

EFFECTS OF COMMUNICATION WORKSHOPS WITH PARENTS ON ADOLESCENT STUDENTS' EMOTIONAL WELL-BEING

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Abstract

Emotional well-being, which is usually ignored, is the key factor for the success and happiness. It is especially important for adolescent students who pass through the most critical period in life. Main objective of this experimental study was to define the effects of three workshops with parents on communication with children on the positive changes of adolescent students' emotional well-being. This research was realized in a secondary school located in a district of Ankara. Two groups of the 8th grade students (each group 50 students, mean age 14±1years), who were selected as sample, filled in an inventory for adolescents' relations with parents, and in a scale for emotional well-being before and after the workshops with parents. Results showed that irrespectiveness, impatience, disapproval, pressure, rough and insufficient way of speaking of parents were the highest difficulties of the adolescent students for their emotional well-being. After workshops, adolescents stated that the offensive words, attitudes and behaviours used in the communication by their parents were replaced with positive alternatives. Also, emotional well-being scores have significantly increased. This study, which is the first kind of its kind in Turkey, yielded in important scientific and practical results. The intervention method was found to be effective. The relationships between adolescents and parents changed and affected adolescents' emotional well-being positively.

Key Words: *Students, Emotional Well-being, Parents, Workshop*

ANNE-BABALARLA YAPILAN İLETİŞİM ÇALIŞMALARININ ERGEN ÖĞRENCİLERİNİN DUYGUSAL SAĞLIĞINA ETKİLERİ

Özet

Genellikle ihmal edilen duygusal sağlık başarı ve mutluluğun anahtar etmenidir. Hayatın en kritik döneminden geçmekte olan ergen öğrenciler için özellikle önemlidir. Bu deneysel araştırmanın temel amacı anne-babalarla gerçekleştirilen üç iletişim çalışmasının ergenlerin duygusal sağlığı üzerinde oluşturdıkları etkiyi tanımlamaktır. Araştırma Ankara'da bir orta dereceli okulda gerçekleştirilmiştir. Örneklem olarak seçilen sekizinci

sınıf öğrencilerinden iki grup öğrenci (her biri 50 öğrenci, yaş ortalaması 14±1 yıl) ergenlerin aile ile ilişkileri envanterini ve duygusal iyilik ölçeğini öntest ve anne-babalarla iletişim çalışmalarından sonra sontest olarak doldurmuşlardır. Sonuçlar anne-babaların ilgisizliği, sabırsızlığı, onaylamamaları, baskıcı davranışları, kaba ve yetersiz konuşma şekilleri ergen öğrencilerin duygusal iyiliği açısından üst düzeyde zorluklar olduğunu göstermektedir. İletişim çalışmalarından sonra ergenler; anne –babalarının kullandığı incitici sözlerin, tutumların ve davranışların yerini olumlu seçeneklerinin aldığı belirtmişlerdir. Ayrıca, duygusal iyilik skorları da anlamlı olarak yükselmiştir. Türkiye’de türünde ilk olan bu çalışma önemli bilimsel ve patrik sonuçlar ortaya koymuştur. Müdahale yöntemi etkili bulunmuştur. Ergenlerle anne-babaları arasındaki ilişkiler değişmiştir ve ergenlerin duygusal sağlığını olumlu orak etkilemiştir.

Anahtar Sözcükler: Öğrenciler, Duygusal iyilik, anne-babalar, Atölye Çalışması

1. Introduction

Emotion is simply accepted as to *feel*. On the other hand, emotions are commonly understood as short-lived, intense phenomena that usually have a clear cognitive content. In this aspect, they are main power source for solving the problems met throughout the life (1). Emotions provide individuals with information about not only their interior world but also their environment that shape their judgements, decisions, priorities and actions (2).

Emotional well-being is generally defined as the ability to feel and express the full range of human emotions, give and receive love, achieve a sense of fulfilment and purpose in life, and psychological hardiness. Emotional well-being encompasses self-esteem, self-acceptance, self-control, self-efficiency, self-image and, the ability to share one’s feelings. Emotional well-being is nurtured by taking time to understand feelings and expressing them in healthful ways, as well as meeting individual needs without interfering with others’ rights. The quality of a person’s life is reflected largely in her or his emotions (3).

The term emotional well-being has also been used in the adolescent development literature to cover a wide range of aspects of psychological functioning, such as coping, self-regulation (emotions and behaviours), perceived autonomy and control, and social competence. In this aspect, emotional well-being as an umbrella term because of the important role emotions play in all aspects of human behaviour and development, including mental and physical health, education and skill development, social competence, and the establishment of positive social relationships. People with good emotional health are in control of their thoughts, feelings and behaviours. They feel positive about themselves and have good relationships. They can keep their problems in perspective. They have both self-awareness and self-control (4, 5).

Teenage years can be a difficult time. Teens may feel overwhelmed by the emotional and physical changes they are going through. At the same time, teens may be fa-

cing a number of pressures; from friends to fit in and from parents and other adults to do well in school, or activities like sports. The teenage years are a time of transition from childhood into adulthood. Teens have a strong desire to be independent and often struggle with their parents to achieve this. They may experiment with new values and ideas as they try to define who they are. Although this may be uncomfortable for parents, it is a normal part of being an adolescent (6,7,8) .

When an adolescent is having a problem about his/her emotional well-being he/she may seem agitated or show restless behaviours. He/she may lose or gain weight. He/she may experience drop in grades and be unsuccessful in school activities. He/she may have troubles in concentrating and foster ongoing feelings of sadness. He/she may become careless about people and things. He/she easily shows lack of motivation almost in everything. Hence, he/she feels fatigue, loss of energy and lack of interest in activities. He/she frequently encounters troubles in falling asleep. He/she may have low self-esteem (3, 6, 9, 10, 11, 12,).

Adolescent students, especially those with low self-esteem or with family problems, are at risk for a number of self-destructive behaviours such as absences in school, violence, using drugs or alcohol or even having unprotected sexual relations. Depression and eating disorders are also important issues for students (6, 13,14,15).

Emotional well-being is one of the most prominent power sources for students who are to struggle with many difficulties in school, family, and environment. Students with good emotional health are in control of their thoughts, feelings and behaviours. They feel positive about themselves and have good relationships. They can keep their problems in perspective. They have both self-awareness and self-control. Students decide how they feel about themselves in large part by how their parents react to them. It is also important to communicate family values and to set expectations and limits, such as insisting on honesty, self-control and respect for others, while still allowing adolescents to have their own space (6, 16, 17, 18).

The emotional well-being of students' parents and how they are parented play important roles in students' emotional well-being (19, 20) Also, relationships with parents affect students' emotional well-being (21, 22,). Good family communication patterns, especially mutual understanding and support between mothers and adolescents, are considered as effective factors for emotional health of children. Parents often find themselves noticing only the problems, and they may get in the habit of giving mostly negative feedback and criticism. Although students need feedback, they respond better when it is given positively and spoken with love. Communicating love for them is the single most important thing that can be done. Praising appropriate behaviour can help the adolescent feel a sense of accomplishment and reinforce the family's values (23, 24, 25)

In order to support students, parents are to provide a safe and loving home envi-

ronment as well as to create an atmosphere of honesty, trust and respect. They should be ready to accept and to allow age-appropriate independence and assertiveness. They are also expected to develop a relationship that encourages their teen to talk to them when he or she is upset. Moreover, they have the skills to teach the adolescent the responsibility for belongings, household chores and the importance of accepting limits (9).

Prevention and intervention programs do not usually focus on emotional well-being of students, in particular of adolescents, but some do target improved emotional understanding as a precursor to boosting students' social competence and preventing violence (26). Recent years, Ministry of National Education has carried out Project type activities in Turkey to improve adolescents' health. However, none of them was specifically directed to the parents (27).

Aim

The main purposes of this experimental study are to define: (a) the communication patterns in families that are important for students' emotional health, and (b) the effects of the intervention method - workshops with their parents on communication with children - on positive changes of students' emotional health perceptions.

2. Method

Subjects: This study, which is the first of its kind in Turkey, was carried out in a randomly selected secondary school in a district of Ankara greater city from during from the 3rd of December-2006 to the 14th of February-2007. Two groups of 8th grade students (each group 50 students, mean age 14±1 years) of a primary school were involved in the study by applying the cluster sampling method. Intervention and control groups were decided by drawing. The parents of the intervention group were invited to join communication workshops by a letter given to the students. All of the subjects were informed of the study, and we had their consent. The official permissions were taken from the school and governorship administrators.

Instruments: The students were asked to fill in a 22-item, 4 point Likert type inventory for adolescents' relations with parents, and a 20-item 4 point Likert type scale for emotional health before and after the workshops with their parents. Another Likert-type scale that contains items about 8 basic communication competencies was applied to the parents as the pre- and post-tests.

Intervention: Three workshops were organized for parents. In the workshops with parents a poem, a letter (29) and a video-program, which explains adolescents' feelings and expectations, were used as intervention material. Free discussions were the main techniques of workshops. The 'ins' and 'outs' of family communication patterns were listed with parents. At the end of the last session, parents expressed also orally the changes they experienced during the workshops.

3. Results

The parents group consisted of 35 (70.0 %) mothers and 15 fathers. Majority of them (46,0 %) are primary school graduates while 28.0 % are secondary school, and 26.0 % are high school graduates. Their average age is 37 years (± 8 years). While all of the fathers have jobs, only 46 % of the mothers have a regular work out of home.

Three workshops with parents of the intervention group students were found to be effective in both family relations and emotional health of students as well as in communication competencies of parents. Positive changes, that are also statistically significant, in the mean scores of the intervention group students were observed in the applications of the inventory and the scale before and after the workshops (Tables 1, 2, 3, 4 and 5). On the contrary, the changes in the control group are negative.

As seen on the Table 1, the highest progress is seen on the item '*I can defend myself when necessary*' (10.0 %) that expresses the inner power in case of troublesome situations. This result is supported by the change ratio about the item '*I keep fostering my values even they differ from my friends*' (% 6.3). After workshops with parents, students began to hide their laughter less. The progress rate in this aspect is % 6.2. The most troublesome situations for students are (1) to feel embarrassed while talking with other people ($\bar{x}=1.82$ for intervention group, $\bar{x}=1.70$ for control group), and (2) to talk in public ($\bar{x}=1.96$ for intervention group, $\bar{x}=1.70$ for control group). The progress rates of these two items in the intervention group are very close to each other (5.5 %, 7.1 % respectively). Students have less trouble in expressing their feelings to the people who are important for them ($\bar{x}=3.54$). There is slight progress about this item also (2.3 %). There is no change on the item about '*taking rests as a part of daily program*'. All these positive changes in the intervention group are almost vice versa in the control group except the change about the item '*I do not feel embarrassed while talking with other people*'. There is a notable progress (15.3 %) between the scores in the control group.

Table 1: Emotional Health Perceptions of Adolescents

Items	Intervention Group(n=50)		Control Group (n=50)	
	Means - \bar{x} (Min:1, Max:4)		Means - \bar{x} (Min:1, Max:4)	
	Before Workshops	After Workshops	Before Workshops	After Workshops
I laugh frequently and easily.	2.58	2.74	2.72	2.68
I can ask for help when necessary.	3.40	3.42	3.44	3.34
I always take rest as a part of my daily activity program.	2.98	2.98	3.16	3.08
I have a friend at least to share my troubles.	2.40	2.54	2.54	2.48
I can talk in public.	1.96	2.10	1.56	1.52
I express my feelings such as fury, anger rather than hide them.	2.54	2.56	2.76	2.70
I can feel myself in peace even when I am left alone.	2.70	2.86	2.92	2.82
I keep fostering my values even they differ from my friends'.	2.86	3.04	2.92	2.88

I can defend myself when necessary.	2.06	2.26	2.10	2.06
I am satisfied with my situation that I feel and is observed by others.	3.02	3.14	3.10	3.04
There is a balance between my school activities and free time.	2.98	3.06	3.08	3.02
I do not feel embarrassed while talking with other people.	1.82	1.92	1.70	1.96
I can express my love and interest to those who are important for me.	3.54	3.62	3.70	3.64
I like to help people.	3.48	3.56	3.76	3.70
I avoid the words and acts that make others offended.	3.08	3.20	3.26	3.20
I love my family.	3.46	3.60	3.60	3.54
I love my friends.	3.40	3.52	3.64	3.58
I love my school.	3.22	3.34	3.30	3.28
I do not get offended easily.	2.56	2.72	2.54	2.50
I do not lose my motivation easily.	2.34	2.46	2.78	2.76
TOTAL	56.38	58.64	58.90	57.74
	S=6.01	S=5.33	S=7.59	S=7.53

The statistical significance tests that applied to total means showed that the difference in the intervention group is meaningful (Table 2). That is to say, the workshops with parents have yielded in important changes in students' emotional health perceptions.

Table 2. Comparisons of Emotional Health Scale Scores of Students (Min.:20, Max.:80)

Groups	Before Workshops			After Workshops			t	P
	n	\bar{x}	S	n	\bar{x}	S		
Intervention	50	56.38	6.01	50	58.64	5.33	5.38	P<0.01
Control	50	58.90	7.59	50	57.74	7.53	0.21	P>0.01
Total	100	57.64	6.8	100	58.19	6.44		
t		-1.84			0.69			
P		P>0.05			P>0.05			

According to other results, while the three-fourths of the intervention group students (39, 78.0%) showed positive changes in their evaluation of the communication with the parents, this figure was only 6.0 % in the control group. The results were almost same in terms of emotional health scale: the positive change ratio was to be 78.0 % (39 students) for the intervention group and 2.0 % (1 student) for the control group (Table 3).

Table 3. Numbers of Students Who Showed Changes on Emotional Health Scale After Workshops

Groups	Negative		Unchanged		Positive		Total	
	n	%	n	%	n	%	n	%
Intervention	-	-	11	22,0	39	58,0	50	100,0
Control	38	76,0	11	22,0	1	2,0	50	100,0
Total	38	38,0	22	22,0	40	40,0	100	100,0

In parallel to the positive changes in the intervention group in aspect of emotional health items, the total progresses of the family relations inventory mean scores was found to be statistically significant (Table 4). The family relations inventory mean scores of the adolescents are relatively higher than their emotional health scale scores.

However, the progress in both dimensions in the intervention group is same (4.0 %).

Table 4. Comparisons Family Relations Inventory Scores of Students (Min.:22, Max.:88)

Groups	PRE-TEST			POST-TEST			t	P
	n	\bar{x}	S	n	\bar{x}	S		
Intervention	50	66.64	9.01	50	69.24	8.12	-8.84	P<0.01
Control	50	67.02	11.40	50	66.10	11.20	6.00	P<0.01
Total	100	66.83	10.20	100	67.67	9.90		
t		-0.19			1.61			
P		P>0.05			P>0.05			

The workshops were also found to be effective in the progresses of communication competencies of the parents (Table 5). The progress about the item 'comparing their children with the others' that was defined as the most problematic communication competence of the parents ($\bar{x}=1.34$) is drastic ($\bar{x}=2.64$). Majority of the parents expressed that they have changed their attitude or behaviour in this aspect. The scores of progress about 'eye-contact with children' and about 'making the children to accept their parents' opinions' are also quite attentive. The minimum change was estimated on the item about 'respect to children's opinions'. The overall progress was found to be statistically meaningful ($t=8.461$ $P<0.01$).

Table 5. Self-Evaluation of Parents About Their Communication Competencies (n=50)

Communication Competencies	Before Workshops				After Workshops				
	n	%	\bar{X} (Min:1,Max:3)	n	%	\bar{X} (Min:1, Max:3)	n	%	\bar{X} (Min:1, Max:3)
I use slang words in family relations.	Never (3)	29	58.0	2.52	38	76.0	2.84		
	Sometimes (2)	18	36.0		12	24.0			
	Everytime (1)	3	6.0		-	-			
I listen to my child up to the end of her/his word.	Never (1)	3	6.0	2.50	-	-	2.68		
	Sometimes (2)	19	38.0		16	32.0			
	Everytime (3)	28	56.0		34	68.0			
I respect my child's opinions.	Never (1)	6	12.0	2.22	2	4.0	2.40		
	Sometimes (2)	27	54.0		26	52.0			
	Everytime (3)	17	34.0		22	44.0			
I accept my child as she/he is.	Never (1)	6	12.0	2.20	1	2.0	2.48		
	Sometimes (2)	28	56.0		24	48.0			
	Everytime (3)	16	32.0		25	50.0			
I give her/him information about adolescence.	Never (1)	17	34.0	1.88	11	22.0	2.10		
	Sometimes (2)	22	44.0		23	46.0			
	Everytime (3)	11	22.0		16	32.0			
I try to make her/him to accept my opinions.	Never (1)	13	26.0	1.62	29	58.0	2.40		
	Sometimes (2)	5	10.0		12	24.0			
	Everytime (3)	32	64.0		9	18.0			
I keep eye contact with her/him while talking.	Never (1)	34	68.0	1.46	11	22.0	2.50		
	Sometimes (2)	9	18.0		13	26.0			
	Everytime (3)	7	14.0		26	52.0			
I compare her/him with her/his brother(s), sister(s), friend(s).	Never (1)	5	10.0	1.34	38	76.0	2.64		
	Sometimes (2)	7	14.0		12	24.0			
	Everytime (3)	38	76.0		-	-			
TOTAL			15.54			20.04			
			S:0.354			S:0.05			t=8.461 P<0.01

4. Discussion

Even though this is an interventional study, the results have defined the dramatic realities about poor family communication patterns and relations that compose the basic factorial group for children's emotional health, in other word, well-being. First of all, the parents of the study group showed a high tendency to compare their children with others, which at least makes the children to feel uneasy. The parents also lack in accepting their children as they are. More over, they have difficulty to keep eye contact with them during their dialogues. The parents do not treat their children as equal individuals. They want them to follow their instructions mostly. These results were supported by the results of the Emotional Health Scale, and also of the Family Relations Inventory. The students pointed out first of all that they have difficulties to express themselves in public. They are also not so decisive to defend themselves. Even only these results can show the defects in students' emotional health.

The definitive data proved that the parents are in need of educational and communicational support to provide their children with proper environments for their well-being as a whole. The method of intervention is important for success. In our study, we have selected a semi-formal andragogical approach to be effective in knowledge-attitude-behaviour modification for the parents in terms of family communication patterns. The full participation of the parents was realized voluntarily. That was the first sign of the success in expected changes for both students' and their parents. The changes, which are represented by scores of the scale and inventories, showed the meaningful progress in all aspects that affect the relations and emotional well-being of students.

5. Conclusion

This study is the first of its kind in Turkey. Hence, all of its results are important for not only researchers and teachers but also families and students. Significant relations between the emotional well-being of adolescents and the communication competencies of parents were defined in this study. Even these definitive results can be used especially in planning of interventional activities for parents for supporting their children's emotional health as well as for the betterment of family relations. The intervention method of this study, which was based on workshops with parents on communication with their children, was also proved to be effective. This result will provide a concrete way in interventional approaches to promote family relations, communications and emotional well-being of students.

Limitations

Even though the socio-demographic and cultural characteristics of the study group may represent the majority of the structure of general population of Turkey, the results and comments can be limited to the groups that have similar characteristics.

6. References

- 1- Spering, M., Wagebner, D., and Funke, J. (2005) The role of emotions in complex problem-solving. *J Cognition & Emotion*; 19 (8): 1252-60
- 2- Dizen, M., Berenbaum, H., and Kerns, JG., (2005) Emotional Awareness and Psychological Needs. *Journal of Cognition & Emotion*; 19 (8): 1140-57
- 3- Butler, JT; (2001) *Principles of Health Education and Health Promotion*. (3rd ed.), Wadsworth-Thomson Learning, USA, (Chapter 1)
- 4- Lazarus, R.S. (1991). *Emotions and adaptation*. New York: Oxford University Press.
- 5- Thompson, R.A. (1990). Emotion and self-regulation. In R.A. Thompson (Ed.), *Socio-emotional development*; Vol. 36. *Nebraska Symposium on Motivation* (pp. 367-467). Lincoln, NE: University of Nebraska Press.
- 6- Berger, KS. (2006). *Developing Person Through The Childhood and Adolescence*. (7th ed.). Bronx Community College, CUNY.
- 7- Scott, WA., Scott, RK., Boehnke, K., Cheng, SW., Leung, K., Sasaki, M. (1991). Children's Personality as a Function of Family Relations Within and Between Cultures. *Journal of Cross-Cultural Psychology*; 22 (2): 257 - 306
- 8- Robin, AL, Foster, SL; (1989). *Negotiating Parent-Adolescent Conflict: A Behavioural Family Systems Approach*, New York.
- 9- The American Academy of Child and Adolescent Psychiatry (AACAP), <http://family-doctor.org/online/famdocen/home/children/parents/parents-teens/590.html> (Access Date: 02.05.2007)
- 10- Buhl, H. M. (2007) **Well-Being and the Child Parent Relationship at the Transition From University to Work Life**, *Journal of Adolescent Research*; 22 (5): 550 - 571.
- 11- Santrock JW. (1993). *Adolescence: An Introduction*. Brown and Benmarck Publishers, Wisconsin.
- 12- Sprintall, NA., Collins, WA. (1984). *Adolescent Psychology, A Development View*. Random House, New York.
- 13- Shelton, KH.; Harold, GT.; Goeke-Morey, MC.; Cummings, EM.(2006) Children's Coping with Marital Conflict: The Role of Conflict Expression and Gender. *J Social Development*; 15 (2): 232-247
- 14- **Laursen, B., Noack, P., Wilder, D., Williams, V.**, (2000), Adolescent perceptions of reciprocity, authority, and closeness in relationships with mothers, fathers, and friends. *International Journal of Behavioral Development*; 24 (4): 464-471
- 15- Cummings, E.M., Davies, P. (1994). *Children And Marital Conflict: The Impact of Family Dispute and Resolution*. The Guilford Press, New York.
- 16- **Shearer, CL., Crouter, AC., McHale, SM.** (2005). Mothers' and Fathers' Perceptions of Relationship Changes in Parent-Child Relationships During Adolescence, *Journal of Adolescent Research*; 20 (6): 662-684
- 17- Walker, EL. (1999). Psychology and Domestic Violence Around the World. *J American Psychologist*; 54 (1): 21-29

- 18- Kolbo, IR., Blakely, EH., Engleman, D. (1996). Children Who Witness Violence. *Journal of Interpersonal Violence*; 11 (2): 141 - 305
- 19- Juang, L.P., & Silbereisen, R.K. (1999). Supportive parenting and adolescent adjustment across time in former East and West Germany. *Journal of Adolescence*, 22, 719-736.
- 20- Jackson, S., Bijstra, J., Oostra, L., & Bosma, H. (1998). Adolescents' perceptions of communication with parents relative to specific aspects of relationships with parents and personal development. *Journal of Adolescence*, 21, 305-322.
- 21- Gauze, C., Bukowski, W.M., Aqual-Assee, J., & Sippola, L.K. (1996). Interactions between family environment and friendship and associations with self-perceived wellbeing during early adolescence. *Child Development*, 67, 2201-2216.
- 22- Roeser, R.W., Midgley, C., & Urdan, T.C. (1996). Perceptions of the school psychological environment and early adolescents' psychological and behavioral functioning in school: The mediating role of goals and belonging. *Journal of Educational Psychology*, 88, 408-422.
- 23- Davis, B., Hops, H., Alpert, A., Sheeber, L. (1998). Child Responses To Parental Conflict And Their Effect On Adjustment. A Study Of Triadic Relations. *Journal of Family Psychology*; 12: 163-177.
- 24- Brewin, CR., Vallve, H. (1997). Self-Discrepancies in Young Adults. *Journal of Interpersonal Violence*; 12 (4) 600-606
- 25- Collins, W.A., & Repinski, D.J. (1994). Relationships during adolescence: Continuity and change in interpersonal perspective. In R. Montemayor, G.R. Adams, & T.P. Gullotta (Eds.), *Personal relationships during adolescence* (pp. 7-36). Thousand Oaks, CA: Sage
- 26- Zins, J.E. (2001). Examining opportunities and challenges for school-based prevention and promotion: Social and emotional learning as an exemplar. *Journal of Primary Prevention*, 21,441-446.
- 27- Milli Eğitim Bakanlığı 'Ministry of National Education), (2001). Sağlık Eğitimi ve Yönetimi 'Health Education and Management in Schools'. Ankara, Turkey
- 28- Stekel, W. (1997). *Letters to a Mother* (Trans: Ali Çankirili). Timas Publications. İstanbul