental group was administered the treatment, and both groups were then posttested on the dependent variable.

The participants of this study were high school students of a private university in Davao City, Philippines selected from the 200 students who were under the student disciplinary program (i.e., included in the program due to violations of school rules and regulations stated in the student handbook). By definition, suspension is a serious disciplinary status imposed on a student for violating school policies and regulations. It also refers to the imposition of community service due to accumulation of jugs/posts and/or outright violation of any instance stipulated under the provisions for suspension or the act of preventing the student from attending classes.

The instruments administered were the Adolescent Anger Rating Scale (AARS) (Burney, 2001) and the research-constructed Emotional Awareness, Regulation, and Transformation Scale (EARTS)1. The Emotion-Focused Therapy Module, developed based on the principles of emotional awareness, emotional regulation and emotional transformation, was used as an intervention for 12 sessions.

From the list of 200 students placed in the disciplinary probation

program, 64 were due for suspension and were administered the Adolescent Anger Rating Scale. Sixteen obtained a high score on one or more AARS subscales. A T-score of 60 was used as a determining factor for inclusion. Applying the true-experimental design, a randomized selection was done through fish bowl technique. The first eight names picked were assigned to the experimental group and the other half comprised the control group.

After the pretest administration, implementation of the intervention took place. Two Modules in the EFT were carefully designed to address the needs of the participants as revealed in their response patterns. Effectiveness of the modules implemented through the EFT was measured using the EARTS as a posttest.

After the 12th session, post test was conducted, followed by statistical treatment. Debriefing of the participants (both the experimental and control groups) was done immediately after the last session.

RESULTS AND DISCUSSION

Anger Response Patterns

Administration of the Adolescent Anger Rating Scale (AARS) resulted in anger response patterns of participants according to instrumental anger, reactive anger, anger control, and total anger (Table 1). For the instrumental anger subscale, the scores of the participants are distributed from average to very high level. In the average level, six (37.5%) of them reveal that when in a state of anger, they do not typically resort to retaliation and getting back to the source of anger. But the moderately high to very high instrumental anger level has four and six participants, respectively. This means that four of them have thoughts of retaliating and have actually planned revenge, while six participants display a critical anger level that will likely result in retribution or striking back.

Such outcome supports what Geldard (2004) stated that there are inevitable challenges that adolescents face, one of them being emotional reactivity. What a person feels is real and a product of internal processing of an external stimulus, provoking further anxiety when anger expression is thwarted. It is noticeable, however, that for a number of the participants, they had ideation of revenge to get even or use other mechanisms to defend themselves, e.g., through

denial, projection and regression. It must also be emphasized that inappropriate behavior may often be a consequence of these internal ego-defending mechanisms.

Table 1.

Respondents' anger response patterns, n=16.

Anger Level T-Scores	INSTRUMENTAL ANGER		REACTIVE ANGER		ANGER CONTROL		TOTAL ANGER	
	f	%	*f*	%	*f*	%	*f*	%
Very High (>70)	6	37.5	2	12.5	0		4	25
Moderately High (60-69)	4	25	8	50	1	6.25	4	25
Average (41-59)	6	37.5	3	18.75	14	87.5	8	50
Moderately Low (31-49)	0	0	3	18.75	1	6.25	0	0
Very Low (< 30)	0	0	0	0	0	0	0	0

Meantime, two participants scored very high while eight of the participants obtained a moderately high *T* score on reactive anger. A high reactive anger score indicates impulsive and hyperactive response styles. This supports Mills (2005) who described anger as a natural and mostly automatic response to a threatening situation. It does not even have to be on a higher scale. As revealed by the adolescents in the research, this threat can be a pain that is quite unpleasant. For anyone who may feel threatened, the natural tendency is to defend oneself. In this study, the adolescents defended themselves by acting out very impulsively.

Seen in a larger scale, reactive anger is defensive by nature and potentially damaging to one's self-esteem. It also harms relationships because an angry person thinks in a black and white manner or what

Deffenbacher (1993) calls dichotomous thinking. For someone who is threatened whose feelings will escalate to anger, there are only two things: the person is hurt and then naturally reacts and responds out of those hurt and angry feelings inside.

For the anger control subscale (Table 1), 87.5% are in the average level, meaning that the majority do not have any proactive cognitive-control method used in resolving instrumental anger and/or responses to anger. More specifically, they do not possess the ability to control anger outbursts.

Two points are discussion-worthy from this result: [1] anger control or management approaches, and [2] the seemingly nonchalant attitude of adolescents towards their own anger. First, it is widely accepted that anger is normal, thus it becomes a question now about the need to attend or participate in anger management activities. This further implies a need for continuous concrete efforts to teach handling emotions so further negative effects can be avoided. Second, Martinez et al. (2008) disclosed that much of the learning of how to express or inhibit anger can be explained from a developmental perspective. Snyer and colleagues maintain that socializing agents, especially parents, play an important role in influencing children's learning of emotion regulation. So when children or adolescents have healthy emotional expressions even in their younger years, there may be lesser incidence of misbehaviours that are partly related to violence and aggression (cited in Martinez et al., 2008).

Finally, the total anger subscale reveals a 50% split between average levels and moderately high to high levels. This subscale is an index of scores obtained in instrumental anger, reactive anger and anger control, thus a general indicator of the anger response patterns of the participants. In combining the anger behaviors and reactions with what is consciously done to handle or manage adverse reactions, this profile justifies the need for an intervention because many are aware that they may resort to vengeance and become impulsive and hyperactive in their response styles, but do not have skills to manage anger.

The Experimental Group's Profile

Looking closely at the experimental group's profile, based on results of the Kiersey Temperament Sorter, drawing tests, and EARTS, the researchers found a number of common themes that emerged in

relation to the family context, distinct personality characteristics, and an observed adaptability to changes. The lack of warmth at home was observed in majority of the respondents. Although this paper does not highlight the culpability of parental and family concerns, the observation is a reality that is not negligible. Some distinct personality characteristics are also apparent among the eight participants, including *being isolated and withdrawn*. When traced from a mesosystemic viewpoint, this preference to be alone and staying away from the group, can be seen as a by-product of a lack of warmth or affection at home. This is highly toxic because isolation and withdrawal are features of adolescents who have frequent suicide ideations. On a positive note, these young people are *open to changes* and are *highly adaptive* to adjustment and transformative programs. This is promising for program development in assisting adolescents in maladjustment.

Emotional Awareness, Regulation and Transformation Scale (EARTS) Pre- and Post-Test (Pre- and Post-Emotion-Focused Therapy)

Results on the Emotional Awareness, Regulation and Transformation Scale (EARTS) before and after Emotion-Focused Therapy (EFT) intervention are revealing (Table 2). For both the experimental and control groups, the respondents obtained a mean ranging from 3.01 to 3.46 (average), meaning that they generally perceived themselves to be emotionally aware and able to regulate and transform emotions from unpleasant to pleasant.

Emotional awareness does not only refer to what one thinks about feelings, but Greenberg (2004) said that it is the involvement of feeling the feeling in awareness. This means that the adolescents tested with the EARTS already possessed that ability to be emotionally aware even if it is only in the average level. Similar contention can be taken from the average result for emotional regulation. EFT highlights the ability of the individual to monitor and evaluate one's emotional reactions. Pretest data suggest that, for about half the time, the adolescents may have monitored their own emotions. In terms of transforming emotions, the score ranged from average to high average, meaning that there is already an effort and attempt from both experimental and control group adolescents to modify reactions that might increase their anger tendencies, thus leading them to misbehave and

Table 2.

Pretest and Post-test Results of the Experimental and Control Groups on the Emotional Awareness, Regulation and Transformation Scale (EARTS).

EFT Principles	EXPERIMENTAL				CONTROL			
	Pretest		Posttest		Pretest		Posttest	
	MEAN	DESC	MEAN	DESC	MEAN	DESC	MEAN	DESC
Emotional Awareness	3.16	A	3.78	HA	3.27	A	3.39	A
Emotional Regulation	3.01	A	3.69	HA	3.16	A	3.08	A
Emotional Transformation	3.46	HA	4.11	HA	3.29	A	3.36	A
Total	3.21	A	3.86	HA	3.24	A	3.28	A

eventually misbehave at home and in school.

However, posttest data (Table 2) show an overall mean of 3.86 against the 3.21 in the pretest, showing an increase in the mean gain score after EFT was implemented as an intervention. Looking closely at the posttest result of the experimental group, the principles of emotional awareness and emotional regulation both leaped from average to high average after EFT, indicating a higher and increased level in emotional awareness, regulation and transformation. Further, the higher overall posttest mean of 3.86 suggests effectiveness of the therapy. The control group on the other hand, showed a similar description of average (3.24 in both the pretest and the posttest).

Using the Mann-Whitney u Test, there was no significant difference between the experimental group and the control group in their pretest scores (Table 3), but there were significant differences between the experimental group and the control group in their posttest scores. This means that EFT as an intervention for anger management among adolescents was effective.

The favourable outcome of the intervention is supported by Greenberg (2008) who said that when emotions are focused on, accepted, and worked with directly in therapy, this can encourage and support emotional change. Considering the emotional state of the adolescents, stronger emotional outbursts are felt at an increased intensity because of the lack of self-control, judgment and

Table 3.

Mann-Whitney u Test for the Significance of Difference in the Pretest and Post-test Scores of the Experimental and Control Groups.

	Between the Pretest Scores of Experimental and Control Groups	Between Post-test Scores of Experimental and Control Groups
Mann-Whitney U	29.00	5.00
Exact Sig. [2*(1-tailed Sig)]	.798 (a)	.003 (a)

emotional regulation. However, when guided and allowed to explore the dynamics of their angry and possibly disruptive behaviors, adolescents can modify behavioral reactions and further monitor and evaluate their emotional reactions.

Moreover, psychologists are optimistic about emotional transformation in adolescents because neuropsychologists recently found that the brain is still developing in the teen years. This further means that the teens may actually be able to control how their own brains are wired and sculpted. Children who "exercise" their brains by learning to order their thoughts, understand abstract concepts, and control their impulses are laying the neural foundations that will serve them for the rest of their lives. Thus, when emotional exercises, such as those conducted during EFT, are regularly provided by helping professionals, emotional development in adolescents is highly possible.

CONCLUSIONS AND RECOMMENDATIONS

In sum, the anger profile of the participants revealed a homogeneous distribution in terms of instrumental and reactive anger. As scores in these subscales increased, anger control followed a downward pattern. Also, both experimental and control groups were similarly on the average in emotional awareness, regulation and transformation before EFT, but posttest scores registered a difference of .86, lending support that the EFT sessions helped the adolescents manage their anger by looking into their own emotions (awareness), monitoring

and evaluating emotional reactions (regulation) and modifying one's emotion to construct a new meaning (transformation).

Destructive behaviors of adolescents can certainly be lessened or avoided when there are programs initiated by the institutions surrounding them. It is apparent that in the locale of the study, there is an absence of a therapeutic environment that despite sanctions of each and every violation, adolescents continue to defy them. While it may not only be because of anger and aggressive tendencies of the youth, interventions that allow young people to be emotionally literate should be in place. Emotion-Focused Therapy to address anger problems can be integrated in school programs. School counsellors can be given training and workshop on facilitating emotional development among children and adolescents and especially addressing suicidal ideation, depression, and other psychopathology. No therapy is effective when the therapist is unfit to carry out any helping relationship. This is not an issue on competence but a helper's genuineness of character in helping clients deal with emotional outbursts. It may be helpful then to assess therapists in terms of their own anger expression, regulation and transformation.

The use of Adolescent Anger Rating Scale in the institution is advantageous for early detection of anger problems resulting in possible conduct disorders and misbehaviors. The use of EFT may also be expanded to other clinical concerns, not just anger. EFT started out as an approach for helping couples but through exploration and with empirical evidence, EFT is now being used for anger-related disorders. Finally, for those interested in test development, the Emotional Awareness, Regulation and Transformation Scale can be improved to aid in the proper assessment of anger-related problems. More importantly, further validation and reliability testing of EARTS will tackle cultural considerations as this is a Filipino-made test, sensitive to the experience of Filipino adolescents. Once validated and tested with a more representative sample, norms may be established.

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ENDNOTES

[1] To ensure that proper instrumentation procedures were observed and EARTS become a psychometrically sound tool, two steps were undertaken. First, experts in the field of psychological assessment and educational measurement and evaluation were requested to validate the items included in the EARTS. Areas covered included clarity of the language, presentation and organization of concepts, suitability of items, adequateness of purpose, attainment of purpose, and respondent-friendliness. Second, reliability coefficient was determined by computing the alpha coefficient (frequently called Cronbach's alpha) to check on the internal consistency of the instrument after some time had elapsed. The EARTS was pilot-tested at a sectarian high school in the city with 30 students. Comments and feedback were taken into account before the actual conduct of the EARTS as pretest to the research participants.

[2] Intervention through EFT was held three times a week (Monday, Thursday and Saturday) and ran for 12 sessions. Fridays were reserved for reflections and bring-home therapeutic activities. Interactive group processes were utilized and techniques and skills in EFT were included in the intervention. These activities were geared towards reducing and managing the kind of anger the adolescents were currently experiencing. As the group therapy progressed, individual therapy was concurrently conducted towards the sixth to seventh sessions to gain a particular insight and derive a personal experience from each participant. Individual sessions depended upon the need for special follow-up, but it was made certain that each one of them were individually attended to and given at least an hour for personal disclosure that they would rather articulate in a one-on-one session. This process allowed the researcher/therapist and the participant to engage into a deeper understanding of the anatomy and dynamics of anger.

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