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EMOTIONAL COMPETENCES AND WELL-BEING: WHICH FACETS OF EMOTIONAL AWARENESS ARE LINKED TO VARIOUS FORMS OF ANXIETY IN 10-13 YEARS OLD CHILDREN?

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Emotions characterize most part of our daily lives. How individuals experience and deal with their emotions can be considered a key factor for various aspects of our mental health and well-being. More precisely, increased emotional competence (i.e., the ability to identify, understand, express, and regulate one's own emotions and those of others) has been related to several positive outcomes such as higher happiness and positive affectivity, lower negative affectivity, better health, better social relationships, better job performance (e.g., Brasseur, Grégoire, Bourdu, & Mikolajczak, 2013).

Emotional awareness – a core element of emotional competence in children – refers to "individual differences in the way people differentiate, express, analyze, and pay attention to their own and others' emotions" (Lahaye et al., 2011, p. 418). Emotional awareness has been linked to children's physical health (e.g., somatic complaints) and social well-being (e.g., social adjustment) (Rieffe et al., 2007; Villanueva, Górriz, Prado-Gascó, & González, 2014). Moreover, a recent meta-analytic review showed that higher emotional awareness was significantly correlated (medium effect size) with less depressive and anxiety symptoms in youth aged 8-19 years (Sendzik, Schäfer, Samson, Naumann, & Tuschen-Caffier, 2017).

Interestingly, most of the studies addressing emotional awareness and anxiety, did not take into account that both concepts can be considered as multi-facetted phenomena. Therefore, the goal of this study was to examine the associations between different facets of emotional awareness, for example, differentiating emotions or bodily awareness of emotions, and anxiety, for example, test anxiety or social anxiety.

Method

Students (N = 158, aged 10-13 years, M age = 11.4 years, SD = 0.68, 46.8% female) were recruited in eight classes of six primary schools in the French part of Switzerland. As first, the author introduced the research to school directors and parents who gave

their consent to complete several questionnaires at the end of the school year, as well as to give the permission that the teachers report about their children's school grades.

Emotion awareness measure

The French version of the Emotion Awareness Questionnaire revised (EAQ-30) (Lahaye et al., 2011) was used, originally developed by Rieffe, Oosterveld, Miers, Meerum Terwogt, and Ly (2008). The questionnaire uses a three-point Likert-type response scale of 30 items yielding the six facets of emotional awareness in youth between 9 and 16 years. 1) "Verbal sharing of emotions" refers to the communication of one's own emotions and can be done in an unemotional way (e.g., "I find it hard to talk to anyone about how I feel"; reversed item); 2) "Not hiding emotions" refers to the blunt expression of one's own emotions (often nonverbal) and was formerly named Acting Out (e.g., "When I am upset about something, I often keep it to myself; reversed item); 3) "Differentiating emotions" refers to the ability to differentiate between one's own various emotions and locate their causes or antecedents (e.g., "When I am upset, I don't know if I am sad, scared, or angry"; reversed item); 4) "Bodily awareness of emotions" (or awareness that emotions are accompanied by bodily symptoms) refers to attention to the physiological aspects of the emotion experience or bodily symptoms of an emotional arousal (e.g., "When I feel upset, I can also feel it in my body"); 5) "Attending to others' emotions" refers to the willingness to face others' emotions (e.g., "It is important to know how my friends are feeling"); 6) "Analyses of emotions" refers to the willingness to face one's own emotions (e.g., "It is important to understand how I am feeling"). Internal consistency (Cronbachs' α) of the six scales in the present sample varied between .63 and .71. For each dimension, a higher score indicates a higher presence of the corresponding ability on emotional awareness (note that contrary, in Rieffe et al. [2008] a higher score on Bodily Awareness implied lower attention to bodily symptoms).

Measures on anxiety

The French version (Turgeon, Chartrand, Robaey, & Gauthier, 2006) of the Multidimensional Anxiety Scale for Children was used (MASC, March, Parker, Sullivan, Stallings, & Conners, 1997). A four-point Likert-type response scale of 39 items yielded a total score as well as four subscale scores of anxiety (Physical symptoms, Social anxiety, Separation anxiety and Harm avoidance; Cronbach's α between .63 and .82).

The French version (Brandibas, Jeunier, Gaspard, & Fouraste, 2001) of the School Refusal Assessment Scale (SRAS, Kearney & Silverman, 1993) uses a seven-point Likert-type response scale of 16 items yielding four scale scores related to "school phobia" (Avoidance of negative affectivity, Escape from aversive social situations, Attention getting behavior, Positive tangible reinforcement; Cronbach's α between .44 and .78).

The Test Anxiety Scale (TAS, Gomez & Gay, 2017) uses a five-point Likert-type response scale of nine items yielding three scale scores related to anxiety facing examinations (worry, cognitive impairments and somatic symptoms with Cronbach's α between .56 and .76).

For each measure, a higher score represents a higher level of anxiety.

Measure on School Performance

In addition, after the completion of the questionnaires, teachers filled out the final average grade of each pupil's first group (mean composed of grades in French and Mathematics).

Analyses and results

Multiple regression analyses (listwise deletion) with age, gender, final grade and the six dimensions of the EAQ as independent variables revealed the following significant results, each presented by order of magnitude of the standardized beta (β):

- Differentiating emotions predicted Cognitive impairment (TAS) (β = -.403; p. < .001), Attention getting behavior (SRAS) (β = -.258; p. < .05), Somatic symptoms (TAS) (β = -.251; p. < .05), Physical symptoms (MASC) (β = -.224; p. < .05), and Avoidance of negative affectivity (SRAS) (β = -.212; p. < .05);
- Verbal sharing of emotions predicted Social anxiety (MASC) (β = -.386; p. < .001), MASC total score (β = -.374; p. < .01), Escape from aversive social situations (SRAS) (β = -.338; p. < .01), Harm avoidance (MASC) (β = -.294; p. < .05), Separation anxiety (MASC) (β = -.220; p. < .05), and Physical symptoms (MASC) (β = -.219; p. < .05);
- Bodily awareness of emotions predicted Separation anxiety (MASC) (β =.287; p. < .01), Physical symptoms (MASC) (β = .282; p. < .01), Somatic symptoms (TAS) (β = .276; p. < .01), MASC total score (β = .249; p. < .05), Avoidance of negative affectivity (SRAS) (β = .223; p. < .05);
- Gender predicted Separation anxiety (MASC) (β = -.301; p. < .01) and Social anxiety (MASC) (β = -.235; p. < .05), indicating higher anxiety for girls;
- Age predicted Somatic symptoms (TAS) (β = .233; p. < .05) and Cognitive impairment (TAS) (β = -.165; p. < .05);
- Grades predicted Cognitive impairment (TAS) (β = -.477; p. < .001).

Discussion

Except that we found no significant relation between Not hiding emotions and the various facets of anxiety, the present study replicated previous results (e.g., Rieffe et al., 2008) with some extensions. Our results indicated that Verbal sharing of emotions seems one of the key emotional competences that is linked to lower levels of multiple symptoms related to anxiety: in the multiple regression analyses, this subscale of the EAQ predicted all facets of the MASC as well as avoidance of aversive situations related to school (Harm avoidance of the SRAS). This highlights the importance of expressing emotions and suggests that supporting children to learn how to share their emotions may lead to lower levels of many anxiety symptoms.

However, Verbal sharing may be not the best way to face test anxiety. Our results rather indicated that Differentiating emotions was linked to lower levels of test anxiety as well as to lower levels of some manifestations of school refusal. This may suggest that increasing the ability to differentiate emotions may lower test anxiety. This may lead to less cognitive impairment due to stress during examinations, which may in turn improve student's grades. It seems thus important to train students to differentiate between their various emotions and locate their antecedents, particularly in children showing poor grades and test anxiety. In this vein, even short emotion understanding training may be efficient (Sprung, Münch, Harris, Ebesutani, & Hofmann, 2015).

Finally, the present results indicated that the increased Bodily awareness of emotions was linked to physical symptoms in general (MASC) and in test situations (TAS), as well as to Separation anxiety (MASC) and Avoidance of negative affect (SRAS). In other words, greater attention to bodily symptoms is related to increased anxiety. As proposed by Rieffe et al. (2008), "the focus should be on the elements in the situation that caused the emotion (Differentiating emotions) instead of on physical signals in order to deal with an emotion evoking situation adaptively" and "bodily symptoms of the emotion experience will vanish once the emotion is dealt with adequately" (p.760). In this context, mindfulness based interventions (Zoogman, Goldberg, Hoyt, & Miller, 2015) may also be of particular interest in order to improve adaptive emotional awareness.

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